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Relationship of Vulnerability to Coercive Control and Intimate Partner Violence (IPV) among Latinas

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UNIVERSITY OF MIAMI

RELATIONSHIP OF VULNERABILITY TO COERCIVE CONTROL AND INTIMATE PARTNER VIOLENCE (IPV) AMONG LATINAS

By

Susan Dee Watson

A DISSERTATION

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RELATIONSHIP OF VULNERABILITY TO COERCIVE CONTROL AND INTIMATE PARTNER VIOLENCE (IPV) AMONG LATINAS

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IVP is the most common cause of violence-related injury to women in the United States and greater than one-third of all female homicide victims in the U.S. were killed by the victims’ husband or partner. Nationally, intimate partner violence (IPV) has been identified as a public health issue, and internationally gender inequality is the number one human rights issue. In addition to risk factors identified among multicultural samples, characteristics that increase Latina vulnerability to IPV may relate to the specific cultural scripts between partners that are expected and supported within Latino culture.

Latinas in the United States are affected by a confluence of risk factors for IPV including power imbalances associated with traditional gender roles (machismo, the stereotypical male role, and marianismo, the traditional female role), acculturation, socioeconomic status and education level. Vulnerability to coercive control behaviors resulting in IPV from a partner may be increased if the woman has a previous history of child sexual abuse (CSA).

A secondary analysis of selected data from a three year parent study, SEPA II (Salud, Educacion, Prevencion y Autocuidado; Health, Education, Prevention and Self-Care), was undertaken to explore the relationships between CSA, machismo, marianismo, acculturation, socioeconomic status and education on the severity and occurrence of IPV among 548 adult Latinas between the ages of 18 and 50. Selected data
elements were analyzed from the Short Form of the Revised Conflict Tactics Scale (CTS2S), the Violence Assessment Questionnaire (VAQ), the M-Measure (machismo), the Attitudes toward Women Scale (marianismo), the Bidimensional Acculturation Scale for Hispanics (BAS) and baseline demographic measures collected on the El Centro Intake Form.

Correlations were done to examine the relationships among IPV, CSA, machismo, marianismo, acculturation, SES and education. Logistic regression was used to determine if women who report IPV are more likely to also report a history of CSA, more traditional gender role beliefs, higher levels of acculturation, lower SES and higher education.

CTS2S (severity of violence) was significantly correlated with CSA, and the non-Hispanic domain of the BAS. The VAQ measure of violence (occurrence of physical violence > 18 years) also was significantly correlated with CSA, negatively correlated with the Hispanic domain, positively correlated with the Non-Hispanic domain of the BAS, and negatively correlated with monthly income. CSA was negatively associated with the Hispanic domain, positively correlated with the non-Hispanic domain and negatively correlated with years of education. Traditional gender roles did not influence the occurrence or severity of violence in this study. CSA was a significant predictor of IPV among Latinas. Hispanic domain (acculturation) and higher monthly income were protective against IPV among Latinas.

Childhood sexual abuse, identification with non-Hispanic culture and decreased SES were found to increase vulnerability to IPV among Latinas. There is a need to design and test interventions and support systems for women that are contextually
structured to acknowledge the family and community values as well as the individual needs of Latinas. Interpreting responses to violence for Latinas within the larger context of equality for women becomes part of an international focus aimed at ending gender based violence.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>LIST OF FIGURES</th>
<th>vi</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIST OF TABLES</td>
<td>vii</td>
</tr>
</tbody>
</table>

## CHAPTERS

1. Introduction .................................................................................................................. 1
   - Intimate Partner Violence ...................................................................................... 2
   - Vulnerability ........................................................................................................... 7
   - Childhood Sexual Abuse .......................................................................................... 7
   - Traditional Gender Roles ....................................................................................... 9
   - Marianismo/Machismo ............................................................................................. 9
   - Acculturation ............................................................................................................ 10
   - Socioeconomic Status/Education ............................................................................ 11
   - Significance ............................................................................................................. 11
   - Purpose of Study ..................................................................................................... 15
   - Research Questions ................................................................................................. 16
   - Research Hypotheses ............................................................................................... 16
   - Assumptions ............................................................................................................. 16
   - Definition of Terms ................................................................................................. 16
   - Vulnerability ............................................................................................................ 17
   - Childhood Sexual Abuse ....................................................................................... 17
   - Traditional Gender Roles Defined ......................................................................... 17
   - Acculturation ............................................................................................................ 18
   - Socioeconomic Status ............................................................................................. 19
   - Education ................................................................................................................ 19
   - Intimate Partner Violence/Intimate Terrorism ..................................................... 19
   - Theory Overview .................................................................................................... 20
   - Theory Synthesis ..................................................................................................... 21
   - Social Vulnerability of Women ............................................................................... 22
   - Nested Ecology of Intimate Partner Violence ....................................................... 23
   - Model of Coercive Control ...................................................................................... 24
   - Summary .................................................................................................................. 25

2. REVIEW OF THE LITERATURE ............................................................................... 27
   - Intimate Partner Violence ..................................................................................... 31
   - Intimate Terrorism ................................................................................................. 32
3 METHOD .......................................................... 50
Purpose ..................................................................... 50
Study Design .......................................................... 50
Parent Study ............................................................ 50
Setting ...................................................................... 51
Data Collection and Management ................................. 52
Parent Study Sample ................................................. 53
Measures .................................................................... 53
Secondary Study ....................................................... 54
Study Design ............................................................ 54
Setting and Sample .................................................... 55
Personal Factors ....................................................... 58
Variables .................................................................... 58
Instruments .................................................................. 58
Short Form of the Revised Conflict Tactics Scale ............... 58
Violence Assessment Questionnaire ............................... 60
Attitudes Towards Women Scale ..................................... 61
The Machismo-Measure ............................................... 63
The Bidimensional Acculturation Scale for Hispanics ......... 65
Protection of Human Subjects ......................................... 67
Data Management and Analysis ..................................... 67
Descriptive Statistics ................................................... 67
Hypothesis Testing ..................................................... 68
Data Analysis ............................................................ 68

4 RESULTS ........................................................... 71
Description of Study Variables ...................................... 75
Violence ...................................................................... 75
Machismo/Marianismo ................................................ 76
Acculturation ............................................................. 78
Analysis of Research Questions ...................................... 79

5 DISCUSSION ......................................................... 85
IPV ........................................................................... 86
CSA ........................................................................... 86
Traditional Gender Roles ............................................. 87
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acculturation</td>
<td>88</td>
</tr>
<tr>
<td>Monthly Income</td>
<td>90</td>
</tr>
<tr>
<td>Years of Education</td>
<td>91</td>
</tr>
<tr>
<td>Study Strengths and Limitations</td>
<td>92</td>
</tr>
<tr>
<td>Future Research Implications</td>
<td>94</td>
</tr>
<tr>
<td>Summary</td>
<td>95</td>
</tr>
<tr>
<td>REFERENCES</td>
<td>97</td>
</tr>
<tr>
<td>FIGURES</td>
<td>113</td>
</tr>
<tr>
<td>APPENDICES</td>
<td>119</td>
</tr>
<tr>
<td>1. Attitudes Toward Women Scale</td>
<td>119</td>
</tr>
<tr>
<td>2. M-Measure</td>
<td>122</td>
</tr>
<tr>
<td>3. Conflict Tactics Scale</td>
<td>124</td>
</tr>
</tbody>
</table>
LIST OF FIGURES

1. Vulnerability to IPV among Latinas .......................................................... 113
2. Substruction ............................................................................................... 114
3. Social Vulnerability of Women ................................................................. 115
3. Nested Ecology of Intimate Partner Violence .......................................... 116
4. Model of Coercive Control ...................................................................... 117
## LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 2.1</td>
<td>CSA Prevalence Studies</td>
<td>36</td>
</tr>
<tr>
<td>Table 4.1</td>
<td>Demographic Characteristics</td>
<td>73</td>
</tr>
<tr>
<td>Table 4.2</td>
<td>Country of Birth</td>
<td>74</td>
</tr>
<tr>
<td>Table 4.3</td>
<td>Item-Total Statistics M-Measure</td>
<td>77</td>
</tr>
<tr>
<td>Table 4.4</td>
<td>Item-Total Statistics-Attitude Toward Women Scale</td>
<td>78</td>
</tr>
<tr>
<td>Table 4.5</td>
<td>Correlation Matrix</td>
<td>82</td>
</tr>
<tr>
<td>Table 4.6</td>
<td>Logistic Regression Analysis</td>
<td>84</td>
</tr>
</tbody>
</table>
CHAPTER 1

Introduction

Latinas are socially vulnerable because of low income, lack of health care, and lack of resources and may not report IPV as frequently as other women (Bureau of Justice, 2007, Spring, 2008). The characteristics that increase Latina vulnerability to IPV from a partner may relate to the specific cultural scripts between partners that are expected and supported within Latino culture. These are defined as machismo, or the stereotypical male role, and marianismo, the traditional female role (Cianelli, Ferrer, & McElmurry, 2008; Perilla, Bakeman, & Norris, 1994). Power imbalances associated with traditional gender roles may interact and compound the cultural factors that have been previously identified as increasing violence among Black and Hispanic couples (Fenton, 2003).

Domestic tranquility and family centered values (familismo) within Hispanic society, cannot be realized in a home marred by physical, sexual or emotional violence from an intimate partner. Women in the United States are at increased risk of poor mental and physical health outcomes as a result of intimate partner violence (IPV) (Campbell, 2002; Campbell, et. al., 2002; Coker, Smith, Bethea, King, & McKeown, 2000). In the United States, Hispanic women (Latinas) appear to be at greater risk of IPV than White women (Caetano, Field, Ramisetty-Mikler, & McGrath, 2005), however, research findings are not consistent after controlling for other factors such as socioeconomic status (Kantor, Jasinski, & Aldarondo, 1994; Tjaden & Thoennes, 2000). Studies analyzing the risk factors that increase vulnerability to IPV among Latinas are
limited (Aldarando, Kaufman-Kantor, & Jasinski, 2002; Gonzalez-Guarda, Peragallo, Vasquez, Urrutia, & Mitrani, 2009; Perilla, Bakeman, & Norris, 1994). The theoretical model of *Vulnerability to IPV among Latinas* is a synthesized theory that considers the factors that make Latinas vulnerable to partner violence. The theory includes concepts from the *Social Vulnerability of Women* (Spring, 2008), the *Nested Ecology of Intimate Partner Violence* (Bronfenbrenner 1979; Dutton, 1996; Edelson & Tolman 1992) and the *Model of Coercive Control* (Dutton & Goodman, 2005). Gender Conflict and Control theory (Johnson, 2006) defines the type of violence resultant from the need to control one’s partner as *intimate terrorism*. The Vulnerability to IPV among Latinas theory will be used to provide an understanding of the inter-relationships among childhood sexual abuse (CSA), gender roles, acculturation, socioeconomic status (SES), and education with intimate partner violence (IPV) among Latinas (Weber & Parra-Medina, 2003).

**Intimate Partner Violence**

The term "intimate partner violence" (IPV) describes physical, sexual, or psychological harm by a current or former partner or spouse that may occur across a continuum of severity from degrading comments to chronic severe battering (persistent, multiple episodes of physical, sexual, emotional violence or threats of such violence). IPV may also refer to threats of physical or sexual violence which communicate the intent to cause death, disability or physical injury. Intimate partner violence results in emotional and physical consequences including murder. IPV is an antecedent to chronic health deterioration and disease processes such as HIV and is transmitted across generations (Campbell, 2002; Cohen, et al., 2000).
Social forces such as acculturation, traditional gender roles and economic and educational constraints on women may increase vulnerability to IPV, especially among adult Latinas (Campbell, Masaki, and Torres, 1997). This research will examine the impact of power relationships with CSA, gender, acculturation, socioeconomic status, and education as an essential element to address the impact of IPV upon Latinas in the United States.

IPV has been identified as a major public health issue (CDC, 2008; United Nations Population Fund, 2005). IPV is the most common cause of violence related injury to women in the United States (Grisso et al., 1999) and greater than one-third of all female homicide victims in the U.S. were killed by the victims’ husband or partner (Bureau Of Justice Statistics, 2007). The health consequences for IPV victims have been well documented. Health outcomes of exposure to IPV include increased rates of heart attack, heart disease, stroke, asthma, high cholesterol, sexually transmitted diseases including HIV and an increased rate of miscarriage. In addition, direct results from the injuries result in chronic pain, use of disability equipment, limited activity status and arthritis (CDC, 2008) After interviews with more than 24,000 women from Bangladesh, Brazil, Ethiopia, Japan, Namibia, Peru, Samoa, Serbia and Montenegro, Thailand, WHO (2005) study findings indicated that both short and long term health consequences are consistently experienced by women across nationalities, regardless of prevalence of violence in the local community setting, or cultural or economic background (WHO, 2005).
Health consequences common to the diverse international population of women survivors of IPV includes abdominal and thoracic injuries, gastrointestinal disorders, irritable bowel syndrome, chronic pain syndromes, fibromyalgia, bruises, welts, lacerations, abrasions and fractures, and ocular damage. Psychological and behavioral manifestations of poor health outcomes from IPV include increased drug and alcohol abuse, tobacco abuse, depression and anxiety including panic disorder, sleeping and eating disorders, feelings of shame and guilt, poor self-esteem, psychosomatic complaints, suicidal ideation, self-harm behaviors, Post-Traumatic Stress Disorder, and unsafe sexual behavior (World Health Organization, 2005).

Sexual and reproductive consequences include pelvic inflammatory disease, infertility, sexual dysfunction, unwanted pregnancy or pregnancy complications, miscarriage, and sexually transmitted diseases including HIV/AIDS. Fatal health consequences related to IPV are femicide, AIDS-related mortality, maternal mortality and suicide (Heise & Garcia-Moreno, 2002). The estimated financial burden of medical and mental health care linked to IPV in the United States in 2005 was 4.1 billion dollars annually with an estimated $159 million dollars of that amount for emergency care related to physical assaults (Waters, Hyder, Rajkotia, Basu, & Butchart, 2005). The true extent of the cost of IPV is unknown because many assaults go unreported.

Latinas are reluctant to seek medical care after being abused. Forty-seven percent of Latinas in New Jersey (n = 47) reported that they rested in bed only, and 30% went to the emergency room after receiving injuries from a partner (Zarza & Santana, 1998). Twelve percent of the women had to be hospitalized for severe injuries after being abused
by a partner (Zarza & Santana, 1998). Among a convenience sample of 1,212 women surveyed in a rural south-eastern setting, Latinas who experienced IPV were more likely to report fair to poor health than non-Latinas who reported IPV. Significant associations were found between physical violence, psychological abuse and depression as well as between psychological abuse and somatic symptoms and depression among a sample of 282 Latina women (Hazen, Connelly, Soriano & Landsverk, 2008).

In an exploratory study of 3,429 women, Latinas (n=139) with a lifetime history of IPV had worse health outcomes compared to non-Latinas with a similar history. Using the Short Form 36 Health Survey (SF-36), which measures a variety of mental and physical health outcomes, Latinas with IPV histories reported lower scores for mental health outcomes and overall vitality compared to non-abused Latina women. Prevalence of depression was two times for Latina than non-Latina women (Bonomi, Anderson, Cannon, Slesnick & Rodriguez, 2009). Depression and PTSD symptoms were significantly greater among a population of 44 Latinas from both the western U.S. and Mexico compared to U.S. non-Latinas with a history of IPV (Edelson, Hokoda, & Ramos-Lira, 2007).

Behaviors that characterize IPV include verbal abuse, threats of harm, isolation, stalking, breaking items, threatening to remove the children from the home, yelling, punching, slapping, and brandishing a weapon (BJS, 2007). IPV is culturally bound with the relationships of gender, race, social class and sexuality and are further shaped by power and oppression (Kelly, 2009). IPV also is associated with a low education level; low socioeconomic status; low self-esteem; a history of abuse; current drug and alcohol
abuse; isolation; mental illness or disability; being single, separated, divorced, or planning to separate (Stith, Smith, Penn, Ward, & Tritt, 2004).

Latinas in the United States are affected by additional risk factors for IPV including acculturation, immigration status, language barriers and a lack of knowledge about how to get help from service agencies if it is needed (Moreno, 2007). Studies have shown that Latinas are hesitant to use the services available to them. Fifty percent of Latinas may not report the abuse to the police or talk about abuse with family members and are even less likely to confide in social workers, counselors or therapists. Latinas are reluctant to get medical care after being abused. Informal and formal help-seeking was investigated as a part of a larger study of sexual assault among a national sample of 2000 Latinas (SALAS). Twenty-one percent of the women sought one or more types of formal help included seeking medical attention for injuries (41%), reporting the sexual assault to the police (6.6%), going to a social service agency (9.9%), obtaining a restraining order (7.1%) or filing criminal charges (6.1%) (Cuevas & Sabina, 2010). Reasons for not using formal help-seeking resources included fear of the assailant, being too young, shame, privacy concerns, and fear that the woman would not be believed. Informal help-seeking was measured by talking to someone (friend, parents, siblings, husband/partner, minister/clergy, or other family member) about the sexual victimization. Of the 60% of women who disclosed the incident to others, disclosure to friends was most common at 32%, and disclosure to parents was 31%. The most helpful confidants were other family members, and parents were ranked as least helpful (Cuevas & Sabina, 2010). Thirty-six percent of the women reported no help-seeking and a history of childhood victimization
is especially likely to be associated with no help-seeking. Immigrant Latinas may be less likely to seek help because of financial dependence on their husbands, fear of deportation and lack of insurance (Lipsky & Caetano, 2007). Understanding the social, cultural and personal characteristics that render women, especially Latinas, vulnerable to violence within a relationship is critical to stopping the cycle of abuse.

**Vulnerability**

Vulnerability is defined by Merriam-Webster (2009) as “the capability of being wounded physically or emotionally” or “being open to attack or damage.” Internal family pressures due to traditional patriarchal power dynamics, as well as education and the socioeconomic status of the household affect the ability of women to build resilience and decrease social vulnerability (Spring, 2008). A personal history of childhood sexual abuse increases vulnerability to coercive control tactics within a traditional male dominated relationship (Dutton & Goodman, 2005). New terminology, articulated as *gender security* incorporates the social vulnerability of women as well as the traditional, mutually reinforcing patterns of dominance and oppression of women (Spring).

**Childhood Sexual Abuse.**

Childhood sexual abuse (CSA) is frequently associated with the occurrence of emotional, sexual and physical violence within intimate relationships in adulthood (Bassuk, Dawson, & Huntington, 2006; Cohen et al., 2000; Tjaden & Thoennes, 2000). Reports of CSA within families are most likely under-reported especially among Hispanic households (Aldarondo, Kaufman-Kantor, & Jasinski, 2002; Ulibarri, Ulloa & Camacho, 2009). Cultural constraints suppress disclosure of sexual abuse among
Latinas. It has been consistently reported in the literature that compared to other ethnic groups, Latina women and girls are more likely to be abused by male family members or relatives such as uncles, cousins, brothers, grandfathers, fathers, and stepfathers compared to other ethnic groups (Romero, Wyatt, Loeb, Carmona, & Solis, 1999). In addition, Romero and colleagues (1999) found that four of the women in their study were forced by their families to marry the perpetrators of their abuse. Latino family values may contribute to the impact of CSA either positively or negatively (Cuevas & Sabina, 2010). Family needs that supersede the needs of the individual are reflected in the traits of familismo. Large extended family networks can be a source of support for CSA survivors, or can lead to a fear of disclosure. Keeping problems within the family is much more likely than seeking outside assistance (Ullibarri, Ulloa, & Camacho, 2009). Maternal conflicts arise regarding support of the child versus support of the male provider especially if the father is the perpetrator and financial provider. The patriarchal nature of the culture implies that children, especially female children, should be silent, and that disclosing abuse is taboo (Hinson, Koverola, & Morehan, 2002). Among a sample of 416 women (48% Latina) receiving treatment in a methadone treatment program, participants were 2.7 times more likely to experience IPV if they suffered from PTSD symptoms as a result of childhood sexual abuse (Engstrom, El-Bassel, Go, & Gilbert, 2008). Few studies have documented the impact and influence of childhood sexual abuse among Latinas related to IPV.
Traditional Gender Roles.

*Marianismo/Machismo*

Traditional gender roles in Hispanic cultures are defined by the terms, marianismo and machismo. Machismo incorporates traits and behaviors that create the male prototype among Hispanic men. Sexual prowess and dominance over women within relationships, infidelity and control of the household members are behaviors that set the stage for coercive demands and violence to occur. Masculine powers dominate within Latin American governments and churches, and through the roles of husbands, brothers and fathers (Spring, 2008).

In traditional Latin American cultures, women are perceived as possessing semi-divinity, moral superiority and spiritual strength which endows women with the desire to practice self-renunciation, humility and to be self-sacrificing for their children (Stevens, 1973). Perceived as exemplifying traits associated with Catholic philosophy, marianismo (like the Virgin Mary) is a term that describes a set of behaviors that personify the traditional “ideal” Latina. Modeling good marianismo behaviors, women will tolerate the imperfections of their husbands to whom they remain submissive. Women administer their power through maternal and spousal influence as well as through feminine power as wives and lovers (Spring, 2008). Female power is secondary and delegated by men and can be exercised only with permission from the dominant masculine group (Spring). Control of material goods often remains in the hands of the men who make the decisions regarding expenditures for family expenses, productive activities, acquisition and management of property, inheritances and gifts. The lack of property ownership, lower
salaries and unpaid house work, has created a position that is inferior and marginalized for women in traditional roles. Marriage, as a culturally bound experience, often reduces negotiating capacity and is conducive to a high level of dependency. Social norms, assigned social and family roles, relative isolation and economic dependency inhibit Latinas from breaking free from male dominance (Spring). Traditional gender roles are challenged when Hispanic families move to the United States and begin the acculturation process as they are integrated into a more egalitarian social structure related to male and female responsibilities (Gonzalez-Guarda, Peragallo, Vasquez, Mitrani & Urrutia, 2009).

**Acculturation.**

Acculturation is the process of transition and adaptation from one’s native culture to one’s adopted culture exemplified by adoption of the new language and acceptance and adherence to the morals and values of the adopted culture. Less adoption and transition from the native culture would be considered low acculturation and total acceptance of the new culture would be considered high acculturation. IPV was related to women who scored high in acculturation and had partners who scored low in acculturation and when both partners reported high levels of acculturative stress. (Caetano, Ramisetty-Mikler, Caetano-Vaeth, & Harris, 2007). Traditional roles may be strained as various members of the household adapt to new socioeconomic, education and community opportunities. As more Latinas work outside of the household and are integrated as equals within the workplace, the strain on traditional familial relationships may cause a shift in the balance of power and the risk of IPV may increase for more highly acculturated Latinas (Gonzalez-Guarda et al., 2009).
**Socioeconomic Status/Education.**

Studies of Hispanic subpopulations are equivocal about the impact of SES and education as risk factors for IPV among Latinas (Straus, Gelles, & Steinmetz, 2006). Some studies have found no differences in the rate of IPV among Hispanics after controlling for socioeconomic status, (Kantor, Jasinski & Aldarondo, 1994; Tjaden and Thoennes, 2000) while other studies have noted that Hispanic couples have higher rates of IPV compared to White couples even when accounting for the differences in socioeconomic status (Caetano, Field, Ramisetty-Mikler, & McGrath, 2005). Income and employment may be associated with risk for IPV among Hispanics, but the associations are not consistent (Caetano, Cunradi, Clark & Schafer, 2000; Caetano, Schafer & Cunradi, 2001; Denham, et al., 2007).

Twenty-two percent of Latinas are impoverished. Women who are poor may be stigmatized, legally discriminated against or denied services in the community as a result of poverty (Rivera, 2005). Conversely, access to medical care, childcare, transportation and employment opportunities increase Latinas vulnerability to IPV (Chavis & Hill, 2009; Rivera, 2005).

**Significance**

Research is required to understand why Latinas experience more IPV than other women. Latinas may process and interpret the experience of IPV differently than Caucasian women living in the U.S. Lack of access to culturally sensitive and bilingual resources, the influence of cultural beliefs about women’s roles, attitudes about help-
seeking, sanctity of marriage and spirituality distinguish how one group of women experience violence differently than another (Chavis & Hill, 2009).

According to the United States Bureau of Justice Statistics ([BJS], 2007), 85% of people in the United States of America (U.S.) who experience violence from intimate partners are women. Between 2001 and 2005, 22% of reported non-fatal violent crimes against women 12 years and older were violence perpetrated by a boyfriend, current or former husband, or girlfriend (including same sex relationships). During that same period, the Bureau reported that 30% of homicides of females (femicides) were committed by intimate partners. In 38% of the incidents against women, children were members of the household in which the violence occurred (National Center for Injury Prevention and Control, 2003), and either witnessed the violence or became targets of abuse. The data may be conservative because it is reflective of only those cases of IPV that are reported (BJS, 2007)

Intimate partner violence (IPV) affects women at a six-fold more frequent rate than men from all racial and ethnic groups (Bureau of Justice statistics, [BJS], 2007). The costs of IPV against women in the United States exceed an estimated $5.8 billion. These costs include nearly $4.1 billion in the direct costs of medical care and mental health care, and nearly $1.8 billion in the indirect costs of lost productivity (National Center for Injury Prevention and Control, 2003). Reducing the rate of physical assault by partners is included as a leading health indicator for Healthy People 2010 (Sondik, 2007). A progress report indicates that the disparity in IPV experienced by Hispanic/Latinos
compared to the best group rate increased from 50-99% from 1998 through 2005, even though the overall rate declined by greater than 100% (Sondik, 2007).

Although the reported rates of partner violence have declined over the past decade for women in all ethnic groups, Latinas remain at increased risk for IPV. A lifetime prevalence rate of IPV of 23.4% was reported among Latinos from data gathered from the National Violence against Women Survey (NVAWS) (Tjaden and Thoennes, 2000). A slightly lower rate of 19.5% was reported among a convenience sample of 1212 rural Latinas (Denham, et. al., 2007). Greater than 50% of Latinas surveyed nationwide reported at least one episode of IPV in their lifetime (Ingram, 2007). Data collected from the American Community Survey (ACS) indicated that the United States’ Hispanic population increased to 45.5 million on July 1, 2007, or 15.1 percent of the estimated total United States population of 301.6 million and it is projected that Hispanics will comprise 30% of the U.S. population by 2050 (U.S. Census Bureau, 2008). Hispanics remain the largest ethnic minority group. Thirty-one percent of the total numbers of foreign born citizens in the United States are from Mexico (Pew Hispanic Center, 2007). Six-in-ten Hispanic women immigrants were born in Mexico (Pew Hispanic Center, 2007). Women comprise 48% percent of the total Hispanic population in the U.S. (U.S. Census Bureau, 2007). Fifty-seven percent of immigrant Hispanic women have arrived in the United States since 1990. In Miami-Dade county, Florida, the primary location of this study, the population is 62.4% Hispanic compared to the state of Florida which is 21% Hispanic. Ethnicity is self-reported as 50% Cuban, 2.9% Mexican 6.2% Puerto Rican and 40.5% “other Hispanic/Latin”, a category that includes Hispanics from the
United Nations’ statistics provide information about international gender based violence, and exemplify the risk differences for Latinas. Seventy-one countries have produced surveys on violence against women showing that a significant proportion of women suffer physical, sexual or psychological violence, with the most common form being physical violence inflicted by an intimate partner. On average, at least one in three women is subjected to intimate partner violence in the course of their lifetimes worldwide. Latinas are more at risk of being psychologically abused by partners with rates of 51 percent reported in Chile versus ten percent reported in Egypt. Murders of women frequently involve sexual violence. Between 40 and 70 % of female murder victims are killed by husbands or boyfriends in Australia, Canada, Israel, South Africa and the United States. The rate for Latinas internationally is as high or higher. Every six days in Colombia, one woman is reportedly killed by her partner or former partner (United Nations, 2006).

Multiple risk factors that have been associated with increased prevalence of IPV for Latinas include being younger, being economically disadvantaged, having less education, CSA, acculturation stress and undocumented status (Perilla, 1999; Ingram, 2007; Lown and Vega, 2001; Perilla, Bakeman, & Norris, 1994; Straus, Gelles & Steinmetz, 2006; Sorenson & Telles, 1991). Power, possessiveness and jealousy have been associated with IPV prevalence among Latinas (Sugihara & Warner, 2002). In the U.S., many studies have been done on the incidence and causes of IPV but most studies
have been done using Caucasian or mixed ethnic samples of women (Klevans, 2007). A review of the extant literature over a time period of 1991 through 2007, specifically related to the occurrence of IPV in Latina populations, documents findings that are contradictory or equivocal as to the prevalence and distribution of IPV among Latinas (Klevans, 2007; Sorenson & Telles, 1991, Perilla, 1999; Caetano, Ramisetty-Mikler, & Field, 2005). Research on factors associated with IPV in Latinas is limited. Linkages between gender roles and traditional attitudes such as machismo and marianismo have been cited in research (Campbell, Masaki, & Torres, 1997), however conclusive evidence of the relationship to IPV has not been documented in the U.S. Latinas are almost twice as likely to be living in a male-dominated relationship as non-Latina survivors of IPV and Latinas who earn more than their partners appear to be at higher risk (Bonomi, Anderson, Cannon, Slesnick, & Rodriguez, 2009; Flake, 2005). IPV may occur when gender roles change due to acculturation (Morash, Bui & Santiago, 2000; Perilla, Bakeman & Norris, 1994). A significant gap in the literature exists between early studies of domestic violence and recent research on IPV among Latinas. More research is needed to clarify the importance of male dominance and role strain as a risk of vulnerability for IPV for Latinas (Klevans, 2007).

**Purpose of Study**

The purpose of this study is to examine the relationships of: (a) a personal history of childhood sexual abuse (CSA); (b) traditional gender role identification with machismo and marianismo; (c) acculturation; (d) socioeconomic status (SES);(e) educational level, on vulnerability to intimate partner violence among adult Latinas.
Research Questions

What are the relationships among: (a) history of CSA; (b) machismo and marianismo; (c) acculturation (d) SES; and (e) education, and IPV among adult Latinas?

Research Hypotheses.

The following research hypotheses will be tested in the study:

There are correlations between IPV and CSA, machismo, marianismo, acculturation, socioeconomic status and education.

Latinas who report IPV are more likely to have a history of CSA, more traditional gender role beliefs, higher levels of acculturation, lower SES and higher education than women who do not report IPV.

Assumptions.

Based on the theoretical models for this study, the assumptions include the following:

Cultural values, education and socioeconomic status influence human behavior.

Latinas will self-report IPV and CSA.

Sociopolitical structures and family networks in Latin cultures are masculine dominant.

Definition of Terms.

The conceptual and operational definitions for the study variables are as follows:
**Vulnerability.**

*Conceptual Definition:* Vulnerability is defined by Merriam-Webster (2009) as “the capability of being wounded physically or emotionally” or “being open to attack or damage”. Vulnerability and resilience are the endpoints of a dynamic continuum for survivors of IPV. A personal history of susceptibility to coercive control behaviors, acculturation, socioeconomic status and education within the context of male dominated infrastructure and patriarchal family structures increase vulnerability to IPV among adult Latinas.

*Operational Definition:* Vulnerability is conceptualized as the relationship of multiple factors that increase the risk for physical, sexual and emotional abuse.

**Childhood Sexual Abuse (CSA).**

*Conceptual definition:* A nonconsensual sex act between children 18 years or younger with someone at least 5 years older. A nonconsensual sex act includes but is not limited to rape, penetration, attempted rape, being touched with or forced to touch the perpetrators genitals, and being touched or fondled.

*Operational definition:* A personal history of CSA will be measured by a positive self-reported response to a history of CSA on the Violence Assessment Questionnaire (Peragallo & Gonzalez, 2007).

**Traditional Hispanic Gender Roles defined as Machismo and Marianismo.**

*Conceptual Definition:* Machismo is a set of stereotypical male behaviors exemplified by control of women within heterosexual relationships, sexual virility,
infidelity, assuming the role as head of the household and the assumption of male superiority.

**Operational Definition:** Machismo will be measured by responses to a short version of the Machismo and Caballerismo Scale (Arcineaga, Anderson, Tovar-Blank, & Tracey, 2008).

**Conceptual definition:** Marianismo is a set of stereotypical female behaviors exemplified by submission to the male partner within a heterosexual relationship, self-sacrifice, a focus on housekeeping and child-rearing duties as well as inculcating morals and traditional values in the children.

**Operational definition:** Marianismo will be measured by responses from a short version from the Attitudes toward Women Scale (Spence and Helmreich, 1978).

**Acculturation.**

**Conceptual definition:** Acculturation is conceptualized as adaptation and transition from one’s native culture to one’s adopted culture exemplified by adoption of the new language and acceptance and adherence to the morals and values of the adopted culture. Less adoption and transition from the native culture would be considered low acculturation and successful adoption of the values from the new culture would be considered high acculturation.

**Operational definition:** Acculturation will be measured by the score on the Bidimensional Acculturation Scale (Marin & Gamba, 1996).
**Socioeconomic Status (SES).**

*Conceptual definition:* Socioeconomic status is conceptualized as the hierarchical measure of status within the community based upon monthly household income.

*Operational definition:* Socioeconomic Status is reported as monthly income on the El Centro Demographic Intake Form.

**Education.**

*Conceptual definition:* Educational status is measured by the number of years of school completed. Low education status would be less than or equal to completion of the 12th grade. High education status would be considered completion of at least one year of post high school education.

*Operational definition:* Educational level is reported as years of schooling on the El Centro Demographic Intake Form.

**Intimate Partner Violence (IPV)/Intimate Terrorism.**

*Conceptual Definition:* The term, intimate partner violence (IPV), describes physical, sexual, or psychological harm by a current or former partner or spouse that may occur across a continuum of severity from degrading comments to chronic severe battering (persistent, multiple episodes of physical, sexual, emotional violence or threats of such violence). IPV may also refer to threats of physical or sexual violence which communicate the intent to cause death, disability or physical injury (Saltzman, Fanslow, McMahon, & Shelley 2002). Intimate Terrorism is the type of violence resultant from the need to use coercion to control one’s partner (Johnson, 2006).
Operational Definition: Intimate Partner Violence (IPV) is male to female violence within the past 12 months as measured by a severity score on the Conflict Tactics Scale 2 revised, shortened edition (Straus & Douglas, 2004) and on the Violence Assessment Questionnaire (Peragallo & Gonzalez, 2007).

Theory Overview

Based on theory and concept synthesis, a new model explicating vulnerability to IPV among adult Latinas is presented (Figure 1). Vulnerability to IPV among Latinas is mediated by personal risk factors, compounded by social factors, modified through tangible and economic resources within the context of male dominated institutional responses to violence. Vulnerability is seen through a socio-cultural lens represented by ethnicity, gender roles, educational level, socioeconomic status and acculturation status. Multiple risk factors that increase vulnerability for Latinas include that they are women versus men, immigrants versus U.S. born, limited English proficiency versus English fluency, low SES versus middle or high SES, socially isolated versus having strong familial support and social network, compromised health and lack of health insurance and access to healthcare and undocumented versus legal status (Kelly, 2009).

A model to identify risk factors for vulnerability to partner violence among Latinas does not currently exist. In order to tailor a theory that identifies vulnerability among Latinas, concepts from The Social Vulnerability of Women model (SVW) (Spring, 2008) derived from the field of public health, the Nested Ecology of Intimate Partner Violence model (NEIPV) adapted from Bronfenbrenner’s Ecology of Human Development (1979), modified by Edelson & Tolman, 1992 and revised by Dutton, 1996)
and the Model of Coercive Control (MCC) created for use by the justice system (Dutton & Goodman, 2005), were synthesized to create a theoretical framework for this study.

**Theory Synthesis.**

Vulnerability and resilience are opposing ends of a dynamic continuum which requires constant adaptation by women to navigate a safe course away from violence, morbidity and mortality. IPV is perpetrated within a non-linear spectrum of violence, experienced uniquely by each woman in the context of their overlapping social locations, worldviews and lifetime experiences including CSA (Kelly, 2009).

Social vulnerability of all women is the milieu from which a theory specific for Latinas arises. The Social Vulnerability of Women theory identifies the external and internal forces that increase vulnerability for all women, including the influences of male gender dominance in the sociopolitical climate and in the home (Spring, 2008). However, the SVW identifies IPV as a risk factor for vulnerability rather than an outcome of vulnerability, and does not identify those cultural influences that effect Latinas. The Nested Ecology of Intimate Partner Violence adds the ecological perspective that violence occurs in a social context and adds cultural risk factors that may significantly influence Latinas in the U. S. as race/ethnicity, social class and immigration status (Dutton, 1996). NEIPV does not look at the risk of IPV as a dynamic process, changing over time with acculturation. The Model of Coercive Control is the mechanism and process of how violence occurs within an intimate partner relationship and identifies the construct of vulnerability as a prerequisite to IPV (Dutton & Goodman, 2005).
IPV risk is greatest at the confluence of social vulnerability, personal risk factors, SES, cultural identity and the stressors that impact the character of traditional role expectations for Latinas in the U.S. A personal history of CSA increases vulnerability to coercive control and influences the effects of cultural components of vulnerability. A substruction of the theory is presented (Figure 2). Theoretical substruction is a tool to conceptualize and assess the relationships between concepts. The substruction creates a map progressing from the abstract to the concrete and serves as a logical channel to direct the research, enabling separation of nonessential concepts from key elements and sets the stage for theory testing (McQuiston & Campbell, 1996).

**Social Vulnerability of Women (SVW).**

The SVW model is a public health model that explicates the multifactorial risk factors and the resources required for resilience building among women who become victims of disaster situations (Spring, 2008). (Figure 3). Spring’s model delineates why women and children are often most vulnerable as victims in situations such as the aftermath of hurricanes and other natural disasters. The dynamic pressure states within the model, as well as the specific cultural risk factors, help to provide a framework for understanding vulnerability among Latinas. Within the SVW model, there are internal pressures, external pressures and given pressures which influence the level of vulnerability of women. Internal pressures consist of traditional power hierarchies such as machismo and marianismo in Latin cultures. External pressures are those pressures caused by the macro policies with which individual poor and powerless women are unable to negotiate such as food supply. The given pressures are those that govern the
entitlement base such as lack of health insurance. Resources which determine the ability to build resilience include productive assets such as employment skills and resources and non-productive assets such as a house, savings account or jewelry. Human capital includes the level of education, power, age, position in the community and number of children. Income and employment are impacted by the type of employment available and types of income from wages or micro-enterprises. Social support may occur through social programs and subsidies such as food stamps and health insurance. Community support increases resilience through reciprocal use of services and shared resources such as babysitting or bartering for supplies, clothing and other necessary items.

Vulnerability and resilience are present on a dynamic continuum that changes with resource availability, personal risk factors, and the sociopolitical climate (Spring, 2008). Decreasing vulnerability for Latinas includes increasing financial resources, safe housing, and education. Similarly, influences that increase vulnerability to IPV among Latinas include poverty and a lack of education including language barriers (Moreno, 2007). Additional stressors or pressures that have been identified which lead to increased vulnerability for Latinas include a history of CSA, traditional gender roles, and acculturation level (Gonzalez-Guarda, Peragallo, Vasquez, Urrutia & Mitraní, 2009). Social vulnerability of women is reinforced and reflected within the constructs of the NEIPV.

*Nested Ecology of Intimate Partner Violence (NEIPV).*

Social ecology theory is explicated by the NEIPV. (Figure 4) The social context in which violence occurs is influenced by economic, political, familial, cultural,
community and individual factors and the interactions between them (Dutton & Goodman, 2005). Resources such as increased levels of education, economic autonomy and social support within the community are required for successfully navigating between the external and internal pressures represented within the SVW model. These resources, if lacking, mirror those that increase the risk for partner violence within the ecological model of IPV. The NEIPV adds a cultural context for vulnerability. Motherhood increases vulnerability as the mother is now susceptible to threats against her children. Among Latinas, the maternal role is the dominant female role, and as such, is subject to exploitation by an agent of coercive control (Dutton & Goodman, 2005).

**Model of Coercive Control (MCC).**

The MCC extends the understanding of terroristic IPV and documents the process of how exploitation of vulnerability is antecedent to a coercive control relationship in which violence is used as the mechanism to control the behavior of the target (Dutton & Goodman, 2005). (Figure 5) The initial step of coercive control begins when the “agent” or perpetrator of power tactics begins to exploit the vulnerabilities of the “target“ of coercion (Dutton & Goodman). IPV is the outcome whereby the delivery of the threatened negative consequence for non-compliance with the agent’s demands occurs. Negative outcomes resulting from a control relationship reinforce social vulnerability by decreasing resilience. Coercive power is central to theorizing about coercive control within violent relationships (Dutton & Goodman, 2005)

Conceptualization of coercive control within intimate partner relationships was introduced in the social power model, first explicated by French and Raven (1959) and
then refined by Raven (Raven, 1992, 1993). Raven theorized that the target of violence must believe that the target can and will experience negative consequences perpetrated by the agent of violence for noncompliance. The target can technically choose to comply, or risk punishment for non-compliance (Raven, 1993) Opportunity for resistance exists, but may be costly. Reward also has a connection to coercive control in violent relationships because the target believes that the agent will provide a reward in return for compliance such as financial support, transportation and emotional intimacy (Raven, Centers & Rodrigues, 1975; Raven, 1992, 1993).

The interplay among vulnerability factors gives meaning to the perpetrator’s coercive behaviors and the target’s response to the behaviors. Coercion is contextually dependent upon self-perceived status and position. A Latina who identifies with machismo/marianismo is more vulnerable to coercion because she accepts a subservient role to her male partner.

**Summary**

From a feminist perspective, IPV is culturally produced from intersecting relationships of, race, gender expectations, acculturation, socioeconomic status, and is further shaped by power and oppression (Kelly, 2009). The intent of this dissertation is to investigate and test the associations between: having a previous exposure to coercive control evidenced by a history of childhood sexual abuse (CSA), traditional Latin gender roles, defined as machismo and marianismo, acculturation levels, SES and education among adult Latinas. Deepening the understanding of the risk factors increasing
vulnerability to IPV among Latinas may provide direction for future interventions for survivors of IPV, and to begin to address gender inequities at the sociopolitical level.
CHAPTER 2

Review of the Literature

Intimate partner violence (IPV), domestic violence, wife beating and battered woman are historical terms that refer to the psychological and physical force used to enforce coercive control over a subordinate partner. Women in most of the world’s societies have a subordinate status (UN, 2006). Historically, documentation of IPV exists from the time of the Middle Ages when women could be burned alive for threatening their husbands, talking back to or refusing a priest, for having an illegitimate child, for permitting sodomy (even at the request of the husband), for masturbating, for being a lesbian, for child neglect, for nagging and scolding, and for miscarrying, even if the miscarriage was caused by a kick or punch from the husband (Davis, 1971). In the 17th and 18th centuries in the United States, baron et fem was the common law that designated that women were considered to be the property of men, could not own property and were considered to be legal dependents of husbands (Harvard College, 2010). “Misbehavior” was managed by the husband and was not considered abuse but rather discipline. Should the woman be abused by someone other than the husband, the husband was paid damages for the injuries incurred as with any other property owned (Harvard College, 2010). The ‘rule of thumb’ refers to the common law of chastisement that existed in 1768 which stated that a husband had the right to ‘physically chastise’ a disobedient wife, as long as the stick was no bigger than thumb-width. The law was enforced as late as 1867 in North Carolina (Davis). Feminists began to aggressively campaign against wife beating in the late 1970’s, and by the 1980’s media attention and a public awareness campaign
transformed the behaviors associated with IPV and family violence from a problem that was ignored or condoned to a matter of social justice (Straus, Gelles, & Steinmetz, 2006).

Little sociological or medical research on intimate partner violence exists prior to the 1970’s. The legal system was first to address the issue and use new terminology, Battered Woman Syndrome (Walker, 2009), as a scientific explanation for why women would kill an abusive partner, commit a crime under coercion from a partner or provoke abusive behavior by a spouse (Walker). Battered Woman Syndrome refers to psycho-behavioral patterns displayed by female victims of IPV. The phraseology has been used to support legal arguments of self-defense, diminished responsibility, or insanity (Walker, 2009). The severity and prevalence of IPV in U.S. families was unknown until researchers began studying the phenomenon in the 1970’s.

A national couple’s survey of 2,143 families was completed in 1975. Data showed the prevalence for partner violence was significant (Straus, Gelles, & Steinmetz). At least one violent incident in the year of the study was reported in 16% of the families responding, and if the referent was changed to reflect lifetime episodes of violence, the prevalence increased to 28% (Straus, et. al.). Serious episodes of violence which included punching, biting, kicking, hitting with an object, beating up and assaults with a knife or gun, occurred in one third of those reporting violent episodes (Straus, Gelles, & Steinmetz, 2006). The couple’s survey was repeated in 1985 with a sample of 6,002 households and a decline in prevalence of partner violence was noted. The authors speculated that the precipitous decline of 47% from 1975 to 1985 could have been attributed to differences in survey methodology, sample size and response percentages,
hesitancy to report secondary to intensified media coverage, reluctance to admit to participating in violence and finally, that there was a change in behavior because of more egalitarian relationships (Straus, Gelles & Steinmetz).

In the 1980’s, the Surgeon General, C. Everett Koop, initiated a medical and public health task force to focus medical professionals on the prevalence and causes of IPV (Carlson, Worden, van Ryn and Bachman, 2000). In 1995, results from the National Victimization Survey were: (a) women were 6 times more likely than men to experience intimate partner violence, (b) 28% of female victims of homicide were killed by a husband, ex-husband or boyfriend compared to just over 3% of males being murdered by intimate partners, (c) females experienced 7 times the number of incidents of non-fatal violence from an intimate partner as did males (d) women also were more likely to experience violent victimization by a relative (e) low-income women were more likely to experience violence and (f) the violence was not related to race or ethnicity (Bachman & Saltzman, 1995). As a result of the intensified focus and findings from the national surveys, IPV was identified as a public health issue and six indicators for monitoring and improvement were included in the Healthy People 2000 goals for improving the well-being of women (Carlson, Worden, van Ryn & Bachman, 2000). At the same time, researchers began to explore cultural characteristics and risk factors for IPV among women to determine if differences existed among ethnic groups.

Results about the prevalence of violence among different races and ethnic groups have been inconsistent. Women of Mexican descent born in Mexico reported a rate of violence of 21.6% while women of Mexican descent born in the U.S. reported a much
higher rate of violence at 30.9% (Sorenson & Telles, 1991). In contrast, the National Crime Victimization Survey results reflected greater violence for non-Hispanic women (36.3%) compared to Hispanic women (33.9%) (Bachman & Saltzman, 1995). The National Family Violence Survey found that Black respondents reported male to female partner violence [MFPV] rates 2-2.7 times higher than white respondents, and Hispanic respondents reported MFPV rates of 1.5 to 2.4 times higher than white respondents (Straus, Gelles, & Steinmetz, 2006) The National Longitudinal Couples Survey resulted in rates of MFPV at 23% for Black couples, 17% of the Hispanic couples and 11.5% for White couples (Caetano, Cunradi, Clark & Schafer, 2000).

Gender based violence is considered to be the number one international human rights violation according to the United Nations (UNFPA, 2005). The United Nations (2006) defines gender based violence as acts that result in or are likely to result in, physical, sexual or psychological harm to women including threats of such acts and coercion or arbitrary deprivations of liberty in public or in private life. This definition encompasses acts of physical, sexual, and psychological violence in the family, community, or perpetrated or condoned by the State. Violent actions include: spousal battery; sexual abuse of female children; dowry-related violence; rape, including marital rape; female genital mutilation/cutting; non-spousal violence; exploitation-related sexual violence; sexual harassment and intimidation at work, in school and elsewhere; trafficking in women; and forced prostitution (UNFPA, 2005).
Intimate Partner Violence

IPV, one aspect of gender based violence, can be defined as a pattern of threatened or actual abuse of a current or former boyfriend/girlfriend/spouse or dating partner for the purpose of control through coercion (Tjaden & Thoennes, 2000). Abuse can also be psychological, financial or sexual as well as physical (Tjaden & Thoennes). Vulnerability to coercive control is a result of cultural factors, previous history of coercion and socioeconomic factors (Dutton & Goodman, 2005).

Reports from the National Violence against Women Survey [NVAWS], (2000) documented the extent, nature and consequences of IPV in the United States. The sample of 8,000 women and 8,000 men reported their experiences as victims of violence including IPV (Tjaden & Thoennes, 2000). Analysis of the data documented lifetime prevalence for rape and/or physical assault by a current or former spouse, cohabiting partner or date of 25%. Stalking by intimates was reported by 5% of the women surveyed. IPV was experienced at a significantly greater rate by women than by men contradicting the previous findings from the National Family Violence Survey (1995) which reported equivalent rates of IPV by men and women (Tjaden & Thoennes, 1998).

Prevalence rates for IPV varied among races with Pacific Islander women and men reporting lower rates of violence than African American and American Indian/Native Alaskan women and men, although differences were marginal after controlling for sociodemographic and relationship variables. The report indicated that IPV among women respondents also was accompanied by emotional abuse and
controlling behavior supporting the theory that violence is often a part of dominance and control within a relationship (Tjaden & Thoennes, 2000).

Women were reported to experience more chronic and serious injury from assaults than men. Of the 4.8 million IPV incidents annually, over five hundred thousand cases require medical treatment for the victim. Only about 20% of all rapes and 25% of all physical assault and stalking are reported to the police (Tjaden & Thoennes, 2000).

**Intimate Terrorism.**

Intimate terrorism is defined as the use of control over one’s partner, with the threat of IPV if the female does not subject herself to the control (Johnson, 2006). Intimate terrorism is perpetrated for the purpose of controlling one’s partner, is largely male to female violence, more likely to escalate and results in more severe injuries. In contrast, situational couple violence is gender symmetric, not likely to escalate and results in less severe injury (Johnson). Johnson concluded that the differences between intimate terrorism and situational couple violence were defined by the degree of control and that further research should use differing theoretical frameworks relevant for the type of violence being studied (Johnson).

**Vulnerability.**

Vulnerability to IPV may be greater among Latinas than other ethnic groups as a result of the interaction of risk factors including CSA; machismo and marianism; acculturation; income, and education. Adult responses to coercive control may replicate learned behaviors as a result of surviving CSA. The perpetuation of aggression and abuse against Latinas has become normalized and is common (Perilla, Bakeman, &
Norris, 1994). Masculine dominant social structures are pervasive elements in Latin American societies and patriarchal values are perpetuated generationally (Moreno, 2007). The stress of accommodating new cultural values of egalitarian male-female relationships may shift the balance of power within households putting Latinas more at risk for IPV than within a traditional household (Kantor, Jasinski & Aldarando, 1994). Education and financial resources are protective for IPV among the general population, but may place Latinas at greater risk for IPV. Becoming educated affords Latinas the opportunity for employment and salary which may threaten their male partners (Gonzalez-Guarda, Peragallo, Vasquez, Urrutia, & Mitrani, 2009).

**Childhood Sexual Abuse (CSA).**

The conceptual definition of CSA is a nonconsensual sex act between children 18 years or younger with someone at least 5 years older. A nonconsensual sex act includes but is not limited to rape, penetration, attempted rape, being touched with or forced to touch the perpetrators genitals, and being touched or fondled. Perpetrators may include a parent or step parent, other blood relative, sibling or step sibling, date, babysitter, boyfriend, family friend, stranger or acquaintance. CSA and sexual violence against female children/girls has been linked to subsequent violence in those same victims (Briere & Runtz, 1993, Briere & Elliott, 1994; Briere & Elliott, 2003).

Although child sexual abuse has been reported almost 90,000 times a year, the number of unreported abuse cases is suspected to be far greater. Children are afraid to tell anyone what has happened, and the legal procedure for validating an episode is difficult (American Academy of Child and Adolescent Psychiatry, 2004). Child abusers
initiate coercive control tactics through manipulation and threats, the offer of gifts or extra attention, or simply through aggression (American Academy of Child and Adolescent Psychiatry, 2004). Perpetrators of CSA coerce victims into silence (Miller, 2006). Responses by childhood victims of CSA are to repress the experience which results in distrust of the victim’s own thoughts, instincts and emotions and repetition of that pattern when faced with coercive control in a violent relationship in adulthood (Miller, 2006). Latinas also may experience coercion from mothers to keep silent about CSA experiences in order to not upset the male head-of-household and not threaten financial support (Moreno, 2007).

The association of intimate partner violence (IPV) with CSA has been postulated to result from gender and power imbalances between males and females (DiLillo, Giuffre, Tremblay and Peterson, 2001). In a study of 240 African American and Caucasian women, 47% reported CSA. The CSA survivors were twice as likely as non-CSA survivors to report at least one incident of physical violence in their current relationships. Severe abuses of adult authority and boundary violations which accompany CSA may undermine the survivors’ autonomy and sense of personal control, leaving them vulnerable to coercive control tactics that are part of intimate terrorism (DiLillo, Giuffre, Tremblay and Peterson, 2001). Vulnerability to coercive control tactics are an integral part of partner violence in adulthood (Dutton & Goodman, 2005).

There have been eight U.S. studies that demonstrate a relationship between a history of CSA and IPV in adult Latina women. The U.S sample sizes ranged from 33 to 1,876 women. The prevalence of CSA in the U.S. studies varied across samples, ranging
from 14-40%. Most studies used samples with mixed ethnicity, and two studies had samples of 100% Latina participants. The specifics of the studies are illustrated in Table 1. Of 1,725 women who reported CSA, 30% witnessed IPV as a child and 15% reported being sexually abused within the context of IPV as children (Ernst, Weiss, & Enright-Smith, 2006). Fifty-four percent of the total respondents were Hispanic; however, the results were not reported by ethnicity.

In early research, childhood abuse in Hispanic populations was not well documented, and, as is true in general about abuse in other cultures, the true prevalence is not likely to be known (American Academy of Child and Adolescent Psychiatry, 2004). Fears of speaking about “family secrets” in Hispanic women have been documented by Moreno, (2007) and Belknap and Cruz (2007). Women reported that they did not disclose the abuse as children for a number of reasons including fear of not being believed, being blamed, punished, or physically injured (Romero, Wyatt, Loeb, Carmona & Solis, 1999). Mental suppression of the incident, not wanting to incur family distress or feeling as if non-disclosure protected someone else in the family were reasons cited. Finally, women stated that they felt ashamed, embarrassed or dirty, which precluded reporting (Romero, Wyatt, Loeb, Carmona & Solis, 1999).

Latin American national surveys have only recently begun to provide data documenting the prevalence of CSA and document a relationship with IPV (Speizer, Goodwin, Clyde & Rogers, 2005). Guatemalan study participants report that the average age of the first incident of CSA is 14 years old.
# Table 2.1

**CSA Prevalence Studies**

<table>
<thead>
<tr>
<th>Country</th>
<th>Author/Yr</th>
<th>n</th>
<th>Ethnicity</th>
<th>Prev. CSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>Cohen, et al., 2000</td>
<td>1645</td>
<td>63% AA</td>
<td>29%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>22% Latino</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>15% White</td>
<td></td>
</tr>
<tr>
<td>United States</td>
<td>El-Bassel, et al., 1998</td>
<td>143</td>
<td>59% Latino</td>
<td>22%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>39% AA</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2% White/Other</td>
<td></td>
</tr>
<tr>
<td>United States</td>
<td>Engstrom, El-Bassel, Go &amp; Gilbert, 2008</td>
<td>416</td>
<td>48% Latino</td>
<td>48%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>30.8% AA</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>21.4% White/Other</td>
<td></td>
</tr>
<tr>
<td>United States</td>
<td>Ernst, Weiss &amp; Enright-Smith, 2005</td>
<td>1876</td>
<td>54% Latino</td>
<td>14%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>32% White</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>5% Nat. Am.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>9% unidentified</td>
<td></td>
</tr>
<tr>
<td>United States</td>
<td>Kelly, 2010</td>
<td>33</td>
<td>100% Latino</td>
<td>33%</td>
</tr>
<tr>
<td>United States</td>
<td>Miller, 2006</td>
<td>79</td>
<td>ethnicity unidentified</td>
<td>40%</td>
</tr>
<tr>
<td>United States</td>
<td>Romero, Wyatt, Loeb, Carmona &amp; Solis, 1999</td>
<td>905</td>
<td>33% Mexican Latino</td>
<td>33%</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>33% AA</td>
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<td></td>
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<td></td>
<td>33% White</td>
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<tr>
<td>United States</td>
<td>Ullibarri, Ulloa &amp; Camacho, 2009</td>
<td>204</td>
<td>100% Latino</td>
<td>35%</td>
</tr>
</tbody>
</table>

AA = African American, Nat. Am. = Native American
In both El Salvador and Honduras, the first incident of CSA was reported to be age 15 years; older than in the United States where the average reported range is between 8 and 11 years (Speizer, Goodwin, Clyde & Rogers, 2005). Sixteen percent of the women who reported being abused before age 15 and who had a partner at the time of the survey, also reported experiencing physical violence from an intimate partner within the past year (Speizer, Goodwin, Clyde & Rogers, 2005). Recent physical violence by an intimate partner was at least two times more likely among women who had been sexually abused before age 15 than among women who had not been abused (Belknap & Cruz, 2007) and included both physical violence (e.g., hitting, kicking, threatening with a weapon) and forced intercourse (Speizer, Goodwin, Clyde & Rogers, 2005).

Using Public Health records in Mexico, (n=26,042), 7.3% of women reported CSA, 42% reported physical child abuse and 4.9% reported both sexual and physical violence (Rivera-Rivera, Allen, Chávez-Ayala, Avila-Burgos, 2006). Women who experienced sexual violence before age 15 were 2.8 times more likely to experience violence from a male partner. Women who experienced both physical and sexual abuse were more likely to experience physical and sexual abuse from a male partner. Being a CSA survivor increased the odds ratio of experiencing rape as an adult to 11.8 times the likelihood of sexual abuse than non-CSA survivors (Rivera-Rivera, Allen, Chávez-Ayala, Avila-Burgos, 2006).
Gender Roles.

Machismo/Marianismo.

Stevens (1973) endowed marianismo with a historic pedigree that extends back to pre-history and antiquity by citing attributes of fertility goddesses from the Indus civilization, the Fertile Crescent, Crete, Judeo-Christianity and characteristics derived from the worship of the Virgin within the Roman Catholic Church. Marianismo, a secular concept, incorporates attributes common to all Latin countries. Submissiveness extends to sexual behavior, supported by the tenets of virginity and premarital chastity as desirable moral attributes. Latinas have the responsibility of exercising spiritual leadership in the home and in society. The concept of marianismo allows for men to have more sexual freedom and boast about their abilities (machismo). Women perpetuate the values as they socialize male children. Acceptance of male infidelity as an act of self-sacrifice can be tolerated as long as it does not endanger the women’s position in the household. Women are to be virginal and pure like Mary, they are to be humble, they must be willing to endure the travails that motherhood often requires, live subservient to both husbands and children and provide unconditional support by all means necessary. (Stevens, 1973).

Machismo existed as a conceptual set of values prior to the identification of the set of traits identified as marianismo (Gutmann, 1996). Ramos (1934) initially identified machismo as the “cult of virility” when describing social attitudes and values of Mexican-American men (Earle, 1962). In Earle’s translation of Ramos, the traits identified with machismo are identified as distorted derivatives of the upper class set of
values in Spain brought to Latin America via the conquistadores (Earle, 1962). Sexual prowess and male strength, as well as dominance over women, are reinforced in males from childhood by both men and women. Aggressiveness and male superiority is propagated through boastful enforcement of power toward others, especially with women (Arciniega, Anderson, Tovar-Blank, & Tracey, 2008). Positive traits are manifested through the construct of caballerismo and incorporate the values of responsibility for care of the family through economic support and inculcation of positive mores such as familismo and respeto in the children (Arciniega, Anderson, Tovar-Blank & Tracey, 2008).

The understanding and execution of traditional gender roles has been influenced by migration to the United States (Davila et al., 2007). The Latina’s perspective of traditional roles may transform as she begins to acculturate to different expectations of womanhood within the new culture. The risk of becoming a target of IPV secondary to the strain on traditional gender roles increases as Latinas acculturate and become more active in financial support and interact with women in non-traditional roles (Denham et al., 2007).

The disparities between traditional Hispanic values and more equal gender roles may be a significant contributing factor for IPV among adult Latinas in the U.S. Uncertainty and confusion regarding traditional versus modern roles for women may increase the vulnerability of Latinas to coercion and dominance through violence within an intimate partner relationship. Being treated equally in the workplace may increase expectations of being treated equally at home. Challenging the patriarchal position of
breadwinner by bringing home a greater amount of the household income is also conducive to discord between partners. This may explain why a more acculturated female partner coupled with a less acculturated male partner increases the likelihood of IPV (Jasinski, 1998; Sorenson & Telles, 1991), and why Hispanic women who earn more than their male partners are at increased risk of violence (Denham, 2007; Perilla, Bakeman, & Norris, 1994). Hispanic men may resort to violence as a means of establishing power and authority within a relationship (Davila et al., 2007). Striking a balance between the traditional role of wife and mother and the new expectations of becoming educated and becoming a working woman may also increase the strain on the relationship and increase the risk of violence between partners.

Results from two studies done in Latin America have demonstrated the association of traditional gender roles and risk for IPV (Cianelli, Ferrer & McElmurry, 2008; Valencia-Garcia, Starks, Strick, & Simoni, 2008). A mixed methods study of 50 women in an urban area of Chile was conducted to determine HIV prevention needs of low-income women related to machismo/marianismo (Cianelli, Ferrer & McElmurry, 2008). Qualitative interviews with 20 of the 50 women reflected descriptions of machismo to include: a) men believed they were superior to women, b) intimate relationships centered on the man and his needs, and c) women were to provide for their partner’s needs. Coercive control was mentioned by 16 of the 20 respondents and examples included not being able to work outside of the home and having to ask for permission to participate in an activity outside the home. Infidelity by the woman’s partner was justified and tolerated by most of the women. Over 50% of the women
reported abuse by their current partner (Cianelli, Ferrer & McElmurry). Fourteen
Peruvian, HIV positive women shared like values of marianismo, (Valencia-Garcia,
Starks, Strick, & Simoni, 2008). Women reported being in monogamous sexual
relationships with their husbands, and having been infected with HIV by their spouses.
They reported being falsely accused of promiscuity by the community, and that their
marianismo role was tainted. That is, the value that a woman could only have contracted
HIV by sexual relations outside of the marriage prevails (Valencia-Garcia, Starks, Strick,
& Simoni, 2008)

Strict gender roles and gender hierarchies in the family impact the Latina’s
response to violence. Familismo is a prevalent Latino value, and Latinas who highly
value roles as wife and mother may feel conflicted and less able to put self first when
confronted with an abusive relationship (Perilla, Bakeman, & Norris, 1994). This
dissertation examined the associations of traditional gender role identified as marianismo
and machismo for Latinas in the United States with IPV.

Acculturation.

The definition of acculturation has been influenced and defined by the term’s use
within many social disciplines (Salant & Lauderdale, 2003). Acculturation was initially
described to be a practice of interactivity between cultures (Redfield, Linton, &
Herskovits, 1936). Revision of the anthropological perspective was articulated by
Gordon, (1964), as a process of irreversible assimilation into the dominant cultural group
through accommodation. Berry (2003) created a framework of acculturation that
delineates two separate processes which are maintenance of the original culture and accommodation to the new culture.

Four acculturation strategies were identified including integration, assimilation, separation and marginalization (Berry, 2003). Integration refers to an acculturative process whereby the individual maintains customs and behaviors from the original culture while also adopting behaviors of the new culture. Assimilation refers to the complete adoption of the new culture’s behaviors and attitudes. Separation occurs when an individual rejects the new culture and maintains behaviors of the original culture. Marginalization transpires when there is role confusion and the individual does not identify with either the culture of origin or the new culture (Berry).

Measurement of the process of acculturation has been the subject of divergent opinions. Acculturation has been defined to have specific features exemplified as unidimensional or linear accommodation to the new culture ranging from unacculturated to acculturated. A bidimensional view reflects the level of maintenance of the original culture and adoption of the new culture. Multidimensional acculturation tools attempt to evaluate a range of attitudes and beliefs through the use of multiple scales within the instruments.

Alternate scales have been created to capture the complexity of the phenomenon representing the constructs of acculturation and accommodation (Cuellar, Arnold, & Maldonado, 1995; LaFromboise, Coleman, & Gerton, 1993; Marin & Gamba, 1996). Language, behaviors, attitudes and values have been used as proxies to measure the attributes of acculturative change within different populations (Felix-Ortiz, Newcomb, &
Meyers, 1994, Kim & Abreu, 2001). Inherently implied in the definitions of acculturation is homogeneity of the populations of the interacting cultures (Abraido-Lanza, Armbrister, Florez, & Aguirre, 2006). In addition, the context of immigration and emigration modifies the acculturation experience (Alegria, et al., 2007; Kim & Abreu, 2001). The most frequently used proxies for acculturation include language and place of birth (Thomson & Hoffman-Goetz, 2009).

In four studies among Hispanic men and women, higher levels of acculturation were linked with an increased likelihood of reported perpetration of male to female partner violence (Kantor, Jasinski & Aldarondo, 1994; Jasinski, 1998; Sorenson & Telles, 1991; Caetano, Ramisetty-Mikler, Caetano Vaeth, & Harris, 2007). The samples included: (a) 1,970 persons, including 800 Hispanics (Kantor, Jasinski & Aldarondo, 1994) (b) 743 Hispanics including persons identified as Puerto Rican (n=105), Mexican (n=327), Mexican American (n=175) and Cuban (n=136), (c) 1,243 Mexican Americans and 1,149 non-Hispanic White persons (Sorenson & Telles, 1991) and (d) 387 Hispanic couples (Caetano, Ramisetty-Mikler, Caetano Vaeth & Harris, 2007). U.S. birthplace was a predictor of male perpetration of IPV against wives (Kantor, Jasinski & Aldarondo, 1994; Jasinski, 1998). U.S.-born Mexican American men described higher rates of perpetration of IPV compared to those born in Mexico (31% vs 12.8%) (Sorenson & Telles, 1991). Higher levels of acculturation are associated with an increased likelihood of being involved in both perpetration and victimization by intimate partner violence (Caetano, Ramisetty-Mikler, Caetano Vaeth & Harris, 2007).
Among Latinas, four U.S studies and one Latin American study indicated that there is a direct relationship between increased levels of acculturation and increased reported episodes of IPV (Cianelli, Ferrer & McElmurry, 2008; Denham, 2007, Garcia, Hurwitz & Kraus, 2005; Hazen & Soriano, 2007; Lown and Vega, 2001). Other ethnic groups experienced increased episodes of IPV over time regardless of acculturation status (Garcia, Hurwitz & Kraus, 2005).

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Self-reporting of IPV was greater for more acculturated Latinas (n=464, 82% Mexican origin followed by 16% Central American origin, and 2% Caribbean origin) (Garcia, Hurwitz & Kraus, 2007). The association of higher acculturation and IPV
remained even after adjusting for age, marital status, occupation, education, family social
support, friend social support, pregnancy status and number of children (Garcia, Hurwitz,
and Kraus, 2005). In contrast, after controlling for socioeconomic status, the association
of acculturation with IPV was not significant (Cunradi, Caetano, & Schafer, 2002; 
Kantor, Jasinski & Aldarondo, 1994; West, Kantor & Jasinski, 1998). Women who are
less acculturated and remain in traditional roles are still at risk for IPV but may not report
as frequently or consider seeking help outside of the family.

**Socioeconomic Status (SES).**

Socioeconomic factors have been identified as risk factors for IPV in both the
general population (Tjaden & Thoennes, 2000) and among Hispanics (Cunradi, Caetano,
& Schafer, 2002; Kantor, Jasinski & Aldarondo, 1994). Living in large cities, income,
employment status and occupational status have been identified as socioeconomic status
(SES) indicators for IPV among couples, and appear to account for the differences in
prevalence between Hispanic couples and non-Hispanic couples (Field & Caetano, 2004).

Large national surveys including the National Crime Victimization Survey, ( n= 76,000
households) (1972, 1989), the National Family Violence Survey ( n= 960 men and 1,183
women) (1975) and the National Violence against Women ( n = 8,000 men and
8,000 women) (2000) indicated that lower socioeconomic status measured by annual
household income is associated with an increased risk of IPV among the general
population (Bachman & Saltzman, 1995; Straus, Gelles, & Steinmetz, 2006; Tjaden and
Thoennes, 2000). The National Crime Victimization Survey was revised in 1989 and
participants could self-identify as Hispanic; however, prior to 1989, the question of
race/ethnicity was limited to Black, White and Other. This was also true for the Family Violence Survey (Bureau of Justice statistics, 1995; Straus, Gelles, & Steinmetz, 2006).

The National Family Violence survey was the first large national study to review data about IPV in the general population (Straus, Gelles & Steinmetz, 2006). The rate of IPV was two times more likely among blue collar workers than white collar workers. Families living at or below the poverty income had a 500% greater prevalence of IPV. Employment status was significant with unemployed men being two times more likely to perpetrate IPV compared to men employed full time, and men who were employed part-time were three times more likely to perpetrate IPV as those employed full time (Straus, Gelles, & Steinmetz, 2006). In contrast, the National Alcohol and Family Violence Survey (n=1,193) did not find a relationship between IPV and SES (Aldarondo, Kaufman-Kantor & Jaskinski, 2002).

The relationships between socioeconomic factors and IPV differ according to race and ethnicity when comparisons of different racial and ethnic groups have been made (Caetano, Cunradi, Clark & Schafer, 2000; Field & Caetano, 2004). Among a sample of White (n=555), Black (n=358) and Hispanic (n=527) couples, risk factors for MFPV among White couples included household income between $10,000 and $20,000, female approval of marital aggression and female history of CSA (Caetano, Cunradi, Clark & Schafer, 2000). Risk factors for Black couples included household income between poverty and $40,000, male approval of spousal aggression and female reports of childhood abuse (Caetano, et al., 2000). Hispanic risk factors for MFPV included household income under $20,000, male unemployment, female classified as infrequent drinker and male impulsivity (Caetano, et al., 2000). Protective factors for Hispanics
include retired employment status for women, being married and male partner classified as a less frequent drinker (Field & Caetano, 2004). Female approval of partner aggression accounted for a 4 fold increase in MFPV among White couples, but was not significant among Hispanic couples (Field & Caetano, 2004).

Among Latinas \( (n=82) \), having a high income was not protective against IPV (Gonzalez-Guarda, Peragallo, Vasquez, Urrutia, & Mitrani, 2009). In addition, a higher level of contribution to the family income made women more vulnerable to abuse among a sample of 60 Hispanic women (Perilla, Bakeman & Norris, 1994). An examination of risk factors for IPV in Latin America supported that increased income or a significant disparity in income between partners increases the likelihood of abuse (Flake, 2005). Results from a sample of 15,991 women taken from the 2000 Peru Demographic and Health Survey found that women were more likely to be abused when the woman has a higher status or is employed (Flake, 2005).

Additional income provided by a woman appears to strain the relationship and the power balance in the household. This study examined further the intersection of the of socioeconomic status and gender roles related to IPV.

**Education.**

In patriarchal societies, women who have had more education than their partners have a high risk of abuse because traditional gender roles oblige men to have a higher educational status than their wives (Okun, 1986; Walker, 2009). According to Gelles (1976), if a husband does not possess more skills than his wife, he may feel threatened by an educational weakness and resort to physical violence as a control mechanism. A higher educational level for women appeared to be protective for IPV in three studies.
among three mixed ethnic samples: (a) sample (n=141) of African American (79%), Anglo American (7%), European American (n=7%), Mexican American (n=1%), Asian American (n=1%), Arab American (n=1%) and Other (n=4%) women (Campbell & Soeken, 1999), (b) sample (n=117) (Anglo American, 55%) (African American, 39%) (Hispanic, 4%) (Arab American 2%) (Campbell & Weber, 2000) and (c) sample (n=1,645) (African American 64%) (Latina 22%) (White 14%) (Cohen et al., 2000).

Having a higher educational level than one’s partner may have increased the risk for IPV because the traditional male gender role was challenged (Gonzalez-Guarda, et al., 2009; Perilla, Bakeman & Norris, 1994). Disparate educational levels between partners have been implicated in increased prevalence of IPV among Latinas (a) (sample (n=1,645, 22% of whom were Latinas; (Cohen et al., 2000) (b) (sample (n=15,991 Peruvian women) (Flake, 2005) and 82 Hispanic/Latino women (Gonzalez-Guarda et al., 2009).

Educational disparity between husband and wife was a risk factor for IPV in Colombia, the Dominican Republic, Haiti, Nicaragua and Peru (Flake & Forste, 2006). Women in Colombia and Haiti with less education than their partners were more likely to experience IPV than women with the same educational level as their partners (Flake & Forste). In Peru, and Nicaragua, women with more education than their partners had a higher likelihood of abuse than women who have the same number of years of education as their partners (Flake & Forste). Educational homogamy was not implicated in the prevalence rates of IPV among the respondents from the Dominican Republic (Flake & Forste). The discrepant outcomes between national studies suggested that other variables may interact with education to influence the rate of IPV such as decision making within the relationship, the sociopolitical climate or socioeconomic status. Studies were not
designed to be compared. Because variables were operationalized differently, comparisons were not able to be made across studies.

**Summary**

Biomedical/psychosocial research has assumed that multiple inequities are additive on all outcomes. For example, being a woman, being Hispanic, and having a low educational level were assumed to increase the likelihood of poor health status. However, specific combinations of these factors reflected a unique historical viewpoint fashioned by the social reality of life in the United States (Kelly, 2010). Vulnerability to IPV among Latinas may be greater than among non-Latinas as a result of being at the intersection of multiple forms of oppression. This study investigated the relationships and interactions between a personal history of CSA that increases vulnerability to coercive control, power dynamics related to gender roles, acculturation to a new culture that may challenge traditional family relationships, the socioeconomic risk factors of disparities in income and higher educational status for Latinas in the U.S. Increasing the understanding of risk factors for IPV may inform the development of interventions to decrease health disparities for Latinas at a personal and societal level.
CHAPTER 3
METHOD

Purpose

The purpose of this study was to explore the relationships among a history of CSA, traditional gender role beliefs, acculturation, SES, education and IPV among adult Latinas. This chapter includes the methods for this study, including the study design, sampling methods, instrumentation, data collection procedures, data management, data analysis, and protection of human subjects.

Study Design

The proposed study was a secondary analysis of selected data from a three year parent study, SEPA II (Salud, Educacion, Prevencion y Autocuidado; Health, Education, Prevention and Self-Care), to evaluate the efficacy of an HIV risk reduction intervention led by Hispanic women and tailored to the specific needs of Hispanic women. The SEPA II study was initiated in 2007 and is scheduled for completion in July 2010. The original study design was a randomized, pre-intervention and post-intervention comparison study with repeated post-intervention comparisons being measured at 3, 6, and 12 months.

Parent Study

The SEPA II group intervention was based on Social Cognitive Learning Theory (Bandura, 1989; 1994), and Freire’s theory of power and control in education (1972) Tailored to the needs of Hispanic women, the study was designed to address culturally specific gender barriers faced by Latinas. Personal and relationship factors influenced the way participants responded to the intervention were to measured as control or
mediating factors. Personal factors shown by prior research to be relevant to the acceptance of HIV/AIDS prevention behaviors include legal immigration status, younger age, higher socioeconomic status, Latina ethnicity, being married versus cohabiting, have fewer children and higher educational levels (Peragallo et al., 2005). Interrelated factors included maternal role, acculturation, religiosity, pregnancy status or future plans for pregnancy, and contraceptive use including condom use as an acceptable strategy for women. Finally, past personal histories of violence including sexual abuse affected women’s current vulnerability within personal relationships and the ability to change personal behaviors (Aldarondo, 2007; Peragallo et al., 2005)

Setting.

Three primary study locations were being used. The first study site was located in Hollywood, Florida at Hispanic Unity of Florida (HUF). HUF is Broward’s largest 501/(c) 3 dedicated to serving the immigrant population, serving 20,000 plus immigrants and refugees from 21 Latin American nations and the Caribbean as well as American-born clients (African-Americans, Caucasians, and Native Americans). The second site was located at the Jackson Health System campus (JHS) in Miami-Dade County. Jackson Health System (JHS) is a fully integrated health care delivery system consisting of Jackson Memorial Hospital; 12 primary care centers and two primary care mobile vans; numerous school-based clinics serving many elementary, middle and high schools; two long-term care nursing facilities; six Correctional Health Services clinics; a network of mental health facilities and Holtz Children's Hospital; Jackson Rehabilitation Hospital; Jackson North Medical Center and Jackson South Community Hospital. Governed by the Public Health Trust, JHS is affiliated with the University of Miami and the Miller School
of Medicine. The third site was the Miami-Dade public health department which maintains three clinics and provides easily accessible, confidential, and anonymous HIV testing and counseling. Recruitment was done by project staff at the aforementioned locations as well as by fliers posted at the participating sites, laundromats, supermarkets, libraries and churches within the target area frequented by Hispanic women. Hispanic women may be wary of strangers because of immigration status, (Marin & Marin, 1991). Recruitment was also done personally and by word of mouth.

HUF, the JHS outpatient clinics and the Miami-Dade County Health Department clinic locations were used for recruiting and baseline interviews, but as the program expanded, space constraints became an issue at the HUF site. In 2008, all interviews were to be conducted at an independent program location, and groups were being conducted at Miami-Dade County health department locations. Interviewers received intensive training regarding the project protocols and procedures, roles of the project team, research ethics, cultural awareness, recruitment procedures, and data collection protocols for both English and Spanish speaking participants.

Data Collection and Management

Data collection and management were accomplished through the Velos eReseach® computer software. Velos eResearch® is a web-based clinical research management application designed specifically for investigators and their research teams to support processes for patient recruitment, patient scheduling, budgeting, invoicing, milestone management, data safety monitoring, adverse event reporting, system integration, data collection and study execution. Velos eResearch® allows all study-related information to be centralized and can be remotely accessed by authorized
personnel. Data security was managed through password protection and encryption technology that allowed direct data capture rather than data entry processes. Within the SEPA II study, interviewers used the system to gather the baseline and follow up data while staff members reviewed the data for quality, safety monitoring, protocol management, patient scheduling, regulatory reporting and analysis.

Data were collected through interviews. The interviewers read the questions to the participants (who could read along) and the participant gave the answer to the interviewer who then enters it into the Velos screen via a laptop.

**Parent Study Sample.**

The parent study sample consisted of 548 Hispanic women between the ages of 18 and 50 who reported being sexually active within the previous three months. At the end of the baseline recruitment, women were randomized into intervention and control groups. Recruitment occurred throughout the data collection period. There were 6 data collection periods. Two hundred seventy-four women were assigned to the control group and 274 to the experimental group (n=548). Tentative rates reported in March, 2010, for follow up period one were 63%, 68% for follow up period 2, and 45% follow up period three.

**Measures**

Original measures within SEPA II included the El Centro Demographic Intake Form, Bidimensional Acculturation Scale (Marin and Gamba, 1996), Hispanic Stress Inventory (Cervantes, Padilla, & Salgado de Snyder 1991), The Rosenberg Self-Esteem Scale (Rosenberg, 1965), CES-Depression Scale (Radloff, 1977), Health Belief Model and Cervical Cancer Screening (Urrutia, 2009), TWEAK (Cyr & McGarry, 2002), CAGE
Model (Ewing, 1984), Substance Abuse Behaviors (Adapted from Kelly, et. al., 1994), Health and Sexual History (Peragallo, 1998b), Partner Table (Peragallo, 1998d; Peragallo & Gonzalez, 2006), HIV Knowledge Questionnaire (Heckman et al., 1995), Violence Assessment (Peragallo, 1998g; Peragallo & Gonzalez, 2007), Conflict Tactic Scale-Short Revised (Straus & Douglas, 2004), Communication with Partner (Catania, et. al., 1995), Familism Scale (Sabogal, et al., 1987), Perceived HIV Risk Behavior (Peragallo, 1998e), Perceived Barriers to Condom Use (Sikkema et al., 1996), Conversation with Male Partners and Condom Availability (Adapted from Sikkema et al., 1996), Self-Efficacy (Peragallo, 1998f), HIV Community Prevention (Peragallo, 1998c), and Chlamydia Symptoms Form, (Peragallo, 1998a).

Additional measures were added in July, 2009 to address the role of traditional gender beliefs. The M-Measure (Arcineaga, Anderson, Tovar-Blank & Tracey, 2008) was being used to identify beliefs surrounding the concept of machismo, and the Attitudes Toward Women Scale (Spence and Helmreich, 1978) was being used to evaluate the concept of marianismo. Data collection for these additional measures was conducted at the 3, 6 and 12 month posttest follow-up periods.

**Secondary Study**

**Study Design.**

The proposed secondary study was a correlational, cross-sectional design. Correlational studies provide information about whether associations between variables exist and are used as initial analysis to develop theories or to identify problems with current research. While correlational designs evaluate the relationships between variables, the design is not sufficient to determine causality because there is no
manipulation of the independent variables (Cohen & Cohen, 1983; Hulley, Cummings, Browner, Grady & Newman, 2007). Cross-sectional studies look at the data at one point in time. In the SEPA II study, the history of CSA, gender roles, acculturation, socioeconomic status, education and IPV questionnaires were answered only once by each respondent at the initial period or at the three, six or nine-month follow up data collection period for gender roles.

**Setting and Sample.**

Participants for the secondary study will be drawn from the original sample of Hispanic women between the ages of 18 and 50 enrolled in the parent study who had completed the M-Measure (machismo), the Attitudes toward Women Scale (marianismo), the acculturation scale (BAS), the Violence Assessment Questionnaire and the CTS2S (Conflict Tactics Scale, revised, short) in addition to the baseline measures collected in the parent study. Three-hundred and fifty women have completed these measures. The baseline data analyzed from the parent study indicated a large number of the respondents had answered positively to the CTS2S scale. Inclusion criteria were that the participants be Latinas over the age of 18 who had been sexually active within the previous three months.

Even though the initial parent study was a randomized control trial, a structured convenience sample of women from the parent study were be used for the secondary study. A structured convenience sample was defined as individuals with particular demographic characteristics. Within the constraints of the study, the sample was structured to include a sufficient range of variability and individual differences allowing for the ability to generalize findings to a broader population (Hultsch, Macdonald,
Results of a study comparing structured convenience sampling versus random sampling suggested that the structured convenience samples may yield results that are similar to larger samples using random sampling strategies (Hultsch et al., 2002).

Cohen defined effect sizes as small (≤0.2), medium (0.3-0.4), and large (≥ 0.5), and suggests that most behavioral studies may yield small to moderate effect sizes, and that establishing the effect size for a study should be based upon previous findings in similar studies (Cohen, 1988). Effect size is the measurement of the magnitude of the associations of the variables that can be expected to be found among the general population (Hulley, Cummings, Browner, Grady & Newman, 2001).

Effect sizes for variables similar to those being examined in this research have not been reported consistently in the literature. Data to measure effect size can be calculated using meta-analysis methods which transpose statistical findings into a common measure such as Cohen’s d as a way to compare the effect sizes across studies. Analysis of the common variables from the literature review demonstrated effect sizes and ranges by variable of interest associated with IPV as follows: (a) CSA, average effect size $d= .89$ with a range of 0.14-1.71 (Bassuk, Dawson & Huntington, 2006; Cohen, et al., 2000; DiLillo, Giuffre, Tremblay & Peterson, 2001; El-Bassel, Gilbert, Krishnan, Schilling, Gaeta Purpura & White, 1998; Miller, 2006; Rivera-Rivera, Allen, Chavez-Ayala & Avila-Burgos, 2006), (b) machismo/marianismo, average effect size $d = -0.6$ with a range of -1.21-- 0.16 (Bull, 1998, Cohen, et al., 2000) (c) acculturation, average effect size $d = .95$ with a range of -.03 - -2.78 (Aldarondo, Kaufman-Kantor & Jasinski, 2002; Garcia, Hurwitz & Kraus, 2005; Hazen & Soriano, 2007), (d) Income, average
effect size $d = .33$ with a range of 0.3 - .97 (Aldarondo, Kaufman-Kantor & Jasinski, 2002; Cunradi, Caetano & Schafer, 2002; Gonzalez-Guarda, Peragallo, Vasquez, Urrutia & Mitrani, 2009).

Type I error is the probability of rejecting the null hypothesis when it is true and is represented by alpha ($\alpha$) (High, 2002). An alpha level of .05 provides the standard for rejecting the null hypothesis in most areas of behavioral science (Cohen, 1988).

Power ($1-\beta$) is broadly defined as the ability of a test to detect an effect given that the effect exists (High, 2000). Power determines Type II errors or not rejecting the null when there are significant differences between the sample and the population. A minimum acceptable value for power in behavioral research is .80 or a 20% risk of making a Type II error (High, 2000).

Doing an $a priori$ sample calculation with an alpha of 0.05, power of 80, an effect size of .3 and 5 variables yielded a minimum sample size of 92 (Faul, Erdfelder, Lang, & Buchner, 2007). Based upon a review of the literature and calculation of the effect sizes using a metanalysis calculator, (Lyons, 2003) effect sizes varied. The moderate effect size of .33 was found in multiple studies, providing an estimate of effect size for the sample size calculation (Aldarondo, Kaufman-Kantor & Jasinski, 2002; Cunradi, Caetano & Schafer, 2002; Gonzalez-Guarda, Peragallo, Vasquez, Urrutia & Mitrani, 2009). Because all of the data has been collected, the entire sample ($n=350$) was used that met inclusion criteria for evaluation. This sample size is more than adequate to test the research hypotheses.
Personal Factors.

Demographic information was obtained from the SEPA Demographic Intake Form. Data points collected included country of birth, current relationship status, the total amount of money the participant and family lives on (including public assistance/after taxes) in the prior month, the number of people in this country living on that income and number of years of education completed.

Variables.

For the purposes of this study, CSA was measured by a positive response to a history of CSA on the Violence Assessment Questionnaire (Peragallo & Gonzalez, 2007). Machismo was measured with the M-Measure (Arciniega, Anderson, Tovar-Blank & Tracey, 2008). Marianismo was be measured with the Attitudes Toward Women (AWS) scale (Spence & Helmreich, 1978). Acculturation was measured from the Bicultural Acculturation Scale for Hispanics (Marin & Gamba, 1996). Socioeconomic status and educational level variables were taken from the El Centro demographic intake form.

Instruments

*Short Form of the Revised Conflict Tactics Scale (CTS2S) (Strauss and Douglas, 2004).*

The original Conflict Tactics Scale (CTS1) was created in 1972 and was used in many studies involving more than 70,000 participants from diverse cultural backgrounds, including Hispanic American populations (Kantor, Jasinski & Aldarondo, 1994). Approximately 400 papers have been based on data obtained by the use of CTS1, (Straus, Hamby, Boney-McCoy & Sugarman, 1996). Validity of the original CTS1 was documented through use in multiple national surveys on the prevalence of family
violence in the U.S and other countries. These included the two National Family Violence Surveys (Straus & Gelles, 2006), and the National Violence against Women Survey (Tjaden & Thoennes, 2000). The CTS1 measures the extent to which specific tactics, including acts of physical violence have been used. It is not a measure of attitudes about violence or conflict and does not measure causes or consequences of using different tactics. The CTS1 is intended to be used in conjunction with measures of cause, context and consequences variables. Gender symmetry for measurement of the behavior of both the respondent and the respondent’s partner is an asset of CTS 1, however, the instrument is very brief with only three sub-scales including a three item reasoning scale, a nine item physical assault scale and a six item psychological aggression scale.

Conflict Tactics Scale 2 (CTS2) is a revised, ethnically tested (Hines, and Straus, 2007) version of the CTS1 (Straus, Hamby, Boney-McCoy & Sugarman, 1996). CTS2 is a 39 item instrument and the most widely used instrument to measure intimate partner violence, (Straus, Douglas, 2004). The references to “his/her”, “him/her” were replaced by “my partner”. CTS2 has scales measuring negotiation, psychological aggression and physical assault/sexual coercion. CTS2 also reflects Johnson’s (1995) theory of differences in types of violence measurement, and measures the distinctions between minor and severe acts. Internal consistency for reliability of the tool was good with an overall Cronbach’s alpha (α) of.85 (Hines & Straus, 2007). Cronbach’s alpha for SEPA II was .86 for the partner to respondent questions and for the respondent to partner questions, the α was .83.

The CTS2 has 24 paired questions which are gender symmetric, and is based on the CTS2 with the same three subscales including: measures for negotiation,
psychological aggression and physical assault/sexual coercion. Sample questions included “Please tell me if any of the following things have happened to you with your main partner in the past three months-" swore or cursed at you” and a matching question to gauge the respondent’s behavior, "you swore or cursed at him or her” scored as never, 1 time, 2 times, 3 or more times. Concurrent validity of the instrument has been documented through correlation with the original CTS2 with the following results: 

Negotiation, \( r = .89 \) by the respondent, and \( r = .88 \) for partner negotiation; Physical assault/Injury, \( r = .94 \) for injuries to the respondent \( r = .94 \) for injuries to the partner, Sexual Coercion, \( r = .65 \) for sexual coercion by the respondent and \( r = .67 \) for sexual coercion by the partner, Psychological Aggression, \( r = .77 \) for psychological aggression by the respondent and \( r = .69 \) for psychological aggression by the partner. For the purposes of this research, only the woman’s scores about her partner’s negotiation, injury and physical assault/sexual coercion behaviors toward the respondent were used in the analysis. Construct validity analysis was that the correlations of five risk factors for partner violence with the CTS2S scales were generally parallel to the correlation of the risk factors with abuse measured by the full CTS2. The short form is likely to produce sufficient results when the longer CTS2 cannot be used; however, there is a risk that the CTS2S may underestimate episodes of partner violence than when using the fuller CTS2 model (Straus & Douglas, 2004). Because the SEPA II study used numerous instruments, the short form was selected to improve total response compliance.

*Violence Assessment Questionnaire, (Peragallo & Gonzalez, 2007).*

The Violence Assessment Questionnaire (VAQ) (Peragallo & Gonzalez, 2007) included questions related to different types of violence historically experienced by the
participant. Violent episodes were described in the participant’s own words. Community violence was assessed in the first three questions and assessed associations with gang violence, deaths occurring from suicide, murders, workplace violence, drug and alcohol overdoses, HIV/AIDS, accidents related to drug and alcohol use, and any other types of violent death that the participant may have been exposed to. The second set of questions related to childhood physical, sexual and verbal/emotional abuse occurring before the age of 18. Respondents described their age at the time the violence occurred, the perpetrator’s age, sex and ethnicity, the relationship to the respondent (boyfriend, uncle, coworker, etc. from the El Centro relationship list), and the description of the event as related by the participant. The question related to CSA prior to age 18, provided a list of possible sexual abuse categories including, rape, penetration, attempted rape, being fondled or touched in a sexual manner, and touching or being touched by the other person’s genitals. Previously used in a pilot study (Project DYVA) with Latinas between ages 18 and 60 (Gonzalez-Guarda, Peragallo, Vasquez, Urrutia, & Mitrani, 2009), the instrument demonstrated a high level of concurrent validity with responses regarding sexual abuse (98.7%) and physical abuse (96.3%) by current or most recent adult partners from the Partner Table questionnaire (Peragallo, 1998d; Peragallo & Gonzalez, 2006).

**Attitudes Toward Women Scale (Spence & Helmreich, 1978) (Marianismo).**

The Attitudes Toward Women Scale (AWS) was originally developed in 1972 by Dr. Janet T. Spence and Dr. Robert Helmreich to measure beliefs about the rights and roles of women, in comparison to men (Horizons, 1999). It includes statements that describe roles and behaviors in all major areas of activity in which gendered expectations could be, in principle, the same for men and women.
A shorter, fifteen-item version of the original 55-item scale was developed in 1978 and is the most widely-used version. Each statement has four response options, ranging from "agree strongly" to "disagree strongly". A numeric score is calculated for each individual. The 15-item version has been found to have a correlation of .91 with the original 55-item AWS, and a Cronbach alpha of .89 in a sample of U.S. college students (Horizons, 1999). Sample responses indicate that women score higher (are more likely to support women's rights) than men and that college students score higher than their same-sex parent (Horizons, 1999).

The reliability of the three versions of the AWS, including the 55 question instrument, the 25 question instrument and the 15 question instrument, were tested in two studies (Daugherty & Dambrot, 1986). In study one, 129 female cross-generational participants, ages ranging from 18-92, completed the 55 item questionnaire. In study two, 511 male and female participants completed a pre and post test of the 15 item survey. Cronbach $\alpha$ for study one for the 15 item test was .85 and the Spearman-Brown split half was .86. For study two, the 15 item pre-test had a Cronbach $\alpha$ of .81 and a Spearman-Brown split half of .83. The post-test Cronbach $\alpha$ was .84 and the split-half reliability was .87. Reducing the test from 55 items to 15 items did not result in a decrease in internal consistency. There were significant sex differences in mean attitude scores with women holding more liberal attitudes than males and there were no significant sex differences in test-retest reliability. The 15 item AWS is sensitive to sex differences and generational differences in attitudes (Daugherty & Dambrot, 1986).

A comparison of Daughtery & Dambrots’ study was undertaken to evaluate whether a significant change in attitudes toward women has occurred for the 15 item
AWS from the population tested in 1986 to a population tested in 2004 and whether significant gender differences in attitudes toward women between males and females existed (Whatley, 2008). The analysis demonstrated a positive shift in attitude regarding the role of women in society for both men and women college students (n= 360) tested with the instrument. In addition, there still remained a significant difference in attitude toward women between males and females with males holding more traditional attitudes than did the females. Factor analysis of the instrument could not be compared to the original study as the factor structure of the scale was not reported by Spence and Helmreich (1986). Gender bias was reported in the instrument such that men hold more negative attitudes toward the rights and roles of women than do women and that the bias is cross-cultural (Whatley). Whatley (2008) reported that the instrument is unidimensional and measures the attitudes toward women rather than tapping other domains. The study also implied that ethnicity, compared to society, played a negligible role in the factor structure of the 15 item AWS, however more investigation is required (Whatley). The Cronbach's alpha reported for the SEPA II study population was .35.

**The Machismo Measure (Arciniega, Anderson, Tovar-Blank & Tracey, 2008)**

The Machismo Measure is a 20-item instrument designed to assess behaviors and cognitive aspects associated with the constructs of machismo and caballerismo. The negative aspect of machismo measures the hypermasculine aspects of the construct and the caballerismo or positive aspects of machismo measure connection to family and chivalry within male sex role behaviors.

Development of the Machismo Measure was with a sample of 154 men who self-identified as having a Mexican heritage (Arciniega, Anderson, Tovar-Blank, & Tracey,
Most of the sample were born in the United States, but were evenly divided on whether parents were born in the U.S. or in Mexico. Items were generated from literature and interviews with Mexican men about traditional roles and values. Men also were interviewed to ascertain their beliefs about what other groups such as parents would believe, women would believe, society in general believes to create a broader pool of questions (Arciniega et al., 2008).

The preliminary measure was tested in a pilot study of 20 Mexican American men, and some items were clarified or deleted (Arciniega et al., 2008). Four Mexican American men who were considered to be experts in culture as well as the constructs of machismo and caballerismo, independently rated the extent to which each item reflected the construct of machismo using a 7 point Likert scale ranging from 1 (not at all) to 7 (very much so). Items that did not represent at least moderate levels of machismo were dropped resulting in a final pool of 71 items.

Factor analysis was used to reduce the 71 to the best 10 items representing the two constructs of machismo and caballerismo resulting in the M-Measure of 20 items. The Machismo subscale was significantly associated with the number of arrests and the number of fights as well as the aggressiveness measure but caballerismo subscale was not. Traditional machismo was not related to the Satisfaction with Life scale but Caballerismo was. Emotional connection to others was positively correlated with Caballerismo (Arciniega, Anderson, Tovar-Blank, & Tracey, 2008). These associations indicate convergent and discriminant validity.

A non-Mexican Latino group (n=74) was compared with a Mexican American sample (n=403). There were no mean differences between Traditional Machismo scores
for the groups; however, there were significant differences on Caballerismo. The Mexican American sample had higher scores on Caballerismo than did the non-Mexican Latino sample (Arciniega, Anderson, Tovar-Blank, & Tracey, 2008). These findings further supported convergent and discriminant validity. Internal consistency was measured at $\alpha = .84$ for Traditional Machismo, and $\alpha = .71$ for Caballerismo in the study with the Mexican American men, and the $\alpha$ score for the non-Mexican Latino sample was .80 for traditional machismo. A Cronbach alpha was not provided for the non-Mexican Latino sample for the Caballerismo construct. (Arciniega, et.al.).

The instrument has not been tested in a female population. SEPA II and this study were first to use it with women. The M Measure was translated into Spanish and backtranslated to English for use with the Spanish-speaking SEPA II sample. The Cronbach alphas were in the .40-.50 range for the SEPA II sample.

*The Bidimensional Acculturation Scale for Hispanics (BAS) (Marin & Gamba, 1996).*

Acculturation is the process of transition and adaptation from one’s native culture to one’s adopted culture exemplified by adoption of the new language and acceptance and adherence to the morals and values of the adopted culture. The Bidimensional Acculturation Scale for Hispanics (BAS) (Marin & Gamba, 1996) consists of 12 items for each cultural domain, Hispanic and non-Hispanic for a total of 24 items. Two scores were obtained for each domain thus providing a measure of Hispanic and non-Hispanic biculturalism. The scale was developed for use with Hispanic subgroups because it is reflective of the generalized experiences of all Hispanics. The BAS incorporates a language use scale, a linguistic proficiency scale, and an electronic media scale (i.e., language preference for television viewing, listening to the radio, and listening to music).
The BAS has more information about acculturation processes of Hispanics than acculturation scales used in previous Public Health research such as the Acculturation Rating Scale for Mexican Americans (ARMSA) (Cuellar, Harris & Jasso 1980), ARMSA II (Cuellar et al., 1995), Short Acculturation Scale for Hispanics (Marin, Sabogal, Marin, Otero-Sabogal & Perz-Stable, 1987), Hazuda Scale (Hazuda, Haffner, Stern & Eifler, 1988), Caetano Scale, (Caetano, 1987), and the General Acculturation Index (Balcazar, Castro & Krull, 1995). The scoring of the BAS was a separate average of each 12-item cultural domain (Hispanic and non-Hispanic). Scores for each domain can range from 1-4 and a score of 2.5 is used as a cut-off point for low or high acculturation. When scores were above 2.5 in both cultural domains, this indicated biculturalism.

The BAS has been tested in five studies among Central American and Mexican American populations. High internal consistencies for the total scores in both the Hispanic and non-Hispanic dimensions with a Cronbach $\alpha$ of .87 on the Hispanic dimension and .97 on the non-Hispanic dimension for the Central American population, and .93 on the Hispanic dimension and .97 on the non-Hispanic dimension for the Mexican American population (Thomson & Hoffman-Goetz, 2009). Validity was determined by positive correlations with generational status, length of residence in the United States, age at arrival in the United States, and ethic self-identification (Marin & Gamba, 1996). High correlation with previous acculturation scales also supports validity of the scale (Marin & Gamba, 1996). For SEPA II at baseline, internal consistencies for the BAS were high. Cronbach’s $\alpha$ for Hispanicism = .95 and for Americanism $\alpha$ = .85.
Protection of Human Subjects.

SEPA II was approved by the University of Miami IRB. Written, informed consent was obtained from each participant prior to the initiation of the study. Confidentiality was protected by assigning an individual ID number to each respondent. The master ID list is kept in a locked file with all of the data collection forms. Only the original study investigators have access to these forms. Approval was obtained from the IRB for the secondary study prior to evaluation and analysis of the de-identified data.

Data Management and analysis.

Accuracy of the data entry was controlled through the use of multiple choice questions, limiting the responses to a specific range of options and in those instances where data was not multiple choice, specific parameters were used within the data base to limit input to the range specified, limiting data entry error. In the case of entering from paper during computer downtime, the data entry was reviewed by a SEPA II staff member to ensure accuracy of input.

Secondary study data was acquired from the SEPA II study as specific de-identified elements. The investigator provided data in an SPSS file, an advanced statistical software analysis software package.

Descriptive Statistics

A review of the raw data was done to ensure valid assumptions of the statistical method were met prior to analysis. Sample characteristics from SEPA II were evaluated by reviewing the frequencies and percentages for categorical variables and the means and standard deviations for continuous variables. Review of the descriptive statistics provided an overview of the accuracy of the data entry, identification of outliers, and
homogeneity and normalcy of the sample to guide the proposed analysis, and to
determine if comparisons from the sample to the population could be made.

**Hypothesis Testing**

Previous research has identified independent associations between CSA, gender
roles (Cianelli, Ferrer & McElmurray, 2008), socioeconomic status, education and
intimate partner violence (Cunradi, Caetano & Schafer, 2002). However, not all of the
risk factors for IPV have been tested within one study or in a study using an exclusively
Latina population. The dependent variable was IPV, and the independent variables
included machismo, marianismo, acculturation, SES and education. The following
research hypotheses were tested in the study: There are correlations between IPV and
CSA, machismo, marianismo, acculturation, and socioeconomic status.

- There are correlations between IPV and CSA, machismo, marianismo,
  acculturation socioeconomic status and education.

- Women who report IPV are more likely to have a history of CSA, more traditional
gender role beliefs, higher levels of acculturation, lower SES and higher
  education than women who do not report IPV.

**Data Analysis**

First, analysis of the correlations was done to examine the relationships among
IPV, CSA, machismo, marianismo, acculturation, SES and education. Logistic
regression was used to determine if women who report IPV are more likely to also report
a history of CSA, more traditional gender role beliefs, higher levels of acculturation,
lower SES and higher education.
The correlational design allowed for description of relationships among the independent variables and provide some evidence of the strength of the association with the dependent variable and among the other independent variables being measured (Kirkwood & Sterne, 2003). Multiple Regression allowed for the study of the relationships between 2 or more independent variables with the dependent variable as well as the relationships between the independent variables at the same time.

Regression analysis determines whether or not there are independent, linear relationships between variables. Logistic Regression is the method of analysis when dichotomous dependent variables are evaluated (Kirkwood & Sterne, 2003). Logistic regression was employed to estimate the likelihood of an association of each of the independent variables on the presence or absence of IPV. Odds ratios for the associations were calculated to test the probabilities of the associations with IPV as a dichotomous dependent variable (Kirkwood & Sterne, 2003).

The use of logistic regression required that the independent variables be independent of each other as well as independent of the dependent variable. Collinearity, or the lack of independence among variables being measured could have occurred if the variables were highly related to each other. Machismo and Marianismo could have overlapped in the measurement of their effect on the prevalence of IPV. If collinearity existed, machismo and marianismo measures would have been combined or one could be eliminated and still obtain valid results (Tu, Kellett, Clerehugh & Gilthorpe, 2005). Interactions between independent variables were also assessed. In this study one such interaction that was of interest and had not been previously measured in studies of IPV, was the relationship between income and gender roles.
Results were be analyzed and reported as well as compared to previous research to determine support of existing literature or deviation from previous studies. At that time, an assessment of the findings and discussion of the implications were be provided.
CHAPTER 4

RESULTS

The purpose of this study was to explore the relationships between childhood sexual abuse (CSA) traditional gender roles expressed as Machismo and Marianismo, acculturation, socioeconomic status (SES) and education on IPV among Latinas. This chapter is a presentation of the study results. First, the demographic characteristics of the participants and a description of the major study variables are presented. Next, analyses of the hypotheses are presented. *SPSS* version *PASW 18 for Windows®* was used to evaluate all assumptions and to obtain the findings.

The sample of this study consisted of 548 Latinas who participated in the SEPA II study (*Salud, Educacion, Prevencion y Autocuidado; Health, Education, Prevention and Self-Care*), which evaluated the efficacy of an HIV risk reduction intervention led by Hispanic women and tailored to the specific needs of Hispanic women. A secondary data analysis of a selected, de-identified data set was used for this study. The demographic characteristics of the subjects are presented in Table 4.1. Women ranged from 18 to 52 years of age (*M* = 38.48, *SD* = 8.53). Forty-five percent of the women reported being married, 25.7% reported being in an unmarried relationship, 16.2% reported being single, 6.9% reported being divorced, 5.5% reported being separated, and less than 1% reported being widowed (See Table 4.1). At the time of data collection, sixty-nine percent were living with their partner. Twenty-two percent of the women reported no children, 30% reported 1 child, 28% two children, 13% three children, 5% four children, 2.2% five children and 1.1 reported 5-10 children. On average, women in this study completed high school and one year of college (*M* = 13.4; *SD* = 3.45).
The majority of respondents reported monthly income at or below the U.S. poverty level of $18,310 for a family of 3 (U.S. Census Bureau, 2008), with the majority of women reporting monthly income across the ranges of $1,000 to $2,999. Annualized income was from $12,000 to $24,000 with an average of 3 persons living on the income in the household. Income was measured as an ordinal variable with 8 ranges of $1000 increments with a minimum of $500-$999 to $6,000 or more. The most frequently reported monthly income range was $1,000-$1,999 (41.3% of respondents).

Participants involved in the study were Latinas representing 20 nationalities based upon the reported nation of birth. (See Table 4.2). Ninety-two percent of the respondents reported being foreign-born compared to slightly more than 50% of the residents of Miami-Dade county being foreign-born (Medegy Health Management, 2004). Thirty-four percent of the respondents reported Colombia as their nation of birth compared to 3.4% of the general population of Miami-Dade county (Medegy Health Management, 2004). The remainder of the women were from Cuba (12.8%), Peru (8.2%), United States (7.5%), Dominican Republic (6%), Nicaragua (5.3%), or Puerto Rico (5.1%). All other nationalities represented were < 5%. Women reported living in the U.S. for approximately 11 years ($M = 11.4, SD = 10.3$).
Table 4.1
Demographic Characteristics (n=548)

<table>
<thead>
<tr>
<th>Current Relationship Status</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>248</td>
<td>45.2</td>
</tr>
<tr>
<td>Single</td>
<td>89</td>
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</tr>
<tr>
<td>Divorced</td>
<td>38</td>
<td>6.9</td>
</tr>
<tr>
<td>Separated</td>
<td>30</td>
<td>5.5</td>
</tr>
<tr>
<td>Widowed</td>
<td>2</td>
<td>.4</td>
</tr>
<tr>
<td>Relationship (Not Married)</td>
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<td>25.7</td>
</tr>
<tr>
<td>Currently living with partner?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>381</td>
<td>69.2</td>
</tr>
<tr>
<td>No</td>
<td>167</td>
<td>30.4</td>
</tr>
<tr>
<td>Monthly Income Ranges ($)</td>
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<td></td>
</tr>
<tr>
<td>Less than $500</td>
<td>50</td>
<td>8.1</td>
</tr>
<tr>
<td>$500-$999</td>
<td>101</td>
<td>18.4</td>
</tr>
<tr>
<td>$1,000-$1,999</td>
<td>224</td>
<td>40.8</td>
</tr>
<tr>
<td>$2,000-$2,999</td>
<td>100</td>
<td>18.2</td>
</tr>
<tr>
<td>$3,000-$3,999</td>
<td>43</td>
<td>7.8</td>
</tr>
<tr>
<td>$4,000-$4,999</td>
<td>10</td>
<td>1.8</td>
</tr>
<tr>
<td>$5,000-$5,999</td>
<td>9</td>
<td>1.6</td>
</tr>
<tr>
<td>$6,000-$6,999</td>
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<td>.9</td>
</tr>
<tr>
<td>Don't Know</td>
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<td>1.1</td>
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<table>
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<tr>
<th>Age</th>
<th>M</th>
<th>SD</th>
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<tr>
<td>No. People who live on income/month</td>
<td>3</td>
<td>1.27</td>
</tr>
<tr>
<td>Years in U.S.</td>
<td>11.4</td>
<td>10.3</td>
</tr>
<tr>
<td>Years of Education</td>
<td>13.37</td>
<td>3.45</td>
</tr>
</tbody>
</table>
Table 4.2

<table>
<thead>
<tr>
<th>Country of Birth</th>
<th>$n$</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colombia</td>
<td>186</td>
<td>34</td>
</tr>
<tr>
<td>Cuba</td>
<td>70</td>
<td>12.8</td>
</tr>
<tr>
<td>Dominican Republic</td>
<td>33</td>
<td>6</td>
</tr>
<tr>
<td>Peru</td>
<td>45</td>
<td>8.2</td>
</tr>
<tr>
<td>United States</td>
<td>41</td>
<td>7.5</td>
</tr>
<tr>
<td>Nicaragua</td>
<td>29</td>
<td>5.3</td>
</tr>
<tr>
<td>Puerto Rico</td>
<td>28</td>
<td>5.1</td>
</tr>
<tr>
<td>Venezuela</td>
<td>21</td>
<td>3.8</td>
</tr>
<tr>
<td>Honduras</td>
<td>27</td>
<td>4.9</td>
</tr>
<tr>
<td>Argentina</td>
<td>14</td>
<td>2.6</td>
</tr>
<tr>
<td>Mexico</td>
<td>13</td>
<td>2.4</td>
</tr>
<tr>
<td>El Salvador</td>
<td>12</td>
<td>2.2</td>
</tr>
<tr>
<td>Ecuador</td>
<td>9</td>
<td>1.6</td>
</tr>
<tr>
<td>Panama</td>
<td>7</td>
<td>1.3</td>
</tr>
<tr>
<td>Guatemala</td>
<td>4</td>
<td>.7</td>
</tr>
<tr>
<td>Uruguay</td>
<td>4</td>
<td>.7</td>
</tr>
<tr>
<td>Bolivia</td>
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<td>.2</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>1</td>
<td>.2</td>
</tr>
<tr>
<td>Paraguay</td>
<td>1</td>
<td>.2</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>.4</td>
</tr>
</tbody>
</table>
Description of Study Variables

Violence.

Violence was measured from two items on the Violence Assessment Questionnaire (VAQ) (Peragallo & Gonzalez, 2007), and the total score on the CTS2S (Straus & Douglas, 2004). The items from the VAQ included whether a woman had experienced child sexual abuse (CSA) and whether she had experienced physical violence over 18 years of age. The items were answered "yes" or "no".

Responses to the items from the VAQ were that approximately 15% of women reported sexual abuse prior to age 18. Approximately 29% of the women reported physical violence after age 18. Of that number, 39% report being abused by a spouse, 19.8% by a former partner/boyfriend or girlfriend, 18.3% by their current partner/boyfriend or girlfriend, and 13.2% by their ex-spouse. That is, 90.3% of the respondents who reported physical violence said that physical violence was received from a partner or previous partner. Other perpetrators of physical abuse specified relationships were reported to be relatives, friends and "other". Responses to the questions about sexual abuse and emotional abuse included perpetrators who were not intimate partners, so these responses were not considered for analysis.

Severity of violence was measured with the CTS2S (Straus & Douglas, 2004). For the hypotheses tested in this secondary analysis, only the sum of the 12 items for "partner to you" scale were used. The mean CTS2S score was 4.69 (SD 6.2) with a maximum score of 35 for the most violence. Thirty-six percent of the women reported no episodes of violence in the previous 12 months.
Machismo/Marianismo.

The M-Measure (Arciniega, Anderson, Tovar-Blank & Tracey, 2008) for Machismo and Caballerismo had a poor Cronbach's alpha of .61. To improve internal reliability, the individual items from the Machismo domain of the M-Measure were reviewed and a corrected item-total correlation calculation was performed to select the most internally consistent items measuring the construct. A corrected item-total correlation of greater than .2 indicates high internal consistency (Osterlind, 2006). Six items were selected and Cronbach's alpha was calculated with a score of .52 (Table 4.3). Cronbach's alpha is a function of average inter-item correlation and test length and is affected by sample size (Lord & Novick, 1968). Using the Reliability as a function of Test Length-Test Length Scale, a short scale can be extrapolated to a 12-item scale that correlates to a Cronbach's alpha of 1 (Lord & Novick, 1968). Cronbach's alpha for the six selected items from the M-Measure was .528 falling in the range of .514 and .600. Extrapolation of the score along the extrapolation curve indicates a calculated Cronbach's alpha in the range of .679 to .750 which is an acceptable internal reliability measure for the instrument. Therefore, the six selected items were used as a short version of the M-Measure to probe the concept of machismo in this study. The mean score for the short version of the M-Measure was 4.26 (SD = 1.33) on a scale from 1-7 where 1 = Strongly Disagree and 7 = Strongly agree.
Table 4.3

Item-Total Statistics

M-Measure

<table>
<thead>
<tr>
<th>Item</th>
<th>Corrected Item-Total Correlation</th>
</tr>
</thead>
<tbody>
<tr>
<td>In a family a father’s wish is law.</td>
<td>.227</td>
</tr>
<tr>
<td>Real men never let down their guard.</td>
<td>.278</td>
</tr>
<tr>
<td>A man should be in control of his wife.</td>
<td>.352</td>
</tr>
<tr>
<td>It is necessary to fight when challenged.</td>
<td>.362</td>
</tr>
<tr>
<td>It is important for women to be beautiful.</td>
<td>.213</td>
</tr>
<tr>
<td>The bills (electric, phone, etc.) should be in the man’s name.</td>
<td>.232</td>
</tr>
</tbody>
</table>
Disagree strongly. The original ATW had questions that require reverse scoring, but none of those questions were selected for the short measure used in this study.

Table 4.4

<table>
<thead>
<tr>
<th>Item</th>
<th>Corrected Item-Total Correlation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women should worry less about their rights and more about becoming good wives and mothers</td>
<td>.277</td>
</tr>
<tr>
<td>The intellectual leadership of a community should be largely in the hands of men</td>
<td>.366</td>
</tr>
<tr>
<td>Sons in a family should be given more encouragement to go to college than daughters</td>
<td>.197</td>
</tr>
<tr>
<td>In general, the father should have greater authority than the mother in the bringing up of the children</td>
<td>.357</td>
</tr>
<tr>
<td>There are many jobs in which men should be given preference over women in being hired or promoted</td>
<td>.269</td>
</tr>
</tbody>
</table>

**Acculturation.**

The level of acculturation was measured by scores within the domains of the Bicultural Acculturation Scale for Hispanics (BAS, Marin & Gamba, 1996). Two scores are obtained for each domain thus providing a measure of Hispanicism and Americanism.
Scores for each domain can range from 1-4 and a score of 2.5 is used as a cut-off point for low or high acculturation. When scores are above 2.5 in both cultural domains, this indicates biculturalism. Scores for the Hispanic domain were higher, $M = 3.52$, ($SD = 0.44$) than in the Non-Hispanic domain $M = 2.36$, ($SD = 0.79$) which were under the 2.5 threshold. A total BAS score was computed with possible scores ranging from 1-4 where 1 represents the Bicultural domain, 2 represents Hispanic domain, 3 represents Non-Hispanic domain and a score of 4 representing non-differentiated between the domains. High Scores for both domains are equated with true biculturalism. Scores for the Bicultural Domain were $M = 1.72$ ($SD = 0.53$). The total score reflected that the participants were more likely to report high scores within the Hispanic domain. For the sample, baseline internal reliability for the BAS was high with a Cronbach’s $\alpha$ for Hispanicism =.95 and for Americanism $\alpha = .85$. Results indicated that the participants were more comfortable speaking, thinking and receiving communication in Spanish.

**Analysis of Research Questions**

Hypothesis 1: There are correlations between IPV and CSA, machismo, marianismo, acculturation, socioeconomic status and education.

Pearson's Product-Moment Correlations ($r$) were calculated for IPV (CTS2S) and physical violence > 18 years (VAQ). CTS2S scores were correlated with CSA, machismo, (shortened M-Measure) marianismo (shortened ATW) and acculturation (BAS Hispanic domain score, Non-Hispanic Domain score), SES (monthly income) and education (years). The value of statistical significance was an alpha level of .05. Assumptions of normal distribution, level of measurement, and homoscedasticity were assumed.
Collinearity analysis was conducted for the variables measuring the different domains of acculturation on the BAS. There was a significant negative correlation between the Hispanic domain and the non-Hispanic domain from the BAS, $r = -.630$, $p < .001$. There was also a significant negative correlation between the non-Hispanic domain and biculturalism, $r = -.478$, $p < .001$. There was observed collinearity between Hispanic domain and biculturalism $r = .004$, $p = .961$ therefore only Hispanic domain and non-Hispanic domain were used as variables for acculturation.

The correlation analysis was conducted with the total sample ($n = 548$). The dependent variables for IPV (CTS2S and VAQ) were significantly correlated, $r = .285$, $p < .001$. Correlations are listed in table 6. CTS2S was significantly correlated with CSA, $r = .137$, $p = .001$, and the non-Hispanic domain, $r = .092$, $p = .032$. There were no significant correlations of CTS2S scores with the M-Measure for machismo, the ATW measure for marianismo, Hispanic domain for acculturation, years of education or monthly income.

The VAQ measure of violence, physical violence > 18 years, also was significantly correlated with CSA, $r = .214$, $p < .001$, negatively correlated with the Hispanic domain, $r = -.089$, $p = .036$, positively correlated with the Non-Hispanic domain, $r = .088$, $p = .040$, and negatively correlated with monthly income, $r = -.099$, $p = .021$. There were no significant correlations of physical violence > 18 years with the short M-Measure for machismo and the short ATW measure for marianismo.

CSA was negatively associated with the Hispanic domain, $r = -.198$, $p < .001$, positively correlated with the non-Hispanic domain, $r = .178$, $p < .001$. and negatively
correlated with years of education $r = -.12, p = .005$. CSA was not correlated with the short M-Measure for machismo, short ATW for marianismo, or monthly income.

There were other significant correlations not associated with the violence measures. The short ATW score for marianismo negatively correlated with the short M-Measure for machismo, $r = -.423, p < .001$, but not with any of the other variables in the study. The non-Hispanic domain for acculturation negatively correlated with the Hispanic domain, $r = -.645, p < .999$, and years of education, $r = .118, p = .006$

The severity of violence score CTS2S was regressed on CSA, Hispanic domain, non-Hispanic domain, monthly income and years of education. The overall multiple regression model was statistically significant, $R^2 = .033, F(5, 541) = 3.702, p < .003$. The five explanatory variables, CSA, Non-Hispanic domain, Hispanic domain, monthly income and years of education, combine to account for 3.3% of the variance in the CTS2 score for severity of violence. CSA and non Hispanic domain were the only significant individual predictors of CTS2S. For women with a history of CSA compared to those women with no history of CSA the average CTS2 score is expected to increase by 2.13 episodes of violence, $(b = 2.13, t(541) = 2.79, p = .005, 95\% CI [.63, 3.64], after controlling for Hispanic domain, Non-Hispanic domain, years of education and monthly income. For each one unit increase in the non-Hispanic domain score, CTS2S is expected to increase by 1.020 episodes of violence, $(i.e., b = 1.02, t(541) = 2.28, p = .023, 95\% CI [.14, 1.9]$ for women who scored higher in the non-Hispanic domain compared to women who were in the Hispanic domain on the BAS.
<table>
<thead>
<tr>
<th>Correlation Matrix</th>
<th>CTS2S</th>
<th>VAQ</th>
<th>CSA</th>
<th>MM</th>
<th>ATW</th>
<th>Hispanic domain</th>
<th>Non-Hispanic domain</th>
<th>Years of Education</th>
<th>Monthly Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>CTS2S</td>
<td>1</td>
<td>.285**</td>
<td>.137**</td>
<td>.053</td>
<td>.021</td>
<td>.027</td>
<td>.092**</td>
<td>-.043</td>
<td>-.075</td>
</tr>
<tr>
<td></td>
<td></td>
<td>.000</td>
<td>.001</td>
<td>.323</td>
<td>.694</td>
<td>.527</td>
<td>.032</td>
<td>.316</td>
<td>.083</td>
</tr>
<tr>
<td>VAQ</td>
<td>1</td>
<td>.214**</td>
<td>.000</td>
<td>.054</td>
<td>-.089*</td>
<td>.088*</td>
<td>-.081</td>
<td>-.099*</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>.000</td>
<td>.997</td>
<td>.312</td>
<td>.036</td>
<td>.040</td>
<td>.057</td>
<td>.021</td>
<td></td>
</tr>
<tr>
<td>CSA</td>
<td>1</td>
<td>.005</td>
<td>.014</td>
<td>-.198**</td>
<td>.178**</td>
<td>-.120**</td>
<td>-.049</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>.920</td>
<td>.799</td>
<td>.000</td>
<td>.000</td>
<td>.005</td>
<td>.254</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MM</td>
<td>1</td>
<td>-.423**</td>
<td>-.067</td>
<td>.087</td>
<td>.088</td>
<td>-.020</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>.000</td>
<td>.212</td>
<td>.105</td>
<td>.102</td>
<td>.709</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ATW</td>
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<td>.021</td>
<td>-.057</td>
<td>-.037</td>
<td>-.012</td>
<td></td>
<td></td>
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<td>.495</td>
<td>.819</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic domain</td>
<td>1</td>
<td>-.645**</td>
<td>.028</td>
<td>.007</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>.000</td>
<td>.511</td>
<td>.874</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Hispanic domain</td>
<td>1</td>
<td>.118**</td>
<td>.076</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>.006</td>
<td>.078</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Years of Education</td>
<td>1</td>
<td>.336**</td>
<td>.000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monthly Income</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Correlations significant to 0.05 level (2-tailed).

**Correlations significant to 0.01 level (2-tailed).
Hypothesis 2: Women who report IPV (physical violence > 18 years) were more likely to have a history of CSA, more traditional gender role beliefs, higher levels of acculturation, lower SES and higher education than women who do not report IPV (physical violence > 18 years).

A logistic regression was modeled to test the second hypothesis that women who reported IPV (physical violence > 18 years) were more likely to have a history of CSA, more traditional gender role beliefs, higher levels of acculturation, lower SES and higher education than women who do not report physical violence > 18 years. A four predictor logistic regression was initially fitted to the data using the significant predictors from the correlations to test the research hypothesis. Physical violence > 18 years was regressed on CSA, Hispanic domain, non-Hispanic domain and monthly income. There was an indication that Hispanic domain and non-Hispanic domain were closely related to each other. Because the non-Hispanic domain was insignificant when testing Hypothesis 1, that variable was removed from the model. A three predictor model of physical violence > 18 years was used, including CSA, Hispanic domain and monthly income. The omnibus test of model coefficients was significant, $\chi^2 = 131.37, p < .001$. The Hosmer and Lemeshow goodness of fit test yielded a $\chi^2 (8)$ of 6.22 and was insignificant ($p > 05$) suggesting that the model was fit to the data well and predicted physical violence better than the chance prediction of 28.6%. According to the model, the odds of a woman experiencing physical violence > 18 years was related to the individual predictors of CSA ($p < .05$), Hispanic domain (acculturation) ($p < .05$) and monthly income ($p < .05$).

The model (Table 4.6) predicted IPV (physical violence > 18 years) 71.8% of the time, or 43.4% better than chance. For every one-unit increase in the log-odds of CSA,
there is an expected 3.13 increase in the log-odds of IPV, CI [1.93, 5.08], holding Hispanic domain and monthly income constant. For every one-unit increase in the Hispanic domain score, there is an expected .83 decrease in the log-odds of IPV, CI [.73, .95], holding CSA and monthly income constant. For every one-unit increase in the log-odds of monthly income, there is an expected .86 decrease in the log-odds of IPV, CI [.74, .99], holding CSA and Hispanic domain constant. Because the confidence intervals were so close to 1, it is uncertain about the strength of the association of the Hispanic domain score and monthly income on IPV (physical violence > 18 years) in this sample.

Table 4.6
Logistic Regression Analysis of Likelihood of IPV in adulthood

<table>
<thead>
<tr>
<th>Predictor</th>
<th>β</th>
<th>SE β</th>
<th>Wald's χ²</th>
<th>df</th>
<th>p</th>
<th>AOR</th>
<th>95% C.I. for e(B)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Lower</td>
</tr>
<tr>
<td>CSA</td>
<td>1.14</td>
<td>.246</td>
<td>21.454</td>
<td>1</td>
<td>.000</td>
<td>3.132</td>
<td>1.932</td>
</tr>
<tr>
<td>Monthly income.</td>
<td>-.153</td>
<td>.074</td>
<td>4.263</td>
<td>1</td>
<td>.039</td>
<td>.858</td>
<td>.742</td>
</tr>
<tr>
<td>Hispanic Domain</td>
<td>-.183</td>
<td>.069</td>
<td>6.952</td>
<td>1</td>
<td>.008</td>
<td>.833</td>
<td>.727</td>
</tr>
</tbody>
</table>
CHAPTER 5
DISCUSSION

This study was designed to investigate potential correlations between IPV (physical violence > 18 years by an intimate partner, and severity of violence) and CSA, machismo, marianismo, acculturation, monthly income and education among Latinas. In addition, data analysis was done to test the hypothesis that women who report IPV are more likely to have a history of CSA, more traditional beliefs regarding machismo and marianismo, higher levels of acculturation, lower SES and higher educational status than women who do not report IPV. The Theory of Vulnerability to IPV among Latinas was the framework for linking the confluence of personal risk factors compounded by social factors within the context of male-dominated institutional responses to violence. Study findings supported the association of risk factors that included a history of CSA and higher acculturation to the U.S. culture as significantly correlated with the severity of violence. Additionally, results indicated that CSA, higher acculturation and lower monthly income predicted the likelihood of IPV. There were non-significant findings with the two gender measures. Years of education did not appear to influence either severity of IPV or occurrence of physical violence from an intimate partner. Discussion and interpretations of the research findings are organized around the major concepts investigated: CSA, machismo and marianismo representing traditional gender roles, acculturation, SES measured through monthly income, and years of education. An evaluation of the study model is also provided. Study strengths and limitations as well as implications for nursing practice, policy and future research are presented.
IPV

Both the severity and likelihood of violence were associated with CSA, acculturation and monthly income among Latinas in this study compared to previous studies. The number of participants reporting at least one incident of any form of violence including emotional, physical or sexual abuse within the previous twelve months on the CTS2S instrument was 64%. In addition, 29% of respondents over the age of 18 reported experiencing physical violence from an intimate partner. The percentage of study participants reporting IPV was higher than was reported for Latinas in the NVAWS survey of 23% (Tjaden & Thoennes, 2000), and higher than 19% previously reported by a convenience sample of 1212 rural Latinas in 2007 (Denham, 2007). The rates of 29% for past year physical assault also exceeded other studies which reported 16% and 17% prevalence rates (Aldarondo, et al., 2002; Lown & Vega, 2001). This data may corroborate research indicating that rates of IPV may be increasing in the United States among Latinas (Sondik, 2007), or may indicate that the research sample was at higher risk for IPV than expected.

CSA

Child sexual abuse (CSA) was significantly associated with both the severity and the likelihood of occurrence of IPV among Latinas. The association between CSA and IPV supported previous research on participants from multi-ethnic samples which ranged from 14% to 40% in eight previous studies (Cohen, et al., 2000; El-Bassel, et al., 1998; Engstrom, El-Bassel, Go & Gilbert, 2008; Ernst, Weiss & Enright-Smith, 2005, Miller, 2006; Romero, Wyatt, Loeb, Carmona & Solis, 1999). In this sample, women survivors of physical violence > age 18 from an intimate partner reported that 27% were also
survivors of CSA, supporting previous U.S. studies with exclusively Latina samples that reported CSA as antecedent to IPV at rates of 33% and 35% respectively (Kelly, 2010; Ullibari, Ulloa & Camacho, 2009). This finding suggests that previous coercive control related to CSA results in replication of the emotions and patterns of behavior that increase vulnerability to coercive control and IPV in adulthood (Miller, 2006). Because Latin American countries are just beginning to incorporate the reporting of CSA in national surveys, there were few studies of Latina samples that demonstrated a relationship between IPV and CSA. Twenty-seven percent of this study sample reported both CSA and IPV, a greater number than the national study results from Guatemala, El Salvador, and Honduras which documented 16% of respondents who reported both types of violence (Speizer, Goodwin, Clyde and Rogers, 2005). Women who experienced sexual violence before age 15 in Mexico were 2.8 times more likely to experience IPV, a rate similar to the AOR of 3.1 found in this study. (Rivera-Rivera, Allen, Chavez-Ayala, Avila-Burgos, 2006). Only 2.4% of the women in the SEPA II study were of Mexican descent (n = 13), suggesting that the finding may be relevant across nationalities and in U.S. samples of Latinas.

**Traditional Gender Roles**

The original M-Measure, an instrument developed to measure machismo and caballerismo among Mexican males was found to be an unreliable assessment of male attitudes for the women participants in SEPA II. The instrument had not been previously tested in other ethnic samples nor among women. Even though a shortened version of the instrument with acceptable reliability was created, the measure was only negatively correlated with the short ATW measure. The Attitudes Toward Women measure also
was changed into a shortened version of the original scale to achieve acceptable reliability. Both instruments were translated and back translated, however, as is true in all translation activities, the translated wording may not have accurately reflected the meaning. The ATW has language that may be outdated for both English and Spanish speaking women. Language such as "darning socks" and "driving locomotives" may be outdated terms for young women. The outdated language raises the issue of the measure's validity in measuring the concept of marianismo.

However, the significant negative correlation between the short M-Measure and short ATW indicate that the instruments were measuring gender beliefs as expected. A high score on the M-Measure indicated high machismo and a low score on the ATW was indicative of more traditional female role beliefs. A significant negative correlation indicates that the women in this sample held a more traditional view of female roles. The women in the study also were more comfortable speaking, listening to music and watching TV in Spanish. A significant association between acculturation status and traditional gender role beliefs was not found in this study as would be expected.

**Acculturation**

Compared to women with non-Hispanic acculturation, higher scores on the Hispanic domain appear to be a protective factor for participants in the study \( AOR = .83 \) CI \([.73, .95]\). This finding supports previous research that women who identified less with Hispanic acculturation and more with American culture are at greater risk for IPV (Caetano, Ramisetty-Mikler, Caetano Vaeth, & Harris, 2007; Gonzalez-Guarda, Peragallo, Vasquez, Urritia & Mitrani, 2009).
While IPV occurs across all cultural and ethnic groups, Latinas may be more vulnerable to acceptance of IPV. That is, identification with Hispanic culture included traditional gender roles identified as machismo and marianismo. A Latina who respects traditional gender roles accepts male dominance in a male-female relationship and therefore may be more accepting of IPV as a situational characteristic of a male dominated relationship. As a result, Latinas may be less likely to report IPV and less likely to leave a relationship because of IPV (Edelson, Hokoda, & Ramos-Lira, 2007; Galanti, 2003; Kasturirangan, Krishnan, & Riger, 2004). In this sample, 69.2% of the participants were living with their spouse or partner and reported that IPV was occurring.

The geographic location of the study may have influenced the findings regarding higher scores on the Hispanic domain as compared to the non-Hispanic domain on the acculturation scale for women in this sample. In Miami-Dade county, 62.5% of the population speaks Spanish as the primary language (Miami-Dade County, 2008). The Hispanic population is very large and it is easy to maintain the language and values from one's country of birth as the settlement patterns provide opportunities to create support systems within like communities. It is unnecessary to use English or to adapt to an alternative culture as a survival requirement. Proximity to Latin America and the Caribbean Islands support a multinational financial community and multilingual services are easily obtainable in Miami-Dade county (Miami-Dade County, 2008). Social and health care services are available bilingually, and the impact of remaining in the Hispanic domain may not be a negative factor in how a Latina obtains daily commodities or socializes within the community.
Years in the U.S. may have provided an alternative indicator to measure the influence of the U.S. culture on the beliefs of Latinas over time in South Florida. In a study of acculturation and IPV done in Los Angeles, CA, a community with a large Hispanic population, there was an increased trend for reporting of IPV among more acculturated Latinas (Garcia, Hurwitz & Kraus, 2005). Highly acculturated and moderately acculturated Latinas were at increased risk of IPV compared to least acculturated Latinas (Garcia, Hurwitz & Kraus). Findings also support earlier studies in which acculturation was measured by spoken language and found an increase in the rate of reported IPV among more acculturated Latinas (Kantor, Jasinski & Aldarondo, 1994; Perilla, Bakeman & Norris, 1994). Measuring other communication such as TV viewing, and listening to music provided a more robust measure of acculturation than language alone, however, may not capture the nuances of the geography and the multiethnic influences. U.S. culture is not a single set of values but is a composite of many different cultures. In addition, measurement of acculturation is a linear continuum from one point to another when it may not be so clear cut. Continuing research on the best instruments to measure acculturation among Latinos is needed.

**Monthly Income**

Monthly income was negatively associated with IPV. That is, as income increased, the odds for IPV decreased \( AOR = .86, CI [.727, .954] \). Previous research has suggested that stressors occurring within the family and the changing dynamics within the partner relationship across time contribute to increased violence (Gonzalez-Guarda, et al, 2009). Monthly income that declines or remains stable has been a risk factor that
contributes to family stress (Cunradi, Caetano, & Schafer, 2002; Kantor, Jasinski & Aldarondo, 1994; Straus, Gelles & Steinmetz, 2006).

In this study the average income for the women was approximately $18,000. The National Family Violence Survey (1975) and the National Violence against Women (2000) indicated that lower socioeconomic status measured by annual household income at or below $20,000 is associated with an increased risk of IPV among the general population. (Bachman & Saltzman, 1995; Straus, Gelles, & Steinmetz, 2006, Tjaden and Thoennes, 2000). Findings from a national study of multi-ethnic couples found that Hispanic couples who reported an annual income of $20,000 had a higher rate of IPV than those who reported higher incomes (Caetano, Cunradi, Clark & Schafer, 2000). As most of the sample had incomes at or below $20,000, the findings support previous research that lower income increases risk for IPV among Latinas.

**Years of Education**

Greater years of education was hypothesized to be associated with increased vulnerability to IPV among Latinas in this study, however, this hypothesis was not supported by the findings. The level of education among the study population was an average of 13.4 years reported by respondents. In Miami-Dade County, the number of Hispanics with a college degree or higher was reported at 32% (Miami-Dade County, 2008). U.S. Hispanics over age 25 reported that 84.5% completed high school or more, 54.4% reported some college or more, 27.5 % reported 4 or more years of college and 10% who had an advanced degree (U.S. Census Bureau, 2007). There were conflicting findings from previous studies in regard to the influence of education on the risk of IPV. Higher educational levels among women was a protective factor among women from
multiethnic samples (Campbell & Weber, 2000; Cohen, et al., 2000) but placed women at risk in studies with Latina samples (Gonzalez-Guarda, Peragallo, Vasquez, Urrutia, & Mitrani, 2009).

Disparate educational levels between partners also have been implicated as increasing vulnerability to IPV; however, discrepancies exist in research findings from different countries. Among Colombian and Haitian women, less education increased the risk of IPV, while among women in Peru and Nicaragua, and in the U.S., women with higher educational levels than their partners were at increased risk of IPV (Flake & Forste, 2006; Gonzalez-Guarda, Peragallo, Vasquez, Urritia & Mitrani, 2009). The mean number of years of education for women in this study was greater than 13, putting the study participants in the same category as approximately 50% of U.S. Hispanics. Increased levels of education may have allowed the women to seek higher paying jobs and alter the traditional wage earner role of the man in the household. It is also likely that as women socialized more within an egalitarian society, their own personal beliefs regarding the status of women in the household may change, upsetting the balance of power between the partners.

**Study Strengths and Limitations**

Performing a secondary data analysis from an existing, readily available, data set was an efficient methodology, both for time utilization and for cost of the research (Boslaugh, 2007). The large sample size and breadth of data allowed a non-harmful probe of sensitive topics which, if obtained through usual data collection methods, might have caused distress to participants and put them at increased risk of incurring
psychological or physical harm. Hypotheses dealing with IPV and CSA were effectively answered without causing undue harm to the participants in the study.

The limitations of such a study were that the information might have been incomplete, inconclusive or inaccurate. Data was not always collected in a form that the researcher might have preferred. There were ranges collected for income when a continuous variable may have provided more information. In this study, the data collection was performed by trained interviewers; however, the length of the interviews and the number of instruments may have caused fatigue among the participants resulting in inaccurate responses on some of the questionnaires. The M-Measure and the ATW scale were administered last and the fatigue factor may have affected responses for these measures. Participants may have also felt more strongly about gender roles as they agreed to answer an additional set of survey questions. For this researcher, an inability to speak Spanish precluded participation in the data collection process, so further questioning about unanswered responses was not possible.

Self-reported data as it relates to childhood sexual abuse and emotional, verbal, physical or sexual abuse may be limited by a social desirability bias, or the tendency of respondents to answer in a manner that pleased the investigator (Minnis, et al., 2009). In this case, the social desirability bias was to not disclose abuse. Participants may not have answered honestly because they were fearful of the perpetrator finding out or being unwilling to expose the perpetrator. The respondents may have repressed CSA and demonstrate avoidant behavior by not disclosing current abuse. Protection of the family also has been a reason that violence remains unreported. Sexual submissiveness is a trait of marianism and insistence to have sex would not be considered abuse (Stevens, 1973).
**Future Research Implications**

Various cultural interpretations of the meaning of violence may exist. A qualitative study to discern the meaning of violence and desired interventions from Latinas would be important to evaluate the responses or lack of responses in relation to the standardized instruments currently used to measure violence. Specifically, on the CTS2S instrument, very few women reported sexual abuse by a partner in adulthood. Understanding the perspective of the women about what constitutes abuse from diverse cultural perspectives might provide knowledge to develop client-centered educational information and interventions.

Community based or action based research to translate current knowledge about the link between CSA and IPV is urgent. This study adds to the literature supporting CSA and IPV are significantly associated among Latinas. Further research on how to continue "Breaking the Silence" among Hispanic families about the impact of child sexual abuse and IPV within the household and across the community provides an opportunity to demystify and illuminate issues that impact multiple generations (Gonzalez-Guarda, Vasquez, Urrutia, Peragallo & Villarruel, in press). Family based interventions for survivors of family and gender based violence can heal and prevent the continuation of behaviors that teach the acceptability of violence as a response to anger and frustration to child survivors. Future research on measures of coercion in relationships and new instruments to measure gender beliefs among Latinas is necessary. A review of alternate instruments that currently exist to measure coercive control and gender roles should be done in conjunction with the development of instruments specifically designed for use with Latina samples.
There is a need to design and test interventions and support systems for women that are contextually structured to acknowledge the family and community values as well as the individual needs of Latinas. Interpreting responses to violence for Latinas within the larger context of equality for women becomes part of an international focus on ending gender-based violence from the viewpoint of universal justice for all victims of family violence (Rivera, 2005). A feminist perspective that allows for sensitivity to the external socioeconomic and internal family traditions and values that increase stress in families may provide a redefinition of what intervention means for Latinas. For example, the systemic reaction to IPV in the U.S. is to consider removal from the home the first and best choice for survivors and children. In serious and life-threatening cases that may be required, but for many Latinas, leaving the home is the last choice (Rivera). Changing the secretive status and acceptance of violence within the home must take place across the community. Designing virtual "shelters" for Latina survivors of family violence whether it be CSA or IPV is a challenge for nurse scientists. Virtual shelter would provide services to the survivors of CSA and IPV without removing them from their homes. A multidisciplinary approach of law enforcement monitoring for safety, health follow up and mental health intervention for survivors as well as long term family therapy and education are some of the components that are envisioned.

Summary

The findings in this study supported the theoretical framework of Vulnerability to IPV among Latinas. CSA, higher acculturation, and low income status increased vulnerability to IPV among Latinas. Educational status did not have an effect on severity or occurrence of IPV among this sample of women. The role of male dominance within
households and on gender beliefs among Latinas requires further exploration. Involving Latinas and their families in discussion about the emotional cost of CSA and IPV upon their children may increase understanding of the problem and lead to the development of effective strategies allowing a multidisciplinary, community based approach to work toward ending family violence among U.S. Hispanics.
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Theory of Latina Vulnerability to IPV

Social Vulnerability

Intimate Partner Violence

HX of CSA
Gender Roles—Machismo—Marianismo
Acculturation
SES
Education

Coercive Control

Susan Watson, 2009
Figure 2

Subtuction

Construct
Vulnerability to Coercive Control

Concept
Vulnerability

Variables
Childhood Sexual Abuse
Machismo
Misanom
Acculturation
Low Educational Level
High Socioeconomic Status

Empirical Indicator
Violence Assessment Questionnaire
(Peragallo & Gonzalez, 2007)
M-Measure (Machismo)
(Arciniega, Anderson, Tour-Blank & Tracy, 2008)
Attitudes Toward Women Scale
(Marianismo)
(Spence & Helmreich, 1978)
Bidimensional Acculturation Scale
(Marin & Gamba, 1996)
Monthly Income*
Years of Education*
*El Centro Demographic Intake Form

Intimate Partner Violence

Intimate Terrorism

Physical Violence

Violence Assessment Questionnaire
(Peragallo & Gonzalez, 2007)
Conflict Tactics Scale Revised, Short Version (CT525)
(Straus & Douglas, 2004)
Figure 3

Social Vulnerability of Women

External Pressures

Given Pressures

Internal Pressures

Resources
- Productive Assets: farmland, livestock, seeds
- Non-productive assets: jewelry, a house, savings account
- Human Capital: level of education, power, age, caste, number of children, level of resilience and resilience building skill
- Income and Employment: type of employment, resource base, types of income from wages, micro-enterprises, migration and agriculture
- Social Claims: support through social programs, subsidies, Food stamps, health insurance
- Community support and exchange: bartering, sharing resources, babysitting, etc., based on reciprocity
Nested Ecology of Intimate Partner Violence

Individual Characteristics
Psychosocial history, medical history and health status; use of violence, abuse, or control; help-seeking strategies.

Social Networks
Intimate partner relationship characteristics, children, other social and personal relationships

Tangible and Economic Resources
Employment, economic status, transportation, housing, health care insurance

Institutional Response
Community and Legal Interventions

Cultural and Social Context
Race/ethnicity, social class, immigration status

Model of Coercion in intimate partner violence-Goodman and Dutton, 2005
APPENDICES

Appendix 1

ATTITUDES TOWARD WOMEN SCALE (SPENCE & HELMREICH, 1978)

Instructions:

The statements listed below describe attitudes toward the roles of women in society which different people have. There are no right or wrong answers, only opinions. You are asked to express your feeling about each statement by indicating whether you (A) agree strongly, (B) agree mildly, (C) disagree mildly, or (D) disagree strongly.

1. Swearing and obscenity are more repulsive in the speech of a woman than a man.
   A   B   C   D
   Agree strongly   Agree mildly Disagree mildly Disagree strongly

2. Under modern economic conditions with women being active outside the home, men should share in household tasks such as washing dishes and doing laundry.
   A   B   C   D
   Agree strongly   Agree mildly Disagree mildly Disagree strongly

3. It is insulting to women to have the “obey” clause remain in the marriage service.
   A   B   C   D
   Agree strongly   Agree mildly Disagree mildly Disagree strongly

4. A woman should be free as a man to propose marriage.
   A   B   C   D
   Agree strongly   Agree mildly Disagree mildly Disagree strongly
5. Women should worry less about their rights and more about becoming good wives and mothers.
   A   B   C   D
   Agree strongly   Agree mildly   Disagree mildly   Disagree strongly

6. Women should assume their rightful place in business and all the professions along with men.
   A   B   C   D
   Agree strongly   Agree mildly   Disagree mildly   Disagree strongly

7. A woman should not expect to go to exactly the same places or to have quite the same freedom of action as a man.
   A   B   C   D
   Agree strongly   Agree mildly   Disagree mildly   Disagree strongly

8. It is ridiculous for a woman to run a locomotive and for a man to darn socks.
   A   B   C   D
   Agree strongly   Agree mildly   Disagree mildly   Disagree strongly

9. The intellectual leadership of a community should be largely in the hands of men.
   A   B   C   D
   Agree strongly   Agree mildly   Disagree mildly   Disagree strongly

10. Women should be given equal opportunity with men for apprenticeship in the various trades.
    A   B   C   D
    Agree strongly   Agree mildly   Disagree mildly   Disagree strongly

11. Women earning as much as their dates should bear equally the expense when they go out together.
    A   B   C   D
    Agree strongly   Agree mildly   Disagree mildly   Disagree strongly
12. Sons in a family should be given more encouragement to go to college than daughters

A B C D
Agree strongly Agree mildly Disagree mildly Disagree strongly

13. In general, the father should have greater authority than the mother in the bringing up of the children.

A B C D
Agree strongly Agree mildly Disagree mildly Disagree strongly

14. Economic and social freedom is worth far more to women than acceptance of the ideal of femininity which has been set up by men.

A B C D
Agree strongly Agree mildly Disagree mildly Disagree strongly

15. There are many jobs in which men should be given preference over women in being hired or promoted.

A B C D
Agree strongly Agree mildly Disagree mildly Disagree strongly

In scoring items, A=0, B=1, C=2, D=3 except for the items with an asterisk where the scale is reversed. A high score indicates a pro-feminist, egalitarian attitude, while a low score indicates a traditional, conservative attitude.
Appendix 2

**M-MEASURE**

I am going to read some statements that reflect opinion on a wide range of topics. We understand that in different situations different responses may be appropriate, but please respond each statement to the best of your ability. Please tell me for each statement whether you STRONGLY DISAGREE, DISAGREE, DISAGREE SOMEWHAT, AGREE, OR STRONGLY AGREE:

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – 7</td>
<td>Strongly Disagree – Strongly Agree</td>
</tr>
<tr>
<td>8 – 14</td>
<td>Uncertain – Somewhat Agree</td>
</tr>
</tbody>
</table>

**Example:** On item 1, if you strongly agree that “Men are superior to women.” Fill in the number “7”, if you strongly disagree, fill in the number “1”, and if you are uncertain, fill in the number “4”. Please respond to each statement to the best of your ability. When finished every item should have a corresponding written response to indicate your level of agreement or disagreement.

__TM__ 1. Men are superior to women.

__C__ 2. Men want their children to have better lives than themselves.

__TM__ 3. In a family a father’s wish is law.

__C__ 4. A real man does not brag about sex.

__C__ 5. Men should respect their elders.

__TM__ 6. The birth of a male child is more important than a female child.

__C__ 7. Men hold their mothers in high regard.

__TM__ 8. It is important not to be the weakest man in a group.

__TM__ 9. Real men never let down their guard.

__C__ 10. The family is more important than the individual.

__TM__ 11. It would be shameful for a man to cry in front of his children.

__C__ 12. Men should be willing to fight to defend their family.

__TM__ 13. A man should be in control of his wife.

__TM__ 14. It is necessary to fight when challenged.

__C__ 15. Men must exhibit fairness in all situations
(M-Measure Continued)

__TM____16. It is important for women to be beautiful.

___C____17. A woman is expected to be loyal to her husband.

__TM____18. The bills (electric, phone, etc.) should be in the man’s name.

___C____19. Men must display good manners in public.

___C____20. Men should be affectionate with their children.
Appendix 3

Conflict Tactic Scale – Short Revised

**INTERVIEWER READ OUT LOUD:** Sometimes women and their partners go through difficult times. Please tell me if any of the following things have happened to you with your main partner in the past 3 months.

<table>
<thead>
<tr>
<th>a. Initials of your main partner _____ _____</th>
<th>Never</th>
<th>1 time</th>
<th>2 times</th>
<th>3 or more times</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Insulted you</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>c. Swore or cursed at you</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>d. Sulked or refused to talk about an issue</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>e. Stomped out (of the house, room, or yard)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>f. Did or said something to spite you.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>g. Threw something at you</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>h. Pushed, grabbed, or shoved you</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>i. Slapped, kicked, bit, or hit you</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>j. Beat you up</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>k. Forced you to have sex</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>l. Refused to give you money when he/she knew you needed it</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>m. You had to call the police, leave home, or seek medical attention</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
**Conflict Tactic Scale – Short Revised (continued)**

**INTERVIEWER READ OUT LOUD:** Please tell me if you did any of these things to your main partner in the past 3 months.

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>1 time</th>
<th>2 times</th>
<th>3 or more times</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. You insulted him/her</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>b. You swore or cursed at him/her</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>c. You sulked or refused to talk about an issue</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>d. You stomped out (of the house, room, or yard)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>e. You did or said something to spite him/her</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>f. You threw something at him/her</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>g. You pushed, grabbed, or shoved him/her</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>h. You slapped, kicked, bit, or hit him/her</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>i. You beat him/her up</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>j. You forced him/her to have sex</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>k. You refused to give him/her money when you knew he/she needed it</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>l. He/she had to call the police, leave home, or seek medical attention</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>