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Puerto Rican Women Living with HIV and Experiencing Intimate Partner Violence

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This is to certify that the doctoral dissertation by

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Walden University
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Abstract

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Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Puerto Rican women experience increased risk of bio-psychosocial challenges due to their ethnicity. This phenomenological study examined Puerto Rican HIV-positive women's perceptions of intimate partner violence (IPV), which consists of physical, sexual, verbal, and psychological abuse. Although HIV-positive status and IPV have been a focus of previous research, specific research examining the phenomenological experiences of HIV-positive Puerto Rican women who experienced IPV has not been studied. The basis of the study was feminist intersectionality theory, which supported the process used to explore and understand the essence of the participants' experiences. Feminist intersectionality theory examines intersecting social systems including gender, ethnicity, and cultural influences in assessing the lived experiences of the participants. Purposive sampling was used to recruit six participants. Data collection consisted of in-depth, audio-recorded interviews, and data were analyzed by transcribing interviews to explore common themes. Some of the themes that evolved from the research findings are traumatic experiences, feelings about the abuse, reaction to the abuse, trust issues, cultural influences, and positive life changes. The results of this research study provided valuable information of the participants' lived experiences. This research may provide domestic violence specialists, health care providers, law enforcement providers, public advocates, and government agencies with explanation and understanding of the unique challenges Puerto Rican women face. This research has the potential to impact social change in improving IPV screening, offering bi-lingual and bi-cultural service providers, and educating individuals in the helping profession of the impact of IPV.

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Dedication

First and foremost, I would like to thank God for being the guiding force in my life. He is an amazing and awesome God.

Most importantly, this dedication is to the six participants who made the decision and commitment to share their stories and lived experiences. Also, this dedication is for the women who wanted to share their stories but were not ready and to all the untold stories of IPV and HIV among Puerto Rican women, this research is for you giving you your worth and voice.

Acknowledgments

I dedicate my accomplishments to my family: mother Matilde, sisters Viviana and Grace, and extended family and friends for the continual support throughout these years full of praise, empowerment, encouragement, support, and love. To my husband Luis, children Krystal, Dannessa, and Luis Jr. thank you for putting up with the madness and your undivided encouragement and love. I hope I have encouraged you to pursue academic success.

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Chapter 1: Introduction to the Study

Puerto Rican women are at greater risk of HIV infection due to cultural factors associated with gender inequalities (Gonzalez-Guarda, Vasquez, Urrutia, Villarruel, & Peragallo, 2011). Women have endured many obstacles throughout the HIV epidemic, such as the exclusion of individuals infected with the virus, lack of acknowledgment of the different diseases associated with HIV, and limited access to clinical trials (Centers for Disease Control and Prevention [CDC], 2011; Gomez, 2011; Kaiser Foundation, 2014).

Puerto Rican women infected with HIV who experience intimate partner violence (IPV) face unique challenges. Analysts at the World Health Organization (WHO) labeled IPV an important global health issue (Abramsky et al., 2011). IPV takes different forms, for example, emotional, physical, sexual, psychological abuse, threats, and stalking perpetrated by the aggressor (Lacey, McPherson, Samuel, Sears, & Head, 2013).

IPV is the most common form of violence against women, and one in four women in the world experience it in their lifetime (Li et al., 2014). A link exists between IPV and women who engage in sexual encounters with high-risk partners, including those who are HIV positive, injection drug users, and sexually promiscuous (Spiwak, Afifi, Halli, Garcia-Moreno, & Sareen, 2013). Women face a challenge in being able to protect themselves against HIV or to advocate for healthy sexual decision making because of the threat of violence or violence imposed by their intimate partners (Stockman, Lucea, & Campbell, 2013).

Chapter 1 includes the background of the research study, consisting of the incidence of violence, risk factors, economics, Latino culture, stigmas, and trends in HIV that led to the social problem. Also included are the problem statement, purpose of the study, and research question. Chapter 1 includes an introduction to the theoretical framework, the nature of the study, and definition of terms used throughout the study. The scope and delimitations, assumptions, limitations, and significance of the study conclude the chapter.

Background

Latina women infected with HIV face many problems, including sexual violence, cultural inequalities (Kaiser Family Foundations, 2014), poverty, and role expectations (Hosek, Brothers, Lemons, & the Adolescent Medicine Trials Network for HIV/AIDS Interventions, 2012). In 2011, researchers for the CDC reported that women accounted for 24% of HIV infections in the United States. New Jersey's largest Latino group is Puerto Ricans, who comprise 27% of its population (Brown & Lopez, 2013).

Several risk factors, as well as power struggles, have contributed to the increasing percentage of women infected with HIV (Gomez, 2011). Factors that contribute to the Latino population being at a greater risk of acquiring HIV include rates of health literacy, co-occurring mental illness, substance use, and access to medical treatment (Laws et al., 2014). For example, HIV and IPV both have similar risk factors that extend beyond health consequences (Basile et al., 2011).

More than 20 years ago, women experienced unusual medical symptoms that were not linked to HIV (CDC, 2011). Women face many challenges, including

recognition as individuals infected with HIV and receiving gender-appropriate medical treatment and social services (Kaiser Family Foundation, 2014). The stigma associated with HIV has had a devastating effect on individuals, families, and communities. Puerto Rican women are a subgroup of the Latino population about whom there is limited research with regard to HIV and IPV. Although Puerto Ricans are U.S. citizens, they experience unique stressors when they migrate to the United States that are similar to the experiences of immigrants due to the acculturation gap between their culture of origin and the culture in the United States (Carrerra & Wei, 2014). The experiences of Puerto Rican HIV-positive women are unique because of cultural and environmental factors specific to them (Jacobs, Caballero, Ownby, Acevedo, & Kane, 2015).

HIV is a public health concern (Stockman, Lucea, Draughon, et al., 2013), and researchers at the WHO (2014) described violence against women as a major public health problem that violates the human rights of women. Moreover, HIV is the leading cause of death among women during their reproductive years (Stockman, Lucea, & Campbell, 2013). In addition to HIV, IPV is a major health concern that affects the lives of Latina women in the United States (Stockman, Hayashi, & Campbell, 2015). Li et al. (2014) estimated that worldwide 35% of all women have experienced IPV or non-partner violence.

A study by the WHO (2014) documented the prevalence of IPV (physical, sexual, or both) in women's lifetimes, which ranged between 15% and 71% with the least likely reported by Japan and the highest incidence reported by Bangledash, Ethiopia, Peru, and United Republic of Tanzania. Most of the locations reported incidence of violence

between 29% and 62%. Since the first report by the WHO in 2005, the prevalence of IPV had increased fourfold from 80% to 300% (Garcia-Moreno & Watts, 2011). Few studies found in the literature included discussions on HIV and IPV among women. Some of the existing literature includes a study on IPV and Nigerian HIV-positive pregnant women conducted at the Nigerian Institute of Medical Research in Yaba, Lagos (Ezechi et al., 2009), and another study on violence after HIV status disclosure (Shamu, Zarowsky, Shefer, Temmerman, & Abrahams, 2014). A third similar study included a discussion on the association of IPV with the incidence of HIV infection among Ugandan women (Kouyoumdjian, Calzavare, et al., 2013).

IPV against women is a growing public health problem occurring in many communities (Abramsky et al., 2011). It affects women of any socioeconomic status, educational level, social class, race, and ethnicity. Violence against women and violations of the human rights of women as a public health issue have reached significant proportions and received attention worldwide (WHO, 2014).

IPV causes physical, sexual, and psychological harm (Brown, Weitzen, & Lapane, 2013), with practices that include acts of physical aggression, sexual coercion, psychological abuse, and controlling behaviors (WHO, 2014). This definition includes violence by both current and former spouses and other intimate partners. Other terms used interchangeably for IPV include *domestic violence, wife (or) spouse abuse,* and *wife or husband battering*. Dating violence refers to intimate relationships among young people where the time frame within the relationship varies and does not involve cohabiting (Tyler & Melander, 2012). Violence against women consists of any act of

gender-based violence that results in physical, sexual, or mental harm or suffering to women, including threats of such acts as coercion or arbitrary deprivation of choice, whether occurring in public or private life (Fulu et al., 2013). Violence against women takes various forms, such as IPV, sexual violence perpetrated by someone other than a spouse or significant other, trafficking, and harmful practices including female genital mutilation (Garcia-Moreno & Stöckl, 2013).

For this research study, the focus was on IPV, which about 35% of women worldwide experience in their lifetime (O'Doherty et al., 2014). Some risk factors of being a victim of IPV and sexual violence include low educational attainment, exposure to violence by parents and other adults, seeing abuse during childhood, and the acceptance of violence and gender inequality (Abramsky et al., 2011).

The scarcity of research about the intersection of IPV and HIV among women, specifically women of minority groups, prompted and supported the need to understand this social phenomenon much further. One minority group in need of attention in research is Latinas, as they are an under-researched group, as are the public health concerns of both HIV and IPV among Latinas in the United States. Although HIV is preventable when incorporating safety measures such as condom use (Swan & O'Connell, 2012), IPV is the result of decisions made by the aggressor (Valor-Segura, Exposito, & Moya, 2011). A victim's decision to leave or stay affects the victim and the various social systems linked to the victim (Kelly, 2009). When women advocate for themselves without any challenges, the relationship between women, especially minority women, and their partner and other social groups will be positive.

Incidence of Violence

According to the National Intimate Partner and Sexual Violence Survey in the United States, every minute approximately 24 individuals experience some form of violence, including physical violence, rape, or stalking by an intimate partner (Black et al., 2011). Women experience acts of violence more than men do, as 43.9% of women experience sexual violence whereas 23.4% of men experience sexual violence in their lifetime; and while 1.7% men experience the act of rape, 19.3% of women experience the act of rape in their life time (Breiding et al., 2015).

Also, according to Breiding et al. (2015), 32.1% of women encounter noncontact unwanted sexual incidences, 15.2% experience stalking, and 9.2% experience rape by an intimate partner. Moreover, 37% of Latinas in the United States experience violence by an intimate partner in their lifetime. These statistics portray only part of the problem of IPV. Each year, more than 6 million men and women endure acts of stalking, and about 1 million women experience rape (Black et al., 2011). Early interventions and the identification of women's risks of IPV lead to improved health outcomes (Nelson, Bougatsos, & Blazina, 2012).

Risk Factors

Risk factors that increase the chances of IPV include previous episodes of violence and aggression, witness to or victim of violence as a child, substance abuse, lack of gainful employment, and other stressful life events (Black et al., 2011). The experiences of IPV affect the way women respond daily because those experiences have a negative impact on their emotional and mental well-being. Ineffective and harmful

behaviors consisting of the use of drugs and alcohol are coping mechanisms women use to deal with the violence against them (Matheson et al., 2015). Women face short- and long-term consequences due to their experiences with IPV (Nicholls & Hamel, 2015). Women often have the following consequences from IPV: (a) chronic pain, (b) arthritis, (c) headaches, (d) vaginal bleeding, (e) sexually transmitted infections, (f) substance use and abuse, (g) social dysfunction, (h) insomnia, (i) acquisition of HIV, (j) posttraumatic stress disorder, (k) anxiety, (l) depression, and (m) suicidal thoughts (Beydoun, Beydoun, Kaufman, & Zonderman, 2012).

Women who experience IPV are at greater risk of acquiring HIV (Illangasekare, Burke, Chander, & Gielen, 2014). The epidemic of HIV in the United States influences the gender and power imbalance (Freeman & Kamwanyah, 2015). Women in the United States acquire HIV primarily through sexual intercourse with someone infected with the virus, and the risk of infection for Latina women is greater due to cultural norms and sexual behaviors (Stokes, Harvey, & Warren, 2015). The incidence of HIV infection is almost five times more for racial and ethnic minority women than for White women (Castillo-Mancilla et al., 2012). Women, in general, have challenges that prevent them from advocating for their needs, especially in protecting themselves against HIV. The stigmas of HIV are higher among non-White ethnic groups with low educational levels, low incomes, and psychological distress (Loufty et al., 2012).

Economics

Economics plays a role for women in obtaining necessary treatment services. Women may be on a fixed income or rely on their husbands for financial support.

Women place food, rent, and children on the top of their lists of concerns, which often results in personally missed appointments and a lack of medical attention (Melton, 2011). Lack of access to adequate services, financial instability, cultural expectations for women, prioritizing responsibilities, and fear of discrimination prevents women from receiving the necessary services for a healthier lifestyle (Edward & Hines-Martin, 2016; Postmus, McMahon, Silva-Martinez, & Warrener, 2014).

Latino Culture

The Latino culture dictates gender role expectations called *Marianismo* for women and *Machismo* for men (Moreno, Morrill, & El-Bassel, 2011). Gender role expectations of Latinas are to be passive and submissive, which carries over during intimate experiences with their partners (Montemorro, 2014). Because of these gender role expectations, some Latino cultural groups, such as Mexicans, prevent women from experiencing satisfaction or pleasure during sexual intercourse (Knapp, Muller, & Quiros, 2009). Vazquez and Gil (2014) noted marianismo has 10 commandments, which included the expectation that sexual intercourse for Latina women was for procreation and not pleasure. The result of such oppression often creates a negative environment for women to speak with their male partners about using condoms during intimate moments (Cole, Rothblum, Fuller, & Roth, 2014).

The cultural expectations about sexual encounters also prevent Latinas from claiming any dominant role during sexual encounters, and they depend on the men to teach them about sex (Carranza, 2013). Latinas are not able to ask men to use condoms due to a fear of violent repercussions, which is an indication of the power imbalance

between genders (East, Jackson, O'Brien, & Peters, 2011). Cultural factors prevent Latinas from communicating any sexual wants and desires to their partners, including condom use that can save their lives (Stokes et al., 2015).

Employment status, annual income, educational attainment, culture, and exposure to abuse are aspects of Latinas' lives that affect the acquisition of the HIV infection (Hernandez, Zule, Karg, Browne, & Wechsberg, 2012; Randolph, Gamble, & Buscemi, 2011). Because Latinas endure multiple stressors, they may engage in maladaptive behaviors, including substance abuse (e.g., alcohol and drugs), unprotected sexual intercourse, and violence, and may be at higher risk for mental health issues (i.e., depression and anxiety; Gonzalez-Guarda, Florom-Smith, & Thomas, 2011).

Positive and negative consequences occur when women share their HIV status with family, friends, and community, but Latina women face more stigmatization than Latino males when sharing their HIV status (Yang, Lewis, & Wojnar, 2015). Messing, Thaller, and Bagwell (2014) and Meyer, Springer, and Altice (2011) showed that using alcohol and drugs and having unprotected sex increased the rate of HIV transmission and other sexually transmitted diseases among women. IPV may lead to the transmission of HIV, and a woman's HIV status may lead to incidences of IPV (Stockman, Lucea, & Campbell, 2013).

Women infected with HIV are reluctant to share their HIV status, as they fear being shunned, being ostracized, and not receiving support from family and friends (Moreno, 2012). Cultural factors have contributed to the spike in HIV infections among Latinas (Cianelli et al., 2013). Latina women function within very specific gender roles

that lead to a challenging life when they do not live within the specified expectations. The result is a more challenging and harsher way of living. The cultural norm of machismo promotes sexual competence and encourages risk-taking behaviors, including having multiple partners (Cianelli et al., 2013). The Latino population in the United States comprises 16% of the population, and Latinos represent 20% of new HIV infections (Poon, Dang, Davila, Hartman, & Giordano, 2013).

Stigmas

Stigmas related to women's HIV status increase through racial and gender inequalities (Logie, James, Tharao, & Loufty, 2013). A woman's educational attainment and cultural or ethnic values contribute to the spread of HIV among women. The level of education a woman acquires has a direct link to employment eligibility and her potential income levels (Adams, Greeson, Kennedy, & Tolman, 2013). Equally important, cultural and ethnic origins influence women's lives, which have a significant effect on the customs, attitude, and practices that prevent women from seeking help from the community.

The HIV status of women also leads to social isolation from family, friends, and their communities, and the culture of groups such as Latinos has deep rooted values and belief systems that guide their decisions. Internalized feelings because of stigmatization involve negative self-image, shame, guilt, and concerns about disclosure. Such feelings lead to negative social interactions and behaviors (Fuster-RuizdeApodaca, Molero, & Ubillos, 2015).

Stigmas associated with acquiring HIV produce a diminished social support, social isolation, and a poor quality of life (Lee, Nezu, & Nezu, 2014). Stigmatized women also deal with internal negative feelings linked to the cultural views about HIV, such as feeling dirty, deadly, and deficient (Fuster-RuizdeApodaca et al., 2015). HIV education is imperative in reducing the spread of HIV transmission and incidences of IPV (Lewis & Gerus-Darbison, 2014). The rate of Latina women who experience IPV in the United States is 37% (Breiding, Chen, & Black, 2014), which reveals the need to focus on prevention and treatment for the Latino population.

Trends in HIV

During the early years of the disease, HIV infections were primarily identified in homosexual men (Citation?). Federal funding began in 1983 with the Multicenter AIDS Center study, whose authors followed about 6,000 men (Herrick et al., 2013). At the time, the government denied federal funding to study HIV among women, as not enough women had HIV infections at the time to conduct research, which resulted in women not participating in clinical trials until the early 1990s. The government acknowledged HIV infection rates of women in the late 1980s (citation?).

Ethical issues related to the inclusion of women in clinical trials included exposure to trial medications for childbearing women. With continued advancements in the medical field related to HIV and AIDS, researchers at the Institute of Medicine (2011) characterized the transformation of the life expectancy of people living with HIV as a direct link to a combination of antiretroviral therapy, public health interventions, promotion of health care services, and the support of patients with HIV. However,

services for women continued to lag when compared to their male counterparts (Watkins-Hayes, Pittman-Gay, & Beaman, 2012).

A current research trend related to HIV includes women using Truvada to reduce the transmission of HIV (Clinical Trials, 2014). Truvada is a combination of emtricitabine and tenofovir disoproxil fumarate used to help stop the transmission of HIV in high-risk adults and is a pill taken once a day and used in combination with other safe-sex prophylaxes, such as condoms (CDC, 2013). Researchers at CDC conducted an observation pilot study of pre-exposure prophylaxis in four federally qualified health centers where HIV incidences were high (Clinical Trials, 2014).

The number of women infected with HIV continues to rise and their HIV infection rates have become disproportionate (CDC, 2015a). Women face different challenges due to their HIV status, such as child care, misinformation regarding treatment options, lack of access to transportation, substance abuse, mental health issues, and lack of housing stability (Eustace, 2013). However, women's duties in Latino communities include breastfeeding, performing household duties, child rearing, and conceiving children.

A review of research on Puerto Rican HIV-positive women produced limited evidence-based research. Absent from research were cultural and societal factors associated with gender with an impact on sexual behaviors associated with sexual risk and risk reduction behaviors (Rosenthal & Levy, 2010; Ulibarri, Raj, & Amaro, 2012). Puerto Rican women are seldom a source of research as an individual group. Combined with other minority women or with the entire Latino population, they appear in some

studies. Because some view Latino populations as a homogeneous group, the variations within each subgroup can be misleading due to their differences (Cho, Velez-Ortiz, & Parra-Cardona, 2014). The Latino population is the largest and most rapidly growing minority group in the United States (Hernandez et al., 2012).

The population of Puerto Rican HIV-positive women needs continued research because they account for 70% of AIDS cases and 15% of all women living with HIV (Moreno et al., 2011). Latinas have an incidence rate of HIV three times higher than non-Hispanic women (Tavares et al., 2015). According to the U.S. Census Bureau (2012), the Hispanic population represents 16.7% of the U.S. population, with an estimated increase of 30% by 2050.

Spanish-speaking Latina women reported they disclosed and spoke about their HIV-positive status much less often than English-speaking Latina women who were HIV positive (Moreno, 2012). Latinas do not speak about their HIV status, as they fear shaming their family, dishonoring their culture, disrupting their family unit, and spreading the news of their HIV status in their close-knit communities (Moreno, 2012). Moreno (2012) also discussed the lack of education and understanding as a factor that contributes to the increase of HIV transmission among the group. The culture, socioeconomics, religion, and residence of Latina women are all factors significant in conducting this research. Research on Puerto Rican women living in New Jersey and IPV was lacking. Further research was necessary to discuss the issues with the population of Puerto Rican women who are HIV positive and had experienced IPV.

Problem Statement

Socioeconomic status, ethnicity, gender, and geographic locations are factors that helped in understanding the spread of HIV (CDC, 2011; Gonzalez, Hendriksen, Collins, Duran, & Safren, 2009; Hosek et al., 2012; Wagner et al., 2010). Through educational awareness and advocacy campaigns about HIV, researchers in the United States have increased the knowledge base about the disease and have played a critical part in helping to reduce the incidence of HIV (Lewis & Gerus-Darbison, 2014). During the discovery of HIV and AIDS in the late 1970s and early 1980s, women never emerged as a group at risk of exposure to the virus (Kaiser Family Foundation, 2014). However, women from ethnic minorities accounted for more than half of all HIV diagnoses in 2012 (CDC, 2011). Latina women accounted for 16% of HIV diagnoses and 25.9% of all HIV diagnoses obtained through heterosexual contact (CDC, 2011). Although the existing research regarding IPV among Latinas in the United States and the HIV status of women illuminates significant findings, Puerto Rican women living in New Jersey infected with HIV and who experienced IPV have not been a focus of research. The problem studied was IPV among Puerto Rican women living in New Jersey infected with HIV.

Purpose of the Study

The purpose of this qualitative phenomenological study was to understand the lived experiences of Puerto Rican women in New Jersey infected with HIV and with a history of IPV. The purpose allowed the voices of these women to emerge regarding the violence inflicted on them by their intimate partners. The lives of women infected with

HIV become more complicated when coupled with stressors associated with the Puerto Rican culture (Moreno et al., 2011; Robbins et al., 2012).

The intent of this research was to gain insight into women's experiences and perspectives regarding their HIV status and IPV. The research may help bridge the gap between IPV data and Puerto Rican HIV-positive women living in New Jersey. Furthermore, this research includes a discussion on the need to develop systemic culturally sensitive programs for Puerto Rican women. Similarly, the findings may lead to important developments in micro, mezzo, and macro psychosocial interventions.

This research may help health care providers, policy makers, and other professionals offering direct services to Puerto Rican women to enhance their awareness and implement culturally effective services highlighting factors associated with IPV. Gaining a better understanding of the lived experiences of IPV among Puerto Rican HIV-positive women was the ultimate goal of this research. This study may heighten the progress of culturally appropriate IPV prevention and interventions for Puerto Rican women.

Research Question

The central question driving this research study was as follows: What are the lived experiences of Puerto Rican women residing in New Jersey who are victims of IPV and are HIV positive?

Conceptual Framework

Feminist intersectionality is the recognition of oppressed women who live at the margin of society without adequate resources, which leads to social discrimination and

prejudice (Glass, Annan, Bhandari, & Fishwick, 2011; Kelly, 2009). Intersectionality applies to Puerto Rican women in New Jersey regarding the concept that describes the interconnectedness of racism, sexism, and classism in the lives of women (McGibbon & McPherson, 2011). According to the theory, the individual or the groups of people experiencing oppression have adverse effects on their health that continue to multiply and have unique consequences to the specific group (Kelly, Gonzalez-Guarda, & Taylor, 2011).

Researchers use feminist intersectionality to assess the effects of various factors such as ethnicity, gender, race, and socioeconomic status (Adams & Campbell, 2012). The lives of women are not singular, and various systems of oppression interconnect (Carastathis, 2014). Using an intersectional approach to study IPV among Puerto Rican women allows the identification of discriminatory aspects of gender, race, culture, and ethnicity (Kelly, 2009). Intersectionality theory is the study of intersections between systems of oppressions or discrimination (McCall, 2014). In this study, the definition of intersectionality applied to Puerto Rican women.

Feminist intersectionality includes an opportunity to explore multiple oppressive factors by using a theory of intersection to discuss the effect of the Puerto Rican culture, HIV status, female gender, and epidemiology of IPV (Adams & Campbell, 2012). An HIV-positive status, in combination with their ethnicity and gender, left the participants defenseless by leaving them to become more vulnerable to violence. Minority women receive limited health care services and are at risk for IPV (Glass et al., 2011). Moreover,

minority women from cultures such as Puerto Rico are more likely to follow the cultural norms of their country of origin and not those of the host culture.

According to Glass et al. (2011), the intersectionality approach to studying IPV in female populations is of equal importance to both gender inequality and racial and ethnic discrimination. Women's social class in their homeland does not affect their social class status in a foreign land. Thus, women who immigrate may face subordination due to their newly acquired minority status (Kelly et al., 2011).

Nature of the Study

The nature of this study was a qualitative methodology with a phenomenological design. The qualitative phenomenological research design was the most appropriate for the study. The phenomenological approach supports an assessment of the life experiences of a researched group (Aspers, 2009). This approach allows for a deeper understanding of the lived experiences of the participants in a research study (Creswell, 2013; Petty, Thomson, & Stew, 2012).

Phenomenology involves obtaining a detailed description of participants' comprehension of the nature of a problem (Allen-Collinson, 2009). A phenomenological approach enables a researcher to capture the true meaning of the experiences lived by individuals through reflecting on and clarifying those unique situations (Crain & Koehn, 2012). The role of the theory in this phenomenological study allowed me to view the social issues and the complex interplay of gender, HIV, and IPV through the perceptions of the participants, and the participants' perceptions led to understanding the truth of these experiences.

The design of this study consisted of interviewing Puerto Rican women living in New Jersey. The sample consisted of women who had experienced IPV and were HIV positive. The interviews took place in the language each participant preferred, either English or Spanish. The geographic location was important, as it helped me to understand the lives of the participants and their unique experiences.

The experiences of individuals living on the northeast coast of the United States will differ from the experiences of individuals living in other communities and other states. For example, the experiences of individuals living in the northern part of New Jersey differ from individuals residing in the southern part of the state due to environmental factors. Twenty-six percent of Latino residents received new diagnoses of HIV infection among the 46 states and Puerto Rico, excluding Massachusetts, Vermont, Maryland, and Hawaii in 2010 (An et al., 2012). According to the U.S. Census Bureau (2014), New Jersey had one of the most diverse Latino population, as Puerto Ricans represented 27% of the Latino population in New Jersey, and New Jersey was the state with the third largest Puerto Rican population.

The sample size for the qualitative study was six participants. The interviews ceased after saturation of concepts and themes occurred (Bermudez et al., 2013; Godoy-Ruiz, Toner, Mason, Vidal, & McKenzie, 2014; Loke, Wan, & Hayter, 2012). Saturation occurs when new or relevant information or themes materialize in data collection (Araujo, Jarrin, Leanza, Vallieres, & Morin, 2016). The rationale for the range of participants was to achieve saturation and prior research on the behaviors, attitudes, and beliefs of HIV-positive women and IPV (Loke et al., 2012).

HIV-positive women in New Jersey seek services at various community-based organizations that provide services to the Spanish-speaking population. Purposive sampling was the strategy used to obtain the sample from the accessible population of Latinas. To take part in the study, participants self-identified as being at least 18 years old, of Puerto Rican descent, infected with HIV, and having a history of IPV. The women informed me which language they preferred, whether English or Spanish. The following agencies offer services to Spanish-speaking women, and I asked a representative at each agency to display the research flyer: (a) the African American Office of Gay Concerns, (b) AIDS Resource Foundation for Children, (c) Broadway House for Continuing Care, (d) Catholic Charities of the Archdiocese of Newark, (e) North Jersey Community Research Initiative, (f) Positive Health Care, and (g) Newark Eligible Metropolitan Areas HIV Health Services Planning Council.

Definitions of Terms

The following conceptual and operational definitions were suitable based on their use in the study:

Acculturation: Adopting the cultural traits or social patterns of a new dominant culture that are different from a person's culture of origin (Isasi et al., 2015).

AIDS: Categorized as a Stage 3 consolidating Stages 1 and 2 (HIV-1 and HIV-2 stages) and based on CD4+ T-lymphocyte count and AIDS-defining infections (Schneider et al., 2008).

Condom negotiation: Strategies used when discussing sex with a partner about the use of condoms during sexual intercourse (Peasant, Parra, & Okwumabua, 2015).

Controlling behaviors by an intimate partner: Any act made to limit communication with family members by insisting on knowing partner's exact location; showing jealousy or anger when speaking to someone of the opposite sex; continuous suspicion of being unfaithful; needs permission when seeking medical care; or does not allow partner to have money or controls money earned or received (Bott, Guedes, Goodwin, & Mendoza, 2012).

Dependency: Compelling urges satisfied by others, including the need for affection and security (Corsini, 2002).

Emic voice: The participant's voice in research is the expert and the focus of the phenomenon under study (Mehra, 2002).

False-positive HIV test results: False-positive HIV test results occur when there is a repetition of reactive test results of the enzyme immunoassays, but follow-up testing reveals a negative or indeterminate test result for someone not infected with the antibodies for HIV (Johnson et al., 2014).

Hispanic/Latino: Terminology used to encompass all ethnicities of Spanish-speaking origin such as Cuban, Mexican, Puerto Rican, and anyone from South and Central America (Cummings, Gonzalez-Guarda, & Sandoval, 2013; Gonzalez et al., 2009; Humes, Jones, & Ramirez, 2011).

HIV: A virus that spreads through body fluids and affects immune system cells, known as T-cells, in the human body (CDC, 2013). The virus has five stages (0, 1, 2, 3, or unknown) where the identification of early infection is by a negative test within 6 months of an HIV diagnosis (Schneider et al., 2008).

Intimate partner: Marital, dating, or cohabitating relationship between two individuals (Women's Health Organization, 2012).

Intimate partner violence (IPV): Any physical, sexual, or psychological harm by a former or current partner or spouse (CDC, 2011).

Lifetime prevalence of IPV: Violence by any current or former partner in a lifetime (Bott et al., 2012).

Machismo: Traditional male gender roles and beliefs deeply rooted in many Spanish-speaking cultures that focus on individual power, hyper-masculinity, domination of women, aggression, and other negatively perceived male behaviors (Herrera, Owens, & Mallinckrodt, 2013).

Marianismo: A set of social norms and constructs deeply rooted within the Spanish-speaking culture that dictates women's responsibility to family, self-sacrifice, passiveness, sexual passiveness, submissiveness, and acceptance of male partners' decision about all sexual affairs (Cianelli et al., 2013).

Negative HIV results: An outcome of a repeated reactive immunoassay test during the HIV screening confirming that the HIV virus does not exist in the body fluids of the person tested or that the person tested negative for the HIV virus (Johnson et al., 2014).

Passivity: A form of adaptation, or maladaptation, in which an individual adopts a pattern of submissiveness and dependence and retreats into action (Corsini, 2002).

Physical violence: An act of aggression, including slapping; shaking; throwing things; pushing; shoving; twisting of the arm; pulling of the hair; hitting with the fist or something that causes injury; being kicked; being dragged; choking; making an actual or

attempt to burn; or threatening or wounding with a knife, gun, or any other weapon (Bott et al., 2012).

Positive HIV test results: A repeated reactive immunoassay test followed by confirmatory Western blot or an immunofluorescent assay (Moyer, 2013).

Psychological abuse: Verbal and nonverbal acts characteristically hurting the other or using threats to hurt the other (Arias & Pape, 2015).

Self-esteem: An attitude of self-acceptance, self-approval, and self-respect (Corsini, 2002).

Sexual violence: Any act of forced or unwanted sexual intercourse, performing unwanted sex acts, or having unwanted sexual intercourse fearing consequences for refusing (Bott et al., 2012).

Social-cultural factors: The blending of social and cultural power that influences an individual's feelings, thoughts, and behaviors (Kenrick, Neuberg, & Cialdini, 2007).

Socioeconomic status: The mixture of the social and economic standing of each participant (McLaren, 2007).

Victim: A person who experiences injurious or harmful action from another (National Center for Victims of Crime, 2011).

Scope and Delimitations

The study involved exploring the IPV experienced by Puerto Rican HIV-positive women. In discussing the scope and delimitations of this study, establishing an understanding of the negative stigmas associated with HIV (Avert, 2014) and IPV (Murray, Crowe, & Overstreet, 2015) that resulted in having fewer women screened for

IPV and showing their HIV status was critical. Although challenges presented when discussing HIV status and IPV, the participants acknowledged being HIV positive and having experienced IPV. Six research participants living in northern New Jersey took part in the face-to-face, in-depth interview.

The delimitations in the study would be the inclusion of only Puerto Rican HIV-positive women and the exclusion of participants from other geographical locations and other demographics. I limited the study to the female gender, the Puerto Rican culture, and residents of New Jersey. The limitation also consisted of the perceptions of the women included in the research study. Understanding the negative stigmas associated with all aspects of HIV is important, as they result in people evading screenings for the HIV virus (Avert, 2014). I limited the interview questions to IPV acknowledgment and cultural factors affecting participants' decision making. Potential transferability may produce information about HIV-positive women and IPV from other cultures, ethnicities, and gender.

Assumptions

Several assumptions played a vital role in this phenomenological research study. The study included Puerto Rican HIV-positive women with the assumption that the participants would provide information during the in-depth face-to-face interviews about their perceptions and experiences to IPV. Moreover, the assumption to use a small number of participants resulted in valuable information obtained from rich and thick data that provided readers with an in-depth understanding of IPV among the targeted population.

Because I am of Puerto Rican descent, I assumed I would be able to create a professional rapport with each participant. The participants perceived me as an insider because we are of Puerto Rican descent and share similar cultural, linguistic, ethnic, and religious beliefs. Likewise, the participants viewed me as an outsider due to my lack of life experiences. Another assumption was that my membership status of not being HIV-positive and not having experienced IPV positioned me as an outsider. I assumed that the participants understanding all the questions asked would enhance the findings of the research.

Limitations

A potential limitation of the study was the small size of the sample because it was not nationally representative, and thus the findings only reflect the sample's geography, which was northeast New Jersey. Face-to-face interviews took place with six Puerto Rican women, and the interviews stopped after reaching saturation. A small participant ratio in purposive sampling is a customary practice in phenomenological research (Starks & Trinidad, 2007). The small sample size limited the transferability or credibility of the study, but it was important to understand the experiences of Puerto Rican HIV-positive women.

Another potential limitation was the possibility of the participants being dishonest during the screening and interview sessions. Although rich data were an expectation for the study, the participants self-reported demographic information, including age, marital status, and being U.S. born or mainland Puerto Rican born, with the potential of not completing all the responses. The participants volunteered their time and stories for this

research. Member checking was a strategy used to confirm the findings, as explained in Chapter 3.

It would be beneficial to include a wider selection of HIV-positive women to make it possible to compare findings across other cultural groups. Credibility, transferability, dependability, and confirmability helped establish trust, confidence, rigor, and the recognition of the experiences in the study. The best understanding of the emic perspective of IPV among the women participants occurred through individual experiences of the Puerto Rican culture. I established credibility by reviewing the data collection materials to seek patterns, trends, and similarities across the participants in the study. Thomas and Magilvy (2011) described the process of establishing credibility by carefully reviewing the data gathered within the research.

Another assumption was the existence of researcher bias because I was the sole researcher responsible for all data collection and analysis in this phenomenological study. Using the reflexivity strategy of journaling (see Appendix A) led to the identification of biases, personal assumptions, and beliefs that had the potential to arise during the research (Mehra, 2002). The researcher's bias has the potential to compromise the value of the research study due to my identification as a descendent of Puerto Rican parents and grandparents, as Spanish speaking, and as having experienced cultural challenges.

I identified with the culture of the participants, as well as their gender, so my awareness of these factors was important in ensuring they did not influence the responses of the participants, as recommended by Moustakas (1994). I am the second youngest of nine children born to a single mother. It was not until after I married my husband, who

was born and raised in Puerto Rico, that I visited the beautiful island. I was in culture shock when I realized the enormous difference between the Puerto Rican culture and me. I accepted the difference between my upbringing and my culture. With the acknowledgment and acceptance of my culture, I learned, and continue to learn, the values, norms, and beliefs, as I now have a better understanding of the Puerto Rican culture. I have embraced my culture.

The research question informed and framed the data collection process (Creswell, 2013; Leedy & Ormrod, 2010; Miles & Huberman, 2014). This process began before the first interview and continued throughout the research until the documentation of the findings was complete. The use of reflexivity journaling aids in preventing bias affecting the study. A more detailed process of reflexivity journaling appears in Chapter 3.

Researchers use qualitative data analysis to examine the data collected throughout the research process (Brandão, 2015). Researchers use computer-assisted qualitative data analysis software to aid in qualitative analyses through creating, applying, and refining categories; showing linkages between concepts; and making a comparison between cases and events (Brandão, 2015; Marshall & Rossman, 2010). I organized and stored the data collected through computer-assisted qualitative data analysis software, which produced valuable information about the experiences of Puerto Rican HIV-positive women and IPV. The process for qualitative research data was not straightforward. I used NVivo software as explained by Castleberry (2014) to store all the data collected. Further explanation of the manual coding process appears in Chapter 4.

Significance of the Study

The findings generated from this study increased awareness of the experiences, decision making, behaviors, and practices of IPV in hopes of showing a better understanding of how Puerto Rican women have dealt with issues. The information acquired from the data collection helped understand Puerto Rican women make the most proper decision, which led to an improvement in the quality of life. Policy makers, researchers, and stakeholders may contribute to culturally effective services, which may help decrease the rate of violence against women.

The significance of this study highlighted the need for positive social change through the acquisition of understanding and gaining knowledge of the phenomenon. I hope to reduce the rate of new HIV diagnoses and alleviate burdens created by the virus among Puerto Rican women living in the United States. Practitioners, medical field staff, domestic violence experts, and researchers' knowledge about IPV may increase as a result of reading the research study, which offers quality information that reveals an improved understanding of IPV in developing culturally sensitive services for Puerto Rican women. This study makes a contribution to research and academia about IPV and HIV among Puerto Rican women and having a better understanding specific to the Latino culture. The findings of this research might contribute to Puerto Rican HIV-positive women's lived experiences with IPV.

This research study includes an understanding of the specific aspects of the Puerto Rican culture. Machismo, *Hembrismo*, *Marianismo,* and *Familismo* are essential cultural factors within Puerto Rican families that sometimes have negative views (Friedman,

Loue, Goldman Heaphy, & Mendez, 2011). Familismo is a concept that includes cherishing family loyalty and solidarity and holding these qualities in high regard within the Puerto Rican culture, and hembrismo is the female version of *machismo,* where women have full control of the family and are the decision makers (Gonzalez-Guarda, Cummins, Becerra, Fernandez, & Mesa, 2013; Greer, Neville, Ford, & Gonzalez, 2013). Finally, this research may lead to developing and implementing culturally sensitive programs that cater to the needs of Puerto Rican women regarding their HIV status and their experiences with IPV.

Summary

The trends and patterns of HIV transmission have changed since their first identification in the 1980s and have affected more women and ethnic minorities in recent years (Tavares et al., 2015). Myths and misconceptions of information about HIV have prevented a decrease in the rates of infection (Laga & Piot, 2012). HIV disparities among Latina women include acculturation, culture, and socioeconomic status (Tavares et al., 2015). In addition to the negative stigmas linked to HIV and homosexuality, other stigmas indicate that women infected with HIV are prostitutes, dirty, and promiscuous (Wagner et al., 2010).

The HIV status of women makes them susceptible to IPV, even though violence against women is shameful and a violation of human rights (Garcia-Moreno & Watts, 2011). Latinos with minimal understanding of the HIV virus are less likely to undergo screening for the HIV virus. Furthermore, Latinos with limited resources to health care

services do not have medical service practitioners who offer HIV screening opportunities (Dang, Giordano, & Kim, 2012).

The effects of HIV continue to create financial and bio-psychosocial hardships on Americans (CDC, 2014; Institute for Health Metrics and Evaluation, 2013). Researchers have discussed the double discrimination that women infected with HIV experience. For example, Beaulieu et al. (2012) discussed the double discrimination regarding a model of quality of life. Culturally appropriate HIV prevention strategies are possible among minority women when they learn effective ways to protect themselves from contracting HIV and violence.

The goal of this chapter was to give valuable information and gain a better understanding of how IPV and HIV knowledge affects Puerto Rican women infected with the HIV virus and residing in northern New Jersey. Because neither HIV nor IPV discriminates, women do not need to believe that the abuse is acceptable. Women do not need to feel ashamed, embarrassed, or afraid because of their individual experiences. Women need to know that they can receive help, and they are not alone.

The focus of Chapter 2 will be on a review of literature related to IPV experienced by Latina women who self-identify being HIV positive, as well as indicators and predictors of HIV. Other areas discussed in Chapter 2 are the history of HIV and AIDS, HIV among women, IPV among women, Latina women, feminist intersectionality as the conceptual framework, acculturation, and cultural factors related to Puerto Rican women. Chapter 3 will include an outline of the methodology of the study, the steps followed in the research study, the methodological design of the study, and the analysis.

Chapter 4 will include the results of the research, and Chapter 5 will include the conclusion of the study and recommendations.

Chapter 2: Literature Review

Latina women face challenges regarding language barriers, immigration status, educational attainment, race, and cultural expectations and values. In addition to the stressors associated with not residing in their homeland, Latina women experience additional complications if they are HIV positive (Kaiser Family Foundations, 2014) and have experienced IPV (Cooper & Crocket, 2015). HIV and IPV are health concerns (Cavanaugh et al., 2014; Chin, 2013). Twenty-four percent of HIV-infected individuals are women (CDC, 2011) and 35.2% of Latina women have experienced IPV (Cavanaugh et al., 2014).

The purpose of this qualitative phenomenological research was to gain a better understanding and insight into the IPV experiences of Puerto Rican HIV-positive women. Chapter 2 includes a literature review with a focus on HIV and IPV. The conceptual framework of feminist intersectionality was suitable to establish a better understanding of the experiences of the female participants. The major sections in this chapter include strategies for the literature search; a historical overview of HIV; Latina women; acculturation; IPV; and cultural influences such as machismo, marianismo, familismo, and hembrismo. To show the link between Puerto Rican women, HIV, and IPV, the research literature sections of HIV and women and HIV and IPV help create separate images of Puerto Rican women and the situations they experience. Compounding all the factors using feminist intersectionality leads to a more in-depth understanding of the experiences of these women.

This literature review includes current literature from studies relevant to HIV, IPV, and cultural factors in the United States for Puerto Rican women. The literature review also includes information from researchers in various disciplines regarding the issues of IPV, culture, and HIV. The review includes literature on the importance of education, language barriers, patriarchal power, decision making, and cultural norms and beliefs.

This chapter includes an introduction to the conceptual framework of feminist intersectionality, as well as a review of relevant literature about Latina women and the historical overview of HIV and AIDS. Also included in this chapter are the cultural factors of marianismo, machismo, familismo, and hembrismo that influence Latina women and the ways acculturation affects Latina women. The literature review also includes information on HIV and women and on HIV and IPV to establish a link between Puerto Rican HIV-positive women and IPV.

Strategies for Literature Search

I conducted the primary literature review to include research from 2011 to 2015. The primary research method used to find relatable peer-reviewed and scholarly literature consisted of the Walden University Thoreau search system. The databases included (a) EBSCOhost, (b) ProQuest, (c) Science Direct, (d) Academic Search Complete, and (e) PsycArticles. Google Scholar and the Sage database were also helpful in obtaining peer-reviewed articles. The databases included peer-reviewed journal articles related to the phenomenon under study. Statistical data and peer-reviewed journals obtained through CDC, New Jersey State Department of Human Services, New Jersey State Department of

Health and Senior Services, U.S. Census Bureau, and the WHO were relevant sources in the study.

Studies that related to the topic of Latina women and IPV were the focus of the literature review. Literature searches on women's HIV-positive status, IPV, and cultural beliefs were also part of this review. I considered studies in other geographical areas in the hope of obtaining information on the cultural factors and the phenomenon under study. The focus of this study was on Puerto Rican women, but the root of all inquiries was IPV and HIV.

The key search words were *HIV-positive women, IPV, Puerto Rican HIV-positive women, Puerto Rican women, HIV status, Latina women, Hispanic women,* and *domestic violence*. All research articles reviewed were in English. A limited number of studies had Puerto Rican women as their focus. A larger number of articles existed about women and IPV independently.

Methodological resources for this research from statistical and research articles and books helped create the design for this study. The key words used to find articles from the Walden University online library and Google Scholar that related to the research method were *qualitative research, phenomenological research*, and *phenomenological qualitative research*. I also obtained textbooks from previous coursework through Walden University, online textbook providers, and Amazon.com: *Phenomenological Research Method,* C. Moustakas, 1994*; Phenomenology of Practice*, M. van Manen, 2014: *Preparing Literature Reviews,* M. Ling Pam, 2008*:* and *Researching Lived Experience,* M. van Manen, 1998.

Conceptual Framework

Feminist Intersectionality

HIV and IPV, although independent issues, are both worldwide health concerns (Bonacquisti & Geller, 2013; Stewart, Aviles, Guedes, Riazantseva, & MacMillan, 2015; Trimble, Nava, & McFarlane, 2013). When coupled, they create a complex phenomenon (Campbell, Lucea, Stockman, & Draughon, 2013; Kouyoumdjian, Findlay, Schwandt, & Calzavara, 2013; Li et al., 2014). IPV affects individuals in all socioeconomic, social class, gender, race, ethnicity, and religious affiliations (Glass et al., 2011) similar factors of HIV among Puerto Rican women (Randolph et al., 2011).

Puerto Rican women have unique and challenging experiences (Adams, Todorova, & Falcon, 2015) that researchers do not easily understand. Further research was necessary to understand the complex nature of Puerto Rican women's experiences with HIV and IPV (Moreno et al., 2011). HIV and IPV have some common factors that overlap (Phillips et al., 2014; Stockman, Lucea, Draughon, et al., 2013) and that needed assessment in combination to obtain a better understanding of the phenomenon (Moreno et al., 2011). The feminist intersectionality framework was suitable for examining the many factors of HIV and IPV among Puerto Rican women. The framework was also suitable for developing and implementing effective and culturally proper services (Morales-Alemàn et al., 2014).

Black feminist writers introduced feminist intersectionality in the 1980s (Adams & Campbell, 2012; Bowleg, 2012; Carbin & Edenheim, 2013) to recognize the complex interaction between multiple oppressive identities associated with power inequalities

within the family structure (micro level), the community (mezzo level), and society (macro level; Winker & Degele, 2011). HIV and IPV intersect with all vectors of a person's identity, including race, gender, socioeconomic status, or religion (Glass et al., 2011), and where violence is a form of control, power, and domination (Stewart et al., 2015).

Kimberlè Crenshaw indicated that multiple identities are part of an individual's life experiences or social locations (Cho, Crenshaw, & McCall, 2013). The inception of the intersectionality occurred during the feminist movement to advance the concept of structural inequalities moving toward a theoretical concept of intersection and creating complex relationships (Walby, Armstrong, & Strid, 2012). The intersection perspective is central to a qualitative study in which various identifiers are not isolatable as independent factors, yet the interconnectedness of the identities was exclusive to each, creating significant incidence due to the combined identifiers (Parent, DeBlaere, & Moradi, 2013).

Included in the development of feminist intersectionality (Cho et al., 2013) are the ways ethnicity, gender, class, and economic status intersect on a micro level (Bowleg, 2012) within the lived experiences of women (Parent et al., 2013). Researchers have used intersectionality to highlight points of intersection in lived experiences (McGibbon & McPherson, 2011) and to provide insight into the personal lived experiences of participants who experienced many forms of discrimination simultaneously (Parent et al., 2013).

Feminist intersectionality provides an orientation for a researcher (Creswell, 2013) to demonstrate interconnectedness among the systems of opportunity and oppression (Bowleg, 2012). The framework used for this research serves as a means for projecting a perspective with an impact on the research question, the research strategy, and the facilitation for social change. In this study, Puerto Rican HIV-positive women's lived experiences served as the lens of feminist intersectionality.

Intimate Partner Violence

IPV is a human rights violation that manifests via physical, emotional, and psychological abuse in addition to financial deprivation (CDC, 2011; Prabhu et al., 2011). IPV means a perpetrator has control, power, and domination (Stewart et al., 2015) that affect a woman's confidence (Swan & O'Connell, 2012). IPV is multifaceted, which means victims often experience more than one type of violence simultaneously (Krebs, Breiding, Browne, & Warner, 2011), and their fear of violent retribution prevents them from protecting themselves (Mittal, Senn, & Carey, 2013). The ramifications for exposure to IPV extend beyond the victim to offspring, extended family members, communities, and society (Mittal, Senn, & Carey, 2011). Abuse, infidelity, and violence flourish when power inequalities exist in IPV (Ghosh et al., 2011).

Power imbalance develops when there is exposure to IPV (Swan & O'Connell, 2012), and the victim becomes dependent on the abuser (Kaukinen, Meyer, & Akers, 2013). In this situation, women often experience unwanted sexual encounters and are unable to negotiate condom use (Dunkle & Decker, 2013). Other factors attributed to IPV include depression, smoking, drug and alcohol abuse, and poor health (Garcia-

Moreno et al., 2015; Schafer et al., 2012), as well as exposure to HIV (Campbell et al., 2013).

Approximately 1,200 deaths and 2 million injuries occur due to IPV each year (Brown et al., 2013). One in three women in the United States experience rape, physical violence, or stalking by an intimate partner in their lifetime (Black et al., 2011; Brown et al., 2013; Messing et al., 2014). Furthermore, 27% of the women in the United States experience unwanted sexual contact (Breiding, Chen, & Black, 2014), and 34% of cases are a result of IPV (Breiding et al., 2014).

Latina Women

Latin countries have a high prevalence of IPV (Stewart et al., 2015), which makes Latina women vulnerable to violence in the United States (Cavanaugh et al., 2014). Latina women often fear violent consequences (Mittal et al., 2013), which leads to poorer health outcomes (Chibber & Krishnan, 2011). For example, Latina women fear asking their sexual partners to use preventive measures such as condoms when exposed to violence by an intimate partner (Swan & O'Connell, 2012). In turn, not using condoms plays a critical role in the acquisition of HIV/AIDS (Machtinger, Wilson, Haberer, & Weiss, 2012). Moreover, an association exists between the lack of condom use and IPV (Frye et al., 2011).

Latina women who experience IPV often face complicated decisions due to their status as mothers (Calton, Grossman, & Cattaneo, 2015), especially because of the tolerance and minimization of IPV in Latino cultures (Beauchamp, Lindsay, Hunter, & Talavera, 2012). Family values and gender roles heavily influence the risks and benefits

of Latina women staying with the abuser or leaving the abuser (Reina, Lohman, & Maldonado, 2014). The decision to leave or stay depends on the risks they may endure, including physical harm, financial factors, feelings of commitment and love, wishing the situation would improve, and a lack of awareness of available resources (Amanor-Boadu et al., 2012).

Latin cultures are often supportive of the imbalance of power between women and men (Beauchamp et al., 2012). Machismo and marianismo are motivating factors that drive the decisions of Latina mothers (Amerson, Whittington, & Duggan, 2014) and increase the exposure of sexually transmitted infections and HIV (Moreno et al., 2011). Among Latina women, traditional gender roles influence the tolerance of IPV (Reina et al., 2014), and attitudes and belief systems prevent thoughts of equality (Beauchamp et al., 2012).

Violence reinforces the hierarchy in gender roles among Latin cultures (Simister, 2012), which further promotes the power inequality between men and women (Taft & Small, 2014). Factors that promote the inequality of power, and therefore increase risks for IPV, include decreased social support, social isolation, ethnicity, and discrimination (Lipsky, Cristofalo, Reed, Caetano, & Roy-Byrne, 2012). These factors contribute to the challenges women face when making the decision to remain in a relationship or leave it. Women often choose exposure to HIV over violence (Chin, 2013).

Historical Overview of HIV and AIDS

HIV/AIDS was first revealed in the early 1980s (Junquiera et al., 2011) and was initially called Gay-Related Immune Deficiency due to numerous homosexual males

from California and New York showing signs of rare and unusual opportunistic infections (Luce, 2013). HIV/AIDS eventually evolved into a global health crisis (De Cock, Jaffe, & Curran, 2012). Health care providers first thought HIV/AIDS affected only homosexual White men (Beyrer et al., 2012). However, research eventually showed that the etiology of the disease evolved across all genders, races, socioeconomic statuses, and social classes, and HIV and AIDS infected approximately 60 million people and caused more than 25 million deaths worldwide (Granich et al., 2015; Sharp & Hann, 2011).

HIV and AIDS continues to be a global health concern with more than 2.7 million cases diagnosed each year and is especially prevalent among Black and Latina women (Aziz & Smith, 2011). The primary means of transmission for HIV is heterosexual intercourse (Karim et al., 2011), and new HIV infections among Latina females are 4.2 times the rate of new HIV infections among White females (Chen et al., 2012). Approximately 1.1 million people are living with the HIV virus in the United States, and about 50,000 people became infected with the virus each year (Chen et al., 2012). Hispanic women account for 79% of the heterosexual HIV diagnoses, followed by 20.3% diagnosed due to injected drug use (CDC, 2015b). In 2014, the New Jersey rate of HIV diagnosis was 20.4 per 100,000 for adults and adolescents (CDC, 2015b). Furthermore, 749.7 New Jersey Hispanics/Latinos were living with a diagnosed HIV infection by the end of 2013 (CDC, 2015b).

HIV is a threat to the Latino population, with the primary mode of transmission being heterosexual intercourse (Moreno et al., 2011). Factors that contribute to an increased risk of HIV include social norms, strict gender roles, power differences,

language barrier, machismo and marianismo concepts, financial hardship, and marginalization (Moreno et al., 2011). These factors are similar to the characteristics related to the increased exposure to IPV (Beauchamp et al., 2012). IPV prevents women from negotiating safer sex practices (Moreno et al., 2011) and from changing their respective roles (Beauchamp et al., 2012).

The number of migrant Hispanics diagnosed with HIV and AIDS after entering the United States is overwhelming (Prosser, Tang, & Hall, 2012; Wiewel, Torian, Nazrallah, Hanna, & Shepard, 2013), and they often present with advanced HIV and AIDS infections due to a delay in seeking medical care (Henao-Martinez & Castillo-Mancilla, 2013). Mixed emotions, stressors from the migration experience, and being in a new geographic location are actions that expose them to the HIV virus (Dennis et al., 2013) due to the limited use of preventive methods such as latex condoms.

Cultural Factors: Marianismo, Machismo, Familismo, and Hembrismo

The drive of the Puerto Rican culture consists of its cultural beliefs, norms, and values, whether positive or negative (Gonzalez-Guarda, Vermeesch, Florom-Smith, McCabe, & Peragallo, 2013). Cultural and traditional beliefs heavily influence patriarchal response within a family unit (Sabina, Cuevas, & Schally, 2012) about health behaviors (Lopez-Class, Castro, & Ramirez, 2011), decision making (Swan & O'Connell, 2012), and position of power and authority (Leung & Zhou, 2012). Women's responses to interpersonal victimization reflect their cultural beliefs and traditions (Sabina et al., 2012).

Although the various subgroups of the Latino population are diverse and unique, they share some similar cultural norms such as machismo and marianismo that help them navigate the social environments and maneuver within the community (Cianelli et al., 2013). Machismo refers to a man's ability to be dominant, exert his power, engage in risky behaviors, and abuse illegal substances (Gonzalez-Guarda, Vermeesch, et al., 2013; Gonzalez-Guarda, Vasquez, et al., 2011). Machismo reflects a negative perception of males' expectations (Estrada, Rigali-Oiler, Archiniege, & Tracey, 2011).

Machismo serves to encourage power, and Latino men portray hyper-masculine traits, such as jealousy, possessiveness (Estrada et al., 2011; Liang, Salcedo, & Miller, 2011) and giving into sexual impulses (Stockman, Lucea, Draughon, et al., 2013). Latino men engage in risky behaviors, including having sexual relationships with multiple partners (Cianelli et al., 2013) and not using condoms, which leads to an elevated risk for sexually transmitted infections and HIV (Chin, 2013).

Marianismo is an established set of guidelines for women to be submissive and passive during sexual encounters, accept their male partner's decisions about all sexual encounters (Cianelli et al., 2013; Kupper & Zick, 2011), and take on the role of nurturer (Taylor, 2011). Cultural values affect child rearing and parenting practices and directly influence the control held throughout different life events and hardships (Mogro-Wilson, Negroni, & Hesselbrock, 2013), and parents raise female children to follow the same cultural values (Postmus et al., 2014).

Marianismo is a social construct for Latinas (Cianelli et al., 2013; Hernandez et al., 2012; Moreno et al., 2011). According to marianismo, Latinas should be submissive

and give in to the demands and desires of their male partners (D'Alonzo, 2012; Piña-Watson, Castillo, Ojeda, & Rodriguez, 2013). The cultural context of marianismo dictates that Latinas place their husbands and family before themselves, as well as strive to attain attributes of the Virgin Mary, including purity, endurance, and service (Hussain, Leija, Lewis, & Sanchez, 2015; Sabina et al., 2012). Latina women should not revolt against their husband's wishes, even if their husbands place them in a dangerous role (Amerson et al., 2014).

The marianismo tradition includes traditional gender roles of being tolerant (Amerson et al., 2014; Carranza, 2013). Due to the expectations of Latino cultural gender roles, Latina women accept their roles as a wife and mother, tolerate the demands of motherhood and wifehood, exist in the shadow of their husband, and are supportive in all the decisions made by their husbands (D'Alonzo, 2012). Cultural influences also prevent Latinas from seeking help when compared to White women (Rizo & Macey, 2011).

In addition to marianismo and machismo, two other terms used in the Puerto Rican culture are hembrismo and familismo. In the Latino culture, hembrismo is a less common gender role that conflicts with the marianismo cultural script. Hembrismo refers to a strong, confident, and resilient Latina women (Acquino, Machado, & Rodriguez, 2010; Ruiz, 2005). This concept includes qualities of strength, perseverance, and action to improve quality of life in the family (Friedman et al., 2011).

Although hembrismo may be a positive attribute for Puerto Rican women, it also has a negative connotation. Hembrismo describes women who take on male

characteristics, such as measuring their tolerance level for alcohol and drugs, and such women are often known as *jodedora* (Reyes, 2014). Another term used in the Latino culture is familismo. The concept of familismo means possessing loyalty to and solidarity with the family (Friedman et al., 2011). Familismo means viewing the world with the interests of the family unit being more important than individual and personal interests (Rivera, 2012). Individuals with high adherence to familismo are less likely to seek help (Ishikawa, Cardemil, & Falmagne, 2010).

Acculturation

The Puerto Rican population is the second largest group of Latinos residing in the United States (Adams et al., 2015; Bowen & Devine, 2011). This population identifies with numerous constructs, including machismo and marianismo (Ulibarri et al., 2012). Cultural values normally shape the lives of Puerto Rican families (Urciuoli, 2013) by influencing the day-to-day decisions regarding all aspects of the family's lives (Adames, Chavez-Dueñas, Fuentes, Salas, & Perez-Chavez, 2014).

Puerto Ricans are legal citizens of the United States, but their migration experiences are similar to those of other immigrants because they cross political, social, and cultural boundaries (Adams et al., 2015). The process of acculturation involves acclimatizing and assimilating within a new culture and environment (Wu & Mak, 2011). Puerto Rican families struggle when the younger population seems to ignore the traditional values held by older Puerto Ricans (Schwartz et al., 2013).

Acculturation may become both negative and positive through the adaptation phase (Geeraert & Demoulin, 2013). Although acculturation may allow a group of

people to assimilate within the mainstream group (Niemeier, Kaholokula, Arango-Lasprilla, & Utsey, 2015), it may also create barriers and challenges due to the values and norms of their primary culture (Carrera & Wei, 2014). Acculturation may influence Puerto Rican women to adopt risky behaviors not permitted within their cultural beliefs (Gonzalez-Guarda et al., 2013b; Schwartz et al., 2013) but are acceptable in their adopted culture.

The process of acculturation involves migrants adapting to the mainstream culture of their new location of residence (Mitrani, McCabe, Gonzalez-Guarda, Florom-Smith, & Peragallo, 2013; Moreno et al., 2011; Wu & Mak, 2011). Both the primary culture of the migrant and the host culture of the new environment eventually come into contact (Yoon, Hacker, Hewitt, Abrams, & Cleary, 2012), which means continued occurrences of change for both groups (Gonzalez-Guarda et al., 2012).

Furthermore, a relationship exists between behavioral risk factors and the level of acculturation (Gonzalez-Guarda et al., 2012), and the level of acculturation contributes to the engagement of risky behaviors (Gonzalez-Guarda, Florom-Smith et al., 2011). Acculturation also has a link to a higher rate of U.S. mainland-born Puerto Rican partner violence (Mogro-Wilson et al., 2013), difficulty managing both sets of cultures (Gonzalez-Guarda et al., 2013a), an increase of HIV infection among the Latino population (Cianelli et al., 2013), and gestational weight gain (Tovar, Chasan-Taber, Bermudez, Hyatt, & Must, 2012).

For Puerto Ricans who move to the United States, their new culture and their original culture are independent of each other (Schwartz, Benet-Martinez, et al., 2014)

and influence the level of acculturation experienced (Rote & Brown, 2013). Acculturation affects cultural beliefs, values, and norms (Lawton, Gerdes, Haack, & Schneider, 2014), which can result in exposure to IPV (Amerson et al., 2014) and an increase of HIV-related sexual behaviors (Du & Li, 2015). Traditional cultural norms for Puerto Rican women include being a virgin on the day of their marriage and sexually pure for their husbands (Heyck, 2014; Sastre et al., 2015). Thus, Puerto Rican families may view a women's decision to discuss condoms as violating cultural and familial values (Randolph et al., 2011; Swan & O'Donnell, 2012), despite their intended use for preventive purposes (Bonacquisti & Geller, 2013). The cultural expectations of Latinas may also increase the risk of HIV infection among them and prevent them from understanding those risks (Hernandez et al., 2012).

Further research is necessary to understand the effects of acculturation on various behaviors in Puerto Rican families (Schwartz et al., 2013). Acculturation is a significant factor that researchers should consider when assessing culturally diverse groups such as Puerto Rican women (Perez, 2011). Moreover, the combination of acculturation with other factors such as HIV and IPV is important in researching Puerto Rican women (Jurcik, Ahmed, Yakobov, Solopieieva-Jurcikova, & Ryder, 2013). Limited research exists on Puerto Rican women and the effects of HIV and IPV (Moreno et al., 2011), and the insufficient research on acculturation and its effects on HIV-related risk behaviors reflected the need for further research on the topic (Van Rompay et al., 2012).

HIV and Women

The Latino population in the United States continues to grow (Cavanaugh et al., 2014), and an estimated 20% of new AIDS cases appear in individuals of Latino descent (Cashman, Eng, Siman, & Rhodes, 2011). Of the 1.1 million people living with HIV, 25% are women (Morales-Alemàn et al., 2014), and HIV and AIDS flourish in the lives of urban, poor women of ethnic minority groups (Meyer et al., 2011). The transmission of HIV in married relationships results from cultural values and norms (Ghosh et al., 2011) and social taboos that support the secret of sexuality (Cashman et al., 2011). Sexual intercourse is the most common way to spread HIV (Swan & O'Connell, 2012), especially through forced sexual encounters where the female experiences traumatic events including lacerations and abrasions in the vagina and surrounding areas (Li et al., 2014).

Latinas experienced a power imbalance that allows violence against women to flourish (Taft & Small, 2014; Trimble et al., 2013) and increases the rate of HIV-positive diagnoses among women due to sexual and physical trauma (Machtinger et al., 2012). Women are less likely to negotiate the use of condoms after experiencing abuse (Ghosh et al., 2011; Kouyoumdjian, Calzavara, et al., 2013) due to limitations in the power they have within the relationship and a lack of self-efficacy (Schwartz, Weber, et al., 2014). The power struggle women face affects their exposure to sexually transmitted diseases and HIV (Stockman, Lucea, Draughon, et al., 2013), which results in a history of trauma associated with the decisions made to engage in risky sexual behaviors (Randolph et al.,

2011). Women's cultural norms, values, and beliefs leave them vulnerable to exposure to HIV (Miner, Ferrer, Cianelli, Bernales, & Cabieses, 2011).

Abused women are often economically dependent on their abusers and have difficulty conversing openly about sex and other factors (Illangasekare et al., 2014), which creates a barrier to advocating sexual relations within the intimate union (Randolph et al., 2011). More than half of HIV-positive women have experienced violence by their partners, whether a significant other or husband (Machtinger et al., 2012; Schwartz, Benet-Martinez, et al., 2014).

HIV and IPV

HIV and IPV studies include supportive details between the relationship of both topics as public health concerns and its risks among women in different parts of the world (Abramsky et al., 2011; Dunkle et al., 2004; Jewkes, Dunkle, Nduna, & Shai, 2010; Maman et al., 2002; Silverman, Decker, Saggurti, Balaiah, & Raj, 2008; Were et al., 2011). The relationship between HIV and IPV reinforces the need to assess Puerto Rican women. Although some researchers found that IPV was not attributable to HIV status (Gielen, McDonnell, Burke, & O'Campo, 2000; Koenig et al., 2002), other researchers found that IPV increased the risk of HIV (Jewkes, Dunkle, Jama-Shi, & Gray, 2015; Mittal et al., 2013) and that both HIV and IPV are causations and conclusive of one another (Chin, 2013; Kouyoumdjian, Findlay, et al., 2013; Stockman, Lucea, Draughon, et al., 2013).

Patriarchal cultural factors that strengthen the act of having multiple sexual partners (Dude, 2011) highlight strong associations between IPV and HIV exposure in

the United States (Barros, Schraiber, & Franca-Junior, 2011). HIV and IPV among women are comparable and preventable epidemics, where risk factors overlap at times (Phillips et al., 2014), which can lead to significant savings (Morales-Alemàn et al., 2014).

Summary

The rate of Spanish-speaking populations migrating into the United States has increased over the years, and U.S. society has begun to cater to people who speak languages other than English such as by having restaurant menus in both English and Spanish and by implementing English classes for English language learners in public schools and colleges. Such changes indicate the existence of different demographics in many communities. Many organization and institution leaders have created adaptation strategies to discuss the issues that emerge from the migration of Spanish-speaking populations. Although changes have taken place in the United States regarding the issues that have resulted from the population shift, there have been limitations in the ability to protect underrepresented groups, including Puerto Rican women (Reina & Lohman, 2015). Further in-depth investigation was necessary to highlight awareness of IPV among Puerto Rican women and to develop and implement culturally appropriate programs to improve the quality of life of Latinas who migrate from Puerto Rico to the United States. A goal of this study was to explore the relationship between Puerto Rican HIV-positive women and their experience with IPV. The findings from this research might be useful for developing culturally appropriate service programs for Latina women,

building awareness of the phenomenon, and reducing the incidence of IPV among marginalized populations.

Chapter 2 included a focused examination of current literature related to IPV experienced by Latina women who have self-identified as being HIV positive, as well as having indicators and predictors of HIV. Acculturation, cultural factors, the history of HIV and AIDS, HIV among women, and IPV among women were additional topics discussed in Chapter 2. Chapter 3 includes an outline of the methodology of the study, the steps taken to include each participant in the research study, the methodological design of the study, and the data analysis process.

Chapter 3: Research Method

The purpose of this phenomenological qualitative study was to gain a better understanding and insight into the IPV experiences of Puerto Rican HIV-positive women living in northern New Jersey. The participants told me whether they wanted to speak in English or Spanish for the interview. Culturally appropriate programs and services are necessary for HIV-positive Latinas who experience IPV to reduce the rate of incidence. Culturally appropriate information is also necessary so victims can have the opportunity to gain knowledge and understanding about violence and ways to prevent such occurrences (Gonzalez-Guarda, Florom-Smith, et al., 2011; Morales-Alemàn et al., 2014; Moreno et al., 2011).

Puerto Rican women, policy makers, health practitioners, service providers, and others may gain a better understanding and knowledge about how Puerto Rican women perceive their intimate relationships and violent experiences from the findings of this study. This newly gained knowledge and understanding may help in determining if non-culturally geared policies and programs, or if the inclusion of violence prevention programs and policies in U.S. legislation, are potential factors in preventing or reducing new IPV and HIV cases.

This chapter includes a review of the purpose of the study and the research question to ensure alignment. This chapter includes a detailed presentation of the research design, the rationale for the design, and the central phenomenon. Finally, this chapter includes a discussion and explanation of my role as the researcher, the

methodology used for this study, data collection and analysis procedures, ethical considerations about working with the selected participants, and issues of trustworthiness.

Research Methodology and Rationale

Methodology

The research methodology used in this qualitative study was phenomenology, which was the best qualitative approach to answer the research question: What are the lived experiences of Puerto Rican women residing in New Jersey who are victims of IPV and who are HIV positive? Husserl introduced phenomenology as a description of the study of experience that involves eliciting real meanings and acquiring the principal reason for a phenomenon (Pivčević, 2013). Phenomenological research involves an assessment of the arrangement of the lived experiences of the participants (Aspers, 2009; Frost, McClelland, Clark, & Boylan, 2014). This methodology allows for a more in-depth understanding of the lived experiences of the participants in the real-world setting (Creswell, 2013; Petty et al., 2012).

Phenomenology produces the meaning of a phenomenon; information with rich details; and descriptive, concrete lived experiences (Finlay, 2012). The phenomenological methodology also supports capturing the significance of the experiences lived by individuals by revealing and illuminating exceptional circumstances (Crain & Koehn, 2012). The role of theory in phenomenology allows a researcher to establish an understanding of the issue addressed and link it to the best method that fits the information. Thus, the research supports the comprehension of ordinary and shared experiences of the phenomenon (Holloway & Wheeler, 2013). Finlay (2012) described

phenomenological research as having the capacity to address a combination of the phenomenon and the reciprocal connection between the researcher and the researched. The goal was to gain an improved recognition of the experiences described by the participants to establish an awareness of IPV, the impact of HIV, and culturally appropriate resources and policies to service the Puerto Rican culture effectively.

Rationale

This study may bring awareness and positive social change for Puerto Rican women affected by HIV and IPV, as well as for professionals who have a direct and indirect influence on Puerto Rican women. Therefore, the qualitative phenomenological research methodology fulfilled the need for an in-depth understanding of the impact of IPV among Puerto Rican HIV-positive women. Phenomenological analysis and representation in qualitative research provide a descriptive and pictorial incidence of experiences of the participants' experiences (Creswell, 2013).

Researchers hope to uncover patterns in the stories of participants (Creswell, 2013; Patton, 2015), and in this study, I highlighted the perceptions of the participants regarding their HIV status and IPV. Also, this study allows a researcher to study a small, purposive sample (Creswell, 2013). This study is predictive capacity reflects how people will react so the researcher can plan for the effect of the change the phenomenon brings (Allen-Collinson, 2009). Phenomenology offers a description of human experience, not bounded by time or location (Creswell, 2009). Researchers using a phenomenological methodology have the capacity to explore the way the participants think and to provide

an interpretation of their life experiences, the way they lived, how they talked, and an understanding of what occurred to them (Lincoln & Guba, 1985).

Paradigms are the worldviews used to explain the nature of the world, a person's place in it, and the relationships between the person and the world (Creswell, 2013). The definition of paradigms refers to the responses offered when asking three questions: (a) ontological questions, (b) epistemological questions, and (c) methodological questions. Ontological questions consist of the nature of reality and what someone knows, epistemological questions consist of the relationship between the known and unknown and what someone know, and methodological questions consist of the methods or who did what to find out what someone is believed to know (Guba & Lincoln, n.d.).

The four paradigms are positivism, post positivism, critical theory, and constructivism. Positivism resembles the cause and effect from where reality exists. The basis of positivism is the truth, where a dual relationship, such as the researcher and participant, exists as a separate entity (Guba & Lincoln, n.d.). The researcher does not influence the participant and vice versa. The empirical tests from the hypothesized methodology verify the hypothesis.

The ontology of post positivism includes an assumption of the existence of reality with apprehension (Guba & Lincoln, n.d.). The epistemology consists of not believing in the dual relationships that exist in positivism, although objectivity does exist. The methodology of post positivism resembles triangulation, where manipulation is present. This process is achievable using qualitative techniques (Guba & Lincoln, n.d.).

The ontology of critical theory is an assumption that shape occurs through external factors, such as social, cultural, political, ethnic, and economic influences. There is a historical presence in this question. The epistemology question indicated that a connection exists between the researcher and the participant, where the researcher influences the paradigm (Guba & Lincoln, n.d.). The methodology includes the researcher's and the participant's communication that results in transformation.

The constructivism paradigm's ontology encompasses the understanding of realism. Constructivism paradigm links human intelligence to the interaction with the real world. The epistemology consists of the link between the research and the participants, where the results of the study evolve throughout the research (Guba & Lincoln, n.d.). The methodology consists of the interaction between the researcher and participants in open-ended questions.

Other methods were under consideration but rejected due to the lack of understanding of the participants' individual experience. Grounded theory is a qualitative strategy of inquiry where the theory is generated from the data collection and analysis of the research (Creswell, 2013). Glaser and Strauss (1967) introduced grounded theory when researching death in hospitals.

The grounded theory methodology has a rationale that goes further than the narrative or descriptive approach (Creswell, 2009). Grounded theory is useful in finding and producing a theory to acquire the influences of the researcher's respective leadership styles on the general psychosocial well-being of a target population (Patton, 2015; Scott,

2011). The goal of grounded theory is to discover a theory or theoretical explanation for a phenomenon (Creswell, 2013); therefore, it was not the best choice for this study.

Ethnography is the primary approach in field research that is characterized by the in-depth exploration of the social phenomenon existing within a specific group or culture (Creswell, 2013). Researchers seek to understand the behaviors, language, and interactions of a specific group or member (Creswell, 2013). This approach, conveyed through a descriptive method, enables researchers to discover answers for the research questions and explanations for cultural phenomena (Charmaz, 2014). Thus, the theories derived from research influence the analysis interpretation (Denzin & Lincoln, 2009).

Wertz et al. (2011) noted that the theory in ethnography is a device for finding observed items in other qualitative approaches. This identification leads to channels that researchers can use to interpret and limit the role of cultural biases in research. The data collected throughout the exploration of the phenomenon allows for the development of theory foundation, and the analysis produces the concepts constructed (Charmaz, 2014).

The narrative approach includes varied analytic practices (Creswell, 2009, 2013; Patton, 2015). The narrative approach is different from the other qualitative methods because of its focus on the stories of the participants about their respective life experiences (Creswell, 2009, 2013). Narrative research involves concentrating on studying a single person by gathering data through the collection of their respective stories, reporting the experiences of the individual, and discussing the meaning of these experiences for the individual (Creswell, 2009).

The participants retell their personal life experiences through interviews as a form of data collection (Walden, n.d.). Researchers offer numerous ways of analyzing and understanding narratives (Bathmaker & Harnett, 2010). Narrative researchers add depth to the insight about understanding an individual's experiences (Bathmaker & Harnett, 2010).

Researchers use the case study approach to reveal an in-depth understanding of a single circumstance, including using an individual, group, or institution as a case (Creswell, 2009, 2013; Patton, 2015; Yin, 2013). The goal is to offer an in-depth understanding of a phenomenon from various sources of information and examine it in the domain of the limited system of the case (Yin, 2013). Case study questions consist of *how* and *why* questions because the approach draws attention to what the sole case can teach others about a phenomenon (Denzin & Lincoln, 2009).

The final product of research conducted with a case study method is sometimes the case itself, but researchers use evidence in an instrumental way to investigate a broader phenomenon (Stake & Savolainen, 1995). Case study research includes a detailed account of the issue under study as a descriptive case study (Yin, 2013), but it is time consuming, arduous, and expensive for a single individual to investigate the phenomena with limited time and resource constraints (Creswell, 2013). Researchers use the descriptive data collected in a case study to develop conceptual categories to illustrate, support, or challenge theoretical assumptions (Yin, 2013).

The aim of this study was to gain a better understanding of the phenomenon of Puerto Rican women's individual experiences with their HIV status and IPV. I

anticipated that the results would reveal themes that might ameliorate the barriers and challenges Puerto Rican women face. The purpose of this research study was the potential to shed light on the phenomenon under study to obtain newly acquired knowledge and a thorough understanding of the impact of IPV. Both HIV and IPV are worldwide social problems that affect societies, and women experience negative effects of HIV and IPV socially, psychologically, financially, and physically (Illangasekare et al., 2014; Miller, Siemieniuk, Woodman, Krentz, & Gill, 2015; Stockman et al., 2015).

The phenomenological approach in this study consisted of interviewing six Puerto Rican HIV-positive women who had experienced IPV and lived in northern New Jersey. The interviews ceased after reaching saturation of concepts and themes. Saturation occurs when the data collected begin to repeat and no new themes or concepts emerge (Araujo et al., 2016). The rationale for this number of participants came from prior research on women's behaviors, attitudes, and beliefs of HIV-positive women and IPV (Bermudez et al., 2013; Godoy-Ruiz et al., 2014; Loke et al., 2012).

Although some researchers have indicated no specific guidelines are available in qualitative research, researchers must ensure the data derived from research capture the essence of the individual or group (Baker, Edwards, & Doidge, 2012; Maykut & Morehouse, 2000). Qualitative research does not include a focus on counting opinions like quantitative research, but involves exploring an assortment of opinions and numerous explanations of a topic (O'Reilly & Parker, 2012). The participants and research must align with each other (Creswell, 2013; Mack, Woodsong, MacQueen, Guest, & Namey,

2005; Patton, 2015). The rich description of the individual experience of each participant helps inform future research.

Role of the Researcher

The role of the researcher in qualitative research entails communicating with each participant to acquire an in-depth understanding of the phenomenon (Creswell, 2009); therefore, as the researcher, communication is vital in acquiring valuable information about IPV among Puerto Rican HIV-positive women, and the way each participant experienced it. I was accountable and had specialized responsibilities to the participants of the research. An interview format with open-ended and semi-structured questions allows participants to answer questions without any presented or implied choices (Creswell, 2013; Patton, 2015).

I am proficient in both English and Spanish. Each face-to-face interview took place in the language preferred by the participant. During the data collection process that took place through face-to-face interviews, I remained impartial and refrained from any bias or preconceived notions about the phenomenon, as recommended by Husserl (2012).

Sample Selection

The population used for this study was Puerto Rican women living in New Jersey. The minority population in New Jersey represents 76% of all adults and adolescents ever reported, but there are 78% of all persons living with HIV residing in New Jersey (New Jersey Department of Health, 2014). As of June 2014, the New Jersey Department of Health (2014) identified 22% (2,768) of its residents living with HIV as Hispanic. In New Jersey, 31% of the cumulative HIV cases were women (New Jersey Department of

Health, 2014). Forty-eight percent of females living with HIV were between the ages of 20 and 49, and four out of five women living with HIV and AIDS were minorities (New Jersey Department of Health, 2014). In December 2013, 14% of Hispanic (all races) females in Newark had a diagnosis of HIV (New Jersey Department of Health and Senior Services, 2013).

The population of interest in this research was women of Puerto Rican descent. The minimum age of the Puerto Rican women for the study was 18 years old. The family structure of the participants for the study included single-family households and double-parent households. The women comprised various economic classes, including low-income and medium-income households. The educational attainments of the women in this study were non-high-school graduates, high school graduates, some college or trade school, and degree earned from college or vocational trade school. Newark, New Jersey, is an impacted city because of its ranking among the 10 top cities with the highest number of HIV cases (New Jersey Department of Health and Senior Services, 2013).

Sampling

The purposive sampling strategy is a criterion sampling strategy that consists of participants who meet specific requirements established in a study (Curtis, Gesler, Smith, & Washburn, 2000; Suri, 2011). A sampling strategy must be relevant to the conceptual framework and the research question of a study (Suri, 2011). The criterion sampling strategy best fits a study when all the participants share commonalities in their experiences of a phenomenon (Palinkas et al., 2013). The data obtained from a sample

produce information-rich and thick descriptions of the type of phenomena (Petty et al., 2012; Suri, 2011).

I used purposive sampling for this qualitative study. The criteria for recruiting, screening, and selecting participants for this study were as follows: (a) at least 18 years old; (b) HIV-positive status; (c) history of IPV (physical, sexual, and psychological abuse) but not currently in an abusive relationship; and (d) Puerto Rican descent. I selected participants on a first come, first selected process for inclusion in the study.

The benefits from using the criterion sampling strategy entail the acquisition of in-depth information and understanding of IPV among HIV-positive Puerto Rican women. The criterion sampling strategy involves selecting participants for the stud that meet predetermined characteristics with specific requirements established in a study (Palinkas et al., 2013; Patton, 2015). The sampling strategy identified for a study must be relevant to the conceptual framework and the research question (Palinkas et al., 2013).

Creswell (2013) explained that the criteria sampling strategy best fits a study when all the participants share commonalities in their experiences of a phenomenon. Being Puerto Rican, HIV positive, and a woman are the criteria established in the population group. The participants also needed to have experienced IPV and needed to reside in New Jersey. Samples should produce information related to the topic that is descriptive, full of emotion, detailed, and indicates the significance of the experience, which goes beyond facts and surface appearances (Denzin, 1989; Palinkas et al., 2013).

Interviewing in qualitative research is the strategy used to communicate different occurrences (Jacob & Furgerson, 2012; Janesick, 2011) that allows researchers to enter

the participants' perspective (Starks & Trinidad, 2007). In developing the interview questions for participants, it is important to remain focused on the goal of the research (Jacob & Furgerson, 2012; Janesick, 2011). Sample questions referred to the acculturation of the participants, such as the number of years in the United States and the religious and cultural beliefs that continue to dictate their decision making. Also, sample questions encouraged participants to speak openly about their individual experiences and their understanding of what has occurred to them. The questions also allowed each participant to discuss her respective lived experiences in an IPV relationship and her perspective of healthy intimate partner relationships.

Reflexivity Journaling

The reflexivity journal was useful throughout the data collection, analysis, and reporting stages of the study. I used the journal to document feelings before the interviews and immediately following the interviews. I also used it to document any evidence of bias noticed and any emotional issues that occurred during the study. Each entry included the date, location, and external observations.

Reflexivity allows readers of a study to establish a better understanding of how a researcher arrived at the specific interpretation of the data. In examining personal biases concerning IPV, HIV, and the Puerto Rican culture, I maintained a journal, as recommended by Janesick (2011), to monitor the research process. Reflexivity is the process in which researchers are their own critical evaluators where they explain their role throughout the data collection process (Miles & Huberman, 2014). Researchers may elect to take on an emic or etic role. The emic perspective (inside view) indicates that a

researcher remains objective and does not participate in the study, and the etic perspective (outside view) values the viewpoints of the researcher (Takhar-Lail & Chitakunye, 2015). Researchers use continuous self-evaluation, knowledge, and sensitivity to monitor the effect of their biases, beliefs, and individual experiences in research (Berger, 2015).

Reflexive journaling (see Appendix A) promotes the balance between personal life and the research. Each page had columns with the date, time, and observation, as well as a column to document feelings and reflections of the occurrences in the study. The journal included a description of the setting, a participant's behavior, an assessment of the way the interview progressed, and any emerging ideas. I transferred the notes from the journal to a password-protected computer as part of the study. Another area that received attention during the study was the participants' right to privacy.

Research Procedures

All individuals accepted as participants received a letter to the participant (see Appendix B), which detailed the research process. The participants also received the informed consent form (see Appendix C) and the confidentiality agreement (see Appendix D), with a focus on the phenomenological methodology to select participants willing to offer their perception of IPV to capture a better understanding of the phenomenon. The HIV-positive women selected lived in New Jersey and sought services at various community-based organizations that cater to the Spanish-speaking population.

Research Sites

The following agencies offering services to Puerto Rican women and HIV-positive individuals received copies of the research flyer (see Appendix E). The participating research sites included the African American Office of Gay Concerns, AIDS Resource Foundation for Children, Broadway House for Continuing Care, Catholic Charities of the Archdiocese of Newark, North Jersey Community Research Initiative, Positive Health Care, and Newark Eligible Metropolitan Areas HIV Health Services Planning Council.

Recruitment of Sample

The recruitment process consisted of targeting adult Puerto Rican women in public via notifications to community-based organizations that provide services to people who self-identified as being HIV positive, women, and members of the Puerto Rican community. I delivered a printed flyer to these agencies with their permission. In addition, I distributed the research flyer at numerous transportation hubs in Newark, New Jersey, which included the Newark Penn Station, Broad Street Station, and the multiple city subway stations (see Appendix E).

To obtain a purposive sample of six participants, I used a screening questionnaire for the initial telephone contact women made to me (see Appendix F). I screened each caller to confirm her HIV status, Puerto Rican descent, and history of an abusive relationship. It was important that each participant was not in an abusive relationship at the time of the interview. Demographic questions were part of the process administered before the research interview questions (see Appendix G). Participants were only able to

participate in the study if they identified as being of Puerto Rican descent, had received a diagnosis of having the HIV virus, resided in New Jersey, and were at least 18 years old. The participants also needed to acknowledge their individual experiences with IPV.

Instrumentation

Based on the phenomenon and the research question, I developed a semi-structured interview questionnaire guide to explore the participants' experiences of their HIV status, culture, and IPV, as well as the effects on their quality of life. The interview protocol was the means used to seek in-depth information on the experiences of IPV through the lens of HIV-positive Puerto Rican women's worldview. The interview process is usually the means to collect data for the phenomenological methodology (Creswell, 2009).

No research hypothesis was necessary because the research study involved exploring the lived experiences of its participants. The overarching research question for this research study was as follows: What are the lived experiences of Puerto Rican women residing in New Jersey who are victims of IPV and are HIV positive? Additional, more specific questions developed from the broader question to inquire about the participants' experiences:

Question 1: When you hear *intimate partner violence*, what do you think about?

Question 2: How did the violence you experienced affect your life?

Question 3: What was the worst moment of your life because of violence?

Question 4: Describe circumstances that led to the abuse or violent moment?

Question 5: What feelings did you experience during the abusive or violent moments?

Question 6: How did your experiences during the violent moments influence your day-to-day decisions during that time and now?

Question 7: How do you see yourself today due to your experience of violence and HIV?

Question 8: What strategies did you use to survive the time with your violent partner?

Question 9: As a Puerto Rican woman diagnosed with HIV, what were your experiences with your intimate partners?

Question 10: What role did your HIV status play in the relationship with your intimate partner?

Question 11: What impact did your HIV status have on intimate partner violence?

Question 12: How has your HIV status influenced your idea of intimate relationships?

The probing questions led each participant to share her experiences in detail. The free flow of the questions allowed the participants to respond as they chose, without any influence from me. Probes also known as follow up questions help the participants provide more information during the interview (Polit & Beck, 2008). The semi-structured and open-ended questions during the face-to-face interviews supported the quality of information collected and led to an understanding of the phenomenon. Through the interviews, I acquired data about the participants' feelings, thoughts,

intentions, and past behaviors, as well as participants' lived experiences with IPV and their HIV diagnosis.

I entered the participants' world during the interviews as described of researchers by Creswell (2013) and Patton (2015). The questions were suitable for probing issues in depth and stimulated the participants to produce more information about the issue without putting me in the interaction with the participant where I became part of the data acquired (Bernard, 1995; Patton, 2015).

Participants were able to define the content of the issue and offered valuable information regarding their life experiences. I used the appropriate language with the participants to acquire valuable information about the phenomenon. Using appropriate language prevents any misunderstandings and interpretations (Patton, 2015).

Questions concerned the acculturation of the participant, such as the number of years in the United States, religion, and cultural beliefs that continue to shape their decision making (see Appendix G). Questions about their respective lived experiences in an IPV relationship and their perspective of healthy intimate partner relationships were also a focus.

It is important to ask in-depth questions to acquire information regarding participants' lived experience (Jacob & Furgerson, 2012; Savage, 2000). Interview protocols need to have clear goals to achieve in the interview, such as a time limit for each interview, interview questions, and background information for the participants that they can understand (Creswell, 2013; Janesick, 2011; Patton, 2015).

Interview Structure

Interview questions are a useful approach to learn about the world of the participants (Qu & Dumay, 2011). Data collection in phenomenological research usually takes place through semi-structured face-to-face interviewing (Qu & Dumay, 2011). Semi-structured interviewing does not limit participants and allows researchers to obtain as much valuable information as possible about a phenomenon. A researcher's attentiveness to the feelings and emotions of the participants and the study topic promotes depth and breadth (Lincoln & Guba, 1985).

I began to establish a rapport with each participant during the first initial phone call the participant made inquiring about the research. I spoke with the participants in the language they preferred, either English or Spanish. In addition, I invested sufficient time in (a) conducting the face-to-face interviews, (b) transcribing the interviews, (c) analyzing the data, and (d) engaging in a second interview with each participant to ensure the ideas and themes identified throughout the interviews were what the participant wanted to deliver.

I engaged in the collection of data during the face-to-face voice-only recorded interviews with the participants as they shared their intimate lived experiences of partner violence. I followed the explanation of Creswell (2013) and Simon (2011) in analyzing the participants' personal experience into categories of meaningful data. The focus of phenomenological inquiries is the experiences of the participants, including how they interpret their experiences (Patton, 2015). The face-to-face interview format provide the research community and other interested individuals with a thorough understanding of

the phenomenon and led to a vivid description of the numerous factors linked to the phenomenon, such as the feelings and conflicts experienced by the participants, including their thoughts, goals, and previous conduct; the cause of certain decisions and behaviors; and the uniqueness of their world (Creswell, 2013; Patton, 2015). Trochim and Donnelly (2007) recommended numerous interview techniques where the researcher becomes an effective listener, maintains eye contact, does not omit questions, does not alter the interview questions, maintains the order of the interview questions, and offers flexibility to elaborate and clarify responses.

Each participant selected which language (English or Spanish) they preferred to use during the face-to-face interview. I was the sole individual collecting and transcribing the data. Member checking gives research accuracy and ensures the credibility of interviews (Lincoln & Guba, 1985). I conducted follow-up member interviews after the interview transcription was complete and within a 2-week period of the interview date. The participants reviewed the analyzed data for verification. Member checking is the process where the researcher takes the gathered information back to the participants for confirmation (Charmaz, 2014). The interviews conducted in Spanish were transcribed and analyzed in Spanish. The Spanish analysis was for member checking. After I identified the themes and coded the transcriptions, I translated the codes into English.

Interview Process

I collected data to the in-depth interview questions from Puerto Rican HIV-positive women participants who experienced IPV (Patton, 2015). With their permission, I audiotaped the participants' face-to-face interviews. Interviewing is a strategy used in qualitative research as a form of communication (Janesick, 2011). The process of interviewing, although straightforward, easy, and universal, can produce valuable information or it can produce very little information when performed poorly (Patton, 2015). It is important to remain focused on the goal of the research when considering the interview questions for each participant (Jacob & Furgerson, 2012; Janesick, 2011).

Data Analysis

Data analysis began prior to the first interview through reflexive journaling, where I observed the location for the interview and documented my feelings and thoughts before the participant arrived. Data analysis continued throughout the stages of data collection, analysis, and reporting of the findings. It was important to make sense of all the information collected throughout the study and to translate the data into findings.

The process included sorting the details, identifying common patterns and themes, and ensuring the data corresponds to the real meaning the participants wanted to share (Patton, 2015). It was critical to represent the data fairly and to communicate what the data revealed (Patton, 2015). Creswell (2013) discussed the importance of interpreting data analysis through the (a) the literature, (b) personal experience of the researcher, and (c) the research question.

I used epoché to ensure impartiality and prevent biased thoughts (Creswell, 2013; Moustakas, 1994; Patton, 2015). Researchers use epoché to bracket their individual experiences away from the experiences of the participants as a way of keeping the participants' experience original and uncontaminated (Creswell, 2013; Moustakas, 1994; Patton, 2015). From now on, the term bracketing is used instead of the term epoché. The use of a reflexive journal ensured the bracketing of the individual experiences of each participant. Also, I engaged in continuous dialogue with my dissertation committee throughout the bracketing process.

I incorporated the analyzed data with the findings of previous research on Puerto Rican women who experienced IPV and are HIV positive. I discussed my biases and background information and where they might influence the interpretation of the data. I will disseminate the results of the research study to help Puerto Rican women gain a better understanding of their experiences. Culturally effective policies and culturally efficient training might also assist professionals working with the target population. Reducing the incidence of newly diagnosed HIV cases and IPV may eliminate the burden of the negative experiences endured by Puerto Rican women.

An area that needed attention throughout the research was personal biases. My biases and background information might have influenced the interpretation of the data. Personal biases and preconceived notions are an area that researchers need to be aware of and take responsibility (Moustakas, 1994) throughout the research. It is important to acknowledge the possibility of biases influencing the research and to establish strategies

to address them. I am of Puerto Rican descent. I was born in the mountainous region of Puerto Rico, but I have lived in Newark, New Jersey, since infancy.

The topics of HIV and IPV are sensitive areas to discuss and to reveal information about individual experiences, and it was important to acknowledge the researcher's individual experiences where it might influence the transcribing and coding of the data collected from the interviews conducted. The dissertation committee offered continuous support and guidance, which continued to help me remain as neutral as possible and helped prevent me from influencing the participants. The goal in conducting this research was to recognize personal and professional positions from an ethical perspective and to maintain the ethical standards set forth by Walden University during research.

To analyze qualitative interviews, I needed to convert the words of the participants into codes as detailed by Janesick (2011). NVivo is a computer-assisted qualitative data analysis software used in qualitative research because it helps to analyze the information entered in the computer-based program (Anderson, 2010). NVivo offers key features, including storing the data gathered in a single file, operating in numerous languages, allowing the use of team projects, and being easily manipulated (Smith & Firth, 2011).

Not all data can be represented in number format (Anderson, 2010). Other forms of data collection in this study supported by NVivo included audio recordings, interview questionnaires, field notes, observational notes, and all transcripts. NVivo has many features and may be used to manage qualitative research data (Ishak & Baker, 2012).

NVivo was useful for storing the data acquired for this study. Chapter 4 includes a full description of the process used for data analysis.

Trustworthiness

In establishing trustworthiness in this research, the research findings served as a confirmation that the research was worth doing in which Lincoln & Guba (1985) explained as a critical factor in qualitative research. Qualitative research enhances the achievement of building an understanding of a phenomenon by conducting fieldwork, interviews, and observations (Creswell, 2013). Qualitative research involves using actions and behaviors to understand a phenomenon, depending on the interpretation of the researcher (Sinkovics & Alfoldi, 2012). To be able to judge the quality of the research, numerous methodological and design elements ensure the value of the study, therefore credibility, confirmability, dependability, and transferability are important strategies to build trustworthiness (Miles & Huberman, 2014).

Credibility

The goal of qualitative research is meaningful, credible, and empirically supported results (Patton, 2015). Credibility represents the truth of research data, including the perceptions of the participants and the researcher's interpretation of the data collected (Polit & Beck, 2008). Credibility is necessary to establish the usefulness of research strategies (Patton, 2015), including accurately identifying and describing the participants (Elo et al., 2014).

The descriptions of the phenomenon provided through the perceptions of the participants allow others to build a better understanding; therefore, the participants are

truly the only ones able to judge the credibility of the results. A detailed description of the topic researched was critical in promoting credibility because it assisted in communicating authentic circumstances that took place. Researchers explain and illustrate the nature of typology, which allows the reader to establish an in-depth understanding that embraces the actual experiences. Triangulation, prolonged engagement, peer debriefing, and member checking are strategies that establish credibility (Shenton, 2004).

Prolonged engagement builds trust and rapport with the participants to encourage rich and detailed responses (Cope, 2014). Thick and rich descriptions of the experiences of the participants are useful in communicating the unique experiences of the participants and allowing for a better understanding of a phenomenon (Patton, 2015). Sufficient time for data collection and the ability to comprehend the lived experiences of the participants promote rapport between researchers and participants.

My attentiveness to the feelings and emotions of the participants and the study topic promoted depth and breadth. I began to establish a rapport with each participant during the first initial phone calls the participant made inquiring about the research. I also spoke with the participants in the language they preferred, either English or Spanish. I invested sufficient time in conducting the face-to-face interviews, transcribing the interviews, analyzing the data, and engaging in a second interview with each participant to ensure the ideas and themes identified throughout the interviews were what the participant wanted to deliver.

Peer debriefing occurred when I discussed the research by exchanging ideas, strategies, and thoughts during weekly communications via e-mails, phone conferences, and Skype with my dissertation chair. It was also essential to communicate with my chair after each interview that took place. This process helped me expand my knowledge base and identify potential flaws and alternative approaches. The colleagues may serve in a supervisory role due to their previous experiences and expertise in a specialized area. Trustworthiness is often questioned by positivist researchers such as Shenton (2004) who described strategies such as peer debriefing to add rigor to the research.

Peer debriefing also helped me to recognize personal biases and preferences. Moreover, I tested developing ideas and interpretations as described by Petty, Thomas, & Stew (2012) who explained that peer debriefing allows the different worldviews of the participants to "create trustworthy knowledge" (p. 382). During this research study, my chair and methodologist encouraged me to remain honest to the research and the participants; they also encouraged and motivated me to continue to provide a thorough description of the methods, meanings, and interpretation of the data as explained by Creswell (2013).

Member checking increases the credibility of qualitative research (Lincoln & Guba, 1985), which involved the participants reviewing the data collected for this study to ensure its accuracy. Member checking can take place at the moment of the acquisition of the data or after the data collection process is complete. During the follow-up meeting, participants reviewed the codes of the dialogue transcriptions for accuracy. Due to the sensitive nature of the topics of IPV and HIV, I did not want the participants to

relive their experiences; therefore, I met with the participants at the end of the data collection so they could review the emerged themes.

The perspective of participants about their individual experiences sheds light on the phenomenon and allows the reader to acquire as much knowledge as possible. Participants' review of transcribed data points to the credibility of research (Creswell, 2013). Member checking assists in achieving neutrality through a review of the transcriptions by the participants (Yin, 2013).

Confirmability

Researchers in qualitative studies bring a unique viewpoint to the study. In confirmability, steps are taken to ensure that the findings in the research belong to the participants (Cope, 2014; Lincoln & Guba, 1985: Polit & Beck, 2008). Confirmability also allowed me to be able to demonstrate neutrality in the data analysis. I presented that the data were a representation of the participants' perspective, ideas, and experiences and not the bias of the researcher as described by Guba (1981). A strategy used to enhance confirmability consists of reflexivity. Detailed note taking occurred throughout the research process in the reflexivity journal and to ensure proper procedures were taken. I managed the notes via journaling. I further explain the reflexivity in Chapter 4.

Dependability

To establish dependability in qualitative research, researchers report in detail the steps taken to allow future researchers to repeat the research. Dependability represents the stability of data over time and conditions (Cope, 2014). The evaluation of the data collection process and data analysis used in the research is an important aspect of

establishing trustworthiness. Lincoln and Guba (1985) noted the need for dependability to be accurate and consistent.

The focus of quantitative research is on replication and repetition to acquire the same results, but qualitative researchers are unable to acquire the same results because of changes that occur within the HIV and IPV phenomenon. Dependability highlights the ever-changing context of the research. My responsibility was to emphasize the changes that occur in the selection environment and the ways the changes influence the research approach of the study (Elo et al., 2014). The Methodology section documented each step taken while conducting the study.

Researchers use audit trails to establish dependability through a detailed description of each step taken. The challenge is to acquire the same results across qualitative research, and audit trails provide descriptive details of the procedures and processes used throughout research and promote judgment by other researchers (Petty et al., 2012). The tracking procedure specify the changes that occur and presents a tracking path for those changes (Guba, 1981).

Transferability

The focus of transferability is how the results of qualitative research may be transferrable to other contexts, settings, and situations (Shenton, 2004). Transferability is possible due to thick, rich descriptions of a phenomenon provided by participants. Lincoln and Guba (1985) explained transferability as a process where the findings from research may be generalizable beyond the study population. The use of thick descriptions helps in determining the extent the findings of the research have the capacity to be

transferable to other settings. Thick descriptions and purposive sampling support transferability. Thick descriptions mirror the information gathered from the participants, the context, and the procedures (Lincoln & Guba, 1985; Petty et al., 2012). Although this research is not generalizable, other researchers may replicate it.

Ethical Considerations

In any research setting that includes humans as participants, it is important to protect them without exposing them to any harm. Before the research study began, the Walden Institutional Review Board (IRB) approved the study. Because the population for the research was vulnerable by definition, it was important to protect their identity and any information that pertained to them by using pseudonyms. The participants were all Puerto Rican women self-disclosing their HIV status as being positive with the virus and their experience with IPV.

During the recruitment phase, informational telephone calls and written documentation were available to staff members of agencies that offered services to Spanish-speaking women and HIV-positive women. After the participants joined the research study, I obtained their informed consent, which included a verbal and a written explanation of the research. This crucial step avoided issues that may have led to harm for each participant.

Participants received a list of resources, including domestic violence prevention organizations, in case they experienced any emotional or psychological distress throughout the research. Each participant also received information about confidentiality and signed the confidentiality form. Each participant chose her pseudonym to ensure the

protection of each participant's identity. Protecting the participant's identity is an ethical concern (Creswell, 2013) addressed in this research.

The participants received the confidentiality agreement form (see Appendix C) that ensured the protections of their privacy. Participants selected pseudonyms to protect them from harm. I explained every aspect of the research thoroughly to each participant, so each participant could make the decision to participate or not. Participants were under no obligation to participate in this research and were able to drop out at any point without any consequence. A formatted, password-protected external hard drive stored all data (informed consents, interview transcriptions, and research information) of each participant. The equipment and hard copy data from the study, including audiotapes, signed consent forms, written documents and notes, and transcripts, will remain in a locked safe for the mandatory 5-year minimum mandated by the Walden University's IRB.

Summary

This study may help Puerto Rican women, policy makers, health practitioners, service providers, and others gain a better understanding and increased knowledge about how Puerto Rican women perceive their intimate relationships and violent experiences. This newly gained knowledge and understanding assisted in determining if non-culturally geared policies and programs or the inclusion of violence prevention programs and policies in U.S. legislation are potential factors in the prevention or reduction of new IPV and HIV cases.

Culturally appropriate programs and services to HIV-positive Latinas who experience IPV are necessary to reduce the rate of incidence. Culturally appropriate information is necessary so the victims may have the opportunity to gain knowledge and understanding about violence and ways to prevent such occurrences (Gonzalez-Guarda et al., 2011; Morales-Alemàn et al., 2014; Moreno et al., 2011).

This chapter contained descriptive details of the methodology used for this qualitative phenomenological study on the lived experiences of Puerto Rican HIV-positive women who experienced IPV. The chapter also included a discussion of the participant selection, the role of the researcher, the research design, and ethical protection of the participants, the data collection process, and the data analysis process. Chapter 4 includes a detailed examination of the procedures used to generate the data for the study. Chapter 5 concludes the study with a review of the findings, their implications for social change, and recommendations for future studies.

Chapter 4: Results

The purpose of this qualitative phenomenological study was to gather an in-depth understanding of the lived experiences of Puerto Rican HIV-positive women living in New Jersey who had a history of IPV. The study involved an attempt to gain a better understanding and more insight into the IPV experiences of Puerto Rican HIV-positive women. I employed a qualitative phenomenological research design to recruit six women selected using purposive sampling from the population of northern New Jersey. Through the interview questionnaire (see Appendix H), a phenomenological investigation took place to collect in-depth data. The interview questionnaire (see Appendix H) included 12 open-ended questions aimed to encourage the participants to share their lived experiences of IPV. The use of individual in-depth interview allowed me to delve deeply into participants' social and personal matters (DiCicco-Bloom & Crabtree, 2006). The open-ended questions examined the research question related to IPV and HIV, thus providing insight into the lived experiences of the participants about the phenomenon.

Chapter 3 included the research design, methodology, design, rationale for the design, central phenomenon, role of the researcher, methodology, data collection and analysis, ethical consideration, and trustworthiness. Chapter 4 includes the interview setting, demographics, sample selection, and data collection to develop a better understanding of the lived experiences of Puerto Rican women. Explanations of the steps taken to identify the emerging themes appear in the Data Analysis section in a systematic and sequential manner, along with detailed evidence of trustworthiness and rigor.

Finally, the chapter includes the findings from the study with an in-depth explanation of how patterns and themes developed from the data analysis process.

Interview Setting

The results of the study emerged from the in-depth semi-structured interviews of six female participants in a quiet room of a local library in Newark, New Jersey. Participant recruitment took place through the distribution of research flyers (see Appendix E) at numerous transportation hubs in Newark, including Newark Penn Station, Broad Street Station, and multiple city subway stations. Also, I obtained permission from representatives at various community agencies that provide services to people who self-identify as being HIV-positive women and part of the Latino community to post the recruitment flyer in their waiting room. I received Walden University's IRB approval (IRB No. 2016.10.1717:50:26-05'00') before recruitment began. Participation in the study was voluntary, and there was no undue influence of the participants that may have biased the results of the study.

Participant Demographics

Six participants met the eligibility criteria to participate in the study, which included being HIV positive, being of Puerto Rican descent, and having a history of IPV. At the time of the interview, the participants denied being in an abusive relationship. The demographic information (see Table 1) obtained included (a) name, (b) age, (c) ethnicity, (d) religion, (e) educational level, (f) current relationship status, (g) year diagnosed with HIV, (h) number of years residing in New Jersey, (i) birthplace, and (j) parents' birthplace. Using pseudonyms and interview numbers to identify each participant served

to protect their identities (see Table 1). The mean age of the six participants was 43.3 years; individual ages range from 32 years to 51 years old. Three participants identified an affiliation with the Christian religion, and the other three participants identified with the Catholic religion.

Table 1

Participant Demographic Data

Pseudonym	Age	Ethnicity	Religion	Education	Current relationship	Years infected with HIV	Years living in NJ	Birthplace	Parent's birthplace
Debbie	42	PR	Christian	High school diploma	None	10	20	PR	PR
Sandra	49	PR	Christian	9th grade	None	7	29	PR	PR
Mickey	47	PR	Christian	High school diploma	Girlfriend-resides outside the home	9	47	PR	PR
Stacey	39	PR	Catholic	Some college	None	8	39	NJ	PR
Evelyn	32	PR	Catholic	High school diploma	None	32	32	NJ	PR
Carmen	51	PR	Catholic	High school diploma	None	26	51	PR	PR

Note. PR = Puerto Rico. NJ = New Jersey.

The participants' educational levels ranged from completing the ninth grade in high school to having some college education. Of the six participants, only one identified with being in a current relationship where the partner did not reside in the same home. The mean years diagnosed with HIV was 15.3, years with a range from 7 years to 32 years. All the participants identified as Puerto Rican and reported that their parents' birthplace was Puerto Rico. Of the four participants born in Puerto Rico, two migrated during infancy, and the other two participants migrated during early adulthood. Although

the other two participants were born and raised in New Jersey, but identified as Puerto Rican. Learning about the number of years participants had resided in New Jersey was important to understand participants' acculturation, as described in Chapter 2. Based on the information retrieved from the participants, all incidents of lived experiences of IPV occurred while they were in previous intimate relationships.

Sample Selection

This qualitative study included six participants. The purposive sampling strategy was suitable for identifying participants who met the specific criteria for the study. Within the purposive sampling approach, a criterion sampling strategy was appropriate because the research required the participants to share commonalities in the experiences related to IPV (Palinkas et al., 2013). The criteria for inclusion into the study were to (a) be at least 18 years old, (b) have an HIV-positive status, (c) have a history of IPV, (d) be of Puerto Rican descent, and (e) not be in an abusive relationship currently. I selected participants for inclusion into the study on a first-come basis. Although there were only six participants, the rationale for having six participants consisted of previous research that involved investigating behaviors, attitudes, and beliefs of different phenomena (Bermudez et al., 2013; Godoy-Ruiz et al., 2014; Loke et al., 2012). The sample size also led to saturation of concepts and themes. Saturation allows for sufficient data to code, analyze, and formulate themes. Saturation occurs when the data begin to repeat and no new themes or concepts emerge (Araujo et al., 2016), and no additional information or relevant themes arose during the data collection process.

After a potential participant called my cellular phone number listed on the flyer to inquire about the study, I conducted a phone interview using the screening questions (see Appendix F) to determine her HIV status, Puerto Rican descent, and history of an abusive intimate relationship. I scheduled in-depth interviews for participants who met the criteria. Each participant identified the time and date for the interview at a private room in the local library. I assigned interview numbers to each participant in the order that the interviews took place, such that the first participant was identified as Interview 1, with a total of six interviews. Participants also selected a pseudonym to protect their identities. Each participant completed the informed consent form (see Appendix C) and the demographics form (see Appendix G). Participants received a copy of the consent form with my contact information in the event they had questions or concerns about the research. After the interviews were complete, the participants received a list of agencies (see Appendix I) that offered counseling services to women if participants decided to seek supportive counseling services. I thanked each participant for making the commitment to this research and providing information about her lived experiences.

Data Collection

The data collection process began when women called to inquire about the research. When the women called, I used the screening questionnaire to ensure each participant met the criteria for the research. I also used the reflexive journal during and after each phone interaction to document my reaction and feelings to the conversation, and I collected data via face-to-face semi-structured interviews using the interview questionnaire (see Appendix H). The questions led to an in-depth understanding of the

experiences of IPV through the worldview of HIV-positive Puerto Rican women. The worldviews consist of the two factors as explained by Moustakas (1994): (a) what the participants experienced and (b) how the participants experienced it.

I arrived at the interview site approximately 20 minutes early to prepare the interview room. I removed library books off the table and placed two chairs close to the table for the participant and me. I prepared the documents for the interview and placed them on the table, along with the audio recording device. I carefully reviewed the interview questions before each interview to encourage engagement and smooth transition between the questions. As I waited for the participants, I used the reflexive journal (see Appendix A) to document my feelings and thoughts. I also used the reflexive journal to document any personal feelings and biases during the interview and after each interview. For example, before the first interview participant arrived, I was extremely nervous and anxious, as I was unsure of what the participant would be like and if the interview would be successful.

The door to the quiet room remained closed throughout the interviews to ensure privacy for each participant. Each interview started with a brief informal conversation, and each participant received the letter to the participant (see Appendix B) informing her of the research, as well as the informed consent form (see Appendix C). I read the informed consent form verbatim to each participant. Each participant signed the consent form, and I placed it inside a large manila envelope that had a label with the participant's pseudonym and interview number. Each participant also received a copy of the consent form. Each participant completed the demographic form (see Appendix G), which I also

placed inside the large manila envelope. I used the interview questionnaire (see Appendix H) to focus on the interview session. Each participant's interview was audio recorded. Interview times ranged from 7.47 minutes to 27.27 minutes. After participants signed the informed consent form and demographic form, the recording began with the first interview question from the interview questionnaire (see Appendix H). I reminded participants that they could stop participating in the interview at any time without giving a reason. During the interview, I asked additional probing questions to clarify information provided by the participants.

The interviews took place over a 4-month period. The date and time of each interview depended on the availability of both the participant and me. I transcribed the recorded, face-to-face interviews verbatim into a Microsoft Word 2016 document for review. Data collected (i.e., informed consents, interview transcripts, and research information) for each participant are on a formatted password-protected external hard drive. All equipment and hard copy data acquired from the study, including audio recordings, signed consent forms, the reflexive journal, and transcribed interviews will remain in a locked safe for the 5-year mandated period according to IRB approval. There were no unusual circumstances and no variations presented during the data collection period.

Conducting Interviews Differently

There was a large disparity between the shortest time and longest time in the face-to-face interviews, as described in the Data Collection section of this chapter. However, time did not seem to be an issue while the interview was occurring. I used the reflexive

journal to document the short interview and some of the things I could have done differently. While the participant answered each question, I could have asked specific follow-up questions to give the participant room to elaborate. In the reflexive journal, I wrote, "Slow down when asking the question." "If you rush, she will rush." "Take a deep breath." I also could have had more informal talk with her. Because IPV and HIV are such sensitive topics, especially among Latinos, the informal conversation may have allowed the participant to understand that the trust involved in providing complete confidentiality is important. I could have reinforced the consent form agreement regarding confidentiality. In the reflexive journal, I wrote, "Ask if they understand what confidentiality is. Then, talk to them about it."

Although the shortest interview was 7.47 minutes, the participant offered valuable data. For example,

Interviewer: How did the violence you experienced affect your life?

Participant: I don't trust people. I'm very careful where I go and who I speak to. I know maybe my ex-husband maybe still looking for me, so I'm very careful. I watch where I go.

Although the participant offered valuable information in a brief period, I could have asked more probing questions to elicit more information. I would also ask the questions differently to engage the participant. One of the contributing factors of the short interview was that I became comfortable with the participants being so forthcoming in the previous interviews. I did not anticipate the participant with the shortest interview to

answer the interview questions quickly without having to prompt her because this was my fourth interview.

Data Analysis

Data analysis is a continuous, iterative process (Shenton, 2004). In qualitative research, the process of data analysis consists of labeling the data collected and condensing the labels or codes to represent larger chunks of the data collected; also, researchers present the data collected to the reader in an organized manner, produce meanings of the data, draw findings, and verify findings (Miles & Huberman, 2014). The analytic method used was thematic analysis. Braun and Clarke (2006) described thematic analysis as identifiers, analysis, and reported themes and patterns drawn from the data collected and describing the data set in rich detail. Thematic analysis occurred throughout data collection as part of my role as the researcher who had direct exposure to each interview. Thematic analysis emphasizes identifying and examining patterns within the data (Creswell, 2009; Moustakas, 1994). Coding is a process that allows for a complexity of thoughts, feelings, and emotions. A person needs to experience the coding process to understand the mixture of feelings. It takes time to code, and it is not something to rush through. To understand coding, a person must experience it.

Coding Analysis

Creswell (2009) discussed Moustakas' modified version of the Stevick-Colaizzi-Keen data analysis strategy, which I used to organize and analyze the data. I used the complete interview transcriptions of each participant for the data analysis process. Each of these steps follows.

Step 1: Bracketing. I used the reflexive journal throughout all stages of the research study to document my experiences, reflections, and biases. Bracketing involved acknowledging my biases and assumptions that may influence the research. The goal of bracketing is to understand the true meaning of the phenomenon (Butler, 2016). I used the reflexive journal during the bracketing process and throughout the research process to prevent any personal influences on the research study. I acknowledged any personal judgments and biases about IPV and HIV by practicing bracketing before, during, and after each interview with a participant and while working with the data. The process of bracketing allowed me to document my individual experiences, reflections, and biases. Because I have not been in an abusive relationship with an intimate partner, I do not know the true reasons or essence of the decisions the participants made. Although cognitively I understand the power and control dynamic of IPV I became aware of affective or emotional struggles in understanding what the participants were experiencing. I used the reflexive journal to process this cognitive–affective dichotomy. One day I wrote,

> I just don't get it. Why do women stay with a man that beats on them? I cannot fathom having someone hit me all the time, and I do nothing about it. In my world, this is unacceptable. I just don't get it. It is so different in other people's worlds. Do not offer any advice or services. You are to hear the women, not be their savior.

The reflexive journal helped me avoid providing any supporting answers to the responses of the participants so they do not agree with my answers. This action helped

me avoid influencing the participants from changing their responses to the interview questions or responding with what they felt I wanted to hear. It enabled each participant to respond to each interview question according to his or her own experiences, feelings, behaviors, attitudes, and perceptions of the phenomenon.

Step 2: Horizontalization. Horizontalization refers to using verbatim transcriptions linked to a phenomenon (Moustakas, 1994). Each participant shared essential information regarding their experiences, and every statement each participant made was equally valuable (Moustakas, 1994). Each transcribed interview received equal importance with each statement highlighting the participants' experiences. No interview question or statement made to me received any preference, because I considered every response from each participant equally important. An example of horizontalization appears below with an excerpt from the interview with Evelyn:

well . . . I sometimes hate myself . . . I feel like I am	Self-hatred
not good enough for him.	Not good enough
. . . I uhh . . . I don't trust people and umm I am very	Lack of trust
careful about what I say . . . and umm I don't tell	Cautious
everybody everything. . . . I don't have too many	Restricted conversation
friends . . . I . . . uhh . . . I	Lack of support
am scared that it will	Fearful
happen again.	Repeat cycle

Each line of the verbatim transcription was valuable, and initial codes linked to each interview line. Identifying initial codes and emerging codes resulted in the codes being clustered together, further identifying themes.

Step 3: Themes—Cluster. I grouped the initial codes (Level 1) and emerging codes (Level 2) that materialized from the transcribed face-to-face interviews together based on commonalities and had relevant meanings, thus forming themes that highlighted the lived experiences of the participants. The themes that emerged were (a) experiences of abuse by intimate partner, (b) feelings about abuse, (c) feelings about the abuser, (d) traumatic experiences, (e) reaction to abuse, (f) trust issues, (g) cultural influences, and (h) positive life changes, further discussed in in the Results section of this chapter and the Themes section of Chapter 5. Hycner (1999) suggested examining the identified codes to elicit the essence of the meaning of the codes because the codes reflect the judgments and skills the researcher possess. The clustering of codes to themes focused on the research question. The clustering took place after careful examination of the codes and determining which clusters may group naturally based on relevant meanings (Hycner, 1985). During the process of categorizing the themes while clustering codes, I participated in creative insight, as discussed by Hycner (1999), as detailed throughout the data analysis process. The identified themes relate to the phenomenon of IPV and HIV, and they stand for the meaning of the Level 1 and Level 2 codes clustered determining the themes that are linked to the core of the clusters (Hycner, 1999). Table 2 shows the transition from Level 1 (initial) codes to Level 2 (emerging) codes to themes.

Table 2

Transition From Codes to Themes

Level 1 (initial)	Level 2 (emerging)	Theme
Hitting	Physical abuse	Experiences of abuse by intimate partner
Kicks	Physical abuse	Experiences of abuse by intimate partner
Partner does something	Physical abuse	Experiences of abuse by intimate partner
Physical abuse	Physical abuse	Experiences of abuse by intimate partner
Physical violence	Physical abuse	Experiences of abuse by intimate partner
Pulls hair	Physical abuse	Experiences of abuse by intimate partner
Pushes	Physical abuse	Experiences of abuse by intimate partner
Smack me	Physical abuse	Experiences of abuse by intimate partner
Smacking	Physical abuse	Experiences of abuse by intimate partner

I grouped Level 1 and Level 2 codes due to similarities and commonalities as described by Creswell (2013), King (1994), and Moustakas (1994). The Level 1 codes of hitting, kicks, pushing, smacking, and pulling hair were all physical actions performed on the participant. I grouped them under the Level 1 code of physical abuse. Furthermore, the Level 2 code of physical abuse was a category under the umbrella of the theme experiences of abuse by intimate partner. Going back and forth between the codes and the transcribed interviews identified groups with shared meaning (Holloway, 1997; Hycner, 1999). Through the process of interrogation, categorizing the codes ties directly to the themes and meaning of the phenomenon (Hycner, 1999).

Step 4: Textual descriptions. This step involved providing descriptive narratives of each participant in the Participant Demographics section. Textual descriptions developed by obtaining the participant demographic form (see Appendix G). Table 1 represents the participants' demographic information gathered during the participant interview. The verbatim transcriptions of the face-to-face interviews offer detailed

information about the participants' experiences. The following example is a response to an interview question: What feelings did you experience during the abusive or violent moments? Stacey shared,

> I was very depressed. I didn't speak much. I didn't speak to my family. I didn't speak to my sisters or my mom. People didn't really get to know me. Who I was before I met him. I was really happy. I was in college. I was doing very well until I met him and little by little he took control of me. He made me drop out of school. He made me quit my job. I moved in with him, and he just controlled everything [long pause], so I was feeling sorry for myself. I felt like it was it. That's where I was going to live for the rest of my life [deep breath].

The face-to-face interviews provided insight into the lived experiences of the participants.

Step 5: Structural description. In explaining the structural descriptions, written descriptions describe what the participants experienced in the setting and context of the experience. Carmen shared the following description when asked, "What was the worst moment of your life because of violence?" Carmen stated,

> When I moved in with him, things changed very fast. One day he came home, and I was watching TV in the living room. I was off that day. He came in and started yelling. He was so mad. He was screaming and when I got up to talk, he smacked me so hard I fell back on the couch. He jumped on top of me and kept hitting me on my face, arms, back, legs. He just kept hitting me all over. I tried to get away, but he grabbed me by my hair and kept hitting me, yelling at me. He dragged me on the floor. I was screaming and crying. He dragged me in the

> room and threw me on the floor. He stomped on me and kept hitting me. He stopped hitting me to grab a knife and tell me if I tell anyone, he will kill me. I was so scared. He made me quit my job. He broke the phone and computer. I had marks all over my face and body. My face and body hurt so bad; then he brought me flowers saying he was sorry.

The participants' descriptions of their experiences are powerful, intense, and rich in details and explanations.

Step 6: Essence. Finally, the combination of the structural and textual descriptions and the meanings from all the participants achieved led to the essence of the phenomenon. Patton (2015) described the essence as the central meaning of a phenomenon. Similarly, Moustakas (1994) noted that researchers reach the essence when merging the textual and structural descriptions of the participants of the research study. Combining the textual and structural descriptions of the participants led to the identification of the essence of the phenomenon. The topic of Puerto Rican women who experience IPV and are HIV positive is an area that researchers had not studied. The participants provided invaluable information of the phenomenon. I reflected on all the in-depth data acquired and the eight themes that emerged from the data.

Essence of Phenomenon

The phenomenon of Puerto Rican women who experience IPV and are HIV positive is a topic that warrants further attention. During the face-to-face interviews, I received firsthand information of IPV and HIV among Puerto Rican women. The participants allowed me to enter their world and become aware of their experiences. The

stereotypes and myths associated with HIV prevent Latinas from seeking the health care they need. The overarching theme of this research study evolved from the process of collecting data, transcribing the interviews, coding and analyzing the transcriptions, using the reflexive journal, and engaging in a rigorous process of data analysis. I identified the overarching theme of this research as follows: Puerto Rican women's experiences of culture clash and their reluctance to discuss their experiences with others paved the way for the negative impacts of IPV and HIV.

Coding Process

I transcribed the interviews on my personal computer after completing each interview. As the sole researcher and the only one transcribing each interview, each interview was fresh in my mind, and I captured any significant moments that may not have been captured in the recordings. I used the reflexive journal during the face-to-face interviews and the verbatim transcriptions of the interviews. The transcription process involved listening to the audio recordings five times to duplicate the word choices of each participant accurately. Throughout the transcription process, I replayed the audio recordings continuously to ensure accuracy. The process of listening to the audio recordings and typing the words of each participant also ensured rigor within the research. The process was challenging, as I did not know that we spoke as quickly as we did until I began transcribing. The Spanish language interview was more challenging because the participant spoke extremely fast. I put the recordings on slow motion to capture every word of the interviews. Using the slow-motion button allowed me to transcribe the interviews at a slower pace, but accuracy of the transcriptions was greater.

After I transcribed an interview, I listened to the audio recordings again while reading the transcriptions. This process ensured the interview transcription was accurate. This process helped me have a closer connection with the research and better understand the experiences of each participant (Miles & Huberman, 2014; Moustakas, 1994). Figure 1 is a pictorial description of Miles and Huberman's (2014) data analysis process.

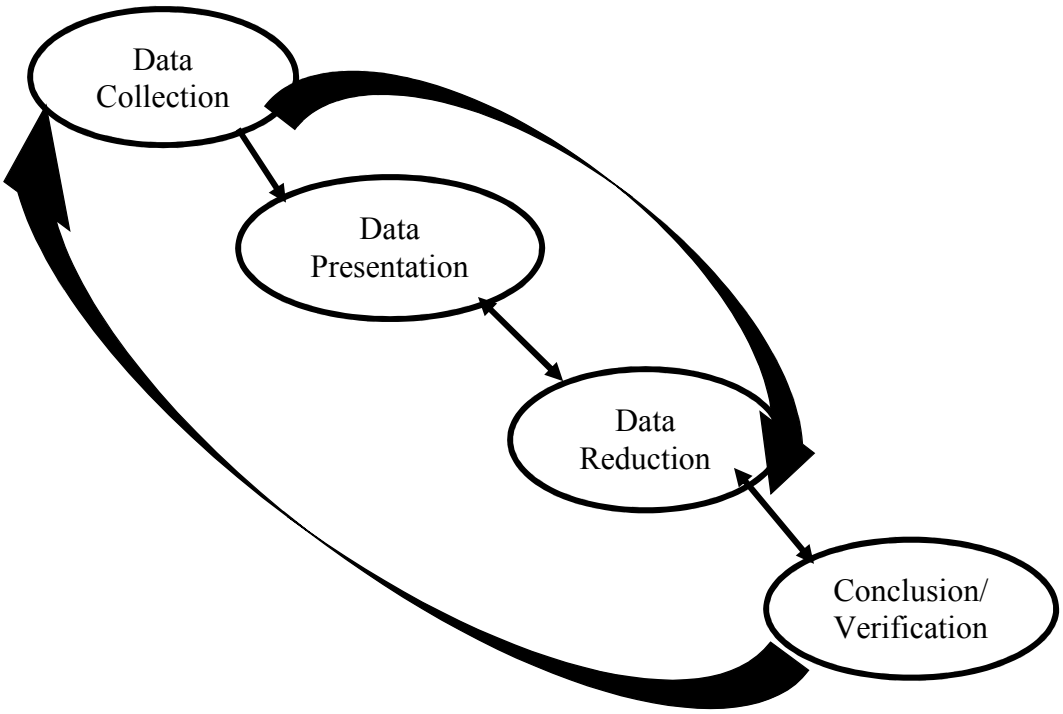

Figure 1. Data analysis process (modified by Miles and Huberman, 1992).

This process includes acquiring codes and then transitioning from the initial codes to the emerging themes. Whitehead (2004) described the analytic movement between the complete list of codes and a portion of the codes as a representation of the meanings to one another. I reviewed the codes, categories, and themes that materialized from the research three times to be able to understand and interpret the data. The data reflected the

whole and the part, as described by Whitehead. According to Tuohy, Cooney, Dowling, Murphy, and Sixsmith (2013), the hermeneutic circle (see Figure 2) is the way to achieve interpretation through understanding in the circular process of continuous reexamination of propositions. Through this process, researchers try to discover the true meaning of the experience.

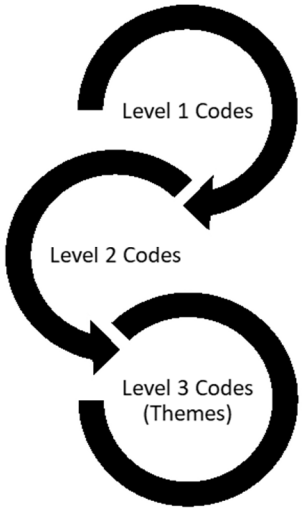

Figure 2. The hermeneutic circle used for the level codes.

Initial Codes (Level 1)

The initial codes (Level 1) emerged after carefully reviewing the transcribed data. Next, I took a day away from the research to document my feelings and thoughts regarding the transcription process. The emergence of the initial codes was a lengthy process and I became fatigued. I used the reflexive journal to document my experience and thoughts. I used Microsoft Word 2016, and I created two columns on the document of each interview. On the left side of the page was the transcribed interview, and the right side of the page was blank space that I used to identify codes for each parallel line. I decided to code line by line to reduce any chance of biases influencing the research, and

the process allowed me to intermingle and analyze each part of the data. Thus, I used the reflexive journal throughout the data analysis to identify any biases that may have surfaced. For example, a bias that I identified during journaling was how can "this beautiful young woman in front of me just accept her life and allow her man to beat on her. She just accepted her life of physical, verbal, and emotional abuse. It is unfortunate that this woman was not able to get out sooner and with less harm". A detailed description of how the reflexive journal enhanced rigor of this research appears in the Reflexive Journal section of this chapter.

At first, I did not know how I was going to organize the codes. I thought that the NVivo computer program would be a good method, and I considered using the in vivo coding process to help organize the codes. After reflecting on the best method of organizing the codes, I decided to type into a Microsoft Word 2016 document using three columns and font size 16 Time New Roman. Three hundred and four initial codes emerged (see Appendix J). Next, I printed out all the codes. After printing the 304 codes, I cut each code and placed them on my dining room table. Each inductive code is reflective of the actual content in the participants' voices, that is, content obtained gradually from the data (Pope, Ziebland, & Mays, 2000). I derived the inductive codes (see Appendix J) from the data collected, which helped me identify patterns and commonalities within the data, followed by explanations of the patterns or commonalities.

The process of horizontalization consists of identifying parts of transcribed interviews that explain a phenomenon (Moustakas, 1994). I reviewed the transcribed

interviews to have a better understanding of the data collected. Identifying initial codes gave equal value to each statement of the interviews. Then, I reviewed the identified initial codes alongside the identified codes to ensure all the data were equally important. The process of constant comparison involves a check and comparison between the codes and the data (Pope et al., 2000). The process is circular because reviewing the codes and the data is constant.

When I saw the strips of paper that represented the 304 codes on top of my dining room table, I felt overwhelmed, because they covered every inch of the table. I thought how incredible it was that all 304 codes emerged from the six interviews. Then, I wondered how I would be able to analyze all of the data and asked myself what if I mess up. I wrote the research question and placed it at the top of my dining room table to guide the organization of the codes. I used the reflexive journal to document my thoughts and feelings. Some of my thoughts about the initial codes included the following: (a) "Oh my gosh, this is a lot of stuff on this table," (b) "Amazing, these pieces of paper, there are so many of them," and (c) "Wow! These women experienced all of this, and no one knew." I did not want my personal feelings to influence the data analysis. The process of bracketing allowed me to acknowledge and set aside my personal biases, prejudices, and feelings and see things anew, as if it was the first time, and with a clear and open mind.

Although challenging, bracketing allowed me to embrace my feelings and become transparent using the reflexive journal. It is critical to rid oneself of what is known and begin with a blank slate to focus on what appears in its purest form. Most important, I

did not want to do a disservice to the participants of this research and the valuable information they were committed to provide. I decided to take a day off to clear my mind and focus on bracketing by writing in the reflexive journal. It was important for me to capture the essence of the data because of my responsibility for the research and the trust the participants had toward me. I had to ensure that my mind was empty of previous knowledge, assumptions, prejudices, biases, and any other influences about the research. As I continued to write in the reflexive journal, I prevented presumptions, prejudices, and biases from influencing the data collected.

The reflexive journal allowed me to prevent my personal feelings from intervening with the research. While journaling, I documented how I felt and what I was thinking at the moment. Therefore, I made my approach to the data with openness, and I listened for the meaning the participants provided. I felt anxious and overwhelmed after seeing so many pieces of paper representing the initial codes covering my dining room table; the reflexive journal prevented racing thoughts such as "What am I supposed to do with this stuff?" and "What if I miss something?". This may have hampered the data analysis. After one day of writing in the reflexive journal and not having anything else to write about, such as my feelings, thoughts, and the phenomenon of IPV and HIV, I returned to my dining room table. I entered the dining room to see Level 1 (Initial) codes refreshed with an open-mind. I felt less anxious and overwhelmed, which allowed me to give a voice to the participants.

Emerging Codes (Level 2)

The Level 2 (Emerging codes) consisted of the Level 1-Initial codes condensed and organized as presented in Appendix K. The process of analysis was more challenging than what I had researched and learned throughout my doctoral studies. There were unanticipated emotional challenges in which I used the reflexive journal to document my experiences. Some of the feelings I experienced were anger, frustration, and dissatisfaction. I could not believe these women experienced such horrendous events in their lives with little to no support. They endured physical, sexual, and verbal abuse at the hands of someone they loved. My dissatisfaction was a result of the lack of services for the Spanish-speaking marginalized group due to the language barrier, gender, culture, and experiences of IPV and HIV.

As I began the process of categorizing the codes, many stood out to me. There were some moments where I could hear the participants' voices in my mind for some of the codes. For example,

Codes: isolation, self-harm, depression, suicidal thought, drug use

Participant: I was never able to talk to no one, so I was always depressed with anxieties. I used to try to call my mom and stuff like there was nobody I could talk to. Sometimes I used to hit myself. I went into a big depression. I wanted to kill myself. I used drugs to forget about it.

The 304 initial codes acquired during the Level 1 (initial codes) codes were condensed and organized into similar interests creating the 54 Level 2 codes (see Appendix K). I

used all 304 codes for this process. Appendix L displays the transition from Level 1 to Level 2 codes. After identifying the 54 Level 2 codes, I took a break because I felt emotionally drained. I was upset that the women's experiences remained a secret and that they did not have the support to help them to a better quality of life. Some of the women expressed the inability to verbalize their lived experiences due to the cultural expectations of women in a Puerto Rican culture. Thus, I took this time to write in the reflexive journal, as I felt astonished from categorizing the codes intermittently over 2 days, sometimes even questioning my ability to present the participants' experiences. I heard their voices. It was critical that I allowed the participants to keep their voices and allowed others to hear it, acknowledge it, and do something about it.

Although I identify as being Puerto Rican, I balance both the Puerto Rican and the American cultures. I accept some things, such as the holiday rituals, but I do not agree with other aspects of the Puerto Rican culture, such as some gender expectations. I documented this personal viewpoint of the Puerto Rican culture in the reflexive journal to suspend the thought process during the research. As discussed in Chapter 2, I do not agree with the teachings of the Machismo and Marianismo cultural scripts. However, I respect individuals who practice Machismo and Marianismo. For example, individuals can work with people that they do not like, but they respect those people. As a professional in the helping field, I refrain from passing judgment and am respectful of others. In addition to adding rigor to the research study, my responsibility was to the participants. My world intersected with the world of the participants when they committed to be participants and to tell their stories. The participants' decisions to meet

with me to share their lived experiences confirmed their commitment to themselves and the research study. The commitment also helps other women facing similar challenges or experiencing the same situations. I entered the qualitative study as the sole researcher for this study, where my role intertwined and unfolded to the many other categories I am affiliated with, many of which are related categories of the participants, including *woman, Puerto Rican descent, Latina, Spanish speaking, human being,* and *acculturating into the American culture.*

Themes (Level 3)

Upon my return to the Level 2 codes, I grouped the 54 codes (Level 2) into categories with related interests and conditions together forming the eight themes (Level 3; see Appendix M). The eight themes emerged in relation to the IPV and HIV experiences of the six Puerto Rican women participants. The groupings were a result of having similarities and commonalities due to the participants' feelings, behaviors, experiences, and cultural influences. Coding helps organize the data groupings into categories or families because they share similar characteristics (Saldaña, 2015). These themes are a representation of the Level 2 codes, initial codes (Level 1), which are derivatives of the verbatim transcriptions of the face-to-face interviews of the Puerto Rican women participants. The Results section of this chapter provides an explanation of each theme and supporting participant statements.

Evidence of Trustworthiness

To ensure trustworthiness, Creswell (2009) suggest using a minimum of two measures to achieve this goal. As the researcher, I employed various procedures to

support trustworthiness: (a) bracketing, (b) rich and descriptive details of the phenomenon, (c) member checking, (d) reflexive journaling, and (e) peer debriefing. The process of bracketing my biases, prejudices, and preconceptions was described in the Coding Analysis section of this chapter in Step 1. The rich and descriptive details of the phenomenon are a result of the Coding Analysis Section Steps 2 through 5, Emerging Codes is found in the Coding Process section, and the descriptions of each theme is located in the Results section of this chapter.

Member checking occurred when I contacted each participant to review the results of the data analysis to ensure the accuracy of their in-depth interviews. A further explanation of member checking and peer debriefing appears respectively under the Member Checking and Peer Debriefing subheading of this chapter. Finally, I used the reflexive journal before each interview, during each interview, after each interview, and throughout the data analysis process. The reflexive journal promotes self-analysis about personal beliefs, biases, prejudices, and assumptions.

The data analysis includes detailed, in-depth lived experiences of the participants through descriptions to achieve credibility in the data. There are four forms of recording of the face-to-face interviews: (a) audio recording, (b) transcription, (c) reflexive journal, and (d) observations. After scheduling the face-to-face interviews, I obtained permission from each participant to audio record the interview. Also, I transcribed each interview within the same week of each encounter to ensure accuracy of the data collected via the face-to-face interviews and the transcriptions. To ensure accuracy of the data collection and the analysis, the reflexive journal promoted the documentation of feelings,

observations, and thoughts. The exploration of HIV-positive Puerto Rican women who experienced IPV required procedures that strengthen the data's integrity due to the personal viewpoints of the women (Shenton, 2004). Thus, numerous procedures took place to add rigor to the research, including using the reflexive journal and member checking.

As outlined in Chapter 3 regarding the issues of trustworthiness, addressing the evidence of credibility, transferability, dependability, and confirmability of the themes acquired from the interviews directly related to the experiences of the female participants (Guba, 1981; Moustakas, 1994). To contextualize and elaborate on trustworthiness, credibility, transferability, dependability, and confirmability, discussions appear in the following sections.

Reflexive Journal

I used the reflexive journal throughout the entire process of this research. I began using it during the phone calls made to me by potential participants. I also used the reflexive journal before, during, and after each face-to-face interview and during the data analysis. It helped me suspend any preconceived thoughts and identify any biases that I had. I wanted to ensure the voice of the participants was heard. There were several moments where I had to separate myself from the research to be able to use the reflexive journal for bracketing purposes.

This research process was a unique experience. The data that resulted from this research was both expected and surprising. The traumatic lived experiences of the participants described were enlightening. The participants offered valuable information

highlighting the need for further social services to Latinas that are bi-lingual and bi-culturally appropriate.

I used the feminist intersectionality framework to ensure I considered the various systems involved with each participant. The participants for this research were not limited to discussing the trauma they endured from IPV or how they contracted HIV. The interview questions allowed the participants to express themselves without judgment or prejudices. Feminist intersectionality allowed the participants to talk about being in therapy and the coping strategies they used to survive their intimate partners. Furthermore, they spoke of the lack of support from families. A person will never know what the outcome would be if strong supports was present.

Reflecting on the essence of the lived experiences of Puerto Rican women who experience IPV and are HIV positive pointed to implications across all levels of society. The findings revealed clear evidence that the participants experienced a lack of support, limited availability of supportive health programs, and limited or non-existing policies focused on meeting the bio-psychosocial and spiritual needs of Puerto Rican women who experience IPV and who are HIV positive. The findings and the identification of the overarching theme of this research support the lack of resources having a negative effect on Latinas across different systems.

Member Checking

Member checking occurred after transcribing the face-to-face interviews to ensure truthfulness in acquiring the participants' essence and meaning. In addressing member checking, I summarized the transcribed interviews, identified trends, and shared them

with each participant for validation. Within 2 weeks after each face-to-face interview, I engaged the participant in a discussion of the identified codes to ensure they were parallel to their experiences. The participants agreed with the results of the codes. To prevent the participants from reliving their traumatic experiences, I did not ask them to review the verbatim transcriptions. As approved by the IRB for this research, I followed full adherence of these procedures.

During the second interview, the participants continued to discuss their experiences of IPV and HIV. They related the codes to their experiences. For example, Evelyn stated,

I just closed my eyes and stopped screaming	=	no hit back
I just cried . . . and umm cried some more	=	passive
I never told anybody	=	fearful

I also received valuable guidance and support from both my dissertation chair and methodologist throughout the study process. I engaged their expertise and skills to promote trustworthiness. Additionally, I integrated reflexivity within the data collection process.

Peer Debriefing

Peer debriefing is a technique used in qualitative research, where the researcher entrusts a disinterested individual to review all or part of the research study. The peer-debriefing process adds rigor to the research study. The individuals used as peer debriefers were Ms. Matilde Ramos, Dr. Pablo Arriaza, and Dr. Peter Meagher. Ms. Matilde Ramos is knowledgeable of the Puerto Rican culture and language. I consulted

Ms. Ramos on the Puerto Rican culture to verify cultural nuances by cultural insiders to minimize personal and cultural bias. Dr. Arriaza made himself available as a consultant throughout the research process. I consulted Dr. Arriaza due to his expertise with the Spanish language and Latino culture. In consulting with Dr. Arriaza, I maintained the research credibility, and I shared my frustration, thoughts, ideas, and concepts of the research. I consulted with Dr. Meagher due to his expertise in qualitative research. I consulted Dr. Meagher numerous times throughout the study to ensure I followed proper procedures during data collection and analysis.

Credibility

Credibility relates to the findings of the researcher's ability to capture what is happening and the confidence in the truth of the findings (Holloway & Wheeler, 2013). Two strategies used to institute rigor in this research were the use of member checking and the reflexive journal. I established rapport between the participants and me, which permitted me to clarify what they intended to say when I did not understand during the interview. The scheduled interview session took place via a telephone conversation when the participant contacted me regarding the research. I received 11 phone calls inquiring about the research and completed six face-to-face interviews. Focusing on the truth of the findings of this study was the result of the credibility of the study. The data analysis demonstrated the credibility where there is a relationship in the themes. Ensuring the trustworthiness of this study was highly significant throughout the research process, thus establishing that it supported the results of the research and making it valuable.

Transferability

In transferability, researchers can use the results of the qualitative research of other researchers as their own (Tobin & Begley, 2004). The strategy used to establish rigor for trustworthiness is "thick, rich descriptions" (Bitsch, 2005, p. 85) and the use of "purposive sampling" (Bitsch, 2005, p. 85). Transferability of this research study to other settings is possible with the purposive sampling of HIV-positive Puerto Rican women who experienced IPV. The onus of transferability is on the reader in being able to compare and contrast "to determine the degree of similarity between the study site and receiving context" (Mertens, 2015, p. 271). Researchers could reproduce the description of the demographic characteristics (see Table 1) for further research (Guba, 1981). The semi-structured face-to-face interviews generated individual descriptions (Creswell, 2009; Moustakas, 1994) about IPV and HIV among Puerto Rican women analyzed from words and phrases to form shared experiences. This study allows the opportunity for the research to be replicated in other geographical and cultural settings with similar criteria (Shenton, 2004). Thus, there is the possibility of transferability by other researchers if they want to use the methodology of this research.

Dependability

Dependability consists of the "stability of the findings over time" (Bitsch, 2005, p. 86). The in-depth data and detailed research procedures established dependability in this qualitative research. The detailed outline of this research extends for repetition of the investigation and generating findings with similar samples (Shenton, 2004). There was no change in the location of the face-to-face interviews throughout the research. Thus, there

were no changes that influenced the research approach of the study. Using a consistent interview protocol of screening questions (see Appendix F) for each participant, asking the same demographic questions (see Appendix G), asking the same interview questions (see Appendix H), and using the reflexive journal (see Appendix A) supported dependability in the study. The audio recordings and the reflexive journal promoted verbatim transcription, which decreased the possibility of bias. My dissertation chair provided valuable and applicable feedback and insight throughout the process to ensure clarity of the details and to promote consistency for each interviewee.

Confirmability

In qualitative research, confirmability refers to the practice of confirming the findings of the research. In confirmability, the data and findings of the research directly relate to the data collection (Tobin & Begley, 2004). Establishing confirmability consisted of guaranteeing that the findings of this research were the product of the lived experiences of the participants and not my biases and prejudices. Thus, the reflexive journal aided me in identifying and revealing my own personal issues and biases that I brought to the study. To establish confirmability, I incorporated the reflexivity strategy via journaling. Creswell (2013) described the concept of reflexivity as the process in which the interviewer is conscious of biases, values, and experiences brought to the study.

During the research, I used journaling before the interviews, during the interviews, after the interviews, during the interview transcriptions, and during the coding process to reflect the process was permitting the data to reveal the lived experiences of

each participant without any assumptions or biases. I also followed the IRB's ethical standards throughout the research process. I obtained permission from Walden University's IRB before engaging in participant recruitment. After I identified the participants, they received a list of resources (see Appendix I) and the confidentiality agreement form (see Appendix D). The participants' privacy remained secure with the use of pseudonyms and interview numbers. I informed the participants of the confidentiality of the data that represented them and that I would be the only person to access the data. The data collected reflects the participants' voices as HIV-positive Puerto Rican women who experienced IPV in their own words.

Results

Themes were identified themes as they emerged through the open-ended interview questions. The goal of this study was to acquire information through the face-to-face interviews with the participants to produce an in-depth understanding of their lived experiences as HIV-positive Puerto Rican women who experienced IPV. The detailed descriptions of each theme illustrate the true essence of the experiences each participant shared within this research.

A discussion of the themes identified through the data analysis appears in the next section of this chapter. The themes reflect the lived experiences of the six participants drawn from the rich, in-depth data acquired through the face-to-face interviews. The themes are numbered for organizational purposes and do not represent a sense of hierarchy within the data. Thus, all the themes identified are equally important to the research question in the study. The Spanish face-to-face interview appears verbatim,

followed by a translation into English for understanding by the reader. The purpose of using the Spanish verbatim transcription is to maintain the essence of the interview because translating text can lead to lost information.

I organized and present the results of this research through the identified themes related to the participants' interviews acquired from the responses of the transcribed interviews. The themes identified resulted from the Level 2 codes categorized from the Level 1 codes that emerged as presented in Appendices K and J, respectively. Figure 3 is a representation of the themes that emerged from the interview questions that corresponded to the central research question: What are the lived experiences of Puerto Rican women residing in New Jersey who are victims of IPV and are HIV positive? Of the six participants, only one became infected with HIV before experiencing abuse at the hands of her intimate partner. All six participants described IPV as domestic violence. The following subcategories explain each theme in greater detail.

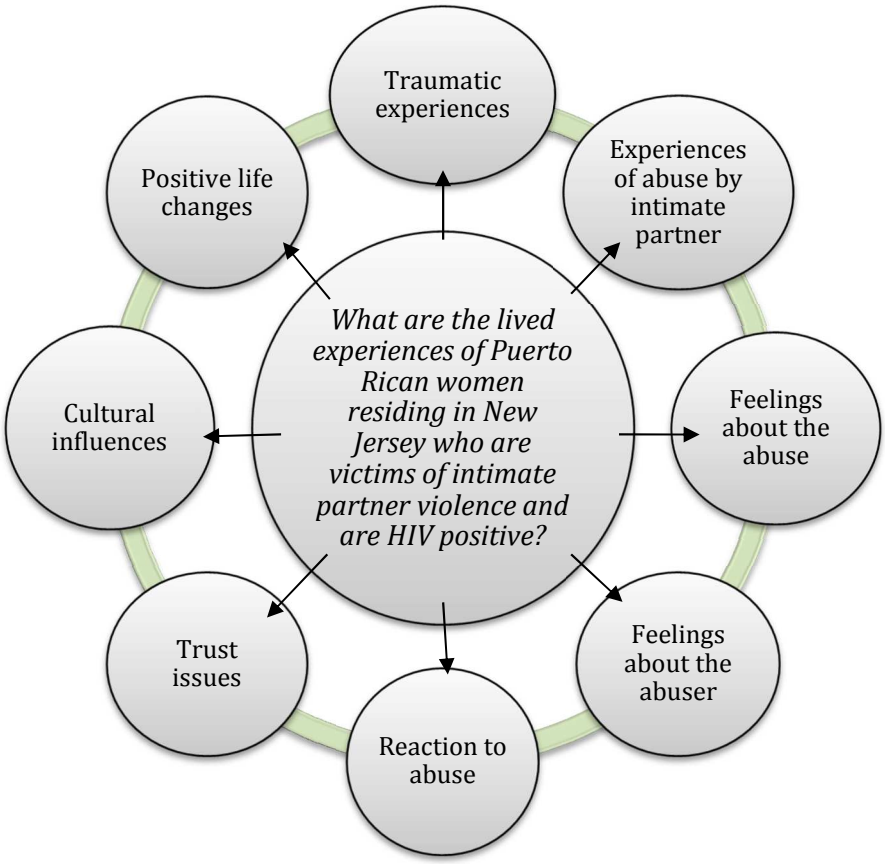

Figure 3. The relationship of the research questions and themes.

Theme 1: Experience of Abuse by Intimate Partner

All six participants discussed their subjective experiences of abuse by their intimate partners. All six women reported experiencing a combination of physical, sexual, emotional, verbal, and economic abuse. They provided in-depth details of what they endured throughout their experiences. Also, all six women spoke openly about their intimate partner controlling them and about the cycle of violence they had undergone.

Theme 1, experience of abuse by intimate partner, emerged from the participants' responses during the interview. Valuable information emerged regarding the impact of

violence on them. For example, Debbie described that she was always "depressed" and had "anxieties." Debbie stated, "I was never able to talk to no one."

Four of the six participants stated that they do not trust other people. The violence these women experienced has had a negative effect on their lives. Mickey stated, "And when I was sleeping, he used to punch me all the time. I couldn't sleep and being awake all night." All the participants described scenarios of physical abuse they experienced. Evelyn stated, "He punched me on my back, my legs, he slapped me. He held me by my hair and shaking me." Also, Carmen stated, "He dragged me in the room and threw me on the floor. He stomped on me and kept hitting me. He stopped hitting me to grab a knife and tell me if I tell anyone, he will kill me." All the participants experienced violence imposed by their intimate partner.

To elicit in-depth information during the interview, each participant described circumstances that led to the abuse they experienced. Although some women did things to prevent the abuse from happening, each experience was unique. Debbie stated, "Most of the time, it was just him, drunk. We both always used to drink. We both used to smoke. He would just lose it. Just controlling." Carmen stated,

> I don't know what made him hit me so bad. I don't know why he did that to me. When he was screaming, he was calling me all types of names and blaming me for having to pay the electric bill.

Stacey provided another description of the violence experienced: "Because I went to the corner store or I said the wrong thing or I looked at him differently. He said he had to hit

me." Although Stacey gave several reasons for the violence happening, other participants indicated they did not know why it happened.

The violence experienced by the participants was devastating to them. The occurrences they shared left them unable to live a normal life. Although the bruising healed, the violence emotionally and psychologically harmed them. The intimate partners devalued the participants by following the social constructs of machismo and marianismo. Others hearing about the participants' experiences see them as tragic. The participants attributed their experiences to the cultural scripts of Familismo, where sacrifices are part of being a Puerto Rican woman. The experience of abuse allowed the participants to feel a connection to their intimate partners and culture. It also imprisoned them to continued vulnerability to future IPV instances.

Theme 2: Feelings About Abuse

When listening to the audio recordings from the interviews and analyzing the data, it became apparent that the participants' experiences had influenced their sense of self and their place in society. The experience of IPV affected the lives of these women in such a way that they no longer trusted other people. The intimate partners limited who the participants spoke with and where they went. The women became self-reserved and self-conscious. Evelyn stated, "I do not trust people. I am picky about what I say to people. I have anxieties. I cry to sleep sometimes. I do not think that I am pretty enough or good enough to do things like drive." Some women feared the abuse would repeat itself, and others had feelings of distress, isolation, depression, intimidation, self-defeat, and low self-esteem, which all emerged as codes during data analysis. Stacey stated,

"I'm very careful where I go and who I speak to [pause]. I know maybe my ex-husband maybe still looking for me so I'm very careful. I kind of watch where I go."

The participants shared their feelings and perceptions about the abuse and the ways their experiences influenced their lives. Feelings of isolation, depression, self-harm, and suicidal thoughts emerged through the face-to-face interviews. Debbie stated, "I was never able to talk to no one, so I was always depressed." Moreover, Evelyn stated, "I sometimes hate myself. I feel like I am not good enough for him." The feelings the female participants had regarding the abuse, including substance use, were not wanting the abuse to repeat and being controlled. Stacey stated, "Little by little he took control of me. He just controlled everything, so I was feeling sorry for myself." Mickey stated, "Scared, depressed, feared, wanted to leave, fly, a lot of things [chuckle], fly out of the window."

The participants shared their feelings of isolation and depression as a result of the violence they experienced. IPV is an acceptable aspect of the Puerto Rican culture and religion. The participants' experience of IPV led to emotional instability and a negative thought process. The women within the Latino culture have specific role expectations. The participants did not fight against the cultural scripts. They became emotional prisoners due to their culture and religion. The constant battle between the values the participants wish for and the cultural expectations prevents the participants from preventing future IPV situations.

Theme 3: Feelings About the Abuser

The participants shared their feelings about the abuser. The participants did not share identifiers such as names or descriptions of the intimate partner. They addressed them as "he" or "my partner." While they thought that they were loved and cared for at the beginning of the relationship, the participants' feelings changed after being in the relationship. Many reported how they began to have negative thoughts about their partners. Carmen stated,

> Well, I had this boyfriend that I met. He was very nice to me at first. He was always nice around my friends, then when I moved in with him-things changed very fast. I don't know what made him hit me so bad. I don't know why he did that to me. I regret meeting him. I was always sad. He was never nice to me like at the beginning. He was so mean to me. I never knew what I did to make him hit me the way he did. It never happened that bad again but he did hit me again and always was screaming at me like it was my fault for everything that happened. I just don't know why he hit me or yelled at me.

The participants feared their intimate partners' actions. They shared their feelings about the abuser. Debbie stated, "He just suddenly like the demon. I guess something took over him." And Evelyn commented that she hated her partner for what he did to her. Sandra also verbalized that she continues to hate her previous intimate partner. Carmen stated, "He was acting so crazy. He was like a mad man." Debbie stated that her intimate partner did not care. In addition, Sandra verbalized that her intimate partner was

unpredictable. One participant feared that her previous partner continues to look for her, and four of the participants feared the violence would reoccur in a new relationship.

The experiences of IPV the participants endured led them to think negatively of their partners. These negative feelings prevented the participants from having a positive relationship due to the reservations they hold as result of their previous experiences. They also believed that they would never be in an intimate relationship without violence. Also, the previous experiences carry over into new relationships. Until the participants are able to separate the experiences and feelings from previous IPV, they may not be able to have a productive relationship.

Theme 4: Traumatic Experiences

The participants disclosed detailed information of their traumatic experiences, including the participants' worst moment due to violence, circumstances leading to the abuse, and strategies the women used to survive the abuse. Although this was a very sensitive topic to discuss, the participants provided detailed accounts of their experiences with violence inflicted onto them by their intimate partners. These women trusted their partners, fell in love, began life with them, and experienced abuse. Several participants shared their traumatic experiences. For example, Evelyn stated,

> He was always calling me names and I never told him not to. I think I was already scared of him and what he could do. So, when I got there, he began calling me names. I just stayed quiet and sat down on the couch. He kept yelling and screaming at me until he started to hit me. He hit me so hard and wherever he could.

Debbie stated,

> He started hitting me in my face and screaming at me and telling me that I was garbage. I didn't deserve him. I was so speechless because I didn't know where this was from. He didn't care. He was just smacking me, hitting me.

Mickey also described the verbal and physical abuse: "When he grabbed me by my hair and hit me with the door, with a window, with a pan, with a lot of things. He started punching me and stuff."

Stacey also described how her intimate partner "beat me so bad that I couldn't see out of my eye, and I had several broken bones." One participant mentioned being sexually assaulted three times during the time that she used alcohol and drugs. Another participant reported that her intimate partner made her have sexual intercourse with other men, even if she did not want too. Sandra stated,

> Hasta el punto de que él quería hacerla cosas del sexo y me prostituía. No que yo estaba en la calle porque yo no soy de la calle, pero venían ahí en la casa y yo sé que ellos le pagaban dinero. Si yo lloraba lo que él hacía es venia y me caía encima. Él no le importaba quien estuvieses.
>
> (Translation: Until the point where he had me do things sexually and he prostituted me. Not that I was in the streets because I'm not from the streets, but they would come to the house and I know they gave him money. If I cried what he would do is beat me up. He did not care who was present.)

Until individuals verbalize their experiences, feelings, and survival skills, no one will truly know what they have lived through. These women made a conscious commitment to share their stories and allow the outside world into their world.

The participants described their experiences as extremely painful. They built an invisible wall to protect themselves due to the abuse. The events that took place in their lives left them doubting their abilities to live happy, productive lives. They were unable to acknowledge the strength they exhibited during the traumatic experiences. The participants' culture and religion influenced their decisions to be intimate with their male partners. Their culture and religion also supported the acts of violence against them.

Theme 5: Reaction to Abuse

During the interviews, participants disclosed their reactions because of the abuse they experienced. The participants were torn between what they wanted in life and how they were raised and expectations from others, especially their families. They described their reactions to the abuse. These women expressed being fearful and isolated. Their violent experiences had a long-lasting effect on them. Evelyn stated, "I only stayed quiet. I didn't fight back. I didn't argue back. I thought he was right all the time and I always said I was sorry." Sandra stated, "Para mi cada día era peor. De verdad que mi bajo autoestima estaba tan baja que yo decía 'yo lo merezco'. Me sentía sola, me sentía mal. Tu sabes, que yo me odiaba" (Translation: "For me every day was the worst. To tell you the truth that my low self-esteem was so low that I told myself that I deserved it. I felt alone, I felt bad. You know, I hated myself").

All the women who participated in the study discussed having low self-esteem and feeling lonely. When the women were asked about how they saw themselves now due to their experiences, responses ranged from forgiving their partners to the experiences leading them not to trust others and continuing to be fearful. While Stacey mentioned that she was only with her partner, he was the person to transmit the HIV virus to her. Stacey mentioned, "It's made me accept me who I am and be happy with who I am and how I look no matter what." Debbie initially felt helpless and thought that death would soon follow being infected with HIV. She also blamed herself for being infected. Debbie stated, "Like it's stupid when you want something and when you get it, you don't really want it, so to me it was scary. It was like no oxygen left."

Some women were initially shocked at the fact that they were physically and verbally abused. They did not expect it to happen to them. The participants began to experience feelings of helplessness, suicidal thoughts, isolation, and fear during the abuse period. Again, these codes appear in Appendices J and K. Some of the participants blamed themselves for the abuse and provided excuses for their partners' actions. A significant mistrust of intimate partners, culture, and religion developed because the women failed. They failed their marriage, themselves, their intimate partners, their families, and their culture. Moreover, the expectations dictated by their culture and religion were a complete contrast to what they experienced.

Theme 6: Trust Issues

The topic of trust was a major issue for all the women interviewed. All the participants also spoke about their continuous struggle trusting others. They said they are

cautious about what they say and to whom they speak. Some of the participants continue psychotherapy to address their trust issues. They shared in-depth information about these trust issues. Sandra stated, "Yo no confió ni en la luz eléctrica. Yo no confió en nadie" (Translation: "I do not even trust not even in the electric light. I do not trust anyone."). "Yo no confió ni en la luz eléctrica" is a Spanish proverb. Evelyn replied,

> I am scared that it will happen again. I never told anybody, me having HIV is not something I freely tell people about. I never told any of my boyfriends. I got beat up and cursed out my last boyfriend found out that I have HIV. I can't tell people cuz it is something that is very scary.

In seeking information regarding being HIV positive as a Puerto Rican woman and experiences of IPV, the participants made decisions not to tell family and friends. One participant told her son and first partner. She is fearful of telling her current partner. Sandra explained, "Bueno, casi todo el tiempo yo era demasía sumisita y yo terminaba hacienda lo que él quería. Y cuando yo me enteré de que yo tenía SIDA, yo nunca se lo dije" (Translation: "Well, almost all the time, I was very submissive and I ended up doing everything he wanted me to do. And when I found out I had AIDS, I never told him"). Also, Stacey stated, "Because I'm Puerto Rican, I'm not supposed to be [HIV positive]."

Evelyn stated,

> He found out that I had HIV. I never did tell him. I didn't know what to do cuz my mother didn't want me and my father walked away from me when he found out. I knew I couldn't tell anybody. I am not supposed to have HIV.

Trust is an essential element between two or more people in various social groups, including husband and wife, parent and child, friends, acquaintances, professionals and clients, and coworkers. The lack of trust issues the participants disclosed were a direct result of the relationships they had with their intimate partners, and the experiences they had endured. Although the participants had left their abusive partners, they remain entrapped by their experiences due to other factors such as not trusting others. The mistrust the participants discussed affected every aspect of their lives, and the decisions they make.

Theme 7: Cultural Influences

All the participants discussed the influence their culture had on the decisions they made. They spoke about the way they were raised and their expectations of following cultural traditions. Some participants explained their internal conflict because the culture and religion dictated one thing, but their experiences dictated something else. The participants discussed different strategies on how they survived during their violent experiences. Sandra stated,

> Vivir sometida, sometida todo el tiempo a lo que él quisiera porque eso es lo que me enseñaron. Tú tienes que hacer lo que tu marido hace. Eso fue lo que me enseño mami. Me lo enseñaron en casa. Yo pensaba que yo nací para esto y me tenía que quedar con él porque si uno se casa uno vive con su pareja. (Translation: I lived passive. I was passive all the time at what he wanted because that is what I was taught. You must do what your husband does. That is what my mom taught me. That is what I was taught at home. I thought that I was born just

for that and I had to stay with him because if someone gets married they stay with their partner.).

The participants shared their experiences with being diagnosed with HIV. Debbie stated, "It's hard for our culture to say it out open that I have HIV. It's really hard. Everybody is scared. They be scared of touching. That it's going to spread." Also, Sandra mentioned,

> No lo quería aceptar. Todavía estoy luchando con eso. Pero después de un tiempo pues hay que aceptar las cosas como te vienen. Yo diría yo no merezco esto. Yo no soy una mujer mala. La vida te cambia. Ahora yo tengo que velar por mí. Ahora yo tengo que cuidarme a mí. Ahorra yo soy la que tengo que luchar - tengo luchar por mí y tengo que buscar por mí y que eso me impacto mucho. Aprendí a vivir y a cuidarme.
>
> (Translation: I did not want to accept it. I am still struggling with it. But after some time, I must accept the things as they come to you. I say that I did not deserve this. I am not a bad woman. Your life changes you. Now I must watch out for me. Now I must take care of me. Now I am the one that must struggle—struggle for me and I must lookout for me and that has impacted me. I learned to live and take care of myself.)

Another participant shared her experiences with her family being a woman infected with HIV. Mickey stated,

> They give you disposable plates. If you use the bathroom, they clean it so they won't get contagious. They use disposal cups, so they won't get contagious.

> They don't give me a hug. They don't give me a kiss because they think it's contagious.

Culture is the totality of beliefs, behaviors, knowledge, values, attitudes, religion, and experiences shared by a group of people. HIV has many stigmas. As Puerto Rican women, some participants kept their HIV status a secret from family and intimate partners due to the negative reaction they believed they would receive. Holding onto one's culture, religion, and family ties is more powerful than anything else. It is a powerful force that causes people to make decisions that may or may not be in their best interests. These women provided information regarding the influence and impact of their culture on the decisions they made while in the intimate relationships.

Theme 8: Positive Life Changes

All the participants discussed the positive changes in their lives. While they continued to discuss other themes, they expressed gratitude for being able to escape their abusers. Some of the women continue to fear their abusers, even though they are no longer together. Also, the participants shared information about how their HIV status played a role with their intimate partners. Debbie stated, "I don't want to destroy no one life. No one deserves that. I don't want to give this burden to no one. Knowing that I have it helps me make good decisions." Mickey stated,

> She doesn't know it at all. She tries to find out my situation. Why I go to doctors all the time. I told her I go for my back, for my legs, my nerve problems, psychiatrist, that is what I always tell her all the time. I don't want her to know.

When exploring the effects of the HIV status on IPV, the participants experienced denial, avoidance, cycle of violence, psychological damage, being in counseling and therapy, and not really having any future aspirations. Carmen stated,

> I don't have a boyfriend or someone I can call my man. I don't trust them. I know I'm not ready. I'm scared that it will happen again. I know how I got it but people do not believe me.

Stacey mentioned how her experiences with being "beat up, being put down so much, and having HIV" does not make her feel that she can be with someone else. She continues counseling sessions to help her deal with her experiences.

The participants provided information about their HIV status and indicated it influenced the idea of having an intimate relationship. Evelyn stated, "I can't have a boyfriend right now. I'm not ready for it. I need to take care of myself first. I'm scared that I have to tell him that I have HIV." Also, Sandra stated,

> Me cuesta mucho, pero yo no lo hago por ellos, yo lo hago por mi porque yo me tengo que cuidar. Yo no me quiero llevar a mi tumba un remordimiento de que yo vine e infecté a otro. Me da miedo muchas cosas y prefiero decirle la verdad. Yo no quiero que lo que me paso a mí que le pase a otro.
>
> (Translation: It costs me a lot but I don't do it for them, I do it for me because I must take care of myself. I don't want to take to my grave remorse that I infected someone else. I am scared about a lot of things but I prefer to tell the truth. I don't want what happened to me to happen to someone else.)

The participants shared the changes they had made in their lives since their experiences with IPV. They also discussed how the effect of IPV had made them decide to take care of themselves. Although they admitted that they wanted intimate relationships, they discussed the importance of taking care of themselves first, and the fear of telling someone that they have HIV. They also shared not wanting others to experience what they have gone through.

Conclusion

The six Puerto Rican women who were HIV positive and who experienced IPV shared detailed life experiences. I conducted face-to-face semi-structured interviews in a quiet room of the local library while audio recording the interviews and saving them in a password-protected external hard drive. Eight themes emerged from the transcribed interviews: (a) experiences of abuse by intimate partner, (b) feelings about abuse, (c) feelings about the abuser, (d) traumatic experiences, (e) reaction to abuse, (f) trust issues, (g) cultural influences, and (h) positive life changes. All the participants equated IPV to domestic violence. Of the six participants, only one participant was HIV positive before the abuse happened.

This chapter included a description of the setting, participant demographics, sample selection, and data collection. I presented the results of the study that emerged following data analysis and the evidence of trustworthiness. Chapter 4 also included an explanation of how patterns and themes developed from the analysis reflected to the main research question. This chapter also included the procedures taken to support the data.

Chapter 5 includes an overview of the study, interpretation of the research findings, implications for social change, recommendations, and a concluding summary.

Chapter 5: Discussion, Conclusion, and Recommendations

This research study took place to develop a better understanding of the lived experiences of Puerto Rican women residing in northern New Jersey who are infected with HIV and experienced IPV. Paying close attention to the voice of each participant and her shared stories reflects their experiences with IPV and HIV. Six participants shared their stories through face-to-face interviews of their experiences of HIV and IPV. A research flyer prompted women to call and inquire about the research. Responses to a screening questionnaire revealed six women met all eligibility criteria of the research. Each interview included an interview questionnaire and a demographic form. The demographic form acquired background information of the participants and the interview questionnaire ensured the data collected addressed the research question.

The following research question guided each interview, data collection, and analysis: What are the lived experiences of Puerto Rican women residing in New Jersey who are victims of IPV and are HIV positive? The catalyst to stressors associated with the Puerto Rican culture is the IPV and HIV experienced by the women in this study. The study involved viewing the experiences of Puerto Rican women who experienced IPV and are HIV positive through the lens of feminist intersectionality to offer a better understanding of the complex phenomenon. Researchers use feminist intersectionality to assess the impact of numerous factors within a group and to recognize marginalized groups (Adams & Campbell, 2012; Glass et al., 2009).

The study involved analyzing data acquired from the participants' interviews using Moustakas' (1994) modified version of the Stevick-Colaizzi-Keen data analysis

strategy (Creswell, 2013) to describe the process of identifying the codes and themes that emerged from the data collection. A detailed description of this process appeared in Chapter 4. In summarizing the findings of the research, eight themes emerged from the lived experiences of the six Puerto Rican women participants' experiences with HIV and IPV. Each participant shared a similar background of culture, gender, HIV exposure, and IPV experience, yet each participant's experiences differed regarding the actual events that took place. The experiences also influenced the decisions made throughout their lives. Based on the understanding of the effect of IPV and HIV, each participant's contribution highlighted the need for culturally appropriate services for Latina women's experiences with IPV and HIV. To address the issue of IPV and HIV among Puerto Rican women further, this chapter includes an interpretation of the findings, limitations of the study, recommendations, and implications for social change.

Interpretation of the Findings

The results of this research revealed the common goal of being together by both the participant and their intimate partner. The expectation of the participants with their intimate partners was because they loved each other and wanted to have a family together. The intimate relationship each participant described in her story began positively and then turned negative when the participant experienced violence by her intimate partner. The participants expressed not wanting anyone to go through what they experienced with violence. The participants discussed the lack of having others to socialize with, including family members, during their violent relationships. They shared many experiences including IPV, cultural influences, feelings about the abuse and the

abuser, trust issues, experiences of abuse by their intimate partners, and positive life changes to answer the research question. They provided details of the events that took place when leaving the abusive relationship and seeking help, although it was not an easy task. The knowledge acquired of the challenges the participants faced regarding their experiences with IPV helps in promoting the development and implementation of appropriate programs for this population. The results of this research will help reduce the rate of IPV among Puerto Rican women. Also, linguistically and culturally adequate service programs will help prevent future victimization, and Puerto Rican women will have the resources necessary to protect themselves in an IPV relationship.

The findings of this research have the potential to affect society on various levels. Although each participant met the criteria to be included in this research, there were many differences among participants' lived experiences and their coping styles. The topic of IPV is sensitive to discuss, yet the participants chose to share their stories. Differences between the participants' stories ranged from their traumatic events, coping mechanisms prompting to leave the relationship, cultural influences, becoming infected with HIV, HIV disclosure, and IPV disclosure. There were some important similarities in the results of the research detailed by the six participants. Cultural influences, passive behaviors, and feelings of fear and isolation were some of the common factors.

Brief Literature Review

After completing the rigorous process of data analysis and member checking, I consulted the literature to confirm the findings of cultural influences, reaction to abuse trust issues traumatic experiences, feelings about the abuser, feelings about abuse,

experiences of abuse by intimate partner, and positive life changes. The current research bridges the gap in literature by highlighting the lived experiences of IPV among Puerto Rican women who are also HIV positive. There is insufficient literature regarding Puerto Rican women exposed to IPV and HIV. The findings of this research align with the literature review and feminist intersectionality in viewing the participants' world and the ways it intersects on the micro level, reflecting multiple interlocking systems. The various systems explored in this research were the participants' culture, religion, gender role expectations, and support systems during their experiences with IPV and exposure to HIV. The literature review revealed the gap in research for Puerto Rican women regarding IPV and HIV. Furthermore, the findings confirmed the feminist intersectionality framework was suitable for understanding the lived experiences of the participants to understand how multiple social identities such as gender and ethnicity intersect with the participants' experience with macro systems such as sexism. A crucial factor derived from the findings was the challenges the participants endured in search of a better quality of life.

Puerto Rican culture has an effect on the daily decisions made within a household, which makes women susceptible to IPV and HIV (Gonzalez-Guarda et al., 2011). Decisions come from the patriarch of a family because it is a male-dominated culture outlined by machismo and marianismo cultural scripts (Gonzalez-Guarda et al., 2011; Moreno, 2007). Machismo refers to a set of beliefs within the Latino culture about how males should act. The positive characteristics of machismo include pride, responsibility, and courage, whereas the negative characteristics are sexual prowess, aggressiveness, and

consuming a large amount of alcohol (Moreno et al., 2011). The expectation of the female gender in a Puerto Rican family is to care for the children, ensure the household chores are taken care of, and display a passive role also known as marianismo. In addition to the gender role expectations, the women are to exhibit self-sacrificing behaviors (Cianelli & Villegas, 2016), whereas the men can carry out behaviors that are not acceptable in the Catholic Church. This double standard creates for a clash between the two genders and the culture, which increases the risk of IPV for Latina women, especially when living in a geographic location other than Puerto Rico.

In addition to IPV, HIV also negatively affects the lives of Latinas due to cultural context. Regarding cultural influences, Latinas are to show behaviors of faithfulness, abstinence, and monogamy to their husbands (Cianelli & Villegas, 2016). HIV disproportionately affects Latinas (CDC, 2014). Latinas are to follow their religious teachings, whether Catholicism or another Christian religion, where the purpose of sex is solely for procreation (Hernandez et al., 2012). The Latina cultural and religious beliefs enables the lack of communication about sex and related topics resulting in the increase rate of HIV transmission among this population (Peragallo, Gonzalez-Guarda, McCabe, & Cianelli, 2012). The effect that cultural influences have on the Latino population highlight the need for bicultural informational sessions about IPV and HIV.

Dynamics in acculturation has a link to IPV among Latino families; thus, the less acculturated the Latino family is, the less likely Latinas are to report IPV (Mogro-Wilson et al., 2013). Puerto Rican culture has an enormous effect on the daily decisions made within a household. Decisions come from the patriarch of the family because it is a male-

dominated culture outlined by machismo and marianismo cultural scripts, and females are to represent the same values as the Virgin Mary (Cianelli et al. 2013), while the men can carry out behaviors that are not acceptable in the Catholic Church. This double standard creates a clash between the two genders and the culture, which increasing the risk of IPV for Latina women, especially when living in a geographic location other than Puerto Rico.

Regarding the reaction to abuse, the participants shared their experiences with their intimate partner. The transition from Level 1 codes to Level 2 codes and the identification of the reaction to abuse appears in Appendix L. Latina women are reluctant to report the abuse due to negative consequences. Latinas are more likely to experience "physical and psychological effects of abuse including homicide" (McCabe, Gonzalez-Guarda, Peragallo, & Mitrani 2015, p. 2317). A connection exists between barriers to culturally appropriate services for victims of IPV and the limitation of Latinas reporting the abuse (McCabe et al., 2015). In addition to lack of resources, Latinas who experience IPV are susceptible to other health problems, including posttraumatic stress disorder, depression, and anxiety. According to Chang et al. (2011), women who experience these medical problems are twice as likely to report IPV when compared to individuals who do not experience any disorder.

Trust issues were present during the face-to-face interviews with the participants. The participants discussed having trust issues during intimate relationships and after their experiences with IPV. Latinas have trust issues outside the family unit because of the emphasis within the culture of respect for the family. During focus groups regarding

HIV risks, Latinas identified trust issues as a challenge they experience with their intimate male partners (Ibañez et al., 2017). Lack of trust for outside agencies and toward the police becomes a barrier for Latina women experiencing IPV (Messing, Vega, & Durfee, 2017). Also, the intimate partners in whom the Latina women tend to believe continuously verbalize myths and misconceptions about law enforcement (Messing et al., 2017). Trusting other people, whether professional or not, means that the Latina has gone outside the family dynamics thus is not following the Familismo cultural script as described in Chapter 2.

The identification of feelings about the abuse as a theme indicated Latinas exposed to IPV experience more health and psychological issues, including fear, depressive symptoms, and posttraumatic stress disorder, than individuals not exposed to IPV (Capaldi & Langhinrichsen-Rohling, 2012). Latino men may resort to abusive tactics to rebuild the sense of masculinity and honor in the family if a wife decides to flirt with another man (Dietrich & Schuett, 2013). As presented in Chapter 4 in the Results section, two participants discussed their intimate partners hitting them for no reason, but their intimate partners believed there was a reason to hit them, including suspicion of infidelity.

Regarding the traumatic experiences theme, enduring IPV does not limit Latinas to social psychological, physical, or emotional consequences (Arroyo et al., 2015). Exposure to IPV is profound, and complex experiences affect women's mental functioning, health status, risk of sexually transmitted diseases including HIV, and

substance abuse (Kim et al., 2017). The residual effects of the traumatic experiences are long term and affect every aspect of daily living among Latina women.

Feelings about the abuser theme developed from the data analysis of the face-to-face interviews with the participants. The participants spoke about their intimate partners and the abuse they experienced. Two participants discussed substance abuse by the significant other at the time the violence occurred. Experiencing IPV increases the abuse of substances (i.e., alcohol and drugs) tenfold (Hein & Ruglass, 2009). Women also were less likely to report the abuse due to emotional commitment to, and financial dependency, on their intimate partners (Hein & Ruglass, 2009). As presented in the Results section of Chapter 4, the participants shared their feelings about their abusers negatively.

Regarding the experiences of abuse by an intimate partner, Latina women's passive behaviors guide the way for physical, sexual, and emotional abuse by an intimate partner (Perilla, Serrata, Weinberg, & Lippy, 2012). The patriarchal social system supports gender disparities linked to domestic violence (Perilla et al., 2012). Latinas who experience abuse by intimate partners face negative consequences due to limited choices available (Perilla et al., 2012).

The positive life changes theme emerged from the participants of this research and the different strategies they use to survive their experiences of IPV and HIV. Abused women make changes in their lifestyle to keep themselves safe (Rossiter, 2011). Light (2007) noted, "Empowerment services need to be able to support women's empowerment in a comprehensive, long-term sense, enabling them to make fundamental changes that will allow them to make an independent life for themselves" (p. 16). Cultural and

linguistic barriers create challenges for Latinas to improve their quality of life (Kaiser Family Foundation, 2014).

This research study involved using a feminist intersectionality lens to examine the lived experiences of the participants, including being able to determine the effect of their gender, culture, geographic residence, experience with IPV, exposure to HIV infections, and all the nontangible factors that influence the participants, such as psychological, emotional, and mental experiences. The participants discussed their feelings of loneliness, abandonment, depression, shame, and embarrassment. Victims who experience IPV (domestic violence) experience poorer physical and mental health when compared to their non-victim counterparts (Bauer, Rodriguez, & Perez-Stable, 2000; Coker et al., 2002). Feminist intersectionality supports acknowledging the interaction between numerous oppressive identities connected with inequality within the family, community, and societal structures (Winker & Degele, 2011). Therefore, the conceptual framework supported the concept that all factors affecting a participant's life help to the participant to have a better understanding of her lived experiences supported by the themes that emerged from the data.

Saldaña (2015) recommended arranging the primary findings of the research into themes to help with the development of a cognitive map. A cognitive map is a pictorial representation of the causal links of the themes (Axelrod, 2015). The themes identified through the data analysis process are as follows:

- Experiences of abuse by intimate partner
- Feelings about abuse

- Feelings about the abuser
- Traumatic experiences
- Reaction to abuse
- Trust issues
- Cultural influences
- Positive life changes

In viewing the link between the themes (see Figure 4), the linkage among the themes presents the lived experiences of the participants of this research. Figure 4 is a visualization of the cognitive map derived from the participants' stories.

An in-depth description of the process of identifying the themes appeared in Chapter 4. The subsequent section includes an explanation of each theme through the feminist intersectionality conceptual framework and through the peer-reviewed literature provided in Chapter 2.

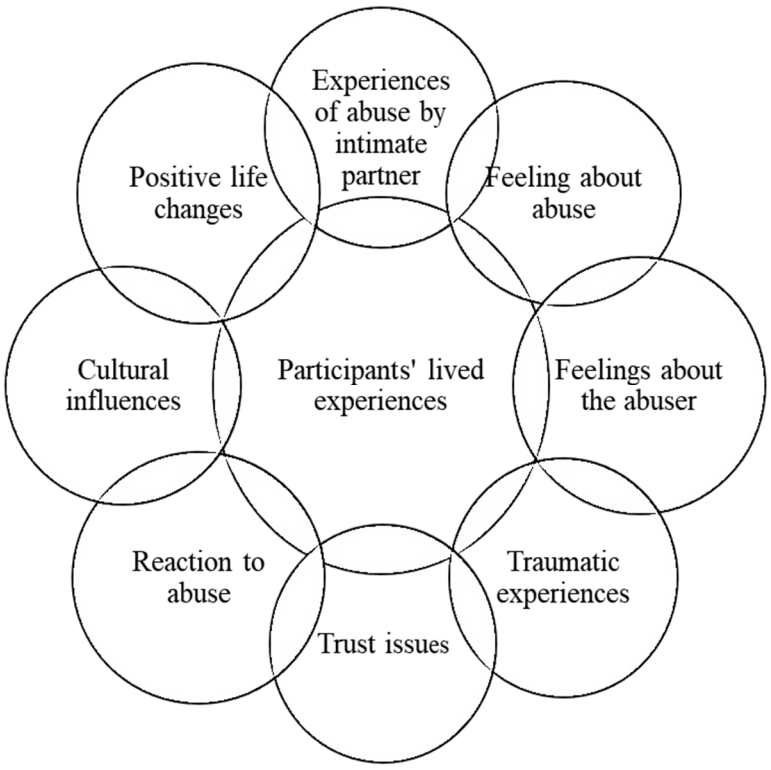

Figure 4. Cognitive map (Saldaña, 2013) of the lived experiences of Puerto Rican women participants who experienced IPV and became infected with HIV.

Themes

Theme 1: Experiences of Abuse by Intimate Partner

The effect of the abuse the participants experienced resulted in short- and long-term consequences. The experiences of abuse by an intimate partner that the participants shared were unique in the sense that the expectations of the relationship were for love and to raise a family like typical Puerto Rican families. The participants disclosed their shock and lack of understanding why the violence was happening. They also shared that they did not know what to do because of the influences of the culture and the expectations they felt obligated to follow. The participants disclosed detailed information about their

experiences, including the physical and verbal abuse, and one participant discussed the sexual assault she endured after leaving her abusive husband.

The detailed accounts of the face-to-face interviews described by the participants elicited the reality of IPV and highlighted the attitude Latinas have about domestic violence contingent on cultural factors, language barriers, HIV, IPV, and lack of resources (Aldarondo, Kantor & Kasinski, 2002). Latinas also experience challenges due to economic power (Mattson & Rodriguez, 1999). The expectations of the female gender within the Puerto Rican culture compounded experiences of intimidation and the emotional, physical, sexual, and economic violations the participants described. Latinas highly value the family unity often referred to as Familismo (Galanti, 2003). Familismo is the cultural script in the Latino culture of family loyalty and solidarity (Molina, Zambrana, & Aguirre-Molina, 1994).

Theme 2: Feelings About Abuse

The incidences of abuse detailed by the participants provided an insider's view of the changes in their feelings about the abuse. The participants shared their feelings about the abuse because it was an experience in itself for the participants. Some Latinas minimize abuse and did not see it as a problem for which they need help (Saltijeral, Ramos, & Caballero, 1999). Although one participant stated that she would block the incident of violence from her mind, others explored their feelings of being hurt by someone they loved, shock, and confusion. These women believed that the time they were in the abusive relationship was the way of life they would live forever. Minority women's decisions to leave or stay with their violent intimate partners are attributable to

their cultures (Lacey, 2010). The experience of abuse left the participants in a state of numbness, fearing it would happen again. Socialization in Latino families emphasizes the importance of family. Thus, Latinas' decision to leave an abusive relationship is a difficult task because of cultural pressures to stay in the marriage (Kasturirangan & Williams, 2003). As presented in the Results section of Chapter 4, several participants shared their feelings about the abuse they experienced.

Theme 3: Feelings About the Abuser

The participants' feelings about the abuser appeared in detail in the Results section of Chapter 4. The feelings the participants had about their intimate partner changed due to their experiences of IPV and exposure to HIV. Several participants identified having feelings of hatred, fear, and a former partner was described as "acting crazy". The participants brought up feelings of fear regarding what the abuser would do to them and the abusers' reaction because of IPV and HIV. The participants were unable to express their feelings appropriately about IPV and HIV because the abusers positioned themselves with power and control over the participant. The experience of IPV and exposure to HIV restricted the women's response to their partners. Also, one partner believed that at one point, her intimate partner was demonized because his reaction changed so quickly and was unexpectedly. During the beginning stages of intimate relationships, individuals found themselves attracted to their partners for many distinct reasons. They were in love, wanted to start a family, and continue their cultural traditions.

In general, Puerto Rican women abide by the expectations of engaging in an intimate relationship to continue the familial traditions and cultural norms. Puerto Rican women learn to behave in a particular manner that resembles the Virgin Mary (Hussain et al., 2015; Sabina et al., 2012). A direct link exists between sexual purity and the honor and dignity of the Latino family. Therefore, the cultural importance of maintaining one's virginity until marriage is a strict value that show honor to the family (Espin, 1984). With these expectations of behaviors by the women, the negative feelings they shared about the abuser are in contrast with the expectations of the Puerto Rican culture. There are cultural sayings, or *dichos*, that reflect the cultural beliefs. For example, "Quien mal casa, tarde enviuda" translates into the one who badly marries, is widowed late. This supports the notion that Latino marriages are eternal, and divorce is not a possibility. Latinas who experience IPV seem to be at a crossroads, divided between the obligation they have to themselves and the obligation they have to their family and culture.

Theme 4: Traumatic Experiences

The literature included descriptions of exposure to IPV where the victim is powerless, dominated, and lacking control with a partner (Stewart et al., 2015). The literature also indicated that IPV affects women's physical and mental health (Caetano, Field, Ramisetty-Mokler, & McGrath, 2005; Coker et al., 2002; McNutt, Carlson, Persaud, & Postmus, 2002), as well as poor mental health outcomes and suicidal ideation (Bonomi, Anderson, Cannon, Slesnick, & Rodriguez, 2009). Exposure to IPV results in physical outcomes consisting of bruises, cuts, and broken bones, as well as late effects of eating disorders, chronic headaches, and sleep disorders (El-Mouelhy, 2004). While in

an intimate relationship, women are prone to injury (Schwartz, 2005). Thus, women struggle to protect themselves from future violent situations. The participants provided in-depth details of their traumatic experiences that included physical abuse, verbal threats, sexual violations, and emotional and psychological abuse.

The Results section of Chapter 4 included the traumatic experiences as described by the participants and resulting in feelings of hopelessness, isolation, and suicidal thoughts. The continued experiences of IPV endured by the participants led many of the women to leave the relationship. The participants exited their violent relationships against the expectations and beliefs of their culture. The participants discussed the challenges they had and the way the events transpired during the traumatic experiences. The participants also lacked a solid support system to help them. Some participants discussed experiencing homelessness after leaving the abusive relationship. Domestic violence is a contributing factor leading to homelessness (Aratani, 2009). One of the participants described jumping out of the window to escape the violence. When I asked about the impact of their HIV status on IPV, Mickey stated,

> I got raped from one guy, then I got raped from six guys, and I got raped from seven guys . . . three separate incidents . . . by the time I used to drink liquor and used to use drugs, crack and pipe . . . I lived on the streets . . . not anymore, I'm clean.

The participants highlighted their experiences to shed light on the phenomenon of IPV and being HIV positive. The marginalized group of participants continued to feel

oppressed when they experienced other situations such as homelessness and substance use as they shared throughout the interviews.

Theme 5: Reaction to Abuse

Abuse is a sensitive topic to discuss due to its effect on an individual physically, emotionally, and psychologically. When combining the reaction of abuse of the participants with their cultural expectations, it creates a volatile environment for the Latinas. Being raised passive and never being able to stand up for themselves, the women were fearful of the repercussions for their actions. During the abusive moments, they also took on passive roles and did not respond to their intimate partners with aggression. The strong cultural values for the family and the community in which the women grew up create a challenge for reporting IPV due to a fear of retaliation (Saltijeral et al., 1999). Dependency on the financial support of partners and husbands also dictates the course of action most victimized women take (Moreno, 2007). Latino families perceive interventions from outside agencies, such as the police, as a direct threat to the sanctity of the family. They learn not to seek help outside the family unit, which is culturally embedded. Therefore, Latinos are more likely to remain in unhealthy relationships.

Theme 6: Trust Issues

Due to the experience of violence the participants endured, they expressed having trouble trusting others. They relied on their intimate partners to protect them and keep them safe. The one individual they completely trusted also violated their trust. The participants described struggling to trust others, including individuals in non-intimate

relationships. They had limited social relationships and limited the individuals with whom they communicated. Two participants acknowledged being in therapy to help process the violent experiences they endured, including helping them address trust issues. The violence committed against these women interrupted their entire being, existence, and life trajectory. It demoralized their confidence and self-esteem so they could not make choices and violated their human rights (El-Mouelhy, 2004). The participants in this study did not experience other opportunities such as employment or higher education. As presented in Chapter 4, the participants described experiencing trust issues because of the violence they experienced, including leaving work and school.

Theme 7: Cultural Influences

Marianismo and machismo are cultural scripts embedded in a hierarchal male-dominated system and are aspects of the Puerto Rican culture. They are the driving force that influences the decision by Latinos not to disclose abuse (Dempsey, 2014). In the Puerto Rican culture, the female gender learns to be passive and submissive. They learn at a very early age that their responsibilities are only within the household and include cooking, cleaning, washing clothes, and child rearing. The male gender learns to be masculine and to exert their physical power. Males' responsibilities include financially supporting the family, being the decision maker, being entitled to dominance, and controlling the family unit (Perill et al., 1994).

Findings from this study indicated that cultural influences played a significant role in the decision for participants to leave an abusive relationship. Latinas may not acknowledge abuse due to the patriarchal or hierarchical system within the culture (Reina

et al., 2014). Puerto Rican culture prevents women from sharing the happenings of the home and seeking outside help. The machismo cultural script indicates women should seek guidance and support from men (husbands and fathers), but what is a woman to do when their male loved one abuses them? Researchers have established that most Latinas do not divulge information of domestic violence to their fathers (Yoshioka, Gilbert El-Bassel, & Baig-Amin, 2003) because the father may side with the husband to maintain patriarchal power in the family knowing the decision may lead to violence. Some men use violence to control and have power over women. The patriarchal cultural system permits husbands to do as they please to their wives to keep them submissive, including verbal, emotional, and physical abuse. There is no punishment for this behavior, however it is rewarded by instilling fear in the women. According to Lanier and Maume (2009), women considered isolated are unable to identify with anyone other than their spouse in help-seeking situations. Sugihara and Warner (2002) associated an increased rate of IPV among Latinos with power and possessiveness.

Theme 8: Positive Life Changes

The participants of this research shared the positive life changes they had experienced because of IPV and HIV. Although they endured many abusive situations, they had to learn how to live their lives without the abuse. The positive life changes stemmed from deciding to leave the abusive relationship, seeking help for the abuse, getting medical treatment for HIV, and accepting themselves as individuals who experienced IPV and who are HIV positive. Feminist intersectionality supported the attempt to look at each participant and all the components of the person they brought with

them to the interview: HIV status, Latina, woman, experience with HIV, exposure to IPV, and language barriers. Although these women lacked the support needed to excel in life and make the most appropriate choices for the best outcome, they collectively began the process of healing and building the support system necessary to continue to live a better quality of life. It seemed that the women had begun the journey in achieving emotional stability.

The essence of the themes of this research encapsulated every aspect of the research. I used the reflexive journal to write about the codes, the themes, the Puerto Rican culture, and IPV. The participants gave me and the world firsthand knowledge of the phenomenon, thereby establishing a connection to them. Puerto Rican women's experiences paved the way for a negative impact from IPV while experiencing a cultural clash and their reluctance to discuss their experiences with others.

After data analysis and member checking, I conducted a brief literature review, which added rigor to the qualitative research. Raj, Silverman, and Amaro (2004) examined the relationship of Hispanic women's sexual behaviors and IPV, and El-Bassel, Gilbert, Krishnan, Schilling, and Gaeta (1998) supported the link between sexual risky behaviors and partner abuse. Santana, Raj, Decker, Marche, and Silverman (2006) also conducted a research study in which the sample represented primarily Latinos in which they supported the cultural expectations within the sexual gender roles. In an urban community research study, minority women identified as having a higher chance for increased exposure to HIV and an increased rate for IPV exposure (Raj et al., 2004; Wu, El-Bassel Witte, Gilbert, & Chang, 2003). As described in Chapter 2, numerous cultural

expectations, including machismo and marianismo scripts, drive the culture of Puerto Rican people. Raj et al. (2004) supported traditional male gender roles, including passive behaviors among females and males dominating sexual decision-making. Marianismo reinforces passive and submissive behaviors for women and leads them to experience difficulties when having to advocate for themselves. Women's inability to speak with their intimate partners regarding protection against HIV infection is associated with their lack of power (Saul et al., 2000). Machismo allows the men in the Latino culture to exercise their masculinity. Santaña et al. (2006) supported male gender roles and expectations and passive behaviors among women. Women's inability to advocate for themselves negatively affects women's health, which promotes posttraumatic stress disorder, anxiety, depression, and suicidal ideation (Pico-Alfonso et al., 2006). The cultural scripts described by Saldaña et al. (2006) when the participants discussed the challenges they faced due to IPV and HIV supported the findings of this research. A contributor to abuse may be the thought of infidelity when a female partner discloses being HIV positive to her male partner (El-Bassel et al., 1998). Although it is unknown if IPV is caused by or causes HIV infection, strong evidence indicates that HIV-positive women's experience with IPV is more frequent and more severe than HIV-negative women (Gielen et al., 2007).

Limitations of the Study

Despite the rich data collected and the interpretation of it, this research had various limitations. Although I recognize the concerns of the generalizability of the phenomenological qualitative approach, the focus of this research was to gain a better

understanding of IPV and HIV among Puerto Rican women. Hence, this research delivers a unique message of the IPV and HIV phenomenon.

The first limitation was the small sample size and the delimitation of the geographic area in Northern New Jersey; thus, generalizability from Puerto Rican women to other Spanish-speaking women infected with HIV who experienced IPV is not possible. The research findings do not apply to the general population of Puerto Rican women. The sample selection method for this research was purposive sampling, which led to further limitations of generalizability. As described in Chapter 1 and Chapter 2, purposive sampling was the method used to capture rich information from the participants who became infected with HIV and experienced IPV.

The second limitation was the sensitive nature of the research topic of IPV and HIV. Some individuals met the eligibility criteria but did not respond to the research inquiry to add their unique experiences to the research. I distributed the research flyer at numerous transportation hubs in Northern New Jersey and in the waiting rooms of several community-based agencies that provide services to women infected with HIV and the Spanish-speaking community. The flyer was provided in both English and Spanish.

The third limitation was the expectation that all participants were truthful in the information they shared. Although the goal of this research was to acquire in-depth, rich data about HIV and IPV, the participants self-reported their demographics and their experiences. The participants committed their time and shared their stories with the outside world. I had the privilege to enter their world and gained insight into HIV and IPV. A strategy used to validate the research findings was member checking, in which

the participants reviewed the analyzed data, as described in Chapters 1, 3, and 4. The participants were the experts regarding their experiences of this phenomenon. As the researcher, I trusted the participants to provide truthful information, and I accepted their stories as truthful.

The fourth limitation of this research was my knowledge about IPV. I was not knowledgeable of IPV. Like all the women in the research, I equated IPV to domestic violence. I also grew up in New Jersey; therefore, many aspects of the Puerto Rican culture were not taught or encouraged. I used the reflexive journal throughout the research to acknowledge my personal biases. The limited literature data relative to Puerto Rican women who have experienced IPV and are HIV positive (Gonzalez-Guarda, Vasquez et al., 2011; Morales-Alemàn et al., 2014; Moreno et al., 2011) does not offer insight into the information acquired from the face-to-face interviews.

A fifth limitation of this research was the length of interview time for one of the participants. Although the interview time was less than 8 minutes, the participant provided valuable information used in the research. The participant was direct when answering the interview questions.

Recommendations

These findings establish a better understanding of exposure to IPV and HIV among Puerto Rican women. Current literature on IPV and HIV does not include a focus on the ethnic and cultural factors of Puerto Rican women. This study involved describing the essence of a small group of women who experienced IPV and were HIV positive. The participants reported not knowing about services for IPV. They also lacked the

linguistic skills to be able to communicate effectively with professionals. They described not being able to communicate with professionals about their experiences. Professionals could better serve this population by conducting thorough interviews. Professionals also may need to strengthen and acquire successful interview strategies. The participants expressed feelings of loneliness, anxiety, and depression. Further research on Puerto Rican women and the effect of loneliness, anxiety, and depression due to a traumatic experience could be beneficial.

The focus of this qualitative phenomenological research study was understanding the lived experiences of Puerto Rican women in New Jersey who experienced IPV and were HIV positive. I highlighted the gap in literature on IPV among Puerto Rican women and the need for culturally driven services. Researchers cannot study the Latino population as a homogenous group because it leads to inaccurate results (Firestone, Lambert, & Vega, 1999; Krishnan, Hilbert, VanLeeuwen, & Kolia, 1997; Vasconcellos, 2005). The many subgroups identified as Latinos offer various contributions specifically for the ethnic culture they represent that are not necessarily applicable to the entire Latino population.

Many other areas for potential future research emerged throughout the study, such as researching the effect of acculturation on the cultural values of Puerto Rican women. Another area identified for further research is the multiple forms of victimization individuals experience. Puerto Ricans are one of numerous large subgroups of Latinos rarely examined as an independent group (Vasconcellos, 2005). Research on Puerto

Ricans who experienced IPV is lacking (Hage, 2000; Jasinski, Williams, & Finkelhor, 1998).

Implications for Social Change

The findings of this research supported the gap in the literature regarding Puerto Rican women exposed to HIV and who experienced IPV. The participants shared their personal experiences about their exposure to violence by an intimate partner. The findings also highlighted the psychosocial challenges the participants experienced due to their cultural influences, language barriers, dependency on intimate partners, and lack of resources. The research and findings led to the consideration of specific implications for social change.

The purpose of this research was to gain an in-depth understanding of the lived experiences of Puerto Rican women infected with HIV and who experienced IPV. The factors of gender, culture, HIV, and IPV complicated the lives of the participants, including decision-making processes, on a daily basis. Areas that need highlighting include educating the community about IPV and raising awareness of IPV and HIV in ways that are culturally appropriate. The implications for social change extend far beyond understanding the complexities of the participants' experiences.

Individual

On the individual level, this research highlighted the lived experiences of Puerto Rican women who experienced IPV and were HIV positive. To understand this phenomenon, it is important to understand the experiences of these women. In the Puerto Rican culture, it is not customary to go outside the family home when faced with a

problem, and the female's role is to follow the patriarch of the family (i.e., her husband). To break the cycle of IPV among Puerto Rican women, I captured the essence of their experiences. Although I was able to attain the lived experiences of the six Puerto Rican women over a 4-month period, the true rate of IPV among this population remains unknown. The need to identify IPV as a social problem in New Jersey and across the United States is an area that needs attention and additional research. Through this research, I have informed professionals of the difficulties these women face. Possible ways to address this issue are including IPV as a topic in health fairs, adult education centers, and school workshops for parents.

Family

An imbalance of power between men and women exists in Latin cultures where machismo and marianismo concepts are cultural factors that influence decisions (Amerson et al., 2014; Beauchamp et al., 2012). As explained in Chapter 2, machismo is the male-gendered cultural script that serves to encourage males to assert their power, possessive characteristics, and portrayal of their hyper-masculinity traits, whereas marianismo is the female gender cultural script within the Latin culture in which females should be submissive and passive toward their husband and take on the role of nurturer (Cianelli et al., 2013; Estrada et al., 2011; Gonzalez-Guarda, Cummings, et al., 2013; Gonzalez-Guarda, Florom-Smith, et al., 2011; Kupper & Zick, 2011; Liang et al., 2011; Taylor, 2011). A culture clash is evident between traditional expectations, values, and norms of Puerto Rican families when residing in the adopted homeland in the United States.

In Latino families, the patriarch of the family spearheads the family unit and makes the ultimate decision on everything from grocery shopping to gatherings and relationships. Many Spanish families follow the machismo family structure. According to Villatoro, Morales, and Mays (2014), Latino family support increases the success of recovery in mental health and the willingness for individuals to seek help from professionals. It is critical to educate family members about IPV and its consequences in the United States. Families need to understand the law and legal differences between the United States and Puerto Rico.

The participants of this research followed cultural expectations. The participants also went against the cultural expectations when they made the decision to leave their significant other due to IPV. The decision to leave their intimate partners allowed them to become independent and assertive and gave them physical and emotional strength to want a better quality of life.

Society/Policy

Researchers for the National Association of Social Workers described ethical responsibilities to support and advocate for marginalized groups (Workers, 2008). Puerto Rican women who experienced IPV and are HIV positive need advocacy and support due to their lived experiences, language barriers, and cultural competency. The Latino population has increased in the United States by 43% in the last decade (Humes et al., 2011), and Puerto Ricans comprise 27% of the Latino population (U.S. Census, 2014). Moreover, New Jersey has a diverse population, and has the third largest population of Puerto Ricans (U.S. Census Bureau, 2014). The changes in the makeup of the population

are critical to the delivery of services that result in a continuous cycle of needs assessment and service development and implementation.

The various agencies Latina women associate themselves with depend on translation services if they do not have someone who speaks Spanish. Also, Puerto Rican women who do not speak English may need to bring someone with them to translate. The language barrier makes them not want to seek services or be at the mercy of someone else for translation, which means someone else has full information about their personal life. On a societal level, consideration to social practices for IPV and HIV among Puerto Rican women is necessary. This research included evidentiary data that highlighted the lived experiences of Puerto Rican women. Acknowledging a problem exists takes place before developing and implementing services to close the gap identified. Community providers are a target group included in the macro level when developing policies and implementing organizational procedures and programs.

Organizational

Puerto Rican women are part of a larger Latino group at an organizational level. The Hispanic population increased in the United States, thus the entire United States population increased (Humes, Jones, & Ramirez, 2011). There is a need to educate medical and mental health professionals about the Puerto Rican population and cultural influences. For example, the influx of Puerto Rican families to New Jersey communities has resulted in program changes within community public schools and organizations.

Social change in the lives of Puerto Rican women must begin between the women experiencing IPV and the social agencies that provide services to them, including policy

makers, educators, health care professionals, executives, directors, and mental health providers. Government and law enforcement agencies need to inform Latino communities of the process of IPV and offer language-appropriate and culturally appropriate information (Bonilla-Santiago, 1996). Developing and implementing resources and projects aimed at targeting Puerto Rican women who experience IPV is necessary for social change. Researchers who provide information help facilitate change, and stakeholders may have the power to create and implement policies to address the gap in services that results in social change.

Many families are unable to communicate with professional workers due to a language barrier that leads to a lack of linguistic-appropriate applications and other documents. These challenges prevent Puerto Rican women from attaining social mobility and empowerment. Academic researchers need to explore IPV, HIV, and Puerto Rican women to expose their students to the phenomenon, especially in the human and social sciences majors. The psychosocial and legal aspects many Puerto Rican women face due to IPV are unique circumstances that professionals in the counseling field need to be aware to service the clients properly.

Educational institutions and organizations that have services for Puerto Rican women should meet the specific cultural and language needs of individuals. Also, the development of programming can address the needs of the Puerto Rican population highlighted in this research. This research has shed light on the needs for this population. Thus, program developers may use the findings as evidence that services are necessary to enhance quality of life. Most important, language-abled individuals who can effectively

communicate and comprehend the culture of Puerto Rican women are essential in the development of programs in both organizations and educational institutions.

The findings of this research led to an inside view of the lives of the participants regarding IPV and HIV, thus identifying the need for additional research influenced by cultural and social factors. Pierotti (2013) discussed how acts of violence against women emphasize gender inequality. This research included a goal to highlight the needs of Puerto Rican women infected with HIV and who experienced IPV. In addition to establishing a deeper understanding of the lived experiences of the participants about IPV and HIV, researchers can further enhance the knowledge of HIV and IPV among Latinas. Further discussion on the implications for social change includes a description of the implications on the individual, family, societal policy, and organizational aspects.

Conclusion

The goal of this study was to establish a better understanding of the lived experiences of Puerto Rican women who experienced IPV and are HIV positive through a qualitative phenomenological research design. The results of this research may bring positive social change to Puerto Rican women. To affect recovery positively, survivors of IPV disclose their experiences with mental health professionals and counselors (Campbell, Ahrens, Sefl, Wasco, & Barnes, 2001; Taylor & Harvey, 2010). Therefore, an increase in funding to programs and crisis centers focusing on IPV could lead to expanded support services and community advocacy (Campbell, Dworkin, & Cabral, 2009).

The participants described in detail their experiences with violence. They committed to share their experiences of violence to highlight the need for adequate services. To have a better understanding of the demographic dynamics in any given area, it is important to seek information on the population changes within that geographic location. After my interaction with the participants, I was able to understand their lived experiences differently. For example, I learned the cultural expectations, values, and norms are important in helping women through the survival process of IPV.

The participants of this research felt driven to surpass their lived experiences. They accomplished this goal, and their successes were evident due to their perseverance and self-determination to want more. They modified how they would live and what they were willing to accept in their personal lives. The Puerto Rican women in this research showed a commitment to sharing their experiences, although their cultural expectations and norms usually prevent Puerto Rican women from disclosing personal traumatic experiences because the cultural expectation is that they will keep such experiences within the family system. This research produced needed information about the experiences of Puerto Rican women regarding IPV and HIV. The participants voiced their experiences with HIV and IPV, which allowed them to have a sense of empowerment. Such empowerment may serve as a step for other women experiencing similar hardships and traumatic events to feel empowered and engage in actions toward positive life changes. In addition to having the participants contribute to the research phenomenon, resulting in positive social changes, I hope the findings of this research will

have direct implications in academia, social policy, and program development and implementation, and I hope the findings will have positive effects on women.

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Appendix A: Reflexive Journal (English/Spanish)

Interview #

Date	Time	Location	Observation	Prior to interviewing	During the interview	After the interview	Interviewer behavior	Assessment of interview

Additional comments and thoughts:

_____

_____

_____

Diario Reflexivo

Numeración de Entrevista

Fecha	Hora	Ubicación	Observación	Antes de la entrevistar	Durante la entrevista	Después de la entrevista	la conducta del entrevistador	Evaluación de la entrevista

Comentarios y pensamientos adicionales: -

_____

_____

_____

Appendix B: Letter to the Participant (English/Spanish)

Date:

Name of the Participant:

Dear (Participant's Name):

My name is Sharon Cuba Rodriguez. I am a doctoral candidate at Walden University. I am conducting my dissertation research on intimate partner violence among Puerto Rican HIV-positive women. The purpose of this study is to gain a better understanding of the impact intimate partner violence has on Puerto Rican HIV-positive women.

In order to fully understand your experience, you and I will need to make contact approximately three times; the first two contacts will take place either via email, telephone, or in person. Our first meeting will be preliminary where specific forms will be signed and a full explanation of the research will be provided. The forms that we will review are the participant letter, informed consent, and confidentially form. We will also schedule an initial interview date. Our second meeting will be the initial interview, and the third meeting, you will review your information transcribed for editing purposes. The total participation time will be approximately 3 hours.

As a participant, you have rights that you may use such as the freedom and right to stop being a participant at any time during the research. There are no consequences for stopping the research. Moreover, your rights and identity will be protected where your true name is not used throughout the research and all information provided through the research process is confidential where it is not shared. More importantly, your name and any other identifying information will not be included in the study. There is no monetary compensation for participation in the study.

If you agree to be a study participant, please contact me about your interest in this research.

I look forward to hearing from you.

Sincerely,

Sharon Cuba Rodriguez
Doctoral Candidate
Walden University

Carta para los Participante

Fecha:

Nombre del participante:

Estimado (Nombre del participante):

Mi nombre es Sharon Cuba Rodríguez. Soy una estudiante en el programa doctorar de Walden University. Estoy realizando mi investigación de tesis doctoral sobre la violencia de pareja entre las mujeres Puertorriqueñas infectadas con el VIH. El propósito de este estudio es obtener una mejor comprensión del impacto de la violencia de pareja tiene entre las mujeres Puertorriqueñas infectadas con VIH.

Para comprender plenamente su experiencia, usted y yo tenemos que ponernos en contacto aproximadamente tres veces. Las primeras de contacto será por correo electrónico, teléfono o en persona. Durante nuestra reunión preliminar las formas específicas serán firmadas y se proporcionará una explicación completa de la investigación. Las formas que vamos a revisar son la carta de participante, consentimiento informado y forma de confidencialidad y fijar una fecha de entrevista inicial. Nuestra segunda reunión será la entrevista inicial, y la tercera reunión, se revisará los datos colectados para editar su entrevista. El tiempo total de la participación es de aproximadamente 3 horas.

Como participante, usted tiene derechos que se pueden utilizar como la libertad y el derecho a dejar de ser un participante en cualquier momento durante la investigación. No hay ninguna consecuencia para detener la investigación Por otra parte, se protegerán sus derechos y su identidad, su verdadero nombre no se utiliza durante toda la investigación y toda la información proporcionada a través del proceso de investigación es confidencial no se compartirá. Más importante aún, su nombre y cualquier otra información de identificación no serán incluidos en el estudio. No hay compensación monetaria por la participación en el estudio.

En caso de que se comprometa a ser un participante en el estudio, por favor, contácteme acerca de su interés a esta investigación.

Espero oír de usted.

Sinceramente,

Sharon Cuba Rodríguez
Candidato Doctoral
Walden University

Appendix C: Informed Consent Form (English/Spanish)

You are invited to take part in a qualitative research study to gain a better understanding of intimate partner violence among Puerto Rican HIV-positive women living in Northern New Jersey between the ages of 18 and majority through face-to-face interviews. This form is part of a process called "informed consent" to allow you to understand this study before deciding whether to take part.

This study is being conducted by a researcher named Sharon Cuba Rodriguez, who is a doctoral student at Walden University.

Background Information:
The purpose of this phenomenological qualitative study is to gain more understanding and insight about the lived experienced of intimate partner violence among Puerto Rican HIV-positive women. You have been invited to participate in this study due to (a) you have expressed interest, (b) in the screening process, you were found eligible, (c) you met the eligibility criteria for the study.

Procedures
If you agree to be in this study, you will be asked to:

- Complete a demographic form allowing the collection of general information such as age, income level, educational attainment, and residential location.
- Schedule a face-to-face interview meeting in which you will tell your story regarding intimate partner violence (Be aware that the interview will be audio taped). The first interview will take approximately two hour
- Schedule a follow-up meeting to review the transcribed interview.

Here are some sample questions:
Question 3: What was the worst moment of your life because of violence?
Question 4: Describe circumstances that lead to the abuse or violent moment?

Voluntary Nature of the Study:
This study is voluntary. Everyone will respect your decision of whether or not you choose to be in the study. No one at Walden University will treat you differently if you decide not to be in the study. If you decide to join the study now, you can still change your mind later. You may stop at any time

Risks and Benefits of Being in the Study:
You may encounter some risks due to the sensitivity and nature of the topic discussed during the face-to-face interview. You will be asked some personal questions about your experiences with intimate partner violence. You may feel uncomfortable answering some of the questions or cause you to relive painful emotional experiences. You may wish to stop the interview at any given time should you experience any distress. You may wish to

speak with a counselor where I can offer you with a list of resources including professional counselors.

Some potential benefits about conducting this research are being able to provide to the research community valuable information about intimate partner violence and HIV status. Moreover, your ability to reflect on what you personally experienced may allow you to understand what has occurred regarding intimate partner violence and your HIV status. You may also learn more about yourself through this process offering insight about who you are.

Confidentiality/Privacy:
You will select a name of your choosing (pseudonym) to protect your anonymity. Any information you provide will be kept confidential. The researcher will not use your personal information for any purposes outside of this research project. Each participant with be assigned a pseudonym for identification purposes. Also, the researcher will not include your name or anything else that could identify you in the study reports. Data will be kept secured in a locked fire proof cabinet, and all transcribed data will be kept in a password-protected personal computer.

Contact:
You may ask any questions now about this research and your participation. Should you have any questions at a later date, feel free to contact Sharon Cuba Rodriguez (researcher) via email the researcher at sharon.rodriguez@waldenu.edu. If you want to talk privately about your rights as a participant, you can call Dr. Leilani Endicott. She is the Walden University representative who can discuss this with you. Her phone number is 612-312-1210. Walden University's approval number for this study is **(IRB approval number)** and it expires on **(IRB expiration date).**

You will also be given a copy of this informed consent form for your records.

Statement of Consent
If you feel you understand the study well enough to make a decision about it, please indicate your consent by signing below.

Print Name of Participant _____

Date of Consent _____

Participant's Signature _____

Researcher's Signature _____

Forman Del Consentimiento

Usted está invitado a participar en un estudio de investigación cualitativa para obtener una mejor comprensión de la violencia de pareja entre las mujeres puertorriqueñas infectadas con VIH que viven en el norte de Nueva Jersey de 18 años de edad y mayores a través de entrevistas cara a cara. Este formulario es parte de un proceso llamado "consentimiento informado" para que pueda entender este estudio antes de decidir si tomar parte.

Este estudio está siendo realizado por una investigadora llamada Sharon Cuba Rodríguez, estudiante doctorado de Walden University.

Antecedentes:
El propósito de este estudio cualitativo fenomenológico es obtener una comprensión y conocimiento acerca de la experiencia vivida de la violencia de pareja entre las mujeres puertorriqueñas VIH positivos. Se le ha invitado a participar en este estudio debido a intereses (a) ha expresado su interés, (b) en el proceso de selección, que ha sido encontrado elegible, y (c) que cumplieron con los criterios de elegibilidad para el estudio.

Procedimientos
Si acepta participar en este estudio, se le pedirá:
• Completar un formulario demográfico que permite la recopilación de información general, como la edad, nivel de ingresos, nivel de educación, y la ubicación residencial.
• Programar una entrevista cara a cara en la que va a contar su historia en relación con la violencia de pareja (Tenga en cuenta que la entrevista será grabada en audio). La primera entrevista tomará aproximadamente dos horas
• Programar una reunión de seguimiento para revisar la entrevista transcrita.

Éstos son algunos ejemplos de preguntas:

Pregunta 3: ¿Cuál fue el peor momento de su vida debido a la violencia?
Pregunta 4: Describa las circunstancias que conducen al abuso o momento violento

La naturaleza voluntaria del estudio:
Este estudio es voluntario. Todo el mundo va a respetar su decisión de si o no usted decide participar en el estudio. Nadie en Walden University la tratará diferente si decide no participar en el estudio. Si decide participar en el estudio ahora, todavía puede cambiar de opinión más adelante. Usted puede parar en cualquier momento.

Riesgos y beneficios de participar en el estudio:
Puede encontrarse con algunos riesgos debido a la sensibilidad y la naturaleza del tema tratado durante la entrevista cara a cara. Harán algunas preguntas personales sobre sus experiencias con la violencia de pareja. Usted puede sentirse incómoda al responder algunas de las preguntas o hacer revivir experiencias emocionales dolorosas. Es posible que desee detener la entrevista en cualquier momento si usted experimenta cualquier

dificultad. Es posible que desee hablar con un asesor que le pueda ofrecer una lista de recursos incluyendo consejeros profesionales.

Algunos de los beneficios de la realización de esta investigación están en la capacidad de proporcionar información valiosa a la comunidad de investigación acerca de la violencia de pareja y la condición de VIH. Por otra parte, su capacidad para reflexionar sobre lo que experimentó personalmente puede permitirle entender lo que ha ocurrido en relación con la violencia de pareja y de su estado de VIH. También puede aprender más sobre sí mismo a través de este proceso al ofrecer información acerca de quién eres

Confidencialidad / privacidad:
Cualquier información que proporcione será confidencial. El investigador no utilizará su información personal para ningún propósito fuera de este proyecto de investigación. A cada participante se le asignará un seudónimo para fines de identificación. Además, el investigador no incluirá su nombre o cualquier otra cosa que se le pudiera identificar en los informes de los estudios. Los datos se mantienen asegurado en un armario bajo llave a prueba de fuego, y todos los datos transcritos se mantendrán en un ordenador personal protegido por contraseña.

Contacto:
Usted puede hacer cualquier pregunta ahora sobre esta investigación y su participación. Si tiene alguna pregunta en una fecha posterior, no dude en ponerse en contacto con Sharon Cuba Rodríguez (investigadora) a través de correo electrónico al interesado en sharon.rodriguez@waldenu.edu. Si quiere hablar en privado acerca de sus derechos como participante, puede llamar al Dr. Leilani Endicott. Ella es la representante de Walden University que puede discutir esto con usted. Su número de teléfono es 612-312-1210. Número de homologación de Walden University para este estudio es IRB entrará número de homologación de aquí y que expira el IRB entrará fecha de caducidad.

También se le entregará una copia de este formulario de consentimiento informado para su archivo.

Declaración de consentimiento
Si entiende el estudio lo suficientemente bien como para tomar una decisión al respecto, por favor indique su consentimiento al firmar a continuación.

Impresión del Participante _____

Fecha de autorización _____

Firma del Participante _____

Firma del Investigador _____

Appendix D: Confidentiality Agreement (English/Spanish)

Name of Signer:

During the course of my activity in collecting data for this research: Intimate "Partner Violence and HIV: A Phenomenological Study of Women of Puerto Rican Descent Living in New Jersey," I will have access to information, which is confidential and should not be disclosed. I acknowledge that the information must remain confidential, and that improper disclosure of confidential information can be damaging to the participant.

By signing this Confidentiality Agreement I acknowledge and agree that:

1. I will not disclose or discuss any confidential information with others, including friends or family.
2. I will not in any way divulge, copy, release, sell, loan, alter or destroy any confidential information except as properly authorized.
3. I will not discuss confidential information where others can overhear the conversation. I understand that it is not acceptable to discuss confidential information even if the participant's name is not used.
4. I will not make any unauthorized transmissions, inquiries, modification or purging of confidential information.
5. I agree that my obligations under this agreement will continue after termination of the job that I will perform.
6. I understand that violation of this agreement will have legal implications.
7. I will only access or use systems or devices I'm officially authorized to access and I will not demonstrate the operation or function of systems or devices to unauthorized individuals.

By signing this document, I acknowledge that I have read the agreement and I agree to comply with all the terms and conditions stated above.

Signature: **Date:**

Acuerdo Confidencialidad

Nombre del firmante:

Durante el curso de mi actividad en la recogida de datos para esta investigación: "Violencia en la pareja y el VIH: Un estudio fenomenológico de las mujeres de ascendencia Puertorriqueñas que viven en Nueva jersey," voy a tener acceso a información que es confidencial y no debe ser revelada. Reconozco que la información debe permanecer confidencial y que la divulgación adecuada de la información confidencial puede ser perjudicial para el participante.

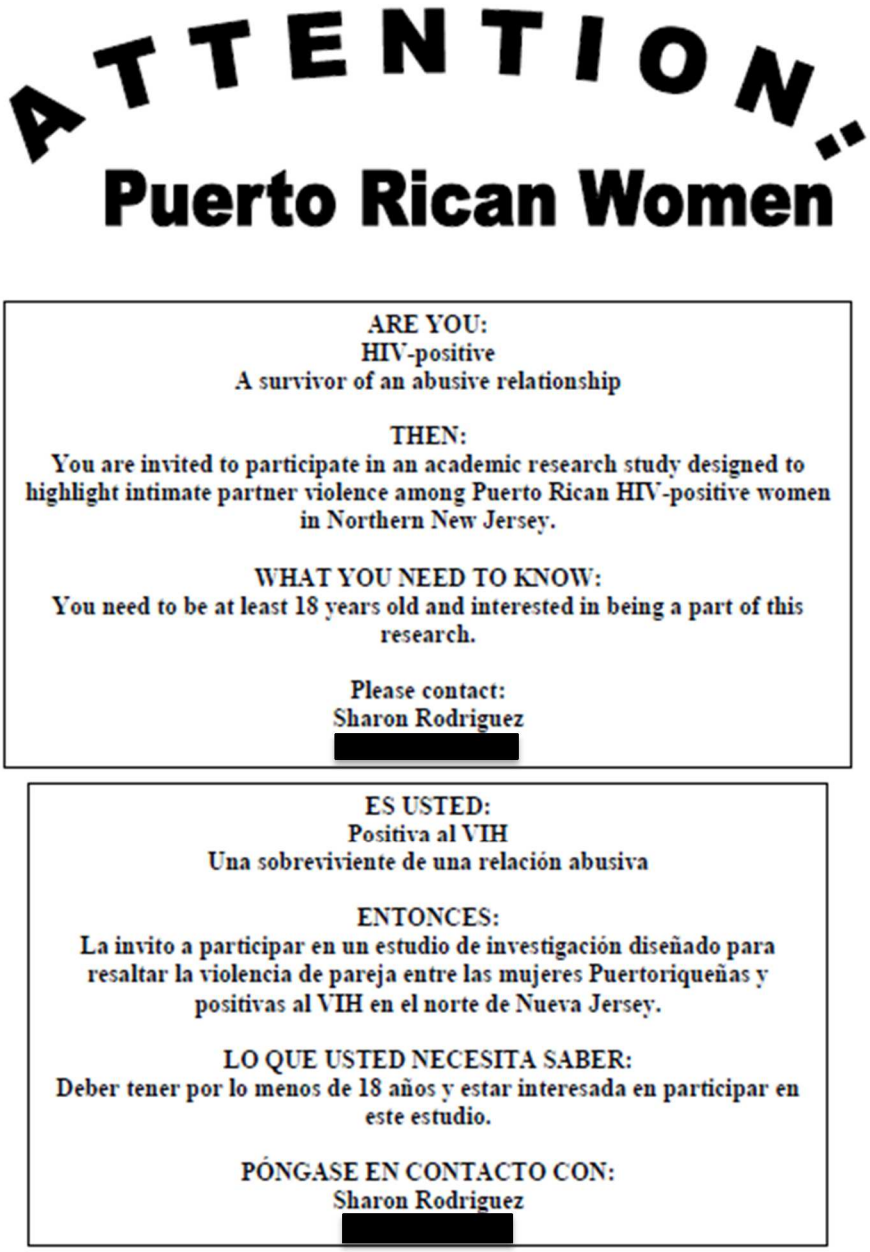
Mediante la firma de este acuerdo de confidencialidad reconozco y acepto que:

1. Yo no voy a revelar o discutir cualquier información confidencial, incluyendo amigos o familiares.
2. Yo no en cualquier préstamo venta liberación copia manera divulgué alterar o destruir información confidencial excepto cómo debidamente autorizada.
3. Yo no voy a discutir la información confidencial donde otros pueden escuchar la conversación. Yo entiendo que no es aceptable para discutir la información confidencial aunque el nombre del participante no se usa.
4. Yo no voy hacer ninguna transmisión no autorizada, consultas, modificaciones, o depuración de información confidencial.
5. Estoy de acuerdo que mi obligación en virtud de este acuerdo continuara después de la terminación del trabajo que realizare.
6. Yo entiendo que violar este acuerdo tendrá implicaciones legales.
7. Sólo voy a usar sistemas de acceso o el uso de dispositivos que estoy autorizado oficialmente para el acceso. Y no voy a demonstrar el funcionamiento o el funcionamiento de los sistemas o dispositivos a personas no autorizadas.

Al firmar este documento, reconozco que he leído el acuerdo y acepto cumplir con todos los términos y condiciones establecidas anteriormente.

Firma _____ Fecha _____

Appendix E: Recruiting Flyer (English/Spanish)



Appendix F: Screening Questions (English/Spanish)

Screening Questions:

The purpose of this study is to intimate partner violence among Puerto Rican HIV-positive women. In an effort to provide a better understanding of the phenomenon, I would like to inquire and learn about your intimate partner violence experiences.

1. Are there any issues you would like to discuss that may preclude you from being a participant in the study?
2. How would you describe your family of origin?
3. What is your age?
4. Were you exposed to violence by an intimate partner?
5. When were you told that you were infected with HIV?
6. Anything that you would like to say about the topic of intimate partner violence in the lives of Puerto Rican HIV-positive women as it relates to your personal experiences?

Preguntas de Selección

El propósito de este estudio es examinar la violencia entre pareja de mujeres puertorriqueñas infectada con VIH. En un esfuerzo a proposionar una mejor comprensión del fenómeno, me gustaría preguntar y aprender acerca de sus experiencias de violencia conyugal.

1. ¿Le gustaría hablar sobre algún problema que le impediría participar en este estudio?
2. ¿Cómo describiría a su familia?
3. ¿Cuál es su edad?
4. ¿Estuvo expuesta a la violencia ejercida por su pareja?
5. ¿Cuándo le informaron que había sido infectada con el VIH?
6. ¿Algo más que le gustaría que decir sobre el tema del al violencia de pareja en la vida de las mujeres Puertorriqueñas infectada con VIH en relación a sus experiencias personales?

Appendix G: Demographic Questions (English/Spanish)

1. What is your race? _____

2. Are you Hispanic? Yes _____ No _____

3. What is your marital status? ___Single ___Married ___Divorced ____Separated

4. How old are you? _____

5. What is your religion? _____

6. Where was your father born? _____

7. Where was your mother born? _____

8. Where were you born? _____

9. How long have you lived in the United States? _____

10. What language(s) do you speak? _____

11. What language do you prefer to speak with friends and family? _____

12. What is your highest level of education obtained? _____

13. When were you first diagnosed with HIV/AIDS? _____

14. Where do you currently live? _____

Preguntas Demográficas

1. ¿Cual es su raza?
2. ¿Es Hispana? Si _____ No _____
3. ¿Cuál es su estado civil? Soltera_____ Casada_____

   Divorciada_____ Separada_____
4. ¿Qué edad tiene?_____
5. ¿Cuál es su religión?_____
6. ¿A dónde nació su padre?_____
7. ¿A dónde nació su madre?_____
8. ¿A dónde nacio usted?_____
9. ¿Cuánto tiempo lleva viviendo en los Estados Unidos?

   _____
10. Qué idioma prefiere hablar con amigos y familiares?

    _____
11. ¿Cuáles idiomas habla?

    _____
12. ¿Cuál es su nivel más alto de educación?

    _____
13. ¿Cuándo fue diagnosticada con VIH?

    _____
14. ¿Dónde vive en este momento?

    _____

Appendix H: Interview Questions (English/Spanish)

Question 1: When you hear *intimate partner violence*, what do you think about?

Question 2: How did the violence you experienced affect your life?

Question 3: What was the worst moment of your life because of violence?

Question 4: Describe circumstances that lead to the abuse or violent moment?

Question 5: What feelings did you experience during the abusive or violent moments?

Question 6: How did your experiences during the violent moments influence your day to day decisions during that time and now?

Question 7: How do you see yourself today due to your experience of violence and HIV?

Question 8: What strategies did you use to survive the time with your violent partner?

Question 9: As a Puerto Rican woman diagnosed with HIV, what were your experiences with your intimate partners?

Question 10: What role did your HIV status play in the relationship with your intimate partner?

Question 11: What impact did your HIV status have on intimate partner violence?

Question 12: How has your HIV status influenced your idea of intimate relationships?

Preguntas de Entrevista

Pregunta 1: ¿En qué piensas cuando escuchas de violencia de pareja?

Pregunta 2: ¿Cómo la violencia que ha experimentado afectado su vida?

Pregunta 3: ¿Cuál fue el momento peor de su vida debido a la violencia?

Pregunta 4: ¿Describir las circunstancias que llevaron al abuso o momento violento?

Pregunta 5: ¿Qué sensaciones experimentó durante los momentos abusivos o violentos?

Pregunta 6: ¿Cómo sus experiencias durante los momentos violentos influyen sus decisiones día a día durante ese tiempo y ahorra?

Pregunta 7: Cómo se ve a sí mismo hoy en día debido a su experiencia con la violencia y el VIH?

Pregunta 8: ¿Qué estrategias utilizó para sobrevivir con su pareja violenta?

Pregunta 9: ¿Como una mujer puertorriqueña infectada con VIH, cuáles fueron sus experiencias con parejas intimas?

Pregunta 10: ¿Qué papel jugo su estado de VIH positiva con su compañero íntimo?

Pregunta 11: ¿Qué impacto tuvo su condición de VIH en la violencia del compañero íntimo?

Pregunta 12: ¿Cómo ha influido su condición de VIH a su idea de las relaciones íntimas?

Appendix I: List of Agencies by County

24 Hour HOTLINE 1-800-286-4184

24 Hour Hotline 1 (800) 572-SAFE (7233)

ATLANTIC COUNTY
Atlantic County Women's Center
Violence Intervention Program
Northfield, NJ 08225
Emergency Shelter 24 Hour Hotline:
(609)646-6767
Toll free: (800) 286-4184
TTY: (609) 645-2909

BERGEN COUNTY
Shelter Our Sisters
Hackensack, NJ 07601
Emergency Shelter 24 Hour Hotline:
(201) 944-9600
TTY: (201) 836-1075
Shelter: (201) 836-7029
Office: (201) 498-9256

Bergen County Alternatives
To Domestic Violence
Hackensack, NJ 07601
TTY: (201) 336-7525
24 Hour Hotline: (201) 336-7575

BURLINGTON COUNTY
Providence House/Willingboro Shelter
Willingboro, NJ 08046
24 Hr. Hotline: (609) 871-7551
Office: (856) 824-0599
Delran, NJ 07075
Phone: (856) 824-0599

CAPE MAY COUNTY
CARA, Inc. (Coalition Against Rape
& Abuse, Inc.)
Cape May Court House, NJ 08210
Emergency Shelter 24 Hr. Hotline:
(609) 522-6489
Toll-free: 1-877-294-CARA [2272]
Office: (609) 522-6489

CUMBERLAND COUNTY
Center for Family Services
Vineland, NJ
Emergency Shelter 24 Hr. Hotline:
1(886) 295-SERV (7378)
24 Hr./Toll free: 1-800-286-4353
Office: 856-696-2032

ESSEX COUNTY
The Safe House
Bloomfield, NJ 07003
Emergency Shelter 24 Hr. Hotline:
(973) 759-2154

The Rachel Coalition of Jewish
Family Service
Division of Jewish Family Service of
MetroWest NJ
Livingston, NJ 07039
Office: (973) 740-1233

Linda & Rudy Slucker National
Council of Jewish Women (NCJW)
Center for Women
Livingston, NJ 07039
Office: (973) 994-4994

La Casa De Don Pedro
Newark, NJ 07104
(973) 485-0701

F.O.C.U.S. Hispanic Center for Community Development
Newark NJ 07103
(973) 624-2528

Hyacinth AIDS Foundation
Newark NJ 07107
(973) 565-0300

Babyland Domestic Violence Shelter
Newark NJ 07106
(973) 484-1704

Catholic Community Services
Newark NJ 07102
(973) 242-1999

New Community Corporation-Harmony House
Newark NJ 07101
(973) 623-8555

Youth Consultation Services
Newark NJ 07107
(973) 482-8411

GLOUCESTER COUNTY
Center for Family Services
Glassboro, NJ 08028
Emergency Shelter 24 Hr. Hotline: (856) 881-3335
Office: 856-881-4034

HUDSON COUNTY
Women Rising, Inc.
(Formally YWCA Battered Women's Program)
Jersey City, NJ 07306
Emergency Shelter 24 Hr. Hotline: (201) 333-5700
Office: (201) 333-5700 ext. 511

HUNTERDON COUNTY
SAFE in Hunterdon
Flemington, NJ 08822
Emergency Shelter 24 Hr. Hotline: 1-888-988-4033
Office: (908) 806-8605

MERCER COUNTY
Woman Space, Inc.
Trenton, NJ 08618
Emergency Shelter 24-Hr. Hotline: (609) 394-9000
State Hotline: 1-800-572-SAFE [7233]
Office: (609) 394-0136

MIDDLESEX COUNTY
Women Aware, Inc.
New Brunswick, NJ 08903
Emergency Shelter 24-Hr. Hotline: (732) 249-4504
TTY: (732) 249-0600
Office: (732) 249-4900

MONMOUTH COUNTY
180 Turning Lives Around
Hazlet, NJ 07730
Emergency Shelter 24-Hr. Hotline: (732) 264-4111
Toll-free: 1-888-THE-WCMC [843-9262]
TTY: (732) 264-3089
Office: (732) 264-4360

MORRIS COUNTY
Jersey Battered Women's Services, Inc. (JBWS)
Morristown, NJ 07962
Emergency Shelter 24 Hr. Hotline: (973) 267-4763
TTY: (973) 285-9095
Office: (973) 455-1256

OCEAN COUNTY
Providence House - Ocean
Brick, NJ 08723
Emergency Shelter
24 Hr. Hotline: (732) 244-8259
TTY: (732) 244-8259
Office :(732) 262-3143

PASSAIC COUNTY
Passaic County Women's Center Domestic Violence Program
Paterson, NJ 07513
Emergency Shelter 24-Hr. Hotline: (973) 881-1450
TTY: (973) 278-8630
Phone: (973) 881-0725

Project S.A.R.A.H.
Clifton, NJ 07012
24-Hr. Hotline: 1-800-757-9450
Phone: (973) 777-7638

Strengthen Our Sisters
Hewitt, NJ 07421
24-Hr. Hotline: 1-800-676-9470
Shelter: 973-728-0059
Office: (973) 657-0567

SALEM COUNTY
Salem County Women's Services
Salem, NJ 08079-0125
Emergency Shelter 24-Hr. Hotline: (856) 935-6655
Toll free: 1-888-632-9511
TTY: (856) 935-7118

SOMERSET COUNTY
Resource Center of Somerset
Hillsborough, NJ 08844
Emergency Shelter 24-Hr. Hotline: (908) 685-1122
Toll free: 1-866-685-1122
Office: (908) 359-0003

SUSSEX COUNTY
Domestic Abuse Services, Inc.
Newton, NJ 07860
Emergency Shelter 24 Hr. Hotline: (973) 875-1211
TTY: (973) 875-6369
Office: (973) 579-2386

UNION COUNTY
Project: Protect
c/o YWCA of Eastern Union County
Elizabeth, NJ 07201
Emergency Shelter 24-Hr. Hotline: (908) 355-4357
TTY: (908) 355-1023

WARREN COUNTY
Domestic Abuse & Sexual Assault Crisis Center
24-Hr. Hotline: (908)453-4181
Hearing Impaired: 711+ (908)-453-4181
Toll free: 1-866-6Be-SAFE [623-7233]
Office: (908) 453-4121
Fax: (908) 223-1145

Appendix J: Initial Codes (Level 1)

Anger	not understanding why it happened
extreme anger	self-reserve
Rage	tried to forget being hit
break cycle of abuse	accepting experience of abuse
had to leave	counseling
hit back	learn to talk about what happened
self defense	emotional wreck
avoidance of others	help
Controlling	not knowing why it happened
forced to stay	therapy
Freedom	unresolved issues
he had all the control	do what he wants
he was jealous	against the relationship
he was so controlling	cannot go against the marriage
held back	cannot tell I was hit
limited relationships	can't be aggressive
no communication with family	can't be defensive
no future plans	can't leave
no independence	comply with him cultural
restricted to do anything	conform to his needs
Alert	cultural expectations
Cautious	culture
do not settle	do as he say
moment to wake up	fear of not accepted
Protection	feeling not understood
remembering the abuse	guilt to leave
avoid abuse	he was demanding
block things he said	holding out
coping mechanism	I must stay
coping no reaction	lived subdued
deal with him	no negotiation
emotional mixture	not being accepted
reporting violence	abuse was the worst
Submissive	block violence

tension with my family when I left	hurtful
abusive relationship	shock
childhood abuse	thinking life will always be this way
cycle of abuse	burden of being told not good enough
cycle of violence	crying
discovering of HIV	desires of not being loved
repeat cycle	drop out
crying	feeling of not caring
depression	feeling unloved
lack of sleep	grief about abuse
sadness	helpless
suffering from insomnia	hopeless
disclosure of abuse	I blamed myself
can't tell I have HIV	I used to be happy
disclosure to child	lost
secret revealed	negative self-perception
pity of others	participant speechless
domestic violence	previous life
first thought of IPV	regret meeting him
lack of financial support	self-blame
no income	self-doubt
emotional abuse	self-hate
consequences of leaving	self-hatred
escaping violence	self-deserving
fear of leaving	tired
I had to escape	wishful thinking
rid of problem	worst outlook
walked away	worthless
faith	uncertainty
religion	awakening about getting hit
fear	confusion
fear that he will get me	demoralizing
fear of abuse repeating	denial
fear of repeating abuse	numbness
shock of treatment	lived passive

abandoned	minimized
he was taking off	passive attitude
why did he leave me hurt	passive withdrawal
fear of reaction	passive withdrawal
he did not care	rationalize his actions
he was demonized	stay there
I hate him	withdrawn
negative thought about him	hitting
unpredictable	kicks
fear of HIV transmitting	partner does something
honesty about being HIV+	physical abuse
living with disease	physical violence
not infect others	pulls hair
open about status	pushes
catastrophizing my infection	smack me
dead cuz of HIV	smacking
misconception	forethought
non-educated	hopeful
scarlet letter	life changer
secret about HIV	live life
stigma of disease	living for today
awfulizing about HIV infection	surviving
break cycle transmission	depersonalized
effects of HIV diagnosis	anxiety
HIV victim	disappointment
apologetic	panic
forgiving	phobia
he acted nonchalant	psychological damage
honeymoon stage	residual effect
mind-blindness	fear
playful beginnings	my reaction to hit back
playful games	reaction to abuse
some days well	scared
teasing	screaming
bad decision	I wanted to get back at him

changes in my life	payback
feelings about staying or leaving	revenge
Hardship	wish I could hit back
Homeless	daily routine
shelter hoping	notice anger
unsure about decisions	planned evening
excuses about his behavior	structured routine
his thoughts of infidelity	attention seeking
influences from getting beat up	getting medical attention
balled his fist	seeking answers
Intimidation	continue working on self
Emptiness	no intimate partner
Empty	self-care
estrangement from family and friends	acceptance of situation
friendships I don't have anymore	confidence
Isolation	no physical contact
lack of communication	not ready
Loneliness	not sexual
Lonely	self-acceptance
Lonesome	self-awareness
no family	self-value
not socialized	self-conscious
relationship is no longer there	self-harm
limited resources	death
no resources	did not want to live
no resources	many times, I wish I was dead
no social support	self-harm
tried reaching out	suicidal thought
support system	he got paid for the guys to have sex with me
low self esteem	he took sex
no confidence	pimped out
self esteem	prostitution
monogamous	sexual abuse
one sexual partner	trafficked

legal	feeling less than
no P.O. involvement	self-pity
self-rejection	he told me I was worthless
shame	verbal put downs
alcohol use	
drug use	
drunk	
mix drugs	
recovery	
substance abuse	
escape	
he hit me while driving	
personal experience	
trauma	
traumatic accident	
lack of trust	
no trust	
threats	
verbal abuse	
called names	

Appendix K: Emerging Codes (Level 2)

Isolation	Being controlled	Self-harm	Depression	Escape
Emotional abuse	Feeling defeated	Revenge	Anger	HIV transmission
Impact of decision	Cultural influences	HIV stigma	Disclosure	Seeking help
Physical abuse	Trust issues	Fearing abuse will repeat	Faith/religion	Low self-esteem
Sexual abuse	Influences due to abuse	Counseling	Substance use	Intimidation
Economic abuse	Passive behaviors	Disclosure of HIV	Traumatic experiences	Lack of resources
Shame	Limited relationships	No police involvement	Psychological effect	Cautious
Embarrassment	Honeymoon stage	Verbal put down	Verbal abuse	Self-care
Distress	HIV self-awareness	Cycle of violence	Reaction to abuse	Assertive behavior
Coping as a victim	Feelings of abandonment	Feelings about the abuser	Self-awareness	Monogamous relationship
Overcoming shame	Routine of abuse	Positive life change	Feelings about abuse	

Appendix L: Level 1 Transition to Level 2

initial codes (Level 1)	**Level 2 Codes**
Anger	anger
extreme anger	anger
Rage	anger
break cycle of abuse	assertive behavior
had to leave	assertive behavior
hit back	assertive behavior
self defense	assertive behavior
avoidance of others	being controlled
Controlling	being controlled
forced to stay	being controlled
Freedom	being controlled
he had all the control	being controlled
he was jealous	being controlled
he was so controlling	being controlled
held back	being controlled
limited relationships	being controlled
no communication with family	being controlled
no future	being controlled
no independence	being controlled
restricted to do anything	being controlled
Alert	cautious
Cautious	cautious
do not settle	cautious
moment to wake up	cautious
Protection	cautious
remembering the abuse	coping as a victim
avoid abuse	coping as a victim
block things he said	coping as a victim
coping mechanism	coping as a victim
coping no reaction	coping as a victim
deal with him	coping as a victim
emotional mixture	coping as a victim

not understanding why it happened	coping as a victim
self-reserve	coping as a victim
tried to forget being hit	coping as a victim
accepting experience of abuse	counseling
counseling	counseling
learn to talk about what happened	counseling
emotional wreck	counseling
help	counseling
not knowing why it happened	counseling
therapy	counseling
unresolved issues	counseling
do what he wants	cultural influences
against the relationship	cultural influences
cannot go against the marriage	cultural influences
cannot tell I was hit	cultural influences
can't be aggressive	cultural influences
can't be defensive	cultural influences
can't leave	cultural influences
comply with him cultural	cultural influences
conform to his needs	cultural influences
cultural expectations	cultural influences
culture	cultural influences
do as he said	cultural influences
fear of not accepted	cultural influences
feeling not understood	cultural influences
guilt to leave	cultural influences
he was demanding	cultural influences
holding out	cultural influences
I have to stay	cultural influences
lived subdued	cultural influences
no negotiation	cultural influences
not being accepted	cultural influences
not being defiant	cultural influences
peer pressure	cultural influences
Puerto Rican don’t get HIV	cultural influences

reluctant to discuss	cultural influences
reporting violence	cultural influences
submissive	cultural influences
tension with my family when I left	cultural influences
abusive relationship	cycle of violence
childhood abuse	cycle of violence
cycle of abuse	cycle of violence
cycle of violence	cycle of violence
discovering of HIV	cycle of violence
repeat cycle	cycle of violence
crying	depression
depression	depression
lack of sleep	depression
sadness	depression
suffering from insomnia	depression
disclosure of abuse	disclosure
can't tell I have HIV	disclosure of HIV
disclosure to child	disclosure of HIV
secret revealed	disclosure of HIV
pity of others	distress
domestic violence	domestic violence
first thought of IPV	domestic violence
lack of financial support	economic abuse
no income	economic abuse
emotional abuse	emotional abuse
consequences of leaving	escape
escaping violence	escape
fear of leaving	escape
I had to escape	escape
rid of problem	escape
walked away	escape
faith	faith/religion
religion	faith/religion
fear	fear of retaliation
fear that he will get me	fear of retaliation

fear of abuse repeating	fearing abuse will repeat
fear of repeating abuse	fearing abuse will repeat
abuse was the worst	feeling about abuse
block violence	feeling about abuse
Hurtful	feeling about abuse
Shock	feeling about abuse
thinking life will always be this way	feeling about abuse
burden of being told not good enough	feeling defeated
Crying	feeling defeated
desires of not being loved	feeling defeated
drop out	feeling defeated
feeling of not caring	feeling defeated
feeling unloved	feeling defeated
grief about abuse	feeling defeated
Helpless	feeling defeated
Hopeless	feeling defeated
I blamed myself	feeling defeated
I used to be happy	feeling defeated
Lost	feeling defeated
negative self-perception	feeling defeated
participant speechless	feeling defeated
previous life	feeling defeated
regret meeting him	feeling defeated
self-blame	feeling defeated
self-doubt	feeling defeated
self-hate	feeling defeated
self-hatred	feeling defeated
self-deserving	feeling defeated
Tired	feeling defeated
wishful thinking	feeling defeated
worst outlook	feeling defeated
Worthless	feeling defeated
Uncertainty	feelings about abuse
awakening about getting hit	feelings about abuse
Confusion	feelings about abuse

demoralizing	feelings about abuse
denial	feelings about abuse
numbness	feelings about abuse
shock of treatment	feelings about abuse
abandoned	feelings of abandonment
he was taking off	feelings of abandonment
why did he leave me hurt	feelings of abandonment
fear of reaction	feelings towards abuser
he did not care	feelings towards abuser
he was demonized	feelings towards abuser
I hate him	feelings towards abuser
negative thought about him	feelings towards abuser
unpredictable	feelings towards abuser
fear of HIV transmitting	HIV self-awareness
honesty about being HIV+	HIV self-awareness
living with disease	HIV self-awareness
not infect others	HIV self-awareness
open about status	HIV self-awareness
catastrophizing my infection	HIV stigma
dead cuz of HIV	HIV stigma
misconception	HIV stigma
non-educated	HIV stigma
scarlet letter	HIV stigma
secret about HIV	HIV stigma
stigma of disease	HIV stigma
awfulizing about HIV infection	HIV transmission
break cycle transmission	HIV transmission
effects of HIV diagnosis	HIV transmission
HIV victim	HIV transmission
apologetic	honeymoon stage
forgiving	honeymoon stage
he acted nonchalant	honeymoon stage
honeymoon stage	honeymoon stage
mind-blindness	honeymoon stage
playful beginnings	honeymoon stage

playful games	honeymoon stage
some days well	honeymoon stage
teasing	honeymoon stage
bad decision	impact of decision
changes in my life	impact of decision
feelings about staying or leaving	impact of decision
hardship	impact of decision
homeless	impact of decision
shelter hoping	impact of decision
unsure about decisions	impact of decision
excuses about his behavior	influence due to abuse
his thoughts of infidelity	influence due to abuse
influences from getting beat up	influence due to abuse
balled his fist	intimidation
intimidation	intimidation
emptiness	isolation
empty	isolation
estrangement from family and friends	isolation
friendships I don't have anymore	isolation
isolation	isolation
lack of communication	isolation
loneliness	isolation
lonely	isolation
lonesome	isolation
no family	isolation
not socialized	isolation
relationship is no longer there	isolation
limited resources	lack of resources
no resources	lack of resources
no resources	lack of resources
no social support	lack of resources
tried reaching out	lack of resources
support system	limited relationship
low self esteem	low self-esteem
no confidence	low self-esteem

self esteem	low self-esteem
monogamous	monogamous relationship
one sexual partner	monogamous relationship
Legal	no police involvement
no P.O. involvement	no police involvement
lived passive	passive behaviors
Minimized	passive behaviors
passive attitude	passive behaviors
passive withdrawal	passive behaviors
passive withdrawal	passive behaviors
rationalize his actions	passive behaviors
stay there	passive behaviors
Withdrawn	passive behaviors
Hitting	physical abuse
Kicks	physical abuse
partner does something	physical abuse
physical abuse	physical abuse
physical violence	physical abuse
pulls hair	physical abuse
Pushes	physical abuse
smack me	physical abuse
Smacking	physical abuse
Forethought	positive life change
Hopeful	positive life change
life changer	positive life change
live life	positive life change
living for today	positive life change
Surviving	positive life change
depersonalized	psychological effect
Anxiety	psychological effect
Disappointment	psychological effect
Panic	psychological effect
Phobia	psychological effect
psychological damage	psychological effect
residual effect	psychological effect

fear	reaction to abuse
my reaction to not hit back	reaction to abuse
reaction to abuse	reaction to abuse
scared	reaction to abuse
screaming	reaction to abuse
I wanted to get back at him	revenge
payback	revenge
revenge	revenge
wish I could hit back	revenge
daily routine	routine of abuse
notice anger	routine of abuse
planned evening	routine of abuse
structured routine	routine of abuse
attention seeking	seeking help
getting medical attention	seeking help
seeking answers	seeking help
continue working on self	self-care
no intimate partner	self-care
self-care	self-care
acceptance of situation	self-awareness
confidence	self-awareness
no physical contact	self-awareness
not ready	self-awareness
not sexual	self-awareness
self-acceptance	self-awareness
self-awareness	self-awareness
self-value	self-awareness
self-conscious	self-awareness
self-harm	self-harm
death	self-harm
did not want to live	self-harm
many times I wish I was dead	self-harm
Self-harm	self-harm
suicidal thought	self-harm
he got paid for the guys to have sex with me	sexual abuse

he took sex	sexual abuse
pimped out	sexual abuse
prostitution	sexual abuse
sexual abuse	sexual abuse
trafficked	sexual abuse
feeling less than	shame/embarrassment
self-pity	shame/embarrassment
self-rejection	shame/embarrassment
shame	shame/embarrassment
alcohol use	substance abuse
drug use	substance abuse
drunk	substance abuse
mix drugs	substance abuse
recovery	substance abuse
substance abuse	substance abuse
escape	traumatic experiences/events
he hit me while driving	traumatic experiences/events
personal experience	traumatic experiences/events
trauma	traumatic experiences/events
traumatic accident	traumatic experiences/events
lack of trust	trust issues
no trust	trust issues
threats	verbal abuse
verbal abuse	verbal abuse
called names	verbal put downs
he told me I was worthless	verbal put downs
verbal put downs	verbal put downs

Appendix M: Themes (Level 3)

Experiences of Abuse by Intimate Partner
Feeling About Abuse
Feelings About the Abuser
Traumatic Experiences
Reaction to Abuse
Trust Issues
Cultural Influences
Positive Life Changes