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Two Sides of the Same Coin- A Qualitative Meta-Study of Factors Influencing Immigrant Women’s Experiences of Intimate Partner Violence.

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TWO SIDES OF THE SAME COIN – A QUALITATIVE META-STUDY OF FACTORS INFLUENCING IMMIGRANT WOMEN’S EXPERIENCES OF INTIMATE PARTNER VIOLENCE

By

Stephanie L. Donnelly

A DISSERTATION

Submitted to the Faculty of the University of Miami in partial fulfillment of the requirements for the degree of Doctor of Philosophy

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the requirements for the degree of
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Stephanie L. Donnelly

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Intimate partner violence (IPV) poses a significant threat to the health and safety of women, men, and children in the U.S. and throughout the world. As the immigrant population of the U.S. continues to grow, it is important for clinicians, researchers, and policy makers to better understand the experiences and needs of immigrants who face IPV so they can better meet the needs of this population. This study examined the experiences of immigrant women who have faced IPV by using qualitative research synthesis, specifically meta-study methods (Paterson, Thorne, Canam & Jillings, 2001). The primary aims of the study were to examine the experiences of immigrant women who faced IPV in terms of the risk and protective factors that influence IPV-related decision making, women’s methods for coping with IPV, and their experiences seeking formal and informal support. A systematic and comprehensive search using relevant electronic databases was conducted to identify studies eligible for inclusion in this analysis. The final sample consisted of 20 research reports which included 15 unique studies and a total of 327 participants. Findings suggest several methodological trends in the current body of research including a reliance on semi-structured interviews to collect data, variations in approaches to managing risks to participants, and the importance of context (rural vs. urban) on women’s experiences of IPV and help-seeking. Synthesis of findings across the
sample suggest Latina immigrants initially seek help for IPV through family and friends who provide connections to formal services. The centrality of motherhood and concern for the welfare of children emerged as the most significant influence on women’s responses to IPV and help-seeking decisions. The motherhood role, gender-role expectations, and perceptions and experiences of family support were found to have a two-sided, both risk and protective, influence on help-seeking. Implications of study findings for clinicians and future directions for research are described and include an examination of the utility of qualitative meta-synthesis in the field of psychology.
Dedication

This work is dedicated to my dad who started this journey with me, supported me through the inevitable lows of my academic endeavors, celebrated the successes, but was taken from this life before I reached the finish. We celebrate together still.
Acknowledgements

I would first and foremost like to acknowledge my amazing family who has been here for the best and worst of it. Thanks for listening ad infinitum to my struggles, providing support and a good laugh when needed, celebrating and enjoying the successes with me, and for your patience when my progress was slow. This would not have been possible without the support and example of my parents, who from an early age instilled in me the importance of education and doing good in the world. Thank you to my amazing brothers and sisters who have always been in my corner with a good laugh, adventure, or sassy comeback when needed. Thank you to my dog Andy whose sacrifice in missed walks and dog park dates did not go unnoticed.

My deepest gratitude and respect for my dissertation chair and mentor Dr. Etiony Aldarondo, who took me on as a student during a difficult time in my graduate school experience and was willing to take a chance with me in using research methods that were new to us. Thank you also to my wonderful committee members Dr. Debbiesiu Lee, Dr. Joshua Diem, and Dr. Rosa Gonzalez-Guarda whose patience and openness to working through the use of a unique research methodology have been integral in steering this project to its completion. Through our discussions and occasional debates as we have met to review this work I have learned so much.

I truly believe I would not have made it through this process without the ongoing support of my peers and especially that of my program cohort. Courtney, Maria Jose, Megan, and Seth, you have each helped me learn and grow both personally and professionally in profound ways. I am grateful for the way in which your lives have
shaped mine. Courtney, we are crossing this finish line hand in hand. Thank you for keeping me strong through the very end of this journey.

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Finally, there are countless other friends, teachers, helpers, coworkers, and patients who have shaped my academic and personal development. Though I cannot name and thank each of you, your contribution is noted and so greatly appreciated.
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If the numbers we see in domestic violence were applied to terrorism or gang violence, the entire country would be up in arms, and it would be the lead story on the news every night. – Mark Green, Former U.S. Representative, WI

CHAPTER 1: INTRODUCTION

Intimate partner violence (IPV), often referred to as domestic violence, partner abuse or family violence\(^1\) is a pattern of controlling and abusive behavior within a romantic relationship. Abusive acts can range from verbal insults and smaller acts of aggression such as pushing and shoving to acts involving the use of weapons that result in serious injury or death. IPV has been found to occur among people of all national, cultural, economic, and religious backgrounds (García-Moreno, Jansen, Ellsberg, Heise, & Watts, 2005; Heise & Garcia-Moreno 2002; Tjaden & Thoennes, 2000). Findings from the National Violence Against Women Survey (Tjaden & Thoennes, 2000) have established a widely accepted estimate that 25% of women in the U.S. will experience physical or sexual violence at the hands of an intimate partner within their lifetime. Internationally, the World Health Organization (García-Moreno et al., 2005), found that 13-61% of women from 10 countries representing a variety of cultural and economic backgrounds had experienced physical violence by a partner. Similar prevalence rates were found in a review of 48 population-based surveys that included data from 35 countries where lifetime prevalence rates of intimate partner physical abuse were found to range from 10-69% (Heise & Garcia-Moreno, 2002). Further, based on study findings, the authors estimated that one-third to one-half of women who experience physical

\(^1\) Although the terms *domestic violence* and *family violence* are sometimes used to refer to other forms of abuse such as child and elder abuse the terms will be used interchangeably throughout this document and only refer to violence that occurs between intimate partners.
violence in an intimate relationship also experience sexual abuse or assault at the hands of their partner (Heise & Garcia-Moreno, 2002).

In addition to the risk of serious physical injury associated with IPV (Abbott, Johnson, Koziol-McLain, & Lowenstein, 1995; Bonomi et al., 2009; Btoush, Campbell, & Gebbie, 2009; Dutton et al., 2006; Kyriacou et al., 1999; Wu, Huff, & Bhandari, 2010) women in an abusive relationship experience significant emotional strain and psychological difficulties, with prevalence rates of Posttraumatic Stress Disorder (PTSD) ranging between 31-84% (Golding, 1999; Jones, Hughes, & Unterstaller, 2001). Findings from the National Survey of Families and Households (Zlotnick, Johnson, & Kohn, 2006) suggest that women who experience IPV suffer higher rates of depression, lower self-esteem, and poorer life satisfaction than non-abused peers at five year follow-up, even though half the women had left the abusive relationship. The World Health Organization (Ellsberg, Jansen., Heise, Watts, & Garcia-Moreno, 2008) and others (Bonomi et al., 2006; Coker et al., 2002; Dutton et al., 2006; Mechanic, Weaver, & Resick, 2008; Pico-Alfonso et al., 2006) found women who experienced IPV reported significantly more depression, general emotional distress, suicidal ideation, and suicide attempts than their non-abused peers.

The body of research investigating IPV is vast, with publications addressing issues associated with victims, perpetrators, and treatment. Although research investigating domestic violence among and including various ethnic groups has expanded over the past two decades more work is needed to better understand how environmental and contextual factors influence the IPV experience of women of color and immigrant women (West, 2005). Additionally, current public policy, intervention, and outreach
efforts to assist victims of IPV have largely been based on research and experience in assisting non-immigrant populations to cope with the effects of family violence. Far less research has investigated the experiences of immigrant women who have dealt with IPV. This trend is unfortunate given that in 2009 immigrants accounted for 12.5% of the total U.S. population (Grieco & Trevelyan, 2010) and the immigrant population is expected to grow to 19% by 2050 (Passel & Cohn, 2008).

Several authors have identified investigation of the experiences of ethnic minority and immigrant populations as an important area for growth within the field (Aldarondo & Castro-Fernandez, 2011; Crowell & Burgess, 1996; Dutton & Corvo, 2006; Ellsberg & Heise, 2005). Specifically, in 1996, Crowell and Burgess made several recommendations for further study including the need for,

both qualitative and quantitative research to recognize the confluence of the broad social and cultural context in which women experience violence, as well as individual factors, with attention to such factors as race, ethnicity, socioeconomic status, age, and sexual orientation in shaping the context and experience of violence in women's lives. (p. 4)

It is important for clinicians, communities, and researchers to understand IPV in light of the “broad social and cultural context” of the experience of immigration so that they can better respond to IPV in ways that meet the needs of our rapidly changing population. The call for further research into the social and contextual factors that influence IPV, particularly as it relates to ethnic minority and immigrant populations, was recently repeated by Aldarondo and Castro-Fernandez (2011) who suggest that since the 1996 research recommendations made by Crowell and Burgess little progress on these issues has been made.
Of the research that has been done, researchers and clinicians have identified several factors that are important to consider when addressing IPV among immigrants. First, researchers have noted cultural differences among immigrant women in their beliefs about how aggressive behavior in relationships should be handled (Brabeck & Guzman, 2008; Kelly, 2009; Latta & Goodman, 2005; Magnussen, Shoultz, Hansen, Sapolu, & Samifua, 2008, Yoshihama, 2002). While some immigrant women may view IPV as “something to endure rather than escape” (Latta & Goodman, 2005, p. 1147) others feel it is important that extended family members and leaders in their ethnic community intervene to address family violence (Magnussen et al., 2008). Second, immigrant families often experience a higher number of traditional stressors and risk factors associated with IPV (e.g. economic problems, inadequate housing, discrimination, etc.; Perilla, Bakerman, & Norris, 1994; Zarza, Ponsoda, & Carrillo, 2009). In addition to traditional IPV risk factors, immigrant families experience immigration-specific stressors (e.g. acculturation stress, immigration-related legal issues, changes in gender role expectations) that may increase the likelihood for violence (Brownridge & Halli, 2002; Perilla, 1999). Immigration-related stressors are likely to make it difficult for victims of IPV to seek assistance and may exacerbate the stress and trauma associated with domestic violence (Menjívar & Salcido, 2002).

When immigrant women do seek formal assistance through legal and social service programs they are likely to experience difficulties locating services that are culturally sensitive and meet their language needs (Alaggia, Regehr, & Rishchynski, 2009; Guruge & Humphreys, 2009; Latta & Goodman, 2005). Some experience fears regarding deportation (of themselves or their partner) and placement of their children in
foster care (Earner, 2010). Finally, immigrants often have less access to informal sources of support through the family and community support systems they would rely on in their home country for addressing IPV (Magnussen et al., 2008). All of these difficulties may cause women to avoid seeking medical care and legal protection from abuse, limiting their coping options for dealing with abuse to more internal and emotion-focused coping methods. The World Health Organization survey on violence against women (García-Moreno et al., 2005) indicates that 55% to 95% of women do not seek formal help to address intimate partner violence. This suggests that women throughout the world, including immigrant women in the U.S., are using informal sources of support and a variety of coping methods for dealing with the abuse they experience.

Although researchers have identified important contextual and risk factors that influence IPV within immigrant communities (Brownridge & Halli, 2002; Caetano, Schafer, Clark, Cunradi & Raspberry, 2000; Cummings, Gonzalez-Guarda, & Sandoval, 2013; Erez, Adelman, & Gregory, 2009) there is still relatively little known about the lived experiences of immigrant women who face IPV and how they navigate this difficult problem. The majority of research that does investigate the impact of IPV on the lives of immigrant women consists of small, qualitative studies focusing on a single, often culturally and geographically isolated immigrant population and provides a “critical, albeit partial knowledge with regard to immigration and domestic violence” (Erez et al., 2009, p. 37).

Qualitative research methods have often been chosen to study the experiences of immigrants because these methods are well-implemented with small populations and provide in-depth information about the phenomena being studied (Crandall, Senturia,
Additionally, the impact of language barriers and stigma regarding participation in research may be reduced through the use of qualitative methods, making qualitative approaches more adequate for investigating the experiences of marginalized populations. Although qualitative research methods offer many advantages in the study of immigrants and IPV some researchers (Estabrooks, Field, & Morse, 1994; Glaser & Strauss, 1971) have expressed concern that qualitative research findings are often kept in isolation from other studies with little opportunity to link findings between studies. The concern is that such isolation of findings ultimately decreases the overall influence of these observations. As the goal of most research in the field of IPV is to produce information that will help with the intervention and prevention of family violence, it is important that these findings do not remain in isolation and that the voices of immigrant women be given the important influence they deserve in shaping IPV policy and intervention.

Qualitative meta-synthesis (QMS), offers a unique research paradigm by which the current research into the experiences of immigrant women who have faced IPV may be examined. QMS involves a systematic review and formal integration of research findings from several qualitative research studies (Sandelowski & Barroso, 2007). Similar to meta-analysis in quantitative research, QMS brings together findings from primary research reports for analysis. However, like qualitative research, QMS is interpretative in nature. Rather than solely aggregating the results of previous studies, the researcher seeks to examine patterns and contradictions in primary research findings within the context of the theoretical, methodological, and social contexts that generated
the original findings (Noblit & Hare, 1988; Paterson, Thorne, Canam, & Jillings, 2001; Thorne, Jensen, Kearney, Noblit, & Sandelowski, 2004).

The Proposed Study

This study used qualitative meta-study methods (Paterson et al., 2001) a specific approach to QMS, to examine the experiences of immigrant women who have faced IPV since immigrating to the U.S. The guiding research question was, what are the experiences of immigrant women who are victims IPV in terms of the risk and protective factors that contribute to violence, their methods for coping with IPV, and their experiences seeking formal and informal support? It is hoped that this research will further our understanding of how the unique context of immigration influences women’s reactions and coping responses when faced with IPV. Improved understanding of the experiences and impact of IPV on immigrant women may provide guidance to clinicians, service agencies, and policy makers who seek to provide effective family violence interventions.

Although QMS methods have been used in the fields of nursing and education research for the last 30 years, their use in the field of psychology is just emerging. A secondary aim of this study is to evaluate the utility of QMS within the discipline of psychology in order to identify potential advantages and challenges of using this method. The current literature on immigrants and IPV is ripe for the application of qualitative research synthesis and the application of these methods in the field of psychology will provide a valuable methodological contribution to the field.
CHAPTER 2: LITERATURE REVIEW

The following literature review is divided into two primary sections. First I will summarize the current research on the experiences of immigrant women coping with IPV. The nested ecological model (Dutton, 1995) will be used as a framework throughout this review to organize findings in the literature. Through use of the nested ecological model, an explanatory review of the risk and protective factors that influence IPV in immigrant communities as well as the strategies immigrant women use to cope with family violence will be summarized. The second section of this chapter will provide a detailed introduction to the history and research procedures associated with qualitative meta-synthesis, the chosen research method for the current study. As the use of qualitative meta-synthesis is still in its infancy in the field of psychology the in-depth review is provided as an introduction to readers who are not yet familiar with the approach.

Immigrant Women and Intimate Partner Violence

Nested Ecological Model

Drawing on Bronfenbrenner’s (1977) ideas about the importance of ecological systems, Dutton (1995) describes a nested ecological model to help researchers better conceptualize the multifaceted risk and protective factors that influence family violence. Rather than viewing IPV as a one-dimensional problem based solely within the dysfunction and psychopathology of the perpetrator, this model captures the important contributing influence of family, community, and societal factors that interact with...
individual characteristics in ways that may increase or deter the risk of IPV. The ecological model has been widely used to conceptualize various aspects of IPV including, prevention and maintenance of abusive behavior (Carlson, 1984; Krug, Mercy, Dahlberg, & Zwi, 2002; Reilly & Gravdal, 2012), batterer intervention (Edleson & Tolman, 1992), violence disclosure by victims (Alaggia, Regehr, & Jenny, 2012). Such models have also assisted in our understanding of domestic violence among diverse ethnic (Heise, 1998; Oetzel, & Duran, 2004) and immigrant populations (Brownridge & Halli, 2004).

Dutton (1995) describes four levels within the nested ecological model that will be used in this review to introduce the reader to what is currently known about IPV among immigrant populations. The macrosystem is the broadest system in the model and consists of the cultural values and beliefs that influence the beliefs and actions of individuals, families, and communities. The exosystem is comprised of formal and informal social structures that interact with the family including friendships, employment, church, and civic organizations. Social structures within the exosystem help mediate the family’s connection to the broader cultural system and may add to family stress or provide support to address family problems. The microsystem includes the family system, relationship characteristics of the couple, acts of violence, and the patterns of antecedents and consequences surrounding conflict within the family (Carlson, 1984; Heise, 1998; Stith, Smith, Penn, Ward, & Tritt, 2004). The ontogenic level of the model is the narrowest and is specific to each individual (abuser, victim, and child). This level includes psychological traits, personal attitudes, personal history, use of substances, and other individual level factors that may influence family violence.
The nested ecological model allows researchers to conceptualize how characteristics of each level of the system may interact with other parts of the system to produce both risk and protective factors for IPV. I believe it can also help us understand the coping strategies women use to address violence as well as the likelihood for success of specific coping strategies depending on characteristics of the environment. Most importantly, the nested ecological model has been chosen as a guiding framework for this review as it allows for greater recognition and understanding of how contextual and environmental influences such as immigration, poverty, and cultural values interact to influence the experience of violence among immigrant women. The model provides an important framework for researchers to address recommendations from the National Academy of Science (Crowell & Burgess, 1996) that IPV research should “recognize the confluence of the broad social and cultural context in which women experience violence” (p. 4) so that findings can better inform IPV policy and clinical practice.

**Risk and Protective Factors for IPV among Immigrant Populations**

Research into risk factors for IPV among immigrant populations has largely confirmed the presence and contribution of risk and protective factors that have been noted in non-immigrant populations. Overall, researchers have identified individual (ontogenic), relationship (microsystem), and community (exosystem) risk-factors as more highly predictive of IPV than ethnicity, cultural beliefs, and immigration status (Aldarondo & Castro-Fernandez, 2011; West, 1998). A short review of the literature that substantiates the presence of risk and protective factors similar to those of U.S. born populations among immigrant populations will be provided. This will be followed by an examination of research that investigates risk and protective factors unique to immigrant
communities including, immigration specific abuse tactics, cultural norms, acculturation, and immigration related gender-role changes.

**Exosystem.** General exosystem risk factors for IPV have been documented in Hispanic/Latino immigrant populations and include difficulties in employment, education, and finances (Cunradi, Caetano, & Schafer, 2002; Perilla et al., 1994; Zarza et al., 2009) as well as social marginalization and poverty (Kaufman-Kantor, Jasinski, & Aldarondo, 1994). Cunradi, Caetano, Clark, and Schafer (2000) indicate that among Hispanic households every $1000 of increased income is associated with a 3% decrease in the likelihood for violence. Similarly, in a review of the literature on risk and protective factors associated with IPV among Hispanics, Cummings et al., (2013) observed that living in violent and impoverished neighborhoods as well as negative work conditions such as those faced by migrant farm-workers were associated with increased likelihood of domestic violence. Qualitative data from a large sample of diverse immigrants suggests that when immigrant families face economic problems such as unemployment IPV risk is increased because, having relocated, the family is not able to receive the tangible support from friends and family they would have received in their home country (Erez et al., 2009).

Although greater connection to social systems through work and religious activities would theoretically provide protection against IPV this relationship was not supported in a diverse sample of Canadian immigrants (Brownridge & Halli, 2002). However, neighborhood connectedness, particularly through local concentration of immigrant populations, was recently found to be associated with decreased IPV among immigrants in Chicago (Wright & Benson, 2010). Among Hispanics, adequate social
support was found to be a protective factor, associated with lower rates of IPV while decreased social support increased risk (Cummings et al., 2013). Friendships have been demonstrated to be a stronger protective factor for IPV than family relationships (Wright & Benson, 2010).

**Microsystem.** Many of the same microsystem level risk factors associated with IPV among U.S. born populations have been found to exist among immigrant families. Poor communication (Perilla et al., 1994), the need for power and control (Magnussen et al., 2008; Perilla, 1999), abuse in the family of origin (Perilla, 1999), and jealousy (Magnussen et al., 2008), have been documented as microsystem level risk factors for violence among immigrant populations. Other attitudes that influence partner interactions and increase IPV risk include, sexual propriety (Brownridge & Halli, 2002), approval of marital aggression (Cunradi et al., 2000) and economic imbalance in which immigrant women earn more than their partners (Brownridge & Halli, 2002; Gonzalez-Guarda, Peragallo, Vasquez, Urrutia & Mitrani, 2009).

**Ontogenic.** Consistent with findings among non-immigrant samples the use of alcohol and drugs has been identified as an ontogenic level risk factors for IPV among immigrants from Samoa (Magnussen et al., 2009), Central and South America (Caetano, Nelson, & Cunradi, 2001; Caetano et al., 2000; Cummings et al., 2013; Cunradi et al., 2000; Perilla et al., 1994, Perilla, 1999), and a sample of immigrants from 35 countries (Erez et al., 2009). In a review of literature regarding risk factors for IPV among Hispanic populations several were identified including, young age, female financial dependence, low self-esteem, and impulsivity (Cummings et al., 2013). It is clear that immigrant populations experience many of the same risk factors for IPV as native born populations.
What seems to be unique however is that immigrant families may be more likely to experience a greater accumulation of risk factors commonly associated with IPV (Perilla et al., 1994; Zarza et al., 2009) as well as several immigration specific risk factors that further increase their levels of cumulative stress.

**Immigration Specific Risk and Protective Factors**

**Immigration specific abuse tactics.** Upon immigration, families face many changes. When domestic violence is present some of these changes may be associated with unique immigration-related abuse tactics and new stressors that influence conflict. Among a diverse group of immigrants, women indicated that past areas of conflict, for example money, took on new dimensions after immigration. New issues, such as sending remittance to family, became areas of conflict associated with the potential for violence (Erez et al., 2009). Additionally, women in this sample endorsed a high prevalence of men’s use of immigration related abuse (e.g. threatening to report women to immigration officials, providing misinformation about immigration policy), as a form of abuse and control. Immigrant military brides (Erez & Bach, 2003), Latina (Dutton, Orloff, & Hass, 2000), and Asian (Bui & Morash, 1999) immigrant women have reported similar forms of immigration related abuse (see Raj & Silverman, 2002 for a review). Women in one study (Erez et al., 2009) reported that immigration related processes such as the filing of immigration paperwork and accessing social services intended to assist with immigration was associated with increased abuse. Erez and colleagues (2009) point out that the context of legal dependency, in which a woman’s immigration status is tied to that of her partner, allows men to manipulate women who are often unfamiliar with immigration processes.
**Cultural values.** Studies investigating the influence of cultural values on risk and protective factors for IPV have resulted in inconsistent findings, in which a specific value or cultural script (e.g. *machismo*) serves as a protective factor in some studies and a risk factor in others (Cummings et al., 2013). Consistency in research regarding the influence of cultural values may be difficult to achieve as these values are often assessed in different ways across studies. A few findings regarding values that are not specific to country of origin provide important information regarding the influence of broad cultural values on risk and protection from violence. Among a group of immigrant women from 35 counties 65% reported that abuse was tolerated (and in some cases not a crime) in their country of origin (Erez et al., 2009) Other evidence, however, is more encouraging. Decreased rates of IPV were found in neighborhoods that had high concentrations of immigrants who held the belief that fighting in the family and between friends was not a private matter (Wright & Benson, 2010).

**Acculturation.** Interesting patterns have been described regarding the influence of acculturation on family violence. In a review of research on Hispanic populations those who were born in the U.S. and those with higher acculturation were found to have more risk for IPV (Cummings et al., 2013). Similar relationships in which higher acculturation is associated with IPV have been found among immigrants to Canada (Brownridge & Halli, 2002) and non-Hispanic immigrants in the U.S. (Wright & Benson, 2010). This phenomena in which acculturative stress is shown to decrease risk for social and mental health problems among recently immigrated populations is frequently referred to as the *immigrant paradox*. Among a sample of Hispanic immigrants Caetano and colleagues (2000) demonstrated that medium levels of acculturation were more
significantly associated with IPV than low or high levels. The authors suggested that immigrants within this range may be at a point in the process of acculturation in which they experience significant stress due to living between two cultures. To support this theory, Wright and Benson (2010) found less IPV in neighborhoods with greater concentrations of ethnically similar immigrants. Such neighborhood composition was also associated with higher levels of neighborhood control, social ties, and shared cultural norms, suggesting that the ability to keep important aspects of immigrant’s native culture intact (lower acculturation) serves as buffer to IPV risk (Yick, 2000).

**Gender-role changes.** Although maintenance of native cultural values may serve as a protective factor, the context of life in the U.S. in which both partners must often work outside of the home may pose a threat to the protection afforded by the immigrant paradox. The employment of women may challenge gender-role norms held in many cultures. Several researchers have found female employment outside of the home, especially if the woman is more financially successful than the man, to be associated with increased risk for domestic violence (Brownridge & Halli, 2002; Bui & Morash, 2008; Gonzalez-Guarda et al., 2009). For example, among Vietnamese immigrants Bui and Morash (2008) observed that when the economic status of men decreases due to immigration they may experience a loss of power and social status and turn to violence as a way to reassert their power. As economic adjustment, unemployment, and the loss of job status (having to take a job beneath one’s qualification level) are common among immigrant populations changes in gender roles are an important area of consideration as a risk-factor for domestic violence.
Coping with Intimate Partner Violence

Coping, the process through which people appraise and respond to stressful experiences (Lazarus & Folkman, 1984) is often conceptualized as being active or avoidant, involving engagement or disengagement, and can be problem or emotion-focused. Generally, problem-focused coping (similar to active and engagement coping) is considered to be the actions an individual takes to change their environment in order to reduce stress (e.g. leave abusive partner, call police). Emotion-focused coping (similar to disengagement and avoidant coping) includes the attempts an individual makes to manage internal thoughts or emotions (e.g. wishful thinking, humor, denial of the problem) to better handle stressors in the external world (Heckhausen & Schulz, 1995; Lazarus & Folkman, 1984).

In relation to the nested ecological model, an individual’s coping strategies can be conceptualized as aimed at seeking change within specific levels of the model. Emotion-focused coping is considered as occurring within the ontogenic level of the model which addresses the internal individual processes a victim uses to cope with IPV. Victim’s attempts to modulate interactions with their partner (fighting back, placating) and efforts to teach children what to do during episodes of violence (go to a neighbor, call 911) occur within the microsystem level. Seeking assistance outside of the immediate family including help from members of the extended family and friends or health, religious, and social service agencies occur within the exosystem level of the model. Finally, attempts to change laws, policies, and attitudes related to violence against women occur in the macrosystem. Using the traditional problem versus emotion-focused dichotomy, coping that addresses issues at the microsystem, exosystem, and macrosystem level would be
seen as problem-focused or active strategies. The following sections will discuss current literature on the methods immigrant women use to cope with IPV. First, I will provide a brief introduction to current perspectives regarding women’s coping responses to violence in relationships. This will be followed by an examination of the current body of research specific to immigrant women’s approaches to coping and seeking help for IPV.

**Coping Choices and Strategies.** Research indicates that women use a variety of coping tactics and modify their coping strategies throughout the course of a relationship (Bauman, Haago, & Dutton, 2008; Goodman, Dutton, Weinfurt, & Cook, 2003; Meyer, Wagner, & Dutton, 2010; Waldrop & Resnick, 2004). Coping models suggest that an individual will choose to use strategies based on their perception of the amount of control they have over a particular stressor (Clements & Sawhney, 2000; Folkman, 1984). Problem-focused coping is typically used to address problems that seem controllable, however, IPV is often and understandably experienced by victims as an uncontrollable stressor (Canady & Babcock 2009; Clements & Sawhney, 2000) often resulting in the more frequent use of emotion-focused coping strategies (Goodman et al., 2003; Kemp, Green, Hovanitz, & Rawlings, 1995; Taft, Resick, Panuzio, Vogt, & Mechanic, 2007; Zakar, Zakar, & Kramer, 2012). Additionally, the perception a woman has of the responsiveness of family, friends, and social service agencies from which she wishes to seek help significantly influences her likelihood of engagement in problem-focused coping (Mitchell & Hodson, 1983; Taft et al., 2007; Waldrop & Resnick, 2004).

Findings from multiple studies suggest a general pattern in the types of coping strategies immigrant women use during the course of an abusive relationship (Campbell, Rose, Kub, & Nedd, 1998; Goodman et al., 2003; Waldrop & Resnick, 2004). Emotion-
focused coping is more likely to be used when violence first develops in a relationship and at lower levels of violence severity (Pinnewala, 2009; Waldrop & Resnick, 2004). As abuse becomes more severe and frequent women are more likely to seek social support and formal assistance to reduce violence or end the relationship (Garcia-Moreno et al., 2005; Goodman et al., 2003; Kemp et al., 1995). However, many researchers have found that women experiencing the highest severity of violence often engaged in more use of emotion-focused coping strategies (Kemp et al., 1995; Lewis et al., 2006; Mitchell & Hodson, 1983; Taft et al., 2007). It has been suggested that women may return to primarily emotion-focused strategies of coping if they feel their previous problem-focused attempts to address IPV have failed and/or when continued active coping strategies are likely to increase the risk for serious injury (Campbell et al., 1998; Lewis et al., 2006; Walker, 1984). Walker (1984) suggested that emotion-focused coping might be most effective during and immediately after an incidence of violence to help women regulate their reactions and increase safety and that problem-focused strategies are more likely to be helpful following or in-between incidents of abuse. Although emotion and problem-focused coping responses among immigrant women who face IPV will now be discussed separately, in reality, these strategies are often used simultaneously and the distinction between the two, though conceptually helpful, is not always clear or descriptive of the complex nature of how women respond to partner violence (Goodman et al., 2003; Zakar et al., 2012).

**Immigrant Women’s Coping Responses to Intimate Partner Violence**

Women across the world and those who are immigrants have been found to use many of the same emotion and problem-focused coping strategies as women born in the
Much of the international and immigrant research on responses to IPV focuses on the specific methods used to cope and women’s perception of their effectiveness. I will now provide a review of what is known about the coping strategies immigrant women use to address domestic violence as well as the cultural and immigration related factors that influence coping choices. Researchers have examined several important coping responses among immigrant women including the seeking of social support and utilization of formal resources, emotion-focused strategies, spirituality, and the influence of acculturation on coping choices. Following a discussion of these specific factors, I will then review how the context of immigration influences coping and provide a brief examination of the limitations of current IPV coping research.

**Coping through social support.** The World Health Organization found great variety across countries in women’s attempts to seek social support with between 21-66% of women at study sites indicating that they had not told anyone about the abuse they experienced (Garcia-Moreno et al., 2005). Variations in findings among immigrant women in the U.S., regarding their disclosure of abuse, and attempts to seek support from family and friends have also been noted. A majority of Mexican immigrants (83%) indicated that they sought support from family and friends regarding IPV and had done so an average of 4-5 times during the 6 months prior to accessing community services (Brabeck & Guzman, 2008). In a different sample (Crandall et al., 2005), Latinas indicated that community attitudes which minimized and at times tolerated abuse caused them to feel isolated from seeking help from friends and family. Similar concerns regarding acceptance of violence and family structures which empower men were identified by advocates as a difficulty faced by many Asian immigrants (Huisman, 1996).
Other groups of women described mixed perceptions of the support they would receive by disclosing violence to family and friends. Samoan (Mangussen et al., 2008) and Arab (Abu-Ras, 2007) immigrants report some barriers to disclosing abuse and variations in the types of support they expect to receive from family after disclosure. Samoan women indicated that they expect their family to be supportive and even encourage them to leave the relationship but also feared their brothers may assault their partner. Arab immigrant women who did not believe permanent separation a good solution to IPV indicated that they would be able to stay with their family as a temporary measure while abuse is addressed.

**Accessing institutional support.** Much of the research examining IPV among immigrants has focused on immigrant women’s utilization of institutional resources and the barriers they experience in accessing formal support services. Investigating the rate at which women throughout the world seek formal help, the World Health Organization found that 55-95% of women across study sites never sought assistance from people in positions of authority and that the women who did had typically experienced more severe abuse and injuries (Garcia-Moreno et al., 2005). Several attitudes and beliefs have been associated with service utilization among immigrant women in the U.S. Arab women who rejected patriarchy and those who believed men are accountable for IPV were more likely to seek legal and social services (Abu-Ras, 2007). In a sample of Latina immigrants, women reported becoming more willing to access services as they realized the violence was unlikely to end and reported they preferred the assistance of a Spanish language domestic violence center as well as help from shelters and medical professionals (Crandall et al., 2005). Similarly, among Mexican women who sought
formal help 77% sought help from more than one service and had accessed help 3-4 times during the previous 6 months suggesting that once women connected with one service they were likely to seek more (Brabeck & Guzman, 2008). However, some immigrant women were more likely to seek services that were not directly related to IPV. For example, women in one sample were more likely to seek legal help with the immigration processes than legal protection from IPV (Dutton et al., 2000). Among those who have sought services they generally rate these services as helpful and empowering (Brabeck & Guzman, 2008; Molina, Lawrence, Azhar-Miller, & Rivera, 2009; Ting, 2010).

**Structural barriers to service utilization.** Both structural and cultural factors have been identified as important barriers to immigrant women’s use of domestic violence services. Structurally, a major barrier to service utilization has been the lack of the language skills necessary to work with immigrant populations among providers (Crandall et al., 2005; Guruge & Humphreys, 2009; Huisman, 1996; Latta & Goodman, 2005; Lee, Pomeroy & Bohman, 2007). In a qualitative study of service providers who work with Asian immigrants a particular challenge identified by providers was finding staff and volunteers who could assist not only with the many language spoken by this population but the different dialects as well (Huisman, 1996). In that study providers also indicated that the population of women who sought services from a particular agency tended to mirror the language capabilities of the agency’s staff. Other structural barriers to women’s ability to access services have included economic problems and housing instability (Crandall et al., 2005; Ting, 2009) and discriminatory practices within service delivery systems (Guruge & Humphreys, 2009).
Immigration issues and concerns have been important structural barriers immigrant women cite as limiting their ability to seek formal services to address IPV. In addition to obvious concerns regarding deportation (Huisman, 1996) women have described being concerned that the act of seeking help will negatively impact their path to legal status or could result in having their children taken away (Earner, 2010). Although several legal protections are available for victims of IPV (regardless of immigration status) immigration related services where often difficult to access due to financial problems (Crandall et al., 2005) and the complexity of navigating the immigration system (Ingram et al., 2010). Similar difficulties have been documented among immigrant women in Canada, wherein women stay in abusive relationship longer in order to avoid jeopardizing legal sponsorship (Alaggia et al., 2009). Although there are several protections for immigrant women within the U.S. legal system and among social service agencies these safeguards are not reliable or straightforward enough to overcome the immigration related concerns that often deter victims from accessing services.

Cultural barriers to service utilization. Cultural beliefs and a lack of awareness regarding available services have been identified as important barriers to women’s to use of assistance outside of their immediate friends and family. General lack of knowledge and familiarity with potential formal resources for addressing IPV has been documented among immigrants from many countries (Belknap & VandeVusse, 2010; Crandall et al., 2005; Guruge & Humphreys, 2009; Huisman, 1996; Latta & Goodman, 2005; Ting, 2009). Importantly, increased awareness of services and women’s legal rights have been found to increase willingness to seek institutional support (Crandall et al., 2005). However, immigrant women, especially recent immigrants and refugees often need
higher levels of support and guidance to successfully navigate social services as these services are often unfamiliar to women because they may not have been available in their home country (Huisman, 1996; Latta & Goodman, 2005). When immigrant women become aware of institutional resources, cultural values, particularly a desire to keep the family together (Kelly, 2009; Shoultz, Magnussen, Manzano, Arias, & Spencer, 2010), concerns about bringing shame to family (Abu-Ras, 2007; Huisman, 1996; Lee et al., 2007) as well the worry of losing connection to their community (Huisman, 1996) may also inhibit women from accessing services.

**Emotion focused coping.** Similar to women born in the U.S., immigrant women report frequently using emotion-focused strategies to cope with IPV. Among Mexican immigrants Brabeck and Guzman (2008) found women commonly used placating (88%) and walking away (80%) to attempt to decrease violence, but rated these strategies as unhelpful. Among a separate sample of Latina immigrants (Kelly, 2009) coping often involved placating the batterer to keep peace and staying silent due to worries about immigration related problems. Women indicated that ultimately, their decisions were centered on what they perceived as best for their children. Samoan immigrants described keeping silent about abuse due to worry that they will be blamed and shame about having been controlled by their husbands (Magnussen et al., 2008). African immigrant women described using emotion-focused strategies such as hoping for change and focusing on the future in order to remain in an abusive relationship with the intention of staying long enough to address important issues (needs of children, obtaining legal immigration status) before leaving (Ting, 2010). These coping efforts are similar to those found among
women born in the U.S., however, less is known about how the use of these strategies influences immigrant women’s mental health, future coping choices, and physical safety.

**Spirituality.** Spirituality, as a specific form of emotion-focused coping has been found to be a common and important source of strength among immigrant women. Having a relationship with God, was used by the majority of women in a sample of Mexican immigrants (71%) and rated as one of the few helpful emotion-focused coping strategies (Brabeck & Guzman, 2008). Seeking God’s help, a belief in God’s will, and that there would be divine retribution for abuse were described as helpful coping methods used by African immigrants (Ting, 2010). However, advocates indicate that certain spiritual beliefs and the actions of religious leaders can potentially reinforce abuse and deter immigrant women from seeking additional forms of help (Bui & Morash, 2008; Huisman, 1996; Potter, 2007). Specifically, beliefs surrounding the virtue of suffering and the need to pay for sins (recent or from a past life) were identified by Huisman (1996) as problematic in that they reinforced the tolerance of maltreatment.

**The Influence of Acculturation on Coping**

The influence of acculturation on women’s coping choices and support utilization has been examined with somewhat mixed results. In a study of immigrant women in Canada, Hyman, Forte, Mont, Romans, and Cohen (2006) found that recent immigrants were more likely to seek help from police and less likely to seek help from social service agencies when compared to those who had been in the country longer, suggesting that level of acculturation may influence women’s choices of where to seek help. A similar pattern has been demonstrated among Latina immigrants in the U.S. (Dutton et al., 2000) who were more likely to seek informal social support to cope with abuse than women
born in Spain who sought formal social services (Vives-Cases et al., 2010). Additionally, recent immigrants with few English language skills as well as those who come from countries in which there are limited social services are likely to need a greater level of assistance to use both basic (public transportation) and more complex (legal protections) community services (Huisman, 1996; Latta & Goodman, 2005). Dutton and colleagues (2000) found three factors were important to predict whether battered women would use institutional services, which include, stable immigration status, presence of family in the U.S., and living in the U.S. for more than 3 years. Although the immigrant paradox suggests there is likely to be less IPV among recently immigrated populations (Brownridge & Halli, 2002; Caetano et al., 2000; Wright & Benson, 2010), recently migrated women who wish or need to seek assistance may be at a disadvantage due to decreased familiarity with social service systems in the U.S.

**Coping in the Context of Immigration**

Researchers have suggested that coping strategies for dealing with IPV should be seen as highly context specific (Goodman et al., 2003; Goodman, Smyth, Borges, & Singer, 2009; Taft et al., 2007; Walker, 1984). For example, at home a woman may choose to placate unreasonable demands in order to avoid an escalation of violence whereas in public, due to the presence of others, she may have more options in her response. Goodman et al. (2009) describe how the intersecting context of poverty and IPV often limit women’s coping options, particularly the opportunity to use problem-focused coping strategies. I believe this concern is also applicable to the unique context of addressing partner abuse among immigrant populations.
Conceptualizing coping in terms of problem and emotion-focused coping may overlook the important complexity of the intersection of domestic violence and poverty as well as other aspects of identity and context (immigration status, ability status, cultural background) that influence women’s coping choices (Goodman et al., 2009). Further, Goodman et al. (2009) caution such generalizations could lead to the encouragement of problem-focused coping that will ultimately lead to more harm than good. She suggests conceptualizing the coping of victims of violence as *survival focused coping* in which a victim acts in terms of her short-term survival with a priority on meeting basic needs and keeping herself and family as safe as possible. She sees this form of coping as involving the use of *microcontrol* or small steps and negotiations which help women get by and allow them to protect that which they most value (e.g. children, view of self as an adequate wife). Such conceptualization seems appropriate to understanding the complex decisions and priorities immigrant women must weigh as they respond to domestic violence. Survival focused coping also acknowledges that the many seemingly small actions women take to navigate their personal circumstances are important and empowering.

Contextual factors related to immigration have also been identified as influencing the coping options and resources that are available to immigrant women. Huisman (1996) suggested that the stereotype of Asians as a model minority results in funding and structural inequalities in which fewer resources are available for Asian populations. On an individual level, awareness of such stereotypes may make it harder for immigrants to seek help. Historical events and policy changes are another important contextual influence on women’s coping options. For example, Abu-Ras (2007) reported that 58%
of Arab women agreed with the statement that “the best way to deal with wife beating is to arrest the husband” (p. 1015). However, this data was gathered prior to the September 11, 2001 terrorist attacks and ensuing changes in immigration policy which have resulted in the detainment and deportation of large numbers of Muslim immigrants. In a subsequent study (Abu-Ras & Abu-Bader, 2008) women reported greater reluctance to access police services due to fears of stigma, legal problems, and deportation, highlighting the important influence of historical and political context on women’s help seeking behavior.

Other general factors which provide context to the coping decisions of immigrant and U.S. born women have been identified. In a literature review of the life circumstances of abused women, Haeseler (2013) described the multiple contexts with which women must cope as they navigate an abusive relationship. She included the influence of medical and psychological problems, economic disadvantage including forced criminal activity by the partner, and child-rearing concerns such as the risk for abduction as among the multiple interrelated factors that influence the context of women’s coping choices. With a similar conceptualization, Jackson, Philip, Nuttall, and Diller (2002) conclude,

> integration of neurological, psychological, sociological, and environmental factors will broaden our understanding of the problems of battered women and will lead to more informed interventions and improved outcomes. (p. 7)

It is important that researchers and immigrant advocates continue to seek understanding of the intertwining contextual factors that influence women’s coping choices.
Limitations of Coping Research

There are several important limitations to the research on coping responses to family violence. First, the conceptualization of emotion-focused coping may paint many common IPV coping strategies, such as placating and emotional detachment, as passive and potentially ineffective coping approaches (Goodman et al., 2003; Lewis et al., 2006). However, qualitative methods have demonstrated that women actively choose to use these coping strategies and view these tactics as intentional efforts to decrease risk by modifying the aggressor’s behavior and as such should not be mistaken as passive (Brabeck & Guzman, 2008; Davis, 2002; Goodman et al., 2009; Ting, 2010; Zakar et al., 2012). As Brown (1997) describes, coping with domestic violence involves a process of change and is not simply the result of a specific behavior or experience.

Other researchers (Flicker, Cerulli, Swogger, & Talbot, 2012) have suggested that the broad conceptualizations of coping (e.g. problem versus emotion-focused) may overlook the influence of specific coping strategies (especially those methods that serve multiple purposes). For example, Canady and Babcock (2009) separated the influence of emotion-focused engagement (humor, positive reframing, acceptance) and disengagement coping strategies (self-denial, distraction) in their study of coping and social support among a community sample of women who had experienced aggression in their relationship. With this distinction between variables, they found no overall relationship between emotion-focused engagement methods and mental health outcome but did find the use of disengagement strategies was associated with worse mental health. Yoshihama (2002) found that immigrant women’s perceptions of the effectiveness of the coping strategies they used (whether problem or emotion-focused) was an important
determinant in severity of psychological distress. Even among emotion-focused responses, when women perceived these tactics as effective they experienced less distress. These findings suggest the importance of increased flexibility regarding the conceptualization of coping behavior as well as the importance of continued research to better identify what factors influence the perceived effectiveness of women’s efforts to cope with domestic violence.

Qualitative methods provide a unique opportunity in which we can learn from women, in their own voices, how they have experienced and coped with domestic violence. Fortunately, much of the research specific to immigrant populations and IPV has been conducted using qualitative methods. In order to more effectively empower immigrant women it is important to understand the contexts that shape their decisions and affirm their actions as important steps in the provision of safety for themselves and their children. Investigating their experiences through qualitative research methods generates insight into these important contextual factors. A systematic review and synthesis of the qualitative literature can further help us develop a more coherent and clear understanding of these women’s experiences, needs, and resources when dealing with domestic violence.

**Qualitative Meta-Synthesis**

**Introduction and Background**

As the use of qualitative research methods has increased so have questions about the utility of qualitative findings to inform the broader field of research, intervention, and policy due to their reliance on small, homogenous samples (Estabrooks et al., 1994). Additionally, Estabrooks et al. (1994), expressed concern that qualitative researchers
produce results largely in isolation from other studies and recommend, “it is time to call a
halt to one-shot research by students and senior investigators alike....to roll up our sleeves
and get on with the incremental business of accumulating knowledge” (p. 510). They
along with others, (Finfgeld, 2003; Glaser & Straus, 1971; Sandelowski, Docherty, &
Emden, 1997; Sherwood, 1999; Silverman, 1998) have raised concerns that the isolation
of qualitative findings ultimately decreases their capacity to influence policy and practice.
Methods in qualitative research synthesis emerged from both a concern that the
expanding body of qualitative findings was underutilized and the increased focus on
evidence-based practice, where findings from qualitative research were overlooked in
preference for the use of quantitative meta-analysis (Campbell et al., 2003; Dixon-Woods
et al., 2006; Sandelowski & Barroso, 2007). The following review will provide a basic
overview of the goals, history, precepts, and process of qualitative meta-synthesis
including a description of four established approaches to QMS data-analysis: meta-
ethnography (Noblit & Hare, 1988), grounded formal theory (Glaser & Strauss, 1971;
Kearney, 1998a), meta-summary (Sandelowski & Barroso, 2003), and qualitative meta-
study (Paterson et al., 2001). Emerging procedures and standards in the field of QMS will
be summarized to provide important background for the design of this study. Finally, the
rationale for the chosen approach to synthesis used in this research project, meta-study,
will be provided.

**General definition.** Qualitative meta-synthesis involves a systematic
identification and review of primary qualitative studies to create a formal integration of
research findings (Sandelowski & Barroso, 2007; Thorne et al., 2004; Zimmer, 2006).
Finfgeld (2003), describes the goal of QMS as to “produce a new and integrative
interpretation of findings that is more substantive than those resulting from individual investigations” (p. 894). It is a research method that is unique from the aggregation of research findings done in meta-analysis or the narrative summary of previous findings used for literature reviews (Finfgeld, 2003; Schreiber, Crooks, & Stern, 1997; Sherwood, 1999; Thorne et al., 2004). Qualitative meta-synthesis is different from a literature review in that a formal process of scientific inquiry is undertaken to evaluate the research findings, usually for the entire topic domain being studied. Sampling procedures, study population, and data analysis are all specified and must be justified by a researcher conducting qualitative research synthesis. Using Strike and Posner’s (1983) conceptualization of synthesis, Campbell et al. (2003), suggest that QMS differs from quantitative meta-analysis in that it goes beyond aggregation of findings to create an interpretive whole that is likely to include concepts not explicitly found within the primary studies.

**Purpose of qualitative meta-synthesis.** Schreiber et al. (1997) indicate that unlike quantitative meta-analysis, which provides an aggregated assessment of treatment effects or the strength of relationships between variables, the purpose of qualitative meta-synthesis is to help develop midrange theory and increase utility of qualitative findings. Although other researchers (Estabrooks et al., 1994; Jensen & Allen, 1996; Paterson et al., 2001; Sandelowski et al., 1997), echo the importance of using QMS to develop theory and thus inform policy, Noblit and Hare (1988) suggest a more cautious standpoint and view the purpose of meta-synthesis as less about creating formal theory and more about building thicker descriptions of phenomena. However, the description of QMS by Schreiber et al. (1997) as, “the bringing together and breaking down of findings,
examining them, discovering the essential features, and, in some way, combining phenomena into a transformed whole” (p. 314) aptly describes the essential features and purpose of QMS methodology across the many methods in which it is implemented.

**Epistemology.** Like qualitative research in general, QMS involves an interpretive and constructivist view of reality and the formation of knowledge (Finfgeld-Connett, 2010; Noblit & Hare, 1988; Paterson et al., 2001; Thorne et al., 2004). Researchers have identified several assumptions important to our understanding of the QMS paradigm. First, as an interpretive approach, QMS researchers accept that no single objective reality will be found, but rather multiple, coexisting and even contradictory findings may emerge as significant and important aspects of the phenomena being studied (Noblit & Hare, 1988, Paterson et al., 2001; Zimmer, 2006). It must also be acknowledged that research participants in primary studies, the researchers who analyzed the original findings, and the researchers who undertake QMS all contribute their own understanding and construction of phenomena (Noblit, & Hare, 1988; Paterson et al., 2001; Sandelowski & Barroso, 2007; Thorne et al., 2004; Zimmer, 2006). As QMS involves at least three constructions of reality (participant, original researcher, QMS researcher), Sandelowski and Barroso (2007), caution that meta-synthesis of qualitative research is, “at the very least, three times removed from the lived experiences of the research participants” (p. xvi). Although this “crisis of representation” is an issue that must be addressed in all research contexts, QMS research runs the risk of exacerbating this crisis (Sandelowski, 2006). To mitigate this problem Sandelowski and Barroso, (2007) emphasize the need for QMS researcher to be “methodologically self-conscious” throughout the research process.
It has been suggested that such self-consciousness can be increased through the use of a detailed audit log cataloging the rationalization for decisions made throughout the study and the author’s use of explicit explanations of the processes used to select, analyze, and interpret data in their published reports (Finfgeld, 2003; Finfgeld-Connett, 2010; Paterson et al., 2001; Walsh & Downe, 2005). Finally, Paterson et al. (2001) and others (Noblit & Hare, 1988; Thorne et al., 2004) note that social, historical, cultural, theoretical, and ideological contexts are intricately connected to the construction and representation of phenomena in primary research studies as well as the process of QMS. Meta-study methods, a specific approach to QMS developed by Paterson et al. (2001), provides a framework that allows researchers to explicitly examine the influence of contextual factors on the body of primary research. QMS methods were chosen for the proposed study because the acknowledgement of the influence of contextual factors on the representations of lived experience is imperative to furthering our understanding of the experience of IPV among immigrant women.

**Defining data.** The actual “data” that is collected in a QMS project is composed of the conclusions of the researcher who conducted and wrote the primary study report. This includes “the grounded theories, ethnographies, phenomenologies, and other integrated descriptions or explanations produced from the analysis of data” and presented in the research report (Sandelowski & Barroso, 2007, p. 138). QMS researchers acknowledge that data is constructed by an interaction between what was said by participants and what was inferred and reported by the researchers. This view acknowledges context (e.g. setting, power differentials, and assumptions) as an important influence on the interaction between researcher and participants and the eventual
conclusions/interpretations drawn within a study (Paterson et al., 2001; Sandelowski & Barroso, 2007). At times it can be challenging to separate participant data and researcher interpretations in reports of primary research. Thus, different approaches to QMS will use different methods to extract, translate, and synthesize findings in a manner that is consistent with their ideological perspectives. Finally, it must also be acknowledged that what is collected and how it is interpreted within qualitative research and a QMS study may reflect something different than was originally intended by study participants and by those who wrote the research report (Noblit & Hare, 1988; Paterson et al., 2001; Sandelowski & Barroso, 2007; Thorne et al., 2004).

History of QMS method development. Zimmer, (2006) provides a brief history of the use of QMS methods and identifies Glaser and Strauss’s, Status Passage (1971), a synthesis of four studies on the experiences of life transitions and facing death, as the first use of multiple study synthesis in qualitative research. This study may be easily overlooked as an example of QMS as Glaser and Strauss viewed their process not as new methodology, but rather the natural extension of their grounded theory approach to qualitative research (Glaser & Strauss, 1967). Stern and Harris (1985) published the first meta-synthesis in the field of nursing. Labeling their approach as meta-analysis, they used a grounded theory approach to integrate findings from seven studies and develop a theory of women’s self-care. Specific methods for conducting qualitative research synthesis were first described by Noblit and Hare (1988) whose work in meta-ethnography is often seen as the formal birth of the QMS approach to research methodology. Since that time researchers in the areas of nursing and education have developed a variety of approaches for synthesizing qualitative research. Although
methods in qualitative meta-synthesis vary in their approach to data-analysis, the overall process of data collection and intention of the research is much the same. Major issues and processes central to all QMS methods including, question development, sampling, appraisal, and inclusion of studies will now be described. This will be followed by a description of the dominant methodological approaches to data-analysis within the field of QMS research.

Design Considerations for Qualitative Meta-Synthesis Studies

Research questions and purpose. As described above, the general purpose of QMS research is to produce new insights within a field of qualitative research through the integration and interpretation of several primary studies. Several authors (Noblit & Hare, 1988; Paterson et al., 2001; Sandelowski et al., 1997) discuss the importance of researchers identifying the specific purpose of their study and the desired outcome of their research so that they make other study decisions (framework, sampling, data-analysis methods) consistent with addressing their research goals. Desired outcomes of a QMS research may include developing a framework for a body of research that currently lacks direction, providing a critique of the methods used to study a particular topic, clarification of relationships between variables, or to develop recommendation for practical applications of findings (Paterson et al., 2001; Sandelowski & Barroso, 2007). As with traditional qualitative research, QMS is useful “when ‘how’ and ‘why’ questions are being posed, when the investigator has little control over events, and when the focus is on a contemporary phenomenon within some real-life context” (Yin, 1984, p. 13 as cited in Noblit & Hare, 1988, p. 27). QMS researchers recommend that it is important to consider and determine the breadth and depth of a QMS study before engaging in the
research process. Paterson et al. (2001) suggest that a strength of a broad research purpose is that it allows researchers to focus on the entire construct being studied and conversely, the strength of a narrow approach is that it limits the amount of work that will need to be done, making a project more manageable. Sandelowski and Barroso (2007) suggest it is important to also consider factors such as time, labor, and the material resources available to support a study when formulating questions and determining the study scope. They suggest it is important to avoid having a question that is so broad that in-depth study and interpretation of the primary research articles is hampered (Sandelowski & Barroso, 2007).

**Theoretical considerations.** Paterson, et al. (2001), suggested that the theoretical framework of a QMS project centers on “a coherent set of claims that will provide direction throughout all phases of the study” (p. 25). They indicate that activities such as defining important terms in study questions and making clear and purposeful decisions about the scope of the study are important aspects of establishing the theoretical framework of a QMS project. Adopting an existing theoretical model or paradigm to shape data collection, as is commonly done in quantitative research, is often contraindicated as it introduces presupposition and is likely to constrain the project within the bounds of the chosen theory (Paterson et al., 2001). In choosing definitions and making delineations of the scope of the study it is important that the conceptualization of the phenomena being studied is sufficiently broad to address variations on definitions and concepts among primary qualitative studies (Finfgeld, 2003; Paterson et al., 2001). Specifically, it is important to develop conceptually driven definitions and boundaries regarding the topic, population, and time frame of the QMS project (Sandelowski &
Barroso, 2007). In addition to providing a theoretical framework these boundaries and definitions will guide the sampling and selection of primary studies for inclusion in the analysis.

**Sampling of primary research reports.** Many of the methodological issues that are important to the development of a strong QMS project are issues related to the selection and inclusion of studies. I will now review issues in the field of QMS surrounding decisions for inclusion and exclusion of studies and provide a description of the common methods used for locating a representative sample of qualitative studies to include in the synthesis project.

**Identification of studies.** The methods used to identify possible studies for inclusion are largely similar to those used to identify studies in quantitative meta-analysis. Several authors have provided recommendations and accounts of how to conduct an exhaustive and rigorous search for primary research to include in QMS projects (Barroso et al., 2003; Sandelowski & Barroso, 2007). Generally, QMS researchers seek to collect topic related studies from across a variety of academic disciplines (Finfgeld, 2003; Barroso et al., 2003). Sandelowski and Barroso (2007) provide a comprehensive review of the methods that can be employed to conduct an exhaustive literature search and these methods will now be described. The majority of studies for a synthesis project are typically identified through conducting searches within electronic article databases. Through an iterative process researchers determine subject terms that will allow them to identify studies likely to meet inclusion criteria (Paterson et al., 2001; Sandelowski, 2012; Sandelowski & Barroso, 2007). In addition to the use of systematic database searches, several other methods are commonly used to identify
additional studies appropriate for inclusion in a synthesis study (Sandelowski & Barroso, 2007). These methods include reviewing the reference lists of studies selected for synthesis to find other studies that may be related to the project. In the opposite direction, citation searching, involves searching forward from the research report to see where it has been cited by others in order to identify additional eligible studies. Similarly, author searching, identifying an author who has written within the field being studied and reviewing their publication lists can uncover additional sources. Journal runs and area scanning involve the process of searching the contents of relevant journals and library shelves by hand to find books and articles related to the topic. Researchers, typically employ several search methods to ensure an exhaustive search (Cooper & Lindsay, 1998; Dixon-Woods, Booth, & Sutton, 2007; Paterson et al., 2001) as failure to include an adequate representation of studies within the topic domain threatens the quality of the synthesis project (Cooper & Lindsay, 1998; Paterson et al., 2001).

The size of QMS projects vary. In 2007, Dixon-Woods et al. published a review of the state of QMS research in the field of health care. The researchers identified 42 studies published between 1988 and 2004. QMS researchers had conducted analyses which included as few as three (Russell, Bunting, & Gregory, 1997) to as many as 292 (Paterson, 2001) primary research studies with a median of 15 primary studies included in each QMS project. Generally, experts recommend that the questions and subjects addressed within a QMS project be kept broad enough to gain a good understanding of the subject but also limited to a manageable size so the researcher can perform in-depth evaluation and interpretation of data (Finfgeld, 2003; Paterson et al., 2001; Sandelowski & Barroso, 2007).
Considerations for inclusion of reports. Through the course of a QMS project, researchers make many decisions about which primary studies will be included in the analysis. It is important that researchers apply consistent criteria when deciding to include or exclude studies (Paterson et al., 2001; Sandelowski & Barroso, 2007). As discussed above, the theoretical and conceptual framework of the study will guide sample decisions. In this realm, the researcher will make specific decisions about the topics to be included (e.g., deciding between studying all chronic illness or only diabetes), the population (e.g., children vs. adults; studies that gather the voices of those affected by the illness or studies of their medical providers), and the time frame (e.g., publication date or the time frame of an experience, for example, HIV diagnosis after positive pregnancy test).

As with quantitative meta-analysis, basic study inclusion and exclusion criteria are identified prior to the search for literature and are used to help identify a body of potential studies that may be included in the project. However, unlike quantitative meta-analysis, the topical specifics of what will ultimately be included in the study and analyzed are more flexible and are developed through an iterative process of search and identification which ultimately informs topical inclusion boundaries. For example, if researchers want to study the experiences of motherhood among adolescents, they may begin by conducting a broad search for relevant studies. As researchers identify a topical pattern among potential studies, they may decide to narrow their focus (for example, adolescent mother’s adjustment to educational changes) and will then repeat portions of the literature search with that in mind. After identifying an initial pool of primary studies, those that seem like possible matches will be further evaluated to determine their
relevance to the project. At this point the research questions, study methods, and results of each primary study will be reviewed in more detail to determine if they are related to at least some aspects of the research question under investigation in the QMS. When making decisions about the inclusion and exclusion of studies it is recommended that researchers keep a log detailing why studies have been excluded from the project (Finfgeld-Connett, 2010; Paterson et al., 2001; Sandelowski & Barroso, 2007; Walsh & Downe, 2005). Other than topical relevance to the research question, several other issues including the inclusion of unpublished material, use of qualitative methodologies, and study quality have been cited by QMS researchers (Paterson et al., 2001; Sandelowski & Barroso, 2007) as important areas to consider when making inclusion decisions.

Unpublished reports. QMS researchers must choose whether they will include unpublished studies, such as thesis and dissertations, in their studies. An argument against the inclusion of unpublished work is that the publication process involves screening for research quality and that limiting a synthesis project (qualitative or quantitative) to published studies will help assure the quality of findings (Barroso & Powell-Cope, 2000; Cooper & Lindsay, 1998). Others (Barroso et al., 2003; Paterson et al., 2001) have noted that unpublished reports, especially theses, may be difficult to systematically locate and expensive to include in QMS research. However, the majority of research synthesists identify unpublished studies, particularly dissertations, as important to conducting qualitative and quantitative meta-analysis (Arkin, Cooper, & Kolditz, 1980; Finfgeld, 2003; Paterson et al., 2001; Sandelowski, 2012; Rosenthal, 1979). Researchers indicate the quality between published reports is varied and that publication decisions are sometimes influenced by other factors, such as editorial bias.
and the privileging of findings that confirm previous studies, rather than being solely based on the quality of research (Cook & Leviton, 1980; Paterson et al., 2001).

Importantly, Finfgeld-Connett (2010), suggest that publication bias toward positive findings is generally minimized in the publication process of qualitative research since findings are descriptive rather than positive, negative, or null. Glass (1978), one of the original developers of methods for quantitative meta-analysis, suggests that once researchers make the decision to exclude a topically relevant study on any grounds they may be introducing bias into their projects. Some QMS researchers (Finfgeld, 2003; Paterson et al., 2001) have noted that they often prefer the use of original dissertation reports over their published counterparts because dissertations provide a more thorough discussion of the process of data collection and interpretation of findings. Additionally, Estabrooks et al. (1994) suggest that the process of review required by universities for the approval of dissertations and theses helps ensure the quality and rigor of findings from these unpublished reports.

**Quality of primary studies.** There is considerable debate with the field of QMS as to whether studies (both published and unpublished) should be excluded from analysis due to poor research quality. On one end of the spectrum James and Allen (1996) argue that studies should not be excluded based on perceived quality as important findings may be lost, while Estabrooks et al. (1994) suggest that all *weak* studies should be excluded. Although the approach of most QMS researchers seems to fall in the middle of the spectrum, there are considerable differences in how researchers appraise quality and use appraisal information within QMS (Dixon-Woods et al., 2007; Mays, Pope, & Popay, 2005). Many note that these variations in approaches to study appraisal are likely
reflective of the variety of fields and disciplines that conduct qualitative research using a variety of qualitative methods with little consensus on what constitutes study quality across disciplines (Barroso et al., 2003; Dixon-Woods, Shaw, Agarwal, & Smith, 2004; McCormick, Rodney, & Varcoe, 2003; Paterson et al., 2001; Sandelowski & Barroso, 2007).

Paterson et al. (2001, pp. 42-43) described several inconsistencies they found among qualitative research studies that suggested potential threats to study quality including: conclusions were not supported by the data presented, data analysis was congruent with researchers accepted theoretical framework while overlooking contradictory data, missing information about data and research design, not providing findings related to relevant data, and when political agendas are noted throughout a study and appear to influence the interpretation of results. However, Paterson et al. (2001) also acknowledge that determining study quality can be difficult since accepted methodological practices change over time and a tendency of researchers to value and approve of the use of methods that are familiar to their personal training and field. To address such issues Paterson et al. (2001) suggest the use of an appraisal tool to assess the following questions:

a) whether all data that are printed in the report, including participants’ quotes, are accounted for in the research findings, (b) whether the data reported in the primary research are comprehensible, and (c) whether a clear relationship exists between the participants’ responses and the categories of data reported by the authors. (p. 45)

Finfgeld (2003) and others (Sandelowski & Barroso, 2007) have suggested similar basic standards for the determining whether studies should be excluded from QMS due to issues of quality. Using the standards for qualitative research set forth by Burns (1989),
Paterson et al. (2001) developed an appraisal tool to assist QMS researchers in assessing the quality of studies and making determinations about their inclusion in a QMS project.

As an alternative perspective, Sandelowski et al. (1997), recommend that researchers not exclude studies based on quality because what makes a study good can be conceptualized many ways and there is no widely accepted method for assessing study quality across the many academic disciplines that engage in qualitative research. Additionally, exclusion based on evaluating adherence to a specific methodology can cause studies with valuable findings and strong research to be disregarded because the authors did not use the correct terms to describe their approach (e.g. they say they used phenomenology but actually did a high quality job of grounded theory however, the study is excluded for quality because its poor phenomenology). As an additional aspect of quality, the need to make distinctions between reports that involved qualitative research and those that merely include qualitative data, with the latter being excluded from QMS studies has been identified (Sandelowski & Barroso, 2007; Sandelowski et al., 1997). Specifically, noted was the tendency of researchers to use the term qualitative to describe participant responses that use words rather than numbers, such as the surface-level summary of open-ended survey questions, when researchers had not defined the guiding methodological and epistemological perspective of the study. To assure primary studies included in their project involved the use of qualitative research (as opposed to qualitative data) Sandelowski and Barroso (2007, pp. 40-41) excluded studies for the following methodological reasons: qualitative findings could not be separated from quantitative findings in mixed method studies, findings from the target population of
interest could not be separated from findings of other populations included in the study, and artistic and journalistic accounts of phenomena.

Multiple methodology. Another area of debate within QMS research is whether researchers should examine studies representing more than one methodological approach within a given QMS study. Some researchers suggest that the differential philosophical underpinnings that inform findings in qualitative studies create different types of knowledge that cannot be readily aggregated and interpreted together (Estabrooks et al., 1994; Jensen & Allen, 1996; Sherwood, 1999). Authors indicate that synthesis across methodology is likely to produce invalid findings (Onyskiw, 1996) and that including only articles that use theoretically similar methodologies will lead to greater coherence in theory development (Jensen & Allen, 1996). For example, Zimmer (2006) and Schreiber et al. (1997) suggest that the narrow focus and in-depth description used in phenomenology would be difficult to adequately synthesize with a study produced through grounded theory where findings are theoretical and encompass a broader scope. However, Schreiber et al. (1997) also suggests, “at best, a phenomenological study would only illuminate one stage of the grounded theory process” (p. 318). It is perhaps with this perspective that many other researchers feel that the integration of findings from studies using a variety of methodological approaches provides a positive contribution to the depth and breadth of the synthesis (Miles & Huberman, 1994; Paterson et al., 2001; Sandelowski et al., 1997; Stern, 1994). Paterson et al. (2001) suggest that the issue is complicated in that many studies claiming to employ a particular methodology are not always readily distinguishable from studies claiming to use an alternative methodology. They do however recommend that even though the inclusion of
all qualitative methods is possible it is important that studies “be generally consistent with the notion of insider perspectives and constructed understandings” (Paterson et al., 2001, p. 41).

**Specific Approaches to Qualitative Meta-Synthesis**

A variety of methods have been used to conduct QMS research. Although the methods of a few authors have emerged as more commonly used among QMS studies, the majority of researchers tend to make adjustments to these methods when undertaking a QMS project further increasing the variety of methods and lack of consensus on what constitutes QMS research (Dixon-Woods et al., 2007; Finfgeld, 2003; Walsh & Downe, 2005). The following is not meant to be an exhaustive or in-depth explanation of specified methods but is provided to give the reader a general overview of the common approaches to QMS research and how they differ from one another. Additionally, the conceptualization of research questions and selection of relevant studies (as previously described) is fairly similar among QMS methods and as such this review largely focuses on the perspective and process used within each method to analyze, interpret, and synthesize data.

**Meta-ethnography.** Meta-ethnography based either explicitly or with modification on Noblit and Hare’s (1988) approach was used in nearly half of the studies identified in a systematic review of QMS research in the field of health care (Dixon-Woods et al., 2007). Noblit and Hare (1988) describe their approach as:

A meta-ethnography seeks to go beyond single accounts to reveal the analogies between the accounts. It reduces the accounts while preserving the sense of the accounts through the selection of key metaphors and organizers. The senses of different accounts are then translated into one another. The analogies revealed in these translations are the form of the meta-ethnographical synthesis. (p. 13)
Through close review and rereading of studies a meta-ethnographer identifies and lists the “key metaphors, phrases, ideas and/or concepts” (p. 28) described within each study. Then they closely examine the relationships between the metaphors identified in each research report. With a strong understanding of the relationships between metaphors in each study a meta-ethnographer then “translates” findings from each study into analogies that capture both the particulars and whole of the findings.

As the process of translation deepens, the relationships between study metaphors are explored further through the application of three synthesis strategies, reciprocal translational analysis, refutational synthesis, and lines of argument synthesis. Through the process of reciprocal translational analysis the researcher translates themes and metaphors of studies with similar findings into each other to produce a synthesis that represents the phenomena well. Refutational synthesis involves identification of the contradictions between metaphors across research reports and evaluates them to see what additional understanding of the phenomena can be gained through these discrepancies. Finally, lines of argument synthesis is used to make inferences from a holistic perspective about what can be understood from the body of research reviewed. This process often involves the use of basic methods of theorizing, such as clinical interference and grounded theorizing, similar to those used to make interpretations in primary qualitative research studies. In meta-ethnography, researchers can employ any one or all three of these forms of synthesis to articulate findings across studies with a higher level of abstraction and deeper development of material resulting from the use of all three.

**Grounded formal theory.** As an extension of the work of Glaser and Strauss (1971), the purpose of grounded formal theory is to develop mid-range theories from a
comparison, analysis, and synthesis of the grounded theories found in primary qualitative research (Dixon-Woods, Agarwal, Jones, Young, & Sutton, 2005; Kearney, 1998a; Sandelowski, 2012). In describing the goals and outcome of grounded formal theory, Kearney (1998a) drew a corollary between grounded formal theory and department store clothing,

Formal theory will not provide a personally tailored, exact fit with each individual’s distinct experience, but formal theory aims to provide a data-based, broad level of meaning that can be applicable to individuals experiencing a common phenomenon across contexts and populations. (p. 180)

Using the grounded formal theory approach to qualitative meta-synthesis, researchers identify and synthesize the theoretical findings from primary studies to generate a larger and more broadly useful formulation or theory of the concept studied. The basic processes for conducting grounded formal theory are similar to those used in developing substantive theory, including: sampling, constant comparative analysis, memoing, saturation, coding, and identification of core categories (Kearney, 1998a). Kearney (1998a) recommends that after identifying the topic of interest researchers should select a study, such as the first in the field to address the topic, and begin extracting information about core categories, subordinate concepts, theory components, and information surrounding the context of the study (e.g. sample, process, adequacy of study). Theoretical memos are then written to keep a detailed account of the ideas generated through coding of the data and to track the ways in which data (such as participants’ quotes) are related to the categories identified by the authors of the primary studies. The researcher then goes back to the literature and uses purposeful sampling to identify the
next study which they will then review, code, and then compare and contrast findings with observations made from the previous study.

Researchers then continue purposive sampling of the literature seeking studies that contrast with and expand the depth and breadth of understanding of the phenomena and stop sampling when they find they have reached theoretical saturation. Throughout this process researchers use the principal of constant comparison, looking for contrasts and similarities, to check the new ideas that emerge from each new study with those developed from the reviews of previous studies. As the theoretical model emerges it is important to document the connection between each concept and the core phenomena. Variations in findings should be integrated in the model in a theoretically meaningful way. The challenge is to generate a theory that meaningfully captures the variations in the experience of phenomena without becoming too cumbersome or simplistic (Kearney, 1998a).

**Meta-summary.** Unique within the realm of QMS research is the technique of meta-summary (Sandelowski & Barroso, 2003, 2007). Meta-summary is aggregative in nature and does not, in and of itself, result in an interpretative synthesis of primary studies (Sandelowski, 2012). The process involves the mathematical computation of the frequency of findings between studies in order to generate a numerical estimate of the magnitude of replicated findings (Sandelowski & Barroso, 2007). The types of primary research reports that lend well to this type of analysis are qualitative surveys and topical summaries of data. Sandelowski and Barroso (2003) developed this approach when they found that many original qualitative studies provided only a summary of findings, rather than an integrated interpretation characteristic of more rigorous qualitative research.
Noting that these studies did provide information that might be useful to inform practice, Sandelowski and Barroso (2003) developed qualitative meta-summary as a method for aggregating them.

To conduct meta-summary, researchers extract findings (categories, topics, interpretations) from each research report, and then edit these findings into thematic statements that can be easily understood by others who are not familiar with the research report. Great care must be taken at this stage to ensure that the edited findings still convey the original intentions and meaning of the primary study authors. Edited findings are then grouped by topic and evaluated to determine if findings within each topic confirm, extend, or refute each other. Findings are then reduced, or abstracted, to delete redundancies and create parsimonious statements that are comprehensive enough to protect the original context and meaning of findings. Using the methods of Onwuegbuzie, (2003) the frequencies of abstracted findings can be used to calculate effect sizes and estimate the magnitude of influence of each abstracted finding. As an additional method of quantitative analysis, Sandelowski and Barroso (2007), describe how researchers can calculate the manifest frequency effect size of abstracted findings (p. 160). Sandelowski and Barroso (2003, 2007) suggest qualitative meta-summary can be an end point of a research project or that it can be used as the starting basis to guide further synthesis of study findings.

Meta-study. Paterson et al.’s (2001) meta-study approach to QMS research has been cited by reviewers of QMS methods as the most comprehensive form of qualitative meta-synthesis (Dixon-Woods et al., 2005; Sandelowski, 2012). Like the other QMS methods, meta-study seeks to synthesize findings from qualitative research. However,
meta-study provides an organized structure in which the influence of theory and method are explicitly studied and synthesized, along with the synthesis of data-based findings to provide a comprehensive picture of the nature of research knowledge and practice associated with the topic under examination (Dixon-Woods et al., 2005; Paterson et al., 2001). This method developed out of concern that:

Simply combining the results of a collection of similar studies, however, excludes consideration of the highly significant ways in which theoretical, methodological, or societal contexts have shaped those reported results. (p. 5)

The role of the researcher in a meta-study is that of an interpreter who seeks to translate what has been written by others in order to identify patterns and contradictions between study findings with a goal of developing mid-range theory (Dixon-Woods et al., 2005). Analysis in meta-study involves analysis in three areas—meta-data-analysis, meta-method, and meta-theory, followed by the process of synthesis which reconstructs findings among the three analysis areas creating a new interpretation of phenomena. The analysis of data, method, and theory are typically conducted concurrently as researchers read, reread, appraise, and translate findings from primary qualitative studies. As meta-study has been chosen as the approach to synthesis for this study I will now discuss the nature of data collection and analysis for each of the four meta-study components.

**Meta-data-analysis.** Meta-data-analysis is “the comparative analysis of research findings of primary research studies conducted by a variety of researchers” (Paterson et al., 2001, p. 55). Paterson et al. indicate that many of the traditional methods of QMS research fall under the umbrella of meta-data-analysis as researchers have rarely moved beyond integration of data findings to include issues of method and theory. Data for the meta-data-analysis portion of a meta-study, include the themes, categories, and processes
identified as significant by authors of primary qualitative research. Findings are extracted from the text and rephrased in a way that captures their meaning so that researchers will be able to recall and analyze it when it is separate from the text of the study report. Meta-study researchers analyze data by choosing and implementing a previously developed analytic strategy (e.g. meta-ethnography, grounded formal theory, thematic analysis) that meets the needs of their research project. In her extensive review of research on living with chronic illness Paterson (2001) used Noblit and Hare’s (1988) meta-ethnographic approach to conduct their meta-data-analysis. Paterson et al. (2001) suggests that regardless of the chosen analytic approach it is helpful for researchers to group and compare their findings along several dimensions (e.g. nature of sample, ethnicity of participants, date of publication, and other features) to allow researchers to more easily identify differences and similarities between studies.

**Meta-method.** The purpose of meta-method is to identify how the interpretation and use of research techniques have influenced the findings and theory development within the topic being studied (Paterson et al., 2001). Meta-method requires the descriptive appraisal of the methods used in primary qualitative studies. This appraisal is not so much a critique as an examination of what has been done within a field and how methods have influenced knowledge generation. This process also allows the meta-study researcher to examine the historical path of research in a given area and identify potential areas for growth and methodological improvement. Meta-method analysis involves the appraisal of primary studies including the researcher’s approach to study design and data collection. Paterson et al. (2001) have developed an appraisal tool based off Burns (1989) recommendations for evaluating quality in qualitative research. They suggest this tool can
be adapted to meet the specific needs of other meta-studies. The second process in meta-method analysis is the evaluation of the themes and patterns in methodology that emerge between primary studies. This involves the comparison and analysis of trends in the methods used, questions asked, settings, researcher characteristics, sampling procedures, and data collection techniques of primary studies. Paterson et al. (2001) warn researchers to avoid becoming overly critical of the methodologies described (or lack thereof) in research reports as this is often influenced by outside factors, such as publication requirements, which may constrain authors of primary studies from providing more in-depth descriptions of methodology.

**Meta-theory.** The purpose of meta-theory “is analysis of the implications of theory on the body of research so that the extant theory can be critically interpreted, tested, and even developed, by using meta-synthesis, into new theory.” (Paterson et al., 2001, p. 92). To conduct an evaluation of the theories used in primary studies meta-study researchers carefully read reports to identify the theoretical perspectives that influence (explicitly or implicitly) the research paradigm and process, as well as the theories that emerged as a result of the research study. Paterson et al. (2001, p. 97) outline five steps researchers can take to identify and analyze the influence and development of theory among studies which include 1) identifying major paradigms, 2) identifying underlying assumptions, 3) examining the historical evolution of theory, 4) identifying the influence of context (sociocultural, political, etc.), and 5) evaluating the quality of a theory. Paterson et al. (2001) caution that researchers should avoid making grand claims about the state of theory in a field since the nature of theory development is always open to
speculation. They see the benefit of meta-theory as providing confirmation of the importance of questioning theory and its application in research.

**Meta-synthesis.** The final step of a meta-study is synthesis which Paterson et al. (2001) indicate provides a more accurate and coherent explanation of phenomena and dig below the surface of what is currently understood, to draw on the most thorough analysis possible to deconstruct the validity of the ideas that are currently in favor, and to emerge with the kernel of a new truth, a better kind of understanding, or a more socially responsible form of theorizing something. (p. 111)

Meta-synthesis brings together the insights from the three areas of analysis (meta-data analysis, meta-method, and meta-theory) to “form theory in a new way” (p. 111). Paterson et al. (2001) indicate that since this is a relatively new process there has been little in the way of formal recommendations for how it is to be done. Further, they argue that identifying concrete steps for the meta-synthesis stage of meta-study would ultimately reduce and simplify the process so that it becomes similar to QMS methods already in use. Rather, they suggest a “dynamic and iterative process of thinking, interpreting, creating, theorizing, and reflecting” (p. 112) to bring together findings and develop insights in meta-synthesis.

**Comparison of QMS Methodologies**

In a review of the various methodologies used in QMS research Dixon-Woods et al. (2005) described some of the advantages and challenges to the use of major QMS methods within the field. They noted that grounded formal theory and meta-ethnography often lack transparency in describing how conclusions were made. Additionally, both methods were described as lacking a stance on the appraisal of quality within primary studies. Dixon-Woods et al. (2005) identified the use of theoretical sampling and
saturation as strengths of grounded formal theory because these processes can be easily
described and may have the added benefit of keeping the sample size of a QMS project
manageable. They observed that meta-ethnography seems to be the most developed of the
QMS methods, noting that researchers have been funded to carry out such work. Meta-
ethnography was also seen as having adequately developed methods for conducting
translation and synthesis that is systematic but also preserves the original meaning and
context of primary study findings. However, others (Finfgeld, 2003; Thorne et al., 2004)
have suggested that in practice, meta-ethnographers have failed to fully implement the
full range of synthesis strategies, particularly refutational analysis, described by Noblit
and Hare (1988). Also, although Noblit and Hare (1988) described the importance of
understanding the influence of context on primary study findings, their method offers no
formal manner in which to assure this is evaluated, such as is provided in meta-study.
Finally, Dixon-Woods et al. (2005) suggest that, as a strength, meta-study provides clear
guidance on methods for sampling, appraisal, and synthesis, while also allowing
researcher flexibility in choice of the process of meta-data-analysis. They suggest the
labor intensive nature as well as the creator’s heavy reliance on the use of methods
developed by others (methods which are still in the early stage of development) as points
of concern for this approach. Overall, less has been said about the use of meta-summary,
however, a clear strength of this method is the transparency in which data is analyzed.
However, the quantitative nature of this method often offers little more than aggregation
of findings and may be viewed as more consistent with a positivist paradigm than the
other approaches which rely on synthesis and interpretation (Finfgeld-Connett, 2010).
Qualitative Meta-Synthesis and the Present Study

**Psychology and QMS research.** The majority of QMS research has been conducted in the fields of nursing and education with very few studies of this nature published in the field of psychology. However, psychological issues are often addressed by researchers in the field of nursing. These include QMS studies investigating the relationship between depression and medical problems (Gask, Macdonald, & Bower, 2011; Khan, Bower, & Rogers, 2007), substance abuse treatment for women (Finfgeld-Connett & Johnson, 2011; Kearney, 1998b; Sword et al., 2009), and the experience of adult children of parents with mental illness (Murphy, Peters, Jackson, & Wilkes, 2011). Researchers within the disciplines of psychology and social work have started using QMS methods to explore mental health perceptions and experiences of ethnic groups (Watkins, Walker, & Griffith, 2010; Ypinazar, Margolis, Haswell-Elkins, & Tsey, 2007) and the perceptions of clients about their experiences in psychotherapy (Chenail et al., 2012; Espindola, & Blay, 2009; Gill & Fox, 20012; Timulak, 2007). The American Psychological Association included a chapter summarizing approaches and issues within the field of QMS research in their recent edition of *Handbook of Research Methods in Psychology* (Sandelowski, 2012), suggesting the methodology may be gaining traction within the field of psychology.

**QMS and violence against women.** Although the field of QMS research is quite small four studies have been published investigating various aspects of the experiences of women who have been victims of IPV or sexual assault. Kearney (2001) used a grounded formal theory approach to investigate women’s experiences of intimate partner violence. Her study synthesized findings from 13 original qualitative reports, with primary studies
resulting in a total sample of 286 women between the ages of 16-67. The sample included women from across the U.S. and Canada who identified as Caucasian or European American (45%), African American (14%), Hispanic (4%), and Native American (<1%). The ethnic identity of a significant portion of the women (33%) was not specified by researchers who conducted the original studies. Kearney (2001) found that the normalization of violence and women’s attempts to define love as enduring and view violence as temporary were factors that allowed women to remain in abusive relationships. She identified four phases women experienced in their journey through a violent relationship. In the beginning they discounted violence by placing emphasis on their commitment to the relationship, however, as violence became more unpredictable women often became demoralized and began to closely monitor their abusive partner and sacrifice aspects of themselves in attempts to reduce violence. Women eventually came to see their situation as unacceptable and then began taking steps to move on from the relationship and reconnect with themselves. Kearney (2001) identified cultural, personal, and sociopolitical factors as contextual variables that influenced variations in women’s experiences of these phases.

Kearney (2001) describes important steps she undertook to ensure the quality of the synthesis. She conducted a basic screening of studies for quality to identify methodological limitations of primary reports (i.e. theoretical findings not well supported by data described in the study, limited encounters with study participants) and then varied the level of confidence with which she interpreted the reports by giving those of poor quality less weight. Although many elements of the use of rigorous methods are described, Kearney’s discussion of her findings and mid-range theory tend to rely heavily
upon examples and direct quotes from the participants in the primary studies rather than observations and synthesis of the findings and interpretations described by primary study researchers. This suggests the possibility that Kearney may have been overly focused on first order data (participant quotes) and failed to sufficiently analyze the second order findings of researchers that are the focus on meta-synthesis.

In a similar study, Yick (2008) used meta-ethnography to explore the role of religiosity and spirituality among culturally diverse survivors of IPV. Her analysis included six studies with a total of 62 women who were identified as African American (54%), Asian (15%), White (15%), and other (16%). Some of the women were immigrants, however, the influence of immigration was not an area of focus in this study. Analysis suggested nine themes important to capturing the experiences of the women in the sample. First, women gained strength and resilience through their spiritually and participation in religious activities. As the abuse in a relationship continued women experienced tension between the reality of their situation and religious/spiritual definitions of family and gender roles. They often described experiencing a loss of self and loss of their spiritual connection as results of the abuse. The process of coping with IPV involved reconstructing their view of God, reconnecting with themselves and their spiritually, developing new interpretations of the religious concept of submission, forgiving the abuser and themselves, and finding formal and informal ways to educate and advocate for other women. Yick (2008) suggests that a particular challenge in her study was to try to tease apart the influence of ethnic culture and religion on women’s experiences. Her use of methods as well as her reliance on a synthesis of themes and metaphors (rather than raw data) from the primary studies provide a good demonstration
of how understanding of the breadth and depth of a phenomena are gained through meta-
synthesis.

Investigators have also used QMS to examine the perceptions victims of IPV and
sexual assault have about services providers. Martsolf et al. (2010) used meta-summary
to examine the experiences of sexual assault survivors with mental health, medical, and
legal service providers. The study included 31 published research reports that gathered
information from 46 men, 984 women, and 6 couples who had experienced sexual assault
at some point during their lifetime. They found that sexual assault victims tended to view
experiences with service providers as positive or negative and not in neutral terms. Three
qualities of service providers, willingness to acknowledge sexual assault, style of
interpersonal interaction, and competence, were identified as influencing whether assault
survivors experienced providers as helpful. Positive experiences with providers were
identified as contributing to a decrease in unhealthy behaviors, improved coping,
functioning, mood, and self-esteem. Negative interactions with providers resulted a
feeling demeaned and powerless. Findings point to specific areas in which providers can
be trained to better meet the needs of this population.

Along a similar line of research that included synthesis of 25 studies, Catallo
(2006) identified seven areas in which health care providers may experience conflict in
how to respond to IPV related concerns in medical settings (e.g. how to inquire about
IPV, discussion in front of children, follow-up). Through the process of analysis and
synthesis Catallo found that context specific information (especially, a woman’s stage in
the relationship) provided important contextual information needed to address these
issues in a manner that is satisfactory to patients. Catallo’s (2006) study is a good
example of how QMS synthesis can be used to closely examine and make meaning out of contradictory findings within a body of research literature.

**QMS and immigrant populations.** Qualitative meta-synthesis has been used to examine the experiences of immigrants from a variety of backgrounds. Guruge et al. (2010) used Paterson et al.’s (2001) description of meta-data-analysis to investigate post immigration changes in marital relationships among couples who had moved to Canada. The meta-synthesis included five studies with immigrants from nine ethnic groups. Authors noted that individuals and couples experienced post-migration changes in three areas; gender role and sexual relationships, the loss of familiar social networks and support, and changes and in their professional opportunities and identities. A fourth theme, the importance of communication emerged as influencing couples experiences of navigating post-immigration changes. Depending on the interactions of immigration related changes and couples communication several potential outcomes were noted; abuse, separation, staying together, and resilience. Based on findings, Guruge et al. (2010) created a graphical model representing the pathways in which key variables were related. This study provides a good example of the use of meta-synthesis, specifically, meta-data-analysis with research involving diverse immigrant populations to identify patterns and interactions in relationships. However, as the researchers did not report findings associated with meta-method and meta-theory analysis several questions still remain about the ways in which research in this field is conducted and how theory about the topic is developed.
Summary

The experience of violence in intimate partner relationships is complex and influenced by risk and protective factors associated with abuse, a variety of methods women use to cope, and the attempts women and families make to seek formal and informal sources of support. When immigrant women experience IPV the complexity of the experience is increased due to immigration specific factors that influence the nature of abuse, victims coping styles, and immigrants knowledge of and ability to access services. Immigrant women often experience difficulty finding assistance to address IPV barriers due to the limited language capacity and cultural competence of service providers and a lack of knowledge about the variety of services available to address IPV. Since the field of IPV research investigating the experiences of immigrant women is largely comprised of qualitative studies with little connection between findings. The use of qualitative meta-synthesis methods, specifically Paterson et al.’s (2001) meta-study, are believed to provide a unique opportunity to unify findings in this field and identify areas for further growth and understanding.
CHAPTER 3: METHODS

The current study used qualitative meta-study methods, as described by Paterson et al. (2001) to organize a disparate collection of studies (stones) about the domestic violence experiences of immigrant women into a coherent synthesis (house) critical to meaningful understanding of the needs and strengths of immigrant women. Paterson et al.’s (2001) meta-study method was chosen because of its complexity and transparency. Immigrant women’s experience of and reaction to IPV is seen as a multidimensional phenomenon which is influenced by the intersection of personal characteristics with familial, social, and cultural contexts. The meta-study approach which provides an explicit structure for evaluating the influence of larger historical and cultural contexts (meta-theory) on phenomena is important to adequately evaluate immigrant women’s experience with IPV. Additionally, methods for meta-study (Paterson et al., 2001) are well described, providing important structure and guidance necessary for this research endeavor.

Research Question and Purpose

The guiding research question for this study is, what is the experience of immigrant women who are victims IPV in the U.S. in terms of the risk and protective factors that contribute to violence, their methods for coping with IPV, and their experiences seeking formal and informal support? It is hoped the findings of this study will shed light on the current state of research in the field of immigration and IPV and provide information that may be useful to practitioners and policy makers who seek to
meet the needs of immigrant populations. To adequately investigate this phenomena I located and evaluated primary reports of qualitative research studies that investigated the IPV experiences of immigrant women in the U.S. The following section describes the methods used for identification, retrieval, and evaluation of potential studies for inclusion in the meta-study project. Methods of data collection from primary studies will be discussed followed by a description of the procedures and standards I used to guide analysis and synthesis of data.

**Literature Search Procedure**

An exhaustive search procedure, following the recommendations of Sandelowski and Barroso (2007) and consistent with search standards described by Paterson et al. (2001), was used to identify potential qualitative studies for inclusion in this meta-study. In September 2013 I conducted a broad literature search using relevant electronic databases including: CINAHL Plus, Family & Society Studies Worldwide, MEDLINE, and PsychINFO. The search terms used were divided into three categories; problem terms which included terms to describe IPV (domestic violence or family violence or intimate partner violence or spouses abuse or batter*), population terms to locate studies of immigrant populations (immigrant* or refugee or asylee) and method terms to identify qualitative studies (qualitative or grounded theory or phenomenology or ethnograph*) or focus group or case study).

The initial electronic search identified 241 unique records for potential inclusion in the meta-study (see Figure 1). The list was first narrowed to include records that were

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2 The asterisk (*) is placed after search terms that may have multiple endings so that all forms of the word can be searched and identified. For example entry of the term batter* will allow the program to search the terms batterer and battered without separate entry of each word.
1) written in English, 2) conducted in the U.S., and 3) not records of conference proceedings or book reviews. A fellow graduate student and I reviewed the titles and abstracts of the remaining 152 records to determine whether records were 1) human subject research, 2) qualitative methodology, 3) topically relevant, and 4) gathered data from immigrant women. We each determined whether the record should be included or excluded and identified a reason for exclusion, using a decision guide to help assure consistency in decisions. Overall, we were in agreement on 90.44% of the records reviewed. We then met to discuss the records upon which there was disagreement to come to a consensus on a decision. Among these, the majority of records were felt to lack needed information for a decision and were assigned to me for further review. Through this process the sample of potential records for inclusion was reduced to 75.

I then collected and recorded information on the population and topic studied in each of the remaining 75 records through a second review of abstracts and the method sections of reports when needed. This allowed me to identify trends in the populations and topics studied to assist with further narrowing the focus of the study. The practice of narrowing the meta-study topic during the literature search process is common and often recommended to assure a manageable sample size and scope of topic for meaningful analysis (Finfgeld, 2003; Paterson et al., 2001; Sandelowski & Barroso, 2007). Of the 75 records, 48% (n =36) included Latina participants, 29.3% (n =22) of the reports were of Asian immigration from a variety of countries, and a few records investigated the experiences of immigrants from African (n =5) and the Middle Eastern (n =3) countries. At this stage it was decided to narrow the focus of the study to include only studies of
Figure 1. Primary Study Identification and Inclusion Process

241 Unique records identified through database search

89 records excluded
   Conducted outside U.S. (81)
   Not English (4)
   Other (4)

Title and abstract screen (n=152)

77 records excluded
   Topic/aim (28)
   Sample (18)
   Methods (14)
   Theoretical/review (10)
   Policy (4)
   Other (3)

Review of populations and topics (n=75)

39 records excluded
   Limited to Latinas

Methods review (n=36)

17 records excluded
   Not immigrants (7)
   Not IPV victims (5)
   Other (5)

Eligible for inclusion (n=19)

Eligible records identified from other sources (2)

Total eligible for synthesis (n=21)
   Unique samples (n=15)
Latina immigrants. This population was chosen as it was found to have a better developed body of research than that available for other immigrant populations. Additionally, the identified studies examined a good breadth of topics associated with the IPV experiences of Latina women. By limiting the study to research on Latina immigrants, the sample was reduced to 35 records.

I then read the methods and demographics sections of the remaining records and excluded reports that were not human subject’s research, were not sufficiently topically related, and studies whose research design did not require participants to be immigrants or victims of IPV. Two studies (Molina & Abel, 2010; Vidales, 2010) were included in the final sample although they had one or two participants born in the U.S. These studies were included because their research purpose and design were specifically aimed at improving understanding of the experiences of immigrant women and the percentage of U.S. born women in each sample was less than 5%. Ultimately the database search procedure resulted in 19 research reports eligible for inclusion in the meta-study.

In addition to identifying primary studies through electronic databases I attempted to find additional eligible research reports by reviewing the reference lists of records that met inclusion criteria, the first author’s publication history, and articles that had cited the included records since their publication. Potentially eligible studies were reviewed to determine if they met inclusion criteria following a similar process to that of those identified through electronic databases. These efforts resulted in the identification of 2 additional records that met full criteria for inclusion in the meta-study. Both were found through the reference lists of included studies.
In total, the search procedures identified 21 eligible research reports that represent 15 unique research studies. The results of 5 studies were included in multiple research reports (e.g. dissertation and journal article). When multiple records reported on the same study/sample unique data from each report was collected and included in the analysis. One report (Acevedo, 2000) shared findings and procedures of a pilot study in which the data from the participant sample was later added to a larger sample that used the same approach to data collection and analysis (Acevedo & deAnda, 2005). In this case, data was only collected from the second report as it included analysis on the entire sample. In total data was collected from 20 research reports representing 15 unique studies/samples. Appendix A provides the complete citations for the included reports organized to reflect the associated participant sample. Characteristics of the included studies and their participants will be described in chapter four.

Study Appraisal

After identification of the final sample, eligible studies were read and basic information about each was collected and recorded in an electronic database (Microsoft Excel). The appraisal tool developed by Paterson et al. (2001, pp. 135-139) was used, with slight topic related modification (see Appendix B), to gather information about the characteristics, content, and quality of the research reports. The appraisal process was an initial opportunity for me to gather information about the methods used in each study, rather than a critique of their adherence to a particular methodology. Specifically, demographic information about participants, methods used to collect and analyze data, and identification of major findings were recorded in the database. This process provided me with an initial introduction and in-depth reading of each research report laying a
general framework of the data to be collected. Although it is possible to exclude research reports at the appraisal stage (Paterson et al., 2001) all reports were judged to meet basic standards of research quality.

**Data Collection**

Following the appraisal process, I read each research report several times throughout the process of data collection. Within the framework of meta-study, data to be collected includes study information pertinent to study findings, research design and methods, and the theoretical influences on the study process. Data was collected following the structured reading guide created by Sandelowski and Barroso (2007) with slight modification for this study (see Appendix C). To increase my immersion in the research reports I first read all studies to collect and record information pertaining to methods (meta-method), all reports were reread to collect findings and results (meta-data), and then read again to collect theory information (meta-theory). Examples of method data collected from the studies included research questions, participant characteristics, sampling procedures, and procedures for data collection and analysis. Meta-data collection focused on gathering the metaphors, themes, categories, and other interpretive descriptions of findings from the research reports. Theoretical information collected included the theoretical frameworks, assumptions, and historical/contextual influences on the study. As I transferred data from the primary studies to the reading guide each data point was given a location code which included the study, publication, page and paragraph from where it was located in the original text to assist with data management. These location identifiers allowed me to easily return to the original source of the data if clarification or further information was needed and allowed me to identify
and track the contribution of individual studies as data went through several iterations of analysis.

**Data Analysis**

*Meta-method and meta-theory analysis.* Although the content of data analyzed in the domains of meta-method and meta-theory are different the same procedures were used to analyze data pertinent to each domain. Meta-method and meta-theory analysis were completed prior to the analysis of meta-data as I found it important to understand the *lay of the land* as it would allow later meta-data analysis to occur within the context and understanding of the studies from which data originated. To analyze trends pertaining the method and theory among primary research reports, multiple tables as well as *Microsoft Excel* spreadsheets were created and populated with data collected in the reading guides so that I could make comparisons between studies as suggested by Patterson et al. (2001, pp. 141-142). Tables and spreadsheets were used to group, sort, and examine features within and between studies so that similarities, differences and trends could be more easily identified.

Specifically, analysis of meta-method included examining patterns in study sampling, data collection procedures, the settings in which studies were conducted, and researchers approach to design and analysis. I also analyzed the ways in which researchers approached the use of Spanish in data collection and analysis as a unique methodological consideration for this study. Analysis of meta-theory involved examination of the theoretical and conceptual influences and assumptions that guided study design and data analysis. This included an examination of researcher characteristics that may influence the study process and resultant body of research. Additionally, several
comparisons were made to identify the influence of cultural and historical contexts on the research process and study findings. These included attention to geographical factors such as rural versus urban location and proximity to the U.S.-Mexico border as well as an examination of historical and political influences (such as immigration law) on study focus, design, and findings.

**Meta-data analysis.** Paterson et al. (2001) encourage researchers to choose an approach to data-analysis that meets the focus and aims of their proposed study. For this study, findings collected from the primary studies were first sorted into the three topic categories (*risk and protective factors, coping, help-seeking*) associated with the primary research questions. Findings related to factors that influence women’s IPV related coping and help-seeking decisions as well as observations about factors that influence the initiation, escalation, and cessation of violence were sorted into the *risk and protective factors* category. Findings associated with women’s direct experiences seeking help were placed in the *help-seeking* category. Those associated with additional coping methods and responses to IPV that did not involve seeking-help were sorted into the *coping* category. This was done to provide an initial structure and organization of the data to support further coding and analysis.

The remainder of the data analysis for each of the three categories was guided by the principles of meta-ethnography as described by Noblit and Hare (1988). Meta-ethnography has multiple steps including three that are specific to the process of data analysis:

- Determining how the studies are related…..We think it makes sense to create a list of the key metaphors, phrases, ideas, and/or concepts (and their relations) used in each account and to juxtapose them…..
- Translating the studies into one another…. An adequate translation maintains the central metaphors and/or concepts of each account in their relation to other key metaphors or concepts in that account. It also compares both the metaphors or concepts and their interactions in one account with the metaphors or concepts and their interactions in the other accounts…. 

- Synthesizing translations…. refers to making a whole into something more than the parts alone imply. (p 28)

Following these methods, I reviewed findings gathered from the primary research reports line by line and labeled or coded them according to their essential meaning or concept. Findings associated with each concept were grouped together in tabular format for further analysis and comparison to identify patterns, consistencies, and disagreements between studies. These comparisons led to the creation of hypotheses about the relationships between findings which were interrogated by comparing the fit of the hypothesis to findings from each study associated with the same concept. This provided further clarification of relationships between findings and allowed for initial translation of findings into one another building an explanation of each concept from the available findings across studies.

**Meta-synthesis.** The final stage of meta-study analysis involves synthesizing the insights gained from all three areas of analysis. The results of such synthesis can take many forms and are typically determined or emerge as a result of the findings and conclusions drawn throughout the previous analytic processes (Paterson et al., 2001). In this study the recurrence of several concepts (cultural values, perceptions versus experiences) were noted as prominent. The ways in which primary researchers initially defined these concepts in their methodological and theoretical approach to their work was noted to shape eventual findings across studies. As such these patterns were explored
using available findings from meta-method, meta-theory, and meta-data analysis with findings depicted in the form of a metaphor to describe these relationships.

**Methods to Ensure Trustworthiness and Rigor**

Williams and Morrow (2009) emphasize that “in any research endeavor, researchers are obligated to justify to the research community that they have done due diligence” (p. 576) to ensure rigor and trustworthiness in their work. In their seminal work, Lincoln and Guba (1985) describe how the paradigmatic and epistemological (e.g. positivist vs. naturalistic) underpinning of study design necessitate differences in how rigor and trustworthiness are appropriately established and evaluated in quantitative and qualitative research. They suggest that qualitative researchers address four factors; *credibility, transferability, dependability, and confirmability*, in the design of qualitative research projects to ensure trustworthiness of findings. Paterson et al. (2001) and Timulak (2007) encourage QMS researchers to follow Lincoln and Guba’s (1985) recommendations to ensure trustworthiness in the design and process of conducting QMS research. This recommendation is consistent with those given by qualitative researchers in the field of counseling psychology (Hunt, 2011; Morrow, 2005; Williams & Morrow, 2009; Yeh & Inman, 2007) who have described Lincoln and Guba’s (1985) recommendations as a viable standard to guide the design and evaluation of qualitative research for publication in peer-reviewed journals. The following is a description of all four factors followed by a summary of the methods I used throughout this research to address them.

*Credibility* in qualitative research is often conceptualized as the ability to demonstrate rigor in research design (Morrow, 2005) and congruency between study
findings and the reality depicted in the data gathered (Krefting, 1991; Shenton, 2004).

*Transferability* is seen to be a qualitative parallel (but importantly not equal) to the concept of external validity or generalizability in quantitative research (Krefting, 1991; Lincoln & Guba, 1985; Morrow, 2005). The findings of a qualitative study are seen as potentially transferable to a different set of people when enough information about the population, context, and methods of the study are provided so that other researchers can determine if observations may appropriately transfer to a new situation. *Dependability*, the degree to which study findings follow logically from the data collected (Paterson et al., 2001), has been asserted to be highly related to the study’s credibility as it is unlikely for one to exist without the other (Lincoln & Guba, 1985). Finally, *confirmability* is the assurance that “as far as possible that the work’s findings are the result of the experiences and ideas of the informants rather than the characteristics and preferences of the researcher” (Shenton, 2004, p. 72).

Several strategies have been developed to assist researchers in meeting the aforementioned criteria. I used the following methods as described by Lincoln and Guba (1985) to address the trustworthiness and rigor of this meta-study; *prolonged engagement*, *negative case analysis*, *thick descriptions*, establishment of an *audit trail*, *peer debriefing and examination*, and *researcher reflexivity*.

In-depth article review, repeated readings, data collection, coding, and data analysis procedures provided me the opportunity to experience prolonged engagement and persistent observation of the primary research reports and their associated data for this meta-study. The iterative process of data coding, analysis, and return to the data for testing of hypothesis provided opportunity for the identification, consideration, and
analysis of contradictions and exceptions (negative cases) to my emerging hypothesis pushing me to better account for all aspects of the phenomena under study. As recommended by Paterson and colleagues (2001, p 52) throughout the study, I have kept extensive logs of the processes and procedures for data collection and analysis that include the reasoning for my decisions. The establishment of this audit trail has allowed me to provide dense descriptions of the methods used and the decisions made throughout the study process.

Throughout the process I have engaged in peer examination and peer debriefing as recommended by Lincoln and Guba (1985) and others (Hunt, 2011; Krefting, 1991; Shenton, 2004). Peer debriefing has occurred as I have routinely discussed emergent findings and challenges in the research process with peers and professionals who provide mental health services in the Latino community. This has encouraged my own reflexivity throughout the research process, assisted me to increase my awareness of personal biases, and helped me to address stuck points in data analysis through seeking additional perspectives. Additionally, a process of peer examination has occurred as I have consulted with my dissertation committee at various points throughout the study process for feedback on initial and final interpretation of data.

Of major importance in qualitative research, is how the human instrument (researcher) interacts with study data and methods to generate findings and interpretations. Qualitative researchers recommend making the human instrument known and reflexive throughout the research process (Lincoln & Guba, 1985; Patton, 2002; Peshkin, 1988; Morrow, 2005) so that the researcher and others are better able to distinguish “what comes from the participant and what comes from the researcher”
(Williams & Morrow, 2009, p. 579). To accomplish this it is recommended (Morrow, 2005) that researchers provide a description of who they as a person, their approach to the study, any previous experience with the topic, personal characteristics, and known biases that may influence their work in a researcher as instrument statement. The following is a summary of the personal and professional influences that have shaped my motivation for and interest in the present study.

**Researcher as Instrument**

To situate myself, as the researcher, within the research process I will now share some information about my personal background and the path that has led me to an interest in the research questions examined by this study. This is done to provide disclosure of the perspective and experience that shape my work, not only for those who may read it, but also to assist myself in acknowledging what I bring to the study and to help me maintain reflexivity in this work. I am a European American, heterosexual, female in her mid-thirties, who grew up in Wyoming. Although I grew up with personal experience of diversity in the form of physical abilities and spiritual beliefs, as both were reflected in my life and within my family, my first significant experiences in the area of cultural diversity occurred during my early twenties.

I was first exposed to the experiences of immigrant families in the U.S. while undertaking full-time voluntary church service in San Diego, CA. My responsibilities during my time there were to provide various forms of community service and to teach church doctrine to interested individuals and families who spoke Spanish. Not a native speaker, learning Spanish was difficult, but the process of being on the outside of understanding what was being said in a conversation and the difficulty I experienced
expressing my true thoughts in a foreign language were both frustrating and enlightening.
I now have, to a small extent, a developing understanding of the language difficulties
many people experience as they try to acculturate to a new country.

The people I met often discussed their immigration experiences, the risks they had
taken to make a better life for themselves and their families in the U.S., and the
difficulties they experienced in navigating a new system of life. Getting to know these
families provided me glimpses into the tragedies (deportation of family bread winners),
triumphs (family reunification), and strengths (commitment to family) of these families
as they negotiated life in the U.S.

My experiences in San Diego opened my eyes to the experiences of immigrants in
the U.S., but it was my first job after completing my undergraduate studies that lead to
my interest in domestic violence. Working for the state government where I lived I
helped people who were receiving public assistance to resolve barriers that limited their
ability to work and helped them find jobs that would eventually allow them to become
financially self-sufficient. My task was to manage a special caseload of women who were
living in and using the services offered by a local domestic violence shelter. Although I
had no prior training and little knowledge in the field of domestic violence I was quickly
introduced to the complexity of the lives of the women I was to help. I became an
advocate for them within my own department and at times against our department’s
policies that were sometimes managed in ways that would recreate the abusive dynamics
of being controlled and powerless that these women were trying to escape.

I was especially affected by the immigrant woman who came to the shelter
seeking services. They often knew little about the process of getting help for intimate
partner violence in the U.S. Since our community was a federal refugee resettlement city women spoke a variety of languages including Farsi, Swahili, and Arabic that were not spoken by agency staff. These women put great trust in us to help them in a most vulnerable and risky situation. I became concerned that, as a whole, services for immigrant women experiencing domestic violence needed to be improved to better address the unique challenges these women faced. I worked in this position for four years while obtaining my master’s degree in mental health counseling and receiving clinical training in providing counseling services to victims and perpetrators of domestic violence. These experiences encouraged me to pursue further training to gain knowledge and experience in working to meet the needs of traditionally underserved populations, with a special interest in addressing the issues experienced by immigrant women who experience partner abuse.

At this point I believe it is also important that I share some of my known biases regarding immigration and domestic violence. My experience working with immigrant populations has instilled in me a desire to see more humanitarian treatment of immigrants by the U.S. government. Among many needed improvement to this system, I believe a clear separation between local authorities (e.g. police, medical, and social service providers) and federal immigration officials is necessary so that victims of crime can receive the help without fear that it will adversely affect their status in the country. Regarding domestic violence, when I began working in this field, I did fall prey to the common question of “why do women stay in abusive relationships?” This question dominated much of the early literature on domestic violence and often lead to conclusions suggesting mental illness or weakness on the part of victims. However, my
experience with clients and personal acquaintances who experienced IPV quickly educated me to the complex nature in which even destructive, unhealthy relationships are and at times need to be maintained for reasons that are often invisible to someone on the outside looking in. Although my bias leans toward the need for at least initial separation (in which both parties receive treatment) to adequately address domestic violence, I know that many women do not leave and in fact may be put in greater danger by leaving an abusive relationship.

This dissertation research is a way to explore what is needed in the field of interventions and assistance for immigrant women who experience family violence and to honor the strengths of so many women who have sought safety from a system that has been ill-equipped to meet their needs. I realize that I will never fully understand the experiences of immigrant women from an insider’s perspective, but I believe that through careful consideration of my own biases, the use of rigorous research methods, and collaboration and consultation with others within the field this research will provide some insight into the state of research in this area and the unique needs of immigrant women.
The stories shared by the women reveal that surviving is very much an act of resistance. Regardless of whether they seek help or not, who they seek help from, how they seek help, and barriers they encounter if they seek help, these women survive by resisting their batterers. (Silva-Martinez, 2010, p. 187)

CHAPTER 4: RESULTS

Results of the meta-study will be described in this chapter. First, basic study and population information is summarized to provide an overview of the foundation from which further analysis was conducted. This will be followed by a description of the findings for each sub-section of analysis in meta-study; meta-method, meta-theory, and meta-data. Finally, the results of a meta-synthesis of findings will be presented in which the influences of methodological and theoretical trends in study design on the resultant findings in this body of research will be described.

Characteristics of Studies

The final sample for this study included 15 unique studies reported in 20 research reports with 5 studies reported in multiple reports. Table 1 provides basic information on the studies included in this analysis and divides research reports into the samples they represent. Reports were published between 1995 and 2013 with the majority of reports (65%) published between 2006 and 2010. The sample included 9 dissertations and 11 journal articles published in a variety of peer-reviewed journals. Four first authors had more than one article included in the final sample which typically involved multiple records of the same study (e.g. dissertation and a journal article) with only one of these authors, Molina, having two reports of two separate studies (Molina, 2006; Molina & Abel, 2010).
<table>
<thead>
<tr>
<th>Sample</th>
<th>Author, year</th>
<th>Publication type/journal</th>
<th>Author discipline</th>
<th>Study location</th>
<th>Topic/focus</th>
<th>Methodological orientation</th>
</tr>
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<td>4</td>
<td>Epstein (2006)</td>
<td>Dissertation</td>
<td>Psychology</td>
<td>California</td>
<td>Accessing mental health services</td>
<td>Thematic analysis</td>
</tr>
<tr>
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<td>Farjeat (2013)</td>
<td>Dissertation</td>
<td>Psychology</td>
<td>California</td>
<td>Decision making process</td>
<td>Phenomenology</td>
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<tr>
<td>6</td>
<td>Ingram et al. (2010)</td>
<td>Violence Against Women</td>
<td>Public Health</td>
<td>Arizona</td>
<td>VAWA self-petition</td>
<td>Participatory action research</td>
</tr>
<tr>
<td>7</td>
<td>Kelly (2006)</td>
<td>Canadian journal of Nursing Research Research in Nursing &amp; Health</td>
<td>Nursing</td>
<td>Urban NE City</td>
<td>Influence of motherhood on decision-making</td>
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<td>Catholic church as source of support</td>
<td></td>
</tr>
<tr>
<td>Sample</td>
<td>Author, year</td>
<td>Publication type/journal</td>
<td>Author discipline</td>
<td>Study location</td>
<td>Topic/focus</td>
<td>Methodological orientation</td>
</tr>
<tr>
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<td>-------------------------------------------</td>
<td>-------------------</td>
<td>----------------</td>
<td>-----------------------------------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>12</td>
<td>Perez-Neira (2006)</td>
<td>Dissertation</td>
<td>Psychology</td>
<td>California</td>
<td>Perspectives on mental health services Relationships with health care providers</td>
<td>Phenomenology and content analysis</td>
</tr>
<tr>
<td></td>
<td>Vasconcellos (2006)</td>
<td>Dissertation</td>
<td>Psychology</td>
<td>California</td>
<td></td>
<td>Content analysis</td>
</tr>
<tr>
<td>13</td>
<td>Salcido &amp; Adelman</td>
<td><em>Human Organization</em></td>
<td>Anthropology</td>
<td>Arizona</td>
<td>Influence of illegality</td>
<td>Ethnography</td>
</tr>
<tr>
<td></td>
<td>(2004)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
Among the 15 unique first authors of the publications the following academic disciplines were represented: psychology (5), social work (4), nursing (2), and one each in the fields of anthropology, criminal justice, public health, and social welfare. Studies were conducted throughout the United States, mostly in urban areas (86.67%), with a third of studies conducted in California. Researchers used a range of methodological orientations including phenomenology (5), ethnography (4), grounded theory (3), and a variety of other methods. A variety of topics were investigated including help-seeking (4), influence of cultural factors (4), perceptions and experiences of abuse (3), experiences with medical providers (2), mental health services (2), divorce experiences (2), decision making (2), and legal issues (2). Sample sizes of the studies ranged from 7-86 participants with a median sample of fourteen. Eight studies included 15 or fewer participants, four included 16-30 participants, and three studies included more than 30 participants.

**Participant Characteristics**

A variety of demographic information was collected across studies with basic demographic features summarized in Table 2. Throughout the results and discussion section s identifies the number of samples included in an analysis and n signifies the number of participants included. In total, 327 participants were included in the 15 studies analyzed in this meta-study. Participants ranged in age from 19-75 with an average age across samples of 34.43 (s =12; n =196). They had immigrated from Mexico (77.06%, n =252 Central America (9.48%, n =31), South America (7.34%, n =24), and Puerto Rico

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3 In the remaining tables studies will be listed by their first author only except when listing of the second author is needed to distinguish between studies. Appendix A provides complete citations for the reports associated with each sample.
<table>
<thead>
<tr>
<th>Sample</th>
<th>N</th>
<th>Age Mean(range)</th>
<th>Time in U.S. (yrs) Mean(range)</th>
<th>Study location</th>
<th>Mexico</th>
<th>Central America</th>
<th>South America</th>
<th>Puerto Rico</th>
<th>Undocumented</th>
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</thead>
<tbody>
<tr>
<td>Acevedo, M.J.</td>
<td>40</td>
<td>31.91 (9-47)</td>
<td>12.60 (5-35)</td>
<td>California</td>
<td>40 (100)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acevedo, V.E.</td>
<td>10</td>
<td>37.00 (20-50)</td>
<td>7.10 (1-20)</td>
<td>Massachusetts</td>
<td>10 (100)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Belknap</td>
<td>7</td>
<td>30.00 (19-38)</td>
<td>-- (1-15)</td>
<td>Rural Midwest</td>
<td>7 (100)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Epstein</td>
<td>7</td>
<td>35.71 (25-47)</td>
<td>9.14 (2-16)</td>
<td>California</td>
<td>5 (71.43)</td>
<td>1 (14.29)</td>
<td>1 (14.29)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Farjeat</td>
<td>12</td>
<td>38.00 (26-56)</td>
<td>--</td>
<td>California</td>
<td>12 (100)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ingram</td>
<td>21</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>21 (100)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kelly</td>
<td>17</td>
<td>32.76 (19-53)</td>
<td>13.26 (2-25)</td>
<td>Urban NE City</td>
<td>2 (11.76)</td>
<td>5 (29.41)</td>
<td>5 (29.41)</td>
<td>5 (29.41)</td>
<td>8 (47.06)</td>
</tr>
<tr>
<td>Kyriakakis</td>
<td>29</td>
<td>34.70 (22-57)</td>
<td>10.19 (0.5-20)</td>
<td>New York (15)</td>
<td>29 (100)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marrs Fuchsel</td>
<td>9</td>
<td>43.00 (34-60)</td>
<td>16.10 (5-30)</td>
<td>Arizona</td>
<td>9 (100)</td>
<td></td>
<td></td>
<td></td>
<td>5 (55.56)</td>
</tr>
<tr>
<td>Molina</td>
<td>14</td>
<td>37.00 (--)</td>
<td>--</td>
<td>--</td>
<td>4 (28.57)</td>
<td>1 (7.14)</td>
<td>9 (64.29)</td>
<td>12 (85.71)</td>
<td></td>
</tr>
<tr>
<td>Molina &amp; Abel</td>
<td>24</td>
<td>-- (24-55)</td>
<td>-- (5-21)</td>
<td>Florida</td>
<td>5 (20.83)</td>
<td>9 (37.5)</td>
<td>9 (37.5)</td>
<td>11 (45.83)</td>
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</tr>
<tr>
<td>P-N; V*</td>
<td>32</td>
<td>30.90 (19-40)</td>
<td>9.90 (3-26)</td>
<td>California</td>
<td>27 (84.38)</td>
<td>5 (15.63)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Salcido</td>
<td>10</td>
<td>42.60 (23-75)</td>
<td>-- (3-63)</td>
<td>Arizona</td>
<td>10 (100)</td>
<td></td>
<td></td>
<td></td>
<td>5 (50.00)</td>
</tr>
<tr>
<td>Silva-Martinez</td>
<td>9</td>
<td>33.55 (21-50)</td>
<td>11.75 (6-25)</td>
<td>Iowa</td>
<td>9 (100)</td>
<td></td>
<td></td>
<td></td>
<td>6 (66.67)</td>
</tr>
<tr>
<td>Vidalles</td>
<td>86</td>
<td>--</td>
<td>-- (--)</td>
<td>California</td>
<td>72 (83.72)</td>
<td></td>
<td></td>
<td></td>
<td>25 (29.07)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>327</td>
<td>34.43 (19-75)</td>
<td>11.29 (0.5-63)</td>
<td></td>
<td>252 (77.06)</td>
<td>31 (9.48)</td>
<td>24 (7.34)</td>
<td>5 (1.53)</td>
<td>72 (42.60)</td>
</tr>
</tbody>
</table>

Note. -- = not reported; * Perez-Neira; Vasoconcellos; ** n = 169; Central America includes participants from: El Salvador, Guatemala, Honduras, Nicaragua; South America includes participants from: Argentina, Brazil, Colombia, Peru, Uruguay, Venezuela.
Further breakdown of the country of origin of participants is presented in Table 3. The average time in the U.S. among participants was 11.29 years (SD = 8; n = 153) with a range among studies of 0.5-63 years (SD = 11).

Among the 12 studies (n = 208) that reported motherhood all but one participant was a mother. When language preference was reported as a demographic variable (SD = 9; n = 198) the vast majority (88.89%) identified as preferring Spanish. However, all studies collected data either primarily (SD = 5) or entirely (SD = 10) in Spanish suggesting the percentage of participants who preferred Spanish was quite high. Among studies that reported immigration status (SD = 7; n = 169) 72 participants were undocumented and 34 participants had some form of legal documentation. In the seven studies (n = 89) that reported employment 52 participants were employed either full or part time and 37 were homemakers.

<table>
<thead>
<tr>
<th>Country</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mexico</td>
<td>252 (77.06)</td>
</tr>
<tr>
<td>Colombia</td>
<td>15 (4.59)</td>
</tr>
<tr>
<td>Guatemala</td>
<td>11 (3.36)</td>
</tr>
<tr>
<td>El Salvador</td>
<td>11 (3.36)</td>
</tr>
<tr>
<td>Honduras</td>
<td>7 (2.14)</td>
</tr>
<tr>
<td>Puerto Rico</td>
<td>5 (1.53)</td>
</tr>
<tr>
<td>United States</td>
<td>3 (0.92)</td>
</tr>
<tr>
<td>Venezuela</td>
<td>3 (0.92)</td>
</tr>
<tr>
<td>Argentina</td>
<td>2 (0.61)</td>
</tr>
<tr>
<td>Nicaragua</td>
<td>2 (0.61)</td>
</tr>
<tr>
<td>Uruguay</td>
<td>2 (0.61)</td>
</tr>
<tr>
<td>Brazil</td>
<td>1 (0.31)</td>
</tr>
<tr>
<td>Peru</td>
<td>1 (0.31)</td>
</tr>
<tr>
<td>Not specified</td>
<td>12 (3.67)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>327 (100.00)</strong></td>
</tr>
</tbody>
</table>
Meta-Method

Table 4 summarizes the basic methodological features of each study and Table 5 summarizes trends across studies. Analysis of the research questions, sampling procedures, data collection, and data analysis strategies suggest several important methodological trends in the current body of qualitative research about immigrant women who have faced domestic violence. The following sections will summarize trends uncovered in the analysis of methodological features of the primary research reports.

**Populations of interest.** Several important trends emerged regarding the inclusion and exclusion criteria researchers used in design of their studies. Over half of the studies (s =8) were comprised entirely of Mexican immigrants, however, among these studies only three (Acevedo & deAnda, 2005; Belknap & Sayeed, 2003; Kyriakakis, 2010) listed Mexican origin as an inclusion criteria. The high percentage of Mexican immigrants included in these studies is consistent with population and immigration trends in the U.S. (Ennis, Rios-Vargas, & Albert, 2011) as well as the location of the majority of the studies in close proximity to the Mexican border. Only one study identified an immigrant population of focus other than Mexican immigrants. Acevedo (1995) focused on the IPV experiences of immigrant women from Central America, recruiting only women from El Salvador and Guatemala due to their unique history of war trauma in their countries of origin prior to immigration to the U.S.

There was good variability among studies regarding the recency of participant experiences of IPV. Three studies explicitly required participants to not be in an abusive relationship at the time of the study (Acevedo & deAnda, 2005; Farjeat, 2013; Kelly, 2006) with one study requiring that participants be separated from their abusive partners
### Table 4

**Characteristics of Study Design**

<table>
<thead>
<tr>
<th>Sample</th>
<th>Methodological orientation</th>
<th>Analysis methods</th>
<th>Sample source</th>
<th>Data collection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acevedo, M.J.</td>
<td>Ethnography</td>
<td>Conceptual analysis</td>
<td>Child protective services (IPV related concern)</td>
<td>Semi-structured interview</td>
</tr>
<tr>
<td>Acevedo, V.E.</td>
<td>Phenomenology</td>
<td>Unspecified qualitative analysis</td>
<td>Professional networks</td>
<td>Semi-structured interview</td>
</tr>
<tr>
<td>Belknap</td>
<td>Ethnonursing</td>
<td>Unspecified qualitative analysis</td>
<td>Support group at IPV agency</td>
<td>Semi-structured interview*</td>
</tr>
<tr>
<td>Epstein</td>
<td>Thematic analysis</td>
<td>Framework analysis</td>
<td>IPV support group at mental health center</td>
<td>Semi-structured interview</td>
</tr>
<tr>
<td>Farjeat</td>
<td>Phenomenology</td>
<td>Constant comparative analysis</td>
<td>Flyers- neighborhood and community immigration agency</td>
<td>Semi-structured interview</td>
</tr>
<tr>
<td>Ingram</td>
<td>Participatory action research</td>
<td>Multi-investigator consensus &amp;</td>
<td>Legal &amp; sexual assault services</td>
<td>Focus group (n = 4) &amp; semi-</td>
</tr>
<tr>
<td></td>
<td></td>
<td>content analysis</td>
<td></td>
<td>structured interviews (n = 17)</td>
</tr>
<tr>
<td>Kelly</td>
<td>Interpretive phenomenology</td>
<td>Interpretive description &amp;</td>
<td>Legal &amp; IPV services</td>
<td>2 semi-structured interviews*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>thematic analysis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kyriakakis</td>
<td>Phenomenological grounded theory</td>
<td>Phenomenology &amp; grounded theory</td>
<td>IPV programs, community agencies, support group, flyers</td>
<td>2 semi-structured interviews*</td>
</tr>
<tr>
<td>Marrs Fuchsel</td>
<td>Grounded theory</td>
<td>Constant comparative analysis</td>
<td>Support group at community agency</td>
<td>Semi-structured interview,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>fieldwork</td>
</tr>
<tr>
<td>Molina &amp; Abel</td>
<td>Grounded theory</td>
<td>Grounded theory</td>
<td>Legal &amp; IPV services</td>
<td>Focus groups</td>
</tr>
<tr>
<td>Perez-Neira</td>
<td>Phenomenology &amp; content analysis</td>
<td>Phenomenology &amp; content analysis</td>
<td>Multiple through Latino services organization</td>
<td>Focus groups</td>
</tr>
<tr>
<td>Vasconcellos</td>
<td>Content analysis</td>
<td>Content analysis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salcido</td>
<td>Ethnography</td>
<td>Unspecified qualitative analysis</td>
<td>Community center</td>
<td>Semi-structured interview;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>fieldwork</td>
</tr>
<tr>
<td>Silva-Martinez</td>
<td>Critical ethnography</td>
<td>Reconstructive analysis</td>
<td>Local informants</td>
<td>3 semi-structured interviews;</td>
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<td></td>
<td></td>
<td></td>
<td>fieldwork</td>
</tr>
<tr>
<td>Vidales</td>
<td>Ethnography</td>
<td>Comparative case study</td>
<td>IPV shelter</td>
<td>Semi-structured interview,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>fieldwork</td>
</tr>
</tbody>
</table>

*Note. *used assistance of interpreters for some interviews
for at least two years (Farjeat, 2013). By design, two additional studies which focused on IPV related divorce experiences captured women who had already left abusive relationships (Molina, 2006; Molina & Abel, 2010). Five studies specified that women could have a past or current history of IPV with one study requiring IPV during the past 12 months for participation (Kyriakakis, 2010). The remaining 5 studies did not specify any timeframe requirements or exclusions for IPV. Overall, these patterns suggest that researchers are attempting to gather the experiences of women who are in a range of stages with their relationships.
Participant recruitment strategies. In eight of the studies, all of the participants were recruited through the participant’s involvement in one or more services to address IPV (shelters, legal services, victim’s services, IPV mental health services). Two studies (Acevedo & deAnda, 2005; Epstein, 2006) required the participants be actively engaged in IPV services (through the recruitment setting) for eligibility. Recruitment typically involved someone from the agency inviting eligible women to participate or the researcher introducing the study at the end of a support group session or presentation.

Six of the studies recruited participants through non-IPV specific service agencies (medical clinics, churches, community centers, etc.), public flyers/announcements, or referral by community members. These methods were often used when researchers were trying to include women who had not received IPV services as some researchers theorized participants’ conceptualization of their experiences would be influenced by the IPV services they had received. Typically, recruitment through flyers and less personal contacts was less successful and seen by some potential participants as suspicious (Acevedo, 1995). As a unique approach, Farjeat (2013), attempted a portion of recruitment through an ad on Craigslist with little success. Of the two studies that relied on referral by either professional contacts (Acevedo, 1995) or community informants (Silva-Martinez, 2010) both researchers reported that the process was most successful with a more direct link between potential participants and the researcher. This occurred through in-person introductions (Silva-Martinez, 2010) or the referral source obtaining permission to share participant’s information with the researcher rather than having participants make the initial contact themselves (Acevedo, 1995).
Trends in data collection methods. By far, the individual semi-structured interview was the most used method of data collection among the studies included in this analysis (86.67%), however only 3 studies employed more than 1 interview with each participant to gather data. Two studies relied on focus groups with a third study (Ingram et al., 2010) changing research methods after the first focus group to individual semi-structured interviews. In this case the researchers explained that in the group setting participants tended to discuss their experiences of IPV rather than their experiences with the VAWA process which was the focus of the study. A few studies described prolonged fieldwork within either a community (Salcido & Adelman, 2004) or agency (Vidales, 2010) prior to beginning data collection. Only one researcher, Silva-Martinez (2010) described the use of prolonged fieldwork (3 years) to gather data about the setting in which participants were faced with IPV.

The majority of interviews and all of the focus groups conducted by the primary researchers were done in Spanish. The participants language preference guided these decisions on an individual basis however, a few researchers (Farjeat, 2013; Silva-Martinez, 2010) made lack of English fluency at some point in the IPV experience a requirement for inclusion in the study. The vast majority of researchers were Spanish fluent and only 3 studies (Belknap & Sayeed, 2003; Kelly, 2006, 2009; Kyriakakis, 2010) used the assistance of interpreters for data collection. Typically, interpreters were not used for the whole sample and/or were largely present to assist the researcher who was not bicultural or completely fluent to understand cultural and linguistic nuances that may have otherwise been missed.
Interestingly, researchers took a variety of approaches to choosing the language in which they would undertake data analysis. Although not all researchers commented on this, five explicitly described conducting initial data analysis in Spanish with varying degrees of translation to English later in the process. Three studies either explicitly state that all analyses were done in English or extensively describe the process of translating interview transcripts to English suggesting data was analyzed in English. The language of analysis is less explicit in the remaining studies, however, researchers’ descriptions of their analysis of data suggest it likely that many of these studies were analyzed in Spanish as well. Of the 20 records included in this analysis participants quotes were only shared in both English and Spanish in 9 of these reports (4 dissertations, 3 journal articles).

**Protection of participants.** Trends among the studies also revealed several steps researchers routinely take to assist in managing the risks associated with IPV. Related to this concern was the degree to which institutional review boards (IRBs) shape study design. Research reports associated with 8 of the studies discussed protection of participants further than mentioning IRB approval and use of pseudonyms. The most commonly mentioned (s =6) measure taken was to provide participants with a list of IPV hotlines and/or local referrals so they could receive further assistance if desired. Two studies (Kelly, 2006, 2009; Ingram et al., 2010) conducted data collection with legal or victims’ advocates immediately available to address any safety concerns. Two other researchers (Kyriakakis, 2010; Silva-Martinez, 2010) described the ongoing assessment of risk and safety planning with participants throughout their involvement in the study. In addition to giving referral lists Salcido and Adelman (2004) and Silva-Martinez (2010) described taking steps to assist participants with accessing services when requested.
Often participant requirements such as being separated from partners or engaged in ongoing services appeared to be tied with IRB requirements to reduce risk for both participants and researchers.

Two studies specifically described changes in planned methodology associated with management of participant safety. Marrs (2008) described an original intention to conduct 3 interviews with each participant to increase engagement with participants and depth of the data collected. However, the author mentions (Marrs, 2008, p. 39) that because the study was being conducted outside of a shelter setting the IRB would only approve one interview with each participant as a requirement to reduce risk. The author describes adjusting to this requirement by changing from theoretical sampling to criterion sampling, allowing the research “to expand on the meaning of domestic violence and marriage by asking different questions to different participants” (Marrs Fuchsel, 2012, p 73).

In the second example, Ingram et al. (2010), describe an additional reason for the switch from focus group to individual interviews as a concern that the group setting could retraumatize participants as they listened to other women’s IPV experiences (p. 863). This study was also unique as it was the only one that did not employ audio recording of interviews, relying instead on hand written notes transcribed after the interview to reduce participant concerns about confidentiality. Further, as this study used a multidisciplinary participatory action research design service providers, who likely had interaction with participants, assisted with the analysis of data. To assist in further protecting participants’ identities from service providers the interviews were not looked at holistically but responses were broken up by question with answers placed in random order. Ingram et
al.’s (2010) study was unique among those included in this analysis as it was the only one that clearly used a consistent interdisciplinary approach to the entire research process. This, combined with the study focus on experiences of petitioning for immigration status through VAWA, likely contributed to the need for enhanced methods to manage confidentiality risks.

Since victims of IPV and immigrant women face unique vulnerabilities and risks it is likely that IRB requirements greatly shape what research is and is not possible. However, due the great variability in recruitment and data collection methods found in this sample of reports each IRB may approach management of these risks differently. These studies do suggest that routinely providing referral lists and ongoing assessment of safety are the most basic and commonly used methods of addressing safety concerns while doing research with this population.

**Meta-Theory**

Meta-theory examines the theoretical, contextual influences and assumptions that may influence a body of research. Theoretical influences including researcher characteristics, discipline, and the theoretical frameworks that guided the studies are summarized in Table 6.

**Characteristics of researchers.** Researcher characteristics, the views and life experiences they bring to the research process, will inherently influence and shape the research process and resultant body of available knowledge in a field. On an individual level researcher characteristics may influence study focus, conceptualization of constructs and their interpretations of findings. All of the first authors as well as any co-authors of journal articles in this sample were women and it appeared that women collected the data...
except in one instance. Perez-Neira (2006) and Vasoconcellos (2006) describe that a male and female facilitator co-led each focus group in their study. They noted that participants appreciated that a man would be interested in hearing about their experiences. Of the 15 unique first authors 8 identified themselves as Latina, 10 were fully bilingual, and 6 were immigrants to the U.S. Three researchers described themselves as conversant yet not fully

### Table 6

**Theoretical Influences on Primary Studies**

<table>
<thead>
<tr>
<th>Study</th>
<th>Discipline</th>
<th>Researcher characteristics</th>
<th>Topic/focus</th>
<th>Influencing theoretical frameworks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acevedo, V.E.</td>
<td>Psychology</td>
<td>Colombian immigrant, SP</td>
<td>Experiences of IPV</td>
<td>Feminist, Latina perspectives of IPV, acculturation</td>
</tr>
<tr>
<td>Belknap*</td>
<td>Nursing</td>
<td>Caucasian, SP</td>
<td>IPV screening in medical settings</td>
<td>Culture Care Theory</td>
</tr>
<tr>
<td>Epstein</td>
<td>Psychology</td>
<td>Not Latina</td>
<td>Accessing mental health services</td>
<td>Ecological model, MECA, feminist</td>
</tr>
<tr>
<td>Farjeat</td>
<td>Psychology</td>
<td>Mexican immigrant</td>
<td>Decision making process</td>
<td>Not clear</td>
</tr>
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<td>Public Health</td>
<td>Not stated</td>
<td>VAWA self-petition</td>
<td>Not clear</td>
</tr>
<tr>
<td>Kelly*</td>
<td>Nursing</td>
<td>Not stated</td>
<td>Influence of motherhood on decision-making</td>
<td>Feminist intersectionality</td>
</tr>
<tr>
<td>Kyriakakis*</td>
<td>Social Work</td>
<td>Not stated</td>
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<td>Catholic church as source of support</td>
<td>Support systems</td>
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<td>Help-seeking in the Midwest</td>
<td>Chicana feminist, Mujerista, ecological model</td>
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<td>Mexican immigrant, SP, IPV victim</td>
<td>Help-seeking</td>
<td>Intersectionality of cultural, structural, and institutional factors</td>
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*Note. SP = IPV service provider; * conversant, not fluent Spanish; + language not stated; MECA = Multidimensional Ecosystemic Comparative Approach*
fluent in Spanish with two of these women identifying themselves as non-Latina. Six of the first authors described having previous experience as an IPV service provider which was often noted as an important influence on their research interests. One author identified herself as having been a victim of IPV as an immigrant woman. In addition to a description of the personal influence they brought to the study 9 of the authors explicitly acknowledged the potential for researcher bias in their work.

**Theoretical influences.** Among the 20 research reports included in analysis 5 did not describe a particular theoretical framework for undertaking their research. Various feminist theories and ideologies were noted in 5 reports as partial explanations for IPV. However, researcher’s often felt that traditional feminist approaches lacked sufficient acknowledgement of the influence of race and class-based oppression on the manifestations of IPV among immigrant populations and therefore could not endorse them fully. Two researchers (Acevedo, 1995; Silva-Martinez, 2010) included IPV perspectives from Latina and Chicana feminists in their conceptualization of the multifaceted influences on this phenomena. A third researcher (Kelly, 2006, 2009) approached the topic the perspective of feminist intersectionality. This trend represents the broadening realization in feminist ideology of the need to value and address the multiple forms of oppression many women face (Cramer & Plummer, 2009; Kelly, 2011).

Ecological models including Bronfenbrenner (1979), Belsky, (1980), and Germain (1973) were the second most commonly identified framework for understanding IPV (s =4). However, in the three studies that used Bronfenbrenner’s model all cited it as helpful but insufficient to understanding IPV experiences of immigrant women. The
authors endorsed the inclusion of second model either Belsky’s (1980) ecological model or Falicov’s (1998) Multidimensional Ecosystemic Comparative Approach to fill the gaps. A final trend in the theoretical formulation of studies was a factor based approach in which researchers attempted to deconstruct the multiple influences on IPV into discrete factors (cultural, structural, institutional).

**Contextual influences.** In 7 of the 15 studies researchers identified specific contextual influences as important to the design of their studies and the understanding of the experiences of immigrant women. The most commonly identified contextual factors were those related to the location of the sample. In two cases (Ingram et al, 2010; Salcido & Adelman, 2004) the research was conducted along the Arizona-Mexico border and explored issues related to documentation status for immigrant victims of IPV. These studies are similar in that they both provide thorough description of the immigration laws and policies that have shaped the political and social sphere of this setting as well as the influence of the environment itself to shape women’s IPV experiences. Ingram et al (2010) reviewed applicable legal developments in creation of the self-petition process through the Violence against Women Act (VAWA) and describes the local reality of participants as

In this highly militarized environment, it is possible to scrutinize the VAWA self-petition process in what might be described as a worst-case scenario. Within 100-miles of the border, the U.S. Border Patrol has increased jurisdiction to stop and inspect vehicles and to question individual regarding their legal status, making fear of arrest and deportation a constant reality……Fear and mistrust of the legal system have been heightened by recent Arizona legislation attempting to restrict immigrant access to social services. (p. 861)

Salcido and Adelman (2004) provide an extensive description of U.S.-Mexico border laws and regulations dating back to 1848 with discussion of the complex interplay
between immigration policies, border crossing, and IPV summarizing that “immigration shapes domestic violence and domestic violence informs the movement of people across the border” (p. 165). They point out the multiple reasons U.S. companies and citizens are permitted to easily cross the border contrasted with the illegality of Mexicans crossing into the U.S. although some may be doing so to seek safety from IPV.

The context of location was an important influence of the data collection and analysis in Kyriakakis’ (2010) study which recruited women from St. Louis, MO and New York City, NY with vastly different economic and immigration contexts. St. Louis was described as having a growing Latino community, which is not always welcomed in a city with high neighborhood racial segregation and few social services with the language capacity and experience to effectively assist immigrant Latinos, but offers affordable housing and employment opportunities. In contrast, New York City a traditional immigration gateway, offers an established Latino community with needed social services but a high cost of living. Kyriakakis (2010) was able to demonstrate the unique influence these contextual factors had on women’s experience of IPV and help-seeking. Finally, through extensive fieldwork within a rural Iowa community Silva-Martinez (2010) was able to document the ways in which the geographical (rural) and social (new immigrant gateway) context influenced participants help-seeking decisions.

Population factors were the other unique context researchers chose to highlight in their studies as important to our understanding of Latina’s experiences with IPV. Acevedo (1995) focused on Central American women who were exposed to civil war prior to their immigration to the U.S. believing this experience was likely to influence women’s experiences of both immigration and IPV. Marrs (2008) chose to highlight the
influence of religious beliefs, teachings, and practices within churches as important to understanding women’s IPV experiences and an avenue for prevention and intervention. Finally, although many studies touched on the IPV experiences of undocumented women, only one (Molina, 2006) was designed to specifically address the influence of this context on women’s interactions with social and legal services.

**Conceptualization of culture.** The majority of studies grappled with attempting to understand the influence of culture on IPV experiences. Researchers were typically careful in their approach to the topic and sought to acknowledge both culture-based risk and protective factors. Researchers consistently identified prioritization of the family, gender-role expectations, spiritual beliefs, and valued characteristics in social interactions as important to the understanding of Latina’s experiences with IPV. To describe these concepts researchers relied heavily on the terms, *familismo, machismo, marianismo, respeto*, and *personalismo* among others. Regarding the valuing of the family and gender-role expectations, definitions across the studies in these samples were fairly consistent. Discussion of gender role expectations nearly always included examinations of the influence of machismo and marianismo. In the author’s conceptualizations of male gender-roles and expectations nearly all identified positive and negative traits and social expectations associated with machismo. Descriptions of the characteristics and expectations associated with female gender-roles, as tied to the concept of marianismo were not as balanced especially when interpreted through a feminist lens, as done in a significant portion of the studies. Only one researcher (Marrs, 2008) identified how the cultural valuing of motherhood, an aspect of marianismo, can be a source of respect and
power for women. Other definitions focused solely on the self-sacrificing nature of motherhood with an emphasis on the low social capital of mothers.

Across studies researchers attempted to conceptualize the influence of religious beliefs and values as additional cultural factors influencing IPV. Nearly half of the studies identified religious and spiritual beliefs, as put forth by Catholic theology as important to the understanding of cultural influence on IPV experiences. This influence was not commonly described in much depth but when described touched on the importance of sexual purity, faith in God’s will, fatalism, and the influence of religious views about the sanctity of marriage. Spiritual forms of coping and support were generally identified as protective however spiritual beliefs were seen as less so and often described in terms of risks for keeping women in violent relationships. The exception to this was the research conducted by Marrs Fuchsel (2012) in which an emphasis was placed on formal guidelines from the Catholic Church condemning abuse.

**Meta-Data**

This section will describe the results of analysis of the findings and interpretations collected from primary research reports. Findings from the meta-data analysis are divided into three sections corresponding to the research questions guiding this study. This includes the risk and protective factors that influence IPV, women’s approaches to coping with violence in the home, and finally, their experiences seeking both formal and informal support to address IPV.

**Risk and protective factors.** As the women in these studies had already experienced IPV risk and protective factors for this analysis refers to factors that influence women’s decisions about seeking (protective) or avoiding (risk) various forms
of support or help whether they be formal or informal. Among the studies included in this analysis several factors that influence women’s help-seeking decisions were identified. This section will summarize findings for the most common factors identified across studies as influencing women’s help-seeking decisions; welfare of the children, gender-role norms, family influences, and immigration concerns. Additional factors that were noted less frequently include; childhood adversity, poverty and economic concerns, religious beliefs, limited English skills, and the emotional toll of IPV.

**Children’s welfare.** A women’s consideration of the welfare of her children was identified in several studies as the most powerful influence on decision making in the context of IPV. Women described constantly assessing the impact of violence in the home on their children and weighing various considerations in determining what to do. Women identified valuing the relationship between the children and their father and making great sacrifices to avoid disrupting that bond. Fears about being separated from the children through deportation or involvement of child protective services motivated women to hide the abuse as they perceived the danger of separation as worse than the abuse in their homes. Fears about the ability to be a single parent and economically support the family were also a major consideration for women who considered help-seeking.

Among women who eventually sought help or left their partner a consistent pattern emerged. In these women’s ongoing assessment of the needs of their children a time came when the cost of abuse and risk to the children was felt to be so great that action was taken to seek help and reduce risk. A variety of experiences precipitated this change including the children being abused, signs of the toll IPV was taking on the
children, and escalation of violence in which women perceived their lives to be in danger. Several researchers noted that the role and responsibility of motherhood provided many women the sense of authority they needed to take action. Care and concern for providing a safe home for their children also gave women the strength they needed to continue moving forward in spite of their fears and personal challenges.

*Gender-role norms.* A second significant factor in Latina immigrant women’s help-seeking decisions was the influence of both male and female gender-role norms. A common theme was a connection between a women’s sense of worth and her ability to meet social/cultural expectations of wives and mothers. This included the importance of keeping the family together and a focus on meeting the needs of her children and husband. In several studies, women identified that their partners used these gender-role expectations to control and isolate them. Partners did this by appealing to their responsibilities as mothers, for example they used child care as a reason women could not work or leave the home to spend time with friends or family.

There were fewer findings regarding the influence of male gender-role norms on women’s IPV experiences. Machismo was described by women in three studies as a factor that contributes to IPV (Acevedo, 1995; Marrs, 2008; Perez-Neira, 2006). Women described machismo as a negative cultural influence on men that was harmful to relationships. Only one study (Kyriakakis, 2010) elicited positive aspects of male gender-role norms from participants. These included the importance of a man showing respect for his wife, being a positive role model for children, and providing for the family. Kyriakakis (2010) describes that women often became empowered to take action or seek IPV support when men failed to fulfill these roles. Findings across studies suggest that
both male and female gender-roles can act as both risk and protective factors for IPV. The influence of these norms were noted to change over time and as a result of experiences in the relationship.

**Perceptions of family support.** Women’s perceptions across studies of their family as a potential source of support for IPV was fairly negative. Women described not wanting to seek support from family for several reasons including concerns about judgement from family, feelings of shame since some parents had cautioned them against marrying their husbands, and general expectations that family would be unsupportive of their concerns. Practical concerns such as geographic distance also caused women to perceive their family as unavailable to provide support. Women described not wanting to cause their parents worry, threats from their partner to hurt or kill her family if she told them, and reluctance to talk to family, especially fathers, as their fathers had been abusive to their mothers while growing up. Overall, women’s perceptions and expectations of their family’s response appeared to be a significant barrier to seeking support from family.

**Immigration.** The context of being an immigrant was identified by researchers as influencing women’s experiences of IPV in a variety of ways. As expected, women described partners exploiting their position as immigrants to threaten and isolate them from help. The power of these threats were even greater when women were undocumented. Many woman were unaware of their rights in the U.S. and often believed that similar to life in their country of origin there were no protections for abused women in the U.S. Women also believed, and were told by their abusers, that certain laws or practices that would put them at a disadvantage in their home country were practiced in
the U.S as well. Women described staying with partners due to concern they could lose their children if they fled based on a law in Mexico called *abandono de hogar* which gives men the right to regain custody of children if a woman is gone from the house for a certain period of time (Vidales, 2010). However, some women eventually learned about their rights from other women, social services, or interactions with legal services. Acevedo (1995) concluded that although the process of immigration can make women vulnerable to abuse it can also be liberating when women learn of the public concern and sanction against IPV potentially transforming their view of relationships as they see the availability of potential sources of support.

**Coping.** Since much of the IPV literature suggests that many women do not receive any formal services to address the violence in their relationships one question of this meta-study aimed to analyze trends in the current qualitative literature regarding women’s methods for coping with IPV that do not involve seeking help from either formal or informal sources of support.

**Spirituality.** In a third of the studies, researchers identified spirituality and faith as an important aspect of women’s efforts to cope with IPV. The conceptualization of spirituality typically focused on the women’s faith and communication with God through prayer. Although some did seek support through participation in church activities it was more common for women to focus on their relationship with God outside of structured religion. In their interpretations of women’s descriptions God was described by researchers as “a benign and liberating God who shared their pain” (Acevedo, 1995, p. 102). Participants were noted to conceptualize the help and resources they received to address IPV as miracles and blessing from God (Silva-Martinez, 2010). Women found
strength through their relationship with God, expressed concerns about abuse to God, and for some, their spirituality helped them make decisions about seeking help for IPV and provided them the strength they needed to move forward through their difficulties.

**Response to abuse.** Among participants in their samples several researchers noted a variety of responses women had to the abuse in their homes. In this analysis they were found to fall into three categories- active behavioral responses, cognitive strategies, and hiding/avoiding detection of abuse. Active coping methods included taking steps to protect the children (ex. moving them to a safe spot), placating the abuser to avoid confrontation, seeking to understand or make sense of abuse by talking with the abuser, and making efforts to physically defend oneself. Another approach relied on cognitive coping strategies which some researchers (Acevedo & deAnda, 2005; Acevedo, 1995) described as *enduring* or *tolerating*, however, there was no evidence that women accepted abuse. Instead, women often had specific beliefs or reasons for doing nothing visible to manage the abuse. These included choosing to do nothing due to severe risk of death or injury if they took action, feeling trapped and waiting for abuser to change, and keeping silent but keeping their eyes open to sources of help and a safe opportunity to act. Finally, three studies identified women’s actions to hide abuse and/or avoid discussion of it with health care providers due to worries about perceived negative consequences to themselves and their children if the abuse were found out.

**Destruction of self.** Several studies identified the deleterious effect of IPV on women’s mental health, including severe depression, anxiety, PTSD symptoms, anger, and somatic complaints. For some of the women thoughts of suicide as a way out of their desperate situation emerged. One researcher (Silva-Martinez, 2010) used the metaphor of
la puerta falsa (p. 116) to capture women’s recognition of suicide as way out that was a deceptive and nonviable solution to their problems. Although a few women across studies did attempt suicide the majority identified concern for their children as a factor that kept them from acting on these thoughts. Acevedo (1995) also noted the loss of extended family through migration as an influence on women’s decisions against suicide as there would be no close family member to care for her children.

**Border crossing.** Crossing the border as a means to cope with abuse was noted in two studies (Ingram, 2010; Salcido & Adelman, 2004) with research questions specifically focused on the influence of immigration law and policy on Latina’s facing IPV. Although this theme did not emerge in other studies, it seems important to mention this unique aspect of coping with abuse as many women, particularly Mexican-born women, may cross the border to get away from an abusive partner or to placate a partner who is involved in illegal activity or requires them to move frequently as a means to interfere with a woman’s ability to establish residency in the U.S.

**Help-Seeking.** Seeking help from informal (friends and family) and formal (churches, police, IPV agencies) sources of support is a widely researched component of women’s approach to coping with IPV. Analysis for this section is limited to findings in the studies that discuss women’s lived experiences with various forms of support as well as what is known about the support-seeking process they go through.

**Help-seeking process.** The majority of studies (9/15) had findings important to understanding the process through which women seek help for IPV. Themes suggest that the process of seeking help can first be divided into two major categories. Some women became unexpectedly involved in services while others decided to seek help on their own.
Unexpected involvement in services was noted in three studies (Acevedo & deAnda, 2005; Epstein, 2006; Molina & Abel, 2010). Typically, this occurred when an incident of violence required police intervention which then provided referral to or caused IPV services to be mandated. Services included various legal services (protective orders, divorce, immigration assistance) and social services such as support groups, counseling for children, and parenting classes. Aside from court involvement Epstein (2006) found two additional back doors to IPV service involvement. For some women their children were identified by the school as having a behavior problem requiring treatment. The child’s treating therapist identified the woman’s need for IPV support and encouraged the woman to engage in available services. The third scenario involved women seeking help for a mental health crisis when the intake therapist recognized the contribution of IPV to the crisis and recommended appropriate services. Although women’s involvement in these services was unexpected, and at times mandatory, they described benefits from their treatment experience including gaining financial independence and feeling better able to care for family (Molina & Abel, 2010), a decrease in fears and misconceptions about abuse and help-seeking (Acevedo & deAnda, 2005; Epstein, 2006), and solidarity with other women (Epstein, 2006). This finding highlights the opportunity service providers have to create therapeutic relationships with women who are unexpectedly referred or mandated to receive IPV services.

For women who decided to seek help the process usually started with seeking support from a family member or close friend (Acevedo, 1995; Belknap & Sayeed, 2003; Ingram et al., 2010; Kyriakakis, 2010). Women were noted to seek help from someone who had experienced similar difficulties with their partner (Belknap & Sayeed, 2003; Kyriakakis,
They described receiving encouragement (Farjeat, 2013), validation of their concerns (Acevedo, 1995), and information and assistance in accessing formal services (Acevedo, 1995; Farjeat, 2013; Ingram et al., 2010; Kyriakakis, 2010). Family and friends were often the link for women between informal support and access to formal community and IPV services. Ingram and colleagues (2010) found that women engaged in the VAWA self-petition process accessed this service by family members first referring them to community resources/programs that would not ask about documentation status and those agencies referred women on to legal and immigration assistance. A similar pattern was common with other forms of assistance in that once women accessed one type of formal support it was not uncommon for them to then be referred to and at times engaged with multiple services (Ingram et al., 2010; Kyriakakis, 2010; Molina, 2006; Molina & Abel, 2010). Although the majority of studies found that women did eventually seek some type of support or help, women in Belknap and Sayeed’s (2003) sample described seeking support from no one if there were no friends or family nearby they could talk to. The experiences women had as they sought support through various avenues varied greatly and will now be described.

**Help-seeking experiences.** Women’s experiences with formal and informal sources of support were examined and analyzed by authors in the majority of primary studies included in this analysis. Findings about women’s help-seeking experiences with their families (9/15) were most common followed by experiences with law enforcement and legal services, mental health services, churches, friends, medical providers, and IPV specific services such as shelters. For the purpose of this study experiences with family, law enforcement, mental health services, and churches were examined as they were the
most frequently occurring and appeared to hold associations with the other domains of data analysis previously summarized (risk and protective factors and coping).

*Family support.* Women’s experiences seeking support from their families varied. Among the 9 studies with findings relating to women’s experiences with their family 6 described both positive and negative responses from family. The remaining 3 studies described negative responses only. Table 7 provides a summary of findings related to this aspect of support. On the supportive side women had helpful interactions with their parents, siblings, and children as they sought help for IPV. Support included emotional support, instrumental support (shelter, transportation, food), as well as immigration related assistance such as help crossing the border, settling in a new community, and/or children who as adults would apply for residency status for their mother. Two researchers (Kyriakakis, 2010; Silva-Martinez, 2010) found that the location of the women’s family tended to influence what help could be offered. If they lived close family was often able to provide instrumental support or information about resources in addition to emotional support. When the woman’s family was still in her country of origin she benefited from the emotional support she received from them over the phone.

In identifying and analyzing family’s negative responses to women’s help-seeking it was important in this domain to separate actual help-seeking experiences from perceptions of family support as they were often intertwined. Women described experiencing advice or pressure from their families to return to the abuser or work to keep the relationship together. They also described being blamed by their families and in-laws for the relationship problems, abuse, and taking legal action against abuser. In their study of the influence of border crossing on IPV Salcido & Adelman (2004) noted
<table>
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<td>Acevedo &amp; deAnda</td>
<td>“women (n=9, 22.5%) did not feel the assistance family had previously provided was beneficial” (p. 152-153)</td>
<td>“advised to tolerate the situation” (p. 154)</td>
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<td>Farjeat</td>
<td>Over half of women “encountered unsupportive family members who pressured them to stay in their abusive relationship and family members who blamed them for their husband’s anger or abuse” (p. 124)</td>
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| Kyriakakis                   | -Initially parents responded that problems were common in relationships but when informed of full extent all but 2 did not condone abuse and suggested she leave.  
-Parents, siblings, and adult children provided instrumental and emotional support.  
-Some in-laws were verbally supportive | Mixed responses when sought help from in-laws, some verbally supportive but most ignored the woman’s concerns or were blaming. (p. 199) |
| Marrs Fuchsel                | Some women received support from family who listened and encouraged them to think about the relationship and possibly leave the abuser. (p. 75) | When women revealed IPV to family before immigration to U.S. family often unsupportive. (p. 75) |
| Molina                      | “Five (36%) shared difficulties with their family.” (p. 19) | Felt that their family was “not supportive of their decision to divorce and they were made to feel guilty” for involving police and courts. (p. 17) |
| Molina & Abel                | One woman had support from her mother and grandmother who were also abused by spouses. (p. 132) | -Family members told them to return “for the sake of the children.” (p. 132)  
-In-laws blamed women for marriage problems and accused them of having affairs. (p. 132) |
| Perez-Neira                  |                                                                         | Felt pressure to stay in abusive relationships. (p. 55)                  |
| Salcido & Adelman            | -Considered family a source of help with crossing the border, transitioning to new life, & finding housing.  
-Children could sponsor immigration when adults. (p. 169) | At times family jeopardized safety (disclosed location, did not assist with transition), insisted on keeping marriage together. (p. 169) |
| Silva-Martinez               | Family were very supportive, offered emotional support and instrumental support, by phone from Mexico. (p. 147) | Sometimes family would minimize the magnitude of the problem (p. 151) |
examples of family members placing the woman’s safety at jeopardy by sharing her location with the abuser or refusing to assist her with getting settled after relocating. Although a unique finding to that study, these experiences highlight the unique context in which some immigrant women may experience IPV.

Importantly, women could receive help such as transportation and child care from family even though they also experienced pressure to stay in the relationship or blame for its dissolution. This suggests a complex interplay of social, cultural, and familial factors influence the responses of women’s family to their support seeking efforts. Experiences described by women in Kyriakakis (2010) study provide a possible explanation for the conflicting experiences women report when seeking IPV support from family. In this sample it was noted that women’s parents tended to initially respond to their relationship concerns by providing observations of how common difficulties are in a marriage. However, when women shared more specific information about IPV either with their parents or with siblings who then informed the parents, parents rarely condoned the abuse and often suggested their daughter leave the relationship. A common theme among studies was women’s avoidance of disclosing abuse to their parents, that coupled with Kyriakakis’s (2010) findings suggest that negative responses to women’s help-seeking from parents is potentially related to parents not being fully informed of the extent of violence in the relationship.

Legal services. Across studies women accessed various legal services including help from police in response to severe or escalating violence, court services to apply for protective orders and/or divorce, and immigration related legal services to address residency status. As with family support, researchers identified both positive and negative
experiences associated with women’s help-seeking from legal and law enforcement services. Women were generally noted to appreciate the ways in which law enforcement and legal services responded to IPV by arresting their partners (Acevedo & deAnda, 2005; Kyriakakis, 2010), providing protective orders (Acevedo, 1995; Kyriakakis, 2010; Molina, 2006), advocating for their needs in court (Ingram et al., 2010; Molina, 2006; Molina & Abel, 2010), and directing them to additional services that could be of benefit (Ingram et al., 2010; Kyriakakis, 2010; Silva-Martinez, 2010). In one study participant’s reported especially positive experiences working with legal advocates in the VAWA application process.

Women expressed surprise and gratitude in encountering service providers who were compassionate and helpful. Interviewees reported that as victims of abuse and as noncitizens they did not expect to be treated well by service providers. Thus coming into contact with empathic people who could help them was transformative. (Ingram et al., 2010, p. 869)

Women in two of the studies (Acevedo & deAnda, 2005; Kyriakakis, 2010) noticed a decrease in physical violence after police responded to an incident. However, the opposite was also noted including escalation of violence after the partner was released from jail (Acevedo & deAnda, 2005), repeated breaking of restraining orders (Acevedo, 1995; Kyriakakis, 2010), and men using the court system to harass women (Kyriakakis, 2010). Women also described difficulties communicating with law enforcement due to their lack of Spanish skills which resulted in having neighbors translate or women having to bring someone with them to provide translation (Perez-Neira, 2006; Silva-Martinez, 2010; Vidales, 2010).

Mental health services. Eight of the studies in this sample described women’s experiences with mental health services. Women appeared to access support groups as the most frequent method of mental health services but were also noted to participate in
individual counseling. Experiences with mental health services were nearly always described as helpful and positive, however many of the studies recruited participants from the agencies where women received mental health services, which may have made women reluctant to share dissatisfaction with services. Across studies several benefits of IPV support groups were repeated by participants including groups providing a safe place to express emotions, building connections and friendships with other group members, and receiving information on IPV and available community resources. Although women in one study (Perez-Neira, 2006) found the support groups they participated in helpful they also expressed an interest and disappointment in the lack of available resources for individual therapy. Women who did participate in individual therapy expressed two concerns about these services including infrequent appointments (every 2 weeks) in which women felt they lost the progress they had made (Perez-Neira, 2006), and difficulties with funding in which women started therapy, found it beneficial, but had to end prematurely due to limitations from the funding source sponsoring their treatment (Silva-Martinez, 2010). Overall, these findings point to the need for and benefit Latina immigrant women experienced from services in which they were able to receive support from peers through organized IPV support groups as well as their interest in additional mental health treatment for IPV.

Churches and clergy. Although women identified prayer and their relationships with God as helpful to coping with IPV across studies they tended to report not seeking support from church clergy. Even though women rarely approached church leaders for help other aspects of church involvement including prayer groups, activities, social connections, and assistance such as food and clothing were noted to be of help as they
managed IPV. Among studies in which women reported seeking support from clergy, several found that women received support and a clear message from their leaders that abuse was not acceptable and/or a recommendation that they leave their partner. Negative responses from clergy included feeling pressured to stay in the relationship and clergy misunderstanding their concern about abuse and interpreting the problem as a communication or basic relationship problem (Marrs, 2008; Perez-Neira, 2006). It is important to note that although women were often reluctant to seek help from clergy those who did, more often than not reported positive experiences.

Meta-Synthesis

Throughout the analysis process several factors important to understanding the IPV experiences of immigrant women emerged. Of primary importance to both researchers’ conceptualizations of IPV and to women’s description of their experiences were the cultural valuing of the family (familismo) and the influence of gender-role expectations. While researchers tended to conceptualize gender-role norms as having consistent negative influences on creating and sustaining risk for IPV findings across studies point to a complex interplay of factors that shape the influence of gender-roles on women’s perceptions and experiences of IPV. In fact, regardless of researchers initial conceptualization of these constructs, findings suggested that the cultural valuing of the family and both male and female gender-roles can have both risk and protective influences on women as they manage experiences with IPV. To describe this relationship the idiom two sides of the same coin comes to mind. A summary of researchers’ conceptualizations of these factors as well as participants associated perceptions and
experiences is summarized in Table 8 with particular attention to the conflicting influence of each factor.

This pattern was observed in researchers’ theoretical conceptualization of the constructs of familismo and male gender-roles in which they identified related but nearly opposite sides of each construct. The valuing of family was conceptualized in terms of being both a risk and protective factor for IPV. Epstein (2006) provided an excellent description this relationship describing familismo as “a protective factor by providing social, economic, and emotional support to abused Latina immigrant women…. [but] can also create a ‘sealed container’ where violence is kept secret” (p. 14). Male gender-role expectations were conceptualized often by the same researchers as having nearly incongruent facets. For example, Marrs (2008) first acknowledges that the concept of machismo tends to have only negative connotations in U.S. culture and then describes both the positive and negative aspects of the cultural script. Her conceptualization includes loyalty to the family, nurture and care for children, responsibility, and honor yet also, aggressive and dominating behavior, sense of superiority over women, and heavy use of alcohol.

Following a similar pattern women also perceived and experienced both sides of the coin in their attempts to get help from family and their perception of and response to gender-role influences on IPV. First, women expressed routinely negative views regarding their perceptions and expectations for receiving support from family. Interestingly, while some of their negative perceptions were fulfilled by family members who expressed judgement and gave advice to return to the relationship, overall, families
Table 8
The Influence of Family and Gender-Roles on IPV Experiences

<table>
<thead>
<tr>
<th>Familismo</th>
<th>Participant Perceptions</th>
<th>Participant Experiences</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Conceptual Definitions</strong></td>
<td>• Seen as both a protective and risk factor for IPV among majority of researchers</td>
<td>• Family was generally not perceived as a source of support for IPV</td>
</tr>
<tr>
<td></td>
<td>• Belief in the centrality and importance of the nuclear and extended family</td>
<td>• Women expected to be judged either about not fulfilling family roles or about how they entered the relationship against family advice</td>
</tr>
<tr>
<td></td>
<td>• Valuing of interdependence, loyalty, reciprocity, and support among family members</td>
<td>• Had the expectation their families would want them to return and preserve the relationship</td>
</tr>
<tr>
<td></td>
<td>• Views regarding priority of keeping the family together and the organization of gender-roles included as part of this construct.</td>
<td>• A few perceived the cost of worrying parents living in another country as too great to disclose</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Positive:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Received instrumental support when family lived close-by and was able to help</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Emotional support, even over the phone, when family far away</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Family provided referrals for formal services.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• In several cases, once family understood the extent of abuse they provided support and encouraged women to seek help</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Negative:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Judgement and advice to make the relationship work</td>
</tr>
</tbody>
</table>

| Male Gender-Roles                         | **Positive:**                                                                          | Women described experiences of abuse that appeared tied to male gender-roles: jealousy, superiority, and demand for respect. |
|                                           | • Brave, gentle, caring, respectful                                                     | • Over the course of relationships men’s failure to fulfill gender-role responsibilities provided the motivation for women to seek help or leave the relationship. |
|                                           | • Protective and responsible for the wellbeing of the family                           | • Examples of unfulfilled roles included: hurting the children, refusal to provide for the family, and infidelity. |
|                                           | • Role model for the children                                                          |                                                                                           |
|                                           | **Negative:**                                                                          |                                                                                           |
|                                           | • Domineering, aggressive, superior                                                    |                                                                                           |
|                                           | • Sexual prowess and virility                                                          |                                                                                           |
|                                           | • Heavy drinking                                                                       |                                                                                           |
|                                           |                                                                                       | • One study elicited positive aspects of gender-role expectations for men including showing respect for the family, setting a good example, providing and protecting the family |
|                                           |                                                                                       | • Greater focus in the studies was placed on participants perceptions of female gender roles |
|                                           |                                                                                       |                                                                                           |
### Table 8 (continued)
The Influence of Family and Gender-Roles on IPV Experiences

<table>
<thead>
<tr>
<th>Female Gender-Roles</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Conceptual Definitions</strong></td>
</tr>
<tr>
<td>• Typically described as a risk factor for IPV</td>
</tr>
<tr>
<td>• Researchers often used the term marianismo to describe female gender-roles</td>
</tr>
<tr>
<td>• Traits included self-sacrifice, passivity, loyalty, abnegation, sexual purity and the importance of being a wife and mother</td>
</tr>
<tr>
<td>• Very few researchers describe this role as associated with female power and status.</td>
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</tbody>
</table>

were noted to provide significant emotional and instrumental support as well as assistance in locating additional services when they understood the extent of women’s relationship concerns. Women’s perceptions of male gender-role expectations were often negative with acknowledgment of the position of power these roles create for men. However, the failure of men to fulfill basic aspects of their role expectations such as providing for the family or being an example to the children provided women with the social sanction needed to seek help or take steps to the end the relationship. In this case it
was the positive aspects of male gender-roles that left unfulfilled became a protective factor for women as recognition of a partner’s failing in these areas led to action.

Researchers’ conceptualization of female gender-roles were fairly negative with expected female roles generally seen as a risk factor for IPV. Women often endorsed several aspects of roles described by researchers and described the importance of being a good wife and mother, enduring difficulties, having a responsibility to keep the family together and to preserve the relationship of children with their father. Importantly, of many things expected of women, they perceived their role and responsibility as a mother as their most important duty. In fact, the responsibility of motherhood was described by researchers across the studies included in this analysis as the most importance factor influencing women’s response to IPV. It was women’s roles as mothers and their perceptions of what was best for their children that shaped their daily decisions in response to IPV. What was best for the children changed over time as circumstances in the relationship changed and women’s knowledge of available support and resources grew. Across studies women also described how several barriers to seeking assistance including concerns about immigration status, language barriers, and economic concerns were intertwined with their assessment of how they could best meet the needs of their children. When circumstances changed and staying in the relationship was no longer perceived as in the children’s best interests concern about immigration, language, and finances no longer kept women from seeking help as ultimately the welfare of her children mattered most.
CHAPTER 5: DISCUSSION

Intimate partner violence is a life-changing problem faced by women throughout the world of all ethnic and religious backgrounds and social classes. The physical and psychological toll of IPV has been well documented. One of many factors associated with decreasing the occurrence and risk of IPV is to better understand the ways in which women attempt to cope with the abuse and the factors that influence help-seeking. The aim of this study was to use QMS to increase understanding of these factors among immigrant women in the U.S., an understudied population of women, who face IPV in a unique context. A secondary aim of this research was to explore the utility of meta-study methods (Paterson et al., 2001), a specific approach to QMS, within the field of psychology. Through this approach I sought to add an examination of the state of the current body of qualitative research on this topic and a synthesis of data accumulated through existing reports to the current literature. The following section provides a summary and exploration of key findings from this meta-study and an evaluation of the use of meta-study methods in psychology. Discussion of the limitations of this study as well as implications for clinical practice and directions for future research are provided.

The Current Body of Research

The quantity and diversity of studies identified for inclusion in this analysis suggest a strong and growing field of qualitative research into the IPV experiences of Latina immigrants. A good breadth of topics were covered and studies were conducted throughout the U.S., including a few rural locations. Researchers represented a variety of
academic disciplines suggesting the multi-faceted impact of IPV as well the need for multidisciplinary collaboration to address this concern. Although this study focused on examination of 20 qualitative reports about Latina immigrants the literature search procedure revealed an emerging but strong body of research on the experiences of other immigrant populations as well. Though reports examining the experiences of Latinas were most common, there was a strong base of research examining the experiences of Asian immigrants. A small contingent of studies investigating the experiences of women from Africa and the Middle East were also identified. The presence of qualitative research that included women from a variety of non-European countries is an encouraging sign of efforts among researchers to examine cultural and immigration related factors that contribute to immigrant women’s experiences of IPV.

Examination of the current body of qualitative research on IPV experiences among Latina immigrant also reveals important gaps in our knowledge and areas for improvement. The majority of research focused on women’s experiences of abuse, decision making, and help-seeking with little focus on the experiences and adjustment of women after they have left a relationship. Additionally, the majority of studies examined multiple facets of the experience of these women (e.g. experiences with family, legal services, etc.). Very few studies examined these as a single focus. For example, missing from the research were focused investigations of women’s experiences with police or in seeking shelter services. The few exceptions to this type of focused investigation were experiences with medical providers (Belknap & Sayeed, 2003), mental health services (Epstein, 2006), and immigration services (Ingram et al., 2010; Salcido & Adelman, 2004). The relative wealth of broad-based examinations of women’s experiences suggests
there is now room in the literature for more in-depth, focused investigation of important aspects of women’s experiences identified by previous studies.

A final and important benefit of meta-study methods is that it allows assessment and observations of the strength and quality of research in the field. Although all studies were deemed to meet basic standards for quality variations in quality across the sample were noted. Researchers’ attendance to ethics, management of risks, and efforts to include participants using a variety of sampling sources and recruitment methods was a strength within the current body of research. Noted areas for quality improvement include increasing the balance of data collection methods to shift away from overreliance on single semi-structured interviews, more description of both the theoretical approach and process of data analysis, and improved reflexivity about what the researcher brings to the study as well as explicit examination of influence of prior relationships with research participants on study findings.

**Methodological Trends**

Analysis revealed several important trends in the current body of research on Latina immigrants’ experiences with IPV. Methodologically, there is a significant reliance on individual semi-structured interviews. While there are many advantages to using this data collection method with marginalized populations, the overreliance in the field on single interviews is likely to limit the depth of information gathered. Findings suggest that this approach to data collection may be due to IRB requirements aimed at reducing risk. Although this is a valid concern, several studies in the current sample (Kelly, 2006; Kyriakakis, 2010; Silva-Martinez, 2010) demonstrated that the risk of multiple interviews could be managed through increased attention to safety planning and
coaching participants in tactics to avoid detection of their involvement in the study.
Although not explicitly stated, it is possible that some researchers (Marrs, 2008; Salcido & Adelman, 2004; Vidales, 2010) used fieldwork as an opportunity to gather additional data, potentially compensating for the limitations of single interviews and resulting in a more robust understanding of the phenomena.

The population of focus in the current body of research was largely skewed toward examination of the experiences of Mexican immigrants. Since Mexican immigrants make up the highest percentage of Latino immigrants to the U.S. (Ennis et al., 2011) their high representation in the sample is likely a reflection of population trends and participants available to researchers. However, since the make-up of immigrant populations tends to vary by location and changes over time it is important that researchers acknowledge the presence of other Latino immigrant groups and make efforts to explore their experiences as well.

Across studies there was good variation in inclusion criteria related to the time course of IPV. Several studies allowed participation of women currently in violent relationships and others required that they be separated, in one case for two years. Exploration of women’s experiences, needs, and perceptions of IPV both during and after an abusive relationship provides more opportunities to gather information that may ultimately influence clinical approaches to assisting women during various stages of the relationship process. A few researchers made good efforts to find and include women who were more isolated and likely to have not received IPV services. Location and inclusion of these women is inherently difficult, however, researchers efforts to do this through use of community informants (Silva-Martinez, 2010), connection with non-IPV
focused community agencies such as adult education centers (Salcido & Adelman, 2004), and distribution of flyers in neighborhoods (Farjeat, 2013) had some success in locating these women who can provide an important perspective on women’s IPV experiences.

**Theoretical Influences**

An examination of the theoretical influences on the body of research suggested no particular perspective appeared to dominate researchers’ approaches to their investigation of IPV among Latina immigrants. It was common among studies to have no identified influencing framework or conceptualization of IPV among immigrant Latinas. Although approaching the phenomena with limited preconceptions is standard among some qualitative methods (Patton, 2002) this was commonly accompanied by little or no effort to discuss the influence of the researcher on the study as well. This pattern suggests a need for researchers to, at minimum, more explicitly address the influence of their assumptions and biases on their work and to be more intentional in describing their reasoning for approaching the research endeavor with limited examination of prior theory.

Among studies in which the theoretical approach to research was explicit feminist and ecological models were most commonly used to conceptualize Latina immigrant’s experiences of IPV. Researchers attempted to use these frameworks from a broader perspective that acknowledged the influence of cultural (beliefs, gender-roles), contextual (immigration status, language skills), and structural (discrimination, limited availability of services) factors on IPV experiences. This acknowledgment is promising and consistent with developments in feminist theory and increased effort across academic disciplines to better understand of the influence of these factors on the lives of
marginalized populations (Cramer & Plummer, 2009; Kelly, 2011). Attunement to the influence of cultural, contextual, and structural factors on the complex challenges that face society, including IPV, poverty, and healthcare disparities, will assist in moving the research agenda in the direction of solutions that honor the strengths of marginalized groups.

Concerning the role of culture, although researchers attempted to conceptualize cultural influences in broader terms such as values and norms it appeared nearly inescapable for these to be defined at least to some degree using stereotypical cultural scripts of machismo and marianismo. Researchers also relied heavily on the term familismo to explain the cultural valuing of the family. The ways in which they used the term familismo appeared more descriptive of a set of values and priorities likely important to individual members of the culture and was less stereotypical compared to the ways in which machismo and marianismo were defined. Researchers’ reliance on these terms to communicate information about gender-roles caught my attention throughout the analysis process. My concern is that researchers rely too heavily on these particular variations in gender-roles and treat them as the essence of current Latino gender-role expectations. Overreliance on stereotype-based conceptualizations of gender-roles may inadvertently influence development of research questions and interpretations of findings in such a way that limits the probably of uncovering additional perspectives on these roles and further serves to reinforce negative stereotypes.

**Two Sides of the Same Coin: Factors that Influence IPV Risk and Help-Seeking**

Concern for her children’s welfare, gender-role norms, perceptions of family support, and immigration-related concerns were found to have important influences on
participants’ decisions to seek help. Most of these factors were found to be both a
deterrent (risk) and facilitative (protective) factor to women’s help-seeking decisions.
The direction of influence was typically determined by the immediate relationship and
environmental circumstances of the women. The strongest influence on decision making
was women’s perception of what was best for their children. Similar findings have been
demonstrated in the IPV literature (Kim & Lee, 2011; Meyer, 2010; Rhodes, Cerulli,
Dichter, Kothari & Barg, 2010). What may be unique among Latina immigrants are the
specific risks and priorities women weigh as they determine what is best for their
children.

Factors that reduced the likelihood of help-seeking were the importance women
placed on children having a father in the home, fears that involvement with social and
immigration services would result in separation from their children, concern that seeking
help would escalate the violence and risk to children, and beliefs that they would not be
able to financially support the children on their own. Women’s limited view of their
ability to support the family was in turn influenced by their perception of their English
language skills and consideration of their documentation status that could limit their
ability to work or could be sabotaged by their partner. Child related factors that facilitated
help-seeking included abuse directed at the children, signs of the emotional toll of IPV on
the children, escalation in IPV risk, and desiring legal status in the U.S. that was not in
constant jeopardy due to the threats made by the woman’s sponsoring partner.

It is the immigration related concerns of deportation, of being able to legally work
in the U.S. and to find a way to earn a living with limited English skills that are unique
variables Latina immigrants assess as they balance the effects of IPV and risks help-
seeking. When cost to the children superseded the benefits of keeping the family together fears about finances and deportation became secondary to meeting the children’s needs for physical and emotional safety. As one researcher observed “fear inhibits action up until the point where it is so great that it becomes a motivator” (Kyriakakis, 2010, p. 257).

Gender-role norms and expectations were the second most commonly identified factors that influenced women’s decisions and help-seeking. Although the responsibility of motherhood gave credence to women’s concern for and ability to advocate for their children it is discussed separately due to its dominance in the findings and additional aspects of female gender-role are considered here. Similar to the influence of children’s welfare, both male and female gender-role expectations contributed to avoiding and eventually seeking help for IPV. Typically the woman’s perception that her partner was no longer meeting his expectations in the relationship, coupled with the duty she has as a mother to protect her children gave many women the agency they needed to take action. In taking action they often set aside additional role expectations related to keeping the family together, keeping the peace, and keeping family problems private. The two most common ways in which men were considered to not meet their responsibilities were in being abusive towards the children and failing to provide financially for the family. Again, this is fairly consistent with prior research that supports the idea that women often take action to seek help for IPV when benefits of the relationship no longer outweigh the costs (Anderson & Saunders, 2003; Kim & Gray, 2008; Kim & Lee, 2011).

A similar approach to seeking help for IPV was observed among participants across research reports in the meta-study. Women typically first sought advice or support
from a family member or close female friend who then provided them with information on community resources and social services. This made contact with family and friends a common and important linkage to formal services. It is not uncommon for women to initially seek support for IPV from family and friends as this has been documented in many settings (Goodkind, Gillum, Bybee, & Sullivan, 2003; Heise & Garcia-Moreno, 2002; Krishnan, Hilbert, & VanLeeuwen, 2001; Thompson et al, 2000). This finding is important in light of the pervasive perception among women across studies in this sample that their families would be judgmental and unsupportive if they sought their help for IPV. However, for many women, when/if they did seek help from family they often reported a positive response in which they received shelter, childcare, and other forms of material support as well as emotional support and, for some, advice that they leave their partner. Some women had mixed experience where they received emotional or practical help along with judgmental messages or advice to make the marriage work. These negative reactions were far less common than would be expected given the initial negative perceptions women shared about the responses they expected to receive from family.

Multiple factors associated with being an immigrant were found as common barriers to help-seeking. Men used immigration related threats to control and isolate their wives as has been documented elsewhere (Alaggia et al., 2009; Dutton et al., 2000; Erez & Bach, 2002; Erez et al., 2009; Raj & Silverman, 2002). The influence of these threats could be profound as men often controlled the woman’s access to information that would be reassuring or helpful. When a women did not have legal residency status in the U.S., immigration related threats from partners as well as a woman’s own fears about problems
with immigration authorities had an even greater effect of increasing isolation and reducing the chances a woman would seek help for IPV. As an immigrant, limited familiarity with legal and social service systems in the U.S. and limited English skills to assist with navigating these systems were significant barriers to a woman’s knowledge about and perception that she could access assistance. However strong and consuming women’s immigration related fears were, as with other factors, her concern for the well-being of her children surpassed these fears and moved her into action and engagement with legal and social service providers who she had previously not known existed or avoided out of fear.

Always looking forward: Approaches to Coping with IPV

Consistent with findings from the World Health Organization (Heise & Garcia-Moreno, 2002) many women in these studies avoided revealing the abuse in their relationship to anyone. Although women kept silent they were anything but passive in their approach to coping with IPV. Women’s silence was typically motivated by fear; fear of increased abuse, fear of judgement from family and friends, fear social services would take the children, fear immigration authorities would deport her or her partner. Women may have chosen to keep silent but many also kept looking for resources and opportunities to somehow improve or change their situation. While keeping the secret they also engaged in efforts to protect themselves and their children by attempting to avoid conflict, placating their partner, and even attempting to talk through their concerns with their partner to try and change the relationship dynamics.

Three additional aspects of coping emerged from the primary research reports, spirituality, border crossing, and suicidal ideation. Spirituality has been documented
extensively as a means for managing stress and overcoming adversity. In the current research women made a distinction between spirituality and religious practice in which women relied on and benefitted from their relationship with God which was usually not tied to specific religious groups or activities other than prayer. Although not a common finding an additional, yet important observation was the occasional practice of crossing the U.S.-Mexico border to escape an abusive partner and/or access family support. Though it may not occur frequently border crossing carries many risks and an added burden of stress that is likely to shape the IPV experiences of some Latinas.

Finally, a less healthy method of coping with IPV, which is also an outcome of the prolonged pain and trauma faced by abuse victims, was thoughts of death and suicide, and in a few instances attempts to end one’s life. This response to IPV was exhibited when women felt there was nowhere to turn and had no hope for their situation to improve. The increased risk of suicidal ideation and attempts has been documented among women from a variety of cultures who face IPV (Ellsberg et al., 2008; Ishida, Stupp, Melian, Serbanescu, & Goodwin, 2010; Pico-Alfonso et al., 2006). Importantly, researchers in the meta-study sample observed that women’s concern for the well-being of their children was an important factor that kept them moving forward despite their dark thoughts.

**Situating Findings in the Literature**

In general, findings of this meta-study echo much of the previous body of research. Immigration related abuse and threats were documented in this sample of qualitative reports as has been documented among Latinas (Dutton et al., 2000) and other immigrant populations (Erez et al., 2009). Conflicting findings about the influence of
cultural values and gender-roles on IPV similar to those observed through this study have also been documented elsewhere (Cummings et al., 2013). Lack of information on available services and protections as a deterrent to seeking formal help for IPV has been noted among several immigrant populations (Guruge & Humphreys, 2009; Huisman, 1996) including Latinas (Belknap & VandeVusse, 2010; Crandall et al., 2005) as a risk factor for continued violence.

Findings regarding women’s efforts to cope with IPV in this study confirm previous research. Women in this study were noted to modify their approach to coping with IPV based on changes in their circumstances as has been noted in quantitative studies of immigrant (Brabeck & Guzman, 2008; Crandall et al., 2005; Garcia-Moreno et al., 2005) and non-immigrant women (Bauman et al., 2008; Goodman et al., 2003; Waldrop & Resnick, 2004). Spirituality, or a relationship with God, was found to be an important source of strength and support as women navigated the difficulties of IPV as has been documented among Latina (Brabeck & Guzman, 2008) and other immigrant populations (Ting, 2010).

A similar process to help-seeking as that demonstrated here has also been previously noted. Specifically, the tendency to seek help first from close friends and family prior to accessing formal services was observed by Brabeck and Guzman (2008) whose sample of Latina immigrants described seeking help from friends or family 4-5 times in the 6 months before they accessed community services. However, Latinas in Crandall et al.’s (2005) sample identified family and community attitudes that minimized abuse were a barrier to women seeking social support as also described by many the women in the meta-study. Further, language barriers (Guruge & Humphreys, 2009;
Huisman, 1996; Lee et al., 2007), economic and housing instability (Crandall et al., 2005), discriminatory practices within service organizations (Guruge & Humphreys, 2009), and women’s concerns that accessing services would negatively impact immigration status (Alaggia et al., 2009; Earner, 2010) were all demonstrated as barriers to services utilization in this study. These barriers appeared more pronounced in rural settings with less access to Spanish speaking providers than in urban areas of the country. Overall, findings from this study support many of the previous findings within the field and add another layer to the understanding Latina immigrant’s experiences with IPV.

**Evaluation of the Meta-Study Approach**

I found the use of meta-study methods to conduct this study both challenging and informative. Repeatedly reading the primary research reports as I collected and analyzed data provided me an unexpected familiarity with each study. In the beginning of data collection I was worried about my mental capacity to track and distinguish between the methods and findings of each report without having to constantly consult the text directly. Through the in-depth reading and analysis of each report I was able to come to know it in a sense somewhat similar to a qualitative researcher’s familiarity with their study participants.

Paterson et al.’s (2001) descriptions of the method framework of meta-study provided good guidance in structure and basic study procedures. However, some aspects of the data collection and analysis were more challenging than others. First, there was a large amount of text to pull data from (particularly the dissertations) and finding the best ways to succinctly capture that data for recording into the reading guide and later analysis took practice. The process involved a careful balance between extracting data from the
text without losing the small or unique details that enhance the understanding of it and the need for moving toward data that can be examined in light of that from other studies. Additionally, finding or uncovering unstated theoretical influences on the studies was challenging and a skill that must continue to be refined with time and experience.

As with any approach to research, the process of using meta-study methods, highlighted for me both the great potential of these methods to contribute to the field of psychology as well as important practical considerations and limitations of the method. QMS in general and meta-study in particular provides qualitative researchers in psychology the opportunity to move qualitative findings in a particular domain out of isolation from each other. Often much of what is unique and important to human experiences that is captured in qualitative research is overlooked by the valuing of the processes and paradigms of quantitative research. However, in a scientific field where the accumulation of knowledge is most valued, QMS provides qualitative researchers the opportunity to coherently examine and unify the body of qualitative research to increase its value and contribution to the field of study. Finally, meta-study methods provide a systematic way to evaluate the current body of research about a topic and identify new directions, overlooked areas of investigations, strengths in the methodological approaches as well as opportunities for improvements in study design. This bird’s eye view of the field can provide researchers direction to assist in identifying and filling conceptual the gaps in the literature and improving the quality, breadth and depth of research in the field through continued qualitative inquiry.

The major trade-offs or limitations I found in my use of QMS are the time and detail intensive process of data collection and analysis and the loss of small but important
details rich to the understanding of a phenomena through the process of reconstructing pieces of data into the greater whole of synthesis. Qualitative methods are generally time and detail intensive so although this feature of QMS is not new to the field there are several important considerations to be made when embarking on a project. Paterson et al., (2001) recommend careful attention to refining research questions during the literature search process to assure both adequate depth and breadth in coverage of the phenomena and a manageable size of reports for meaningful data analysis. They recommend,

The research question should be broad enough to capture the attributes of the phenomenon under study in various contexts and situations but narrow enough to create a feasible limit to the number of primary research reports to be included. (Paterson et al., 2001, p. 25)

In this study, the focus was narrowed to Latina immigrants during the literature search procedure which provided a helpful limitation to the size of the project. Ultimately, the inclusion of 15 unique samples to answer 3 research questions was fairly intensive. It is likely that any one of the research questions for this project could have been examined in a manner that resulted in useful contributions to the literature.

However, I believe the 9 dissertations included in this study also significantly contributed to the intensive nature of this project. Perspectives regarding theoretical decisions associated with the inclusion of unpublished dissertation reports were summarized in chapter two. From a practical perspective inclusion of dissertations requires increased data collection, management, and analysis. However the inclusion of dissertation reports was essential to conducting this study. The space available for description of study methods, influencing theories, and findings in dissertation reports compared to that of journal articles provided a significant benefit to my understanding of procedures and context of the primary studies. In this sense, though challenging, the
The second trade-off of this method was the loss of subtle and/or less frequently occurring yet important findings through the process of deconstruction and reconstruction of data through analysis. The process of initial data collection and rereading of research reports made me familiar with the little bits of data that although less frequently occurring or essential shed a unique light on elements of major findings. In the process of collecting data from the studies, translating it to a usable piece of information for analysis, and then ultimately fitting the piece together with many pieces from other studies many decisions must be made. Although I attempted to do this in a consistent manner and kept records of many of the choices along the way, it would be impossible to keep a record of all the decisions or to fully capture the extent to which my own perceptions and biases influence the valuing of some data pieces over others. Ultimately, the QMS process results in the loss of some data and the introduction of another filter, the researcher’s, to the construction of study findings. The process and experiences of making these decisions and seeing the changing shape of data throughout the project reaffirmed for me the importance of making the researcher known in the investigative process, continued reflexivity and peer debriefing, as well as recording as much as possible the decisions that can be tracked.

I believe one important way to manage these trade-offs in QMS is to complete these projects as part of a team, an approach that has been recommended by some researchers (Finfgeld, 2003; Paterson et al., 2001) Multiple investigators can increase the capacity within a project to effectively manage more data while maintaining quality of
analysis. Additionally, discussions and comparisons between researchers of the ways in which they have collected data, translated the findings in preparation for analysis, and their tentative hypotheses provides an opportunity to more systematically and critically examine their influences on the transformation and filtering of data. As the goal among researchers using a multi-investigator approach to QMS projects is to reach consensus in methodological decisions and data analysis (Paterson et al., 2001), greater organization, planning, and effort is needed to work through the process effectively as a team. Through my experience as a solo investigator with support and feedback from peers, research supervisors, and colleagues I see the value of a team approach and would prefer to approach future studies in this manner. As the sole person who has reviewed all the studies, translated findings, and made interpretations the path is somewhat lonely. Although many people provided valuable feedback and insight, at times it would have been beneficial to receive feedback from and find solutions to problems in the research process with someone who also held all the information pertinent to the study.

**Future methodological considerations.** Through the process of completing this study members of the committee and I have identified a few areas for further consideration in future approaches to QMS. The question of whose voice to share surfaced first as I tried to determine how to present study findings and again in discussion with committee members about ways to demonstrate support for findings in research reports. Although the purpose and process of data analysis in QMS research is to extract and analyze the metaphors and interpretations of the study authors, to what degree will the quoting of these interpretations as evidence or support for QMS findings add to the description and understanding of phenomena? The question as to whether these
descriptions are best supplied by returning to the quotes researchers used to support their findings was considered. Due to the volume of information gathered in QMS it seemed most efficient to rely on my own summary and description of findings, however, I believe there is need for greater balance and inclusion of source material and quotes to avoid loss of the descriptions that bring life to the findings of qualitative inquiry.

It is also suggested that QMS methods be adapted to further address the risk of the loss of subtle yet informative findings through the process of synthesis. Although current QMS methods encourage attention to details that are incongruent or unique to other findings (Noblit & Hare, 1988; Paterson et al., 2001) some critics have noted that this process seems to be frequently overlooked with less commonly occurring finding not adequately represented in the results of QMS (Finfgeld, 2003; Thorne et al., 2004). Therefore it may be beneficial to develop methods for capturing and accentuating idiosyncratic findings and assure the value they bring to the understanding of a phenomena is not overlooked. A potential approach to preserving these finding may be to adapt aspects of a classification or labeling system, such as that used in consensual qualitative research (Hill et al., 2005), in which important but less common findings are can be put into a category of variant or rare. This may help to ensure these findings continued to be examined through the process of analysis and synthesis.

**Limitations of the Current Study**

A major challenge in this endeavor was the breadth of the topic and volume of literature from which data was collected. It is possible that if the study were narrowed to a single focus of analysis, such as risk and protective factors only, the depth at which data was analyzed may have been deeper. Additionally, depth of analysis may have been
hindered due to the constellation of primary research reports analyzed in which nearly half were dissertations. Dissertations included in this analysis ranged in length from 66 to 321 pages yielding substantial data to collect, track, manage, and analyze.

The interpretations and ultimate findings of this study were also limited by what was missing from the primary research reports. Due to editor requirements and preferences some journal articles may not fully reflect or adequately explain the original researchers’ methodological decisions and theoretical approaches to their work (Paterson et al., 2001; Sandelowski & Barroso, 2007). Therefore unacknowledged intentions or procedures used by primary researchers may be missing from this analysis. Since 9 of the 15 studies had an associated dissertation I often had access to information missing from journal articles. In some cases, although information was explicitly missing, it seemed implied by other information provided in the research report. In these situations I erred on the side of caution, labeling something as unclear when it was not stated but implied to avoid analysis and interpretation of data based on misassumptions.

This study is also limited by the bounds of what primary researchers chose to study and who they included in their work. First, the majority of participants had received some form of intervention for IPV. This is likely to have shaped their perceptions of their domestic violence experiences and, more importantly, it limits our understanding of the experiences and perspectives of the many women who do not receive formal services. Studies in this analysis were limited to adult women, generally younger than 50 who were able-bodied. Lacking still are the experiences of adolescent, elderly, lesbian, and disabled immigrant women who also face additional forms of oppression and challenges as they cope with IPV. It is possible access to some of these populations has been
influenced by IRB requirements and concerns, however, it appears time for researchers to fill the gaps in our understanding of the experiences and needs of these vulnerable women.

Theoretically, the process of synthesizing findings across qualitative studies can improve the utility of those findings in other contexts (Finfgeld-Connett, 2009). Although a strength of this study is that findings could help inform efforts to address IPV among Latino immigrants it is not expected that their utility would be easily transferred to other cultural populations or the context of immigration in other countries. As mothering emerged as an important variable to the decision making process findings may not be that informative of ways in women who do not have children respond to IPV or their unique service and resource needs.

**Clinical Implications**

The clear emergence of motherhood as among the most powerful influences on Latina immigrant’s IPV related decisions provides important information for clinicians to consider as they work with this population. The common ground of protecting the children and providing what they need has the potential to unite Latina mothers and service providers, when services providers are able to respect women’s decisions and individual needs. For example, although a women may not be in a position to leave an abusive partner she may request assistance to enroll in English classes or need help identifying sources of support who could assist with the children in an emergency. Even when a request for assistance does not appear to directly relate to the well-being of the children the Latina mother is likely to see the connection. In the prior example, learning English will help with employment and navigating the legal system further empowering
the woman to advocate and provide for her children whether or not she stays in the relationship.

Although the role of motherhood could have a powerful influence on clinical intervention, as part of fulfilling that role women avoided disclosing abuse to service providers. Concern, mistrust, and uncertainty permeated women’s perceptions of the risk of IPV disclosure to service providers. Women did not disclose abuse and at times chose to purposefully avoid questions or lie about injuries because they did not know what would happen next. For a woman who has little control of her home life due to abuse an important control she does have is to keep others, who may make the situation worse, out. Women feared their children would be taken away and that they would be blamed as unfit parents for remaining in an abusive relationship. That is why even before asking about the presence of IPV in the home, health care and other service providers need to make information available to women about the potential outcomes of disclosure. This will allow women to make informed choices about abuse disclosure and will likely increase trust in service providers. Women in several of the studies suggested that this information could be shared through brochures and in the form of direct conversations between women and service providers.

Although several culture-related factors were found to have both risk and protective qualities as Latina immigrants addressed IPV, clinicians should be mindful of their own biases and assumptions that may negatively impact their ability to work effectively with this population. As advocates from ALIANZA the National Latino Alliance for the Elimination of Domestic Violence point out

There is no shortcut or formula that can be followed. When working with individuals, it is important to ascertain the influence discrete cultural
beliefs may have upon the individual, taking into account the specific context and point in time in which you encounter the person. (Rios, 2008, p. 21)

It is best that clinicians attend to the specific context faced by the women they work with as well as the individual’s beliefs and values. Doing so will allow the strengths of each woman to be identified and better used to meet her unique circumstances and needs.

Several findings from this study support the need for greater dissemination of information about IPV within Latino communities. Even when women were not seeking support or services for abuse they were usually on the lookout for information about resources or their legal rights that could be helpful down the road. When women did decide to seek help they usually first disclosed abuse to a family member or close friend who then shared any information they had on services that could possibly help. As such, it is important for social service and legal advocacy programs to find ways to increase access to and knowledge of the available services in the community. In a few of the studies participants suggested flyers, brochures, and the use of the radio to share general information about IPV as well as specifics about available resources and the legal protections immigrant women do have should they seek help.

Finally, women reported great benefit from participation in support groups with other women who faced similar challenges. Connections with other women, knowledge about IPV and available resources, and a specific place to feel and address the emotional impact of abuse on their lives were described as incredibly beneficial by women who participated. The multiple benefits of support groups as well as their lower cost and
ability to reach more people may make support groups among the most effective methods to provide mental health and social services to this population.

**Future Directions for Research**

My experience with this study as well as my growth in familiarity with the development, procedures, theoretical underpinnings of QMS, and my exposure to research generated through these methods all lead me to support the use of QMS in the field of psychology. As mentioned before, the use of QMS began in the fields of education and nursing where it continues to grow as a viable and publishable approach to research. The field of psychology has much less exposure to and experience with this research paradigm but could greatly benefit from using QMS to pull together accumulated qualitative studies to enhance understanding of phenomena and provide direction for further research in any subfield of interest to researchers.

From the perch of a meta-study, future directions for both primary research and further QMS are visible. Analysis of the design and theoretical underpinnings of the current body of research on Latina’s experiences with IPV suggests several areas in which there is room for methodological improvement and additional study. While individual semi-structured interviews have been an effective method of data collection in this field it would be beneficial for researchers to attempt the use of additional methods of data collection as well as identifying ways to safely engage with participants on more than one occasion during the research process. Currently, the experiences of Mexican immigrants are well represented in the body of research and more attention could be paid to the experiences of Latina’s from Central and South America. Several authors of the primary studies included in this analysis made good efforts to include women who had
not yet received services for IPV in their sample, however, the vast majority of studies relied partially or entirely on participants from IPV-related service agencies. Although it is difficult and changes the nature of risk for the study, the field will continue to benefit from researchers’ efforts to include women who have not received services and are likely to be more marginalized and isolated than those who are typically included in studies.

Since children emerged as such an important factor in participants’ IPV decisions, further research could aim to increase understanding of children’s experience of IPV in the context of being a child of immigrant parents. This may provide additional valuable information that can be shared with mothers as they make decisions and could influence the design of interventions to address the social and emotional needs of IPV-exposed immigrant children. Conversely, more should be known about the IPV experiences of childless immigrants, their experiences, priorities, and the factors they weigh in choosing how to manage IPV in their lives. Additional primary research is also needed on the IPV experiences of immigrant men and gay and lesbian immigrants. The search procedure for this study, which did not constrain gender or sexual orientation, identified only one report, a dissertation (Perez-Ramirez, 2003), in which the design may capture IPV experiences of gay Latino men although that was not the primary research aim.

To truly address IPV it is important to understand the experiences of men who are abusive, and there is a great need to capture the experiences of immigrant men who batter as their experiences have been understudied compared to other populations. The original search for this study identified a few qualitative studies of immigrant batterers with a typical focus on issues related to their treatment. Understanding their views of gender-
roles, the influence of immigration stress, and their conceptualization of the violence in their relationships is an essential yet often overlooked area for further investigation.

Finally, there is room within the field for additional synthesis of qualitative research associated with IPV and immigration. First, examination of the IPV experiences of other cultural groups as well as broader investigations that include multiple cultural groups can continue to expand our understanding of the needs and experiences of immigrant populations who face IPV. Several studies about the perceptions of social service providers and pastoral counselors who work with immigrants facing IPV were identified and if considered together through QMS could further our understanding of the ways to improve access and quality of services for these populations. There are truly many avenues through which qualitative and QMS research can expand our understanding IPV among immigrant population.

**Conclusion**

The use of qualitative meta-study to examine the body of research associated with immigrant women’s experiences with IPV and shed additional light on their experiences and needs revealed several important themes. First, the field of research is sufficiently developed to support a variety of QMS projects. For this project the focus was on Latina immigrants as they were the most commonly investigated immigration population among those identified through the literature search procedure. Findings suggest that Latina immigrants make decisions about their response to IPV based on their assessment of what is best for their children. Even obstacles that once seemed insurmountable to getting help could be faced when the needs of the children dictated that women take action. As with the influence of mothering many of the factors examined in this study appeared to have a
two sided influence on women’s experiences and decisions. Concern for the children as well as various dimensions of gender-role expectations could be either facilitators or deterrents to help-seeking depending on the contextual circumstances that influenced women’s actions and priorities in the moment. Women were noted to spend significant time keeping silent about IPV however they were continually attentive to any information or opportunities that could improve their situation. Finally, there were two sides to family support as well. Although women expressed negative expectations of the support they would receive from family, they described experiences of receiving support that were generally more positive than women expected. These findings shed light on the multiple influences that shape Latina immigrant’s responses to IPV. Additionally, qualitative meta-study methods were demonstrated to be a useful approach to synthesis of qualitative findings in the field of psychology.
REFERENCES


4 * Refers to references included in the meta-study sample.


*Farjeat, L. (2013). The decision making process of ending an intimate partner violence relationship among first generation Mexican female immigrants. Dissertation Abstracts International: Section B: The Sciences and Engineering, 73(9-).*


*Marrs, C.L. (2008). 'For me that was the most important thing-the family': The meaning of marriage and domestic violence among immigrant Mexican women. *Dissertation Abstracts International Section A: Humanities and Social Sciences, 68*(11-).


APPENDIX A

REFERENCE LIST FOR RESEARCH REPORTS INCLUDED IN ANALYSIS

Sample 1

Sample 2

Sample 3

Sample 4

Sample 5

Sample 6

Sample 7

**Sample 8**


**Sample 9**

Marrs, C.L. (2008). 'For me that was the most important thing-the family': The meaning of marriage and domestic violence among immigrant Mexican women. *Dissertation Abstracts International Section A: Humanities and Social Sciences, 68*(11-).


**Sample 10**


**Sample 11**


**Sample 12**


**Sample 13**


**Sample 14**


**Sample 15**

APPENDIX B

PRIMARY RESEARCH APPRAISIAL TOOL
(Paterson et al., 2001, pp. 135-137 with modifications)

FACE SHEET (summary version in excel)

ID#:

Citation:

MC = Major Construct/Theory Investigated (if applicable):

GoS = Genre of Study (e.g. grounded theory, phenomenology, narrative analysis):

GDRA = General Description of Research Approach:

Major Findings:
MF1
MF2
MF3
MF4

Additional Comments

Decision to Include in Meta-Study:
   Yes [ ] No [ ] Undecided [ ] (explain below)
Basic Sample Characteristics:

Participants
- Total number:
- Age range:
- Mean age:
- Country of birth:
  - # from Mexico, Honduras, Guatemala, El Salvador, Venezuela, Nicaragua, Columbia, Argentina, Brazil, Uruguay, Peru, US
- Time in the US:
- Mean time in the US:

Family Information
- Mothers?
- ChildDemos = Information provided about children demographics?
- PartDemos = Information provided about partner demographics?

Research Design Appraisal:

PS- Problem Statement
- PS = State of the phenomenon leads directly to the purpose of the study and the research question?  Yes [ ]  No [ ]

PoR- Purpose of the Research
- PoR1 = clearly expressed?  Yes [ ]  No [ ]
- PoR2 = significance of research problems clearly indicated?  Yes [ ]  No [ ]

RQ- Research Questions
- RQ1 = explicitly expressed?  Yes [ ]  No [ ]
- RQ2 = evidence of flow from the phenomenon?  Yes [ ]  No [ ]

IoA- Identification of Assumptions
- IoA = identification of assumptions, preconceptions, presuppositions of researchers?  Yes [ ]  No [ ]  Not Applicable [ ]

IoTF- Identification of Theoretical Framework
- IoTF1 = identification of theoretical framework?  Yes [ ]  No [ ]
- IoTF2 = if “yes,” name framework (if it is not well known include a description):
- IoTF3 = clarification of influence of theoretical framework?  Yes [ ]  No [ ]  Not Applicable [ ]
RC- Researcher Credentials
• RC1 = documentation of researchers discipline? Yes [ ] No [ ]
• RC2 = if “yes,” name it:
• RC3 = any other pertinent information about the researchers (e.g. methodological preference, conceptual preference)?
• RC4 = names(s) of persons acknowledged by the author(s):

RoR- Role of Researcher
• RoR1 = nonresearch relationship of researcher to participants (e.g. staff member of shelter, no previous relationship, unknown):
• RoR2 = evidence that researcher has considered the effect of his/her presence on the research findings? Yes [ ] No [ ]
• RoR3 = evidence that researcher has considered possibility of researcher bias or misinterpretation? Yes [ ] No [ ]

S&P- Sampling and Participants
• S&P1 = description of type of sampling procedure? Yes [ ] No [ ]
• S&P2 = identification of inclusion criteria? Yes [ ] No [ ]
• S&P3 = discussion of attrition in longitudinal studies? Yes [ ] No [ ] Not Applicable [ ]

DGS- Data Gathering Strategy(ies)
• DGS1 = clear description of data gathering procedures? Yes [ ] No [ ]
• DGS2 = if, “no.” how could the description be improved?
• DGS3 = description of gaining access? Yes [ ] No [ ]
• DGS4 = discussion of time frame of data gathering? Yes [ ] No [ ]

DAS- Data Analysis Strategies
• DAS1 = description of the method(s) used? Yes [ ] No [ ]
• DAS2 = identification of categories or common elements found? Yes [ ] No [ ]
• DAS3 = report of the participants’ response to the analysis? Yes [ ] No [ ]
• DAS4 = data analysis presented in a clear framework (identification of central themes and categories)? Yes [ ] No [ ]
• DAS5 = data presented in such a way that relationships between categories/themes are clear? Yes [ ] No [ ]
• DAS6 = analysis well supported by representative quotes/findings? Yes [ ] No [ ]
• DAS7 = provision of evidence as to how representative in the sample the various findings were? Yes [ ] No [ ]

CDIS- Conclusions, Discussion, Implications, Suggestions for Further Study
• CDIS1 = identification of limitations of study? Yes [ ] No [ ]
• CDIS2 = specific limitations identified:
• CDIS3 = discussion pertains to all significant findings? Yes [ ] No [ ]
• CDIS4 = interpretive statements correspond with findings? Yes [ ] No [ ]
- CDIS5 = examination of findings with existing body of knowledge? Yes [ ] No [ ]
- CDIS6 = clear indication of directives for future research? Yes [ ] No [ ]
- CDIS7 = if “yes,” indicate directives identified:
APPENDIX C

COMPLETE READING GUIDE AND DATA COLLECTION TOOL
(modified from Paterson et al., 2001; Sandelowski & Barroso, 2007, pp 83-100)

READING GUIDE: DATA

ID:

SAMPLE:

DATA/FINDINGS:

Findings- Extract or paraphrase statements of what researchers “found” from the data they collected, or the results or interpretation of these data. In (amended)- experimental reports, a finding is a data-based discovery, conclusion, judgment, pronunciation, or interpretation researchers offer about the events, experiences, or cases under investigation. In these reports, findings are generally distinguishable from: (a) data, or the case descriptions, field notes, quotations, or other empirical material researchers offer in spot of their interpretations; (b) analysis, or the data management, coding, and other data amplification, complication, and reduction techniques researchers used to create their interpretations and from (c) researchers’ efforts to signify or translate findings for future researcher practice, or policy. The finding in a grounded theory study is the theory, the finding in an ethnographic study is the ethnography, and the finding in a phenomenologic study is the phenomenology. In experimental style reports, findings are located in the results section. In amended-experimental reports, they may also be located in the discussion section, or foreshadowed in the introduction to the report. (S&B p 94)

Discussion & Implications- Extract or paraphrase statements summarizing or drawing conclusions about the findings of the study, and indicating their transferability and clinical, theoretical, policy, disciplinary, or other significance. In experimental-style reports, this information appears at the end. In amended-experimental reports, the signification of findings or comparison of findings to findings. In other studies often appears in the results section. (S&B pp 95-96)

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5 S&B – taken directly from Sandelowski & Barroso, 2007
READING GUIDE: METHODS

SAMPLE:

All IDs for Sample:

METHODS:

Research Problem- extract or paraphrase all statements concerning what the writer thinks is wrong, missing, or requires changing. The research problem is usually a clinical problem in the practice disciplines, and a theoretical or disciplinary problem in the social science disciplines. (S&B p 83)

Research Purposes and Questions- Extract or paraphrase all statements concerning one or more immediate and long-term goals, objectives, or aims of the study, and/or a list of one or more questions the study findings will answer. Research purposes and questions generally appear early in (amended-) experimental reports. Purposes may be explicitly stated or they may be apparent in statements such as “I intend/hope to show….” Or “I will argue/suggest…” Statements of purpose may be found in the foreshadowing or summarizing of the research findings early in the report.

Because research purposes and questions may change as data collection and analysis proceed, the research purposes and questions described in a report may either be the ones that were originally conceived going into the field of study or that were altered in the course of the study. (S&B pp 84-85)

Role of Researcher- Describe nonresearch relationship of researcher to participants (e.g. staff member of shelter, no previous relationship, unknown). Researchers thoughts the effect of his/her presence on the research findings. Researcher’s identification of ways researcher bias or misinterpretation influence methods or analysis. (Paterson p 137)

Protection of Human Subjects- Extract or paraphrase descriptions of issues and practices relating to the recruitment retention, and well-being of the human participants in a study. Included here is information concerning how participants were approached and enrolled in the study, the informed consent procedures used, the benefits and risks participants were subjected to by virtue of being in the study, the inducements and protections offered them, and the way they responded to participation in the study. (S&B p 96)

Sampling Strategy & Techniques- Extract or paraphrase all information about researchers’ sampling intentions going into a study and the sampling intentions and decisions that evolved in the course of the study, including the rationale for the

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6 Paterson = modified from Paterson, et al., 2001
recruitment sites selected. (S&B p 88). Include **inclusion and exclusion** criteria for participants. (Paterson p 137)

**Sample Size & Composition**- Extract or paraphrase all information concerning **the people, places, events, documents, and/or artifacts** comprising the actual sources of information for the study, and the **actual sites from which people were recruited**. Include here **all descriptions of the sample**, including the numbers of focus groups. Because ethnographic studies are typically site- or place-bound, site is actually a component of the sample. Site-as sample- is contrasted with site of data collection. That is, a study may involve one organization (site as sample) and interviews may be conducted in conference rooms on site (site of data collection). (S&B p 89)

**Data Collection or Generation Techniques & Sources**- Extract or paraphrase all information concerning **source of, or the techniques or procedures used to obtain or generate the data** for, the study in the following categories: interviews (including focus groups), observations, documents, and artifacts. Extract or paraphrase **descriptions of the**: (a) purpose, place, and number per participant of event or interviews or observations; (b) type of, orientation to, and/or manner of conducting interview, observations, document reviews, or artifact study, and (c) content, timing, and sequences of data collection or generation. Extract or paraphrase information about **alternations in techniques** and procedures made in the course of the study. (S&B p 90) **Description of gaining access.** (Paterson p 137)

**Data Management & Analysis Techniques**- Extract or paraphrase descriptions of **techniques or procedures used to**: (a) create an audit trail of data; (b) prepare data for analysis; (c) catalog, file, or organize data; and (d) break up, (dis)play (with), and/or reconfigure data. Included here is information on whether and how transcripts of interview and field note were prepared, whether and which computerized text management systems were used, the specific analytic approaches employed (e.g., content, constant comparison, narrative, discourse, or other analysis), and whether and how coding schemes, data matrices, and other visual displays of data were used. Information of these techniques may be explicitly stated, illustrated, or evident in the findings. (S&B p 92)

**Orientation to and Techniques for Maximizing Validity**- Extract or paraphrase information indicating views of, and techniques or procedures intended to optimize, scientific, or ethnographic validity. Included here is information about the **stated strengths and limitations of a study, and discussion of reflexivity, auditability, reliability, rigor, credibility, and plausibility, and of specific procedures implemented**, such as member validation and peer review. Information about validity may be explicitly stated or implied in discussions of sampling, data collection and analysis, and in the presentation of the findings. Researchers may offer information about, but not necessarily identify or even recognize in this information, different kinds of validation approaches (e.g., interview techniques, coding schemes), or validation (e.g., descriptive, interpretive, theoretical, and pragmatic validity). (S&B p 93)
REVIEW GUIDE: THEORY

ID:

Sample:

THEORY:

**Literature Review**- Extract or paraphrase researchers’ discussion of what is believed, known, or not known about the research problem, and of how the problems has been studied. The literature review usually precedes the method section in (amended-) experimental style reports. Sometimes the literature reviewed is combined with information about the research problem, while at other times, it is set off in a separate section and labeled as a literature review, or with headers referencing topics or themes contained in the review. In addition, introductory reviews of literature in qualitative research reports may clarify the research problem that originally led to the study or set the interpretive scene for the research findings that are outcomes of the study. (S&B pp 86-87)

**Orientation to the Target Phenomenon**- Extract or paraphrase all statements indicating the perspectives, assumptions, conceptual/theoretical frameworks, philosophies and/or other frames of reference, mindsets, “theoretical sensitivities,” or orientations guiding or influencing researchers concerning the target phenomenon, or subject matter of a study (i.e. the people, events, or things to be studied), regardless of whether researcher appear to be aware of them…..Such frames of reference may be explicitly stated… or they may be implied (and sometimes not recognized as an orientation) in the language used in the introductory sections of the research report, as when miscarriage is referred to as a “loss,” HIV-positive women’s responses to infection are discussed in terms of “self-care” or “coping,” and studies in perinatal bereavement, self-care, or coping are reviewed. The orientation toward the target phenomenon may be clearly distinguishable from the orientation toward inquiry in a study, or may overlap with it. For example feminism may be presented as the framework for the study of women’s responses to HIV diagnosis, in a particular, and/or as the framework for any study of women and/or for inquiry, in general. A frame of reference may have influenced a study from its conception through the interpretation of findings. Or, a frame of reference may not have entered the study until after some or all of the data were collected and analyzed. For example, Goffman’s ideas about stigma may have been the a priori or sensitizing framework for a study of women with HIV. That is, these women were seen from the beginning through the end of the study as living with and responding to a culturally stigmatizing condition. In contrast, Goffman’s ideas might have entered a study only after the researchers had begun to analyze their data and recognized that women’s responses fit and/or were illuminated by these ideas. (S&B pp 86-87)

**Orientation Toward Inquiry**- Extract or paraphrase all statements indicating the perspectives, assumptions, philosophies, methods, and/or other frames of reference
guiding or influencing researchers concerning the conduct of a study. For example, grounded theory is presented as the method and as deriving from tenets of symbolic interactionism and pragmatism. Semiotics is presented as the analytic frame of reference for the study of a document or artifact. Such frames of reference may be explicitly stated, or implied in the method language and/or citations used. For example, no method may ever be named per se, but phrases such as “lived experience,” suggesting phenomenology, and “theoretical sampling,” suggesting grounded theory are used; and/or there are citations to Van Manen’s work on phenomenology or Strauss’s & Corbin’s work on grounded theory. The orientation toward inquiry may be clearly distinguishable from the orientation toward the larger phenomenon of a study, or it may overlap with it. For example, social constructionism may be presented as the framework for any study of women and/or for inquiry, in general, and for a study of women’s responses to HIV diagnosis, in particular. (S&B p 88)

Researcher Characteristics- Information about researcher including discipline, methodological preferences, personal characteristics. (Paterson p 137)