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Defining Healthy Intimate Relationships: A Qualitative Pilot Study of Rural Hispanic Women

Sandra Annan, Karen Jagiello, Deborah Elkins, Erika Metzler Sawin,
Donna Schminkey and Jamie Robinson

Department of Nursing, James Madison University, United States

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Corresponding Author:

Sandra Annan

Department of Nursing, James
Madison University, United
States

Email: annansl@jmu.edu

Abstract: This study aimed to explore Hispanic women's views of their relationships with current and previous partners. Researchers conducted interviews with Eight (8) women within a local rural Hispanic community. We interviewed in a semi-structured format using the participants' preferred language either English or Spanish. Interviews were audiotaped, transcribed, and reviewed for accuracy. Data were analyzed using a phenomenological focus. Half of the participants reported experiencing some type of intimate partner violence in a past relationship. Participants described positive concepts such as fidelity, respect, and communication and negative concepts such as alcohol, fear, and machismo in describing healthy versus unhealthy relationships. There were four overarching themes: Essential characteristics of healthy relationships, operationalization, threats, and ideal relationships. This pilot study provides preliminary insight into rural Hispanic women's experiences in intimate relationships. More research is needed to examine providers' understanding of how Hispanic women define a healthy relationship. This can impact screening measures and facilitate interventions toward intimate partner violence.

Keywords: Relationships, Hispanic Women, Intimate Partner Violence, Rural

Introduction

When you lose confidence, you lose everything: A qualitative pilot study of rural Hispanic women on defining healthy relationships lack of access to healthcare and other social services is a problem across rural communities nationally, affecting all rural residents negatively in terms of adverse health outcomes, including injury, such as with Intimate Partner Violence (IPV). These issues are augmented within vulnerable rural population subsets, such as Hispanic Americans (HA), defined here as people whose origins are Mexican, Central American, Puerto Rican, Cuban, or other Spanish culture/ origin. HAs are more vulnerable in rural areas because of extreme poverty, lower levels of education, limited language assistance services, immigration issues, and social isolation (Sawin *et al.*, 2017). Research suggests that around 17% of has experienced IPV within their lifetime (Sabina *et al.*, 2015). For these reasons, our research team was interested in learning more about what rural HAs define as a safe intimate partner relationship.

According to the most recent United States Census, 18.7% of the US population is Hispanic/Latino (Facts, 2020). Although the terms Latina/Latino and Hispanic are often used interchangeably, they have different meanings. Latina refers to a woman of Latin American descent or origin, while Hispanic refers to Spanish speakers including those who are not from or descended from people living in Latin America (Austin and Johnson, 2012). In this study, we will use the Medical Subject Heading (MeSH) term Hispanic American (HA) to designate the population of interest.

Intimate Partner Violence (IPV), described as physical, psychological, sexual, economic, or social abuse and controlling behaviors, is prevalent in the United States (US) (Daoud *et al.*, 2020). In the US, approximately 27% of women and 11% of men have experienced IPV, 1 in 3 women and 1 in 6 men have experienced sexual violence and 1 in 6 women and 1 in 19 men have experienced stalking during their lifetime (CDC, 2017a). About 45 million children will be exposed to IPV during childhood (Huecker *et al.*, 2021). A cycle of violence exists for women whereby those abused as children are more likely

to be abused or assaulted by their partners as adolescents and adults. Women and children who observe and experience IPV are at greater risk of poor health outcomes (Alhusen *et al.*, 2016; Dillon *et al.*, 2013; Huecker *et al.*, 2021; Lacey *et al.*, 2015).

Examples of poor health outcomes from IPV include physical and mental health disorders, adverse pregnancy outcomes, higher rates of smoking, heavy drinking, and substance use disorder. Additionally, social problems such as family dissolution and incarceration are increased (Phares *et al.*, 2019). IPV may present as unintentional injuries, such as fractures, impaired mobility, traumatic brain injuries, or mental health disorders, including problems with concentration, memory, cognition, executive functioning, and depression (USPSTF, 2018). Women are three times more likely than men who have experienced IPV to have poor mental health and daily functioning, hypertension, diabetes (Hui and Constantino, 2021), as well as headaches, chronic pain, irritable bowel syndrome, and asthma (CDC, 2017b). Additionally, risks of unwanted pregnancies, unsafe abortions, postpartum depression, anxiety, and suicide attempts are increased with IPV (Daoud *et al.*, 2020).

Intimate Partner Violence in the Hispanic Population

Domestic violence occurs commonly across populations, including vulnerable communities, such as Hispanic immigrants (Ogbonnaya *et al.*, 2015). Previous research suggests that rates of reported IPV in Hispanic populations are similar to non-Hispanic populations, at 34.4 and 37.3%, respectively (Sabina *et al.*, 2015; Black *et al.*, 2011). However, experiences in clinical practice demonstrate significantly less IPV disclosure among immigrants (Finno-Velasquez and Ogbonnaya, 2017). Research suggests that HA may have many reasons for nondisclosure. Examples of barriers include finances, fears about loss of child custody, fears about discrimination, deportation concerns, beliefs that abuse must be tolerated, beliefs that police are ignorant of IPV, language barriers, lack of knowledge about laws related to IPV and isolation (Vidales, 2010; Reina *et al.*, 2014). In addition, trust and confidence in health care providers may impact whether victims of violence are comfortable sharing their abuse with others (Liebschutz *et al.*, 2008). However, Hispanic immigrants often do not seek help from formal agencies (Cervantes and Menjivar, 2020). The prevalence of violence is difficult to determine if victims do not disclose abuse due to fear or distrust. For some families, violence against women is seen as natural, something to be kept private and with a strong stigma attached (Bachman and Saltzman, 1995). In

addition, Hispanic women with low acculturation are less likely to use social services (Lipsky *et al.*, 2006).

Rural Hispanic Populations

Hispanic Americans (HA) are the fastest-growing population in rural areas (Sawin *et al.*, 2017). Rural HA women face unique circumstances, including logistical and transportation, language, and cultural issues (Schminkey *et al.*, 2019) that present barriers to accessing help (Wiltz, 2015). HA in rural settings who have experienced IPV have a lack of social support 5 times higher than rural non-HA women (Sawin *et al.*, 2017). There is insufficient language support available in healthcare (Schminkey *et al.*, 2019) and a lack of evidence-based interventions for HA living with IPV, especially in rural settings (Sawin *et al.*, 2017). In addition, language barriers reduce help-seeking from the police (Rennison, 2007).

Screening for violence is important to identifying HA women who are at risk. A cultural understanding of the boundaries between what constitutes a healthy intimate relationship versus intimate partner violence would help to better identify people experiencing violent partners. It is important to understand any cultural contexts and conditions that may influence minority women's decision to leave their abusers (West, 2004).

This study presents a subset of findings from a larger study that aimed at understanding what constitutes a healthy and safe intimate partner relationship, as opposed to intimate partner violence, for Hispanic women in the rural Shenandoah Valley of Virginia. The team focused on exploring healthy intimate relationship communication patterns described by participants. The specific aims of this study are to (1) Describe how rural Hispanic women view the existence and role of violence in intimate relationships, including how other family members influence these views, and (2) Characterize what constitutes effective IPV screening and intervention in this population.

Materials and Methods

Study Design

This was a qualitative phenomenological study, the purpose of which was to attempt to capture the intimate partner relationship experiences of Hispanic women in rural Virginia by conducting semi-structured interviews. In the interviews, researchers asked participants about their communication patterns within their own intimate relationships, the role of alcohol and/or drugs in intimate relationships, if/how intimate relationships were assessed in healthcare encounters, and their responses to such assessment. Researchers also asked participants about their interpretations of the phrasing of IPV screening/assessment tools such as the WEB (Basile *et al.*, 2007).

Recruitment and Sampling

The University of Virginia Institutional Review Board approved the study protocol and interview questions. Researchers recruited study participants ($n = 8$) over a 6 months timeframe through purposeful convenience sampling and snowball sampling, within the local Hispanic community. Per the inclusion criteria, all participants were female, between the ages of 18-65, self-identified as Hispanic, and from first or second-generation Hispanic Spanish-speaking families. Researchers obtained written informed consent from all participants prior to study participation. All of the participants identified as heterosexual.

Data Collection

Researchers conducted the interviews in settings that were agreeable to the participants. Participants were interviewed in either English or Spanish; if Spanish was preferred, either an approved female Spanish-speaking researcher conducted the interview, which was later transcribed into English, or researchers arranged for a female Spanish-speaking interpreter. All of the recorded interviews were conducted at locations selected by the participants. Interviews were audiotaped, transcribed, translated when needed, and reviewed for accuracy. Interviews were stored on a protected server.

Data Analysis

Researchers analyzed transcribed interview data thematically using a Heideggerian interpretive phenomenological approach using NVivo 11 (Horrigan-Kelly *et al.*, 2016; Sandelowski, 2000). After the data from each participant was transcribed and checked for accuracy, formal analysis began. Initial findings were validated through the conduct of additional interviews. Data analysis consisted of two stages: Initial descriptive coding followed by code mapping, which involved organizing and categorizing the codes into themes. Through this process, researchers first organized preliminary, exploratory codes into a full code list (Anfara Jr and Mertz, 2014). Then, the researchers condensed the code list into code clusters and ultimately into central themes through theoretical coding. Research team members independently analyzed the transcribed interviews, then refined and reviewed the analysis results as a team (Polit and Beck, 2021).

Results

In the results section, we will describe and define the data collected beginning with a discussion of the major themes. There were four overarching themes: (1) Essential underlying relationship characteristics, (2) Operationalization of healthy relationships, (3) Threats to healthy relationships, and (4) The ideal relationship.

Essential Underlying Relationship Characteristics

In an analysis of the transcripts, participants identified several aspects of healthy relationships that they believed must be present within the relationship at all times. Participants identified this by both stating what needs to be present and by identifying what was missing, both positive and negative. These are divided into three subthemes: Fidelity, mutuality, and love and respect.

Importance of fidelity. In addition to monogamy, participants note that fidelity encompassed aspects of trust and loyalty. Participants noted that one's partner needs to be an advocate. Several participants reported that their partners or former partners were not faithful. They described being cheated on multiple times and for one participant, this made her feel like she was "in danger." For some participants, this was the catalyst that made them leave that partner, as one stated, for example, "My ex-husband cheated on me a couple of times so that's why I left him." However, another participant had a partner who was considering separation from her because he was very threatened when she left the home without him "[anytime I leave] ... He gets upset. He insults me. The night before last he slammed the door and hit the wall. He was accusing me of having a lover at work. He kicked me out and told me to go off with my lover."

Mutuality/intimacy. A second characteristic of a healthy relationship that participants shared was support from both members of the relationship, or mutuality. This involves a commitment to working on the relationship between both partners. Mutuality was described as a two-way street and involved adaptability and flexibility, in which the woman had agency, was not treated like an object and there was no control over her whereabouts. Several participants used the word harmony to describe this phenomenon "We listen to each other. Point of view does not matter; however different they may be ... there is harmony and we grow together like this." One participant compared this to immigration "We are of different cultures, so everyone comes with his/her own personal prejudices and his/her own traditions ... we adapt ourselves and make a combination of both [cultures]. Now there are differences, but without differences, there isn't harmony." One participant came from a religious tradition of submission. She noted that submission has been misinterpreted in the church (where men just make women do what they want even if it hurts the woman) and what she said it really means is Love in Corinthians talks of a different thing, of mutual understanding, of being with one another, that if there is a problem, you resolve it together. It conforms. "Another participant used the word "diálogo" we can share... two people, back and forth."

Respect and love. Participants noted the importance of treating each other with respect and love. To the participants, mutual respect consisted of respecting each

other's space, talking about one's partner with respect, and having the freedom to both show affection and to note when affection is welcome or not. They shared that respect also extended to the need for consensual sex and to using protection. One woman noted, "We understand each other and we do not treat each other disrespectfully." Examples of being treated respectfully included the ability to have friendships with others, without jealousy to have open, honest communication, and to support each other. One participant noted "Communication is really, really, really important in [terms of] the happiness. We can support each other; it is important. We go to the beach, we can go camping. We like that. So, you think when you talk to each other." As one participant summarized "He respects me as an individual and as a woman, he values me as a mother and a wife and friend."

Participants were able to contrast respectful communication with examples of disrespectful communication from present or past relationships. Examples of disrespect included having a partner who is possessive and jealous, not being respected as a thinking person, and having a partner who limits one's relationships and isolates you. One participant reported that for "Men who limit you, your relationships, that's not a person who loves you. A person who cuts off your liberty is not a person who loves you." Half of the participants had been in abusive relationships and so they gave examples of sexual abuse, rape, and physical violence. One woman described this as "poor, unstable communication ... facing a situation ... with a violent person, you don't know how that person is going to react in a given moment. He's not a cold person, he's a person who slams a door, a person who punches a wall. And he even hit me once. He says he was playing, but playing you don't leave five fingers painted on a person." Another participant realized that the abuse that she suffered at the hands of her partner made her feel, "like trash ... I don't value myself, my kids, after that I smacked my babies ... I didn't think I had value as a person, or as a woman. I treated them really badly. I wasn't myself."

Operationalization of Healthy Relationships

Several themes about how to operationalize a good relationship on a day-by-day basis, including talking it out, having a "Good Fight", finding (searching for) solutions, having a conversation (diálogo), and being supportive of each other's flaws/imperceptions and strengths. Some participants reported that communication had a critical positive role in their relationships.

Talking it out. The first step was having the ability to talk it out: The ability to have a productive, healthy argument with their partner. This involved being able to talk to one another in general about all things all the time. One participant noted, "We get along well and we talk

when we don't like something." Another participant noted, "We talk a lot ... the whole thing is about to stop and talk." Participants believed that being able to talk to one another about everything allows for "everything to come out." One participant believed that this is the most important aspect of a healthy relationship, stating that it is "much more important [that] you can tell me what happened, what you think, what you feel."

This does not necessarily have to involve 100% agreement; as one participant noted, "We might not agree, but at least we lay it on the table. And we don't have to agree all the time, you know ... You don't just let it simmer." Another participant described, (You) "do not have to think alike ... Of course, we can have differences, ... different ideas (pensamientos)."

Having a good fight. Participants described the importance of having a "good fight." Quarreling is normal, but there are ground rules. As one participant noted, "We do not shout. We do not belittle one another." This was echoed by several participants, one of whom added about the importance of a cooling off period, stating "So he gets on his bike, he takes my son. He goes and cools off. Or I grab the baby and go walking. And then we calmly sit down and talk about it."

Cooling off and not shouting are very intentional choices, happening through actions by both the female participants and/ or their male partners. One participant stated "he says okay when you, when you (are) calm ... we can talk." Other actions involved the woman making a choice, one stated: "I think I adopted a system where I did not allow anyone to yell at me or raise their voice at me because I immediately saw that things were going to happen ... I asked why are they yelling at me." Sometimes this involved active listening. A participant reported "I just listen to him because he is a strong personality. Sometimes I understand he needs to speak out at the moment. I let him let it out and let it go. I stay calm and tell him to calm down." Participants describe that the effect of being able to stay calm and not shout results in not saying or doing things "that later I regret."

Searching for solutions. The participants argued that the ability to effectively disagree and talk things out results in problem-solving. For example, one participant described this process; "We almost always discuss it and search for solutions, and well, if there is one, we follow it. If there is no solution, we drop it. But I don't put unnecessary stress on myself if I can't fix something. I leave it. I leave it, but if there is a fix, well we do it." Another participant shared about her partner, "he's really, really open, (to) hear me ... And understand what I feel. [Then] we can work, or okay this (is) working, this is not working."

Conversely, other participants described avoiding conversations with their abusive partners as part of their strategy for safety. One participant stated, "I never felt safe with him. Not even to talk."

Supportive of each other's flaws or imperfections. Participants noted that one way their intimate partners operationalized healthy relationships was through being purposefully supportive of flaws and imperfections. This was brought up when body image/ appearance was an issue when a woman struggled to achieve success and/or when there were health limitations. One woman noted that her former partner was disparaging of her post-childbirth belly, telling her, "If you leave, you know that no man's going to want you with that flap." She did leave him and now has a partner who says, "There's no reason that you should be ashamed of that (belly) flap. That flap has carried two precious boys in that uterus and my little one, my mini-me. You are beautiful... you created two lives." She is happy that her son has absorbed this body positivity, stating that when he sees her stretch marks he calls them her "tiger stripes." This same participant noted, "I was always putting my self-esteem down. I feel like that's what a lot of Latina women go through, their self-esteem is so low, like so down the drain. Because there's nobody there to tell that you're beautiful, their inner self-esteem, nobody to feed into it." Participants pointed out that low self-confidence is an issue in violent relationships particularly, "you need to leave when there is ... mistreatment, violence, ... in a situation in which you no longer feel safe. And when you lose confidence, you lose everything."

Threats to Healthy Relationships

Participants identified several themes that could be construed as threats to healthy relationships, all of which complicate relationships. These are alcohol, vulnerability/fear, and machismo (control/ pride).

Alcohol: Participants were unanimous in their agreement that alcohol worsens aggressive behavior and has a negative influence on relationships. Alcohol was never mentioned as part of healthy relationships. One participant noted, "When he drinks, it's worse. He is aggressive by nature. But with the alcohol, it's more so." Another participant noted that this was exacerbated at family gatherings, "sometimes he would be drunk and his family would just disrespect me. His role as a father, as a husband wasn't there. He would never stand up for me and it was just the alcohol."

Vulnerability and Fear: Participants identified vulnerability and fear as they discussed situations that had either happened to other women that they knew, or to themselves. One participant noted that a woman she knew experienced vulnerability as a result of her poverty "[She] never saw the possibility, never had the self-esteem to think that she could do it by herself. She was very dependent ... Her feelings were always a mess, a confusion." Another participant had a partner in the past who was controlling and did not allow her to have any friends. He explained it to her at the moment under the guise of trying to protect her.

For example, the participant said that he told her, "Honey, what happened is that you are so beautiful and innocent that you don't understand." Another participant reported, "He doesn't believe that I have a brain and I can think and I can react and I can decide."

A major cause of fear identified by two participants was immigration status, either with current or past relationships. One participant explained, "One of the reasons why I'm still staying with him is that... my papers depend on him. Because I have a conditional residency. It will expire this year... it's a complex situation, so, well, I'm waiting." Another participant described needing to hide the abuse inflicted on her by a former partner. She stated, "There wasn't anything I could do, because since I ... don't have permission to be in this country; so I kept quiet."

Machismo: Control/pride participants identified controlling and overbearing characteristics by past or former partners as threats to a healthy relationship. Some went as far as labeling these behaviors as "machismo" or being a "machista." Several women described past partners who were very controlling "You cannot love and control and shape everybody to your mentality, to your structure, (to your) mental idea of a perfect woman and a perfect life because that doesn't exist ... that's not something that I wanted for my life." Participants described relationships in which control was a factor in being threatened by the woman either thinking too much or being able to independently take care of herself "He doesn't believe that I have a brain and I can think and I can react and I can decide."

One participant described her life with her former spouse, who drank a lot and was abusive, "I know that his father abandoned him when he was younger too and just grew up around alcohol. So that's all they know too, you know what I'm saying? 'Oh, the wife has to stay home.' That's that culture. He's from Honduras, Central America. I call that straight-up Latino. The woman stays home, cooks take care of kids and we work, we come home for a little bit and then we go and spend time out...' " She described the pressure to stay with the abusive partner as "I gotta do it for my baby but you can only take so much ... If I didn't break that chain of culture, my son would have been the next Latino man, doing the same thing." She described that time in her life as "I was still in sync with my culture." She had pressure from her own father to stay with that partner and stated, "I feel like it's a lot of machismo." Another participant described a moment in her life when her husband was trying to stay home with her and be more attentive.

You know how the way machismo is so important, yes? So, his brother starts to tell him he isn't machismo and doesn't like to go out with me, you want to do everything for the family, and you are mandilon (emasculated). So then he starts to go out with the men and then with the women.

The Big Picture

Participants had ideas about how to teach healthy relationships to future generations of Hispanics. They all felt community responsibility and spoke of a knowledge that this was bigger than themselves, that they needed to represent Latinas within a bigger picture. The themes included here are breaking cycles, standing strong, social support, and moving forward.

Breaking cycles: Several participants mentioned the need to extract themselves from abusive/ toxic relationships in order to break cycles. They then reported feeling compelled to teach their children, friends, and others in the community about healthy relationships. As one participant noted, this is necessary “to avoid tragedies. To evade repeating cycles, not mine, of course, but others. I don't want [my daughter] to repeat cycles ... to be involved in a violent relationship of any type. So, if I can teach her now, she will know how to react in the future.” One participant felt honored recently to speak to middle-school girls. Participants wanted to break cycles from the past, so as not to repeat the future.

Other participants wanted the opportunity to share what they had learned about healthy (or unhealthy/ abusive) relationships with others. One woman described a class that she has been teaching at her church that came about after helping her own daughter deal with an abusive partner, “we teach it for ... my church. We need to say something ... people know what happened, with my family. People can ask us, ‘Wow, what do you do?’ So that we might work with you. We can explain. We can share something.” This participant has also gone on to create a women’s retreat through her church, which she believes can be a vehicle through which she can identify IPV “This can help us detect something ... we can share and say well how do you know that somebody can help you have a professional help. We can ... because we know.” She described trust (*confianza*) as being foundational for sessions like this to be possible.

Another participant believed in the importance of teaching self-esteem and self-respect to her daughters “We taught them about being good and if you don't feel good, you feel that your couple is hurting you, you don't love him. It is better to get away, you need time or need to cut that relationship. Nobody has the right to disrespect you or hurt you. No.” Importantly, one participant noted that the feeling of responsibility to others can be harmful, too. She stated, “One of the problems that we, as women, have, or at least I have, is that I believe that I am Superwoman, that I can change everything.”

Standing strong: Participants shared examples of what they learned throughout their lives to stand strong within relationships or communities. They shared lessons of empowerment that they now feel obligated to pass on to others. One participant noted:

“I adopted a system where I did not allow anyone to ... raise their voice at me ... For the same reason, I don't allow hitting or pushing. I don't allow myself to be manipulated by anyone. When I see that something is against me, I simply say that I cannot do this anymore; that is what happened in my first relationship”

Another participant shared “Feminism is most important. When we have moved from different places to here, different cultures, different language. Everything's different ... we can make the family strong, we can stay together. Yeah, that's the most important.” Another participant was part of a women's campaign in her home country when she was a teenager, where she learned, “No violence: Not in my house, not in my bed, not in the street” and “If your shoe is bothering you, take off your shoe because you can walk without shoes.”

Social support: Participants spoke of the importance of family and social support related to healthy relationships. Several participants noted that this is more difficult to access in the United States, due to location and cultural practices. Several participants noted that they had more social support in their home countries “[There] your neighbor is your family ... if you need something, they will come. But we don't have that in the US. If they come, they will come for an hour ... Nobody is going to stay with you awake all night.”

Moving forward: Participants had suggestions for nurses’ roles within the Hispanic community regarding teaching patients about healthy relationships and assessing for IPV. One participant advocated for providers, “helping [patients], educating them what their options are... all health providers should [ask].” This participant works in healthcare and noted.

Nurses, try to educate yourself... to help these women. And understanding, not being judgmental about them... Understanding where they come from because we don't know...what their culture is. Sometimes we criticize these women and we really don't know the background story. We don't know that they were raised thinking, their parents telling them ‘you gotta respect. You gotta respect your husband no matter [what].’

Participants wanted nurses not to make assumptions when they do IPV screening. One participant shared.

When they began the questions about abuse, I remember that the nurse said to me, ‘I have to ask these questions because they're listed here and it's part of the questionnaire but I don't believe that this applies to you. Have you ever been abused in this way or another? Or has your spouse or partner hit you or treated you poorly?’ The answer was “no,” but she had already assumed that the answer was “no.”

Another noted that she has never been asked about IPV in a healthcare setting, but if she were to be asked, she would not necessarily be truthful. She relayed that it would “depend on the person's attitude when they are

asking. Sometimes they tend to assume that the answer is no ... So they just cut the whole discussion right there and you feel like maybe you should not answer that question the way that I should answer, ... So, I will answer even an intimate question if they asked the question in the right way.”

Some women noted that reviewing the IPV questionnaire as part of this study caused them to reflect on prior relationships and then they realized that they had been in an abusive relationship after all. One participant shared, "So my ex-husband grabbing me on the hand hard was not physical abuse at all to me, it's a grab. Now that I'm thinking about it, I'm just like 'Wait,' for some women that would have been like 'Oh that was abuse.' But for me, that's not what it is: Hitting, smacking and punching” Another reflected.

He was so nasty, he stank [sic] like alcohol and he just wanted to satisfy his pleasure. Thinking about it, I'm like 'Was that sexual abuse?' I guess it could have been. I never really thought about it like that ... I kind of did it out of responsibility, but I did not enjoy it at all. So yeah, I can see where that could be part of abuse and you just don't even know it ... I guess if ... I didn't want to, then that should have been respected.

Discussion

The aim of this study was to understand what constitutes a healthy and safe intimate relationship within Hispanic culture. Our in-depth interviews demonstrated that specific communication patterns, along with an ability to disagree and move forward were all seen as important elements of a healthy relationship among Hispanic participants. Another goal of the study was to learn more about violence in Hispanic relationships and how they defined this as healthy (safe) or not healthy. Study findings reveal major themes including threats to healthy relationships, thoughts about what an ideal relationship looks like, and common relationship characteristics such as love, respect, and fidelity. Some study participants described fear in their relationships. Women in unhealthy relationships may benefit from family members or friends who may influence their beliefs about what is safe or not. A clearer understanding of these dynamics may help healthcare providers better support women who are in unsafe relationships.

Relationship Characteristics

Many study participants reported that fidelity and respect were important elements of a healthy relationship. Other research supports this finding. Having a trusted partner is important in adolescent Hispanic relationships (Laborde *et al.*, 2014). On the other hand, infidelity was common in relationships with Hispanic youth (Minnis and Van Dommelen-Gonzalez, 2011). Hispanic

women appear to expect and tolerate some infidelity in their dating relationships, but fidelity became more important once married (McClellan-Lemal *et al.*, 2013).

Study interviews explored participants' perceptions of healthy relationships. The finding that love and respect are important relationship constructs is supported by other research. Responsibility and respect were two core components of Hispanic/Latino male perception of masculinity (Walters and Valenzuela, 2019) although they reported that committed relationships and casual relationships were different.

Operationalization of Healthy Relationships

Other characteristics of healthy relationships included communication, searching for solutions, and being understanding of flaws and imperfections. The concept of harmony was used to describe the effect of open communication and respectfully disagreeing when there was conflict. Sharing perspectives and differences actually fostered trust and mutuality. Since relationships are not without strife, having rules of engagement for times of disagreement is important. Communicating and working out conflicts were essential elements of a healthy relationship (Orengo-Aguayo *et al.*, 2015).

Threats to Healthy Relationships

A lack of respect, love, and commitment, is demonstrated as a lack of trust, dishonest communication or jealousy and control, and strained relationships increasing the risk of IPV. These women attributed their partners' attitudes and actions to feeling threatened by the woman's lack of dependence on the relationship. Additionally, machismo was reinforced by some and perhaps misinterpreted religious beliefs that women should be submissive to men in marriage, leaving some women living in a constant state of fear and vulnerability. There is a lack of data about how HA in intimate partnerships interacts with one another when there is conflict (Ramos-Olazagasti and Guzman, 2018).

There is a link between alcohol use and IPV (Catalá-Miñana *et al.*, 2017). Alcohol was found to serve as a fuel for aggressive behavior within Latin American relationships contributing to disagreements (Catalá-Miñana *et al.*, 2017). Machismo was related to binge drinking (Perrotte *et al.*, 2018) and substance abuse, including abuse of alcohol, which was related to an increased risk of IPV (Sawin *et al.*, 2017). Women experiencing IPV may begin to misuse substances themselves (Nowotny and Graves, 2013).

Half of the women in this study experienced abusive relationships in the past, reporting sexual abuse, rape, and physical abuse. For some women, their partner curated an isolated and lonely life for them, toyed with their emotions, and positioned themselves as their guardian and caretaker, eliminating the woman's agency and self-

esteem. Without family and friends as a support system, the women became solely dependent on their partners. Psychological sequelae, such as depression and anxiety were also noted.

Hispanic women who migrated to the United States face many challenges. Research suggests that women relocate and resettle in search of safety yet migration can heighten the risk for IPV (Wachter *et al.*, 2021). Immigrants also fear arrest and legal consequences, including the risk of deportation, preventing them from seeking help for IPV (Wachter *et al.*, 2021). Family support may be absent or inconsistent for women who have left their family to live in the US and women who had children while in the US fear leaving their children behind if deported (Dreby, 2012).

Big Picture Future “Ideal”

Some participants discussed the importance of breaking cycles found in negative relationships and the need for support systems to develop healthy relationships. Nearly half (48%) of first-generation Mexican Americans include marriage as part of their own ideal relationship (Orengo-Aguayo, 2015). These researchers also found that trust, fidelity, communication, and love were important to participants’ ideal relationships.

Implications for Practice

Healthcare providers often make assumptions when meeting with this population. Providers should step outside of expectations and approach Hispanics with more of an open mind (Schminkey *et al.*, 2019). When providers assume that a relationship is healthy as their baseline in talking to patients, they will miss the opportunity to provide support and reduce obstacles for patients. High-quality communication should improve the quality of care. Healthcare providers are often unaware of their own lack of understanding of the link between behavior and culture for their Hispanic patients (Floríndez, 2021).

Rurality increases the risk of IPV and reduces access to care. Hispanic populations in rural areas are growing in the US (Kim-Godwin *et al.*, 2014). Help-seeking among rural women is impeded by limited healthcare options and insurance, resources, language assistance, and difficulty in understanding the US healthcare system (Sawin *et al.*, 2017). In rural settings, nurses are integral in identifying IPV risk factors, developing outreach interventions, and assisting women to navigate the healthcare system.

Routine and consistent IPV screening is necessary. Barriers to IPV screening include a lack of tool standardization and protocols and a lack of healthcare provider comfort assessing for IPV and knowledge about available IPV interventions (Phares *et al.*, 2019;

Sawin *et al.*, 2017). Conflicting recommendations from organizations add to inconsistent assessment. The United States Preventive Services Task Force (USPSTF) recommends routine inquiry for all reproductive-age females at annual office visits while the World Health Organization recommends case-finding and screening for IPV when necessary or clinically indicated (Perone *et al.*, 2022). Language barriers were identified by both women experiencing IPV and by healthcare providers despite national policies aimed at improving language and communication services in healthcare (Diamond *et al.*, 2019; Perone *et al.*, 2022). Aspects of language and communication competency to enhance, based on our findings, include healthcare providers being cognizant of bias and (Schminkey *et al.*, 2019) assumptions, using appropriate verbal and nonverbal communication, and using interpreters effectively (Diamond *et al.*, 2019; Pinto Taylor *et al.*, 2019).

Limitations

There was a limitation relating to potential language differences. The researchers used fluent female Spanish speakers for interviews of Spanish-speaking participants of the study. Also, another potential limitation is that nonparticipants may have different relationship experiences than participants. The authors made a purposeful effort to consider assumptions and biases in navigating the methods and findings of this study. This was a pilot study.

Conclusion

In sum, we have examined how Hispanic women describe and define a safe and healthy relationship; effective communication is critical. And, unsurprisingly, the ability to show love and respect and to avoid infidelity is seen as important. As HA women imagine and create positive cultural role models that offer an alternative to machismo culture this can help to break cycles of physical, psychological and economic violence against women. In conclusion, these findings can guide practitioners who provide care for Hispanic families. Beyond screening and safety planning, healthcare providers have an opportunity to cultivate healthier communication within families and to coach all patients in the dynamics of safe and healthy relationships.

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Author's Contributions

Sandra Annan, Karen Jagiello and Deborah Elkins: Analysis and/or interpretation of data, drafted the manuscript, revised the manuscript critically for important intellectual content, approved of the version of the manuscript to be published.

Erika Metzler Sawin: Acquisition of data, analysis and/or interpretation of data, drafted the manuscript, revised the manuscript critically for important intellectual content, approved of the version of the manuscript to be published.

Donna Schminkey: Conception and designed of study, acquisition of data, analysis and/or interpretation of data, drafting the manuscript, revising the manuscript critically for important intellectual content, approved of the version of the manuscript to be published.

Jamie Robinson: Drafted the manuscript, revising the manuscript critically for important intellectual content, approval of the version of the manuscript to be published.

Ethics

The authors of this study declare no potential conflicts of interest with respect to the research, authorship and/or publication of this article.

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