



Published in final edited form as:

J Transcult Nurs. 2017 May ; 28(3): 243–250. doi:10.1177/1043659616644960.

Transnational Motherhood: Health of Hispanic Mothers in the United States Who Are Separated From Children

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Abstract

Immigration often results in the separation of families, and in particular transnational parenting, which is the separation of mothers from children. Transnational mothers may have greater risks for poor mental health and behavioral conditions such as substance abuse, violence, sexual risk, and depression. This study was a secondary analysis of self-reported data from 425 Hispanic mothers (328 with no separations, 60 separated from an adult child, and 37 separated from a minor child) enrolled in a randomized trial of a sexual health group intervention in South Florida (USA). Separations were related to mother's age, years in the United States, family income, number of people living on income, acculturation to the United States, occupational/economic stress, immigration stress, and lifetime exposure to abuse. A follow-up analysis described the types of childhood or adulthood abuse experienced by mothers with separations. These findings provide new information for nurses about the experience of immigrant mothers.

Keywords

transnational; mothers; Hispanic; immigration; violence

The process of immigration and accommodation to a new country is emotionally challenging, especially for families that are physically separated during this transition. The separation of families and particularly of mothers from children, known as “transnational parenting,” is increasingly common. The disruption in the mother–child relationship due to separation may be a risk for poor mental health and behavioral conditions such as substance abuse, violence, sexual risk, and depression. The adverse influence of separations has been documented among children left behind and who were later reunited with mothers in the United States (Mena, Mitrani, Muir, & Santisteban, 2008; Mitrani, Santisteban, & Muir, 2004; Schapiro, Kools, Weiss, & Brindis, 2013). Furthermore, the complex experiences of

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Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the National Institutes of Health.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

women who experience disruptions in motherhood due to illness have been reviewed (Vallido, Wilkes, Carter, & Jackson, 2010). However, the influence that immigration-related separations from children have on the mothers has not been adequately explored. The purpose of this study is to examine the relationships between separations from child and adult children and demographic factors, acculturation, acculturation stress, and mental/behavioral health conditions in a community dwelling sample of adult Hispanic women living in the United States.

Theoretical Framework

We used a syndemic approach to organize an examination of how separations are related to substance abuse, violence, sexual risk, and violence and other contextual circumstances such as socioeconomic status, acculturation, and stress. Syndemics are intertwined physical, psychological, and social conditions that work synergistically to influence the health and well-being of vulnerable and marginalized communities (Singer, 1994, 2009). The first syndemic was identified by Dr. Merrill Singer, a medical anthropologist, to explain how substance abuse, violence, and AIDS (the SAVA syndemic) worked together to influence the lives of poor, inner city, Puerto Ricans in Hartford, Connecticut (Singer, 1996). The SAVA syndemic was then further elaborated on to describe the intersections of substance abuse, violence, sexual risk, and depression for the Hispanic population more broadly, and to identify common risk and protective factors that may link these conditions (Gonzalez-Guarda, Florom-Smith, & Thomas, 2011). The SAVA syndemic considers the interdependence of structural violence and direct violence, which may include family violence and/or abuse, gender violence, hate crimes, racial violence, police violence, state violence, terrorism, and war.

Empirical tests of this model have suggested that the combination of substance abuse, violence, risk for HIV, and depression represent an underlying factor (i.e., a syndemic factor) and that demographic factors such as poor education, acculturation, and acculturation stress are significant predictors of this syndemic (Gonzalez-Guarda, McCabe, Florom-Smith, Cianelli, & Peragallo, 2011; Gonzalez-Guarda, McCabe, Vermeesch, Cianelli, Florom-Smith, & Peragallo, 2012). In this study, we attempted to apply the syndemic theory—that is, to use variables from the SAVA syndemic—to understand how separations influence mothers or how characteristics of mothers and their environment influence separations. Many of these variables may affect immigrating women differently than others. For example, women are more likely to experience depression than men (U.S. Preventive Services Task Force, 2016). Women who are immigrants are likely to have experienced stressful life events, including separations from family and children, that lead to elevated symptoms of depression (World Health Organization, 2015). Recent investigation in the aftermath of conflict has shown that the transition period around immigration may involve social isolation and displacement that increases risks of sexual abuse and rape, which can increase women's risk for HIV or other sexually transmitted infections (STIs; e.g., Carballo et al., 2010). To examine these relationships, we tested whether mothers who separated from their children differed in demographics, acculturation, acculturation stress, or syndemic factor indicators. We also conducted follow-up analysis to further describe phenomena that

were more common in mothers who were separated than in mothers who were not (i.e., lifetime abuse).

Method

Participants

This study is a secondary analysis of data from 548 Hispanic women in a trial of SEPA (*Salud, Educación, Prevención y Autocuidado*/Health, Education, Prevention and Self-care; Peragallo, Gonzalez-Guarda, McCabe, & Cianelli, 2012), a sexual health group intervention in South Florida. Eligibility criteria were between 18 and 50 years old and sexually active 3 months prior to the study. Participants were recruited with flyers and outreach from community settings (e.g., churches, supermarkets, community organizations). Recruitment efforts were targeted in the downtown area of Miami-Dade, and in a neighborhood in Broward County that has a high proportion of Hispanic immigrants. Both the university and department of health institutional review boards approved the study prior to recruitment. Women received \$50 for participation. Out of 548 women in the initial trial, 123 (22%) reported that they were not mothers so were excluded from these analyses, which left 425 mothers for this study.

Measures

All measures had been used with Hispanic samples from previous research and were available in Spanish and English. Assessments were conducted between January 2008 and April 2009 by bilingual research personnel who read questions to the participants and documented participant responses using a web-based software system (Velos) on a computer.

Separations—Women reported the number of children they had, the age of those children, whether the child lived in another country, and how long they had been living apart. A separation was defined as the child living in another country than his or her mother at the time of the assessment. For this study, mothers were divided into three categories (i.e., a three-level independent variable): mothers who had no separations from children, mothers who were separated from adult children but not from minor children, and mothers who were separated from minor children (whether they were separated from adult children).

Demographics—Demographic information was collected at the beginning of the assessment. Age was assessed in years between the woman's birth and consent for the study. Education was the reported years of formal education. Monthly family (i.e., not personal) income was coded as 0 = *less than \$2000* and 1 = *more than \$2000*. Women reported their country of birth, which was coded as 0 = *born outside of the United States* and 1 = *born in the United States* (except for Puerto Rico). Women also reported the years that they had been living in the United States, and the number of people who were living on the family's income.

Acculturation—Acculturation to the United States was measured with the Americanism and Hispanicism subscales of the Bidimensional Acculturation Scale (Marin & Gamba,

1996), a 24-item measure of several domains including language use, linguistic proficiency, and electronic media in either Spanish or English. To score each of the subscales, 12 items are averaged giving a range between 1 (*low*) and 4 (*high*). In this study, reliability was high (Americanism Cronbach's $\alpha = .93$, Hispanicism Cronbach's $\alpha = .85$).

Acculturation Stress—Four subscales from the Hispanic Stress Inventory—immigrant version (Cervantes, Padilla, & Salgado de Snyder, 1991) was used. The original version has 73 items in five subscales (Economic Stress, Parental Stress, Family/Cultural Stress, Marital Stress, and Immigration Stress), but the Parental Stress subscale was not used in the parent study because not all the participants were parents. The Hispanic Stress Inventory—immigrant version has two response sets, one that asks women to report whether they have experienced a stressful event (frequency—which was used in this study), and one that asks the woman to rate how stressful event that occurred (appraisal). These subscales have strong reliability (Cronbach's $\alpha = .74, .80, .74, .83$, respectively).

Syndemic Factor Indicators

Substance abuse—We used the Substance Abuse Behavior measure (Kelly et al., 1994). For this study, three items that were related to the woman's substance use were selected: alcohol and illicit drug use (two items), drunk or high before sex (one item) in the past 3 months. This scale had good reliability (Cronbach's $\alpha = .77$). This variable was dichotomized (never on all items vs. endorsing any item).

Violence—Three variables measured violence, lifetime exposure to abuse, community violence, and partner violence, using the Violence Assessment, developed and adapted in previous studies (Peragallo et al., 2005; Gonzalez-Guarda, Peragallo, Urrutia, Vasquez, & Mitrani, 2008). Lifetime exposure to abuse was positive if one of six items (childhood physical, sexual, or psychological or adulthood physical, sexual, or psychological abuse, not from a sexual partner) was endorsed. The measure also asks about the age the violence started and ended, and information about the perpetrator(s). Reliability was acceptable (Cronbach's $\alpha = .74$). Due to extreme skew, this variable was coded as 0 = *no lifetime abuse*, 1 = *presence of lifetime abuse*. One item (community violence) asked about the death of a close friend or relative to violence. Partner violence was measured with the Revised Conflict Tactics Scales (Straus & Douglas, 2004). Reliability was strong (Cronbach's $\alpha = .86$). Intimate partner violence was present if the woman endorsed any of the items on the 12-item subscale.

Risk for HIV—The Partner Table, which asked about sexual behaviors, consistent condom use, partner's risk for HIV, and history of STIs (Gonzalez-Guarda et al., 2008). Consistent condom used was “always” using condoms during vaginal sex with most recent partner. Partner risk was answering positively to any of six items, whether partner was drunk or high (during and not during sex, four items), injected drugs (one item), and had sex with IV drug users, men, or commercial sex workers (three items). This scale had strong reliability (Cronbach's $\alpha = .78$). Women also were asked if they had been diagnosed with an STI.

Depression—The Center for Epidemiologic Studies Scale (CES-D; Radloff, 1977) assessed depressive symptoms with 20 items. Total scores 16 or greater suggest a high probability of clinical depression. The CES-D has been commonly used in numerous studies in Spanish (Roberts, 1980). The CES-D had good reliability (Cronbach's $\alpha = .94$).

Analysis Plan

The generalized linear model (GZLM) module in SPSS 18 was used for all analyses. GZLM allowed us to run a series of similar analyses with dependent variables that had a number of distributions (e.g., normal, binary). We planned two steps for the analysis. In each analysis, separations type (no separations, separated from adult children, separated from minor children) was the independent variable. In Step 1, we tested whether separations was related to demographics, acculturation, and/or acculturation stress in separate univariate GZLM analyses. In this step, we used binary logistic regression for dichotomous demographic variables, linear response for continuous normally distributed demographic variables, and negative binomial regression for variables that were positively skewed. Post hoc pairwise comparisons with Bonferroni corrections were used to test for difference in the three groups. In Step 2, we tested whether separations was related to the syndemic factor indicators (i.e., substance abuse, violence, risk for HIV, and depression). All of the syndemic factor indicators were dichotomous variables, so we used series of separate univariate binary logistic regressions. Post hoc pairwise comparisons with Bonferroni corrections were used to test for differences between each level of the separations type variable.

Results

Separations

Of the 425 mothers, 328 (77%) were not separated from their children, 60 (14%) were separated from their adult children, and 37 (9%) were separated from their minor children. Women separated from adult children had been separated on average for 6.57 years ($SD = 5.80$). Thirty-five (58%) of these women were separated from one child, 15 (25%) from two children, five (8%) from three children, and five (8%) from four children. Women separated from minor children had been separated on average for 5.73 years ($SD = 5.47$). Sixteen (43%) of these women were separated from one child, 12 (32%) from two children, five (14%) from three children, and four (11%) from four children.

Step 1: Demographics, Acculturation, and Acculturation Stress

Table 1 shows the summary statistics for demographics, acculturation, and acculturation stress in each of the three groups, and the results of omnibus tests of difference. Separation type was related to mother's age. Mothers separated from adult children, $p < .001$, and mother separated from minor children, $p < .001$, were significantly older than those with no separations. Separation type was also related to the number of years mothers had been living in the United States. Mothers with no separations, 18 of whom were born in the United States, had been living in the United States for a significantly longer time than mothers separated from minor children, $p = .001$. We found that separation type was related to the number of people living on the family's income. Mothers with no separations were supporting significantly more people with their income than mothers separated from adult

children, $p < .001$, and those separated from minor children, $p = .002$. There were differences in acculturation between the three groups. Mothers with no separations, 18 of whom were born in the United States, had significantly greater Americanism than mothers separated from adult children, $p < .001$, and those separated from minor children, $p = .002$. Mothers with no separations had significantly lower Hispanicism than mothers separated from minor children, $p = .011$. Separations were related to family income. Mothers with no separations were significantly more likely to have a family income greater than \$2000/month, $p = .013$. There were also differences in acculturation stress between the three groups. Mothers with no separations had significantly lower occupational stress than mothers separated from adult children, $p < .001$, and mothers separated from minors, $p = .005$. Mothers with no separations also had significantly lower immigration stress than those separated from adult children, $p = .001$, and those separated from minors, $p < .001$.

Step 2: Syndemic Factor Indicators

Table 2 shows results for the syndemic indicators. Analyses with the syndemic factor indicators showed only one significant result; the proportion of women who experienced abuse in their lifetime differed by separation type. Post hoc tests revealed that mothers separated from minor children were significantly more likely to report past abuse than mothers with no separations, $p = .035$. There was a nonsignificant trend for mothers separated from adult children to report past abuse than mothers with no separations, $p = .112$.

Follow-Up Analyses

To explore the lifetime abuse experience of mothers separated from children, we compared reports of types of abuse reported by mothers separated from adult children with those separated from minor children. We chose to examine the women's experience with abuse in more detail because it was the only syndemic indicator that was significantly related to separations. There were no significant differences in the proportions who reported experiencing types of childhood abuse: physical abuse during childhood, $\chi^2(1, N = 97) = 0.05, p = .825$; sexual abuse during childhood, $\chi^2(1, N = 97) = 0.39, p = .534$; verbal/emotional abuse during childhood, $\chi^2(1, N = 97) = 0.25, p = .615$. The majority of the childhood abuse events appeared to have occurred during the preadolescent and adolescent years, with a significant proportion of separated women reporting being victimized by a father figure (father/stepfather/father-in-law) or by an intimate partner. Table 3 summarizes additional characteristics of the abuse events experienced by mothers with separations during childhood. There were no significant differences between mothers separated from minor children and those separated from adult children in the numbers that reported experiencing previous types of abuse during adulthood: physical abuse during adulthood, $\chi^2(1, N = 97) = 0.00, p = .989$; sexual abuse during adulthood, $\chi^2(1, N = 97) = 0.64, p = .424$; verbal/emotional abuse during adulthood, $\chi^2(1, N = 97) = 1.80, p = .180$. The majority of the abuse appeared to have occurred during young adulthood, with the vast majority of separated women reporting being victimized by an intimate partner. Table 4 provides information about the abuse events experienced by mothers with separations during adulthood.

Discussion

Separations type (mothers who had no separations from children, mothers who were separated from adult children, but not from minor children, and mothers who were separated from minor children) was associated with several demographic variables. Separated mothers were older, less acculturated and lived for a shorter time in the United States, had lower family incomes and fewer people living in the household on that income. With respect to immigration stress, separated mothers experienced greater occupational/economic stress and immigration stress than mothers who were not separated from their children. Separation type was only related to one of the syndemic indicators: lifetime exposure to abuse. Mothers with separations were more likely than nonseparated mothers to report past abuse. Despite the differences in lifetime exposure to abuse between separated and nonseparated women, the overall report of physical, sexual, and verbal/emotional abuse was lower in this sample than what has been reported in representative samples nationally (Black et al., 2011). For example, 17% of the sample reported experiencing any form of sexual abuse during childhood and 8% reported sexual abuse during adulthood. In the United States, approximately 19% of women report being raped at one point in their lives, while 44% report other forms of sexual violence such as sexual coercion and unwanted sexual experiences (Breiding et al., 2014). Participants in this study were asked to identify if they had experienced any abuse. Although examples were provided of different forms of abuse (e.g., raped, unwanted sexual acts), the measure that was used did not detail preidentified acts or experiences that participants could endorse. This may have led to us underestimate the true frequency of lifetime exposure to abuse in this sample.

Follow-up analysis exploring the type and characteristics of the lifetime abuse that were reported by separated mothers revealed important trends. First, the adolescent and young adulthood periods appeared to be a vulnerable time for separated women. Second, 10% to 43% of separated mothers, depending on the type of abuse, reported father figures and intimate partners as the perpetrator of this abuse. These two findings mirror national statistics that indicate that women are most vulnerable to intimate partner violence and sexual assault earlier in life, and that family members or intimate partners are often the perpetrators (Black et al., 2011; Tjaden & Thoennes, 2000). Third, a large proportion of separated mothers reported “other” perpetrators that were not specifically identified in the data that were collected, especially for sexual abuse (86%). Findings from other studies examining sexual abuse among Hispanic samples of women suggest that “others” are likely to include extended family members (Arroyo, Simpson, & Aragon, 2007; Cuevas & Sabina, 2010). More research should be conducted to identify the characteristics of this abuse and the pathways in which these are related to immigration experiences, both premigration and postmigration, separations, and negative mental/behavioral outcomes.

The finding that mothers with separations had higher levels of lifetime abuse, but were not more likely to have other syndemic indicators, particularly depression, substance use, sexual risk, or current partner violence, is noteworthy given that childhood and adult abuse have been linked to depression, substance abuse, and partner violence (e.g., McMahon et al., 2015; Shapero et al., 2014; Swogger, Conner, Walsh, & Maisto, 2011) later in life. Moreover, the mothers separated from children reported higher levels of stress, which one

would also expect to be associated with untoward mental health outcomes (Brabeck, Lykes, & Hunter, 2014). The apparent resiliency of these mothers is of interest. Perhaps some of these women left their countries of origin to escape abusive situations, and their mobilization is indicative of active coping which is protective for mental wellness (Suarez-Orozco, Todorova, & Louie, 2002). This may also result in lower overall sexual risk behaviors, however, our measures of sexual risk behavior may have limited the ability to find relationships. For example, self-reported STI history is subject to recall bias. Partner risk was reported by the women, who may not be aware of many risky behaviors of their sexual partner(s). Condom use was very low (less than 15%) in this sample, and may reflect many factors, including that women must negotiate condom use with their partners.

Despite these findings, mothers separated from children in the context of immigration report feelings of longing and distress associated with these separations (Dreby, 2015). One core cultural value, familism, includes the belief that the needs of the family are above that of the individual, family cohesiveness, reciprocity, and honor (Steidel & Contreras, 2003). Hispanic families often have close extended family networks, with family members serving as parenting surrogates. Women who have strong familism may be in a bind between providing for the family by immigrating to the United States and taking a higher paying job, and directly caring for family members in the home. On the other hand, familism and the resulting family support may also help to soften the negative effects of transnational parenting since mothers may be reassured that their children who remained in the country of origin are well cared for and loved by family members.

Although historically mostly men were first in their family migrants, recently more women have been immigrating (estimated at 95 million, or about 50% of all immigrants worldwide), and then bringing children at a later time (Kofman & Raghuram, 2012). As seen in the parent study in which 30% of Hispanic women within a community sample were separated from their children, this is not an uncommon pattern. Our findings of resiliency notwithstanding, current and past separations between mothers and children are disruptive to family bonds (Mitrani et al., 2004).

Results should be interpreted with respect to the limitations of this data set. Participants were not randomly sampled from the community, so generalizability is restricted. The sample was women who were interested in participating in an educational intervention trial; it is not known how women in the larger population may differ from women who do not wish to participate in this type of trial. Non-Hispanic women were not included in this study and—it is possible that cultural beliefs or norms in other groups might influence relationships shown in this study. The sample was relatively small compared with the number of Hispanic women in the United States, which further limits generalizability. Furthermore, there have been recent changes to immigration policies that may influence immigration-related separations, and correlates of separations. All data were cross-sectional, so caution should be used when making causal interpretations. Therefore, we do not know if and how abuse experiences contributed to separations or if the separation made women more vulnerable to abuse. Although mothers with minor children have an incentive to avoid situations where they might be abused, it is also possible that mothers who experienced abuse in their past would be from less stable families, and thus more likely to separate from

children. Measures were self-reported, and only the mother's perspective was assessed. Self-report measures have a number of biases, including the possibility of poor recall and social desirability.

These results are novel, in that they examine the experience of mothers who are separated from children as a result of immigration. Previous research has examined effects of immigration-related separations on children, but not parents. We did not find separations to be related to higher risk for the syndemic among the mothers, but our findings do suggest that experiencing violence and abuse during adolescence and young adulthood was associated with separation. Thus, consistent with the syndemic, family disruption affecting the next generation appears to be yet another consequence of trauma to young women.

This has several implications for health care providers. When working with Hispanic women, providers must be aware of cultural values and common patterns related to immigration and additionally of separations. Clinicians who work with immigrants, and specifically with immigrants who are mothers, should be aware of the experience and context of mothers who are not living with their children. Women who were separated were more likely to report past abuse and current stress related to immigration and economics. Separations were not directly related to mental health conditions, for example, depression or substance use, measured in this study, but higher stress and abuse are both linked to adverse mental and physical health, consistent with the syndemic guiding this study. Future research should examine mental health symptoms in greater detail and with both self-reports and clinician rating measures.

As with mothers who have their parenting role disrupted by an illness (Vallido et al., 2000), nurses and other clinicians are well-suited to support women separated from children due to immigration. Nurses and other clinicians can recognize the meaning assigned to motherhood by many women, and talk about the changes to life roles and circumstances due to immigration and/or separations from children. Any health professional working with separated mothers should be able to assist women in navigating complex interactions between competing demands and expectations placed on women in these circumstances and emphasize that caring for the self is an important part of motherhood. Nurses and other clinicians can provide substantial benefit to women by normalizing the emotional reactions of women and family members to immigration-related separation experiences, and to instill hope about successful resolutions.

Acknowledgments

Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This study received support from the Center of Excellence for Health Disparities Research: El Centro, National Institute on Minority Health and Health Disparities grant 2P60MD002266 (Victoria B. Mitrani, Principal Investigator).

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Table 1
Demographics, Acculturation, and Acculturation Stress for Hispanic Mothers Divided by Separations.

Variable	None (<i>n</i> = 328)		Adult child (<i>n</i> = 60)		Minor child (<i>n</i> = 37)		Wald χ^2
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Age	37.77	7.79	44.97	4.21	36.57	7.14	26.07***
Education (years)	13.08	3.35	13.25	4.18	12.35	3.40	0.85
Years in United States	12.78	10.8	9.38	9.21	6.41	5.94	21.93***
Number of people living on income	3.30	1.20	2.30	0.93	2.32	1.13	25.62***
Acculturation (Americanism)	2.36	0.75	1.87	0.70	1.92	0.59	15.67***
Acculturation (Hispanicism)	3.54	0.44	3.65	0.32	3.75	0.29	10.64**
Born in United States, <i>n</i> (%)	18 (5)		1 (2)		0 (0)		3.63
Family income (>\$2000 per month), <i>n</i> (%)	102 (31)		12 (20)		5 (14)		7.32*
Acculturation stress							
Occupational/economic	2.83	2.37	4.22	2.75	4.19	3.01	19.82***
Marital	3.66	2.95	4.47	3.03	3.62	2.76	3.38
Immigration	4.34	3.62	6.30	3.92	7.12	4.43	20.51***
Family/cultural	3.24	3.11	3.97	2.82	3.00	2.66	2.52

Note. The values in bold are statistically significant.

* $p < .05$.

** $p < .01$.

*** $p < .001$.

Table 2
Differences in the Syndemic Indicators of Hispanic Mothers Divided by Separations.

Variable	None (<i>n</i> = 328)		Adult child (<i>n</i> = 60)		Minor child (<i>n</i> = 37)		Wald χ^2
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	
Woman's substance use	34	10	6	10	2	5	0.92
Lifetime exposure to abuse	144	44	35	58	24	65	8.98*
Community violence	69	21	18	30	8	22	2.36
Partner violence	218	66	38	63	18	49	4.65
Consistent condom use	44	13	5	8	4	11	1.27
Partner risk	141	43	31	52	15	41	1.75
Lifetime STI history	22	7	4	7	2	5	0.09
Depression	80	24	17	28	9	24	0.43

Note. STI = sexually transmitted infection. The value in bold is statistically significant.

* $p < .05$.

** $p < .01$.

*** $p < .001$.

Table 3

Childhood Abuse Experience Reported by Mothers With Separations ($n = 97$).

	Physical			Sexual			Verbal/emotional		
	<i>n</i>	%	<i>M (SD)</i>	<i>n</i>	%	<i>M (SD)</i>	<i>n</i>	%	<i>M (SD)</i>
Reporting type of abuse	25	26	16	17	21	22			
Age at start of abuse, <i>M (SD)</i>		12.57 (4.78)	10.39 (5.11)		12.45 (4.54)				
Age at end of abuse, <i>M (SD)</i>		16.33 (4.22)	11.82 (5.73)		17.21 (5.30)				
Multiple perpetrators	3	12	5	19	3	14			
Relationship of perpetrator ^a									
Father/stepfather/father-in-law	5	18	2	10	5	21			
Mother/stepmother/mother-in-law	3	11	0	0	2	8			
Sibling/stepsibling	1	4	0	0	0	0			
Partner/spouse/ex	12	43	2	10	10	42			
Other	7	25	18	86	7	29			

^aRelationship of perpetrator is percentage of those reporting that type of abuse, including multiple perpetrators, that is, percentage of each violent event.

Table 4
 Previous Adulthood Abuse Experience Reported by Mothers With Separations (*n* = 97).

	Physical		Sexual		Verbal/emotional	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Reporting type of abuse	34	25	8	8	37	38
Age at start of abuse, <i>M</i> (<i>SD</i>)		26.41 (7.51)		28.22 (8.11)		29.17 (7.27)
Age at end of abuse, <i>M</i> (<i>SD</i>)		29.54 (7.40)		30.56 (8.46)		32.90 (6.09)
Multiple perpetrators	5	15	1	13	4	11
Relationship of perpetrator ^a						
Parent figure	1	3	0	0	0	0
Sibling/steppibling	0	0	0	0	2	5
Partner/spouse/ex	36	92	4	44	33	80
Other	2	5	5	56	6	15

^aRelationship of perpetrator is percentage of those reporting that type of abuse, including multiple perpetrators, that is, percentage of each violent event.