MEXICAN MOTHERS’ EXPERIENCES WITH DEPRESSION, INTIMATE PARTNER VIOLENCE, AND IMMIGRATION: A MIXED METHODS STUDY OF MATERNAL SELF-EFFICACY

Arturo Enrique Orozco Vargas, BS, MS

Dissertation Prepared for the Degree of

DOCTOR OF PHILOSOPHY

UNIVERSITY OF NORTH TEXAS

December 2013

APPROVED:

Angela M. Nievar, Major Professor
Arminta Jacobson, Committee Member
Wendy Middlemiss, Committee Member
Abbas Tashakkori, Committee Member and Chair of the Department of Educational Psychology
Jerry R. Thomas, Dean of the College of Education
Mark Wardell, Dean of the Toulouse Graduate School

Doctor of Philosophy (Educational Research – Human Development and Family Studies), December 2013, 125 pp., 11 tables, 1 figure, references, 252 titles.

This study investigated the relation between maternal self-efficacy, depression, and intimate partner violence among Mexican immigrant and Mexican mothers. The research was conducted using a parallel mixed methods approach including both qualitative and quantitative methods. A total of 136 mothers living in the United States and Mexico completed surveys, and 10 mothers participated in semi-structured interviews. In a regression on maternal depression, living in Mexico as opposed to the U.S., psychological violence, and maternal self-efficacy were significant predictors of maternal depression. In the qualitative data analysis, we found five main themes: perceptions, cultural influence, involvement, resources, and barriers. In this stage of the study, Mexican and Mexican immigrant mothers described in detail their experiences of being a mother, their perceptions of maternal self-efficacy, and the influence of intimate partner violence and depression on their effectiveness as mothers. Overall, Mexican immigrant families appeared to have healthier relationships and greater well-being than Mexican families.
Copyright 2013

by

Arturo Enrique Orozco Vargas
ACKNOWLEDGEMENTS

Loving God the Father, I thank You for placing in my heart and mind the wisdom and perseverance needed to pursue my doctorate. May my future work in Mexico be an instrument to glorify your Holy Name.

I am extremely grateful to my committee members, Dr. Nievar, Dr. Middlemiss, Dr. Jacobson, and Dr. Tashakkori. I especially want to thank Dr. Nievar for her invaluable guidance. You were a continuous source of motivation for completing one of the most important goals in my life. I would like to thank Dr. Middlemiss for her assistance, especially her encouragement beyond the academic work, thanks for your gentle spirit. I also would like to thank Dr. Jacobson and Dr. Tashakkori for sharing their knowledge and professional experience. I do not have words to express my gratitude for all you have done for me.

I also want to thank my wife, Nadia, for her support during these eight long years. You have been with me with me every step of this journey. I could never have accomplished it without your unconditional love, sacrifices, encouragement, patience, and persistence. I love you with all my heart. I extend my gratitude to the Mexican government and the Autonomous University of the State of Mexico for the scholarship with which I was able to complete this amazing dream. Without your financial support, it would have been impossible to finish my master and doctoral degrees. I also wish to express my gratitude to the UNTHSC-UNT Joint Institutional Seed Research Program and the UAEM-UNT Research Seed Funding Program.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACKNOWLEDGEMENTS</td>
<td>iii</td>
</tr>
<tr>
<td>LIST OF TABLES</td>
<td>v</td>
</tr>
<tr>
<td>LIST OF FIGURES</td>
<td>vi</td>
</tr>
<tr>
<td>MEXICAN MOTHERS’ EXPERIENCES WITH DEPRESSION, INTIMATE PARTNER VIOLENCE, AND IMMIGRATION: A MIXED METHODS STUDY OF MATERNAL SELF-EFFICACY</td>
<td>1</td>
</tr>
<tr>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>Methods</td>
<td>7</td>
</tr>
<tr>
<td>2.1 Research Design</td>
<td>7</td>
</tr>
<tr>
<td>2.2 Quantitative Methods</td>
<td>8</td>
</tr>
<tr>
<td>2.2.1 Participants</td>
<td>8</td>
</tr>
<tr>
<td>2.2.2 Procedures</td>
<td>9</td>
</tr>
<tr>
<td>2.2.3 Instrumentation</td>
<td>10</td>
</tr>
<tr>
<td>2.3 Qualitative Methods</td>
<td>12</td>
</tr>
<tr>
<td>2.3.1 Participants</td>
<td>12</td>
</tr>
<tr>
<td>2.3.2 Procedures</td>
<td>13</td>
</tr>
<tr>
<td>2.3.3 Interview Protocol</td>
<td>14</td>
</tr>
<tr>
<td>Results</td>
<td>15</td>
</tr>
<tr>
<td>3.1 Quantitative Results</td>
<td>15</td>
</tr>
<tr>
<td>3.2 Qualitative Results</td>
<td>18</td>
</tr>
<tr>
<td>3.2.1 Theme 1: Perceptions</td>
<td>19</td>
</tr>
</tbody>
</table>
3.2.2 Theme 2: Cultural Influence ................................................................. 20
3.2.3 Theme 3: Involvement ............................................................................. 24
3.2.4 Theme 4: Support .................................................................................... 26
3.2.5 Theme 5: Barriers .................................................................................... 28

Discussion ......................................................................................................... 32

4.1 Study Limitations ....................................................................................... 38
4.2 Recommendations for Future Research ...................................................... 39
4.3 Implications for Application and Public Policy ............................................. 40

References ....................................................................................................... 46

Appendices

APPENDIX A. EXTENDED LITERATURE REVIEW ............................................. 55
APPENDIX B. DETAILED METHODOLOGY ....................................................... 86
APPENDIX C. COMPLETE/UNABRIDGED RESULTS ........................................ 90

COMPREHENSIVE REFERENCE LIST .............................................................. 105
LIST OF TABLES

Table 1 Correlations between Study Variables ................................................................. 42
Table 2 Correlations between Study Variables (Mexican Immigrant Mothers) ............... 42
Table 3 Correlations between Study Variables (Mexican Mothers) .................................. 43
Table 4 Hierarchical Regression Analysis Predicting Maternal Depression .................... 43
Table 5 Hierarchical Regression Analysis Predicting Maternal Depression (Mexican Immigrant Mothers) ........................................................................................................ 44
Table 6 Hierarchical Regression Analysis Predicting Maternal Depression (Mexican Mothers) ................................................................................................................. 44
Table 7 Themes and Categories of Mexican and Mexican Immigrant Mothers’ Experiences.................................................................................................................... 45
Table C. 1. Participant Demographics (N = 136) ............................................................. 99
Table C. 2. Demographic Features of the Sample (n = 10) .............................................. 100
Table C. 3. Themes Emerging From the Constant Comparative Analysis of the Interviews .. 101
Table C. 4. Example Quotations of Mexican Mothers and Mexican Immigrant Mothers .... 103
LIST OF FIGURES

Figure A.1. Factors related to parenting and maternal self-efficacy among Hispanic immigrant families................................................................. 85
MEXICAN MOTHERS’ EXPERIENCES WITH DEPRESSION, INTIMATE PARTNER VIOLENCE, AND IMMIGRATION: A MIXED METHODS STUDY OF MATERNAL SELF-EFFICACY

Introduction

During recent decades, motherhood has been influenced by new patterns of marriage and divorce, the participation of women in the labor force, and the increased proportion of households headed by women (Baca Zinn & Pok, 2002). Although mothers in different countries around the world share some values, ideas, traditions, and parenting practices, motherhood in the Hispanic context is characterized by the affection, warmth, protection, acceptance, and emotional support Hispanic mothers provide for their children (Calzada & Eyberg, 2002; Falivoc, 1998; Farkas-Klein, 2008; Perreira, Chapman, & Stein, 2006; Raffaelli & Green, 2003; Vera, Morales, & Vera, 2005). In the United States, the Hispanic population is a multicultural, multilingual, and multiracial group including families from Mexico, Puerto Rico, Central America, Cuba, and South America. In 2050, this ethnic group will reach one-quarter of the total American population (Pew Hispanic Center, 2012). However, despite this rapid growth and the importance of this cultural group in the American society, there are few empirical studies on parenting among Hispanic women.

Self-efficacy is an important construct for understanding the experience of Hispanic mothers. According to Bandura’s (1986) social cognitive theory, self-efficacious individuals are expected to persevere in their efforts to achieve success even when they have to face difficult obstacles. Efficacy beliefs regulate emotional well-being and human functioning through motivational, selective, cognitive, and affective processes (Bandura, Pastorelli, Barbaranelli, & Caprara, 1999).
Although innumerable studies have examined the influence of risk factors on maternal self-efficacy among European American parents, few studies have explored these relations among Hispanic immigrants (Leidy, Guerra, & Toro, 2010). In the Hispanic population, these factors involve lack of financial resources, unauthorized legal status, unemployment, limited English proficiency, discrimination, low parental education, unsafe neighborhoods, and limited access to resources through which they might develop appropriate and stable parenting (Alegria et al., 2007; Arbona et al., 2010; Landale, Thomas, & Van Hook, 2011; Parrado & Flippen, 2005). Research has also examined social stressors that affect the parental self-efficacy of immigrants (Izzo, Weiss, Shanahan, & Rodriguez-Brown, 2000). Due to the influence of these factors, the experience of adapting to a new culture may become a distressing event for many Hispanic mothers and their children (Bacallao & Smokowski, 2007; Berry, 2001; Garcia & Lindgren, 2009; Neto, 2002; Torres & Rollock, 2004).

In this context, external challenges may include the families’ need to adapt to the host culture. For example, the process of adaptation may require changes in their daily family functioning, dynamics, values, norms, and traditions. These changes may bring negative consequences, which in many cases modify the nature of their families (Bustamante, 1997). In addition to these external barriers and challenges, the presence of depression and intimate partner violence (IPV) may affect the maternal self-efficacy of Hispanic mothers. The prevalence of these risk factors has been confirmed by empirical studies showing that Hispanic immigrant women living in the United States and women in Mexico are more prone to experience higher levels of depression and IPV in comparison to men (Falcon & Tucker, 2000; Lara, Acevedo, & Berenzon, 2004; Leyva, Hernandez, Nava, & Lopez, 2007).
Depression is a common mental disorder among Mexican women, ranging from 5.8% to 19.8% in the population (Belló, Puentes-Rosas, Medina-Mora, & Lozano, 2005; Caraveo-Anduaga, Colmenares, & Saldivar, 1999; Enriquez et al., 2010; Garcia de Alba, Castañeda, Pando, & Aranda, 2011). In addition, studies among Hispanic immigrant women have found that the prevalence of depression in this group ranges between 8.4% and 38% (Alegria et al., 2008; Breslau & Kendler, 2005; Gonzalez, Haan, & Hinton, 2001; Hovey & Magaña, 2000; Masten et al., 2004; Ostir, Eschbach, Markides, & Goodwin, 2003; Vega et al., 1998). Differences in the prevalence of depression may be explained due mainly to how depression was operationally defined, the use of different types of scales, whether participants experienced depression recently or at some point in their lifetime, and the sociodemographic characteristics of the sample.

Research has shown that adapting to a new country is associated with particular risk factors that are closely related to depression. Among these factors are limited social and family support (Da-Silva, Morales-Santos, Carvalho, Martins, & Teixeira, 1998), insufficient education (Morales-Carmona, Luque-Coqui, & Barroso-Aguirre, 2002), previous episodes of depression (Bernazzani, Saucier, David, & Borgeat, 1997; Ortega, Lartigue, & Figueroa, 2001), and age. The highest rate of depression is among women younger than 40 years of age (García de Alba et al., 2011; Gilmour & Patten, 2007). Furthermore, a study including Mexican immigrants showed that acculturative stress, ineffective social support, negative expectations for the future, low levels of income, education, perceived family dysfunction, lack of options in the decision to immigrate, and religiosity in terms of influence of religion, church attendance, and perception of religiosity were significant predictors of depression (Hovey, 2000). In addition,
socioeconomic conditions in the society of settlement are considered major risk factors associated with depression among minority ethnic groups (Petterson & Albers, 2001). In a study among Hispanic families, low socioeconomic status was associated with increased depressive symptoms (Cuellar & Roberts, 1997).

Given the high levels of depression among Mexican women living in the United States and Mexico, the potential effects of depressive symptoms on parenting and maternal perceptions of parenting competence are of interest. As mentioned previously, Bandura (1989) affirmed that the development of a sense of self-efficacy is linked to internal emotional states. Empirical studies have examined the role of maternal self-efficacy in emotion. For instance, Teti and Gelfand (1991) found a negative relation between mothers’ depressive symptomatology and maternal self-efficacy beliefs. Similarly, in a more recent study with mothers of young children, findings revealed that depression was inversely related to maternal self-efficacy (Weaver, Shaw, Dishion, & Wilson, 2008).

IPV is also considered a main risk factor for Mexican mothers. IPV is intrinsically related to the socio-structural context in which violent acts against women occur. This context includes cultural factors, such as sexist norms, patriarchal institutions, the historical legacy of male supremacy, ancient traditions, and ethnic beliefs, that are used by perpetrators to condone, support, and legitimate the use of violence against women (Harris, Firestone, & Vega, 2005). Reviews of research on IPV have repeatedly documented gender roles (Edelson, Hokoda, & Ramos-Lira, 2007), education (Johnson, 2008; Schewe, Riger, Howard, Staggs, & Mason, 2006), family of origin abuse (Julian, McKenry, Gavazzi, & Law, 1999; O’Hearn & Margolin, 2000; Rosenbaum & Leisring, 2003), socioeconomic status (Cunradi, Caetano, & Schafer, 2002), and
alcohol and drug abuse (Flake & Forste, 2006; Wilt & Olson, 1996) as important risk factors for perpetrating IPV in Mexico and the United States.

In particular, specific factors such as immigration status, acculturation level, acculturative stress, lack of support, and lack of English language proficiency have been identified as risk factors for the incidence of IPV among immigrant women (Bacallao & Smokowski, 2007; West, Kantor, & Jasinski, 1998). Immigration status is also an important risk factor for female immigrants because it is a common practice for perpetrators to use the immigration status of their partner to lock them in the relationship (Sokoloff, 2008). Thus, women with few resources and immigration status issues stay longer in violent relationships, experiencing more serious psychological, sexual, and physical abuse (Aguilar, Dutton, & Orloff, 2000). In addition, Mexican immigrants are more likely to become violent toward their partner because they need to balance the demands established by the host culture and their own native culture (Sorenson & Telles, 1991).

Acculturative stress is an important factor associated with IPV (Castillo, Cano, Chen, Buckler, & Olds, 2008). One study among immigrants of Mexican origin found that women who have experienced acculturative stress are more likely to report high levels of IPV (Firestone, Lambert, & Vega, 1999). Moreover, because Hispanic immigrant women do not have the same family and social support they received in their countries of origin, they are more likely to be economically dependent and to live with fear of being deported (Bauer, Rodriguez, Quiroga, & Flores-Ortiz, 2000). Given the influence of these factors and the high incidence of IPV among Mexican women and Mexican immigrant women, it is important to examine IPV and its association with perceived self-efficacy beliefs of mothers of young children.
A substantial body of literature has examined the relation between depressive symptoms, marital interactions, social conditions, and parenting among Hispanic immigrant women living in the United States and mothers living in Mexico (e.g., Calzada & Eyberg, 2002; Driscoll, Russell, & Crockett, 2008; Vera et al., 2005); however, there are no cross-cultural studies examining the relation between depression, IPV, and maternal self-efficacy. One of the objectives of this mixed methods study was to fill this gap in the literature by examining mothers’ experiences of depression and IPV as well as maternal self-efficacy. Furthermore, this study examined the immigration process and mothers’ perception of maternal self-efficacy among Mexican immigrant mothers as contrasted with Mexican mothers. Given that Hispanic immigrants from Mexico are the largest growing Hispanic subgroup in the United States (U.S. Census Bureau, 2011), this study focused on this particular group.

The current study used a parallel mixed methods design to analyze quantitative results and then compare them to results found in qualitative semi-structured interviews. The qualitative component examined narratives of Mexican mothers describing their lived experiences and beliefs of maternal self-efficacy. Thus, not only was the qualitative data collected and analyzed to gather more insight into the quantitative results, but also the qualitative strand explained the findings obtained in the quantitative strand in more depth.

The quantitative component of this mixed method design tested four hypotheses: (a) Mexican mothers and Mexican immigrant mothers with greater maternal self-efficacy are more likely to report lower rates of depression, physical violence, and psychological violence; (b) Mexican mothers and Mexican immigrant mothers who experience more physical and psychological violence are more likely to report more depressive symptoms; (c) immigrant
status is associated with maternal self-efficacy, depression, physical violence, and psychological violence; and (d) a linear model of maternal self-efficacy, physical violence, psychological violence, immigrant status, and educational level significantly explains the variance of maternal depression.

In the qualitative component of this study, we focused on two research questions within a sample of mothers who have experienced IPV: (a) how do Mexican immigrant mothers and Mexican mothers describe their experience as a family, as related to their maternal self-efficacy and parenting competence?, and (b) what is the role of sociocultural factors related to maternal self-efficacy for Mexican immigrant mothers and Mexican mothers?

Methods

2.1 Research Design

This study used a mixed methods design to examine the relation between maternal self-efficacy, depression, and IPV among Mexican mothers and Mexican immigrant mothers living in the United States. The quantitative findings obtained from a community sample were compared to and integrated with qualitative findings. The qualitative portion drew from a targeted sample of women who experienced IPV. Both samples drew from the same population of low-income Mexicans and Mexican immigrants with preschool children. Once data was analyzed, the results were integrated in the meta-inference phase.

Mixed methods have been defined as research including data collection and the analysis of these data to provide findings and inferences using a qualitative and a quantitative design in a single study (Tashakkori & Creswell, 2007). The purpose of including a mixed methods design
is based on the assumption that neither qualitative nor quantitative methods are capable of capturing the complete features of a particular phenomenon (Miles & Huberman, 1994; Teddlie & Tashakkori, 2009). When quantitative and qualitative methods are used to complement each other, it is possible to take advantage of the strengths of each method (Bryman, 2008; Klassen, Creswell, Plano, Smith, & Meissner, 2012).

This study employed a parallel mixed methods design to address the quantitative hypotheses as well as the qualitative research questions. In a parallel mixed design, the phases of the research project occur in a parallel manner. Both quantitative and qualitative strands address related aspects involved in the same research questions (Teddlie & Tashakkori, 2009). Although in this design the quantitative and qualitative strands were conducted separately, findings were compared and combined in the analysis phase (Rao & Woolcock, 2003).

2.2 Quantitative Methods

2.2.1 Participants

The general population involved Mexican immigrant mothers living in a low-income area of a large metroplex in the Southwest United States and Mexican mothers living in an urban low-income area in Mexico. Of the 136 mothers participating in the quantitative research phase, 67% were Mexican immigrant mothers and 33% were Mexican mothers. The range of the number of children per mother was between 1 and 7 ($M = 2.88$, $SD = 1.15$). While most of the participants were married (77.2%), other participants were cohabitating (12.5%), and some of them were divorced or separated (4.4%). At the time of the study, the mothers’ mean age was 31.75 ($SD = 5.34$; range = 21 to 49 years). Close to half (48.5) of the mothers had middle
school education or less, 19.9% had a high school diploma, 30.9 % of the participants with greater than high school education, and only one mother (0.7) had a graduate degree.

2.2.2 Procedures

In the United States, the data used for the quantitative study was part of a larger study funded by the UNTHSC-UNT Joint Institutional Seed Research Program. This study, Intimate Partner Violence and Parenting Young Children: The Ecology of Diverse Low-Income Families, focused on the relations among maternal self-efficacy, depression, couple violence, past history of family violence, parenting practices, and harsh parenting among Spanish-speaking families with preschool children (Nievar & Ramisetty-Mikler, 2011). The current study includes only Mexican women who immigrated at least three years ago when they were no younger than twelve years of age. Mothers in the United States who participated in the quantitative study resided within inner-city, mostly low-income elementary school districts. In both countries, school programs were used as settings for recruitment. Recruitment in both countries has been in accordance with the Institutional Review Board. After having been invited to take part in this study through the public schools, 91 Mexican immigrant women decided to participate. Mothers who chose to volunteer were compensated with $5 for their participation and given an information sheet about agencies providing counseling and other services for victims of IPV.

Mothers for the quantitative study in Mexico were recruited through preschools in the Toluca’s Valley using a purposeful sampling procedure. Around 220 mothers were invited to participate in this study. After having met the criteria (mothers who had a child of preschool age studying in a public school) established for this study, 45 Mexican women were willing to
participate. Participants in this sample were women who were living in a low-income neighborhood. Low income was determined by economic criteria established by the Mexican government including family income, quantity and quality of public services, and housing characteristics. These mothers did not receive any compensation for participating in this study, as is common practice in Mexico. Mexican researchers from the Autonomous University of the State of Mexico administered the instruments described below to the women in one session lasting 30–50 minutes.

2.2.3 Instrumentation

The quantitative portion of the study examined relations between maternal self-efficacy, depression, and IPV among Mexican women. Mothers completed a packet of four questionnaires including Parental Involvement and Efficacy, the Revised Conflict Tactic Scale, the Center for Epidemiological Survey-Depression Scale, and additional demographic questions. All questionnaires were completed in Spanish using previously validated translations.

The Revised Conflict Tactic Scale (CTS2) was used to measure intimate partner violence (Straus, 1995). This self-report measure lists acts of psychological and physical abuse that they may have perpetrated against their partners, or that their partners may have perpetrated against them, during the past year. Mothers were asked about occurrence of eight psychological violent behaviors and twelve physically violent behaviors during the past year. Higher scores on two subscales, psychological violence and physical violence, indicated more violence.
In the present study, psychological violence was defined as psychological abuse perpetrated by an intimate partner including intimidation, insults, constant belittling, threats, disagreements, or humiliation. Physical violence was defined as any behavior within an intimate relationship that causes physical injuries. It includes acts of physical aggression such as slapping, hitting, kicking, beating, throwing objects, twisting, shoving, grabbing, punching, choking, slamming, or burning. Possible values range from 0 to 200, with higher values indicating a greater level of IPV. Responses are structured on a 6-point Likert scale (i.e., never, once, 2 times, 3-5 times, 6-10 times, and more than 10 times) indicating the frequency with which different abusive behaviors occurred. These scales have been used with Spanish-speaking populations with a satisfactory internal reliability (Connelly, Newton, & Aarons, 2005). Internal reliability in the current study was .91.

The Center for Epidemiological Survey-Depression Scale (CES-D) measured depressive symptoms (Radloff, 1977). The CES-D is a 20-item, self-report measure with a range of 0 to 60. A score of 16 or more indicates significant depression symptoms. Internal reliability estimates range from .85 to .91 and are similar for European Americans, African Americans, and Mexican Americans (Caetano & Cunradi, 2003). Internal reliability in the current study was .92.

Parental Involvement and Efficacy is a measure of maternal self-efficacy that addresses perceived control over children’s health, social skills, and cognitive development (Diener, Nievar, & Wright, 2003). It also assesses mothers’ perceptions of their potential effectiveness as parents (Nievar, Jacobson, Chen, Johnson, & Dier, 2011). These items were scored on a 5-point Likert scale ranging from strongly disagree to strongly agree. A higher score on the measure indicates a stronger belief in maternal self-efficacy and involvement. This measure
was normed in a multi-state study, with alphas ranging from .81 to .84. The Spanish-language version was included in the validation study (Nievar, Brophy-Herb, Fitzgerald, & Diener, 2007). Internal reliability in the current study was .78.

2.3 Qualitative Methods

2.3.1 Participants

Ten purposefully selected women participated in semi-structured interviews to enrich our understanding of IPV, maternal depression, maternal self-efficacy, and immigration. We used an extreme sampling strategy (Miles & Huberman, 1994) to highlight risk and resilience among Mexican and Mexican immigrant women. Only women who had experienced IPV were selected from the general population of the quantitative study. The purpose of these interviews was to investigate the findings from the statistical tests in more depth. Participants included five Mexican immigrant women and five Mexican women who met the following criteria: (a) had a child of preschool age, (b) had experienced an IPV episode and requested assistance, and (c) between 20 and 55 years old.

For the purpose of analysis, mothers were assigned fictional names to protect their identities. Of the ten mothers participating in the qualitative strand, most of them were separated (8 mothers). The average age of these mothers was 27.8 years ($SD = 6.05$). The range of the number of children per mother was between 1 and 5 ($M = 2.3, SD = 1.15$). The participants’ educational level was as follows: four mothers had elementary school education, two mothers had middle school education, two mothers had a high school degree, and two mothers were attending college.
2.3.2 Procedures

Due to confidentiality requirements, it was not possible to contact mothers who participated in the quantitative study for further qualitative research. Thus, mothers in this phase of the research were from the same population but not the same sample. Interviews in Mexico and in the United States were in Spanish and lasted about one hour. Mothers in the United States were contacted through the Mexican Consulate. The first author invited victims of IPV, who turned to the Consulate for support, to participate in this study. The consul provided a private room to carry out the interviews. Once the interview was completed, each participant received $40 for participating in this study.

Mothers in Mexico were contacted through existing counseling and government agencies that provide support for mothers who experience IPV. Using the information from these agencies, five mothers were invited to participate either by phone or through personal contact. Potential participants met with the first author in a Mexican government agency. Due to implicit social norms, limited economic resources, and research procedures in Mexico, it is not a common practice to offer money to participants as compensation. To avoid misunderstandings and respect this context, Mexican mothers did not receive any compensation for participating in this study. In both countries, interviews were audiotaped and transcribed verbatim. Subsequently, all transcripts were checked for accuracy by listening again to the tapes while simultaneously reading the transcripts. An identification number was assigned to each case to ensure confidentiality.
2.3.3 Interview Protocol

A semi-structured questionnaire was designed for these interviews. The questions included in the interview protocol were drawn from the literature review. This protocol consists of questions based on common factors related to immigration, IPV, maternal depression, and maternal self-efficacy as discussed in the literature. The interview protocol began with general information about each mother, such as age, educational level, number of children, marital status, occupation, time living in the actual and former residence, and place of residence. The purpose of the interview protocol was to investigate the experiences of IPV, maternal depression, and immigrant status and how these factors are linked to their self-perceptions and interactions with their child.

This study used the constant comparative method for analyzing the qualitative data. According to Glaser (1965) the primary purpose of this iterative and inductive process is to identify and reduce the information obtained through continuous recoding. By comparing, not only are researchers able to discern conceptual similarities and discover patterns, but also they categorize, code, delineate, and connect categories in order to develop theoretical ideas (Boeije, 2002). The process to analyze the interviews included four major stages: (a) comparing incidents relevant to each category, (b) integrating categories and their characteristics, (c) delimiting the theory, and (d) writing the theory.

The constant comparative method of analysis allowed for moving back and forth between data collection and analysis with the purpose of coding information into categories. In the first stage, we coded each incident present in the interviews comparing it with other incidents previously coded in the same category. Once the categories were coded, we
reviewed the information again for more coding and constant comparison. The purpose of the second stage was to compare incidents with properties of the categories. In this process, we integrated the diverse properties of a specific category with other categories of analysis. The goal was to form categories, assign the segments to categories, establish the boundaries of each category, and summarize its content. The next stage was characterized by the process of delimiting the theory and the original list of categories. Based on this list, we began to integrate the properties of interrelated categories. In the last stage, after having coded data and memos, the information was used to develop the major themes. The analysis concluded when the theory was refined and saturation was reached.

Results

3.1. Quantitative Results

The current study examined the associations among maternal self-efficacy, depression, physical violence, psychological violence, and immigrant status. Data analyses used the Statistical Package for Social Sciences (SPSS version 20). Preliminary analyses examined possible associations between study variables and sociodemographic variables (i.e., mother’s age, marital status, educational level, and number of children). Only one significant correlation was found. Educational level was significantly positively correlated with maternal self-efficacy ($r = .22, p < .01$). Therefore, multiple regression analyses included educational level as a control variable. Immigrant status used “0” for Mexican immigrant mothers living in the United States and “1” for Mexican mothers. Initially, we examined bivariate relations between study variables.
As expected, higher levels of maternal self-efficacy were associated with lower levels of depression (see Table 1). Using Radloff’s suggested cutoff (CES-D ≥ 16), 51 women (37.5%) showed evidence of clinical depression. Analyses were computed separately for Mexican immigrant mothers and Mexican mothers (Tables 2 and 3). This correlation was significant only for Mexican mothers. Similarly, we found a significant negative correlation for all participants between maternal self-efficacy and physical violence, but when divided into groups, it was significant only for Mexican mothers. There were no significant associations between maternal self-efficacy and psychological violence (Table 1). As expected, physical and psychological violence were associated with maternal depression (See Tables 1-3).

Tests of group differences between immigrants and non-immigrants were mixed. There was no significant difference in maternal self-efficacy between Mexican immigrant and Mexican mothers. An independent samples t-test identified a significantly lower level of depression for Mexican immigrant mothers in comparison to Mexican mothers (t(134) = -9.68; p < .05). Mexican immigrant mothers also had significantly lower ratings of physical violence (t(134) = - 8.53; p < .05), and psychological violence in comparison to Mexican mothers (t(134) = -10.71; p < .05).

The next analyses included multiple regression analysis to clarify the contribution of maternal self-efficacy, physical violence, psychological violence, immigrant status, and educational level to maternal depression. In the first step, we included educational level and immigrant status to control the effects of these variables. In the second step, we entered physical violence and psychological violence. We entered maternal self-efficacy in the last step.
to evaluate its unique contribution to depression above and beyond the other predictors (Table 4).

In the first step of the analysis, educational level and immigrant status were significantly associated with depression. When physical violence and psychological violence were added, they contributed significantly to the variance of depression. In the last step, maternal self-efficacy added significantly to depression above educational level, immigrant status, physical violence, and psychological violence. Overall, the model was significant ($R^2 = .57$, $\Delta R^2 = .04$, $F(1, 130) = 10.18$, $p = .002$).

Analyses were computed separately for Mexican immigrant mothers and Mexican mothers. It was hypothesized that maternal self-efficacy, physical violence, psychological violence, and educational level would be statistically associated with maternal depression for Mexican immigrant mothers (Table 5). In the first step, we included educational level to control the effects of this variable. In the second step, we entered physical violence and psychological violence. We entered maternal self-efficacy in the last step to evaluate its unique contribution to depression above and beyond the other predictors.

Results of the multiple regression analysis indicated that educational level was not significantly associated with depression. When physical violence and psychological violence were added, they contributed significantly to the variance of depression ($R^2 = .14$, $\Delta R^2 = .13$, $F(2, 87) = 6.30$, $p = .003$). In the last step, maternal self-efficacy did not significantly add to the predicted variance of depression.

In addition, it was hypothesized that maternal self-efficacy, physical violence, psychological violence, and educational level would be statistically associated with maternal
depression for Mexican mothers (Table 6). In the first step, we included educational level to control the effects of this variable. In the second step, we entered physical violence and psychological violence. We entered maternal self-efficacy in the last step to evaluate its unique contribution to depression above and beyond the other predictors.

Results of the multiple regression analysis indicated that educational level did not contribute significantly to the predicted variance of depression. When physical violence and psychological violence were added, they contributed significantly to the variance of depression ($R^2 = .27, ∆R^2 = .26, F(2, 41) = 7.16, p = .002$). In the last step, maternal self-efficacy was entered into the equation, and it too added significantly to the variance of depression above educational level, immigrant status, physical violence, and psychological violence. Overall, the model was significant ($R^2 = .48, ∆R^2 = .21, F(1, 40) = 16.45, p < .001$).

3.2 Qualitative Results

The purpose of the qualitative strand in this study was to explain the results found on the statistical tests in more depth. In the current study, we used the constant comparative analysis to identify the similarities and differences in the experiences of IPV, depression, immigrant status, and maternal self-efficacy among Mexican mothers in the United States and Mexico. Therefore, we analyzed: (a) participants’ experiences with immigrant status, maternal self-efficacy, IPV, and maternal depression, (b) resources and barriers identified by mothers, and (c) narratives of victims of IPV including their perceptions about their competence in the parenting role. Five main themes emerged in this analysis: perceptions, cultural influence,
involvement, resources, and barriers. Table 7 shows the themes and categories that emerged, depicting the continuum of Mexican mothers’ experiences.

3.2.1 Theme 1: Perceptions

The first theme that emerged from the interviews was participants’ perceptions of being a mother. Within this theme, three major categories emerged. First, mothers described their own perceptions about themselves as a woman. Participants described themselves as responsible, tenacious, capable, honest, intelligent, spiritual, hard working, respectful, and available for their child. One mother reported:

I am a responsible, good person, calm, I watch over my children, my husband, my house, and my child’s school activities. (Claudia, Mexican mother, 31 years old).

Talking about her self-perception as a woman, a participant said:

I am a hard working woman, with many goals. I have dreams of being in a good situation, not only with my money, but stable. I would like to have a stable family. I work very hard, I am responsible, I think that I am a good mother. (Norma, Mexican immigrant mother, 29 years old).

In the second category, the participants talked about their skills as a mother. Participants viewed parental warmth and attention, their ability to respond appropriately, and emotional closeness as their maternal skills. As a mother explained:

I consider myself a loving mom, for me, a very important aspect of being a mother is a mother’s heart. I think that I guide my son with love. I am patient. I know how to get my child interested in what he likes. I play with him. (Marcela, Mexican mother, 28 years old).

Although Mexican immigrant mothers have been living in the United States for a while, they maintain emotional and physical contact with their child. This is characteristic of the Hispanic culture. A mother described this aspect saying:
I am a loving mother. I am strict but at the same time I try to be tender. One of my skills as a mom is that I talk with them about everything, my feelings, and the love I have for them. I tell them that I love them, that I want the best for them. I want them to be successful in the future. (Sonia, Mexican immigrant mother, 28 years old).

The analysis of mothers’ responsibilities identified how they provide a nurturing environment and protection, monitor their child, and promote child’s development. In particular, participants living in the United States have to know and follow American policies regarding children’s safety. For instance, Mexican immigrant mothers emphasized that when they want to work in the evenings to have an extra income, they have to hire someone to take care of their child. A mother noted:

As I told you, it is difficult (to be a mother in a foreign country) because you have to look for help for everything. You have to pay for everything, if you need someone to take care of your children for half an hour to go to the store or take care of them to go to work when they do not have classes. If I were in Mexico, it would be easier because my mom could help me with this. (Norma, Mexican immigrant mother, 29 years old).

3.2.2 Theme 2: Cultural Influence

The second theme that emerged from the qualitative interviews was the influence of culture. The first category included in this theme was family system. When the majority (7 out of 10) of the participants described the influence of institutions or people in their parenting and competence as a mother, they mentioned that their own mother has been a model for them. Participants said that they learned from their mother how to provide emotional support, satisfy basic child’s needs, help with school activities, and protect their children. A mother said about her own mother:
My greatest experience was to see how my mom devoted herself to us. On weekends when my mother finished her work, she asked us to meet her outside her office and she always bought us an ice-cream. That made me feel very happy. From my mom I learned that children go first and then I can think about myself. My mom worked for us so we could have more money because my father’s salary was very low. (Ana, Mexican mother, 33 years old).

Besides describing the importance of their own mother as a model in their parenting, participants talked about discipline methods they are using with their child. It is worthy to note that most (8 out of 10) of the participants mentioned that they are not using the same aggressive disciplinary methods their parents employed with them. Mothers explained that it was common for their parents to spank or use similar punitive techniques to discipline their children. Nonetheless, participants have learned that these are not the best ways to correct their child’s behavior. Consequently, these mothers prefer to talk with their child and explain what they consider to be an appropriate behavior. Although it was common for their parents to employ abusive disciplinary techniques, participants mentioned that when they talk with their child, they obtain better results. Two mothers recognized that this is not possible every day; they admit spanking their child when they are irritated, are unable to cope with daily stressors, or fight with their spouse.

A second category to emerge from the data was the influence of socio-cultural context. Mothers described the importance of nuclear family. Most of participants mentioned that one of their main goals was to keep their family together. For this reason, they preferred to endure abuse from their partner or avoid conflicts with him before thinking about divorce or a separation from their partner. One of them explained:

So far, the most difficult situation has been the separation from my husband. I have always been very loyal and what I wanted the most was my family. Then, I feel very sad because I come from divorced parents. I think this is not going to cause me to
be divorced, but it is very sad for me. It is something I did not want my daughter to experience. So, this has been very difficult for me. (Beatriz, Mexican mother, 22 years old).

They also pointed out that living in a traditional family was one of the main goals of their marriages. They made many sacrifices and invested much effort in order to continue living with their husband and avoid a separation. One of them explained:

From when I was living in Mexico, I learned that family is what's most important for a mother and her children. My mom always told me to be careful to find the best husband. For me, it was very difficult to grasp the fact that I was divorced and that I had to live alone with my children. At the beginning, I didn’t accept this idea because I dreamed of a family where everything would be wonderful. It was very difficult because I thought that the best inheritance for my children would be a close and united family. (Yolanda, Mexican immigrant mother, 35 years old).

These participants described how traditional Mexican values are important for them. All participants mentioned some values that they try to instill in their child. They talked about honesty, respect, tolerance, punctuality, and responsibility. One of them emphasized that parents should provide an education based on values in addition to making sure that children receive a formal education. She stated:

It is very important that parents teach their children because one aspect is the academic education and another aspect is the education children receive in their homes. I have met successful people, but they don’t have values. These people say one thing and do another. (Marcela, Mexican mother, 28 years old).

Finally, they mentioned some beliefs present in the Mexican culture and their influence on parenting. For instance, Mexican participants said that a mother should watch over their children, provide food, be involved in their children’s school activities, protect them, and be responsible in their duties. Another common belief among many Mexican mothers is that children are their first priority. Before thinking about themselves, they make every effort to ensure the wellbeing of their child.
Although participants interviewed in the United States have been in contact with the American culture, they maintain the same traditions, values, and customs of women living in Mexico. For instance, one of them mentioned that:

Since I moved to the United States, my parenting has not changed because I have my roots. I am not going to live like Americans do or like African Americans do. I will always have my roots because the most important thing anyone has are their values. For example, Christmas here is very different than in Mexico, but in these holidays I cook tamales and give presents to my children. Then, we celebrate Christmas as if we were in Mexico. (Norma, Mexican immigrant mother, 29 years old).

Likewise, although they have the opportunity to establish contact with American mothers or mothers from other minority groups, they prefer to interact with other Mexican or Hispanic mothers. All of them mentioned that although they can understand and express some ideas in English, they have difficulty speaking fluently. For this reason, they prefer to participate in programs in Spanish, speak with their child’s teachers in Spanish, and interact with Hispanic mothers using their native language. As a result, their parenting is influenced by beliefs, comments, formal and informal conversations, advice, and ideas from their same cultural background. In addition, not only do participants base what they know about parenting on informal conversations or their maternal instinct, but also these mothers have had the opportunity to participate in several programs where they have learned specific things about parenting.

I think that I have become a better mother due to the programs I have been in. I have also participated in counseling groups. I think that as a mom, you always want the best for your child. For this reason, you have to learn every day because that is what it is about, so you have to keep learning. If someone brings me a new idea and I know it will help me with my child, I try to learn. These programs have helped me because other moms share what they have gone through with their children. So, together we can think about a solution for our problems. (Isabel, Mexican immigrant mother, 24 years old).
3.2.3 Theme 3: Involvement

Another theme that emerged from the qualitative interviews was involvement. The first category within this theme was the way mothers respond to their children’s needs. They described how their children’s needs are a priority in their parenting. In particular, participants talked about how they contribute to their children’s health, education, social development, and balanced diet. One of them described their efforts in these areas:

I take her to get her shots. When she is sick, I take her to the doctor. If she needs to follow a special diet, I try to be very careful with it. I ask her to share her things. When she is bothering her brother, I make her stop. In the evenings, I help her with her homework. I check what she did during the day (in her school) to know how she is doing. I talk with her teacher to know how she is doing. I am watching over everything she does in school. (Beatriz, Mexican mother, 22 years old).

All mothers also talked about what they do to provide a stimulating and nurturing environment. One mother said:

I always talk with his teachers. I try to attend all school meetings for parents like meetings when teachers talk about students’ grades. I talk to my child’s teachers to be informed about his progress and they send messages to me when they need something. I talk to his teachers about what is going on at home, so they know the situation we are going through. (Maria, Mexican immigrant mother, 22 years old).

A second category in this theme is sensitivity. In the Mexican culture, love, affection, warmth, and nurturing are core concepts for many mothers. All mothers mentioned several times in their narratives how their parenting is based on love for their child. What is interesting to note is that when they do not have other resources, these mothers consider that love is their main parenting resource. A mother explained:

For me, it is very important to have physical contact with my child. I base my parenting practices on love. I raise my child with love, avoiding impositions because I respect what he wants. I think that love is the base of everything. (Claudia, Mexican mother, 31 years old).
In their narratives, they continuously described how they expressed their love through words, hugs, and kisses during their daily interaction with their children. A quote from this category included:

> Although I can give many things to my child, the most important for me is the love that I have for her. Every day, I try to show her how much I love her. When I am sad or tired, I just take my daughter in my arms and hug her tight. I think that if I love my daughter with all my heart, she will be a happy child and I will feel satisfied as a mother. (Norma, Mexican immigrant mother, 29 years old).

The last category within this theme was mother-child interaction. These interactions were characterized by the time they spend with their child. Most of mothers mentioned that they try to spend their free time interacting with their child. Instead of doing personal activities, resting more hours, or visiting friends, they prefer to stay in their home watching movies, eating, or playing children’s games. When they have money, they visit a recreational center or go to the movies. When they do not have sufficient resources, they play with their child in a public park.

It is worthy to note that Mexican mother’s narratives were full of many examples of the daily efforts they made to establish successful interactions with their child. Although they have to deal with precarious economic conditions and spend many hours working in the labor force, they have the tenacity to overcome major barriers such as lack of support, marital conflicts, and stress. For these mothers, their main motivation is their children, and they are willing to do anything to give them a better life. In particular, participants living in the United States mentioned how their children have more opportunities to achieve a university diploma than children from low-income families in Mexico. One of these mothers stressed that:
When I am with her, I try to help her with her school activities because for me this is the most important legacy I can leave her. My daughter is always present in my thoughts; I would like her to get a bachelor’s degree. (Norma, Mexican immigrant mother, 29 years old).

3.2.4 Theme 4: Support

In this theme, mothers described different types of support they obtain from social agencies and their family. Participants talked about the support they received from their family members when their parents take care of their children. For instance, mothers mentioned how they turn to their parents when they need to stay long hours in their work place or there is an unexpected event they need to attend.

My mom helps me to take care of my daughter in the evenings. She is the one who feeds her. She helps her with her homework, and when I pick her up at 10:00 p.m., she is already sleeping. (Adriana, Mexican mother, 25 years old).

Besides the family support participants obtain from some family members, mothers described the importance of social support. Although many immigrant women are undocumented, as was the case for these participants, they receive several types of support from government and civil organizations. Thus, they are able to overcome many of the barriers that immigrants regularly encounter. One of these kinds of support is police protection. After having been abused by their partners, the participants reported this abuse to police and asked for protection for themselves and their children. One of the main concerns undocumented immigrants have is that if they report the abuse they are experiencing, they and their partner can be deported. Another concern is that their children can be sent to a foster home. Nonetheless, these concerns disappear when immigrants, regardless of their immigration
status, know about protection they can receive from different agencies. They described this type of support by saying:

When I was abused by my husband, I received a restraining order for three years. Police helped me because my husband was arrested, and later he was put in jail. So, that was the only way that things calmed down because that situation was unbearable for me. (Maria, Mexican immigrant mother, 22 years old).

Some mothers obtained legal services from non-profit organizations to help with divorce and custody of their children. It is worthy to note the particular situation these mothers are experiencing. Although they are undocumented immigrants, their legal status radically changed because they were victims of domestic violence. As a result, not only are they receiving protection and legal consultation from attorneys, but also they can apply for a special visa for victims of this type of violence. The following quotation describes their positive experiences:

I have also had access to free lawyers. I didn’t know that there were free lawyers for all these cases. Because people do not receive information about this, there are many women in the United States suffering violence and being abused by their husband. They don’t get away from this violence because they don’t know about these resources. (Yolanda, Mexican immigrant mother, 35 years old).

After having been abused by their spouse or partner, these Mexican immigrant mothers have received individual and group therapy for them and their children. This type of support has been useful for them to recover emotionally. Several organizations offer this help, which assists these mothers to be more motivated as parents. Mothers noted:

In this country there are many organizations helping victims of violence; most of the time people don’t know about them. Sometimes, women put up with violence, and I’ve learned that you do not have to live in this condition for long before you lose your mind. When that happens, it is very difficult to recover. You lose part of your life; so, there is no need to put up with that situation. Thanks to therapy, I have learned this. (Sonia, Mexican immigrant mother, 28 years old).
Parenting programs have also been an important resource for them. For instance, mothers have the opportunity to participate in several parenting programs, particularly in their children’s schools. They all received classes in which they learned strategies for positive parenting, how to establish successful discipline methods, and how to create a nurturing family environment.

It was very useful for me to participate in parenting programs because instructors are always teaching you and offering classes about how to be a good mom. I learned how to deal with my kids. They are always trying to help moms. It's in these programs that I've learned the most useful things. (Norma, Mexican immigrant mother, 29 years old).

Related to the previous types of support, these mothers talked about access to information about parenting. Most of these mothers have a low educational level because they did not have the opportunity to continue their studies in Mexico. Nonetheless, since they are living in this country, they have received enough information to avoid incorrect parenting practices. They find information in magazines, books, websites, and brochures that helps them to improve their parenting skills. Finally, these mothers have used internal resources such as visualizing a better future for their children, singing, and playing with their children. These practices help them, feel better and more relaxed.

When I feel really sad, I like to sing “las rancheras” (traditional Mexican songs). I sing “las rancheras” or Juan Gabriel’s songs to give vent to my sadness. I try not to focus on my sadness because this destroys me. (Isabel, Mexican immigrant mother, 24 years old).

3.2.5 Theme 5: Barriers

The experience of being a mother is often difficult. In their narratives, participants illustrated common obstacles. First, mothers mentioned that their economic condition is
precarious. Not only do they need to work long hours, but also when they do not have enough money, they need to work overtime. These families have only enough money to satisfy their basic needs and their options to improve their economic conditions are limited. One of these mothers explained:

Sometimes I cannot handle the problems in my work and my economic situation is unmanageable. When I feel overwhelmed by financial problems, I’m more strict and distant with my daughter. Sometimes she asks me to watch TV with her, and I’m not in the mood to watch TV. Then, sometimes my problems paying the bills are too much for me. (Marcela, Mexican mother, 28 years old).

In particular, participants living in the United States emphasized that getting a good job is difficult for them because of their low educational level and lack of English fluency. Consequently, most of them work cleaning houses or in unskilled labor. One of these mothers stressed that:

Being a mother here (in the United States) is very difficult because American mothers speak English and have had the opportunity to study. It is very difficult to be a mother like them (American mothers) because I do not have a diploma like most of them. This has been a big problem for me in this country. Another problem is my financial situation, because if I made more money I would be able to spend more time with my child and this would make me a better mom. American mothers are citizens and they have everything. They also make more money than people without a diploma. (Maria, Mexican immigrant mother, 22 years old).

The second category for both groups was related to the consequences of depression. Mothers mentioned that they were depressed and this affected their parenting. A common factor among them was the lack of enthusiasm for planning their daily activities. Most of them wanted to be alone, and they restricted their contact with the outside world. As a consequence of this situation, they did not pay enough attention to their children. They limited their maternal responsibilities to providing food, keeping their home clean, and observing their child’s behavior at home. Illustrative quotes of this category included:
When I’m depressed, I get distracted. I don’t take care of my child the same way I do when I’m OK. When I’m depressed, I feel disconnected from my responsibilities. I think that I’m not giving my hundred percent as I should. I overlook many things, and I am aware of this. I recognize that I don’t do what I should be doing. (Claudia, Mexican mother, 31 years old).

Depression had many negative consequences for my life. I had a breakdown; I lost my head. I was mad at everyone and everything. I didn’t like to have my children too close. I was under a lot of stress because I was broke and I didn’t have support from my husband. I was mad at the world and I didn’t like anyone. So, I was not happy. I remember crying all day long and being frustrated with myself. (Sonia, Mexican immigrant mother, 28 years old).

The third category within this theme described marital conflicts as a barrier. Mothers illustrated how marital conflicts have negatively affected their parenting:

When I had these problems with my husband, I did not pay attention to my daughter’s school activities. Sometimes my mother told me that her teacher asked about a specific school project, and I didn’t want to know anything about it. Later, I excused myself saying that I was very busy, and I didn’t have time to help my child. Back then, I didn’t pay attention to my child, and I let my mother take over. (Adriana, Mexican mother, 25 years old).

Although participants living in the United States received protection from police, legal services, financial support, and family therapy, they described the negative consequences of being abused by their partner.

When I had problems with my husband, the relationship with my children was affected because I was very sad. My husband always told me that all the problems were my fault. Even things that happened to him were my fault. If children were not doing well in school, he blamed me. When I was feeling guilty, I felt like I was under a lot of stress. So, when you have these feelings, you don’t want to do anything. (Norma, Mexican immigrant mother, 29 years old).

In particular, participants interviewed in the United States described how the lack of language proficiency and their legal status were the main barriers for them. After having immigrated without speaking the language, their adjustment to the United States has been difficult. For example, they are unable to continue with their studies or get a skilled job.
because they do not speak English well enough. Even daily activities such as going to the
doctor, paying utilities, talking with school authorities, or buying groceries become difficult
tasks. A quote from this category included:

> Being a mother (in a foreign country) is very difficult because of the language. It is
frustrating when you don’t speak English because people can tell me about many
things and I can only understand three or four words. In every foreign country, the
biggest challenge is language. The language barrier is what makes everything more
difficult. For example, in my child’s school, I can understand some things, but when I
have to express my concerns, I have many difficulties. (Yolanda, Mexican immigrant
mother, 35 years old).

The last category is related to their immigration status. All of them immigrated illegally
to the United States; consequently, they do not have documents for formal settings. They are
unable to receive some services offered only to documented immigrants. During their first
years in the U.S., they reported problems due to their legal status. They could only work
cleaning buildings, offices, or houses. In addition, undocumented immigrants fear deportation,
which is stressful for them. Mothers reported that this stress interfered with their parenting
efficacy. They reported having difficulties with higher education because they were ineligible
for financial aid. Finally, they are unable to visit their family members living in their native
countries. Four of them expressed their nostalgia for their parents and siblings, emphasizing
that their life would be completely different if their family members were living close to them.

One participant described this category as follows:

> Immigrant mothers cannot receive the same things that American mothers do
because we do not have documents. For example, there is a lot of help from the
American government, but you can receive these benefits only if you are an
American citizen. When you do not have an official ID, your situation is very difficult
in this country. So, being an immigrant mother is twice as difficult as being an
American mother. We (immigrant mothers) have to work twice as hard because we
do not have a social security number. We do not receive medical benefits, and we
do not have medical insurance. Being a mother in a foreign country is very difficult
especially for undocumented immigrants because we have to face many challenges. (Maria, Mexican immigrant mother, 22 years old).

Discussion

The mixed methods approach allowed for contrasts and comparisons between the quantitative and qualitative strands. Due to the lack of research on the context of parenting in the Hispanic immigrant population, we investigated the relation between maternal self-efficacy, depression, and IPV among Mexican and Mexican immigrant mothers. Qualitative results explained the findings of the quantitative results in more depth. As expected, maternal self-efficacy was related to IPV and depression. Mothers also reported possible advantages of immigration for their families. Through analyses of qualitative data, we obtained a greater understanding of multiple factors present in the Mexican culture that are not often taken into account in empirical studies.

The qualitative and quantitative findings in this study supported Bandura’s notion regarding the influence of efficacy sources on the development of one’s efficacy beliefs. One of these sources is internal emotional states. Bandura (1982) described how the internal emotional states of an individual may affect self-efficacy. For instance, individuals perceive themselves as inefficacious when they experience detrimental emotional states. This study supported this premise while identifying additional factors related to depression and its influence on maternal self-efficacy.

Qualitative analyses suggested that depression had many negative effects on Mexican mothers’ maternal self-efficacy. First, all participants mentioned that they experienced feelings such as sadness, guilt, frustration, indifference, lack of self-confidence, despondency, apathy,
embarrassment, and hopelessness. Some participants emphasized that they began to avoid any contact with friends and family members. These feelings had negative consequences not only for their own emotional stability, but also for their maternal effectiveness, through decreased contact with their children. Another consequence of this condition was the lack of social contact; as a result, mothers limited their participation in activities that may have improved their parenting. It is worthy to note that both Mexican and Mexican American mothers admitted that when they experienced all these feelings, they did not pay the same amount of attention to their children at home or involve themselves in their children’s school activities.

In the current study, quantitative analyses supported the premise that women who experienced physical violence would be more likely to have lower levels of maternal self-efficacy. Comparison of qualitative results between groups suggested that both Mexican and Mexican immigrant mothers described how conflicts with their partner negatively affected their parenting skills. For instance, most of them described how marital conflicts increased gradually until they were abused physically by their partner. This abuse had detrimental consequences for their parenting because they focused all their efforts on trying to solve these conflicts or thinking about the option to abandon their partner.

A common experience described by these participants was the control their partner had in their lives. Most of them offered details about how their partner controlled the interactions that they had not only with their friends and family members, but also with their children. Both Mexican and Mexican immigrant mothers mentioned how their partner used physical violence as a mechanism to control in-home and out-of-home activities and exercise authority. This
finding was consistent with limited research on the use of control as an important factor related to IPV (Espada & Torres, 1996).

As expected, mothers’ rating of depression was positively associated with both physical and psychological violence. Empirical studies have revealed that depression is a frequent, serious mental health problem among women who have experienced IPV (e.g., Bonomi et al., 2009; Fogarty, Fredman, Heeren, & Liebschutz, 2008; Sato-DiLorenzo & Sharps, 2007; Zlotnick, Johnson, & Kohn, 2006). The qualitative strand supported the general results found in these studies. In their narratives, all participants described how the experience of being abused increased the severity and frequency of symptoms associated with depression. For instance, they began to feel sad, disappointed, upset, exhausted, distant, shattered, and distressed. Similarly, they emphasized the lack of enthusiasm in their daily activities. Although they were able to accomplish their main responsibilities, they did not have the same interest. They became careless about their physical appearance, postponed personal projects, and wished to spend most of their time sleeping. Due to the extent of violence they experienced, these mothers preferred to be alone thinking about what they did or neglected to do to become involved in such a situation.

There were no meaningful differences in maternal self-efficacy between Mexicans and Mexican immigrants. Additional concepts uncovered by qualitative interviews suggest important aspects that were not reflected in the relation between immigrant status and maternal self-efficacy. Although some studies have documented that being a mother in a foreign country may be more difficult (Bacallao & Smokowski, 2007; Parra-Cardona, Bulock, Imig, Villaruel, & Gold, 2006), Mexican immigrant mothers disagreed with this idea. The
qualitative results revealed additional information related to the benefits of being a foreign mother in the United States. It is true that Mexican immigrant participants are undocumented and they deal with many obstacles because of this condition. Their children, however, receive all of the benefits of being an American citizen. For instance, Mexican immigrant mothers mentioned that their children receive free medical services and financial aid for housing, food, and recreational activities. Furthermore, these participants emphasized that they did not have the opportunity to continue with their studies in Mexico, and they had to immigrate to the United States to find better educational opportunities for their children. In their narratives, all of the Mexican immigrant participants accentuated their satisfaction and happiness when they thought about their children’s promising academic future. Thus, based on the qualitative findings, it is possible to affirm that when Mexican immigrant mothers receive continuous support for themselves and their children, their perceptions about their effectiveness as mothers are similar to those exhibited by Mexican mothers.

It is worthy to note that these Mexican and Mexican immigrant mothers shared similar values and beliefs about motherhood. Although Mexican immigrant mothers have lived in the United States for several years, they maintain many of the same traditions, customs, and parenting practices as their counterparts in Mexico. In addition, they perform several tasks as if they were living in Mexico. For instance, they cook Mexican food, attend religious services in Spanish, buy in Mexican supermarkets, eat in Mexican restaurants, watch TV programs in Spanish, keep close contact with Mexican or Hispanic mothers, and participate in events for Latinos. This may be why we found no influence of American culture on their perceptions of maternal self-efficacy.
This study also explored the association between depression and immigrant status. Correlations and multiple regression analyses showed a statistically significant relation between these variables. Although it was hypothesized that Mexican immigrant mothers would report higher levels of depression in comparison to Mexican mothers, the current study showed that Mexican mothers exhibited higher levels of depression. Previous studies among Hispanic immigrants have yielded inconsistent findings. Some studies reported that Hispanic immigrants showed greater depressive symptoms compared to participants born in the United States (Cuellar & Roberts, 1997; Gonzalez et al., 2001; Masten et al., 2004; Ostir et al., 2003). In contrast, other studies showed that Hispanic immigrants had lower depression levels than US-born Hispanics (Alegria et al., 2008; Golding & Burman, 1990; Vega et al., 1998). The qualitative strand added more information to expand the quantitative data. Both Mexican and Mexican immigrant mothers talked about their precarious economic situation; however, Mexican immigrant mothers had the opportunity to receive professional help. Although these participants do not have money to pay for services, several non-government organizations in the United States provide free counseling, workshops, and other mental health services for them and their children. The importance and consequences of this support may explain the difference in the prevalence of depression between these groups of mothers.

One contribution of this study was joining quantitative and qualitative strands to analyze and offer new perspectives about IPV among Mexican immigrant mothers and Mexican mothers. Based on studies examining IPV among Hispanic immigrants, it was hypothesized that Mexican immigrant mothers would report higher rates of IPV; nonetheless, t-tests showed that levels of IPV were higher among Mexican mothers. Using the qualitative data to expand on the
quantitative results, a potential explanation for this relation may lie with the support that each group of mothers received. As mentioned previously, research has documented multiple challenges and obstacles that Hispanic immigrants experience when they move to the United States such as unemployment, discrimination, acculturative stress, differences in the acculturation process, fear of deportation, limited English proficiency, undocumented status, cultural differences, and separation from family (e.g., Cavazos-Rehg, Zayas, & Spitznagel, 2007; Parrado & Flippen, 2005; Sullivan & Rehm, 2005). Likewise, other studies have shown that Hispanic immigrant women represent a vulnerable and marginalized minority group in the United States. However, there are no studies examining the influence of several types of support and resources which may change the life conditions of Hispanic immigrant women who have experienced IPV. This support is linked to the way in which they deal with IPV and related risk factors (Dutton, 1996).

Although Hispanic immigrants face multiple immigration challenges, paradoxically, immigrants who have experienced IPV are eligible to receive multiple types of support from government agencies and civil organizations in the United States. In this study, the qualitative analysis revealed several aspects related to the construct of support. First, a common thread in the narratives of Mexican immigrant mothers was that victims of violence can receive many resources from government and civil organizations. In the United States, when a woman is abused, no matter their immigration status, she can receive protection, support, and multiple benefits. Second, Mexican immigrant mothers received legal support to continue with the process of divorce and the legal custody of their children. As a result, they felt more confident to make the decision to abandon their partner and begin a new life with their children. Third,
Mexican immigrant mothers received emotional support from non-government agencies through therapy, self-improvement programs, workshops, compassion, advice, and encouragement. Thus, qualitative findings, not explored in the quantitative strand, helped to identify the importance of support for victims of IPV and explained the significantly different conditions between the two groups of mothers.

4.1 Study Limitations

The use of cross-national data and mixed methods allowed us to examine contextual factors, depression, IPV, and maternal self-efficacy among Mexican and Mexican immigrant women. However, several limitations in the research should be noted. First, findings were limited by the use of a convenience sample. This may limit, to some degree, the ability to generalize to other populations. The assessment of socioeconomic status was also limited. Our data were collected from mothers living in low-income families. Due to the huge difference in the minimum wage between Mexico and the United States, it was not possible to compare their economic conditions. While Mexican mothers need to work full time to earn 5 dollars per day, Mexican immigrant mothers earn the same amount in less than one hour. Likewise, not only do Mexican mothers receive support from their extended family to alleviate their financial burdens, but also the cost of living is cheaper in Mexico.

There are other limitations to this study. We did not include the number of years living in the United States to examine the influence of acculturation. Another limitation of the current study involves the benefits of counseling. Most of the mothers who participated in the qualitative interviews were receiving counseling to deal with the consequences of IPV and
depression. As a result, these mothers may have developed different perceptions about their parenting and self-efficacy beliefs in comparison with mothers who experienced IPV and depression but did not receive counseling. Similarly, due to ethical constraints, mothers who participated in the quantitative strand and experienced IPV could not be identified and recruited for the qualitative study. Although mothers participating in the qualitative interviews were from the same population, they did not participate in the quantitative study.

4.2 Recommendations for Future Research

As mentioned previously, future studies should examine the process of acculturation. Specifically, the quality and quantity of social contact with members of the host society may modify Mexican immigrants’ beliefs, values, maternal practices, and traditional customs. Due to the importance of monitoring these potential changes, future studies should examine the relation between acculturation and perceptions of self-efficacy over time. Research has documented that Hispanics are a multicultural, multilingual, and multiracial group characterized by different traditions, geographical characteristics, religion, SES, and political conditions. Consequently, future studies should include participants of different Latin American countries to compare their perceptions of maternal self-efficacy. Furthermore, the constant comparative analysis revealed the importance of social support for Mexican immigrant mothers. This study suggests that future research should include quantitative measures to examine the relation between different types of social support that Hispanics receive and family well-being.

Maternal self-efficacy, IPV, and depression should also be assessed in the context of social interactions and cultural norms. It would be interesting to identify factors that are most
likely to be associated with depression, IPV, and maternal self-efficacy (e.g., family of origin abuse, gender roles, parenting involvement, and access to health services). Given that the sample used in this study is composed of a small number of low-income, predominantly married, Mexican and Mexican immigrants living in an urban area, it is important to extend this research to examine the relation between maternal self-efficacy, depression, and IPV with additional mothers under varied circumstances. Likewise, future studies should include mothers with older children, particularly adolescents, to identify and compare how IPV and depression affect maternal self-efficacy when children are more independent.

4.3 Implications for Application and Public Policy

Despite limitations, this study has implications for preventive programs, therapeutic interventions, and policy. As mentioned previously, Hispanics are the largest ethnic minority in the United States. This has consequences for practitioners and clinicians who serve the mental health needs of Hispanic families. In particular, it is important that providers of services for Hispanic parents in the United States acquire a better understanding of the Hispanic culture and its influence in parenting. In this context, the use of community parenting workshops designed for Hispanics will be useful to teach parents how to implement strategies contributing to their children’s learning and development.

Practitioners need to be aware of the role played by acculturation. Whereas more acculturated mothers may possess maternal self-efficacy perceptions similar to those of European American mothers, less acculturated mothers are more likely to keep perceptions more related to their cultural background. Understanding and respecting these cultural
variations among Hispanic immigrant mothers is essential. The current study points to the need to understand the values, beliefs, perceptions, and traditions of Mexican mothers to provide professional services according to their sociocultural context. In this way, practitioners will be more likely to establish empathy and closeness with immigrant women. Thus, these women would find a comfortable environment in which they can express their feelings, ideas, and concerns.

As mentioned previously, findings revealed additional information about the relation between depression and maternal self-efficacy. Given the detrimental consequences of depression, it is important to inform mothers about the role of depression plays in their children’s development. Consequently, they will be more likely to identify the first symptoms and request medical assistance to begin professional treatment. It is also important to design prevention programs that reduce the presence of depressive symptoms in this population. Likewise, offering mental health services to Hispanics in their children’s school or community centers will help mothers not only to control the consequences of depressive symptoms, but also to improve their parenting skills and competence.

Although immigrant mothers have been in contact with the American culture, findings revealed that their maternal self-efficacy and parenting practices are similar to those exhibited by mothers living in Mexico. Given this situation, counselors, practitioners, and other health care providers working with Mexican immigrants should consider values, traditions, customs, and beliefs present in the Mexican culture. Therefore, it is possible not only to develop a more comprehensive understanding about their parenting practices, but also to design effective programs to enhance their maternal self-efficacy.
### Table 1

**Correlations between Study Variables**

<table>
<thead>
<tr>
<th>Variables</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Maternal Self-efficacy</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Depression</td>
<td>-.29**</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Physical violence</td>
<td>-.22*</td>
<td>.61**</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Psychological violence</td>
<td>-.09</td>
<td>.66**</td>
<td>.72**</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>5. Education</td>
<td>.22*</td>
<td>.08</td>
<td>.04</td>
<td>.16</td>
<td>-</td>
</tr>
<tr>
<td>M</td>
<td>74.38</td>
<td>14.96</td>
<td>6.76</td>
<td>19.23</td>
<td>10.44</td>
</tr>
<tr>
<td>SD</td>
<td>5.78</td>
<td>11.68</td>
<td>13.13</td>
<td>20.88</td>
<td>3.71</td>
</tr>
</tbody>
</table>

*Note. Intercorrelations for all participants (n = 136).*  
* p < .05. ** p < .01.*

### Table 2

**Correlations between Study Variables (Mexican Immigrant Mothers)**

<table>
<thead>
<tr>
<th>Variables</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Maternal Self-efficacy</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Depression</td>
<td>-.08</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Physical violence</td>
<td>-.01</td>
<td>.30**</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Psychological violence</td>
<td>.19</td>
<td>.27*</td>
<td>.40**</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>5. Education</td>
<td>.17</td>
<td>-.12</td>
<td>.12</td>
<td>.06</td>
<td>-</td>
</tr>
<tr>
<td>M</td>
<td>74.76</td>
<td>9.70</td>
<td>1.31</td>
<td>9.30</td>
<td>9.76</td>
</tr>
<tr>
<td>SD</td>
<td>5.74</td>
<td>7.02</td>
<td>2.76</td>
<td>10.28</td>
<td>3.57</td>
</tr>
</tbody>
</table>

*Note. Intercorrelations for Mexican immigrant mothers (n = 91).*  
* p < .05. ** p < .01.*
Table 3

Correlations between Study Variables (Mexican mothers)

<table>
<thead>
<tr>
<th>Variables</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Maternal Self-efficacy</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Depression</td>
<td>-.57**</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Physical violence</td>
<td>-.36*</td>
<td>.44**</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Psychological violence</td>
<td>-.24</td>
<td>.49**</td>
<td>.61**</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>5. Education</td>
<td>.41**</td>
<td>-.12</td>
<td>-.30*</td>
<td>-.11</td>
<td>-</td>
</tr>
<tr>
<td>M</td>
<td>73.60</td>
<td>25.58</td>
<td>17.80</td>
<td>39.31</td>
<td>11.82</td>
</tr>
<tr>
<td>SD</td>
<td>5.85</td>
<td>12.06</td>
<td>18.10</td>
<td>22.46</td>
<td>3.66</td>
</tr>
</tbody>
</table>

Note. Intercorrelations for Mexican mothers (n = 45).
* p < .05.  ** p < .01.

Table 4

Hierarchical Regression Analysis Predicting Maternal Depression

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>B</th>
<th>R²</th>
<th>ΔR²</th>
<th>ΔF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational level</td>
<td>-.29</td>
<td>-.09</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immigrant status</td>
<td>16.48</td>
<td>.67*</td>
<td>.42*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational level</td>
<td>-.20</td>
<td>-.06</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immigrant status</td>
<td>8.32</td>
<td>.34*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical violence</td>
<td>.17</td>
<td>.19*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychological violence</td>
<td>.17</td>
<td>.31*</td>
<td>.53*</td>
<td>.11</td>
<td>15.56*</td>
</tr>
<tr>
<td>Step 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational level</td>
<td>-.06</td>
<td>-.02</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immigrant status</td>
<td>7.92</td>
<td>.32*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical violence</td>
<td>.12</td>
<td>.13</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychological violence</td>
<td>.19</td>
<td>.33*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternal self-efficacy</td>
<td>-.39</td>
<td>-.19*</td>
<td>.57*</td>
<td>.04</td>
<td>10.18*</td>
</tr>
</tbody>
</table>

Note. N = 136
* p < .05
Table 5

_Hierarchical Regression Analysis Predicting Maternal Depression (Mexican Immigrant Mothers)_

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>B</th>
<th>R²</th>
<th>ΔR²</th>
<th>ΔF</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational level</td>
<td>-.24</td>
<td>-.12</td>
<td>.01</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Step 2</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational level</td>
<td>-.31</td>
<td>-.16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical violence</td>
<td>.62</td>
<td>.25*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychological violence</td>
<td>.12</td>
<td>.18</td>
<td>.14*</td>
<td>.13</td>
<td>6.30*</td>
</tr>
<tr>
<td><strong>Step 3</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational level</td>
<td>-.28</td>
<td>-.14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical violence</td>
<td>.60</td>
<td>.23*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychological violence</td>
<td>.14</td>
<td>.20</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternal self-efficacy</td>
<td>-.11</td>
<td>-.09</td>
<td>.15</td>
<td>.01</td>
<td>.77</td>
</tr>
</tbody>
</table>

_Note. N = 91_

*p < .05

Table 6

_Hierarchical Regression Analysis Predicting Maternal Depression (Mexican Mothers)_

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>B</th>
<th>R²</th>
<th>ΔR²</th>
<th>ΔF</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational level</td>
<td>-.41</td>
<td>-.12</td>
<td>.01</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Step 2</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational level</td>
<td>-.06</td>
<td>-.02</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical violence</td>
<td>.15</td>
<td>.23</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychological violence</td>
<td>.19</td>
<td>.35*</td>
<td>.27*</td>
<td>.26</td>
<td>7.16*</td>
</tr>
<tr>
<td><strong>Step 3</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational level</td>
<td>.53</td>
<td>.16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical violence</td>
<td>.08</td>
<td>.12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychological violence</td>
<td>.17</td>
<td>.31*</td>
<td>.48*</td>
<td>.21</td>
<td>16.45*</td>
</tr>
<tr>
<td>Maternal self-efficacy</td>
<td>-1.08</td>
<td>-.53*</td>
<td>.48*</td>
<td>.21</td>
<td></td>
</tr>
</tbody>
</table>

_Note. N = 45_

*p < .05
Table 7

*Themes and Categories of Mothers’ Experiences*

<table>
<thead>
<tr>
<th>Themes</th>
<th>Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perceptions</td>
<td>Self</td>
</tr>
<tr>
<td></td>
<td>Skills</td>
</tr>
<tr>
<td>Cultural influence</td>
<td>Responsibilities</td>
</tr>
<tr>
<td></td>
<td>Family system</td>
</tr>
<tr>
<td></td>
<td>Social context</td>
</tr>
<tr>
<td>Involvement</td>
<td>Response to child’s needs</td>
</tr>
<tr>
<td></td>
<td>Sensitivity</td>
</tr>
<tr>
<td></td>
<td>Mother-child interaction</td>
</tr>
<tr>
<td>Support</td>
<td>Family support</td>
</tr>
<tr>
<td></td>
<td>Parenting programs</td>
</tr>
<tr>
<td></td>
<td>Therapeutic services</td>
</tr>
<tr>
<td></td>
<td>Police protection</td>
</tr>
<tr>
<td></td>
<td>Legal services</td>
</tr>
<tr>
<td></td>
<td>Access to information</td>
</tr>
<tr>
<td></td>
<td>Self-support</td>
</tr>
<tr>
<td>Barriers</td>
<td>Economic conditions</td>
</tr>
<tr>
<td></td>
<td>Depression</td>
</tr>
<tr>
<td></td>
<td>Marital conflicts</td>
</tr>
<tr>
<td></td>
<td>Language proficiency</td>
</tr>
<tr>
<td></td>
<td>Legal status</td>
</tr>
</tbody>
</table>
References


APPENDIX A

EXTENDED LITERATURE REVIEW
Parenting and Parenting Self-Efficacy among Mexican Immigrant Families:

A Theoretical Perspective

Introduction

This review examines the development of parenting self-efficacy and parenting among Hispanics, particularly Mexicans and Mexican immigrant mothers. In the majority of Latin American countries, women constitute a vulnerable group due to the influence of sociocultural, political, and economic factors. In general terms, Mexican women have less education, fewer economic resources and employment opportunities, and less career recognition when they are employed than Mexican men (Venguer, Fawcett, Vernon, & Pick, 1998). In the United States, Hispanic immigrant women are more likely to experience elevated levels of depression, anxiety, intimate partner violence, financial hardship, discrimination, language difficulties, household strain, and economic stressors in comparison to both male Hispanic immigrants and women from other ethnic groups (Alegria et al., 2007; Cuellar & Roberts, 1997; McCloskey, Fernandez-Esquer, Southwick, & Locke, 1995).

In the Hispanic culture, motherhood is considered one of the most significant experiences in the lives of the majority of Mexican women (Ambriz, 2005). In collectivistic societies such as Mexico and most of Latin American countries, mechanisms of social control have reinforced the traditional roles of mother and housewife (Ariza & De Oliveira, 2001). Although Hispanic parenting practices share the same cultural context, research has noted some intracultural differences. For instance, there are significant differences between Puerto Rican and Dominican mothers’ microsocial behaviors (Planos, Zayas, & Busch-Rossnagel, 1995). While mothers from Puerto Rico favored praise and inquiry, Dominican mothers favored
modeling. In addition, research including Puerto Ricans, Mexicans, and Salvadorans showed that these subgroups differed on consistency and nurturance. Puerto Rican parents appeared to have greater nurturing relationships and tended to be more consistent with their children in comparison to Salvadoran and Mexican parents (De Von Figueroa-Moseley, Ramey, Keltner, & Lanzi, 2006).

During the last four centuries, the United States has been a refuge and a place of development for many immigrant groups (Portes & Rumbaut, 2006). Among these groups, Hispanic immigrants have the highest rate of immigration, and the largest minority group in the United States is expected to be Hispanic (Pew Hispanic Center, 2009). Data from the last U.S Census showed that the Hispanic population was 50.5 million in 2010. In particular, Mexican immigrants are by far the largest Hispanic subgroup, constituting 60.1% of the Hispanic population (U.S. Census Bureau, 2011). It is estimated that the Hispanic population in the United States will reach one-quarter of the entire U.S. population by 2050 (Pew Hispanic Center, 2012). It is evident that Hispanics and Hispanic children will contribute to the future of America, and Hispanic parenting will help shape that future.

In the Hispanic context, beneficial and detrimental factors interact together influencing the experience of parenting. Existing studies have shown how immigration leads to less traditional gender role beliefs which results in significant changes on parenting practices among Latinos (Bacallao & Smokowski, 2007; Pessar, 2003). Gutmann (2003) stated that immigration appears to modify fathers’ engagement as they become more egalitarian in relationships with their children and romantic partners. In addition, because of their exposure to daily contact with depictions, cultural messages, and American models of egalitarian family roles, Hispanic
immigrant parents are more susceptible to changing their parenting practices (Pessar, 2003). Thus, after immigration, Hispanic families may acquire a sense of mutual obligation to modify their roles and responsibilities in order to reestablish their own family equilibrium and deal with the challenges found in the host society (Bacallao & Smokowski, 2007).

In contrast, international studies indicate that adaptation to a new country is more difficult when there are important cultural differences between the society of origin and the society of settlement (Horenczyk, 1996). In particular, Hispanic immigrants deal with multiple barriers such as lack of employment and health services, legal status, changes in family functioning, separation from family, discrimination, fear of deportation, intergenerational conflicts, and language proficiency (Arbona et al., 2010; Bhugra, 2004; Carballo, 1994; Kosic, 2004; Parrado & Flippen, 2005). Regarding economic conditions, Hispanic immigrants are considered a disadvantaged ethnic group in the labor force because they have inadequate skills, live far from available jobs, or are hired for only one or two days (Wilson, 1996). As a result, it is more difficult for them to obtain a stable employment. Furthermore, although Latinos are in the workforce, they are unable to obtain a good wage to support their families (Durand, Massey, & Zenteno, 2001). This situation is even worse for women when they try to get satisfactory and appropriate jobs (Tseng, 2001). Specific factors such as economic dependence, traditional gender roles, and low levels of education contribute to create stressful conditions for women. Although employment should be a factor enhancing women’s power in the family which eventually would result in less psychological stress, research has revealed that employment status is a strong risk factor for female immigrants because of role overload (i.e., household responsibilities, child-care, and long hours in the workforce) (Dion & Dion, 2001).
Besides these external barriers and challenges, families are affected by internal, family-based challenges with possible negative consequences, such as intimate partner violence (IPV), despondent moods, loneliness, feelings of inadequacy, gender inequality, stress, anxiety, and alcoholism (Choi, Kim, Ryu, Chang, & Park, 2012; Mattson & Ruiz, 2005). Most immigrants experience great distress when they come without their family in order to improve living conditions for their family members (Bhugra, 2004). In addition, a common challenge for Hispanic immigrants occurs when children reach adolescence. Due to differences in the acculturation process, family conflicts are more common among multigenerational Hispanic families (Sciarra & Ponterotto, 1991). In particular, the generational status exacerbates these conflicts not only when younger generations speak exclusively in English, but also when they want to socialize with their peers as a sign of their adaptation to the host culture. The less female and male adolescents emphasize their traditional Hispanic cultural values, the more they report higher levels of family dysfunction (Ramirez & Hosch, 1991).

A substantial body of literature has examined the impact of depressive symptoms, marital interactions, and social conditions on parenting among Hispanic immigrant women living in the United States and mothers living in Mexico (Calzada & Eyberg, 2002; Downey & Coyne, 1990; Driscoll, Russell, & Crockett, 2008; Gorman-Smith, Tolan, Henry, & Florsheim, 2000; Pessar, 2003; Torres & Rollock, 2004; Vera, Morales, & Vera, 2005). Yet less literature exists on the development of self-efficacy and parenting among Mexicans and Hispanic immigrants. Thus, the purpose of this review is to describe parenting and maternal self-efficacy in the Hispanic context, with a particular focus on Mexican immigrants living in the United States. Based on research among Hispanic immigrants and European Americans, we developed
a theoretical model of factors associated with parenting and maternal self-efficacy in the Hispanic population (see Figure A.1). Relevant issues include maternal depression, social support, marital conflicts, IPV, and the immigration process.

**Parenting among Hispanic Immigrants**

Despite the rapid growth of the Hispanic population and the influence of this group in the American society, few researchers have conducted empirical studies regarding parenting among Hispanic parents. Research on parenting and family functioning among Hispanic families has been limited and has shown inconsistent findings (Knight, Tein, Shell, & Roosa, 1992; Vega, 1990). Some studies have noted the disciplinarian, permissive, authoritarian, disengaged, punitive, and overly directive style that characterize Hispanic parenting (Julian, McKenry, & McKelvey, 1994; Roche, Ensminger, & Cherlin, 2007). One study of Mexican American families showed that their parenting was characterized by lower levels of cohesion, monitoring, structure over time, discipline, emotional enrichment, and affection toward their children than African American families (Gorman-Smith et al., 2000).

Studies with Mexican parents have found that not only do coercive parental behaviors foster rejection, negative attitudes, and lack of respect toward parents (Bush, Supple, & Lash, 2004), but also coercive parenting is negatively related to appropriate adolescent outcomes (Benjet & Hernandez-Guzman, 2001). Other studies have revealed that Hispanic parents with traditional beliefs are more likely to be authoritarian in their parenting (Cardona, Nicholson, & Fox, 2000; Falicov, 1998). This authoritarian orientation incorporates the belief that spanking is acceptable when parents use it as a discipline strategy and not as a form of abuse. A study including the participation of Mexican mothers found that corporal punishment was more
common among older Mexican mothers than younger mothers (Diaz, Meda, & Solis-Camara, 1991).

In contrast, other scholars have emphasized the freedom and warmth present in the Mexican family (Calzada & Eyberg, 2002; Raffaelli & Green, 2003) as well as closeness, affection, family loyalty, obedience, dependence, and nurturing (Falivoc, 1998; Julian et al., 1994). Empirical evidence suggests that Hispanic parents are egalitarian, warm, family oriented, and nurturing (Farkas-Klein, 2008; Vera et al., 2005). Similarly, Solis-Camara and Fox (1995) found that it is a frequent nurturing activity for Mexican American mothers with young children to help them to master developmental tasks and provide affection, including kissing and hugging. Immigrant parents often engage in formal programs and supportive activities; and they also foster bicultural coping skills to facilitate their children’s adaptation to the United States (Perreira, Chapman, & Stein, 2006). Positive parenting practices are common among Mexican families in which parents establish close relationships with their children, paying attention to children’s needs and sharing activities with them (Lopez, 1998).

A number of studies have revealed that Hispanic parents with active involvement, knowledge about parenting, and encouraging practices have children who are less likely to drop out of school, less likely to engage in sexual risk-taking and drug use, and more likely to have high grades in school (Behnke, Taylor, & Parra-Cardona, 2008; Delgado-Gaitan, 1992; Okagaki, Frensch, & Gordon, 1995). One study found that when parents are able to provide supportive parenting, they have more opportunities to buffer the consequences produced by environmental stressors, avoiding negative consequences for their children (Leidy, Guerra, &
Toro, 2010). Supportive and positive parenting appears to have a protective function among Hispanic families with high levels of stress (Roche et al., 2007).

During the past few decades, Hispanic parents have been influenced by significant changes in the patterns of marriage and divorce, the participation of women in the labor force, and the increased proportion of households headed by women (Baca Zinn & Eitzen, 2005). Only a few studies have examined the presence of social factors related to parenting among Hispanics living in the United States. Some of these studies have documented the relation between parenting and traditional norms and customs (Guilamo-Ramos et al., 2006), participation inside and outside the family environment (Schulze, Harwood, Schoelmerich, & Leyendecker, 2002), gender roles (Wildsmith, 2004), the acculturation process (Bacallao & Smokowski, 2007; Driscoll et al., 2008), disciplinary techniques (Teichman & Contreras-Grau, 2006), neighborhood conditions (De Von Figueroa-Moseley et al., 2006), and family support (Coohey, 2001).

In the process of adaptation to the United States, parents deal with multiple stressors such as disruption of family networks, lack of English proficiency, cultural differences, discrimination, fear of deportation, and low wages (Boneva & Frieze, 2001; Cavazos-Rehg, Zayas, & Spitznagel, 2007; Parrado & Flippen, 2005; Sullivan & Rehm, 2005; Valenzuela, 2003; Wilson, 1996). Researchers have speculated that it may be more difficult for parents who immigrate to raise their children in the United States (Izzo, Weiss, Shanahan, & Rodriguez-Brown, 2000). In spite of the numerous barriers Hispanic parents have to face in a foreign country, they decide to emigrate because of improved economic conditions (Gonzalez, 2000).
Research has shown that the final decision to migrate from Mexico to the United States is related to the growth of agriculture, infrastructure, and other important economic sectors in the United States and Mexico (Browning & Zenteno, 1993; Rivera-Batiz, 1999; Verduzco, 1995). For instance, in a study including female and male Mexican immigrants, findings revealed that one of the main economic motivations for migration was the difference in wages between the very low wages in their home country and the significantly higher wages in the United States (Chavez, Flores, & Lopez, 1989). Likewise, the lack of stable and well-paid jobs is another reason many immigrants leave their countries. Studies along Mexico’s northern border region revealed that 27.5% of Mexican immigrants had been unable to get a job before their decision to migrate to the United States (COLEF, CONAPO, & STPS, 1994). Consequently, higher wages and more stable conditions in the United States constitute a significant attraction for Hispanic immigrants. Not only are real wages and low levels of employment two important economic causes explaining motives to emigrate, but also the educational opportunities immigrants seek for their children. In one study, immigrant parents reported that besides getting a better job, they had immigrated to provide their children with better opportunities, including access to American education and the development of their English language skills (Bacallao & Smokowski, 2007).

Maternal Competence and Self-Efficacy

Theoretically, parents who immigrate seeking better opportunities for their children experience greater parental self-efficacy as they improve their chances for controlling their children’s success. Self-efficacy is a construct postulated by Bandura to describe the sense of efficacy that individuals have to perform and control daily events (Coleman & Karraker, 1998).
Bandura (1997) asserted that not only does self-efficacy determine how long individuals should persist in their efforts to deal with aversive experiences, but also exposure to environments encouraging learning and access to learning opportunities such as mentoring opportunities, review of books and magazines, access to media, and courses determine the development of competence and effectiveness. During the 1980s, scholars (e.g., Cutrona & Troutman, 1986; Donovan & Leavitt, 1989; Johnson & Mash, 1989) explored the potential influence of self-efficacy on family functioning and parenting. In a summary of more current research on the subject, Jones and Prinz (2005) defined parental self-efficacy as a cognitive construct based on the expectation individuals hold regarding their successful competence as parents. In general, parental self-efficacy involves specific beliefs with which parents evaluate their ability to influence their child (Ardelt & Eccles, 2001). Factors such as previous parenting experience, individual resources, parenting styles, child difficulty, and self-perception of effectiveness may influence how parents evaluate their parenting role.

In western European culture, mothers with high self-efficacy are more likely to be affectionate, nurturing, and capable in monitoring their children’s behavior (Jones & Prinz, 2005). Child characteristics, external social influences, parenting styles, and interactions with children are also related to perceptions of effectiveness (Coleman & Karraker, 1998). Empirical studies have confirmed these assumptions in European samples. For instance, when mothers are successful in their practices soothing and comforting their children, they are more likely to increase their sense of self-efficacy (Donovan & Leavitt, 1989).
The Role of Social Support in Parenting and Maternal Self-Efficacy

Maternal self-efficacy is linked to social, economic, geographical, cultural, and political factors. Bandura (1986) pointed out the importance of support from relatives and friends in the process of developing self-efficacy. Similarly, when mothers receive parenting support from friends and family, they may feel more competent and able to learn about successful child care routines. In a study of European American families, the quality of social-marital support improved mothers’ self-efficacy (Donovan & Leavitt, 1989). Research among Hispanic families has showed similar findings. One study found that Hispanic parents who received effective social support from friends and family members felt more efficacious regarding their parenting competence (Izzo et al., 2000). On the other hand, another study found that when immigrants lack social support, they feel particularly vulnerable in their parenting effectiveness (Hovey & Magaña, 2000).

Efficacious parents acquire their own knowledge of appropriate child care responses and their own abilities to carry out parental tasks, but also they believe that their children will respond appropriately and that other family members or friends close to them will be supportive of their attempts (Coleman & Karraker, 2000). For Hispanic immigrants, social support is determinant in their process of adaptation to the American culture. In reality, most minority immigrant groups obtain support only from their co-ethnic communities (Turney & Kao, 2009). In this context, not only do immigrants experience better life conditions when they have a network of relatives and friends previously established in the receiving country, but also social support is considered a significant resource for immigrant adults and their children (Harknett, 2006; Henly, Danziger, & Offer, 2005; Ryan, Kalil, & Leininger, 2009).
This support includes both emotional and financial resources such as assistance with housing, money, advice, and child care (Turney & Kao, 2009). Mexican immigrant mothers who received more family support were less likely to have an infant with low birth weight compared to mothers receiving less kin support (Sherraden & Barrera, 1997). Likewise, one study found a positive relationship between children’s health and support, both financial and emotional, among Hispanic families living in the United States (Kanaiaupuni, Donato, Thompson-Colon, & Stainback, 2005). In general, mothers with low levels of marital satisfaction and support report less optimal behavior toward their children than mothers who have happy marriages and adequate social support (Downey & Coyne, 1990).

The Role of Intimate Partner Violence in Parenting and Maternal Self-Efficacy

Violence perpetrated by an intimate partner is a leading cause of death, severe injuries, and mental dysfunctions for many women in Mexico, the United States, and most countries around the world (Buvinic, Morrison, & Shifter, 1999). Empirical research has shown that IPV is a social phenomenon with worldwide dimensions (Larrain, 1994). In a multi-country study carried out by the World Health Organization, the results showed that between 15% and 71% of ever-partnered women had suffered physical abuse, sexual abuse, or both at some point in their lives (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). Although several scholars have proposed different definitions describing IPV, according to the World Health Organization (2006), intimate partner violence refers to any behavior causing psychological, physical, or sexual damage to someone in a romantic relationship. It includes acts such as hitting, beating, kicking, intimidation, humiliation, isolation, restricting access to support, and control.
IPV is intrinsically related to the socio-structural context in which violent acts against women occur. This context includes particular cultural factors, such as sexist norms, patriarchal institutions, the historical legacy of male supremacy, ancient traditions, and ethnic beliefs, which are used by perpetrators to condone, support, and legitimate the use of violence against women (Harris, Firestone, & Vega, 2005). Reviews of research on IPV have repeatedly documented gender roles (Edelson, Hokoda, & Ramos-Lira, 2007; Widom, 1989), education (Johnson, 2008; Schewe, Riger, Howard, Staggs, & Mason, 2006), family of origin abuse (Julian, McKenry, Gavazzi, & Law, 1999; O’Hearn & Margolin, 2000; Rosenbaum & Leisring, 2003), socioeconomic status (Cunradi, Caetano, & Schafer, 2002), and alcohol and drug abuse (Flake & Forste, 2006; Orozco, Nievar, & Middlemiss, 2012; Wilt & Olson, 1996) as important risk factors for perpetrating IPV in Mexico and the United States.

Available findings have shown that the Hispanic population is one of the most vulnerable immigrant groups in the United States (Hazen & Soriano, 2007). In particular, Hispanic immigrant women are at higher risk of being abused by their intimate partner in comparison to their counterparts in other ethnic groups (Rodriguez, 1998). Although there is little research on IPV and parenting among Hispanic immigrant communities, some studies have explored the complexity of IPV itself among Hispanics. In general terms, nationally representative studies have showed higher rates of IPV among Hispanics, Native Americans, and African Americans when compared to White Americans (West, 2005).

Regarding the prevalence of IPV among Latinas who have immigrated to the United States, one study including the participation of Hispanic immigrant women showed that 33.9% of these participants reported at least one episode of physical assault in their lifetime, including
32.9% of them who reported less severe physical violence (such as being slapped, pushed, or grabbed) and 17.8% of the participants mentioned having experienced severe physical violence (such as being kicked, punched, or beat up) (Hazen & Soriano, 2007). In a local study with immigrant Hispanic women in the Washington DC area, findings showed that 49.3% of them experienced at least one episode of physical violence during their lifetime, 40.7% experienced at least one episode of emotional or verbal violence during their lifetime, and 11.4% experienced at least one episode of sexual violence during their lifetime (Hass, Dutton, & Orloff, 2000). In addition, the National Violence Against Women Survey showed that 21.2% of Hispanic women in the United States reported an episode of physical violence at some time in their lifetime (Tjaden & Thoennes, 2000).

Although the rate of sexual abuse is not as high as physical assault, this type of violence is also present among Hispanic women. For instance, Basile (2002) found in a national survey high rates of sexual coercion with 34% of women reporting at least one incidence of sexual coercion perpetrated by an intimate partner. In addition, 14.4% of Hispanic women living in California mentioned having experienced at least one incident of sexual coercion in the last year (Hazen & Soriano, 2007). Similarly, Rodriguez (1998) found that the prevalence of sexual violence in the preceding year was 16% among Hispanic immigrant women. In contrast, in the Los Angeles Epidemiologic Catchment Area study, the prevalence of sexual victimization was 4.2% for Mexican immigrant women (Sorenson & Telles, 1991).

The rates of IPV in Mexico, however, appear to be higher or similar to IPV among Mexican immigrant women depending on the region. One of the previous national studies in Mexico revealed that between 10% and 73% of women experienced at least one episode of IPV,
dependent on the region (INSP, 2003). Three years later, the national survey exploring IPV in Mexico revealed that 43.2% of women aged 15 years and over have experienced at least one episode of violence during their lives (INEGI, 2006). Regarding the incidence of violent episodes during the last 12 months, the same survey showed that 10.2% of Mexican women have experienced physical violence, 32.0% of Mexican women have experienced psychological violence, and 6.0% of Mexican women have experienced sexual violence (INEGI).

The most recent data provided by the National Institute of Statistics and Geography showed that 46.1% of women aged 15 years and over have experienced at least one episode of violence during their lives (INEGI, 2011). In general, the rate of IPV is still higher than or similar to reported rates among Hispanic immigrants to the United States. This survey showed that 42.4% of Mexican women have experienced psychological violence, 7.3% of Mexican women have experienced sexual violence and 13.5% of Mexican women have experienced physical violence.

Existing literature has called attention to the presence of IPV; nonetheless, research exploring the relation between IPV and self-efficacy is extremely limited (Edleson, Mbilinyi, & Shetty, 2003). In general, empirical studies have found that women who have been abused by their intimate partner are more likely to report higher rates of health problems (Green, Flowe-Valencia, Rosenblum, & Tait, 1999; Lown & Vega, 2001; Resnick, Acierno, & Kilpatrick, 1997). However, the consequences of experiencing violence within a romantic relationship are even worse among low-income women (Sutherland, Sullivan, & Bybee, 2001).

Research on IPV among European Americans and African Americans has specifically documented negative consequences of this violence. For instance, women who have
experienced IPV tend to report increased levels of psychological distress, suicidality, depressive symptoms, substance abuse, lower self-esteem, and experience more negative changes in personality than other women (Cadzow, Armstrong, & Fraser, 1999; Golding, 1999; Hazen, Connelly, Kelleher, Landsverk, & Barth, 2004; Levendosky & Graham-Bermann, 1998). Likewise, Hispanic battered women show a high prevalence of posttraumatic stress disorder, which is related to negative parenting behaviors (McCloskey, Figueredo, & Koss, 1995). Although all types of IPV have negative consequences for victims, women who experience both physical and sexual violence are more likely to report poor emotional health than those who experience physical violence alone (Dutton et al., 2006).

Although IPV has negative consequences in all aspects of women’s lives, few studies have explored the relation between IPV and family functioning. One of these studies found that IPV was associated with higher levels of harsh-intrusive, hostile, and controlling parenting behaviors as well as lower levels of supportive and sensitive parenting (Gustafsson, Cox, & Blair, 2012). Likewise, other studies have found that IPV is related to physical and verbally critical forms of punishment such as hitting, yelling, shoving, spanking, and threatening as well as lack of parental involvement and acceptance (Erel & Burman, 1995; Krishnakumar & Buehler, 2000). In addition, women who experienced IPV currently reported low levels of parenting involvement, less parental warmth, and more aggressive, harsh, and controlling parenting behaviors (Casanueva, Martin, Runyan, Barth, & Bradley, 2008; Devoe & Smith, 2002; Levendosky & Graham-Bermann, 2001). Regarding the detrimental consequences of IPV on parenting and maternal self-efficacy, only one study tested the notion that high levels of IPV are associated with lower levels of maternal self-efficacy. Mothers with unsatisfactory intimate
relationships were more likely to report deficient parenting practices with young children in comparison to mothers who receive adequate marital support (Cox, Owen, Lewis, & Henderson, 1989).

**The Role of Depression in Parenting and Maternal Self-Efficacy**

Depression is another factor that has been linked to parenting competence and parental self-efficacy. The World Health Organization pointed out that depression is the second most important leading cause of disability (WHO, 2004). Empirical evidence suggests that not only do women experience about twice as much depression as men, especially during the years of childbearing (Lovejoy, Graczyk, O’Hare, & Neuman, 2000), but also Hispanic women report higher probabilities of experiencing depression symptoms than Hispanic men (Alegria et al., 2007). Research has documented that minority groups living in the United States report high levels of depression. In particular, several studies have found elevated levels of depression among Hispanic immigrants (Black, Markides, & Miller, 1998; Gerst, Al-Ghatrif, Beard, Samper-Ternent, & Markides, 2010). Maternal depression refers to depression in mothers, including mothers of older children. This term emphasizes the relationship between depression and child-care responsibilities (O’Reilly, 2005). Maternal depression involves specific symptoms such as sadness, poor appetite, lack of hope for the future, general irritability, pessimistic and negative thoughts, low self-esteem, poor sleep, frequent memories of failure experiences, depressed mood, continuous loss of energy, and lack of skills to cope with the daily demands of life (Sheppard, 1997).

Hispanic immigrants living in the United States may experience risk factors that are closely related to depression. Among these factors are the lack of social and family support
(Da-Silva, Morales-Santos, Carvalho, Martins, & Teixeira, 1998), lack of education (Morales-Carmona, Luque-Coqui, & Barroso-Aguirre, 2002), unplanned pregnancies (Lara et al., 2006), previous episodes of depression (Ortega, Lartigue, & Figueroa, 2001), and age, with the highest rate of depression found among women aged 40 or less (García de Alba, Castañeda, Pando, & Aranda, 2011; Gilmour & Patten, 2007). One study including Mexican immigrants showed that acculturative stress, ineffective social support, negative expectations for the future, low levels of income, religiosity, education, perceived family dysfunction, and lack of options in the decision to immigrate were significant predictors of depression (Hovey, 2000).

Although there are many studies that have examined the causes and correlates of depression, little research has focused on the impact of depression among immigrants (Sarmiento & Cardemil, 2009). Epidemiological studies have revealed that Hispanics are at increased risk for depression compared with non-Hispanic White Americans (Bassuk, Perloff, & Coll, 1998). Similarly, other studies have found that Hispanic immigrants were more likely to experience higher levels of depression than their US-born counterparts (Gonzalez, Haan, & Hinton, 2001).

In general, Hispanics are at increased risk for experiencing depressive symptoms (Kessler, 1994). During the last three decades, researchers have used national and regional samples to examine the prevalence of depression in this population. For instance, results from national studies showed that female Hispanics aged between 15 and 44 years reported high levels of major depressive symptoms (Blazer, Kessler, McGonagle, & Swartz, 1994; Breslau & Kendler, 2005). Likewise, regional studies showed that between 38% and 42% of Mexican immigrants reported elevated levels of depression (Hovey & Magaña, 2000) in comparison to
results from general population samples showing that around 18% of participants reported elevated levels of depression at some point in their lives (Kessler, Birnbaum, & Demler, 2005).

Contrary to these findings, in other studies examining depressive symptoms, Hispanic immigrants exhibited lower rates of depression when compared with European Americans and with US-born Latinos. For instance, one study found that immigrant participants reported lower rates of psychiatric disorders including depression and anxiety, in comparison to US-born Hispanics (Alegria et al, 2008). In addition, Golding and Burnam (1990) found that immigrant Mexicans reported a lower prevalence of depressive symptoms than did US-born Mexican Americans. Similarly, another study revealed that Hispanic immigrants reported lower levels of depression in comparison to European Americans and US-born Latinos (Vega et al., 1998). Furthermore, in another study examining the 12-month prevalence of depression and other psychiatric disorders showed that the prevalence rates of depression were lower among Hispanic immigrants compared to their US-born counterparts (Alegria et al., 2007).

With the purpose of having a reference point, in Mexico, depression is considered one of the largest public health problems in the general population (Medina-Mora et al., 2003). Besides alcoholism, schizophrenia, obsessive-compulsive disorder, and phobias, depression is considered one of the five major mental health problems in Mexico (Frenk, Lozano, & Gonzalez, 1999). Although maternal depression is considered a leading cause of disability, relatively little research has focused on exploring maternal depression among Mexican women. During the last three decades, researchers have carried out studies in different geographical areas showing similar results.
National studies have shown that the prevalence of depression in the general population is between 4.5% and 34% (Caraveo-Anduaga, Colmenares, & Saldivar, 1999; Enriquez et al., 2010; Lara et al., 2006; Leyva, Hernandez, Nava, & Lopez, 2007; Salgado de Snyder & Diaz-Perez, 1999; Santillana & Alvarado, 1999). Whereas the prevalence of depressive symptomatology in women is between 5.8% and 11.2%, the prevalence in men is between 2.5% and 6.7% (Belló, Puentes-Rosas, Medina-Mora, & Lozano, 2005). Regional studies carried out in Mexico City and Guadalajara showed that the prevalence of depression among women is between 7.9% and 19.8% (Caraveo-Anduaga et al., 1999; Garcia de Alba et al., 2011).

Given the relatively high levels of depression among Mexican women, the potential consequences of depressive symptoms on parenting and maternal perceptions of parenting competence are of interest. As mentioned previously, Bandura (1989) affirmed that the development of self-efficacy is thought to result from internal emotional states. In general terms, the relation between internal factors such as despondent moods, feelings of inadequacy, depression, stress, anxiety and maternal self-efficacy has been confirmed in several studies (Choi et al., 2012; Gonzalez, 2000; Mattson & Ruiz, 2005). A recent review of these factors identified 22 studies examining the role of maternal self-efficacy in depression (Dix & Meunier, 2009). Although two studies found that as depression increases, mothers overestimate their perceptions about their competence and effectiveness in the parenting role (Donovan & Leavitt, 1989; Field, Morrow, & Adlestein, 1993), twenty studies showed mothers with greater depression reporting lower rates of maternal self-efficacy. These studies revealed that maternal depression has been linked to maternal self-efficacy, creating a distorted perception
of maternal competence and effectiveness in many cases (Bor & Sanders, 2004; Clark, Hyde, Essex, & Klein, 1997; Jackson & Huang, 2000; Jackson & Scheines, 2005; Kuhn & Carter, 2006; Panzarine, Slater, & Sharps, 1995; Silver, Heneghan, Bauman, & Stein, 2006, Teti & Gelfand, 1991; Teti, O’Connell, & Reiner, 1996). When depressive symptoms increase, mothers believe that they are unable to influence their children’s development (Friedrich, Cohen, & Wilturner, 1988). Thus, failure experiences, feelings of inadequacy, lack of control, and maladaptation to the parenting role often lead to depression, which in turn, is negatively related to mothers’ perception of self-efficacy (Choi et al., 2012; Rogosh, Mowbray, & Bogat, 1992).

Based on social cognitive theory, Bandura (1989) stated that depressive symptoms in combination with the activation of memories involving failure experiences predispose individuals to experience low self-efficacy beliefs. In particular, depressive symptoms (e.g., feelings of hopelessness, sadness, pessimistic thoughts, appetite disturbances, loneliness, irritability, sleeping problems, anxiety, impaired concentration, and suicidal thoughts) may lead to low levels of maternal self-efficacy among Hispanic and European American parents (Diener, Nievar, & Wright, 2003; Miller, 2002; Teti et al., 1996). For instance, one study found a negative relation between maternal self-efficacy and depression experienced by mothers of young children (Bor & Sanders, 2004). Similarly, in another study, low maternal self-efficacy was more common among mothers living in the United States who experienced previous episodes of depression (Maciejewski, Prigerson, & Mazure, 2000). Among European American mothers of young children showed that maternal depression is negatively associated with maternal self-efficacy (Weaver, Shaw, Dishion, & Wilson, 2008). The same relation has been
found between postpartum depression and maternal self-efficacy among immigrant mothers (Choi et al., 2012).

Numerous studies have documented the detrimental consequences of depression on parenting as well as parental self-efficacy. For instance, not only do depressed mothers report more negative self-efficacy beliefs in comparison to nondepressed mothers, but also they are more rejecting, negative, insensitive, and punitive in their parenting practices as well as less sensitive toward their children than mothers who have not experienced depression (Field, Healy, Goldstein, & Guthertz, 1990). Likewise, other studies have found that mothers who experience depressive symptoms tend to develop a parenting style which is apathetic, ineffective, angry, insensible, disengaged, unskilled, and disturbing (Goodman, 1992). In addition, depressive symptoms detract from mothers’ problem-solving skills, which in turn, lead to insensible, uncomfortable, and indecisive interactions with their children (Teti & Gelfand, 1991). There have been few studies focusing on depression and maternal self-efficacy with Hispanic immigrants, but one study with mostly Hispanic immigrants did find links between depression, low self-efficacy, and poor parenting skills (Diener et al., 2003).

The Role of Immigration in Parenting and Maternal Self-Efficacy

As described in the previous sections, the process of immigration is different for each person, and each immigrant faces a myriad of emotional experiences before and after immigration. Cross-cultural studies have looked at the experiences of individuals who have lived in one cultural context and have chosen to reestablish their life in another country. For the majority of immigrants, rearing a child in a new country is a great challenge. Not only do immigrants need to learn other customs, laws, language, and social interactions, but also they
need to adjust their idiosyncrasies and behaviors to a new host culture (Negy & Woods, 1992). Contextual factors (e.g., characteristics of the society of settlement, language and cultural differences, interactions in the society of origin, separation from family, economic and political instability in the society of origin, the ability to learn a new cultural system, and social support) and individual factors (e.g., personality characteristics, educational level, habits of the home culture, self-esteem, language, traditions, and the differences in gender roles of each society) affect the acculturation process (Arbona et al., 2010; Bhugra, 2004; Kosic, 2004; Parrado & Flippen, 2005).

Immigrants are likely to experience greater distress when the skills and methods they are using for their adaptation to the new mainstream do not produce successful results (Torres & Rollock, 2004). In general, studies among Hispanic immigrants have shown that endorsing traditional values, separation from family, fear of deportation, and lack of English proficiency were strong predictors of extra-familial stress, which is characterized by difficulties with communication, discrimination, legal status, and employment (Arbona et al., 2010). In this process of adaptation, immigrant women have to face challenges and obstacles associated with adaptation to the host society and their new roles (Bacallao & Smokowski, 2007). This adjustment as well as excessive stress and lack of coping strategies may erode their self-efficacy (Tafarodi & Swann, 1995). Empirical evidence suggests that maternal self-efficacy may be especially compromised when immigrant mothers face their new maternal role and the uncertainties involving rearing a child in a foreign country (Izzo et al., 2000).

Risk factors are often related to maternal self-efficacy among immigrant women (Moreno & Lopez, 1999). Among the risk factors Hispanic immigrants face is the migration
itself. This, compounded with lack of social support, financial problems, negative life events, discrimination, unsafe neighborhoods, limited English proficiency, illegal status, and poor urban environments have a detrimental impact on maternal self-efficacy, particularly among minority women (Jackson, 2000; Zayas, Jankowski, & McKee, 2005). Moreover, immigrants are more prone to deal with high levels of stress and depression as a consequence of moving to a new society, which in turn, may be linked to the perceptions about their competence in the parenting role (Portes & Rumbaut, 2006).

Although immigration entails challenges and barriers for Hispanic immigrant mothers, they may also experience some positive changes after immigrating into the United States. In recent health research, the term Hispanic paradox has been used to describe how Hispanics in the United States report better or similar health outcomes in comparison to Whites (McGlade, Saha, & Dahlstrom, 2004). This paradox has been observed among the least acculturated Hispanic immigrants who report lower rates of health problems in comparison to more acculturated Hispanic immigrants and other ethnic groups (Cho, Frisbie, Hummer, & Rogers, 2004). Studies in the areas of psychiatric disorders, cardiovascular diseases, and perinatal health have documented this paradox among Hispanics. For example, Hispanic immigrant mothers who are not well-acculturated report healthier birth outcomes in comparison to mothers who are more acculturated and prosperous in their economic conditions (Balcazar, Krull, & Peterson, 2001; Fuentes-Afflick & Lurie, 1997).

In the Hispanic culture, certain social factors operate as protectors against challenges that immigrants may experience. After having immigrated to the United States, Hispanic families begin interactions with American families and other minority groups living in this
country. These interactions result in successive changes in original culture patterns for both those who are residents of the country of settlement and those immigrating (Berry, 2001; Kosic, 2004; Martins & Reid, 2007). Consequently, acculturation may be related to positive changes in parenting practices among Hispanic mothers. For instance, in the process of adaptation to a new country, the majority of Hispanic immigrants consider that their family is by itself. The family becomes one of the main resources in this new process of adjustment. Several scholars and researchers have used the term “familism” to emphasize the importance of family in the Hispanic culture (Coohey, 2001; Cortes, 1995).

Familism is important for many immigrants because it produces a deep sense of wellbeing; they are inextricably rooted in their family (Parra-Cardona, Bulock, Imig, Villarruel, & Gold, 2006). Likewise, familism is a protective factor against acculturative stress and other barriers Hispanic immigrants find in their adaptation to American culture (Gil, Wagner, & Vega, 2000). One study revealed that even under adverse conditions, parents who maintain close family relationships as well as open and effective communication had children who reported improvements in social competence with a notable development in the area of social self-efficacy and social problem-solving skills (Leidy et al., 2010). In another study including Mexican immigrant families, participants emphasized that after having immigrated to the United States, familism was reinforced and continued to help them overcome challenges. As a result, these families were able to maintain greater family cohesion (Bacallao & Smokowski, 2007). In addition, research has showed that higher levels of familism are associated with parenting practices of non-abusive mothers (Coohey, 2001). Not only is familism helpful in the acculturation process, but also social support is one of the most important resources for
immigrants. In general terms, immigrants experience better life conditions when they have a network of relatives and friends previously established in the receiving country (Massey, 1999). Consequently, they have more opportunities for a successful relocation in the new region. The importance of social support is related to the presence of these networks which provide any kind of support when necessary (Glick & Van Hook, 2002).

Although most studies examining differences in social support include the participation of African Americans and European Americans, only a few studies have focused on Hispanic, Asian, and other ethnic groups of immigrants (Turney & Kao, 2009). These studies have shown significant findings; for instance, Hao (2003) found that Mexican immigrants are more likely to receive continuous support than Indian, Japanese, and Chinese immigrants. In addition, when Hispanic immigrants are in need of emotional and financial support, they turn to their relatives more regularly than native-born European Americans (Schweitzer, Schnegg, & Berzborn, 1998). Likewise, Mexican immigrants received more financial support from relatives than Mexicans born in the United States (Glick, 1999). In contrast, South Asian immigrants have problems receiving family support because of the lack of extended family networks and the cultural value to be self-reliant (Rao, Rao, & Fernandez, 1990).

In addition, empirical evidence suggests that parenting practices among Hispanics are based on traditional gender role beliefs; however, the process of immigration as well as settlement experiences produces an impact on gender roles (Hondagneu-Sotelo, 1994). Research has shown that Hispanic families are able to maintain their symbolic loyalty to traditional gender roles; nonetheless, in practice, they must adapt their role behaviors to the structural demands associated with the American lifestyle (Wildsmith, 2004). While contact
with the American culture increases, Hispanic immigrants are prone to modify their gender roles. Therefore, Hispanics who have more years living in the United States begin to acquire more acceptable gender roles which are validated by the European-American family (Sabogal, Marin, Otero-Sabogal, Marin, & Perez-Stable, 1987). Whereas Hispanic immigrant families may keep the traditional role of breadwinner and housekeeper, first, second, and third generations of Latino families are reconfiguring their roles and becoming dual-earner households (Baca Zinn & Eitzen, 2005). Although the transformation into dual-earner households has helped Hispanic families to alleviate their economic burdens, this change has produced not only difficult adjustments for parents and dependent family members, but also the amount of activities and time that family members share together has diminished considerably (Bacallao & Smokowski, 2007).

Differences in acculturation is another important sociocultural factor influencing parenting practices. In general terms, the parenting practices of Hispanic mothers are similar to American mothers among more acculturated mothers (Driscoll et al., 2008). Fontes (2002) affirmed that less acculturated parents are more likely to use corporal punishment instead of verbal reasoning as a way to discourage misbehavior. Less acculturated mothers use less encouragement and verbal inquiry and more modeling and directive approaches compared with their counterparts with higher acculturation levels (Teichman & Contreras-Grau, 2006). More acculturated mothers also were more verbal when they used nondirective and directive parenting strategies. Likewise, differential levels of acculturation lead to important differences in Hispanic mothers’ educational expectations, perceived barriers to involvement, knowledge about academic activities, and self-efficacy perceptions (Moreno & Lopez, 1999). These
differences are also related to the understanding of child development and parenting behaviors (Planos et al., 1995). Besides levels of acculturation, acceptance into American communities is another significant social factor linked to maternal self-efficacy and adaptation of Hispanic immigrants (Portes & Rumbaut, 2006). Differences in community acceptance have significant consequences on the beliefs, values, and practices of parents (Dumka, Lopez, & Jacobs-Carter, 2002).

Parenting among Hispanic families is also influenced by the neighborhood where they live. Socially disorganized neighborhoods modify parenting practices because immigrant families in these areas are more likely to protect their children from possible dangers. Parents living in dangerous neighborhoods reported more restrictive parenting practices in order to foster their children’s development (De Von Figueroa-Moseley et al., 2006). Likewise, ethnic minority families in higher risk neighborhoods tend to prefer supportive and restrictive parenting practices (Dearing, 2004; Roche et al., 2007). Other studies have found that immigrant parents are more likely to be more protective of their children because of the potential risk factors present in the new country (Fontes, 2002). For this reason, Hispanic immigrant parents consider that constant vigilance is a useful strategy to keep their children from skipping school, using illegal drugs, and participating in gang activities (Perreira et al., 2006).

**Conclusion**

This reviewed described how maternal self-efficacy is related to depression, socioeconomic status, IPV, and acculturation among Hispanic immigrant families. Although some studies have demonstrated that maternal self-efficacy, IPV, maternal depression, and
immigration status are important to understanding Hispanic families, the available literature on these factors is limited. Due to economic, political, and sociocultural factors, Mexican women and Hispanic immigrant women have to deal with multiple challenges in their role of being a mother. In particular, beneficial factors such as maternal warmth, social support, and self-efficacy as well as detrimental factors such as marital conflicts, stress, and depression influence the experience of motherhood. This process is even more complex for mothers living in a foreign country because of the barriers and risk factors associated with the process of immigration and acculturation.

Given the high prevalence and severity of IPV and depression among Mexican and Hispanic immigrant mothers, increased research is needed on depression, partner conflicts, and self-efficacy beliefs of mothers. In general, empirical studies have shown that depression is related to a distorted perception of maternal competence and effectiveness. Although past research has shown that quality of marital support is related to mothers’ self-efficacy, empirical research has not examined the relation between IPV and maternal self-efficacy.

*Future Directions for Research and Practice*

Existing literature has called attention to the changes that immigrants experience when adjusting to a new culture; however, few studies have explored how this process contributes to maternal self-efficacy. Therefore, increased cross-cultural studies are needed to explore influences of maternal self-efficacy among Hispanic immigrant women living in the United States in comparison to influences present in Latin American countries. Similarly, such studies may produce new insights for family issues and offer needed guidelines for culturally competent programs. Regarding future directions for practice, increased attention to IPV,
depression, and maternal self-efficacy is needed in intervention programs for immigrant mothers and their children. Service providers in the United States should acknowledge sociocultural factors and values of Hispanic immigrant women to address their specific needs. In this context, it is important to provide services in their native language, understand their ideas and parental practices, learn from their immigration experience and adaptation to the American culture, respect their own perspectives, and be aware of their community traditions.
Figure A.1. Factors related to parenting and maternal self-efficacy among Hispanic immigrant families.
APPENDIX B

DETAILED METHODOLOGY
Interview Protocol

1. Tell me about yourself.

2. How do you describe a good mother?

3. How have you raised your child?

4. In your family what makes you happy? Tell me about a happy experience involving your family.

5. In your family what makes you sad or upset? Tell me about a sad experience involving your family.

6. How have you contributed to your child’s growth?

Immigration experience (only for participants in the USA)

a. How do you feel about being a mother in a foreign country?

Questions to be asked only if not covered above

• Tell me about your skills and responsibilities as a mother.

• What do you think about parents teaching their children?

• At the beginning of the interview you described what a good mother is; now, could you tell me more things you do that make you feel like a good mom and things you do that do not make you feel like a good mom?
• What differences have you seen between how you raise your child and how you were raised by your parents?
• When you feel really sad, how does that affect how you take care of your child?
• Does how you and your husband get along together influence how you parent?
• Tell me about problems you have experienced with your husband.
• How have you contributed to your child’s good health?
• How do you promote your child’s social interactions?
• Is there anything about living in (Mexico/USA) that causes problems for you as a mother?
• What are some things about living in (Mexico/USA) that have helped you as a parent?

  o Is there anything else you think is important about you as a mother?
  o Is there anything else you think is important about your relationship at home?

If participants provide only limited answers, prompts will be used to encourage them to clarify their answers. These prompts may include such questions or statements as:

• You said ... Could you tell me more about that?
• You said ... Is there anything else you would like to add?
• You said ... Could you give me an example?
Demographics

1. What is your age? __________

2. What is your marital status?
   a. Married       b. Divorced/Separated       c. In a new relationship
   d. Living with a partner          e. Widowed       f. Single

3. What is your education (check the highest level completed)?
   a. Elementary school       b. Middle school       c. High school diploma
   d. GED          e. Technical school       f. Some College
   g. Four-year college degree  h. Graduate

4. How many children do you have? __________
Quantitative Results

Table C. 1

*Participant Demographics (N = 136)*

<table>
<thead>
<tr>
<th>Category</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Educational Level</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elementary</td>
<td>41</td>
<td>30.1</td>
</tr>
<tr>
<td>Middle</td>
<td>25</td>
<td>18.4</td>
</tr>
<tr>
<td>High School Diploma</td>
<td>27</td>
<td>19.9</td>
</tr>
<tr>
<td>GED</td>
<td>2</td>
<td>1.5</td>
</tr>
<tr>
<td>Technical School</td>
<td>26</td>
<td>19.1</td>
</tr>
<tr>
<td>Some College</td>
<td>4</td>
<td>2.9</td>
</tr>
<tr>
<td>Four-Year College Degree</td>
<td>10</td>
<td>7.4</td>
</tr>
<tr>
<td>Graduate</td>
<td>1</td>
<td>.7</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>105</td>
<td>77.2</td>
</tr>
<tr>
<td>Living with a partner</td>
<td>17</td>
<td>12.5</td>
</tr>
<tr>
<td>In a relationship</td>
<td>5</td>
<td>3.7</td>
</tr>
<tr>
<td>Divorced / Separated</td>
<td>6</td>
<td>4.4</td>
</tr>
<tr>
<td>Widowed</td>
<td>1</td>
<td>.7</td>
</tr>
<tr>
<td>Single</td>
<td>2</td>
<td>1.5</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21-25</td>
<td>19</td>
<td>13.9</td>
</tr>
<tr>
<td>26-30</td>
<td>36</td>
<td>26.5</td>
</tr>
<tr>
<td>31-35</td>
<td>50</td>
<td>36.8</td>
</tr>
<tr>
<td>36-40</td>
<td>23</td>
<td>16.9</td>
</tr>
<tr>
<td>41 and over</td>
<td>8</td>
<td>5.9</td>
</tr>
</tbody>
</table>
## Qualitative Findings

Table C. 2

Demographic Features of the Sample \((N = 10)\)

<table>
<thead>
<tr>
<th>Background Label</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Average age</td>
<td>27.8  (SD = 6.05)</td>
</tr>
<tr>
<td>Average number of children</td>
<td>2.3   (SD = .68)</td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>1</td>
</tr>
<tr>
<td>Divorced / Separated</td>
<td>8</td>
</tr>
<tr>
<td>In a new relationship</td>
<td>1</td>
</tr>
<tr>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>Elementary school</td>
<td>4</td>
</tr>
<tr>
<td>Middle school</td>
<td>2</td>
</tr>
<tr>
<td>High school</td>
<td>2</td>
</tr>
<tr>
<td>College</td>
<td>2</td>
</tr>
<tr>
<td>Working</td>
<td>9</td>
</tr>
</tbody>
</table>
Table C. 3

Themes Emerging From the Constant Comparative Analysis of the Interviews

<table>
<thead>
<tr>
<th>Theme</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perceptions</td>
<td>Mexican mothers described themselves as responsible, capable, intelligent, respectful, hard working, and available for their children. Their main maternal skills are parental attention, parental warmth, and their ability to respond appropriately to their children’s needs. Their responsibilities are monitoring their child and promoting their child’s development. Mexican immigrant mothers described themselves as tenacious, hard working, spiritual, honest, and responsible. Their main maternal skills are knowing their children’s needs, providing emotional and economic support, and interacting in different ways with their child. Their responsibilities are to know and follow social norms, provide a nurturing environment, monitor their children’s behavior, promote their development, and protect them.</td>
</tr>
<tr>
<td>Cultural Influence</td>
<td>Mexican mothers talked about the influence of their own mother’s experiences, the importance of nuclear family, discipline techniques as well as traditional Mexican customs, values, and beliefs about motherhood. Mexican immigrant mothers emphasized that they maintain the same traditions, values, and beliefs about motherhood they acquired before immigrating to the United States. They interact predominantly with other Hispanic mothers, keeping Spanish as their main language. They have increased their knowledge about parenting through participation in programs.</td>
</tr>
</tbody>
</table>
Involvement  Mexican mothers’ involvement is characterized by responding to children’s needs (food, hygiene, school, and health). These mothers emphasized their sensitivity in which love, affection, and parental nurturance are important to their parenting. For these participants, their children are their main motivation. In their daily interaction with their child, they share activities together, play and talk with them, provide protection, and are emotionally close to them. Mexican immigrant mothers mentioned that they cover their children’s needs, providing food, clothing, and school supplies. For these mothers, love and affection are a core aspect in their parenting. Mother-child interactions are characterized by the time they spend with their child, their emotional closeness, and the way in which they express their feelings and ideas.

Support  Mexican mothers’ main resource was family support from relatives living close to them. Mexican immigrant mothers reported access to many types of support, including government and civil organizations as well as protection from police. They have more access to information, parenting programs, and therapeutic groups than Mexican mothers. Mexican immigrant mothers have also received legal services from non-government organizations.

Barriers  Mexican mothers have to face difficult economic circumstance. Depression and marital conflicts are two important barriers in their motherhood experience. Mexican immigrant mothers mentioned financial burdens, depression, and marital conflicts, as well as their legal status and lack of language proficiency.
## Table C. 4

*Example Quotations of Mexican Mothers and Mexican Immigrant Mothers*

<table>
<thead>
<tr>
<th>Theme</th>
<th>Mexican mothers</th>
<th>Mexican immigrant mothers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perceptions</td>
<td>“I am a capable woman... I am open-minded, available, but I am also stubborn, quick-tempered. I do not limit myself... I am enterprising, intelligent, and responsible.”</td>
<td>“I am a woman who likes to help others... I do everything I can for my kids. I live for my kids... I am a calm woman; I do not like to be involved in trouble.”</td>
</tr>
<tr>
<td></td>
<td>“My skills as a mother are that I have a close relationship with my daughter. I have been paying attention to her education, health... I have tried to see that she grows up in a healthy environment.”</td>
<td>“My responsibilities are to see my child growing up healthy in mind and body... my responsibility is to see that he reaches his goals.”</td>
</tr>
<tr>
<td></td>
<td>“My responsibilities are to see that my child is doing OK in his school... that he gets there on time and does not miss classes. If he is sick, I take care of him. If he is hungry, I cook something for him... I need to provide a healthy emotional environment. I need to know his feelings.”</td>
<td></td>
</tr>
<tr>
<td>Cultural influence</td>
<td>“My mom and my mother in law have been a good model for me. I learned to cook and do other household chores for them. When I see somebody doing something that may work for me, I try to do it... I learned from my mother in”</td>
<td>“I think that it is important that my children learn values because when they grow up, that is what they take. So, if I teach her values now while she is a child, when she becomes an adult, she will know the consequences of her”</td>
</tr>
</tbody>
</table>
law to be a loving mother. She is very loving with her children. She always used to say, ‘good morning’; so, I began to learn from her how important is to be an affectionate mother.”

“I use ideas from my parents and aunts (in my parenting) ... I try to teach her values. Respect is a very important value for me, and I have taught her to respect others. When there is a disagreement, she needs to be respectful and express her ideas.”

“The difference between how my parents raised me and how I am raising my child is that I do not beat her. For example, my father did not use words to explain, he just beat us. I have sometimes spanked my child, but this is not something I do regularly as my parents used to do with me. Then, I prefer to talk with him. He does not like to see me mad, but when he is not obedient, I ignore him. Sometimes, instead of spanking him, I ignore him.”

“Last year I attended a talk which helped me a lot because I remembered how my mom was with me and my brothers. This talk was very important behavior... I treat her with love and respect... I teach her values that are important for me.”

“My mom was very loving with me. My mom and my grandma taught me to cook, iron my clothes, sew, wash, and go to the store to buy groceries. Thanks to my mom I learned those skills and now I know how to do all these things for my family.”

“My father used to beat me. He and my mom thought that they were teaching me something when they beat me. This is something I am not repeating with my child. When I think about my childhood, I only remember how my parents beat me and yelled at me. I don’t want to do the same thing; I want my child to be happy and I don’t want them to see me as a tormenter. I do not want to use threats or physical punishment because it has many negative effects on them. I suffered a lot in my childhood, and it is still affecting me.”

“I like to talk with my friends. I sympathize with them because we are mothers, we are Mexicans, because we have the same roots and they have...
for me because I did not find any reason to live, but thanks to this talk, I realized that my children are my main motivation. They are more important than me; so, I have to live for them.”

“I contribute to my child’s growth by cooking healthy food... I pay attention to his needs... I asked him about what he did in school. At home, we play children’s games... I do many activities with him because I think that he needs to develop different skills... I have worked as a volunteer in his school and I saw he liked it. It is very important that mothers have close contact with their child’s school.”

“I have done my best for my children. When sometimes we had only a few things to eat, I chose not to eat and give them what we had. So, I divide what food we have among them.”

“When I am alone, I think about how my life would be if I had no children. I think that my life would not have any meaning because everything I do is for my children.”

been very helpful for me. I have learned from them to buy cheaper groceries and other things for my family. We also talk about how to raise our children.”

“I talk with his teacher to know how he is doing... I help him with his school activities and I attend school meetings... He is also participating in after-school activities and clubs.”

“I try to make sure that my children eat healthy and that they eat on time. I try to see that they don’t eat a lot of candies. I take my daughter to get her shots. When she needs it, we visit the dentist office. I try not to miss doctor’s appointments; for me, this comes first.”

“I take my child to play at the mall because she can play with other kids there. When I have days off, I go to her school at lunch time, and she likes it. She tells me, ‘I want you to come and meet my friends.’ She also tells me, ‘Mom, I want you to take my friend with us to play.’ I also pick my niece up, and we go together to play at the park. For me, it is very important that my daughter gets involved with...
other kids.”

“We attend social events, we participate in church activities, we go to the park; sometimes, when it is possible, we go to the movies. We visit friends who have children, so they have the opportunity to share, play, and socialize.”

“When we are together, I try to help her with her homework. We visit different places where she can play. I try to help her have a good time. I do not want her to think that I spend too much time working. I want her to see that I also spend time with her playing. I take her to the movies. When she asks me to take her somewhere, I never tell her no. I want her childhood to be special, so when she grows up, she can say that her mom took care of her.”

Support

“I received help from ‘oportunidades’ (a Mexican program from the federal government)... I also receive help from the popular insurance and another health benefit from the place where I am working, this would help in case someone gets sick... Besides these resources, I do not have anything”

“I am receiving Medicaid which has been very important for my child’s health and nutrition. Here (in the United States) victims of domestic violence receive a lot of support... You only have to say that you have been abused and they offer many types of support. There are many organizations
else.”

“The emotional support from my family has been very important to overcome my problems. Also, I received therapy in a government institution.”

“When my father arrives from work, he eats with my children and he asks them if they need something. My father helps me with their school activities, and he also cooks for them. However, it is never the same that someone else is with them instead of their mother.”

“I received help from a shelter where I also received therapy. I also received support from another organization which is helping me to fix my immigration status. I am a candidate to receive the U visa... with that visa I would be able to get residency. They are also helping me with the maintenance of my kids... I have also received support from a church...

There is help almost everywhere.”

“The American government gave me a restraining order for two years which has been very useful for me. I think that government is more involved in this situation now, and it is taking more actions to prevent it. That support was very important because for an immigrant woman it is very difficult to raise her voice to say, ‘Here I am’.”

“I also received help from police. This was important for me because nobody had told me about some help I could get. I did not know it was possible to escape from violence.”
“Later, I was referred to other organizations. For example, one of them helped me a lot because they helped me with my divorce. They were a blessing to me because they offered me a free lawyer. If I had had to hire one, I would have had to spend around 1,000 dollars or more. For someone like me that does not have money, that amount is too much. I knew about this through the first organization I went to.”

“Counseling groups have been very important for me because I have received a lot of information. I think I have made good progress thanks to these groups. In these groups, I’ve learned that there is a better future for us (victims of violence). I regained my self-esteem and now I think that things will be OK.”

“When I participated in parenting classes, I learned that it’s very important to spend time with our children and play with them; so, they will see that you’re involved with them. In these classes, they taught us how we can play children’s games at home. They also taught me how I can
“When my child sees me crying, he gets sad... he tells me: ‘mom I love you, you do not have to cry’... I think that I do not have to let him know that I am sad. So, when I am alone, I begin to cry... When I am sad, I do not get mad at him. I do not blame him for our situation...Sometimes, I would like to talk with my children when they’re misbehaving. Now, I can explain them the consequences of their behavior to them. Before I didn’t know about all these things, and these classes helped me to better understand my kids."

“Here (in the United States), there are many opportunities for mothers. What happens is that people don’t know about these resources because they spend a lot of time watching TV. However, if you want to learn about how to be a better mother, there’s a lot of information out there.”

“When I feel sad, I like to listen to music in my room and I ask my children to watch movies. While they are watching TV, I’m listening to music because it is very relaxing for me. After this, I can pay more attention to them.”

“Barriers

When I was depressed, I did not talk to anybody. I was alone with my children. When they came back from school, we ate together and spent the rest of the evening lying on my bed... they stay and watch TV in the living room. They did their homework, but I did not pay attention to what they
be alone and doing nothing.”
“When I was depressed, I spent the day sleeping and I was very tired...I did not have motivation; however, because my children are most important to me I tried to cook for them, dress them, and help them with their homework, even if I was feeling very sad... when I was depressed my blood pressure was very high and I cried without reason... I did not like to go out and I felt very lonely.”
“Conflicts with my husband affected what I did with my child because my husband wouldn’t let me play with my child or hug him. My husband told me that I was crazy and I wasn’t a good mother. My husband didn’t like it when I spent time with my child. He controlled my life in so many ways.”

did.... When they needed something, sometimes I gave it to them or other times they took it.”
“I think that if a mother does not speak English, she will have many challenges because you need the language for everything. If you take your child to the doctor, you need to understand what the doctor tells you... If you need to talk with your child’s teacher to know about how he is doing, you need to speak in English... It is also very important to understand what they are talking about.”
“It is more difficult for a woman to be a mother in a foreign country because of money. If you do not have a good education, you will not find a job anywhere. It is also difficult to work and leave your children alone. For me, my main concern has been to leave my children with somebody else while I am working.”
“When I was depressed, I didn’t go anywhere. I was home all day, and my children spent the day watching TV. Living like that, it’s very easy to feel depressed. Back then, I didn’t know what depression was. I experienced
many changes in my life. I was sad all day long, and I lost contact with my friends.”

“Fights with my husband were bad for me because I was angry with everyone. Then, I got even with my children. I didn’t spank them, but I scolded them when they did something wrong. We had many arguments at home and my children noticed this. I try to avoid this situation because when I was child, I saw my parents have the same fights.”

“My main barrier in this country is speaking English. When I need to make an appointment, I prefer to do it face to face instead of calling the office. When I need to go to some office to change my address, and they do not understand me, I write it down.”

“My main problem is my immigration status because I don’t have legal documents. This is a problem for me because you need an ID for everything, and many times people do not accept a Mexican ID. I cannot apply for many jobs because I know they are going to ask me for a social security number. I am always worried about deportation,”
and what would happen to my child if I am deported because my child is an American citizen.”


West, C. M. (2005). The “political gag order” has been lifted. In N. Sokoloff (Ed.), *Domestic violence at the margins: A reader at the intersection of race, class, and gender* (pp. 157-173). New Brunswick, NJ: Rutgers University.


