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The lived experience and factors affecting disclosure of pregnant victims of domestic violence

Pedro Vargas Ortiz

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THE LIVED EXPERIENCE AND FACTORS AFFECTING DISCLOSURE OF
PREGNANT VICTIMS OF DOMESTIC VIOLENCE

A Dissertation Presented

by

PEDRO VARGAS ORTIZ

Submitted to the Graduate School of the
University of Massachusetts Amherst in partial fulfillment
of the requirements for the degree of

DOCTOR OF PHILOSOPHY

September 2018

College of Nursing

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PEDRO VARGAS ORTIZ

Approved as to style and content by:

Pamela Aselton, Chair

Donna Zucker, Member

Luis Marentes, Member

Stephen J. Cavanagh, Dean
College of Nursing

DEDICATION

To my beloved mother, SICA, you were my strength and my heavenly inspiration to complete my personal and professional goals. Thank you for the wisdom of teaching me to fight hard, regardless of the sacrifices to achieve my dreams. I have achieved one more goal in my professional life and with admiration, humility, and respect, I raise a look to Heaven and I thank you and dedicate this work to you. In second place to my children Josué and Paola Vargas Gutiérrez; you are my strength, those who move me to fight every day. I ask God to bless you and that this goal, be a role model for your personal and professional growth.

Finally, to all those brave women who opened their hearts and drew from it, feelings, doubts, and fears that probably never had ventilated. I recognize, your help and confidence placed in me to be able to explore their lived experiences of domestic violence during pregnancy in Puerto Rico.

Remember that I have told you to do this. So be strong and do not be afraid. Do not be weak but be brave. I, the Lord your God, will be with you, everywhere that you go.

(Joshua 1:9)

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ABSTRACT

THE LIVED EXPERIENCE AND FACTORS AFFECTING DISCLOSURE IN PREGNANT VICTIMS OF DOMESTIC VIOLENCE

SEPTEMBER 2018

PEDRO VARGAS ORTIZ, B.S.N., UNIVERSITY OF PUERTO RICO

M.S.N., UNIVERSITY OF PUERTO RICO

Ph.D., UNIVERSITY OF MASSACHUSETTS AMHERST

Directed by: Professor Pamela Aselton

Domestic violence is defined as a pattern of assaultive and coercive behaviors that includes the threat or infliction of physical, sexual, or psychological abuse that is used by perpetrators for the purpose of intimidation and control over the victim. The lived experience and meaning of domestic violence in Puerto Rican pregnant women has not been well researched. This study described pregnant women's lived experience of domestic violence and examined the factors influencing the process of disclosure of domestic violence among pregnant women in the southern region of Puerto Rico. A phenomenological method was used where women who have experienced domestic violence during pregnancy were invited to participate in online semi structured interviews. Data analysis included qualitative coding of the interview identifying emergent themes. In order to ensure trustworthiness and accurate representation of the text the use of a second reader was employed in the thematic analysis. The main themes identified included lack of direct questions from providers, isolation, worsening of abuse by pregnancy, physical, psychological and sexual abuse; support from family, friends and shelter; lack of police support and economic dependence. Implications for nursing are discussed.

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CHAPTER 1

DOMESTIC VIOLENCE, DISCLOSURE AND HELP SEEKING

Introduction

Abuse of women is pervasive in our society. Much research has been done in the area of domestic violence (DV), however little had been done to explore the factors that result in women disclosing DV during their pregnancy at a prenatal visit. Domestic violence is defined as a pattern of assaultive and coercive behaviors that includes the threat or infliction of physical, sexual, or psychological abuse that is used by perpetrators for the purpose of intimidation and control over the victim (Kiely, El-Mohandes, El-Khorazaty, & Gantz, 2010).

Domestic violence affecting women of childbearing age represents a special case among abused individuals because outcomes are not solely experienced by the woman, but also affect her fetus during pregnancy and her newborn after birth (Records, 2007). In Puerto Rico 20,965 incidents of DV were reported to the police department in 2008 of which 17,598 cases were against women resulting in a rate of 871 per 100,000 women (Policía de Puerto Rico, 2008). Although these figures do not reflect how many of them were pregnant, they do indicate the magnitude of the problem in Puerto Rico. Valle (2010) reported that Puerto Rico has one of the worst rates of intimate partner violence in the world.

Despite having an adverse impact upon the health and welfare of women and children, women experiencing domestic violence face a number of difficulties seeking help about their situation from statutory health and welfare agencies (Peckover, 2003). In the Peckover study, women disclosing domestic violence to their health visitors in the

United Kingdom did not always receive appropriate support, protection, or information about accessing more specialist services. Frontline healthcare professionals should be offering these services.

Statement of the Problem

Although the exact rate is not known, according to police reports, the prevalence of domestic violence in Puerto Rico is significant with negative outcomes to the victims. There is no available research in Puerto Rico that explores the lived experience and the factors influencing disclosure and the process by which the pregnant women disclose their victimization, or the help-seeking behaviors these women demonstrate. This study attempted to fill this gap by examining the lived experience of pregnant women disclosing domestic violence in Puerto Rico.

Background of the Study

Previous studies have shown that the low rates of clinician-patient communication about domestic violence result in part from a lack of direct questioning by many clinicians and women rarely volunteer information about abuse without being asked (Rodriguez , Sheldon, Bauer, & Pérez-Stable, 2001). In their study of clinician-patient communication about domestic violence, Rodríguez et al. (2001) found barriers significantly associated with a lack of communication on the part of the clinician. Patients perceived that clinicians did not ask directly about abuse and felt that clinicians demonstrated a lack of time and interest in discussing abuse. Victims also reported fears about involving police and courts, as well as concerns about confidentiality.

In a study with women of Mexican descent, Montalvo-Liendo, Wardell, Engebretson, & Reininger (2009) found that many factors hindered disclosure. Some of

these factors included protecting their partners, avoidance of worrying their mothers, and fear of losing their children. Fear was the most common cross-cultural factor interfering with disclosure. What made this study unique is that most of the existing literature examined factors influencing and interfering with disclosure of abuse among white and African-American women (Montalvo-Liendo, 2008). There are few published studies available on Latina women.

The results of a study conducted by Bacchus, Mezey, & Bewley (2006) suggest that pregnant women's experiences of partner abuse are similar to those who are abused outside of pregnancy. Violence often stemmed from the abuser's emotional insecurity and the need to enforce power and control. However, according to Bowen, Heron, Waylen, Wolke, & ALSPAC study team (2005), fewer women reported domestic violence victimization during pregnancy than they did postpartum. Women who reported being victimized during pregnancy also reported significantly higher levels of social adversity during pregnancy. The number of social adversities reported during pregnancy also predicted postpartum victimization.

Comparable population-based data on the prevalence of domestic violence during pregnancy are lacking in the general population. Available estimates varied widely, from about 3% to 30% (Devries, et al., 2010). Most studies on prevalence came from small clinical samples in maternity wards, which often serve particular patient groups and communities, such as immigrant or minority groups, rural communities, adolescents, and women from affluent areas. A number of other studies included participants from rural and urban areas of the United States, Canada, Peru, Mexico, Rwanda, Nigeria, Saudi

Arabia, Iran, as well as from India, Pakistan, UK, and New Zealand (Devries, Kishor, Johnson, Stockl, Bacchus, Garcia-Moreno & Watts, 2010).

According to Devries et al. (2010), data suggests that domestic violence during a pregnancy is a common experience. The prevalence of DV during pregnancy ranged from approximately 2.0% in Australia, Cambodia, Denmark and the Philippines to 13.5% in Uganda among pregnant women. Half of the surveys estimated the prevalence to be between 3.9 and 8.7%. Prevalence of domestic violence appear to be higher in African and Latin American countries relative to the European and Asian countries surveyed. In most settings the prevalence was relatively constant in the younger age groups (age 15–35), and then appeared to decline slightly after age 35.

Domestic violence during pregnancy is more common than some maternal health conditions routinely screened for in antenatal care (Devries, et al., 2010). In London, the prevalence of domestic violence was 17%. Domestic violence was highest in the age group 26–30 years and boyfriends were the main perpetrators. Punching and slapping were the most common pattern of violence, and 10% of women experiencing domestic violence had forced sexual activity (Johnson, Haider, Ellis, Hay, & Lindow, 2003).

Murdaugh, Hunt, Sowell & Santana (2004) conducted a study to describe domestic violence in Hispanic/Latino women in the southeastern US, including type and frequency of violence experienced, barriers to obtaining treatment, and services needed by women who have been abused. Among those women who had experienced abuse, almost three-quarters (70%) of women reported victimization by violent acts during the prior 12 months. Of these women, 43% indicated they had experienced physical violence many times during the prior year. The most frequent acts of violence were being slapped,

pushed, grabbed, or shoved (n = 179, 62%), kicked, beat, punched, or choked (n = 119, 44%), and forced to have sex against their will (n = 154, 42%). The most frequently reported important barrier that kept women from getting needed services was language, either not being able to speak English or not having a translator.

The second most frequently reported important barrier was lack of transportation (Murdaugh, Hunt, Sowell, & Santana, 2004). Other frequently reported barriers were money, insurance or resources; afraid of husband/boyfriend; afraid children would be taken; afraid of being deported; did not know where to go; and fear of being alone. The women described feelings of shame and embarrassment that combined with language barriers and fear to silence them in patient–provider interactions.

Purpose of the Study

The lived experience and meaning of domestic violence in pregnant women presenting for care had not been researched in Puerto Rican women specifically. As a result, we may not fully understand the factors as well as the process that influence abused pregnant women in disclosing their abuse to a health professional. This phenomenological study attempted to fill this gap describing the lived experience of domestic violence of Puerto Rican women while pregnant.

Research Questions

The research question for this study is as follows:

1. What is the lived experience and factors affecting disclosure in pregnant victims of domestic violence?

Definition of Terms

Abuse: one or more episodes of aggressive behavior, usually resulting in physical injury

Disclosure: occurs when the pregnant woman tells you or lets you know in some other way that she or he has been or is being abused. Disclosure can be direct, indirect, or a third-party disclosure.

Domestic violence: refers to any incident of threatening behavior, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality.

Emotional abuse: any act including confinement, isolation, verbal assault, humiliation, intimidation, infantilization or any other treatment which may diminish the sense of identity, dignity, and self-worth.

Health care provider: health professional responsible for the provision of health care according to state regulations (physician, nurse practitioner, nurse midwife, registered nurse, licensed practical nurse, social worker, spiritual helpers or other healthcare workers)

Help-seeking behavior: attempt to find (seek) assistance to improve a situation or a problem

Physical abuse: any act resulting in a non-accidental physical injury, including not only intentional assault but also the results of unreasonable punishment.

Sexual abuse: is any sexual act that is perpetrated against someone's will.

Significance to Nursing

Domestic violence is a serious public health problem that affects the health and well-being of millions of women and families throughout the world. While the risk

factors vary across cultures, similar consequences have been observed globally, ranging from psychological problems to death. Globally, abuse by an intimate partner is the most common form of violence against women with great human and economic costs (World Health Organization, 2002). Approximately one in four women and one in seven men reported some form of lifetime DV victimization. Women evidenced significantly higher lifetime and 12-month DV prevalence and were more likely to report DV-related injury than men. Domestic violence prevalence also varied by state of residence, race/ethnicity, age, income, and education (Breinding, Black, & Ryan, 2008).

As part of the routine assessment of the pregnant women in prenatal clinics, there is no questioning about victimization during pregnancy. Health care team members, especially nurses, play a key role for the identification of the women victim of domestic violence during pregnancy and those at risk of victimization. This study gives the opportunity to understand the lived experience of pregnant women and serve the basis for others to establish policies and protocols for high quality nursing care, appropriate screening, and prevention efforts to decrease the problem of domestic violence in this population.

CHAPTER 2

REVIEW OF LITERATURE

Introduction

This chapter reviews the literature related to domestic violence in general and during pregnancy. It presents an overview of DV, the current legislation regarding DV in Puerto Rico, limitations of legal intervention, causes and effects of DV during pregnancy as well as what is known of the process of disclosure of DV and other help seeking behaviors.

Domestic Violence

Roure (2011) stated that DV is a global problem that encompasses acts of violence committed against a larger group of people such as the elderly, children, same sex couples and heterosexual couple who are involved in intimate relationships. This is reiterated by Madera & Toro (2005), who noted that in light of the changing societal relationships to include same sex relations, DV should be viewed as a societal problem with multiple implications in family and societal settings. Madera & Toro (2005) emphasized that whilst DV has been acknowledged for over thirty years due to proliferation of feminist movements; its prevalence among same sex couples is still shrouded in secrecy as the world slowly accepts people's choice of sexual relations. Consequently, the concept of DV has also been broadened to include children, other members of the family household and community members (Jigsaw, 2009).

Domestic violence as a global epidemic was highlighted in a 2005 global study conducted by the World Health Organization (WHO), where it became apparent that violence was prevalent in many women's lives. This was especially common in contexts

where they were in intimate relationships. Its occurrence was deemed more frequent when compared to other forms of violence such as rape and assault by acquaintances and strangers. The conclusion from this global survey was that women were more at risk of violence at homes than they were in the streets. In view of the results, the General Director of the WHO, Dr. Lee Jong-Wook emphasized the need for DV to be treated as a global public health issue (World Health Organization, 2005).

This sentiment was echoed by Summers and Hoffman (2002) who concluded that DV is recognized as a severe social crisis in most countries around the globe. Nicolson (2010) estimated that DV is a global problem with between one quarter and one half of all women in the world being abused by their intimate partners. Along similar lines it has been found that between 40% and 70% of women who were murdered were victims of their partners' abuse. In addition, Nicolson (2010) determined that across the globe DV was often justified by citing reasons such as culture, tradition, law or just life. This concept was also advanced by Rivera (1995), whom emphasized that it is important to appreciate that domestic violence cuts across educational, racial, ethnic, religious and social economic lines. Survivors of DV endure psychological, verbal, and emotional abuse that subsequently affects their health.

Domestic Violence in Puerto Rico

In Puerto Rico, Roure (2011) indicated that the phenomena of DV is unique in that the high rate of DV has to be fought in the context of other social economic and cultural challenges that cause discrimination against women. This is further heightened by the revelation that about 100,000 Puerto Ricans are homeless and 45% of Puerto

Ricans live below the poverty line. Poverty is one of the stressors that can lead to domestic violence.

According to WomensLaw.org (2012) the legal definition of DV in Puerto Rico is determined in contexts and scenarios when a spouse, former spouse, a person you live with, a person you date or dated or a person you have a child with engages you in acts of intimidation, psychological abuse, harassment that may lead to physical injury, destroy property and cause emotional or physical harm. The National Coalition against Domestic Violence (2009) provided that among the facts that surround the phenomena of DV in Puerto Rico included that:

- 1) There are 52 women victims of DV on a daily basis in Puerto Rico.
- 2) Incidents of DV in the Commonwealth have steadily been on the increase since 2002.
- 3) In 2007, there were 17,239 incidents of DV reported to the Puerto Rican Police.
- 4) In 2004 a total of 31 women died due to DV.
- 5) Between 2000 and 2004, 36% of all the female homicides in the State were linked to incidents of DV.

The survey also noted a 12 percent increase in women killed by their spouses in Puerto Rico from 2000 to 2006. Valle (2010) reported that Puerto Rico has one of the worst rates of intimate partner violence in the world. Inadequate policies and weak political support for implementation of DV laws were cited as some of the reasons for this disheartening trend. The blame was also directed at the office of the Women's Advocate that is charged with the responsibility of establishing public policies that integrate gender perspectives. Valle (2010) drew from an international survey, conducted

by an international research center in 2006, that Puerto Rican women were more likely to be murdered by their intimate partners than women from other 35 countries surveyed.

Puerto Rican Legislation on Domestic Violence

Rivera (1995) described Puerto Rico's Law 54 of 1989, which is the foundation of all legislation made concerning DV in the Commonwealth. The law provides provisions for both the civil and criminal penal codes for DV. Morrison and Biehl (1999) indicated that Law 54 serves a function for both preventative and intervention measures in acts of DV. For example, some of the precautionary measures that may be taken under law 54 include: exclusion of the aggressor from entry into home, child custody, and establishment of temporary support.

The Child Welfare Information Gateway (2011) documented that Puerto Rico is among forty-six states of the United States that define DV in their civil statutes. Ideally, this means that the statutes are found in the domestic relations laws, in the family and social values laws and finally provide a basis for which victims of acts of DV may obtain civil protective orders. WomenLaws.Org (2008) stated that in Puerto Rico's civil law, a victim of DV has a right to file and even withdraw a case against the abuser, but ultimately the law aims at protecting victims through prevention and protective orders.

Puerto Rico also factors DV in their criminal or penal codes, as was noted by Miller (2012). These types of codes and acts generally describe that DV acts can lead to arrest and misdemeanor or felony prosecution. Domestic violence in criminal laws is defined along the lines of criminal offences committed by family or household members that result to physical harm. Additionally, there are instances that other terms such as

domestic assault, domestic battery and domestic abuse may be used in the gauging the severity of DV however this is dependent on context and states legal language.

Other terms provided by Morrison and Biehl (1999) included crimes of abuse, aggravated assault, and spousal sexual aggression, abuse by threat and abuse by restriction of freedom. WomenLaws.Org (2008) indicated that the criminal law in Puerto Rico covers acts of harassment, theft, and murder among others. However, unlike in civil law where a victim is in charge under the criminal law the prosecutor or district attorney is the one who decides whether the case against the abuser continues or ends.

Limitation of Legal Intervention on Domestic Violence in Puerto Rico

Sack (2006) stated that there are some significant gaps in both the criminal and civil justice system response in terms of the mechanisms provided in response to DV. Rivera (1995) documented that Law 54 in Puerto Rico engendered mixed responses from the legal community. The law provides remedial goals and mechanisms for addressing DV, providing a pivotal role to the advocates. However, the law has had minimal success in curbing DV in Puerto Rico due to inadequate integration into the legal framework and misconstrued political discourse on violence against women (Rivera, 1995).

Roure (2011) stated that DV in Puerto Rico was consistently rising due to inadequate funding for intimate partner policies and weak political support in implementation of DV laws. The evaluations of Law 54 reveal that its impact has been insignificant due to resistance and skepticism by law enforcement officials. This is exemplified by instances where courts have the power to overrule cases on individual basis hence compromising the legal remedy efficacy (Roure, 2011).

Sack (2006) argued that there are several issues causing limitations of the legal processes in addressing DV in Puerto Rico:

- Inconsistent and outdated data collection systems that fail in capturing reliable data.
- Lack of statistics and useful data in each of the legal processes that victims have to follow up.
- Lack of follow up with petitioners between ex parte order and the ultimate protection order ascertaining the reasons for failing to appear in court hearings.
- Insufficient linkage between petitioners of DV and advocates due to reasons of understaffing of advocates in the sector.
- Delays in adjudication of protection orders.
- Confusion about the responsibility for service of sermons and ex parte order
- Striking under enforcement of violations of protection orders.
- Delays between the time police DV calls are made and filing of criminal complaints.
- Further delay between the period between presentment of the case at the preliminary hearing and disposition.
- Lack of consistent coordination between police and prosecutors in DV case developments.
- Lack of vertical prosecution and insufficient evidence collection.
- Failure by the courts in monitoring of defendant compliance with release conditions.

Domestic Violence During Pregnancy

According to a report on violence against women by the United States General Accounting Office (GAO) (2002) in the United States there is no accurate data on the number of pregnant women who are victims of DV. As a result, the available literature on prevalence of pregnancy related to violence is based on estimates that are different owing to variances in research designs used and the populations sampled (Jasinski, 2004). Thus, data related to DV cannot be directly compared and existing research cannot be generalized for the experiences of all the pregnant women.

Research on DV in pregnancy concentrated on issues such as: determining if pregnant women are at increased risk of violence, the consequences of pregnancy related violence and the health care perspective on violence against pregnant women (Jasinski, 2004). Hamberger and Phelan (2004) indicated that the highest life-time and during pregnancy physical abuse prevalence rates were among African American and Puerto Rican women living in the United States. According to Drouin (2010), women in abusive relationships often imagine that pregnancy will reform their abusive partners, however the opposite is true. Drawing from most reports it was noted that one in six abused women were first abused during pregnancy. Drouin (2010) cites the Center for Disease Control that reported that four to eight percent of pregnant women reported being abused during pregnancy.

Sokoloff and Pratt (2005) cited researchers that have discovered associations between ethnicity and DV during pregnancy. This research was based on an ethnically diverse sample recruited from community hospitals in Florida and Massachusetts where researchers drew from ethnic groups of Puerto Rican, white, and black women. The

findings indicated that Puerto Rican's were the most likely to report abuse during pregnancy followed by white and black women. This was in contrast with the pregnant Mexican American, Central American, and Cuban American women who were less likely to be victims of DV during pregnancy.

Causes of Domestic Violence among Pregnant Women

Bailey (2010) argued that women are at increased risk of experiencing DV during pregnancy for reasons such as low socioeconomic statuses, minority status, age, and marital status. It is inherent to note that while DV is prevalent at all socio-economic statuses, it has been documented that there is increased risk of intimate partner violence for women in the lower socio-economic statuses (Bailey, 2010). The link between socio economic status and DV is evidenced by population studies and data analysis by the Pregnancy Risk Assessment Monitoring System (PRAMS). For example, in a study involving more than 1000 pregnant women in the United States, income and educational levels were the most predictive of DV during pregnancy (Bailey, 2010). Similar studies conducted in other countries such as Chile, India, Philippines and Egypt revealed that socioeconomic factors were the most common and unanimously predictive factors of DV.

Saltzman, Johnson, Gilbert, and Goodwin (2003) documented that DV during pregnancy has also been associated with young age. It is further opined that women under twenty years in age are at a double risk of intimate partner violence. Further, Saltzman et al. (2003) provides that unmarried women are more likely to endure intimate partner violence during pregnancy when compared to married women. The Pan American Health Organization (n.d.) provided that the most common reason given for heightened risk of DV during pregnancy was stress of the father over the impending birth. The reasons

given included a greater sense of stress in light of the impending birth and increased responsibility roles. The stress is manifested through frustration, which is in turn directed to the mother and the unborn child. Consequently, it was determined that pregnant adolescents of between age 13 and 17 have an elevated risk of experiencing violence while pregnant from their partners (Pan American Health Organization, n.d.).

Heise (1993) indicated that women were four times more likely to experience increased levels of DV owing to incidences of unwanted or unintended pregnancy. However, this was premised on data that ignore that pregnancy itself could be as a result of DV in form of marital rape, sexual abuse and denial of access to contraceptives. Cwikel (2006) cited culture as another cause for increased risk of DV during pregnancy. Among Hispanics in United States, Puerto Ricans were rated among those who were at increased rate of DV during pregnancy. This is in contrast with other cultures that actually shield women from DV during pregnancy such as the Bedouin women in Israel.

According to Flanagan (2012), women who experienced DV during pregnancy were more likely to disclose that the pregnancy was unplanned for, closely spaced and were subsequently unhappy about the pregnancy. This was in comparison to other women who were not experiencing DV during pregnancy. Similarly, Flanagan (2012) indicated that the rates of abortion were higher among the abused women when compared to other pregnant women, demonstrating an association between DV and violence.

The Effects of Domestic Violence during Pregnancy

Lent, Morris, and Rechner (2000) stated that nurse practitioners, midwives, and family physicians have regular encounters with pregnant women and have the opportunity to screen for physical and emotional manifestations of DV during pregnancy.

They are further able to consider the consequences on labor, delivery, and the general health of the mother and the unborn child. Lent, Morris, and Rechner (2000) noted that labor and delivery could be extremely difficult for women who have experienced abuse during the pregnancy hence manifestation of unusual behavior. Increasing pain and subsequent loss of control during labor may cause some women to respond from too quiet to uncontrolled screaming and crying. Some may however dissociate themselves, while others may become overly controlling and demanding during labor.

Flanagan (2012), on the other hand, estimated that abused pregnant women are at two-times greater risk for homicide at the hands of their partner. This is in contrast to other women who are abused, but not pregnant. Additionally, it was noted that the psychological health effects of DV during pregnancy can be long-term and complex. The physical effects can range from decreased intrauterine growth of the fetus, premature labor, low birth weight, fetal trauma to fetal death in the extreme cases of violence. Other effects may include kidney infection, anemia, difficulty putting weight and depression (Flanagan, 2012).

Lent, Morris, and Rechner (2000) linked abuse during pregnancy to delayed entry to prenatal care and increased behavioral risks that may include use of illicit drugs, use of tobacco, alcohol, and poor maternal nutrition. All these risk factors affect the unborn child and the mother in terms of low birth weight and premature delivery. Huth-Bocks, Levendosky, and Bogat (2002) cited that DV during pregnancy was likely to cause birth complications three times more when compared to women who did not experience violence during pregnancy. In addition, DV was also linked to fetal distress where infants born by women who had experienced DV during pregnancy were more likely to remain

in the hospital after their mothers were discharged than infants born by women who had not been abused during pregnancy. Huth-Bocks, Levendosky, and Bogat (2002) stated that women who experienced DV during pregnancy were more likely to seek prenatal care at a delayed period of their pregnancy such as the third trimester. This implies that such women receive inadequate prenatal care, which may lead to complications during birth or still births.

Pan American Health Organization (n.d.) indicated that consequences of DV such as depression are complex in that they may lead to scenarios where the mother loses general interest in her child both during the pregnancy and after the child is born. Similarly, long-term psychological consequences may also limit the child's psychological development. This is further complicated by the chances that the child will witness incidences of DV after it is born. The child may further be involved in the domestic abuse as it recorded that most women that are battered by their partners are also likely to abuse their children.

Quinlivan (2000) conducted a study with pregnant teenage girls in Australia and found that where stress due to DV was prevalent, there were increased prevalence of poor fetal growth. Domestic violence during pregnancy was noted to affect the brain development of the child resulting in delays in growth of brain, deficits in brain cell numbers, increased vulnerability of the brain to toxins and chemicals and reduction in quantity of central nervous system myelination. Ultimately, Quinlivan (2000) concluded that the removal of the mother from an environment of DV during pregnancy might be critical in ensuring her infant's future well-being in terms of brain development.

Disclosure of Domestic Violence

Clemente (2011) reported that cases of intimate partner violence and sexual violence are under reported in the United States. The disclosure of DV is very complex as many factors influence it. Given the multicultural nature of United States population, culture, and ethnicity as some of the factors that may influence disclosure of DV perpetrated by intimate partners. Montalvo-Liendo (2008) compiled a list of ethnic and racial factors that limit disclosure of DV. Among the African–American women reasons for not disclosing DV includes self-blame, fear of abandonment, history of DV, insecurities about physical features. These women may not consider disclosing DV due to it being branded as taboo topic, fear and hence opt to suffer in silence (Fox, et al., 2007).

Hegarty and Taft (2011) noted that among the Australian women lack of disclosure might be related to: fear of the perpetrator, shame, not recognizing the abuse, embarrassment, a need to handle her own problems, lack of female doctors, or a lack of interest from health care providers. Crandall, Senturia, Sullivan, & Shui-Thornton (2005) provided the following reasons for Latino women for not disclosing: shame, embarrassment, cultural traditional prohibits or discourages disclosure, lack of communication skills in English, and prioritizing of children. Bellis (2006) reiterated that states have a challenge dealing with DV at a personal level, as it becomes difficult to detect it when the society prohibits its disclosure. Similarly, at the personal level, victims may withhold information due to the fact that it is potentially humiliating in their life or fear retribution by their abuser. Whilst focusing on culture as a barrier to disclosure, Mederos (n.d.) determined that women are made to feel responsible for keeping their families together and ensure that their children have a father. Such expectations limit

disclosure of DV, as many women don't want to expose their families to public scrutiny, which further brings state authorities to the community's life.

Additionally, Bellis (2006) determined that disclosure of DV might be hampered by the notion of the victims that state officials cannot be trusted to keep the information provided confidential. Further, some of the victims may fear reporting incidents of DV to state officials due to fear of loss of custody of their children. The process of disclosure may also be inhibited by the skills sets of police in facilitating that disclosure. Heavy workloads and increased number of cases on DV may also affect disclosure in that the officials do not have enough time to facilitate screening processes. Consequently, the slow delivery of justice to such victims may prompt others not to disclose that they are being abused due to the belief that no legal justice will be awarded to them. Bellis (2006) further suggests that the screening process may also discourage disclosure of DV as they are carried out in open cubicles or public spaces where many officers are present hence causing humiliation.

In Puerto Rico, Clemente (2011) reported that the Puerto Rico Police Department (PRPD) had failed in conducting investigations of a large number of cases on sex crimes. Further, the PRPD was accused by the Department of Justice of not addressing aspects of DV with the seriousness it deserved as some of the officers were also accused of being perpetrators of DV. According to statistics, it concluded that the PRPD had not worked to ensure that women living under threat of DV fully utilized the legal resources available to them. In an effort to demonstrate the gravity of the problem, a Department of Justice (2011) report indicated that historically Puerto Rico informed fewer cases of forcible

rapes than murder. This phenomenon was only recorded in Puerto Rico as other Jurisdictions had reported more cases of forcible rapes than murders.

The helping systems and legal interventions for battered women frame solutions to DV based on the premise of separating the offender from the woman and her children. However, this by itself is a factor that limits disclosure of DV. In light of this, Mederos (n.d.) recommends that women of color would be more at ease of disclosing abuse if the protective orders were framed in such a way that the offender was allowed to stay but stressed the issue that no violence should be tolerated again. Often, what is needed is to approach DV in a way that does not result in the immediate end of relationships and marriages.

Hamberger and Phelan (2004) asserted that the physicians' validation of DV could also improve on disclosure rates. Validation of abuse made the victims of DV feel more relieved and comfortable, changing the perception they have of themselves. Further compassionate inquiry of victims' experiences by physicians led to successful intervention measures as the victims are more at ease confiding with someone who understands their problem.

The Department of Justice (2011) recommended that Puerto Rico should ensure that violent crimes and sexual assault are accurately reported, and victims provided with adequate support and services. This would in turn lead to a renewed trust in the Puerto Rico police departments hence increased rates of disclosure on DV. Further, Puerto Rico systems of justice must act decisively, transparently and promptly in the efforts of reforming of the PRPD patterns of unconstitutional and retrogressive policing.

Help Seeking Behavior

Lipsky, Caetano, Field, & Larkin (2006) found that an alcohol prevention program, emergency department, and hospital utilization were significantly increased among IPV victims compared to non-victims after taking demographic and substance use factors into account. Similarly, IPV victims were more likely to access social/case worker services and housing assistance compared to non-victims. Specific help-seeking behaviors were significantly associated with race and ethnicity among IPV victims, with non-Hispanic white and black women more likely to use housing assistance and emergency department services and black women more likely to use police assistance compared to Hispanic women. Among all Hispanic women, low acculturation was associated with decreased utilization of social services overall and with any healthcare utilization, particularly among abused women.

However, in a study about barriers to help seeking, the results suggested external barriers as contributing to the reluctance of some older women to seek help for domestic abuse including: the response of the family, the response of clergy, the response of the justice system, and the responsiveness of community resources (Beaulaurier, Seff, Newman, & Dunlop , 2007). Hodges & Cabanilla (2011) found that resilience, spirituality, and education showed statistically significant relationships with attitude toward help seeking with higher the scores of resilience, spirituality, and educational level the higher the level of attitude to seek help among the sample.

Summary

Domestic violence is an increasing public health concern that has implications for nursing and is a globally recognized social pandemic with harmful physical and

psychological effects to the victims. The people experiencing DV range from elderly people, children, and same sex couples to heterosexuals involved in intimate relationships. The World Health Organization recognizes domestic violence as a serious concern. Women were at the most risk of experiencing DV in their own homes and it is clear that DV affect all social, educational, religious, and racial categorizations in society.

In Puerto Rico the data that has been collected indicate that the prevalence of DV in the state is increasing as evidenced by police reports. It is also apparent that Puerto Rico has developed legal tools such as mitigation strategies for this trend by adopting law 54, which provides the foundational basis of DV laws in the State. However, despite the fact that law 54 provides legal intervention and remedial measures it was also noted to have minimal impacts due to lack of political will and poor implementation of the law.

Domestic violence during pregnancy is influenced by factors such as ethnicity, culture, socio-economic status, age, and marital status. According to published studies, Puerto Rican and African American women were noted to be at increased risk of experiencing DV while pregnant. The effects of DV during pregnancy include complications during labor and delivery, delayed child development and decreased overall health of both the mother and the unborn child.

Disclosure of DV is generally under-reported due to a variety of reasons including shame, embarrassment, culture, fear of retribution by the abuser, fear of loss of child custody, and lack of trust of the state official to keep the information given confidential were cited as some of the reasons that prevented disclosure on DV. A number of recommendations were provided on how to improve the levels of disclosure. Change of approaches in dealing with DV by advocates and state officials were proposed with the

immediate call for separation being discouraged. Other reforms recommended included restoring of the public trust of the Puerto Rican Police Department on this issue by having them follow up on all cases. It is imperative that not only the PRPD, but also the health professionals including nursing, understand the factors affecting women victims of DV in order to establish better health services and policies to protect these women and their families.

CHAPTER 3

METHODS

Introduction

This section describes the research design and methods and presents a plan for the conduct of the study of pregnant women's lived experience and meaning of disclosure who were victims of domestic violence. This chapter will include a discussion of the basis of qualitative research and phenomenology, as well as the issues surrounding the use of the internet in qualitative research, trustworthiness of the data, research design, sampling, and recruitment of subjects, data collection methods, data management and, thematic analysis strategy.

Qualitative research methodologies have become increasingly important modes of inquiry for the social sciences and applied fields, such as education, regional planning, health sciences, social work, community development, and management (Marshall & Rossman, 2011). This research typically occurs in naturalistic settings, draws on multiple methods that respect the humanity of the participants in the study and is fundamentally interpretive.

Qualitative Research

Qualitative research, broadly defined, involves getting findings from research not using statistical procedures and instead focusing on findings from real-world settings (Streubert Speziale & Rinaldi Carpenter, 2011). The tradition of using qualitative methods to study human phenomena is grounded in the social sciences. Several reasons can lead to the decision to engage in a qualitative methodology. Among those include the difficulty in examining the phenomenon by using traditional quantitative measures or

exploring areas of human life that can are not accurately described in the literature (Munhall, 2012). Qualitative research is very close to real life experiences, not ones we may assume based on conjecture.

Qualitative design is capable of adjusting to what is being learned during data collection. It often involves merging together various data collection strategies and requires researchers to become involved (Polit & Tatano Beck, 2014). This means that the data collection plan is emerging and changing depending on the findings made during the advance of the research process. The researcher must be aware that this plan will be pointing to the most appropriate data collection strategies. The benefits from this ongoing data collection is that it can be used to guide subsequent strategies and decisions about further questions to ask participants and future research needed once the original data collection is done.

Phenomenology

The purpose of phenomenology is to explore the lived experience of individuals and illustrating first-person experiences of phenomena (Matua, 2015; Polit & Tatano Beck, 2014; Wertz, et al., 2011), informed by the understanding that reality is best understood when seen through the eyes of those who have experienced it at first hand. Phenomenology provides researchers with the framework for discovering what it is like to live an experience. It offers nurse scholars and clinicians an approach to inquiry that fits with nursing philosophy and nursing as an art: understanding unique individuals and their meanings and interactions with others and the environment (Lopez & Willis, 2004).

Phenomenology has its roots in the works of the philosophers Kant, Hegel, Brentano, and later Husserl, with advancement of the latter's thoughts by Merleau-Ponty,

Heidegger, Gadamer, and Ricoeur (Matua, 2015; Polit & Tatano Beck, 2014; Dowling & Cooney, 2012). An assumption specific to Husserl's philosophy was that experience as perceived by human consciousness has value and should be an object of scientific study. Husserl believed that subjective information should be important to scientists seeking to understand human motivation because human actions are influenced by what people perceive to be real. An important component of Husserlian phenomenology is the belief that it is essential for the researcher to shed all prior personal knowledge to grasp the essential lived experiences of those being studied.

The process of bracketing has been described as: (a) separating the phenomenon from the world and inspecting it; (b) dissecting the phenomenon to unravel the structure, define and analyze it; and (c) suspending all preconceptions regarding the phenomenon, and confronting the subject matter on its own terms, to ensure that the researcher holds in abeyance any preconceived ideas while he or she is listening to, interacting with, and analyzing the stories of the participants (Wojnar & Swanson, 2007).

According to Creswell (2007), some of the key presuppositions on which phenomenology is grounded include the following key assumptions:

- A return to the traditional tasks of philosophy. This means a return to the search for wisdom and a return to basics. This change was stimulated because philosophy had become limited to exploring human phenomena using only empirical methods.
- A philosophy without presuppositions means that phenomenology is based on the assumption that investigating human phenomena requires suspension of all judgments about what is real.

- The intentionality of consciousness, which means that phenomenology is grounded in the assumption that consciousness is always directed outwards, away from the self, toward another object.
- The rejection of the subject-object dichotomy, implying that the reality of an object is only perceived in the meaning of the experience from the individual's perspective.

Phenomenology is concerned with elucidating first-person experiences of a phenomenon informed by the understanding that reality is best understood when seen through the eyes of those who have experienced it at first hand (Polit & Tatano Beck, 2014). The phenomenological method is considered desirable when the researcher wishes to faithfully conceptualize the processes and structures of individuals' mental life associated with a particular phenomenon, including the meanings given to the world through such experiences (Langdrige, 2007). From the perspective of nursing, phenomenology is attractive because it can help to improve care and understanding of issues critical to nurses and their clients.

Such enquiry augments nurses' understanding of patients' unique experiences and how they interpret them (Biggerstaff & Thompson, 2008). Such new knowledge allows nurses to better foster the wellbeing of individuals and families who may undergo unique and sometimes unfamiliar life experiences. Phenomenology offers researchers the opportunity to describe and clarify phenomena that better inform nursing education, research and practice, thereby enhancing evidence-based practices (Streubert & Carpenter, 2011). It also provides a credible approach through which phenomena pertinent to nursing can be scientifically explored, analyzed and documented (Giorgi,

2000). This method is particularly important to nursing because when health professionals understand the meaning of the impact of domestic violence in women's life, better detection methods, policies and interventions could be developed to reduce or eliminate victimization.

The Use of the Internet in Qualitative Research

The Internet had been used to recruit and interview subjects in qualitative research (Aselton, 2012). The reach and accessibility of the Internet has vastly expanded the potential pool of participants for health research. Adapting research methods to technological advances expands the opportunities for both the researcher and participant (Hamilton & Bowers, 2006). According to Mann & Stewart (2009), the practical benefits of incorporating computer-mediated communication (CMC) into qualitative research designs are wide ranging. Some of the most important aspects of CMC are: extending access to participants, cost and time-savings, elimination of transcription bias, and easy handling of data.

The Internet is frequently used in the research process, for the review of literature, compiling bibliographic databases, and data analysis (Redlich-Amirav & Higginbottom, 2014). Empirical investigations refer to all the usual kinds of research that use the Internet as a research site or data collection method. Some advantages and disadvantages of using the Internet for data collection are starting to be addressed in the literature.

In nursing, the Internet had been used to study nurses' perception of spirituality and spiritual care. In this work, respondents used a free-text facility to add comments on the subjects of spirituality and spiritual care (McSherry & Jamieson, 2013). Keim-Malpass & Steeves (2012) studied young women's online narratives of cancer using a

qualitative analysis of online narratives based on hermeneutic phenomenology. The narratives shared on illness blogs offer an online place for expression of emotion, information exchange, and online social support. Young women's narrative demonstrated the transition through diagnosis and treatment, allowing a better understanding of the women's emotional and psychosocial needs.

Collecting data online may make it easier to disclose information than in a face to face interview (Aselton, 2012). One substantial benefit to online interviewing is that the data collected do not require transcription since they are already in written format and readily available for analysis. As cited by Aselton (2012), an additional benefit is that eliminates the barrier of distance, resulting in an increased pool of study participants. International representation of participants is increased, and rapid response times are possible regardless of the continent in which a participant lives. Im and Chee (2003) have also referred to this benefit of asynchronous interaction, which permits persons on differing schedules and/or time zones to communicate at their convenience.

However, Strickland et al. (2003) warned that successful qualitative data collection over the Internet depends heavily on how well researchers are able to use their interview skills within the confines of the Internet. Cotton (2003) has alerted researchers of the critical need for conducting qualitative research on the Internet that is "caring, holistic, and culturally sensitive". The issue of domestic violence is a complex phenomenon that needs to be investigated taking into consideration the women's circumstances and viewing her as a whole. Also, to be culturally sensitive, there is a need to respect the women's cultural background on this topic. Being from the studied culture,

brings the opportunity to understand the phenomenon from the participant's perspective and allows to be more sensitive to their needs.

Trustworthiness in Qualitative Research

Lincoln and Guba (1985) considered the following factors to establishing trustworthiness of findings from qualitative inquiry: credibility, dependability, confirmability, and transferability. These criteria will be used in the current study to ensure scientific rigor. Within these were specific methodological strategies for demonstrating qualitative rigor, such as the audit trail, member checks when coding, categorizing, or confirming results with participants, peer debriefing, negative case analysis, structural corroboration, and referential material adequacy. Credibility addresses the issue of 'fit' between respondents' views and the researcher's representation of them (Schwandt, 2001).

It poses the questions of whether the explanation fits the description and whether the description is credible. Credibility is demonstrated through a number of strategies: member checks, peer debriefing, prolonged engagement, persistent observation, and audit trails (Lincoln, 1995). Central to the credibility of qualitative research is the ability of informants to recognize their experiences in the research findings (Krefting, 1991). Member checking is a technique that consists of continually testing with informants the researcher's data, analytic categories, interpretations, and conclusions (Lincoln & Guba, 1985). This strategy of revealing research materials to the informants ensures that the researcher has accurately translated the informants' viewpoints into data.

Transferability refers to the generalizability of inquiry. In a naturalistic study, this concerns only to case-to-case transfer. Qualitative researchers need to recognize that in

qualitative research, there is no correct or true interpretation. Donmoyer (1990) argued that rejection of traditional perspectives of generalizability is required, as naturalistic inquiry has individual subjective meaning as central. One means of ensuring transferability is the use of a comparison of the characteristics of the informants to the demographic information available on that group being studied. As fieldwork continues, informants are selected to fill in gaps in the profile (Krefting, 1991).

Dependability is achieved through a process of auditing to ensure that the process of research is logical, traceable, and clearly documented (Schwandt, 2001). It can be demonstrated through an audit trail, where others can examine the inquirer's documentation of data, methods, decisions, and final product. Reflexivity is central to the audit trail, in which inquirers keep a self-critical account of the research process, including their internal and external dialogue. Auditing can also be used to authenticate confirmability by the use of colleagues and peer examination to check the research plan and implementation is another means of ensuring dependability. One can enhance stability over time by repeated observations of the same event and re-questioning informants about major issues (Lincoln & Guba, 1985).

Confirmability is concerned with establishing that data and interpretations of the findings are not figments of the inquirer's imagination but are clearly derived from the data (Guba, 1981). Data should be viewed neutrally and the audit strategy described as the major technique for confirming the data. This strategy involves an external auditor attempting to follow through the natural history or progression of events in a project to try to understand how and why decisions were made.

Research Design

The research design of the proposed study consisted of qualitative in-depth interviews via email with semi-structured questions utilizing a phenomenological approach to explore the lived experience. Methods of qualitative data collection have traditionally included face to face interviewing, focus groups, semi-structured interviews, observations, and other archived materials. However, increasingly nursing researchers are utilizing the internet to conduct qualitative interviews with some definite benefits to both the researcher and participant (Aselton, 2012). The Internet can be used for recruitment and provide immediate feedback from participants, either through online interviewing, or open-ended questionnaires. Interviews may be conducted online with a set list of guiding questions and follow up can be accomplished with email communication. If information is received in digital form, there is no need for labor-intensive transcription that qualitative research often involves (Mann & Stewart, 2000).

Thematic Analysis

Thematic analysis approaches are suitable for answering questions such as: what are the concerns of people about an event and what reasons do people have for using or not using a service or procedure? (Vaismoradi, Turunen, & Bondas, 2013). It has been suggested that thematic analysis, as a flexible and useful research tool, provides a rich and detailed, yet complex, account of the data (Braun & Clarke, 2006). Clearly, thematic analysis involves the search for and identification of common threads that extend across an entire interview or set of interviews. The process involves the identification of themes through “careful reading and re-reading of the data” (Rice & Ezzy, 1999). It is a form of pattern recognition within the data, where emerging themes become the categories for

analysis. Both content analysis and thematic analysis share the same aim of analytically examining narrative materials from life stories by breaking the text into relatively small units of content and submitting them to descriptive treatment (Sparker, 2005).

Sample and Recruitment

A sample size of 6 – 10 women who have experienced domestic violence during pregnancy at some point in their lives were aimed for. These women were recruited through the use of posters and ads placed in a primary health center and hospitals in Ponce, Puerto Rico, posters in local shops as well as ads in local newspapers. Women were also recruited by health professional's referrals. Participants had to meet the following eligibility criteria:

1. Female resident of the Municipality of Ponce, Puerto Rico;
2. Having had been pregnant and experienced domestic violence while pregnant
3. Have willingness and be able to consent to participate in the study;
4. Be 21 years old or older and have access to email to respond to questions;
5. Not be in a life-threatening situation where participation will increase the threat of violence.

Human Subjects Protection

For this study, the researcher applied to the University of Massachusetts' Institutional Review Board (IRB). After the review of the IRB at UMASS Amherst, the permission of the institutions and offices where the posters or ads were posted was sought. A study on a sensitive and private issue like domestic violence involves potential risks to the participants. The sharing of personal information may evoke feelings of hopelessness, anger, shame or afraid. Another risk is your partner finding out that you are

sharing the information about the abuse. To protect you about this potential issue, you are encouraged to use a computer in a public library or to create an alternative email address with the sole purpose of this interview. Participation in the study is completely voluntary and the information obtained will be kept confidential unless the life of the participant is at risk. If this is the case, the woman will be referred to the social services department and the case reported to the authorities.

The study was guided by the ethical principles for the protection of the rights of the participants. The researcher has the CITI training required. All participants were informed about the study purposes and expectation. In this way, the participant could give free and voluntary informed consent about their participation in the study. The researcher was available to answer questions before, during, and after the data collection. The university email address was given as a contact with the researcher. Each participant had a copy of the signed consent form. In this form, the participants were informed about the purposes of the study, the benefits, and risks to their physical or emotional well-being and the right to left unanswered questions or withdraw from the study at any time. If the woman was still in a relationship with the abuser, she would have the option to destroy or discard the document. The researcher had the signed copy of the consent for future reference. Electronic signatures of the informed consent were accepted.

To protect the participant's confidentiality, the participant's names were not included on any of the electronic files from this study. The researcher gave a unique subject number to each participant and wrote it on the transcripts. If the study results are published or used for teaching, no names or identifiable information will be used. The researchers keep all study transcripts including any codes to the data, in a locked file cabinet

and in a password protected computer. A master key that links names and codes is maintained in a separate and secure location. All transcripts and research notes will be destroyed three years after the close of the study.

All electronic files containing identifiable information are password protected. Any computer hosting such files will also have password protection to prevent access by unauthorized users. All data collected via email had names removed and were assigned a numerical code for each subject. They were coded to protect the identity of the participants. The electronic files were stored on a password protected computer in the researcher's academic office and all hard copies of the files were stored in a locked cabinet. Only the researcher and his faculty sponsor have access to the passwords. At the conclusion of this study, the researchers may publish the findings. Information will be presented in summary format and the participant will not be identified in any publications or presentations. The findings will be shared with the participants in the same format. In cases, where confidentiality cannot be guaranteed, such as the case where the life of the participant or their family is in danger, the situation will be reported the pertinent authorities. A list of possible resources available for the participant will be listed in the informed consent form.

Methods and Procedure

This study consisted of extended qualitative online interview with women who were identified as suffering from domestic violence while pregnant using a phenomenological approach. A list of open-ended prompts guided the online discussion. This took place using Spanish language, and translation to English by the researcher was required in order for the second reader to review transcripts.

An audit trail was kept using Lincoln and Guba's (1985) six categories of information that need to be collected to inform the audit process: raw data, data reduction and analysis notes, data reconstruction and synthesis products, process notes, materials related to intentions and dispositions, and preliminary development information. Through examining these information categories, a researcher can better assess whether the study's findings are grounded in the data, whether inferences are logical and so on (Carcary, 2009).

One or two prompts were given during the first email contact with follow up prompts used as the first topics evolve. These prompts were used to guide discussion and the participants' story were explored as it unfolded. The participants were encouraged to write as much as possible and the researcher responded based on their prompts every night. The role of the researcher in the discussion of the participants' story was to elicit information that yield their lived experience (Dowling & Cooney, 2012).

The online prompts included:

1. Tell me about your experience with your partner when you were pregnant?
2. How was your relationship before pregnancy, during, after?
3. What were your main sources of support while pregnant?
4. Did anyone within or outside of the healthcare system asked you about domestic violence?
5. Did you feel like you could share any aspects of the abuse while pregnant with a health professional?
6. How did others act when you shared your story? What was helpful to you? What was not? Did you ever tell anyone about abuse during your pregnancy?

7. Were you afraid to tell health professionals about the abuse? How could they have made you feel more comfortable?
8. What was the most helpful advice you got to deal with the situation?
9. How do you think the pregnancy affect your relationship with your partner?
10. Reflecting back on your situation is there anything you would have done differently?

Setting

The study was conducted using qualitative online interviews via email in the southern region of Puerto Rico. Participants were recruited through advertising in local clinics and through newspapers. In order to participate, access to a computer was necessary. The prompts were used to start an online discussion in the privacy of either the participant's home computer if they were no longer involved with an abusive partner, or they were recommended to go to a public computer where these online conversations would not be seen to a potentially abusive partner. Alternatives to public computers were public library and internet cafes computer services which are readily available anywhere here in Puerto Rico. Also, the participants could use the University of Puerto Rico's library.

Data Analysis

Once all the email transcripts were collected and stored on a private password protected computer with identifying codes, the researcher assembled each email trail into one transcript per participant. The researcher then read each transcript using thematic analysis looking for major themes. Thematic analysis as an independent qualitative descriptive approach is mainly described as "a method for identifying, analyzing and

reporting patterns (themes) within data” (Braun & Clarke, 2006). It has also been introduced as a qualitative descriptive method that provides core skills to researchers for conducting many other forms of qualitative analysis.

The researcher first read and process each of the transcripts once he completed reflecting on his own experience with the topic and developed some common themes that reflected the responses of the participants. These transcripts had to be translated from Spanish. As the online conversations evolved over a period of days or weeks of asynchronous discussion, additional questions were asked to clarify some of the participants’ comments on their lived experience. Once initial themes were identified, the second reader who was the dissertation advisor, read the transcripts and commented on themes looking for commonalities of thought and perhaps suggesting additional themes.

Credibility was addressed by the use of a second reader and reflections of the meanings interpreted from the original transcripts. As stated by Krefting (1991), central to the credibility of qualitative research is the ability of informants to recognize their experiences in the research findings. This strategy of revealing research materials to the informants will ensure that the researcher has accurately translated the informants' viewpoints into data. An audit trail was being created to ensure dependability and the first and second reader reflected on meaning as the project proceeded and each transcript was analyzed for meaning.

Confirmability was addressed by the use of a second reader as an external auditor attempting to follow through the natural history or progression of events in the project to try to understand how and why decisions were made. All transcripts, notes on thematic analysis and audit trail was be reviewed by the second reader and discussed in online

sessions where differences in interpretation were illustrated and decisions made on the cultural interpretation of statements; as the primary researcher in this study is from the culture being studied.

Limitations of the Study

As a sensitive issue in Puerto Rico, domestic violence is a difficult phenomenon to study. The online discussion technique proposed could be useful and reliable only to the extent that participants are able and willing to truthfully share their information. Much interpersonal work is involved when doing face to-face interviews and the work involved in developing online rapport is something that requires work by the researcher. For example, taking the opportunity to meet with a potential sample group at a training day, to introduce the study, may reduce participants' anxieties about participating, give an opportunity for them to ask questions about the study, and know that there is a real person behind the project (Cromptoets, 2010). However, the benefits of the privacy of an online interview with a male researcher rather than meeting face to face where they might be disinclined to be so open about their experience may outweigh the benefits of the face to face meetings. Another limitation is that the study was conducted in the south region of the island, so the results may not be typical of the general population of Puerto Rico or women from other cultures.

CHAPTER 4

RESULTS

The purpose of this research was to describe the lived experience of domestic violence of Puerto Rican women while pregnant. A phenomenological design was used to conduct the study among victims of domestic violence while pregnant at any time in their lives. Interviews were conducted online with preset prompts being emailed to participants. This chapter reviews how the methodology worked out and presents the findings in the participant's own words.

Data Collection and Description of Respondents

Data were gathered over a nine-month period. The posters advertising the study were placed in a primary health care clinic in Ponce, Puerto Rico, where pregnant women go to their prenatal care, and the two main hospitals in the Southern region. Although posters were put up in November, it took nine months to enroll twelve participants. A total of twelve women agreed to participate via email with nine returning the informed consent after it was emailed to them. The prompts for the online interviews were sent after the consent was returned, and all nine participants returned the interview after several reminders sent via email to the participants. In several cases emails were sent as a follow up in an effort to clarify or broaden the responses, however these participants never returned further emails.

Of the nine women who completed the interview, their ages ranged from 30 to 64 years and they all lived in the southern region of Puerto Rico. They answered all the questions of the interview in one sitting and in their own words. The interviews were written in Spanish and read in Spanish initially by the first reader and then translated into

English for the second reader to ensure trustworthiness of data. The translations were made using a Google translator. Both the first and second reader read the interviews and made notes of themes, which they then compared and came to agreement on major themes present in the interviews. In some instances, the Google translations did not come back in perfect English or were difficult to interpret. In this case the first and second reader discussed the implied meaning in the original Spanish version and agreed on an interpretation.

All the women interviewed were reflecting back on what it was like to have been the victim of domestic violence while pregnant. None of the participants were in a dangerous situation because they were no longer in an abusive relationship. Some were remembering things that happened as long as 45 years ago. Women who were currently pregnant or in situations of abuse were eligible for the study, however none responded to the recruitment posters.

Themes

Several major themes were agreed on by the first and second reader in relation to the research question concerning the lived experience and meaning of disclosure in pregnant women who were victims of domestic violence. The major themes identified from the data were as follows: lack of direct questioning from healthcare providers, isolation, pregnancy making relationship/abuse worse, physical abuse, family and friends support, economic dependence, and lack of support from Puerto Rico police. In the following sections direct quotes are used to illustrate these themes.

Lack of Direct Questioning

Several respondents reported that they did not disclose or receive care of the health care provider because they did not ask whether they were victim of abuse. Others did not feel comfortable talking to health professionals about the abuse or were worried insurance would not cover that type of care. If they went to the prenatal care with their partners, it was likely that the health provider avoided the abuse screening thinking the woman would deny the abuse in front of her partner. Examples of their stories included the following statements:

“As I recall, when I visited my gynecologist office almost always the theme focused on how I felt physically with my pregnancy and its development. The emotional aspect, almost none of the medical staff asked me something, which sometimes surprised me. But I did not give it importance because neither I wanted to vent my relationship issues. No one directly asked me questions related to violence or abuse.”

“I was constantly threatened by my partner. He told me that nobody had to be aware of our relationship issues. Possibly if someone had asked me directly I would have shared my story.”

Other respondents reported that the problem of lack of questioning was related to the work load the health care provider had and the trust the women developed with them. Latina women have a strong relationship with their mother, sisters, or a very close friend. They think sisters and close friends will understand their situation, either because of their

knowing them so well or because they themselves were in similar situations. Shame is another factor that may add to the lack of questioning by providers. Many single women will not admit being victims of abuse unless someone asks them directly. They did not want anybody to know about their lived experience and maybe this shame led her back to their abusive partner. Shame is very common for survivors. The following statements reveal this reality as they experienced it:

“No doctor or nurse asked me anything about domestic violence. I went to my prenatal care visits and they never asked. Perhaps if he had asked me, maybe I had talked to them about the hell that I was living at home.”

“Even today it is difficult to speak on the issue. That depends on the trust that you have with your doctor or nurse. At that time, I was afraid that my son would be taken away and, I didn't have any place to go with my son. Today, when one goes to the doctor's office, you see that the office is full. There are times that one must wait hours to be seen. The doctors don't have time to ask about violence unless one says it directly. I wouldn't say I felt fear, rather, shame. In addition, always I was told that one does not speak of what is not asked. Maybe I would have liked to be asked. That would have made easier the process to talk about violence.”

Isolation

Some of the participants admitted that they lived in solitude provoked by their intimate partner's violence and attempts to isolate them from their families and friends. In some cases, the abusers would not let the women see their relatives or prevented them from traveling home for support. The following excerpt is an example of her story:

“He began to take out my son who at that time was 6 years old. He took him to his mom’s house and to the school and he went for him. I had prohibited him from taking my son from school because no one will give my son to me. He chained me up at home and let me out only when needed with my youngest daughter who was younger. He said that had a neighbor that was watching me and would call him if I try to escape.”

“After the pregnancy, he told me I was fat, that I did nothing to lose weight. Remained the same attitudes of the blows. Once my aunts came to visit me and the day before he had beaten me so strong, that when they arrived, he told me to get to the bathroom to make them believe that I was taking a bath, so they walk away and this was how I did it and they walked away.”

Another one of the participants revealed that the isolation imposed by her partner was because he did not want her to succeed in life as evidenced by the following quote:

“During both pregnancies, he pulled my hair, beat me, it broke the clothes over me for I can’t come out; He told me that I was fat and ugly, he locked me in the apartment when he was not at home, he didn’t leave me study nor succeed in life.”

Pregnancy Making Relationship/Abuse Worse

Some of the participants reported changes in the way their partners treated them when they got pregnant because they were unable to keep up with him as illustrated by the following extract:

“During pregnancy, I felt tired, depressed me greatly, since I did a very big belly and weighed a lot, and he did not understand that; had nausea and vomiting up to the 8th month, and never took me to the doctor to give me something to calm the upset, so most of the time I was vomiting, weak, and tired. I could not do what I used to do before with so much ease.... I needed to be quiet at home and he didn’t like to him. He said that I was no longer the same; that if for that I wanted to get pregnant. It was very sad because I was very happy, although sometimes I felt very bad. I had to overcome so that he won’t be angry and my mother-in-law who was controlling it all.”

According to one of the participants, the physical changes during pregnancy were a determinant factor in the way her partners treated them. The following three quotes are an example of what these participants went through:

“When I became pregnant, our relationship began to change. He did not treat me in the same way as before and made me many derogatory comments related to my body. This made me feel very sad and not felt valued as a woman. There were many occasions in which he forced me to have sex in which I felt uncomfortable. He told me that I was getting too fat, that my breasts were no longer attractive as before, that sexual relations were no longer so satisfactory as before...”

“With my pregnancy, my body underwent changes. According to him, I didn't look attractive anymore and unwilling to having sex. If we see it in a simple way, the pregnancy was the trigger for all the abuse that I lived.”

“It was a relationship where all the feelings felt before being pregnant, disappeared. With the emotional and verbal abuse came bad looks, the derogatory comments regarding the body and indisposition with other family members living in the same household.”

Physical, Psychological, and Sexual Abuse

In the lived experience of these women during pregnancy many had to deal not only with all the changes that come with pregnancy, but with the physical, psychological, and even the sexual abuse by their intimate partners. The following quotes are examples of their lived experience:

“When I shared my story with my family, they tried to help me to move to U.S. and even bought me tickets, but he convinced me, and I did not go out of the situation. They were trying to help me, but I fell again and at the end I think they got tired. On one occasion, he was banging and trying to kill me with a knife in the bathtub and my mother came and tried to defend me, but he strongly pushed her and knocked her out.”

“The psychological abuse was overwhelming, because he said that I had to dress decently and not look to any man or greet it. I could not use high heel shoes, did

not want that I used makeup. In short, nothing that call attention..... The psychological abuse continued, but one day...was physical. We were discussing, and he told me to shut me up. I told him that I was angry, that this situation did not improve, and he slapped me. I tried to slap him pressing his face, but he is very tall and of long arms, he took me by my hair and got me down by the stairs like I was an animal. Then, already on the ground, he spanked me and broke my clothes I have on. He told me this is what you got, and I'm leaving this house before I kill you. I could not believe it. He was a monster. Then he hit the kids. On one occasion, he hit with a piece of wood board in the buttocks because they were arguing outside for a small car, it was child's play and he shouted at us to come in the house. I asked: "Why do we have to go inside? We did not obey, and he also hit me with the wood board on my buttocks"

The extracts shown above are examples of the type of abuse these women suffered. It is important to note that not only them were victims of the abuse, but their families as well. In some cases, the victims of abuse were their mothers and even the children they have with the abuser. The consequences of the constant episodes are evidenced in the following quotes:

"The experience with my partner while I was pregnant was really a nightmare, to not call it a living hell. There was emotional, verbal, and physical abuse. It was a consensual relationship that lasted 10 years bearing a cycle of abuse that increased during the pregnancies, until I could notice of the cycle that was living

and took the decision to stop with that cycle. During that relationship, I had four (4) pregnancies of which two (2) ended in abortion, secondary to the abuse that there was in the relationship. In one (1) of the two pregnancies that ended in abortion, I was not aware that was pregnant. Due to a fight where there was emotional, physical, and verbal aggression, two hours later I had a "spontaneous" abortion. I put the word "spontaneous" in quotes because actually, two hours before the abortion I had received a strong blow with a fist in the abdomen from my partner in that time. That experience was very painful, unpleasant and marked my life forever."

"During pregnancy was a total nightmare; he beat me, pushed me, I got under cold water, so I get calm, while he was still hitting me. He scared me, leading me to believe that it would pull the car over a cliff with the two of us inside."

"In my first pregnancy, he stayed out up to 3 days out and he returned being aggressive, thinking that I had been with another person and he hit me until left me unconscious and I pass out and let me still. All the times to be with me intimately, he raped me, because I did not want, and he was always drunk for that. I think that every time I was with him were violations, because I believe that if there is no mutual agreement, it is, and I never was in agreement."

"During pregnancy, he had no reaction; and I alone by myself without understanding nothing about relationships or pregnancy. The abuse was such

that one night, I “he threw me over the bed, hitting me against the heater as the result of a kick that he gave me while I was sleeping, and I had C-section at 7 months by the blow that he gave me.”

One participant shared that the abuse was so intense that she put the life of her daughter in danger because she lost interest in her prenatal care as evidenced by this quote:

“During the pregnancy, I received many knockings which forced me to have a poor pregnancy. When my daughter born, had too many consequences. She was at verge of death because I lived so sad that didn't care myself during pregnancy and almost not eat or took me the necessary vitamins, and the she paid the consequences.”

Family, Friend, and Shelter Support

The participants reported the importance of the support received from family and friends. The family and friends of the victims tried to help them to stop the abuse. They helped financially and offering alternatives. Some of the relatives assumed the abuser's responsibility to provide basic needs as clothing, diapers for small children, and travel tickets to get out of Puerto Rico. These quotes are evidence of one of the participant's responses who had two children and lived with the abuser in Mexico:

“My main source of support was my Lord Jesus Christ, who never left me, then my mother, my aunt, and my dad. My mom helped me financially each month and

came to see me to Mexico once a year and brought clothing to the baby and we went out to the shops to buy disposable diapers and left me well stocked for a long time, so I never fall short on anything, since my spouse had closed the music school and our income had lowered.”

Puerto Rican women keep a close relationship with their families, especially with their mothers. This relationship was very important to the victim because when the participants shared their lived experience, they did not find themselves alone in a difficult situation. This relationship is so strong that some of them took time off from her work to let her daughter finish her college work. This behavior demonstrates the support offered to her daughter in a moment where the victim felt that she needed to look for her personal improvement.

“The sources of support during the pregnancy were family; mainly, my parents, secondly my brothers and finally my in-laws. Over the time, all the support and family company that I received, was useful for me. This allowed me to establish a plan of how I could leave back that relationship doing the least possible damage to both families.”

“My mother was my greatest support. She decided to take a leave of absence in her work so that I would finish my university studies. If it had not been for her, she would not have succeeded. She inspired me. My mother has eight children and she is a professional.”

One of the participants pointed out the importance of a shelter support in her situation. This woman had the need to look for a temporary shelter because her life was in danger at the moment of the abuse. The shelter came to satisfy the need of security for the participant and her young daughter. The shelter offered protection, social services, and tools to manage the abusive situation. The following extract evidenced this:

“Gradually, I was taking away all the pain. I was in shelter for battered women for 1 year. That was my real school. Of course, I was there with my daughter. The father of my children looked for me, even by the radio saying my name and my daughter’s. He alleged that we were missing, but he really knew that I was protected and that he could not harm us. Once a week I could see my older son who was with his father supervised by a social worker because I was in a shelter with my daughter. I lacked many material things, but there I was taking classes on the battered woman syndrome. I cried a lot and especially forgave. I took many courses and understood too many things. That experience was very valuable for me.”

Lack of Support from Police

Three of the participants shared in these quotes the lack of support from the Puerto Rico Police Department. In some cases, the policeman that received the complaint did not support the woman or did not believe what they are telling as evidenced by the following stories:

“I did not speak with anyone. But already in PR, I went once to the police station to seek help in an incident I had with him and the police convinced me to not file a complaint, they scared me and I gave up.”

The behavior demonstrated by members of the Puerto Rico Police Department does not encourage victims of abuse to report the victimization. The women experiencing abuse expect that the authorities of law and order will protect them from the abuser, but they encountered no solution to their problem. The participants did not find support from the government agencies that was supposed to protect them. The agents did not offer the opportunity to file a restraint order from the abuser as mandated by Law 54 Prevention and Intervention against Domestic Violence Act.

“No one ever asked me anything. I believe that by that time, it was perhaps a taboo. The worst of all was when he broke my nose septum and I went to charge him to court, but he went first and said that I had a problem in the nose that bled and that I caused damages to his car. The police never believed me, and they made fun of me (one of the officers was a female). I went to emergency room and confirmed that he had fractured my septum, that I had no choice but gave me a napkin to clean the blood. Once out of the hospital, went with the doctor’s evidence so they would know that it was not a normal problem of bleeding, but a fracture and the police made us ask forgiveness to both, because if we wouldn’t, we will get prison both. I knew I was never going to find support with the police. I

have a family member who is a policeman and he also did not believe in me, saying that I went give a show at the police station.”

“Sometimes I felt that he could do me much harm since he worked as a policeman and had a fire gun. That frightened me. I thought if I asked for help to the police they won’t help because they were co-workers.”

Economic Dependence

Some of the participants reported that they never told a health professional about their abuse because of their economic dependence on their intimate partner as evidenced in the following quotes:

“I never went to a health professional by fear. And he had much control over me because I did not work, and I depended fully on him.”

“My partner was unemployed, and I just graduated from college. Our big picture painted a bit difficult, referring to the economic situation because both of us depended on the help of relatives for normal expenses and lived in my in-laws’ house.”

“... he had much control over me because I did not work, and I depended fully on him.”

Some of the participants did not have enough financial resources to meet their personal and siblings needs. The abuser did not allow the women study or work in order to keep their control over them. Sometimes the participants did not have money to buy even food for them and their siblings.

Summary of responses

Domestic violence is a major public health problem that has devastating effects on the victims in Puerto Rico. Women experiencing domestic violence during pregnancy may experience negative pregnancy outcomes. Fetuses from abused women have greater risks of premature birth and low birth weights with their potential complications because of the prematurity (World Health Organization, 2011). For the mother, the risks include physical injuries, depression, miscarriage, unsafe abortion options, and difficulties or lack of attachment to the baby.

Some of the major themes coming out of the participants lived experiences include the amount of physical and verbal abuse they endured and how it affected the health of their children, their isolation and their desire to be asked about abuse, but fear of disclosure due to economic dependence. The support they received from family, friends, and shelters was very important to help them to deal with their lived experience of abuse. Not only did many of them have to bear the physical abuse, but the psychological and sexual assault as well, making them feel that nobody could help them. The lack of support from the police and lack of questioning from healthcare providers were factors that might be determinants for these women keeping silent as well as the fear that the abuse might become worse.

CHAPTER 5

DISCUSSION

Domestic violence is a social problem that has consequences in the lives of the victims, especially during pregnancy. The woman must cope with all the changes that come with pregnancy and deal with the effects of domestic violence. Interviewing women remembering facts that occurred years ago provided some impressive recall of difficult situations in their lives and reflections on what they had learned.

The variety of lived experiences shared in these online interviews provided a rich description of the phenomena of domestic violence during pregnancy for these women. The online interviews gave the women the opportunity to reflect back on the meaning of their lived experience with domestic violence during pregnancy. This reflection did not trigger any post-traumatic experience that participants shared during the online interviews.

Some of the major themes coming out of their lived experiences included: the lack of direct questioning from the health care providers, the isolation they felt, the worsening of the abuse because of the pregnancy, the physical, psychological, and sexual abuse they had to face, the importance of family, friends and shelter support, the lack of support from the police, and finally, the economic dependence they had on their abusers and family members.

Discussion of Major Themes

Lack of Direct Questioning

Most of the women interviewed reported that they did not disclose the abuse because of lack of direct questioning. They expressed that the health care providers did not ask about abuse during their prenatal care. Others shared that they did not disclose the abuse because they felt uncomfortable discussing private matters. The uncertainty about health insurance covering that type of care was another factor that prevented the women from disclosing the abuse. These findings are consistent with studies found on the literature. Cha & Masho (2014) found that women who experienced intimate preconception or prenatal partner violence were 30% more likely to have inadequate prenatal care. This was especially true for Medicare recipients as the paper concluded that they were even less likely to be screened for intimate partner violence. In a study completed in Puerto Rico to explore the nature and extent of violence against pregnant women, 51.1% of the abused pregnant women indicated that they did not have health insurance (López Alicea, 1994).

However, these findings are not consistent with other populations. One study in North Carolina reported that women experiencing violence before or during pregnancy had increased odds of intimate partner discussions during prenatal care compared to non-abused women (Clark, et al., 2000). Puerto Rican women did not follow this standard. Culturally, in dealing with such private matters, Puerto Rican women tend to keep this information to themselves unless a direct questioning is made or confronted with physical evidence of abuse. López Alicea (1994) reported that sexual, physical, and emotional abuse were considered private events rarely open to public discussion and found that

Puerto Rican women often will not seek either medical treatment or help from others unless the abuse is extremely severe, and even then, are often reticent to seek assistance. De la Cancela (1986) reported that while Puerto Rican women may complain of poor treatment by their husbands, they still encourage their sons to develop the supposed positive aspects of machismo and often are proud of their sons' manifestations of the characteristics.

The lack of questioning could be due to health care professionals feeling uncomfortable asking the question or not wanting to take the time during a visit. They may see a direct question of abuse as an intrusive way of dealing with the problem or fear their own ability to competently handle a disclosure of abuse and respond in a fashion that a patient finds appropriate and helpful (Williston & Lafreniere, 2013). Other have found that many doctors and nurses hold the cultural belief that a 'family affair is a private matter and that other people should not intervene' (Inoue & Armitage, 2006). This may affect provider's compassion, empathy and their approach to intimate partner violence victims.

Still others feel that there is no practical or acceptable universal tool for screening for domestic violence (Bailey, 2010). Although there are evidence-based tools, local community hospitals are not using them and there are no specific questions on the screening forms regarding domestic violence. In Puerto Rico, the same guidelines and standards of care are followed as in the United States. The American College of Obstetricians and Gynecologists recommend the routine assessment of domestic violence to all women. However, the medical record in Puerto Rico, especially the prenatal record, does not evaluate this aspect as part of health care. The doctor may evaluate the woman

for domestic violence, but there is no written evidence on the current prenatal care record sheet. Currently there are several tools available for the evaluation of domestic violence such as the Woman Abuse Screening Tool (WAST) and the Abuse Assessment Screen (AAS). None of them is used in Puerto Rico or is part of the medical record.

Bailey (2010) cited other studies indicating that the evaluation of domestic violence by health care providers varies widely in whether it actually occurs in prenatal and primary care visits. A survey of primary care residents in the United States revealed that 95% thought that screening for domestic violence was important. However, less than 65% of the residents reported that they follow the screening guidelines of the American Academy of Obstetricians and Gynecologists (ACOG) to detect domestic violence during pregnancy. This was evidenced in another study cited by Bailey where 33% of the doctors reported that they evaluated their patients for domestic violence, while only 7% of the women remembered that their doctor asked them about domestic violence.

Sokoloff & Pratt argued that Puerto Ricans were the most likely to report abuse during pregnancy and Cwikel (2006) cited culture as another cause for increased risk of domestic violence during pregnancy. Among Hispanics in United States, Puerto Ricans were rated among those who were at increased risk of domestic violence during pregnancy. For Puerto Rican pregnant women, abuse may be embarrassing for them and they prefer to keep their situation private and do not seek medical treatment. Another possible reason that pregnant women are afraid to request medical treatment is because the law has established that agencies have the responsibility to report these cases to the police and women may fear further retribution if the abuse is reported (López Alicea, 1994). Intimate partner violence victims are ashamed at disclosing their situation but are

willing to discuss their problems if professionals approach them directly with respect and a guarantee of privacy (Fraser, McNutt, Clark, Williams-Muhammed, & Lee, 2002).

Isolation

Participants reported that they felt isolated from others, including family members. This state of isolation may have prevented the participants from receiving needed health care. Some of the women reported that the abuser prevented them from seeing their family because they were a “bad influence”. Roush & Kurth (2016) found that isolation was a defining factor in the lives of these women and prevented them from receiving the support that is so crucial to women who experience intimate partner violence. The isolation that victims often feel may be to help manage the stigma they face. Thomas & Scott-Tilley (2017) state that like other women’s intimate partner violence experiences, one of the tactics abusers used to exert control over the victim was to isolate them from friends or family and to limit or monitor activities. In addition, Reina, Maldonado & Lohman (2013) found in their study that isolation and dependency were major factors contributing to undocumented Latinas’ experiences of domestic abuse.

Worsening of the Abuse because of the Pregnancy

Pregnancy brings many changes for the woman. Statements from the participants’ narratives showed changes in the way their partners treated them when they got pregnant because of their inability to keep up physically with them. Lowdermilk, Perry, Cashion & Alden (2012) found that rates of physical abuse among women with a history of recent abuse peaked during the first three months of pregnancy, and then declined. However, in the same study women without a recent history of abuse had low rates of abuse during

pregnancy. In the same study, rates of psychological abuse were highest in the first month after the birth, as was sexual abuse (Macy, Martin, Kupper, Casanueva, & Guo, 2007).

One of the most accepted theories about domestic violence during pregnancy is that pregnancy increases feelings of jealousy. The abuser may see the fetus as competition for the woman's attention. Stress accompanies pregnancy and can exacerbate the tension between the couple. In most cases, violence during pregnancy appears to be a continuation of the violence of the couple's relationship (Belig, 2006). However, research completed to examine the rates of domestic violence reported during and after pregnancy and to assess the importance of family adversity found that pregnancy itself represents a period of comparatively low risk for domestic violence. Thus, pregnancy and the early postpartum period appear to be protective against domestic violence (Bowen, Heron, Waylen, Wolke, & ALSPAC study team, 2005).

Physical, Psychological, and Sexual Abuse

Participants of the present study reported suffering three types of abuse: physical, psychological, and sexual abuse. The magnitude of the abuse the participants suffered ranged from moderate to severe. These episodes provoked feelings of fear and helplessness among the participants. Some of the women reported that not only were they victims of the abuse, but their families were victims as well. In some cases, the victims of abuse were their mothers and even the children they had with the abuser. Studies from developed countries such as the United Kingdom reported the prevalence of violence during pregnancy to be 2.5% to 3.4% (Kaur & Garg, 2010). Reports from United States showed that 21% to 34% of women are physically attacked by an intimate partner during their lifetime including pregnancy (Huth-Bocks, Levendosky, & Bogat, 2002). Another

study in Iran indicated that 25% of women had suffered physical violence by their husbands during pregnancy (Salari & Nakhaee, 2008).

As described in studies of non-pregnant women, control was often achieved using psychological abuse, which engendered feelings of fear, insecurity, and dependency (Bacchus, Mezey, & Bewley, 2006). Women reported being constantly criticized, humiliated, demeaned, and undermined, as well as being verbally abused and threatened with violence. Their independence and freedom of movement were restricted, and many reported a reduced sense of autonomy, self-esteem, and confidence (Bacchus, Mezey, & Bewley, 2006). Other studies in Brussels had reported various types of violence, including physical, sexual, and emotional abuse. It is important to note that only 41% of the abused pregnant women had the presence of violence detected by medical staff during the pregnancy (Jeanjot, Barlow, & Rozenberg, 2008).

However, Bailey (2010) argued that there is no consensus among researchers regarding whether the prevalence of domestic violence decreases during pregnancy, remains roughly the same, or whether a woman is at greater risk in the time between conception and delivery. In a review of the literature, Bailey concluded that the prevalence of IPV in pregnancy varied from 1% -20%, depending on the way in which the IPV is evaluated and the population studied.

Population studies from the Centers for Disease Control and Prevention (CDC) suggested that the IPV prevalence during pregnancy is only 2.9% - 5.7%. Saltzman, Johnson, Gilbert & Goodwin (2003) found that the prevalence of abuse before pregnancy varied significantly for all pregnancy-related characteristics except alcohol use during the last three months of pregnancy and was consistently higher when women received

Medicaid benefits, delivered a low birth weight infant, had not intended to become pregnant, smoked cigarettes during the last three months of pregnancy, or received prenatal care from a publicly funded provider. These findings are consistent with the characteristics of the women who participated in the present study. All of them were young women, from low socio-economic status and receive prenatal care from the public health system.

Family, Friends, and Shelter Support

Findings from this study revealed the important role that others, especially mothers and close friends played in the lives of these women. Not only did they give them emotional support, but economic assistance as well. The mothers were in most cases the ones they trusted, and in turn the mothers supported their daughters when they needed help. This is consistent with findings from a study by Engnes, Lidén & Lundgren (2013) where mothers were important to women who were exposed to intimate partner violence.

This contrasts with findings from a study conducted in Connecticut to understand the experience of pregnancy, labor, and birth events from the perspective of survivors of sexual abuse (LoGiudice & Beck, 2016). The lack of support survivors experienced from family members when they were being abused led to survivors keeping their pregnancies and/or history of sexual abuse to themselves later in life. Therefore, survivors had nowhere to turn during their pregnancies (LoGiudice & Beck, 2016). This illustrates the tensions associated with the family obligation of helping family members and the belief that family members' behaviors should meet family expectations. Results from another study with sixty-four urban women attending public health services in Mexico City (ages

between 20 and 65 years) highlights the fact that the family may not always act as a source of support for women who suffer physical and/or sexual intimate partner violence (Frías & Agoff, 2015).

Lack of Support from Police

One of the themes that emerged from the narratives of the participants was the lack of support from the law and order officials in Puerto Rico. One of the women surveyed reported that police officers did not take the complaint about the abuse seriously. Others tried to talk the woman out of filing a report. Participants in this study did not believe they could rely on law enforcement for the protection of their rights. This is consistent with the literature that is published on domestic violence. Roush & Kurth (2016) found that women did not involve law officers because of fear of triggering increased violence in the face of ineffective legal intervention. In 1989, Puerto Rico's legislature passed Law #54 Prevention and Intervention with Domestic Violence Act in an effort to eradicate domestic violence.

This law clearly establishes the process to follow in case a victim reports an incident of domestic violence and the responsibilities of the law and order officials, but it did not improve reporting practices. Significantly, Law 54 not only sought to apprehend and punish abusers, but also to transform social relations between men and women. It demanded broad community education on domestic violence and the development of social services to meet the needs of women and children, not only through the provision of shelter and psychological counseling, but also through loans and job training programs. It also ordered a reorganization of government service agencies that address

situations of abuse, to ensure an efficient and rapid response and it empowered the Women's Affairs Commission of Puerto Rico to monitor and evaluate implementation.

Many experts argue that it is a patriarchal practice that replicates the oppression women experience as victims of intimate partner violence and that it endangers women (McDermott & Garofalo, 2004). The literature review reveals that police officers and prosecutors do not fully comply with domestic violence protocols and judges were found to be among the most resilient employees of the criminal justice system. Factors such as "prejudices, preconceived ideas and value judgments" that influence the sentence for domestic violence crimes have been cited (Roure, 2011).

Economic Dependence

One of the problems the women surveyed reported was the economic dependence they had on the abuser or the abuser's family members. On several reported occasions, the abuser did not allow the woman to study or work. One of the respondents lived with her partner in her in-laws' house. This dependence places the women at a disadvantage because it does not allow for personal self-realization and independence from the abuser, perpetuating the dependence and control over the woman.

The literature provides evidence that economic abuse is a distinct, and common form of harm experienced by women in abusive relationships (Adams, Sullivan, Bybee, & Greeson, 2008). Economic abuse is part of the pattern of behaviors used by batterers to maintain power and control over their partners. One significant way that abusive men interfere with a woman's ability to acquire resources is by preventing her from obtaining and maintaining employment. Research indicates that abusive men often forbid,

discourage, and actively prevent their partners from working outside the home (Brewster, 2003).

In addition to demonstrating how abusive men prevent their partners from working, studies show that abusive men also interfere with their partners' efforts to take part in self-improvement activities aimed at increasing their marketability in the labor force and heightening their chance of obtaining a decent job. Interfering with educational pursuits is a common way that abusive men prevent self-improvement (Adams, Sullivan, Bybee, & Greeson, 2008). Furthermore, these findings empirically demonstrate that economic abuse is a significant component of the broad system of tactics used by abusive men to gain power and maintain control over their partners.

The experiences of these participants provide us with a look at economic abuse as well as more information about other forms of intimate partner violence such as self-sufficiency. Such abusive tactics may propel survivors toward poverty, if not trapped already by poverty. The combination of abuse and poverty may force women to remain in their abusive relationships as well as keep their focus on basic economic survival (Postmus, Plummer, McMahon, Shaanta Murshid, & Sung Kim, 2011).

Rigor and Trustworthiness

The following strategies were implemented to ensure trustworthiness and rigor. Credibility was achieved by triangulation. One form of triangulation involved the use of a wide range of informants or data sources (Shenton, 2004). In this study, the ages from the participants ranged from thirty to sixty-four years old. This way individual viewpoints and experiences can be verified against others and, ultimately, a rich picture of the

attitudes, needs or behavior of those under scrutiny may be constructed based on the contributions of a range of people.

Another measure to ensure credibility was the use of a second reader in the research project. The interviews were written in Spanish and read in Spanish initially by the first reader and then translated into English for the second reader using Google Translate, a free Web-based resource for translation. Translation of quotes can cause challenges, because it may be difficult to translate concepts for which specific culturally-based words are used by the participants (van Nes, Abma, Jonsson, & Deeg, 2010).

In this study when there was a problem with the translation the second reader checked in with the first reader who is a native Spanish speaker to verify the translation. Balk, Chung, Chen, Trikalinos & Kong Win Chang (2013) used Google Translate to compare data extraction of trials done on original-language articles by native speakers with data extraction done on articles translated to English by Google Translate and tracked the time and resources used for article translation and the extra time and resources required for data extraction related to use of translated articles. They found the accuracy of translations were really dependent on the original language of the article. Specifically, extractions of Spanish articles were most accurate, followed by fairly accurate extractions from German, Japanese, and French articles. They concluded that the technique has potential to be of value and that for most of the tested languages it may be reasonable to attempt translation (with Google Translate) and extraction of non-English-language articles that are available as machine-readable PDF (or HTML) files.

Dependability was achieved by the research design and its implementation with a phenomenological design used seeking to use the participant's own words. Investigator

bias was not influenced by any experience of this in their own life, but by observing that it was a common problem among Puerto Rican women. The use of an audit trail allowed for the documentation of the research procedures step-by-step. The process involved noting all data sources and recording interpretations through detailed notes for review by the investigator and peer review. Data trails also included transcribed interviews (raw data), data reduction and reconstruction and coding scheme. This helped to synthesize data and to achieve confirmability.

Strengths and Limitations

This qualitative study involving domestic violence during pregnancy in Puerto Rican women is unique in that it turned out to be a retrospective analysis of how these women felt during the experience of being abused in pregnancy, how they coped and the problems they endured. It is important to emphasize that none of the participants continued in an abusive relationship. This contributes to the body of knowledge in nursing on the topic of domestic violence during pregnancy in Puerto Rican women.

Understanding the lived experiences these women may help to develop practices that enforce routine questioning to identify women at risk and support services. Interviewing women that were remembering facts of their lived experiences that occurred in their past was an enlightening experience for both the researcher and the participants. The online interviews gave the women the opportunity to reflect back on their lived experiences and share all the feelings and the meaning of those experiences. Some of the participants were remembering events that happened a long time ago in their lives. It was very impressive that they remembered these events with details as if the events happened a few months ago.

Having people respond to requests for online interviews was a challenging task. While using the online format may have avoided the potential women's bias regarding the researcher's male gender in their desire to participate, several of the participants who were initially interested in participating in the study did not return the informed consent despite numerous reminders. The online format did allow for women to remember in the privacy of their own home setting without an outsider in the room, which other researchers have speculated can make them feel more comfortable sharing personal information (Beck, 2005).

Another limitation that might arise from the online interviews was the selection bias due to the non-representative nature of the respondents. Aselton (2012) stated that the selection bias could be present when the individual who respond to a request tend to respond only if the issue has deeply affected them. This may have led to a preponderance of participants who had very difficult situations that they had overcome and felt more motivated to talk about their experiences.

Attempting to clarify what participants meant by their statements and reflecting the information back for confirmation would have been useful in some cases, however if participants do not respond to this it is another limitation in qualitative interviews (Davis, Boilding, Hart, Sherr, & Elford, 2004). In some cases, clarification or further information is needed to fully interpret the lived experience of the phenomena under study.

The lack of non-verbal reinforcement such as eye contact could have reduced the complimentary information to gain a broad interpretation of the meaning of their lived experience. Several attempts were taken to minimize this limitation. However, the participants did not take the opportunity to elaborate when asked further questions to

broaden the responses given, limiting the interpretation of the lived experience. None of the participants responded to further emails for clarification after submitted the online interview. This suggests they either had said all they wanted to say in the online interview, or that for a more detailed analysis of factors related to abuse in Puerto Rican women who are abused during pregnancy the interview should be in person.

Implications for Future Research

Finding prospective participants was a difficult task. The first step was to obtain permission in the health facilities and gynecology offices to place the invitation poster to participate in the study. The recruitment process was slow with an average of one participant recruited per month. Another visit was made to the health facilities and medical offices to follow up the recruitment. Consent forms were sent to the fifteen women but only nine returned it signed and they completed the online interview. A challenge to future research is to find a way to access this hidden population and engage women to participate.

Understanding their experiences can help to develop policies to enforce the enquiry or screening about domestic violence during pregnancy and may result in better care and screening that address the broad spectrum of domestic violence in this community. To achieve this goal a study with a larger number of participants is needed to have more evidence to generate policy changes in health care settings that ensure all pregnant women are screened for domestic violence during prenatal checks. Another step is to broaden the geographical area covered in Puerto Rico to have a more comprehensive understanding of the problem.

Relevance to Clinical Practice

The American College of Obstetricians and Gynecologists has endorsed the Institute of Medicine's recommendation that IPV screening and counseling be a core part of women's health visits. This includes education and proper training for health professionals to provide them with the skills they need to work with patients (Institute of Medicine, 2011). Health care providers should screen all women for IPV at periodic intervals, such as annual examinations and new patient visits and screening for IPV during obstetric care should occur at the first prenatal visit, at least once per trimester, and at the postpartum checkup. Screening for IPV should be done privately. Health care providers should avoid questions that use stigmatizing terms such as "abuse," "rape," "battered," or "violence" and use culturally relevant language instead. They should use a strategy that does not convey judgment and one with which they are comfortable.

Written protocols will facilitate the routine assessment process:

- Screen for IPV in a private and safe setting with the woman alone and not with her partner, friends, family, or caregiver.
- Use professional language interpreters and not someone associated with the patient.
- At the beginning of the assessment, offer a framing statement to show that screening is done universally and not because IPV is suspected. Also, inform patients of the confidentiality of the discussion and exactly what state law mandates that a physician must disclose.

- Incorporate screening for IPV into the routine medical history by integrating questions into intake forms so that all patients are screened whether or not abuse is suspected.
- Establish and maintain relationships with community resources for women affected by IPV.
- Keep printed take-home resource materials such as safety procedures, hotline numbers, and referral information in privately accessible areas such as restrooms and examination rooms. Posters and other educational materials displayed in the office also can be helpful.

The results of this study highlight the deficiency of the healthcare sector in Puerto Rico in dealing with domestic violence victims during pregnancy. Health care professionals need to be prepared to identify and manage the woman victim of domestic violence especially during pregnancy. Asking questions directly about IPV as a routine part of a patient's history will help providers become more familiar and comfortable with these difficult questions (Lutenbacher, Cohen, & Mitzel, 2003).

Given that most of the pregnant women begin their prenatal care during the first trimester, the results from this study has implication for health care providers who are not inquiring about abuse to identify and refer victims to support services. A screening protocol for identifying and caring for IPV victims is needed for effective and efficient service in the protection of these victims. The findings of this study suggest that the medical records used in the public prenatal care clinics in Puerto Rico need to be revised in order to include an assessment tool to detect abuse during pregnancy as a routine part of the medical record. Currently, medical records focus on the follow up of prenatal care

but do not include an assessment of abuse during pregnancy as a routine part of the record (López Alicea, 1994). Nursing students might benefit from the results of this study.

Nursing schools must reinforce the importance of direct questioning about domestic violence when taking the health history and physical examination, particularly during pregnancy. It is important that nursing students avoid stigmatizing words and understand that patients can see the event as a normal one. It is important to evaluate the concept of domestic violence that patients have in order to offer a comprehensive and quality care. There is a clear need to integrate a curriculum of prevention of domestic violence in all levels of education of public schools. However, an obstacle to the development of this type of program is financing.

APPENDICES

APPENDIX A
INTERVIEW QUESTIONS

The online prompts include:

1. Tell me about your experience with your partner when you were pregnant?
2. How was your relationship before pregnancy, during, after?
3. What were your main sources of support while pregnant?
4. Did anyone within or outside of the healthcare system asked you about domestic violence?
5. Did you feel like you could share any aspects of the abuse while pregnant with a health professional?
6. How did others act when you shared your story? What was helpful to you? What was not? Did you ever tell anyone about abuse during your pregnancy?
7. Were you afraid to tell health professionals about the abuse? How could they have made you feel more comfortable?
8. What was the most helpful advice you got to deal with the situation?
9. How do you think the pregnancy affect your relationship with your partner? Reflecting back on your situation is there anything you would have done differently?

APPENDIX B

CONSENT FORM FOR PARTICIPATION IN RESEARCH STUDY

University of Massachusetts Amherst
School of Nursing

Researcher(s): *Pedro Vargas RN, MSN, PhD(c), Principal Investigator and Dr. Pamela Aselton Ph.D., Associate Professor and Faculty Sponsor*

Study Title: *The lived experience and factors affecting disclosure of pregnant victims of domestic violence*

Funding Agency: *None*

1. WHAT IS THIS FORM?

This form is called a Consent Form. It will give you information about the study so you can make an informed decision about participation in this research. This consent form will give you the information you will need to understand why this study is being done and why you are being invited to participate. It will also describe what you will need to do to participate and any known risks, inconveniences or discomforts that you may have while participating. We encourage you to take some time to think this over and ask questions now and at any other time. If you decide to participate, you will be asked to sign this form and you will be given a copy for your records.

2. WHO IS ELIGIBLE TO PARTICIPATE?

Eligible participants consist of Puerto Rican pregnant women in Ponce area, over 21 years old, able to read in Spanish or English, and have willingness and able to consent to participate in the study. Potential participants must not be in a life-threatening situation where participation will increase the threat of violence.

3. WHAT IS THE PURPOSE OF THIS STUDY?

The purpose of this research study is to describe the lived experience of domestic violence of Puerto Rican women while pregnant.

4. WHERE WILL THE STUDY TAKE PLACE AND HOW LONG WILL IT LAST?

The study will be conducted through online interview. Each participant will answer 10 questions. This process will take about 45 - 60 minutes.

5. WHAT WILL I BE ASKED TO DO?

If you agree to take part in this study, you will be asked to answer an online written interview. Your answers will be used to describe the lived experience and meaning of victims of domestic violence during pregnancy. You may skip any question you feel uncomfortable answering. You will receive information related to domestic violence prevention through email.

6. WHAT ARE MY BENEFITS OF BEING IN THIS STUDY?

You may not directly benefit from this research; however, we hope that your participation in the study may help describe the lived experience and factors affecting disclosure of women who has or had been victims of domestic violence while pregnant.

7. WHAT ARE MY RISKS OF BEING IN THE STUDY?

The possible risks and/or discomforts of your involvement include a possible inconvenience due to the time it takes to complete the study and emotional discomfort related to past or present episodes of abuse. If you feel emotional discomfort, you will receive information about help centers to women victims of domestic violence. Another risk is your partner finding out that you are sharing the information about the abuse. To protect you about this potential issue, you are encouraged to use a computer in a public library or to create an alternative email address with the sole purpose of this interview.

8. HOW WILL MY PERSONAL INFORMATION BE PROTECTED?

The following procedures will be used to protect the confidentiality of your study responses. To protect your confidentiality, the researchers will not put your name on any interview form. They will give you a unique subject number and write it on the forms. If the study results are published or used for teaching, no names will be used. The researchers will keep all study questionnaires, including any codes to your data, in a locked file cabinet. Research records will be labeled with a code. A master key that links names and codes will be maintained in a separate and secure location. All the forms with your responses will be destroyed 3 years after the close of the study. All electronic files containing identifiable information will be password protected. Any computer hosting such files will also have password protection to prevent access by unauthorized users. Only the members of the research staff will have access to the passwords. At the conclusion of this study, the researchers may publish their findings. Information will be presented in summary format and you will not be identified in any publications or presentations. The data will be available only to the researchers and the persons responsible of the data analysis. There are situations where confidentiality cannot be guaranteed. This is the case when the lives of the participant or her family are in danger. If this is the case, the situation will be reported to the pertinent authorities.

9. WHAT IF HAVE QUESTIONS?

Take as long as you like before you make a decision. We will be happy to answer any question you have about this study. If you have further questions about this project or if you have a research-related problem, you may contact the researchers, Dr. Pamela Aselton at (413) 545-5095, paselton@nursing.umass.edu or Pedro Vargas at 787-473-8462 or pvargaso@nursing.umass.edu. If you have any questions concerning your rights as a research subject, you may contact the University of Massachusetts Amherst Human Research Protection Office (HRPO) at (413) 545-3428 or humansubjects@ora.umass.edu.

10. CAN I STOP BEING IN THE STUDY?

You do not have to be in this study if you do not want to. If you agree to be in the study, but later change your mind, you may drop out at any time. There are no penalties or consequences of any kind if you decide that you do not want to participate.

11. WHAT IF I AM INJURED?

The University of Massachusetts does not have a program for compensating subjects for injury or complications related to human subjects' research, but the study personnel will assist you in getting treatment.

12. SUBJECT STATEMENT OF VOLUNTARY CONSENT

When signing this form, I am agreeing to voluntarily enter this study. I have had a chance to read this consent form, and it was explained to me in a language which I use and understand. I have had the opportunity to ask questions and have received satisfactory answers. I understand that I can withdraw at any time. A copy of this signed Informed Consent Form has been given to me.

By signing below, I indicate that the participant has read and, to the best of my knowledge, understands the details contained in this document and has been given a copy.

Signature of Person
Obtaining Consent

Print Name:

Date:

APPENDIX C

DIRECTORY OF SERVICES TO VICTIMS OF DOMESTIC VIOLENCE

Shelters (Albergues)

ORGANIZATION	TOWN	PHONE NUMBER
Capromuni	Arecibo	(787) 879-3300 (787)880-2272 (787) 597-2607 (787) 548-0354
Casa de la Bondad	Humacao	(787) 852-2087 (787) 852-7265 (787) 850-7362 (787) 486-7201 (787) 486-7203 (787) 548-0010
Casa Dianita Muñoz	Bayamón	(787) 995-1650 (787)661-5672 Becky (787) 675-1152 (787) 562-5068 Directora
Casa Protegida Julia de Burgos	San Juan	(787) 723-3500 (787) 548-0416
	Aguadilla	(787) 891-2031
	Ponce	(787) 284-4303 (787) 548-0415
Casa Protegida Luisa Capetillo	Arecibo	(787) 880-6944
Centro Cristiano Hijas de Jairo	Guayama	(787) 866-5134 (787) 548-0317
Hogar Clara Lair	Mayagüez	(787) 548-0419 (787) 218-1063
Hogar La Piedad (Fundesco)	Caguas	(787) 258-5162 (787)746-0535 (787)548-0331
Hogar Nueva Mujer	Cayey	(787) 263-6473 (787) 263-8980 (787) 548-0711

Counseling (Consejería)

ORGANIZATION	TOWN	SERVICES	PHONE NUMBER
Afana	Gurabo	Support groups, psychologic counseling to mothers and sons	Dr. Lizardi/Gloria Molina (787) 737-7636
Casa de la Bondad	Humacao	Ambulatory services, psychologist	(787) 852-2087 (787) 852-7265 (787) 548-0008
Casa Pensamiento de Mujer del Centro (extended services until 7:00 p.m.)	Aibonito	Orientation	(787) 735-3200 (787) 548-0001

Emergency Hotlines

AGENCY	PHONE NUMBER
Emergency System	911
Puerto Rico Police Department	787-343-2020
Department of Family	(787) 722-7400 (787) 724-0680
Child Maltreatment	1-800-981-8333
PAS Hotline (First Psychosocial Aid)	1-800-981-0023

APPENDIX D

INVITATION POSTER

Invitation to participate in a research study

(Invitación a participar en un estudio de investigación)

Are you 21 years of age or over?

(¿Tienes 21 años de edad o más?)

Have you ever been victim of domestic violence while you were pregnant?

(¿Alguna vez has sido víctima de violencia doméstica mientras estabas embarazada?)

Can you speak and write in Spanish or English?

(¿Puedes hablar y escribir en español o inglés?)



If you are willing to contribute to understand the lived experience of the pregnant woman victim of domestic violence, we invite you to participate of this study.

Si estás dispuesta a contribuir a entender la experiencia vivida de la mujer embarazada víctima de violencia doméstica te invitamos a participar de este estudio.

The study will take place through online interviews

El mismo se realizará mediante entrevistas en línea.

If you are interested, please send an email to Pedro Vargas to

pvargaso@nursing.umass.edu

Si estás interesada, favor de comunicarte con Pedro Vargas a

pvargas@umass.nursing.edu

APPENDIX E

INTERVIEW NARRATIVES

Participant #1: Interview Questions

Age at the time of the abuse (Edad en el momento del abuso): 21 years

Education level at the time of the abuse (Nivel educativo en el momento del abuso) Recién graduada de cuarto año y no poseía ninguna experiencia en el campo laboral

Please, write **as much as you can** in each question. Try to remember the details. (Por favor, escribe tanto como puedas en cada pregunta. Trate de recordar los detalles)

1. Tell me about your experience with your partner when you were pregnant? (Háblame de tu experiencia con tu pareja cuando estabas embarazada)

Yo conocí a mi pareja cuando tenía 18 años por medio de un chat en internet, para ser exactos el 14 de diciembre de 1999. Me agradó su independencia y tenía cualidades que me encantaban. Terminé mi cuarto año y en contra de la voluntad de mis familiares no los escuché y me fui a encontrarme con el amor de mi vida (bueno así yo pensaba que era él.) Cuando llegué a México lucía ser un hombre estable, maduro, amable, cortés, buen hijo; en fin, un romántico empedernido. Parecía el hombre perfecto para mí. Al mes, me fui a vivir a México al pueblo de Pachuca Hidalgo, no sin antes casarme con él por la iglesia y lo civil. Me di cuenta que sus padres eran muy apegados a él y sobre todo su madre. Pensaba que ese apego era algo normal en esa cultura. Me adapté rápidamente al clima, la comida picosa, a los tacos y diversidad de alimentos que jamás en mi vida había escuchado mencionar ni mucho menos visto ni degustado. Todo con tal de vivir feliz y hacer mi familia. Salíamos juntos a todos lados y todo parecía perfecto. Hasta que le dije que quería tener un hijo. Yo me cuidaba con inyecciones mensuales y él me dijo: “bueno eres ama de casa, puedes cuidarlo”. Él era maestro de música y yo me dedicaba al hogar. Los problemas comenzaron porque ya no salía con él en la motora, ni íbamos a la Ciudad de México por material para el negocio. Me daba sueño y no rendía como antes, pues las tan frías y el viento me afectaban porque a Pachuca se le dice la bella airosa. En fin, ya no podía exponerme como antes porque tenía que cuidar a mi bebe y a mí. El me reclamaba que ya no era la misma que ya no sacaba tiempo para él. A veces llegaba tarde a casa o llegaba a casa de su mamá que vivía en la casa de arriba de nosotros, y eso me entristecía y enfadaba mucho porque su mamá era muy posesiva con sus hijos y lo predisponía diciéndole que yo estaba durmiendo todo el día y que no sabía ni planchar ni lavarle la ropa. Realmente era incómoda esa situación.

2. How was your relationship before pregnancy, during, after? (¿Cómo era tu relación antes del embarazo, durante el embarazo, después del embarazo?)

Antes del embarazo era muy activa. Nos pasábamos invirtiendo en el negocio de música y de una tienda de mascotas que abrimos cerca de la casa y nos iba muy bien económicamente. Me volví una comerciante en ese país extranjero. Mucha gente me conocía y yo les agradaba. Durante el embarazo me sentía cansada, me deprimía mucho, puesto que hice una barriga muy grande y pesaba mucho, y eso él no lo entendía, tuve náuseas y vómitos hasta los 8 meses, y nunca me llevó al doctor para que me dieran algo para calmar los malestares, así que la mayoría del tiempo estaba vomitando, débil, cansada. No podía hacer lo que antes hacía con tanta facilidad. Tenía que cuidarme y no exponerme a una caída en la motora, ni a los empujones que me daban en el metro porque nuestro carro no viajaba tan lejos y nos íbamos en camión como 2 horas para llegar al Distrito Federal. Necesitaba estar tranquila en casa y eso a él no le gustaba. Decía que yo ya no era la misma; que si para eso quería quedar embarazada. Era muy triste porque yo estaba muy contenta, aunque muchas veces me sentía muy mal. Me tenía que sobreponer para que no se enojara y no se me echara encima la suegra que andaba controlándolo todo. Después del embarazo las cosas nunca fueron igual que cuando estábamos recién casados, ya que fui cesárea y aunque me recuperé rápido, tenía que cuidar de mi hijo y hacerle su comidita casera, así que no pude ayudarlo más con los negocios y eso lo tenía muy molesto. Parece que no comprendía que nuestra vida tenía que cambiar. Yo tenía esa casa como un espejo de limpia, y a veces lo ayudaba en los negocios, pero la verdad no podía con tanta cosa.

3. What were your main sources of support while pregnant? (¿Cuáles fueron sus principales fuentes de apoyo durante el embarazo?)

Mi principal fuente de apoyo era mi señor Jesucristo, que nunca me dejó. Luego, mi madre, mi tía y mi papá. Mi mamá me ayudaba económicamente mensualmente y una vez al año venía a verme a México y le traía ropa al nene y salíamos a las tiendas a comprar pañales desechables y me dejaba bien surtida por mucho tiempo para que no me faltara nada, ya que mi esposo había cerrado la escuela de música y nuestros ingresos habían bajado. Mi madre siempre me ayudó y gracias a Dios que me fortaleció grandemente mi gran fe. Gracias a las palabras y la fortaleza de mi madre era más ligera mi carga, pues yo estaba sola en aquel país. Lo sé, fue mi decisión y estaba viviendo las consecuencias. Aprendí mucho y seguiré aprendiendo.

4. Did anyone within or outside of the healthcare system asked you about domestic violence? (¿Alguna persona dentro o fuera del sistema de salud le preguntó sobre la violencia doméstica?)

A los tres años después que nació mi hijo, planificamos otro embarazo y esta vez fue niña. Se fue complicando ya que él decía que ahora había menos tiempo para él. Seguía sin entender que jamás las cosas iban a ser como antes; que teníamos que adaptarnos y que él tenía que trabajar mientras yo cuidaba del hogar, de mis hijos y hasta de él. Me volví tremenda cocinera, ama de casa y excelente madre. Él ya no tenía la tienda de mascotas, la cerró, y se dedicaba a vender muebles como tipo bazar. El cambiaba todo, los televisores de la casa, los muebles hasta los perros, los

cambiaba por celulares, creó mucha inestabilidad, se volvió un comerciante, pero bien desorganizado y ya teníamos problemas pues del dinero que mami me enviaba, él quería que yo pagara los servicios de energía eléctrica, agua potable, el gas y la comida, porque él decía que con los trabajos que hacía apenas le alcanzaba para la comida. Como yo lo quería y me casé con él para estar en las buenas y en las malas, seguía con la carga de tolerar responsabilidades y cargar con cosas que no me correspondían. Se aprovechaba y se recostaba para trabajar lo menos posible y yo suplía prácticamente todo. Comenzó a decirme cosas que bajaron mi autoestima, me sentía menos por ser extranjera y me marginó de todos. Solo podía hablar con mi mamá y mi papá, pero no así con mi hermano ni con nadie más de mi familia. Él decía que me contaminaba. Yo le obedecía en todo pues yo le respetaba y le tenía miedo ya que mis hijos nacieron en México y yo tenía todas las de perder. Al menos, eso me decía todo el tiempo. El maltrato psicológico fue mortal, pues me decía que yo tenía que vestir decentemente y no mirar a ningún hombre ni saludarlo. No podía usar tacones altos, no quería que me maquillara. En fin, nada que llame la atención. Aquí en México, las mujeres casadas deben ser serias y yo no voy a andar con una mujer loca, risueña y que tiene problemas para comunicarse (burlándose de mi acento boricua). Yo pensaba, Dios mío, ¡pero si así me conoció! Por qué tengo que hablar distinto y vestirme como una vieja si soy linda y una joven decente. Bueno, aquí comienza mi gran telenovela pues todo lo que estoy escribiendo es verídico y tengo pruebas de los tribunales como de las instituciones mexicanas que me ayudaron en este gran proceso. Comenzó a llevarse a mi hijo que para aquel tiempo tenía como 6 años. Él lo llevaba a casa de su mamá y a la escuela y lo iba a buscar. Me tenía prohibido buscarlo o asomarme a la escuela pues no me iban a dar a mi hijo. Me encerraba en la casa con una cadena para que solo saliera cuando era necesario con mi hija menor que estaba pequeñita. Me decía que tenía un vecino que me estaba vigilando y él lo llamaría si intentaba escapar. Muchas veces estuve en la casa con hambre, llorando deprimida pensando que esto no estaba bien, que yo no me había casado para esto, que esto no era normal, que el matrimonio no era así, que algo yo estaba haciendo mal que hace que él haga esto conmigo (pensaba yo). Muchas veces discutíamos pues él llegaba de casa de su mamá con mi hijo ya comidos y la nena y yo con mucha hambre. Hacía que mi hijo participara en la discusión para que lo defendiera y mi hijo me decía: “papi siempre llega y tú peleas. Mejor ya no venimos y nos quedamos con abuelita”. Eso era devastador para mí. Entonces comencé a callar, y tampoco cambio nada. Un día, la que era mi suegra trató de meterse cuando yo le reclamaba a él que se fue desde temprano y que nos encerró y la nena no tenía leche, y su mamá se asomó al balcón y me preguntó qué necesitaba la nena, yo se lo traigo. Pero le dije: “señora eso es responsabilidad de su hijo”. Ella me contesta: "te aseguro que tú tienes en tu casa un rodillo, agua, harina y sal. Pudiste haberte hecho unas tortillas de harina, muerta de hambre no estas, y si lo estás es porque quieres". Eso me destrozó el alma y me enfureció. Le dije: “señora deje la mamitis. Por eso que su hijo esta así. Disculpe, pero eso no es asunto suyo. A usted no le importa eso; es la responsabilidad de él, no de usted y deje de estar de alcahueta”. Yo estaba impresionada con la crueldad de esa señora. Seguían los abusos psicológicos y un día, ya no fue así.... fue físico. Estábamos discutiendo y me decía que me callara. Le dije que estaba enojada, que esto no mejoraba, y me dio una cachetada. Yo traté de

pegarle también apretándole la cara pero como él es muy alto y de brazos largos, me cogió por los cabellos y me bajó por las escaleras como si yo fuera un animal. Luego, ya en el suelo, me nalgueó y me rompió la ropa que traía puesta. Me dijo esto es lo que conseguiste, y me voy de esta casa antes de que te mate. Yo no podía creerlo. Era un monstruo. Después le pegaba a los nenes. En una ocasión, con una tabla en las nalgas porque estaban discutiendo afuera por un carrito, era juego de niños y nos gritó a los tres que nos metiéramos a la casa. Yo le pregunté: ¿por qué nos tenemos que entrar en la casa? Como no obedecimos, hasta a mí me pegó con la tabla en las nalgas. Decía que yo era una extranjera que nadie iba a ayudarme porque él tenía influencias en la política, y que nadie iba a hacerme caso si yo le contaba a alguien. Que él iba a enterarse y se iba a desaparecer con los nenes del país, porque él tenía guardados los pasaportes y seguro social mío y de mis hijos (me los robó) y que no los volvería a ver. Que me quedara quieta que la gente lo quería y que si yo decía a alguien nadie iba a creerme. Que esta fue la vida que me tocó y si no me gustaba podía largarme a mi país, pero sin mis hijos. Ese hombre me estaba matando en vida poco a poco. Hasta que un buen día, conocí a una vecina que cocía ropa. Era una viejita buena. Yo le comencé a llevar pantalones porque mi esposo no me dejaba ponerme nada nuevo de lo que mi mamá me traía cada año. Me decía: “eso que te trajo tu madre, lo vendes, lo regalas o lo botas. Así que yo me iba a los mercados a comprar ropa usada y la señora me los arreglaba. Esa amable señora un día me preguntó que si yo estaba bien, porque para aquel tiempo yo pesaba 100 libras. Yo le contesté: “no señora, todo está bien”. Cada vez que la veía me decía que podía decirle si me pasaba algo que ella no le iba a decir a nadie, pero yo solo recordaba las palabras de mi esposo (voy a enterarme si le dices a alguien, a ti nadie te quiere y se burlan de como hablas). Un día me dice: “mira, te voy a dar este número y esta dirección. Es de un instituto que ayuda a las mujeres que son en víctimas de violencia doméstica y pueden ayudarte. No importa si eres extranjera. No tengas miedo; tienes que confiar”. Eso me explotó en la cabeza; sentía que tenía que averiguar, pero, ¿cómo?; si estaba vigilada. ¿Cuándo? Algo tenía que hacer. Un día llegue a esa institución y una abogada me dijo que ellos podían ayudarme, pero tenía que dejar mi casa. Le respondí: “¿Qué? Ay no; no puedo, bueno gracias”. La abogada me dice que sabe lo que estoy pasando; que tienes miedo, pero tú te mereces una vida mejor, digna, de respeto, de paz, para ti y tus hijos. Le dije eso para mí ya es imposible. Ella se me acercó y me dijo: “déjame ayudarte. Voy a sacarte de este país al tuyo con tus hijos y serás libre, pero debes tomar una decisión; vivir así o ser feliz y libre. Le dije déjeme pensarlo y me fui a casa. Llegue a casa asustada pensativa y con un miedo terrible. Esa noche no dormí. El nene y mi esposo dormían hace meses en la casa de abajo y yo con la nena en un cuartito arriba que entraba todo el aire por las puertas y las ventanas, y casi todo el tiempo estábamos enfermas de la garganta. En fin, concluí que iba a acabar con tanto abuso psicológico, económico y físico porque sexual no hubo gracias a Dios. Así que preparé una maleta y la escondí. Al otro día, él se descuidó y se fue sin las llaves, llevándose al nene como siempre. El nene tenía 8 años y la nena 6 años y me fui en un taxi al instituto donde prometieron ayudarme con el corazón roto en mil pedazos dejando a mi hijito y huyendo del miedo y de la venganza de ese hombre cuando supiera que me fui. Llegué al instituto en un mar de llanto y quería regresar, cuando la abogada me dice: “si regresas ese hombre te va a

quitar a tu nena y te puede hasta matar. Ya te quitó al nene ahora piensa en tu hija. Si te vas ya no vamos a poder ayudarte. Tienes que confiar en nosotros”. Me sentía muerta en vida. Aun así, me dije a mi misma, “es verdad”. Ya no hay vuelta atrás.

5. Did you feel like you could share any aspects of the abuse while pregnant with a health professional? (¿Sentiste que podías compartir todos los aspectos del abuso durante el embarazo con un profesional de la salud?)

Poco a poco fui sacando tanto dolor. Estuve en un refugio para mujeres maltratadas por 1 año. Allí fue mi verdadera escuela. Por supuesto, me encontraba allí con mi hija. El padre de mis hijos me buscó hasta por el radio diciendo mi nombre y el de mi hija. Alegaba que estábamos desaparecidas, pero él realmente sabía que yo estaba protegida y que no podía dañarnos. Una vez a la semana podía ver a mi hijo en una institución a la cual me transportaban supervisados por una trabajadora social presencial. Me hice amiga de las enfermeras de las psicólogas y de la directora del refugio. Con todas tengo hasta el sol de hoy comunicación por el Facebook. Allí valoré todo pues tuve que compartir habitación con muchas personas. Mujeres de más de 30 años analfabetas con 4 muchachitos y muchas otras huyendo de narcotraficantes que las estaban buscando para matarlas. Todas tenían sus tareas como cocinar, limpiar, etc. Me sentía como una presa. Y mientras cada vez yo más desesperada por salir e irme a mi país Puerto Rico. Carecí de muchas cosas materiales, pero allí tomaba clases sobre el síndrome de la mujer maltratada. Lloré mucho y sobre todo perdoné. Tomé muchos cursos y comprendí muchísimas cosas. Fue muy valiosa para mi esa experiencia.

6. How did others act when you shared your story? What was helpful to you? What was not? Did you ever tell anyone about abuse during your pregnancy? (¿Cómo otros actuaron al compartir tu historia?, ¿Fue útil para usted o no?, ¿Le dijo usted alguna vez a alguien sobre el abuso durante su embarazo?)

Cuando yo expongo mis vivencias las personas no pueden creerlo. Se interesan y me preguntan y al final me dicen que me admiran porque antes de irme del refugio ya tenía los papeles para poder irme a Puerto Rico con mi hija ya que ganamos las demandas y el padre de mis hijos me los entregó para acabar con esto. A pesar de esto, mi hijo no pudo venir conmigo. Nos hicieron estudios psicológicos y una jueza determinó que el niño estaba totalmente empapado de cada movimiento y acción que ocurría en los juicios y que su padre no había cuidado la integridad del menor. Aun así, mi hijo me dijo: “mamita por favor no me alejes de mi papá”. Yo luego voy a verte a Puerto Rico. No me quiero ir contigo. Eso me rompió en mil pedazos. La jueza y la psicóloga concluyeron que afectaría a mi hijo alejarlo de su padre. Además, tendría que quedarme mucho más tiempo si deseaba pelearlo en la corte, y mi hija y yo corríamos peligro por tantas amenazas. Mi hijo se quedó en México con su padre un 3 de diciembre de 2013. Ese día me subí a ese avión con destino a Puerto Rico después de estar 1 año esperando y creciendo como mujer, como madre y como

persona. Tuve que dejar a mi primogénito para que fuera feliz. El verdadero amor es libre, deja ser, es amor. Lloré mucho al alejarme de ese país donde un día fui la mujer más feliz, y a la misma vez, la más desdichada, y dejé a mi hijo por amor a él (al niño). Sin egoísmos, buscando lo mejor para mi hija que estaba sentada a mi lado y me dijo: "mamita no llores, ahora somos libres". La abracé fuertemente y lloré mucho y le dije: "si amor, yo cuidare de ti y vamos a comenzar una nueva vida, tu hermanito estará bien...yo lo sé....."

7. Were you afraid to tell health professionals about the abuse? How could they have made you feel more comfortable? (¿Tenía miedo de decirle a los profesionales de la salud sobre el abuso?, ¿Cómo ellos podrían haberla hecho sentir más cómoda?)

Tenía mucho miedo porque en mi cabeza solo pensaba que, si ese hombre se enteraba, no la voy a pasar bien. Tenía pavor de que cumpliera sus promesas de alejarse con mis hijos y no volverlos a ver jamás.

8. What was the most helpful advice you got to deal with the situation? (¿Cuál fue el consejo más útil que le dieron para lidiar con la situación?)

Wow...Fueron muchos en mis momentos de crisis, cuando llegaba del tribunal, llegaba drenada.... La directora del refugio me dijo algo que aún lo recuerdo y es cierto.... "Lo que no te mata, te hace más fuerte". Y es cierto, aprendí a amarme a mí misma primero antes de que alguien me ame. Aprendí a darme mi valor, aprendí a ver las banderas rojas cuando algo no está bien, aprendí a ayudar a otros, aunque no reciba nada a cambio. A valorar a la familia, a ser humilde...

9. How do you think the pregnancy affect your relationship with your partner? (¿Cómo piensas que el embarazo afectó tu relación con tu pareja?)

Lo afectó por que mi pareja no aceptaba que tenían que venir cambios y él fue cambiando y transformando muchas cosas para mal. Comenzó a ignorar mis necesidades, a no escucharme y excluirme de la sociedad, para que no tuviera a nadie a quien pedirle ayuda en caso de un maltrato mayor.

10. Reflecting back on your situation is there anything you would have done differently? (Reflexionando sobre su situación ¿qué que hubieras hecho diferente?)

Hubiera escuchado a mis padres y familiares que veían todo y yo no les hice caso. De toda esta pesadilla obtuve a mis hijos, que son mi mayor bendición, el motor que mueve mi vida. Me llevo una gran experiencia de vida, y puedo decir con mi frente en alto que soy una mujer sobreviviente de violencia doméstica. Pude graduarme con mi asociado de enfermería, obtuve mi licencia y estoy pronta a conseguir un excelente empleo que me brinde experiencia para ayudar a tantas personas que necesitan a una enfermera como yo. Aparte estoy a punto de tomar la reválida, y tengo muchas ganas de superación, sacar a mi hija adelante viéndola feliz, libre y creciendo. Tomar la decisión fue difícil y aun a 4 años de esta larga travesía puedo decir sí se puede y lo

logré con la ayuda del Dios. Isaías 54 fue la promesa que me dio y la recuerdo todos los días. A Él toda la gloria. Gracias al Señor Jesús por guiarme en tan duro proceso, por crecer y por guardar mi vida y la de mis hijos. Vivo para un gran propósito y sigo creyendo que pronto volveré a abrazar a mi hijo.

Participant #2: Interview Questions

Age at the time of the abuse (Edad en el momento del abuso) 19 años

Education level at the time of the abuse (Nivel educativo en el momento del abuso)

Cursaba mi Segundo año de Universidad en la Universidad Católica de Puerto Rico, Recinto de Ponce.

Please, write as much as you can in each question. Try to remember the details. (Por favor, escribe tanto como puedas en cada pregunta. Trate de recordar los detalles)

1. Tell me about your experience with your partner when you were pregnant? (Háblame de tu experiencia con tu pareja cuando estabas embarazada)

La experiencia con mi pareja mientras estuve embarazada fue realmente una pesadilla, para no llamarle un infierno. Hubo abuso emocional, verbal y físico. Fue una relación consensual que duró 10 años soportando un ciclo de maltrato que aumentaba durante los embarazos, hasta que pude darme cuenta del ciclo que estaba viviendo y tomé la decisión de parar con ese ciclo. Durante esa relación hubo cuatro (4) embarazos los cuales dos (2) terminaron en aborto, secundario al abuso que hubo en la relación. En uno (1) de los dos embarazos que terminaron en aborto, no estaba enterada que estaba embarazada. Debido a un pleito donde hubo agresión verbal, emocional y física, dos horas más tarde se produjo un aborto “espontaneo”. Encierro en comillas la palabra espontaneo porque en realidad, dos horas antes de ocurrir el aborto había recibido un fuerte golpe con un puño en el abdomen por parte de mi pareja en aquel momento. Esa experiencia fue muy penosa, desagradable y marco mi vida para siempre. En ese momento comencé a dudar de su persona y me di cuenta de muchas cosas que ocurrían que no pude ver antes. Estuve ajena de muchas cosas con respecto a mi pareja durante la relación, él era una persona que fue maltratado por su padre desde niño, debido a las circunstancias económicas de su familia fue obligado a trabajar desde muy niño. Presentaba una serie de traumas que por estar enamorada no los vi o simplemente no les preste atención. Por otra parte, era una persona que utilizaba drogas y no lo descubrí hasta mucho tiempo después de la convivencia. Teniendo tantos compromisos familiares no quise terminar la relación. En aquel momento traté de ayudarlo a salir de la vida de las drogas para no terminar la relación. Logré sacarlo de sus vicios por un corto tiempo y fue una persona totalmente diferente a lo que había experimentado mientras fue usuario de sustancias. Finalmente, con el tiempo, la ayuda de Dios y mi familia, logré salir del ciclo del maltrato por un mejor futuro para mí y mis hijos.

2. How was your relationship before pregnancy, during, after? (¿Cómo era tu relación antes del embarazo, durante el embarazo, después del embarazo?)

- a. Mi relación antes del embarazo: fue una relación donde había “amor”, comprensión, amistad, solidaridad, fidelidad, atracción y otros sentimientos bonitos que me mantuvieron confusa y en el ciclo de maltrato por muchos años. Somos muchas las mujeres maltratadas que perdonamos a nuestro agresor por creer que el ciclo de maltrato puede parar algún día.
 - b. Mi relación durante el embarazo: fue una relación donde todos los sentimientos que se sentía antes de estar embarazada, desaparecían. Con el abuso emocional y verbal venían las malas miradas, los comentarios despectivos con respecto a la figura del cuerpo y la indisposición con otros familiares que vivían en el mismo hogar. Asimismo, el abuso físico podía venir de la nada. Desde empujones por tan solo pasar por el lado del agresor, algún tropezón mal intencionado hasta, los rechazos en la cama. Era una pareja que no le interesaba el cuidado prenatal. Por lo tanto, no tenía respaldo para las visitas al ginecólogo, ni a las citas del programa WIC.
 - c. Mi relación después del embarazo: era como un giro de 360° que hizo que volviera a ser el mismo individuo que emanaba todos los buenos sentimientos del principio de una bonita relación consensual y el deseo de compartir con su pareja como si fuera la única persona importante en su vida sin haber ocurrido nada durante la etapa de gestación. Finalmente, este ciclo terminó después de muchos años, cuando tomé la decisión de no continuar con una relación tan dañina para el futuro de mis 2 hijos. Fueron estos 2 seres y mi familia los que me motivaron a concluir con ese ciclo.
3. What were your main sources of support while pregnant? (¿Cuáles fueron sus principales fuentes de apoyo durante el embarazo?)

Las fuentes de apoyo durante el embarazo fueron familiares; en primer lugar mis padres, en segundo lugar mis hermanos y finalmente mis suegros. Nunca pensé en buscar ayuda con alguna agencia gubernamental, más allá de lo que eran los programas WIC, PAN y MEDIC AID. En ese tiempo no podía identificar que era el comienzo de un ciclo de maltrato durante los embarazos. Fueron embarazos donde no tenía que visitar a menudo las salas de emergencia y tenía desconocimiento de muchos beneficios para el apoyo de la embarazada.

4. Did anyone within or outside of the healthcare system asked you about domestic violence? (¿Alguna persona dentro o fuera del sistema de salud le preguntaron sobre la violencia doméstica?)

No. Dentro del sistema de salud; tuve contacto con mi ginecólogo, la enfermera del consultorio y el personal del programa WIC. Pero, nunca demostré o verbalice ser víctima de violencia. Fuera del sistema de salud; en la familia nadie se atrevía a opinar sobre lo que ocurría en esa relación. En la comunidad estaban ajenos de lo que ocurría en la relación, siempre fui una mujer que no daba señales de que era

maltratada y pocas veces utilicé el recurso legal. Indirectamente, el agresor era una persona que le provocaba cierto temor a los demás y nadie opinaba al respecto. ¡Él hacía ver a las personas que nuestra relación era la mejor relación que existía!

5. Did you feel like you could share any aspects of the abuse while pregnant with a health professional? (¿Sentiste que podías compartir todos los aspectos del abuso durante el embarazo con un profesional de la salud?)

No, no tenía la confianza de expresarle lo que me ocurría a nadie y no estaba orientada de los beneficios que hay para apoyar las mujeres embarazadas en estos casos.

6. How did others act when you shared your story? What was helpful to you? What was not? Did you ever tell anyone about abuse during your pregnancy? (¿Cómo otros actuaron al compartir tu historia?, ¿Fue útil para usted o no?, ¿Le dijo usted alguna vez a alguien sobre el abuso durante su embarazo?)
- Cuando comencé a expresar lo que sentía durante los embarazos con mis familiares, obviamente ya ellos sabían que algo andaba mal. Comenzaron a frecuentarme más, no opinaban mucho pero, su presencia era motivo de desconfianza para mi agresor. De esta forma, mi agresor se fue alejando más de las responsabilidades del hogar y la familia. Continuaba con una vida mundana y en el transcurso de la relación sus familiares cercanos me culparon de su perdición.
 - Con el tiempo fue útil para mí, todo el apoyo y compañía familiar que recibí, esta me permitió establecer un plan de cómo podría dejar esa relación atrás haciendo el daño menos posible a ambas familias.
 - Durante el embarazo no hablaba con nadie sobre el abuso que estaba recibiendo, simplemente toleraba y sufría la situación sola. Me mantenía ocupada con mi trabajo, los niños y que hacer es del hogar hasta que pasaba la etapa de gestación. Mantenía la esperanza de que la etapa de gestación se culminaría y todo volvería a la supuesta normalidad.

7. Were you afraid to tell health professionals about the abuse? How could they have made you feel more comfortable? (¿Tenía miedo de decirle a los profesionales de la salud sobre el abuso?, ¿Cómo ellos podrían haberla hecho sentir más cómoda?)

No, nunca pensé en expresar mis sentimientos e incomodidad al profesional de la salud que frecuentaba. En ese momento de mi vida era muy ignorante e ingenua. Fui criada en un ambiente donde había mucho tabú. Mis padres me hicieron creer que el marido que había escogido para formar una familia, tenía que ser para estar juntos toda la vida. Tal vez, si en ese momento el personal de enfermería de mi ginecólogo o del programa WIC al que frecuentaba en mis citas prenatales hubiesen ofrecido charlas sobre el maltrato, hubieran provocado en mí un pensamiento distinto de las cosas. Seguramente hubiese visto todo de otro punto de vista. La confianza, la seguridad y el apoyo que brinda el profesional de la salud puede ayudar a tomar

sabias decisiones. No hubiese esperado a tener la pérdida de un embarazo para abrir mis ojos y ver lo que ocurría con mi relación.

8. What was the most helpful advice you got to deal with the situation? (¿Cuál fue el Consejo más útil que le dieron para lidiar con la situación?)

El consejo más útil que recibí para lidiar con la situación lo recibí de mi padre; fue que retomara los estudios que dejé a mitad por tratar de salvar una relación que no era saludable, sin importar lo que cualquier otra persona pensara de mí y que al retomar mis estudios volvería a recuperar la vida saludable que siempre llevé.

9. How do you think the pregnancy affect your relationship with your partner? (¿Cómo piensas que el embarazo afectó tu relación con tu pareja?)

Realmente, mi embarazo no afectó en nada mi relación de pareja. Si los traumas vividos por mi pareja los reflejaba durante el tiempo en que yo estaba embarazada, era su problema, no mi tiempo de gestación.

10. Reflecting on your situation is there anything you would have done differently? (Reflexionando sobre su situación ¿qué hubieras hecho diferente?)

Con la experiencia vivida y el conocimiento adquirido hubiese tomado la decisión de terminar la relación desde el primer momento donde supe que era una persona que arrastraba una serie de problemas y traumas de su niñez que no había podido superar.

Participant #3: Interview Questions

Age at the time of the abuse (Edad en el momento del abuso) 20

Education level at the time of the abuse (Nivel educativo en el momento del abuso)

Universidad

Please, write **as much as you can** in each question. Try to remember the details. (Por favor, escribe tanto como puedas en cada pregunta. Trate de recordar los detalles)

1. Tell me about your experience with your partner when you were pregnant?
(¿Háblame de tu experiencia con tu pareja cuando estabas embarazada?)

Me casé a los 20 años debido a que quedé embarazada. Desde mi relación de noviazgo recibí maltrato físico y al casarme pensé que estando embarazada todo cambiaría y no fue así. Nos fuimos a vivir aparte y todo el tiempo fue una persona ausente en la casa. Al llegar casi siempre llegaba ebrio y al reclamarle se alteraba bastante y venían los golpes.

2. How was your relationship before pregnancy, during, after? (¿Cómo era tu relación antes del embarazo, durante el embarazo, después del embarazo?)

Antes del embarazo fue una relación de noviazgo, pero a los 17 años quedé embarazada y me obligó a abortar ya que él entendía que éramos muy jóvenes y no quería la responsabilidad de un hijo. Al yo ser muy joven y tener poca experiencia lo aborté cargando con esta culpa por el resto de mi vida. Durante el embarazo recibí muchos golpes los cuales me obligaron a tener un pobre embarazo. Cuando nació mi hija tuvo demasiadas consecuencias a nivel que estuvo al borde de la muerte ya que vivía tan triste que no me cuidé en el embarazo y casi ni comía ni me tomaba las vitaminas necesarias para el mismo, y las consecuencias las pagó ella. Luego de dar a luz seguí en el maltrato y más triste ya que mi hija estuvo 3 meses en el hospital desde que nació y prácticamente yo la atendía sola porque el padre de ella casi nunca iba al hospital. Fue muy difícil y doloroso.

3. What were your main sources of support while pregnant? (¿Cuáles fueron sus principales fuentes de apoyo durante el embarazo?)

Mis padres y mi hermana.

4. Did anyone within or outside of the healthcare system asked you about domestic violence? (¿Alguna persona dentro o fuera del sistema de salud le preguntado sobre la violencia doméstica?)

Nunca hablé del tema y lo estuve viviendo por 14 años hasta que al final decidí salir de esto. En la última pelea el trató de tirarme por las escaleras y la única que lo sabía de mi familia era mi hermana porque ni mis padres supieron del maltrato que viví. Ella me indicó en ese momento que si yo no me iba de la casa al otro día ella me estaría visitando en el cementerio y ahí fue que pensé en mis hijos y decidí recoger un poco de ropa de mis hijos lo poco que puede llevarme y así fue como decidí salir de este maltrato que duró muchos años.

5. Did you feel like you could share any aspects of the abuse while pregnant with a health professional? (¿Sentiste que podías compartir todos los aspectos del abuso durante el embarazo con un profesional de la salud?)

No. Tenía mucho miedo y pensaba que si él se enteraba sería peor.

6. How did others act when you shared your story? What was helpful to you? What was not? Did you ever tell anyone about abuse during your pregnancy? (¿Cómo otros actuaron al compartir tu historia?, ¿Fue útil para usted o no?, ¿Le dijo usted alguna vez a alguien sobre el abuso durante su embarazo?)

Me callé por muchos años, pero al final se lo tuve que contar a mis suegros ya que no podía más y ellos lo lloraron mucho ya que no entendía de donde venía la situación con su hijo porque ellos me dijeron que nunca el vivió eso en su casa. Un día llegué a la casa a las 3 de la mañana con un golpe en la cabeza y por eso decidí contarles lo que pasaba.

7. Were you afraid to tell health professionals about the abuse? How could they have made you feel more comfortable? (¿Tenía miedo de decirle a los profesionales de la salud sobre el abuso?, ¿Cómo ellos podrían haberla hecho sentir más cómoda?)

Nunca llegue donde un profesional por miedo. Y él tenía mucho control de mí ya que yo no trabajaba y dependía totalmente de él.

8. What was the most helpful advice you got to deal with the situation? (¿Cuál fue el Consejo más útil que le dieron para lidiar con la situación?)

No llegué a tener consejos de profesionales solo después de haber callado por 14 años fue cuando lo supo su mamá me aconsejó que terminara con la relación.

9. How do you think the pregnancy affect your relationship with your partner? (¿Cómo piensas que el embarazo afectó tu relación con tu pareja?)

El embarazo nunca afecto la relación de pareja porque ya estaba destruída desde antes.

10. Reflecting back on your situation is there anything you would have done differently? (Reflexionando sobre su situación ¿qué que hubieras hecho diferente?)

Nunca haberme casado con esa persona. Desde mi noviazgo siempre hubo el maltrato, pero como joven e ignorante al fin pensé que al casarme y que él viera que íbamos a tener un hijo esto cambiaría todo, lo cual no fue así; ahí fue cuando el maltrato se volvió más intenso y la relación fue más difícil. Nunca me imaginé haber vivido esta experiencia por 14 años de mi vida y lo que nunca pensé fue que pude salir de este maltrato. Las personas que vivimos estas experiencias esperamos siempre que pase lo peor por el miedo de acusarlo y que sea peor. Pero después de salir de esto, entiendo que sí se puede y uno no debe esperar a que te maten para nunca poderlo contar. Fue una experiencia difícil, dolorosa, porque vivía en soledad por no hacer sufrir a mi familia.

Participant #4: Interview Questions

Edad al momento del abuso: 23 años

Nivel educativo al momento del abuso: High School

(Por favor, escribe tanto como puedas en cada pregunta. Trate de recordar los detalles)

1. Tell me about your experience with your partner when you were pregnant?
(¿Háblame de tu experiencia con tu pareja cuando estabas embarazada?)

Cada vez que salía embarazada era como vivir una pesadilla. Durante ambos embarazos, me halaba el pelo, me golpeaba, me rompía la ropa encima para que yo no saliera; me decía que estaba gorda y fea, me encerraba en el apartamento cuando él no estaba, no me dejó estudiar ni superarme.

2. How was your relationship before pregnancy, during, after? (¿Cómo era tu relación antes, durante y después del embarazo?)

Antes del embarazo, mi relación con mi exesposo era buena, de hecho, en el noviazgo me propuso matrimonio arrodillado frente a mucha gente, solo tenía que era muy celoso y se pasaba vigilando que yo hacía. No se quería relacionar con nadie de mi familia, solo con mi abuela que me crio y no era tanto tampoco. Una vez estábamos en la calle y yo quería saludar a mi tío y como él no quería saludarlo me dejó a pies en Rio Piedras y uno de mis tíos fue a recogerme. Luego llegaba pidiendo perdón.

*Yo me case embarazada y en la misma luna de miel, me dejaba en el cuarto del hotel sola y se iba a comer solo y llegaba tarde al cuarto para ver como yo estaba. Durante el embarazo fue una pesadilla total, me golpeaba, me empujaba, me metía debajo del agua fría para que se me fuera el coraje, mientras me seguía golpeando. Me hacía pasar sustos haciéndome creer que el carro lo iba a tirar por el precipicio con los dos en él. Yo tenía que permanecer con el encerrada, porque decía que era un hombre de su casa.

*Después del embarazo me decía gorda, que yo no hacía nada por rebajar, seguían las mismas actitudes de los golpes. Una vez mis tías fueron a visitarme y el día anterior me había golpeado tan fuerte, que cuando ellas llegaron, él me dijo que me metiera al baño para que ellas creyeran que yo me estaba bañando para que ellas se fueran y así fue como lo hice, ellas se fueron. Otra de las veces nos separamos y el llegó donde yo vivía y quería entrar a la fuerza y en ocasiones me violaba con mucha fuerza. Después del embarazo, una vez vi sin querer que mi hermana se dejó tocar las nalgas de mi exmarido. Después salió a relucir que supuestamente el también la había intentado violar, aunque muchas veces se expresaba como si estuviera celosa y mi abuelo también vio algo y nunca me quiso decir. Mi otra hermana menor cuando chiquita también dijo que él la tiró en el piso para acostarse encima de

ella y tocarla y cuando llego mi tía a la casa él se fue rápido.

3. What were your main sources of support while pregnant? (¿Cuáles fueron sus principales fuentes de apoyo durante el embarazo?)

No tuve ninguna fuente de apoyo, porque en realidad yo no buscaba ayuda, porque el me decía que todo pasaba por mi culpa y que si lo arrestaban también era por mi culpa. Las veces que me lograba escapar de la casa cuando él no estaba, yo iba a la casa de mi abuela para que me aconsejara, y ella me decía que era mi marido y que yo tenía que quedarme en esa relación, porque yo no tenía donde ir y ella no me iba a recoger en su casa. Yo sé que el apoyo que necesitaba existía, pero no lo buscaba en la calle porque me hacía sentir que si lo metían preso era mi culpa y no lo buscaba en mi familia por no hacer un escándalo. Yo a veces hablaba con la madre de él y me decía que como buena esposa tenía que permanecer a su lado y aguantarlo, como diciéndome que debía ser sumisa.

4. Did anyone within or outside of the healthcare system asked you about domestic violence? (¿Alguna persona fuera o dentro del sistema de salud le preguntaron sobre violencia doméstica?)

Nadie nunca me pregunto nada. Creo que para ese tiempo tal vez era un tabú. La peor de todas fue cuando me rompió el tabique de la nariz y fui a acusarlo al tribunal, pero el había ido primero y dijo que yo tenía un problema en la nariz que sangraba y que yo le ocasiono danos al carro de él, la policía nunca me creyó y se burlaban de mí (Uno de los oficiales era mujer). Fui a emergencias y confirmaron que tenía el tabique fracturado, que eso no tenía remedio y me dieron una servilleta para limpiar la sangre. Una vez fuera del hospital, fui con la evidencia del doctor para que supieran que no era un problema normal de sangrado, sino una fractura en el tabique reciente y la policía nos hizo pedirnos perdón a los dos, porque si no nos iban a meter preso a ambos. En la policía sabía que nunca iba a encontrar apoyo. Yo con familia policía y tampoco creyeron en mí, diciendo que yo fui a hacer show en el cuartel. Ahora hasta en los cupones me hacen firmar si soy o no víctima de violencia doméstica. Muy diferente a cuando en realidad lo necesitaba. Comparándolo a cuando me mude a EU, donde también tuve otra pareja maltratante, la policía me escoltaba a un refugio donde nadie supiera donde yo estaba y existen muchas ayudas que en PR con la Casa Julia De Burgos en la actualidad.

5. Did you feel like you could share any aspects of the abuse while pregnant with a health professional? (¿Sentiste que podías compartir todos los aspectos del abuso durante el embarazo con un profesional de la salud?)

Si me sentía insegura con la supuesta seguridad del país (Los policías), mucho menos en la salud.

6. How did others act when you shared your story? What was helpful to you? What was not? Did you ever tell anyone about abuse during your pregnancy? (¿Cómo otros

actuaron al compartir tu historia?, ¿Fue útil para usted o no?, ¿Le dijo usted alguna vez a alguien sobre el abuso durante su embarazo?)

Cuando pude compartir mi historia abiertamente muchos se sorprendieron, pero a la larga ha sido de beneficio para otras personas con similares situaciones y he servido de ejemplo para cada una. Nunca le dije a nadie sobre el abuso, antes, durante y después de mi embarazo, hasta que me pude divorciar.

7. Were you afraid to tell health professionals about the abuse? How could they have made you feel more comfortable? (¿Tenía miedo de decirle a los profesionales de la salud sobre el abuso?, ¿Cómo ellos podrían haberla hecho sentir más cómoda?)

Si, tenía miedo, porque no quería que lo metieran preso por mi culpa y que no me brindaran seguridad, aunque cuando me atreví supe que tampoco harían nada al respecto. Si me hubieran ofrecido opciones para sentirme más segura, estuviera mucho más cómoda en contarlo todo, cuando realmente no me atrevía a decir nada.

8. What was the most helpful advice you got to deal with the situation? (¿Cuál fue el Consejo más útil que le dieron para lidiar con la situación?)

Cuando logre separarme de él y ya muchas personas de la familia se habían enterado, me dijeron que lo dejara que él nunca iba a cambiar y que me fuera lejos de él. Entonces me divorcié y me fui de Puerto Rico. Fue la única manera de salir de él, aunque también saco un pasaje y llego a New York, donde yo estaba con mis hijos. Yo jugaba para ese entonces con su mente para que resolviera sus problemas en PR y de hecho le pague el pasaje de regreso, porque no tenía dinero.

9. How do you think the pregnancy affect your relationship with your partner? (¿Cómo piensas que el embarazo afectó tu relación con tu pareja?)

Me puse más vulnerable y sensible. Lloraba mucho más y eso a él no le gustaba. El comportamiento mio afecto mucho más el comportamiento de él. Me dio mucha depresión durante el embarazo, ya no lo miraba como mi pareja, sino como un rival. Siendo una mujer tan independiente, por el embarazo me sentí más dependiente de el por dejar mi trabajo y él se sentía con más poder y más autoridad sobre mí. Me decía que él era quien me mantenía y que mi lugar era en la casa.

10. Reflecting back on your situation is there anything you would have done differently? (Reflexionando sobre su situación ¿qué que hubieras hecho diferente?)

Nunca hubiera estado con él desde que me dio la primera señal al principio. No me hubiese casado. No hubiera traído mis hijos al mundo para también exponerlos a ver al maltrato de su papa hacia mí, aunque mis hijos son mi bendición más grande por los cuales decido salir adelante.

Participant #6: Interview Questions

Age at the time of the abuse (Edad en el momento del abuso) 16

Education level at the time of the abuse (Nivel educativo en el momento del abuso) 10mo grado

Please, write **as much as you can** in each question. Try to remember the details. (Por favor, escribe tanto como puedas en cada pregunta. Trate de recordar los detalles)

1. Tell me about your experience with your partner when you were pregnant? (Háblame de tu experiencia con tu pareja cuando estabas embarazada?)

Cuando estaba embarazada la experiencia fue confusión, soledad, el (mi pareja) nunca estaba y cuando estaba no hablaba y yo quedaba sola, sintiéndome sola en la casa. Yo no comprendía que me sucedía, me asustaba cuando se movía el bebe.

2. How was your relationship before pregnancy, during, after? (¿Cómo era tu relación antes del embarazo, durante el embarazo, después del embarazo?)

Antes del embarazo solo hablábamos unos minutos me besaba y se iba. No teníamos relación, me encontró llorando un día por una situación, me dijo que si quería me fuera con él y lo hice, para no ser una carga para mi madre. Yo dormía en una silla. Una tarde me dio soda y no sé qué paso, al otro día me desperté desnuda y no hablamos solo estaba ahí. Él no me dejaba salir, yo ni siquiera sabía cocinar, era una niña.

Durante el embarazo él no tenía reacción de nada yo sola sin entender nada de relación ni embarazo. El maltrato era tal que Una noche, volé de la cama, dándome contra el calentador de la patada que me dio mientras yo dormía y me hicieron cesárea a los 7 meses por el golpe que me dió.

Después que tuve a la niña a él le molestaba el llanto y le pego, ella tenía meses y ese día lo enfrente y le tire con el televisor. Yo sé que me quería, pero al yo no querer dormir con él, como que me cogió odio. Yo pensé dormir con él aunque era malo, pero yo no sabía nada de un matrimonio y el amor de él se convirtió en ira. Nos mudamos porque se lo pedí, porque cuando iba a visitar a mi madre yo pasaba por una calle donde veía a mi primer novio, Me dolía que se casó, porque yo le dije que no podía casarme, era muy niña. Tenía miedo que mami me pegara. Un día subí las escaleras, pero la puerta estaba abierta, o sea sin seguro, mi exnovio vivía en el segundo piso. Me iba a ir, pero pensé voy a ver cómo es su casa, camine en la oscuridad, me agarraron por un brazo. Me asuste tanto que quede paralizada, yo creía que no había nadie en la casa y el me violó. Al otro día bajé y por la tarde le dije al padre de mi hija (quien abusaba de mi) que había estado con otro hombre. Él se fue, pero yo no le podía explicar cómo paso, temía que lo matara. Le conto a mi familia,

se enojaron conmigo, tome una sobredosis de pastillas y me encerraron en el hospital psiquiátrico, Sali, busque a mi hija, no Sali me escape y seguimos solas. Como a los 3 meses mi hermana me lleva al doctor, estaba bien pálida. La próxima semana regresamos y me dijo el doctor, positivo. No entendía, le pregunte y me dijo estaba embarazada, casi me desmayo. Me dijo que me lo sacaban y yo le dije que no, después estaba embarazada con una niña y una maleta en invierno en la calle y mi hermana me recogió.

3. What were your main sources of support while pregnant? (¿Cuáles fueron sus principales fuentes de apoyo durante el embarazo?)

Me preguntaron sobre la violencia domestica a los 54 años cuando fui a terapia psicológica. Durante el embarazo no tuve nada de apoyo solo cuando iba a los chequeos del hospital, pero no me orientaban. La Psicóloga me ha estado ayudando gracias a Dios, me hablo y me ayuda aconsejándome. Yo no sabía nada de violencia doméstica, quizás si hubiera tenido esa información hubiese aprendido a defenderme y no hubiese permitido que me patearan, me escupieran, me encerraran y me persiguiera hasta convertirse en mi sombra, que hasta a mis hijos le hicieron daño.

4. Did anyone within or outside of the healthcare system asked you about domestic violence? (¿Alguna persona dentro o fuera del sistema de salud le preguntado sobre la violencia doméstica?)

No dije a nadie, no tenía a nadie, ni conocían mi situación. No tuve ningún apoyo durante mi embarazo y la falta de información tuvo consecuencias. El no saber nada sobre estar embarazada, como cuida a una bebé si no sabía nada. Sentí poder compartir los abusos en una edad avanzada, pero sobre el abuso mi psicóloga me escuchó atentamente. La violencia domestica no son solo golpes a uno también abusan a nuestros hijos, lo entendí tarde.

5. Did you feel like you could share any aspects of the abuse while pregnant with a health professional? (¿Sentiste que podías compartir todos los aspectos del abuso durante el embarazo con un profesional de la salud?)

No sentí que podía compartir los aspectos del abuso con algún profesional, pues no sabía que era abusada menos que existían profesionales que ayudaban. Creía era normal vivir sola en la casa sin poder salir. No sabía que había profesionales de salud en esos tiempos sobre el abuso. Nadie me aconsejo, lidiaba con la situación escondiéndome en los rincones del baño cuando escuchaba sus pasos al llegar.

6. How did others act when you shared your story? What was helpful to you? What was not? Did you ever tell anyone about abuse during your pregnancy? (¿Cómo otros actuaron al compartir tu historia?, ¿Fue útil para usted o no?, ¿Le dijo usted alguna vez a alguien sobre el abuso durante su embarazo?)

Otros actuaron al compartir mi historia en escucharme silenciosamente. Si fue útil creí me había liberado, aunque no fue así aún estaba en mi subconsciente. Nunca hable con nadie acerca del abuso no comprendía que era abuso. Temía decirle a los profesionales del abuso por que no sabía que estaban para ayudar.

7. Were you afraid to tell health professionals about the abuse? How could they have made you feel more comfortable? (¿Tenía miedo de decirle a los profesionales de la salud sobre el abuso?, ¿Cómo ellos podrían haberla hecho sentir más cómoda?)

Me hubieran hecho sentir más cómoda si me hubieran educado sobre lo que es estar embarazada como cuidar un bebe y lo que era abuso y adonde buscar ayuda.

8. What was the most helpful advice you got to deal with the situation? (¿Cuál fue el Consejo más útil que le dieron para lidiar con la situación?)

Nadie me aconsejo para lidiar con la situación. Cual hasta el día de hoy influye en mi comportamiento. Yo tengo espalda dañada, cuello y cicatrices hechas por cuchillos. Porque no supe amarme, porque cada semana que llegaba la policía no podía hablar y gritaba, pero no podía hablar, estaba desesperada y se iban una y otra vez.

9. How do you think the pregnancy affect your relationship with your partner? (¿Cómo piensas que el embarazo afectó tu relación con tu pareja?)

El embarazo afecto la relación con mi pareja porque él era igual de ignorante que yo y al desesperarse se llenó de ira y abusaba de mí.

10. Reflecting back on your situation is there anything you would have done differently? (Reflexionando sobre su situación ¿qué que hubieras hecho diferente?)

Reflexionando sobre la situación yo hubiera hecho diferente, estudiar, trabajar y no haberme ido tan pequeña de mi casa y ya dentro de la relación hubiera sido igual de desastrosa por no tener la capacidad el entendimiento. Con la mentalidad de ahora les hubiese dado a mis hijos un hogar sin maltrato. Me gustaría que eduquen a los hijos en lo que es responsabilidad cuidado y maltrato en una temprana edad por que la ignorancia nos arrastra a una vida desastrosa.

Participant #7: Interview Questions

Age at the time of the abuse (Edad al momento del abuso): 21

Education level (Nivel educativo): Segundo año de Universidad

1. Mi experiencia cuando quedé embarazada fue terrible ya que sufrí mucho maltrato verbal y físico.
2. Cuando lo conocí todo era normal. El me trataba bien. Cuando quedé embarazada me fui a vivir con él y me insultaba mucho, me gritaba, me decía malas palabras y hasta llegó a empujarme. También me fue infiel. Después del embarazo siguió sucediendo lo mismo. Insultos y peleas.
3. Los únicos recursos eran la familia de él ya que no tengo madre ni padre y mi familia estaba lejos de mí y estaban enojados conmigo.
4. Nunca me preguntaron nada sobre violencia doméstica.
5. En aquel tiempo tenía miedo a que me quitaran a mi hijo y además no tenía ningún sitio donde ir con mi hijo.
6. Cuando compartí mi historia, me aconsejaron, pero como mujer enamorada y al no tener donde ir no tomé acción en ese momento. Además, la familia sabía por lo que yo estaba pasando.
7. Yo sentí miedo de decirle a los profesionales de la salud.
8. El consejo que me ayudó fue cuando la mamá de él me dijo que no le hiciera caso porque eso le iba a afectar al niño.
9. El embarazo no afectó mi relación con él, él es un hombre maltratante y estaba acostumbrado a maltratar a las mujeres, inclusive maltrataba a su propia madre. A él no le interesó que yo estuviera embarazada. Para él maltratar era algo normal.
10. Reflexionando: algo que yo hubiese hecho diferente: lo hubiese conocido mejor. Muchas veces nos dejamos llevar por lo que nos dicen al oído y no vemos la realidad de las cosas. Son experiencias de las cuales uno aprende. Ahora yo aconsejo a las jóvenes y les digo que piensen primero y evalúen la relación antes de comprometerse.

Participant #8: Interview Questions (This was answered in English)

Age at the time of the abuse: 19

Education level at the time of the abuse: first year of University

Please, write **as much as you can** in each question. Try to remember the details.

1. Tell me about your experience with your partner when you were pregnant?
 - At the beginning of my pregnancy I took it by surprise, but I was happy with the news that I would be a mother after all those years, or at least I think so.
2. How was your relationship before pregnancy, during, after?
 - a. Before pregnancy was a short relationship. We did not have that time between couples of knowing, everything was to form free and spontaneous. During the pregnancy, the relationship had difficulties, between my changes of moods by the pregnancy and its economic instability we had many moments of displeasure. Although not all was bad; also, he was proud to take me everywhere and introduce myself as his wife and the mother of his baby. And after the pregnancy the relationship took a moment of seriousness but then everything changed when he did not assume the same seriousness that I, which part is attributed to the level of education of both. I established goals thinking about my children since it was my second pregnancy and he continued to live and enjoy life. Until everything became difficult and the physical, verbal, and emotional aggression began.
3. What were your main sources of support while pregnant?
 - a. My mother was my greatest support. She decided to take a leave of absence in her work so that I would finish my university studies. If it had not been for her, she would not have succeeded. She inspired me. My mother has eight children and she is a professional.
4. Did anyone within or outside of the healthcare system asked you about domestic violence?
 - a. No, although at that time I was a nursing student and had knowledge of the subject, I denied it.
5. Did you feel like you could share any aspects of the abuse while pregnant with a health professional?
 - At that point, no, I thought that as the pregnancy and time passed things would improve.
6. How did others act when you shared your story? What was helpful to you? What was not? Did you ever tell anyone about abuse during your pregnancy?
 - If the time came I decided to change my life and talk. I wanted to get out of that relationship that had me drowned. Some told me they imagined it and others had no idea what happened to me. But no one gave me advice that would change my mind and the desire to run away from there.
7. Were you afraid to tell health professionals about the abuse? How could they have made you feel more comfortable?

- More than afraid, I was embarrassed, since I was studying to become a health professional. It was difficult for me to accept that this was happening to me and worse even than I was allowing it.
8. What was the most helpful advice you got to deal with the situation?
 - No advice, people prefer to make the long view than to lend a hand to a needy. It was my children who motivated me and without saying a word they gave me the best advice.
 9. How do you think the pregnancy affect your relationship with your partner?
 - No, my pregnancy was not the problem. The problem from the beginning were us, who did not know each other, who assumed that hurt us well without even being sure of what we felt for each other.
 10. Reflecting back on your situation is there anything you would have done differently?
 - Reflecting everything would have been different from the start. But I do not regret anything because of those stormy relationships my children were born, and they are my most valuable treasure. I would die for them without thinking.

Participant #9: Interview Questions

Age at the time of the abuse (edad en el momento del abuso) 23

Education level at the time of the abuse (Nivel educativo en el momento del abuso)

B/A

Please, write **as much as you can** in each question. Try to remember the details. (Por favor, escribe tanto como puedas en cada pregunta. Trate de recordar los detalles)

1. Tell me about your experience with your partner when you were pregnant?
(¿Háblame de tu experiencia con tu pareja cuando estabas embarazada?)

Al enterarnos de que íbamos a ser padres surgieron inquietudes y temores normales de padres primerizos. Nos cuestionábamos de que si tendríamos los recursos suficientes para afrontar esta nueva responsabilidad como padres, ya que no estábamos casados ni contemplamos tener un hijo. Mi pareja se encontraba desempleado y yo recién graduada de Bachillerato. Nuestro panorama pintaba un poco difícil refiriéndome a la situación económica de ambos ya que dependíamos de la ayuda de familiares para los gastos normales y además, vivíamos en la casa de mis suegros. Con el embarazo al pasar de los meses comencé a observar cambios en la conducta de mi pareja hacia mí. Comenzó cierto tipo de maltrato emocional y físico durante mi embarazo. Me decía que estaba engordando demasiado que mis senos ya no eran atractivos como antes, que ya las relaciones sexuales no eran tan satisfactorias como antes, que no podíamos hacer cierto tipo de posiciones sexuales y que notaba en mí cierto rechazo al momento de la penetración. Muchas veces me sentía humillada como mujer y a veces me decía que se iba a buscar a otra mujer que le cumpliera sus necesidades sexuales. Debida a estas situaciones yo no sentía deseos de tener relaciones sexuales con él y éste me obligaba a sostener las mismas.

2. How was your relationship before pregnancy, during, after? (¿Cómo era tu relación antes del embarazo, durante el embarazo, después del embarazo?)

En el comienzo de nuestra relación, éramos dos jóvenes. Él tenía 19 y yo 18 años sin mucha madurez en lo que se refiere a tener una relación de pareja de convivencia. En los años antes del embarazo nos comenzamos a conocer ya que fuimos novios por 5 meses y luego decidimos comenzar a convivir juntos. Menciono esto porque fueron factores que nos hacían discutir mucho entre ambos, pero al pasar de los meses nos comenzábamos a entendernos y a aceptarnos tal cual éramos. Yo pensaba que uno logra conocer a una pareja más a fondo en la convivencia que durante el noviazgo. Nuestra relación era bastante normal entre ambos y salíamos con mucha frecuencia a algunas actividades o eventos sociales con jóvenes de nuestras edades o con familiares.

Cuando quedé embarazada, nuestra relación comenzó a cambiar. Ya no me trataba de la misma forma que antes y me hacía muchos comentarios despectivos con relación a mi cuerpo. Esto me hacía sentir muy triste y no me sentía valorada como mujer.

Fueron muchas las ocasiones en las cuales me obligaba a sostener relaciones sexuales en las cuales yo me sentía incomoda.

Después del embarazo las cosas no mejoraron mucho; siguieron con el mismo patrón. Gané bastante peso durante el embarazo y no me fue muy fácil volver a mi peso de antes. Siguieron las burlas sobre mí cuerpo, que ya no veía atractiva. Él decía que no sentía deseos de tener relaciones sexuales conmigo. También comencé a notar cierto tipo de celos de su parte porque me decía que le dedicaba más tiempo y atención al bebe que a él. Este patrón continuó hacia mi persona hasta que decidí terminar con esta relación de pareja.

3. What were your main sources of support while pregnant? (¿Cuáles fueron sus principales fuentes de apoyo durante el embarazo?)

Algunos familiares cercanos, amistades y personal médico en mis citas de seguimiento en cuanto a mi embarazo. Hice una extensa búsqueda por internet y en algunas librerías sobre libros o artículos sobre el tema del embarazo. Mi apoyo principal fue el de mi señora madre y mi suegra ya que me instruyeron y orientaron sobre el proceso de mí embarazo. La lectura sobre el tema amplió mis conocimientos sobre los procesos de cambio en mi cuerpo al estar en gestación.

4. Did anyone within or outside of the healthcare system asked you about domestic violence? (¿Alguna persona dentro o fuera del sistema de salud le ha preguntado sobre la violencia doméstica?)

Según recuerdo, cuando visitaba la oficina de mi ginecólogo casi siempre el tema se centraba en cómo me sentía físicamente con mi embarazo y su desarrollo. Del aspecto emocional, casi nadie del personal médico me preguntaba algo, lo que a veces me sorprendía. Pero yo no le prestaba importancia pues tampoco quería ventilar mis problemas de pareja. Nadie directamente me hizo preguntas relacionadas a la violencia o abuso.

5. Did you feel like you could share any aspects of the abuse while pregnant with a health professional? (¿Sentiste que podías compartir todos los aspectos del abuso durante el embarazo con un profesional de la salud?)

En realidad, tenía conocimientos sobre estos servicios médicos como por ejemplo, un psicólogo o un siquiatra. Pero mi seguro médico no lo cubría y yo no podía costear estos servicios de forma privada. No me sentía cómoda de comentar la situación que estaba viviendo porque me avergonzaba y sentía temor de que mi pareja de alguna forma supiera que yo estaba compartiendo lo que sucedía en nuestra intimidad y que el abuso fuera peor.

6. How did others act when you shared your story? What was helpful to you? What was not? Did you ever tell anyone about abuse during your pregnancy? (¿Cómo otros actuaron al compartir tu historia?, ¿Fue útil para usted o no?, ¿Le dijo usted alguna vez a alguien sobre el abuso durante su embarazo?)

Mi amiga más íntima quedó muy sorprendida al narrarle los problemas que confrontaba en mi relación de pareja. Al desahogarme con ella, lo cual me hizo sentir mucho mejor, le hablé de cómo me sentía emocionalmente. Su semblante cambió y me dijo que ella también había sido maltratada en su embarazo por parte de su esposo. Ella me trató de aconsejar lo más posible basada en su experiencia vivida.

7. Were you afraid to tell health professionals about the abuse? How could they have made you feel more comfortable? (¿Tenía miedo de decirle a los profesionales de la salud sobre el abuso?, ¿Cómo ellos podrían haberla hecho sentir más cómoda?)

En realidad, sí. Era amenazada constantemente por mi pareja. Me decía que de nuestros problemas de pareja nadie tenía que estar enterándose. Posiblemente si me hubieran preguntado directamente les hubiera compartido mi historia. Me hubiera sentido más cómoda si estos profesionales de la salud hubieran tomado el tiempo de preguntarme sobre el abuso y no dar por hecho de que ninguna mujer no es víctima de maltrato. Tal vez, con alguna encuesta parecida a ésta en la que no tengo que ver a la otra persona preguntándome directamente a los ojos me hubiese sentido más cómoda.

8. What was the most helpful advice you got to deal with the situation? (¿Cuál fue el Consejo más útil que le dieron para lidiar con la situación?)

Evitar discutir con mi pareja para que de esta forma no se violentará su carácter y yo no fuera a salir agredida físicamente.

9. How do you think the pregnancy affect your relationship with your partner? (¿Cómo piensas que el embarazo afectó tu relación con tu pareja?)

Con mi embarazo, todo mi cuerpo sufrió cambios. Según él, ya no me veía atractiva y poco dispuesta a sostener relaciones sexuales. Si lo vemos de una manera simple, el embarazo fue el detonante de todo el maltrato que viví. Sin embargo, para mí, estar embarazada ha sido lo mejor que ha ocurrido en mi vida. No me importaron las circunstancias y situaciones que tuve que vivir. A pesar de todo este maltrato emocional, al que fui sometida por parte de mi pareja tengo un hijo hermoso y sano.

10. Reflecting back on your situation is there anything you would have done differently? (Reflexionando sobre su situación ¿qué que hubieras hecho diferente?)

Hubiese tenido el valor suficiente para denunciar este tipo de abuso durante mi embarazo a las autoridades correspondiente y haberlo expuesto en la clínica de salud de cuidado para mujeres embarazadas. Pero también debo expresar que amaba a mi

pareja a pesar de este cambio de comportamiento por parte de él durante mi embarazo, aunque la mejor decisión que tome fue separarme de él.

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