Influence of Sociocultural Factors on the Attitudes Toward Intimate Partner Violence Among College Students in Costa Rica

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INFLUENCE OF SOCIOCULTURAL FACTORS ON THE ATTITUDES TOWARD INTIMATE PARTNER VIOLENCE AMONG COLLEGE STUDENTS IN COSTA RICA

By

Derby Munoz-Rojas

A DISSERTATION

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INFLUENCE OF SOCIOCULTURAL FACTORS ON THE ATTITUDES TOWARD INTIMATE PARTNER VIOLENCE AMONG COLLEGE STUDENTS IN COSTA RICA

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Although intimate partner violence (IPV) is a worldwide public health issue affecting millions of people, adolescents and young adults are disproportionally affected. IPV is a complex problem primarily because it is influenced by a web of risks and protective factors, which interact and shape the experiences of each person. However, the exact nature of these interactions is not well understood, particularly among adolescents and young adults and in cultures where gender norms are rapidly changing and less IPV research has been conducted, such as in Costa Rica. Specifically, little is known about the effect of sociocultural factors on the experiences of IPV among this population.

The purpose of this mixed methods study was to assess and explain the attitudes toward IPV among college students in Costa Rica. A convenience sample of undergraduate college students recruited from a Costa Rican public university completed an electronic self-report survey (N=249). Students reported their attitudes toward IPV, gender norms, partnership stereotypes, level of religious commitment, and parents’ background. Data was analyzed using structural equation modeling. A sub sample of the survey participants (n=29) also participated in four focus group interviews with five to
eight attendees in each; groups were organized by gender (i.e., two-female groups and
two-male groups). Data was transcribed and analyzed in Spanish to preserve the
authenticity of the data. Conventional qualitative analysis was used to analyze the focus
group data. Although all the proposed variables were not significantly associated with
attitudes toward IPV except partnership stereotypes, IPV attitudes were significantly
associated with gender, marital status, religious attendance, and parents’ marital status. In
addition, path analysis results indicated that area of origin was significantly linked to
partnership stereotypes, while parents’ background was significantly related to religious
commitment. Furthermore, three major themes emerged from the qualitative data: (a)
“although IPV goes unnoticed, it goes to college”, (b) multiple societal factors play a role
in IPV, and (c) college students are the company they keep. Indeed, these themes map the
complex nature of IPV in Costa Rica from the social elements surrounding the problem to
perceived recommendations about how to address the issue. Quantitative and qualitative
results were integrated to address the study purpose. Integration of the findings elucidates
how attitudes toward IPV in Costa Rica are shaped through the interaction of multilevel
sociocultural factors. Implications of the study and recommendations for research,
practice, and policy are discussed.
DEDICATION

This work is dedicated to the love of my life, Jennifer Hughes Cartigny. I have no words that can do justice for the admiration and love I have for you. Thank you for your support, encouragement, and the sacrifices you made during this adventure. Thanks for your prayers and company during late nights of work. It has been an exciting journey to get to this day and I can’t think of anyone better to have shared the road.
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CHAPTER 1

Introduction

In this chapter the significance of the problem being addressed by this dissertation is identified. The purpose of this dissertation is described followed by the definition of the main concepts under study. Then the justification of the study is presented. The chapter ends with the research questions and hypotheses that guided this investigation.

Significance of the Problem

Intimate partner violence (IPV) may be any of several assaultive and coercive behaviors that may include inflicted physical injury, psychological abuse, sexual assault, progressive social isolation, stalking deprivation, intimidation and threats. By definition, these behaviors are perpetrated by someone who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent victim. Perpetrators aim to establish control over the partner through these behaviors (Family Violence Prevention Foundation [FVPF], 2012).

Intimate partner violence (IPV) is a global and complex public health issue that impacts all levels of society. IPV affects people regardless of age, race, class, ethnicity, nationality, religious affiliation, or sexual and gender identity (FVPF, 2004). IPV leads to physical and psychological consequences for victims (Ellsberg, Jansen, Heise, Watts, & Garcia-Moreno, 2008; Campbell, 2002). In addition, perpetrators and witnesses of IPV also may experience a wide spectrum of negative consequences, including psychological and legal problems (Ernst, Weiss, Enright-Smith, Hilton, & Byrd, 2008; Guruge et al., 2012; Rajan & McCloskey, 2007; World Health Organization [WHO], 2010). Ultimately, IPV impacts society through both social and economic consequences (International
IPV is a complex problem primarily because it is influenced by a web of risk and protective factors. Studies have pointed out that risk or protective factors may be placed at different levels of influence, including the individual, relationship, community and societal level (Dahlberg & Krug, 2002). For instance, at the individual level, young age, education, attitudes approving IPV, and use of alcohol and drugs have been associated with IPV victimization and perpetration (Ackerson, Kawachi, Barbeau, & Subramanian, 2008; Boyle, Georgiades, Cullen & Racine, 2009; Guruge, 2012; Hindin, Kishor, & Ansara, 2008; Marshall, Panuzio, & Taft, 2005; Tang & Lai, 2008). At the level of close relationships, social isolation and gender roles disputes have been identified as being associated with IPV (Denham et al., 2007; Johnson & Das, 2009). Moreover, certain neighborhood-level factors have been correlated with high risks of male perpetration and female victimization of IPV, including higher rates of poverty and unemployment, and higher proportion of violence acceptance and traditional gender norms (Caetano, Ramisetty-Mikler, & Harris, 2010; Guruge, Tiwari, & Lucea, 2011; Pan American Health Organization [PAHO], 2010). Finally, IPV is more common in societies in which male domination is prevalent and reinforced than in more egalitarian societies (Johnson et al., 2008; Pan American Health Organization [PAHO], 2003).

Although most of the literature on IPV has focused on the context of formal relationships, such as marriage, researchers have suggested that violence in dating relationships is a significant problem among young unmarried adults, which might lead to long term consequences. For example, in a study examining the rates of IPV among
students of 68 universities from 32 countries, Straus (2004) estimated that almost one-third of the students physically assaulted a dating partner in the previous 12 months and the most frequent pattern of assault was bidirectional (i.e., both partners were violent). In addition to the prevalence and consequences of IPV among young adults, dating violence is a significant issue because it occurs in a life stage when romantic relationships are beginning and interactional patterns are learned that may carry over throughout adulthood (O’Keefe, 2005). Indeed, researchers have claimed that any experience linked to IPV at this period might have more impact than at a later stage (Nabors & Jasinski, 2009). For instance, Archer and Graham-Kevan (2003) found that beliefs supportive of IPV are more predictive of abuse in intimate relationships among college students than among women in domestic violence shelters or male prisoners convicted of physically abusing their partners.

The nature and extent of IPV might be different among and within countries. For instance, in Costa Rica even though the prevalence of IPV has not been well established, it seems that IPV plays a significant role in victims, families, and the society. For example, empirical findings and official reports have stated that victims of IPV report psychological consequences, such as fear (Sagot & Guzman, 2004), physical injuries, including broken bones (Uribe, 2001), systemic problems, including hypertension and depression (Mora-Escalante, 2005), alcohol and drug abuse (Grillo, 2004). In addition, victims and families often seek legal and health care services, which strongly impact the national economy (Bejarano, 2008; Department of Justice, 2011; National Institute of the Woman [INAMU], 2009). Moreover, IPV may also lead to fatal consequences (Sagot &
Carcedo, 2010), which represents an enormous social cost for the country (State of the Nation, 2002).

Studies in Costa Rica indicate that IPV is a multi-causal phenomenon, and is strongly influenced by cultural values and practices. Researchers have found that several factors are associated with IPV, including education (Sagot & Guzman, 2004), drug use and alcohol (Bejarano, 2008; Mata, 2002), and gender and cultural practices, such as men gathering to watch soccer games (Araya & Salazar, 2000). Rodriguez and colleagues (2012) acknowledged the impact of Costa Rican attitudes and cultural myths on IPV. All of these studies examined non-collegiate samples; no studies could be located that examined either attitudes toward IPV of college students in Costa Rica or the effect of multi-level factors on these attitudes. Therefore, although international literature has suggested that the interaction of individual, relationship, communal, and societal factors might influence the attitudes toward IPV, little is known about the interaction of these factors and its effect on the approval of IPV in the country, especially among young adults. This lack of knowledge compromises the understanding of the role of multilevel factors on behaviors and attitudes linked to IPV.

**Purpose of the Study**

The purpose of this study is to assess the attitudes toward IPV among college students in Costa Rica and explore how different factors influence these attitudes. The study examines the nature of the relationship of attitudes toward IPV with certain multilevel factors (i.e., area of origin, religious commitment, parents’ socioeconomic status [SES], gender stereotypes, and partnership stereotypes). Findings will contribute to the understanding of IPV, specifically attitudes toward IPV in Costa Rica. This
knowledge will allow researchers, policy makers, and health care providers to improve the efforts addressing IPV in the country.

A mixed methods approach using a convergent parallel design was applied to address these purposes. The quantitative phase included: 1) examination of the relationships among area of origin, religious commitment, parents’ SES, and gender and partnership stereotypes on attitudes toward IPV, and 2) an assessment of whether religious commitment and gender and partnership stereotypes mediate the relationship between sociodemographic factors (parents’ SES and area of origin) and attitudes toward IPV. A cross-sectional web-based survey was used to collect data in this phase.

Simultaneously, the qualitative phase explored the attitudes toward IPV and the factors that influence these attitudes. A subsample of participants from the quantitative phase was invited to participate in focus group interviews. Results from quantitative and qualitative analyses were triangulated into a meta-matrix to integrate both types of data.

**Justification**

Although the prevalence of IPV has not been well established in Costa Rica, studies have showed that Costa Ricans consider it an important and complex problem to address with significant individual and social costs (Bejarano, 2008; Mora-Escalante, 2005; Grillo, 2004; INAMU, 2009; Sagot & Carcedo, 2010; Uribe, 2001). Although no studies could be located that examined Costa Rican samples, studies including other samples have consistently linked attitudes toward IPV and IPV (Dhaher, et al., 2010; Sugarman & Frankel, 1996; Obeid, et al., 2010). In a recent study, Rodriguez and colleagues (2012) suggested that attitudes and Costa Rican cultural beliefs might strongly
impact IPV (Rodriguez, et al, 2012). Therefore, attitudes toward IPV are an important indicator of IPV that needs to be addressed.

Although theoretical approaches to understanding IPV promote the importance of understanding the intersections of factors present at different levels of influence, there is limited research in this area, both globally and especially in Costa Rica. Scholars have recognized the little information available to guide researchers, policy makers, and health care providers in addressing IPV in the country (Carcedo, 2002; Meza & Ramellini, 2006; Sagot & Guzman, 2004). In a recent report of the Department of Health of Costa Rica, the authors acknowledged the severe impact of IPV in the country and have recommended that researchers conduct studies on IPV, which can provide information to develop strategies that respond to this problem (Department of Health, 2005).

This dissertation adds to the literature by being the first to examine the impact of individual, relationship, communal, and societal factors on attitudes toward IPV among college students in Costa Rica. Therefore, this study addresses the lack of knowledge in Costa Rica about attitudes toward IPV of young adults, as well as what demographic and cultural factors influence these attitudes. This information is crucial for researchers, policymakers, and clinicians as they work to construct programs and policies to prevent and address IPV.

**Research Questions**

The following are the research questions and hypotheses that guided the dissertation:

- How are cultural and sociodemographic factors related to attitudes toward IPV among college students in Costa Rica?
1. What is the relationship of area of origin, parents’ SES, religious commitment, and gender and partnership stereotypes on attitudes toward IPV among college students in Costa Rica?

   H 1: College students in Costa Rica who report area of origin outside of the great metropolitan area (GMA), higher religious commitment, lower parents’ SES, more traditional gender stereotypes and/or more traditional partnership stereotypes are more likely to approve IPV.

2. Do religious commitment, gender stereotypes, and partnership stereotypes mediate the relationship between sociodemographic factors (parents’ SES and area of origin) and attitudes toward IPV among college students in Costa Rica?

   H 2: Religious commitment, gender stereotypes, and partnership stereotypes mediate the relationship between sociodemographic factors (parents’ SES and area of origin) and approval of IPV among college students in Costa Rica.

3. What are the factors that are related to the attitudes toward IPV among college students in Costa Rica?

**Definition of Terms**

As shown in Figure 1, the following are the variables that were studied in the dissertation.

**Gender Stereotypes**

*Conceptual definition.*

Gender stereotypes refer to a set of masculine or feminine behaviors that are considered appropriate, as applicable, for either a man or a woman.
Operational definition.

Gender stereotypes are operationalized as the extent of self-perceived level of manhood or womanhood, which are expressed by the report of agreement of traditionally desirable male or female traits. The operational indicator is represented by the 10-item male scale and the 10-item female scale from the short form of the *Bem Sex Role Inventory* (Bem, 1981).

**Partnership Stereotypes**

Conceptual definition.

For the purpose of this study, partnership stereotypes are the standards or characteristics that the individual believes a partner or relationship should have (Baucom, Epstein, Sayers, & Sher, 1989).

Operational definition.

Partnership stereotypes are operationalized as the individual’s beliefs about how often certain control behaviors or characteristic should exist in an intimate relationship. The operational indicator is the 12-item control process scale from the *Inventory of Specific Relationship Standards* (Baucom et al., 1996).

Area of Origin

Conceptual definition.

For the purpose of this study, area of origin is where students grew up.

Operational definition.

Area of origin is operationalized as the participant’s canton of origin in the sociodemographic questionnaire, which is expressed as the report of the province and canton of origin where students grew up. Cantons are clustered into two categories:
outside of the great metropolitan area (GMA) and inside of the GMA (Instituto Nacional de Estadísticas y Censos [INEC], 2008).

**Socioeconomic Status of the Parents**

*Conceptual definition.*

Socioeconomic status (SES) is a measure of an individual or family’s relative economic and social ranking (U.S. Department of Education, National Center for Education Statistics, 2003).

*Operational definition.*

Parents’ SES represents the family income, occupation of the parents, and level of education of the parents. It is theorized that parents’ SES is the underlying construct that can explain the variability in the extent of family income, and education and occupation of the parents (de Valk, 2008; Trent & South, 1992). Therefore, the operational indicators of parents’ SES are family class level, occupation and number of level of school completed by the mother and the father. Operational indicators are collected in the sociodemographic questionnaire. This study used a latent variable defined by family class level, occupation of the parents, and level of education of the parents.

**Religious Commitment**

*Conceptual definition.*

Religious commitment is defined as the degree to which a person adheres to his or her religious values, beliefs, and practices and uses them in daily living (Worthington, 1988).
Operational definition.

Religious commitment is operationalized as the reported significance of religious influence in daily life. The operational indicator is represented by the 10-item *Intrinsic Religious Motivation Scale* (Hoge, 1972).

Approval of IPV

Conceptual definition.

For the purpose of this study, approval of IPV is the beliefs and opinions that approve and justify the use of violence in intimate relationships.

Operational definition.

Approval of IPV is operationalized as the report of agreement, justification, or approval of IPV. The operational indicator is represented by the eight-item abuse scale, five-item control scale, and four-item violence scale of the *Intimate Partner Violence Attitude Scale* (Smith, Thompson, Tomaka, & Buchanan, 2005).
CHAPTER 2

Review of the Literature

In this chapter the theoretical dimensions of this dissertation are laid out. This literature review establishes how the variables under study influence attitudes toward IPV. The theoretical framework that guides this study is presented in the first section of the chapter. Next, the chapter continues with an overview of IPV and attitudes toward IPV from a global perspective, and then IPV and attitudes toward IPV in Costa Rica are addressed. This section will then discuss how attitudes toward intimate partner violence are influenced by culture, religion, physical context, and the parents’ backgrounds. The final section summarizes the main concepts in the study.

Theoretical Framework

This dissertation presents an exploratory model explaining the direct and combined effects of multilevel factors upon attitudes toward IPV among college students in Costa Rica. The model was developed through the process of theory derivation (Walker & Avant, 2011). A model to understand college students’ attitudes toward IPV does not currently exist.

The theoretical framework that underlines the proposed relationships between sociocultural factors and attitudes toward IPV was derived from two models, the Socio-Ecological Model (Heise, 1998) and the Multiple Intersecting Identities Model (Chavis & Hill, 2009). Both models have been used to explain the experiences of IPV among different populations, including Hispanics.
Theory Overview

The Socio-Ecological Model (SEM) was derived from the field of gender-based violence (Heise, 1998) and adapted from the Ecology of Human Development Model (Bronfenbrenner, 1974). As shown in Figure 2, the SEM states that individual development and behaviors are the result of the interaction between social systems in which the person is engaged (Lucea, Glass, & Laughon, 2011). Thus, SEM suggests that individual attitudes toward IPV are shaped by the interactions among individual, relationship, community, and societal factors. At the individual level, individuals possess a set of biological and personality traits and a personal history (e.g., religiosity) that shape his or her behaviors and interactions with other individuals, the broader community, and society (Heise, 1998; Kelly, Gonzalez-Guarda, & Taylor, 2011). At the relationship level, interactions occur between the individual and people close to him or her, such as their partner, peers, and relatives. Several characteristics of these interactions, such as parent’s interactions, influence attitudes about violence (Flake, 2005). Neighborhoods, schools, and workplaces are placed at the community level. Because the community provides the context in which individuals and relationships exist, the community reinforces attitudes and behaviors relevant to IPV (Kelly et al., 2011). At the societal level, cultural norms, such as gender and relationship norms, provide a climate in which violence is encouraged or inhibited. These norms help to maintain economic or social inequalities among groups in society (Centers for Disease Control and Prevention, 2009).

On the other hand, the Multiple Intersecting Identities Model (MII) was proposed by Chavis and Hill (2009) and was adapted from the Multicultural Power and Control
Wheel (Pence & Paymer, 1993). The MII model states that personal, cultural, and structural identities may individually or in combination influence behaviors and attitudes that support IPV (Chavis & Hill, 2009). As shown in Figure 3, the MII model states that IPV is characterized by a pattern of abusive behaviors that are used to control and dominate an intimate partner (Kelly et al., 2011). The eight tactics that are commonly used to control an intimate partner are (a) intimidation, (b) emotional abuse, (c) isolation, (d) using children, (e) using privilege, (f) economic abuse, (g) using coercion and threats, and (h) minimizing, denying, and blaming. These tactics can manifest themselves differently through various interconnected systems of oppression and inequality beyond gender (e.g., heterosexism, ageism, racism, ableism, classism, and religion/spirituality) (Kelly et al., 2011). Total interactions between these systems have the potential to shape the woman’s experiences with IPV (Chavis & Hill, 2009). For example, in a qualitative study examining the experiences of African American women who have left violent relationships, participants voiced that exposure to different repressive environments hindered the process of leaving the abusive partner. Participants claimed that while they were abused at home, they also experienced racism and sexism at work. Consequently, the researcher concluded that the process of leaving violent relationships was especially difficult for African American women due to them having to deal with the articulation of two identities, being a woman and being black (Taylor, 2005).

**Theory Derivation**

As stated above, the proposed theoretical framework was derived from the *Socio-Ecological Model* (SEM) and the *Multiple Intersecting Identities Model* (MII) by using the method proposed by Walker and Avant (2011). Integrating some of the assumptions
of both models provided a coherent explanation of the way individual and sociocultural factors shape attitudes toward IPV.

The *Socio-Ecological Model* (SEM) considers that all the experiences of IPV are the result of cross-level-interactions among multiple factors. The SEM states that attitudes and behaviors are the result of the interactions between social systems in which the person is embedded (Lucea, Glass, & Laughon, 2011). However, the SEM fails to recognize the dynamic nature of IPV since the model does not consider changes over time. The SEM also does not explain the mechanisms behind the influential factors contributing to IPV.

On the other hand, the *Multiple Intersecting Identities Model* (MII) considers that the interconnection among systems of oppression explains the lack of power and control that women experience in society. The intersections of various identities result in a unique social context, which are further shaped by systems of power and oppression (e.g., age, race, class, ability, gender, sexual orientation, and religion/spirituality). These systems and contexts operate dynamically, sculpting how IPV may be enacted, experienced, and addressed (Chavis & Hill, 2009). Unlike the SEM that considers the individual’s personal factors, the MII restricts assessment to the societal level.

The integration of both models suggests that attitudes toward IPV are shaped by the interaction among individual, interpersonal, communal, and societal factors through the internalization of social scripts that reinforce the lack of power and control that women experience in society. These scripts are placed in different systems of oppression, which go through all the levels of society. Consequently, five constructs were derived
from the integration of both models. These constructs are; family influence, cultural influence, religious influence, environmental influence, and attitudes toward IPV.

As shown in Figure 1, a theoretical substruction, using the *Gibbs Model of Substruction* (McQuiston & Campbell, 1997), was carried out to conceptualize and assess the relationship among the constructs under study. In addition, the following five variables were defined and relationships among them were established: religious commitment, area of origin, parents’ SES, gender stereotypes, partnership stereotypes, and attitudes toward IPV.

In conclusion, this dissertation is based on the following three assumptions: (a) approval of IPV is influenced by parents’ SES and area of origin, (b) this relationship is mediated by female, male, and partnership stereotypes along with religious commitment, and (c) interaction among multilevel factors occurs through social scripts that reinforce the unequal balance of power and control among men and women (figure 4).

**Intimate Partner Violence**

Intimate partner violence (IPV) is a global and complex public health issue that impacts all levels of society. Worldwide, IPV affects people regardless of age, race, class, ethnicity, religious affiliation, or sexual and gender identity (FVPF, 2004). However, the nature and dynamics of IPV differ across countries and age groups due to cultural, contextual, and developmental factors. Cultural differences between and within countries contribute to varying levels of IPV for residents of those countries (Garcia-Moreno, 2000). Therefore, in order to address IPV from a global perspective, the unique reality of each country and sub-groups must be understood, as well as how these intersect with the realities of other groups (Guruge, 2012).
Definitions and terms applied to IPV are cultural products that also vary across groups (Pierotti, 2013). For instance, in the global literature, IPV is constantly interchanged with terms such as battering, mistreatment, spouse abuse, intimate terrorism, wife-beating, family violence, and domestic violence (Chibber & Krishnan, 2011; Johnson, Ollus, Nevala, 2008; Pan American Health Organization, 2003). Despite these diverse definitions, certain unique elements remain constant across definitions. Most of the definitions consider IPV as a pattern of abusive behaviors and control rather than an isolated act of violence; these behaviors include acts of physical, psychological, and sexual abuse occurring in the context of intimate relationships (Black et al, 2011; Campbell Abrahams, & Martin, 2008; CDC, 2012; Jewkes, 2002; WHO, 2013).

The definition proposed by Futures without Violence Foundation (FVPF) will be used to define IPV in this dissertation because it is a comprehensive and current definition that can be applied in a wide range of contexts and particular situations. Thus, IPV is defined as a pattern of assaultive and coercive behaviors that may include inflicted physical injury, psychological abuse, sexual assault, progressive social isolation, stalking deprivation, intimidation and threats. These behaviors are perpetrated by someone who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent. Perpetrators aim to establish control over the partner through these behaviors (FVPF, 2012).

Regardless of context and culture, studies have highlighted certain characteristics that often accompany violence in intimate relationships. In nearly every country, IPV tends to start at an early age (Alhabib, Nur & Jones, 2010) and cuts across socioeconomic classes, religions, and cultural groups (PAHO, 2003). It is a multi-causal problem,
influenced by social, economic, psychological, legal, cultural, and biological factors (PAHO, 2013). Further, at multiple levels IPV is considered a private matter, and as a result, it is notoriously secretive and hidden from public view (Shrader & Sagot, 2000).

IPV has been traditionally viewed as being gendered defined, with women being the vast majority of victims. This seems to be the approach with more global application; for example, the National Intimate Partner and Sexual Violence Survey estimated that more than 1 in 3 women (35.6%) and more than 1 in 4 men (28.5%) in the United States have experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime, suggesting that women disproportionally experience IPV victimization (Black et al., 2011). However, as noted in the previous statistic, men also experience IPV victimization, and it also exists in same-sex relationships (Blosnich & Bossarte, 2009). It is proposed that regardless of who the perpetrator and victim are, and whether IPV exists in heterosexual or homosexual relationships, IPV is based on power and control dynamics in which men have traditionally had the advantage (Johnson, 2006).

More recently, attention has been given to mutual violence (MV). Researchers working on MV propose that while gender norms often lead to the distribution of power and control between partners, personality traits and personal motives also play a role (Allen, Swan, & Raghavan, 2009). Researchers have also examined the context in which the violent act occurs and not just the violent act itself (Johnson, 2006). Indeed, recent findings have suggested that the traditional pattern of man to woman unidirectional violence might not be consistent across types of partnerships or ages (Capaldi & Langhinrichsen-Rohling, 2012). For example, researchers have found that adolescent girls in dating couples engage in similar or even higher frequency of physically
aggressive behavior toward their male partners than adolescent boys (Chase, Treboux, & O'lear, 2002).

Perpetrators of IPV exert power and control over their partner by using multiple acts of violence over extensive periods of time, even after the relationship has ended. Most victims who go through any type of violence generally suffer multiple acts over extended periods of time (Stockman, 2013) and experience more than one type of abuse (WHO, 2002). Additionally, severity of violence in intimate relationships tends to escalate over time, even after a woman leaves her partner (PAHO, 2003). Likewise, perpetrators often commit acts of violence against their partner’s children as well (WHO, 2010).

In addition to these characteristics, transgression of gender norms has been frequently identified as a trigger of violence in abusive relationships. Researchers have found that episodes of violence often occurred after certain events that are considered a transgression of gender norms like challenging a man’s rights (Abramsky et al., 2011). Examples of these events are: a woman arguing with a man, a woman questioning him about money or girlfriends, a woman not having food ready on time, or not caring adequately for the children or the home, refusing to have sex, and the man suspecting infidelity from the woman (WHO, 2002). Therefore, it is important that prevention efforts consider the significance of gender norms in IPV, especially in societies where social transformation is changing cultural norms, as in Costa Rica.

**Prevalence**

Because of the complex nature of IPV, estimating its global prevalence is difficult; however, studies have confirmed that IPV is highly prevalent across the globe,
even though variations exist between and within countries. There are numerous multi-country studies on IPV, some of which have aimed to estimate prevalence rates. Yet, comparisons between these studies are difficult to carry out due to differences in methodology, including differing definitions and measures of violence, sample sizes, sources of data, and time periods of exposure. The multiple realities of IPV in each country further complicate these comparisons (Guruge, Tiwari, & Lucea, 2011).

Population based surveys have been frequently used to estimate the global prevalence of IPV. The WHO Multi-country Study on Women’s Health and Domestic Violence against Women gathered data among more than 24,000 adult women aged 15-49 years from 10 countries (i.e., Bangladesh, Brazil, Ethiopia, Japan, Namibia, Peru, Samoa, Serbia and Montenegro, Tanzania, and Thailand) between 2000 and 2003. Researchers estimated that between 15% and 71% of women had experienced physical and/or sexual violence by a partner in their lifetime, with most sites showing average prevalence rates between 30% and 60% (Garcia-Moreno et al., 2005). Likewise, between 2002 and 2006 over 23,050 women from 9 countries (i.e., Australia, Costa Rica, Czech Republic, Denmark, Hong Kong, Mozambique, Philippines, Poland, and Switzerland) were interviewed about their experiences of violence through the International Violence against Women Surveys. Lifetime rates of IPV among women in these 9 countries ranged from 9% to 40%, with most sites showing average prevalence rates between 22% and 40% (Johnson, Ollus, & Nevala, 2008).

Similar approaches have been used to estimate the prevalence of IPV in Latin America and the Caribbean. A comparative analysis of population-based Demographic Health Surveys (DHS) and Reproductive Health Surveys (RHS) from 12 countries was
conducted between 2003 and 2009 (i.e., Bolivia, Colombia, Dominican Republic, Haiti, Honduras, Peru, Ecuador, El Salvador, Guatemala, Jamaica, Nicaragua, and Paraguay). These nationally representative data were gathered using face-to-face interviews with women aged 15-49 in the household setting. Sample sizes ranged from 3,568 women in Haiti to 37,597 women in Colombia. Results revealed that the lifetime prevalence of IPV ranged between 17% and 53%, with most of the countries showing average prevalence rates between 25% and 50% (PAHO, 2012).

In addition to population based surveys, several systematic reviews have been conducted to estimate the global prevalence of IPV from various population-based or convenient samples. For instance, using 50 population-based surveys from 35 countries, which were published between 1982 and 1999, Heise, Ellsberg, and Gottemoeller (1999) estimated that between 10% and 52% of women reported being physically abused by an intimate partner at some point in their lives, and between 10% and 30% of women reported being sexually abused by an intimate partner. More recently, in 2013 the WHO published the latest report of violence against women, which applied a systematic review approach that compiled evidence from literature between 2008 and 2011 from 86 countries. The report stated that the global prevalence of physical and/or sexual intimate partner violence among women was 30% (WHO, 2013). Further, the report stated that prevalence varied across regions and ages, suggesting that multiple factors influence the experience of violence in intimate relationships. For example, the prevalence was highest in the WHO African, Eastern Mediterranean and South-East Asian regions, where approximately 37% of women reported having experienced physical and/or sexual IPV at
some point in their lives. Whereas, prevalence ranged between 15.1% for women aged 55-59 years old and 37.8% for women aged 40-44 years old (WHO, 2013).

Risk factors of IPV

Despite the complex nature of violence in intimate relationships, certain factors have been consistently associated with either the perpetration or victimization of IPV. However, the effect of these factors might be different between countries and within countries. Studies have pointed out that these factors are placed at different levels of influence, including the individual, relationship, community and societal level (Dahlberg & Krug, 2002). At the individual level, contributing factors that have been consistently identified are age, limited education, mental disorders, acceptance of violence, alcohol and drug abuse, low socio-economic status, and past history of child abuse and intra-parental violence (Ackerson, Kawachi, Barbeau, & Subramanian, 2008; Boyle, Georgiades, Cullen & Racine, 2009; Guruge, 2012; Hindin, Kishor, & Ansara, 2008; Marshall, Panuzio, & Taft, 2005; Tang & Lai, 2008; WHO, 2010). Similarly, exposure to prior partner abuse, separated/divorced status, and pregnancy contribute to the victimization of women (Devries et al., 2010; Bernards & Graham, 2013); whereas, male unemployment has been associated with the perpetration of IPV by men (Jewkes, 2002).

At the level of close relationships, researchers have documented that educational disparity and marital dissatisfaction predict IPV perpetration and victimization (Chan, 2009; Morrison, Ellsberg, & Botts, 2007). Likewise, infidelity, marital duration, and gender roles disputes are related to the perpetration of partner abuse by men (Johnson & Das, 2009; Sagot, 2005); while number of children and lack of social support or social isolation are risk factors to suffer victimization (Denham et al., 2007; WHO, 2010).
Numerous studies have linked certain neighborhood-level factors to a high risk of male perpetration and female victimization of IPV, including higher rates of poverty and unemployment, and a higher proportion of acceptance of violence and traditional gender norms (Caetano, Ramisetty-Mikler, & Harris, 2010; Guruge, Tiwari, & Baty, 2010; PAHO, 2010). Female victimization is more likely to occur in neighborhoods in which the proportion of women with higher education and autonomy are low (Garcia-Moreno et al., 2004; WHO, 2002); whereas, male perpetration of IPV is more likely to occur in neighborhoods in which corporal punishment is approved (WHO, 2010).

Finally, certain factors placed at the societal level have been linked to IPV as well. People living in societies in which male domination is prevalent and reinforced are more likely to report experiences of IPV than people living in more egalitarian societies. For instance, studies have shown that highest rates of male directed violence and female victimization are commonly reported by people living in societies in which violence and traditional norms are accepted, such as societies in which there is a lack of legislation on IPV and weak legal sanctions against violence (Cummings et al., 2013; Devries et al., 2013; Johnson et al., 2008; PAHO, 2003; WHO, 2010).

These findings should, however, be interpreted with caution due to the multi-causal and complex nature of IPV, which limit the possibility to generalize findings. For instance, although a low level of education is the most consistent factor associated with victimization across global studies (WHO, 2010), studies have also shown that highly educated women in countries where traditional gender norms are prevalent are more likely to report victimization. While education is often able to explain the variance in victimization, culture also plays a role. For example, education empowers women to
challenge certain aspects of traditional gender norms; consequently, this transgression
triggers episodes of violence against women (Jewkes, 2002). Interactions among different
factors therefore define the unique experience of IPV for each individual in each context.
For this reason it is important to examine instances of IPV in each country, but also
among different groups in each country.

**Impact of IPV**

Epidemiological, clinical studies, and community based studies have noted that
IPV is consistently associated with a broad array of negative outcomes. Violence in
intimate relationships operates through multiple pathways impacting individuals,
families, communities, and societies. These pathways are often complex, with context-
specific, physiological, behavioral and other factors influencing the likelihood of
disease/ill-health outcomes (WHO, 2013). These include the direct pathway of violence
resulting in injury and death, and the indirect pathway resulting in negative psychosocial
outcomes.

IPV has been consistently associated with psychological and physical impacts
through direct pathways. Researchers have documented that victims of violence in
intimate relationships are more likely to report psychological and behavioral problems,
including fear, anxiety, phobias, depression, suicidal thoughts, and post-traumatic stress
disorder (PTSD), than women who had not experienced partner violence (Ellsberg et al.,
2008). In addition to the direct psychological impact that IPV has on victims, there are
numerous physical consequences. For example, in a community based sample of 2,005
women aged 21 to 55 years old, Campbell (2002) found abused women were more likely
to report headaches, back pain, pelvic pain, digestive problems, loss of appetite,
abdominal pain, painful intercourse, urinary tract infection, sexually transmitted diseases, and vaginal infection and bleeding than non-abused women. Moreover, IPV has been associated with an increased likelihood of suffering from bruises, wounds, miscarriages, broken bones, retinal detachment, loss of hearing, and even death (Shrader & Sagot, 2000). Studies have established that homicides and suicides are also consequences of IPV, especially for women who are more likely than men to be killed by a partner (WHO, 2013).

Violence in intimate relationships also indirectly leads to adverse health outcomes that may persist long after the abuse has ended. Researchers have documented that both the physical and mental health of victims are impacted through the psychological impact of IPV (Coker et al., 2002). For example, significant alterations of primary neurobiological systems of stress response have been documented in patients with PTSD. These alterations contribute to increases in blood pressure, as well as to decreases in inflammatory and immune responses, which may lead to cardiovascular and immunological and/or inflammatory disorders (Dutton et al., 2006). Furthermore, depression associated with stress responses and with PTSD offer another link between PTSD and adverse health outcomes. The risk of depression has been shown to be significantly increased among people with PTSD, suggesting that depression therefore may affect physical health not only as a primary reaction to trauma but also as a consequence of PTSD (Dutton et al., 2006).

Researchers have identified that the impact of IPV extends beyond the victim. For instance, studies looking at IPV victims’ children who have witnessed inter-parental IPV have a high likelihood of engaging in risky behaviors such as alcohol and substance
abuse, early school drop-out, youth offending, early pregnancy and exposure to sexual transmitted diseases (Guruge et al., 2012; WHO, 2010). Perpetrators also experienced far-reaching legal, physical, familial, and psychological consequences, including bruises, lacerations, broken bones, legal sanctions, PTSD, anxiety, depression, loss of employment, separation from the family, and alcohol and drug abuse (Cronholm, 2006; Ernst et al., 2008; Mekha & McCloskey, 2007).

In addition to individual costs, IPV also impacts societies through social and economic costs. Abused women are often socially isolated, preventing and divesting them from making decisions in the household and society; consequently, this lack of autonomy deprives society of women’s full participation (Heise et al., 1999). Furthermore, this isolation can lead to poverty, prostitution, strained relationships with healthcare providers and employers, and restricted access to services and social networks, such as healthcare (Guruge, 2012; Plichta, 2004). Although it seems hard to estimate the economic cost of IPV, global studies have also shown that IPV has substantial economic effects for individuals and societies (Guruge, 2012). Abused women are more likely to use justice, healthcare, and law enforcement services than non-abused women, which represent high costs for these services (ICRW, 2007). They are also more likely than non-abused women to take time off from child care and household duties (WHO, 2010) and have lower work productivity and higher work absenteeism (ICRW, 2009), which indirectly impact the economy. For instance, in the US, the costs of IPV exceed $5.8 billion each year, nearly $4.1 billion of which is for direct medical and mental health care services. The total costs of IPV also include nearly $0.9 billion in lost productivity from paid work and household chores for victims of nonfatal IPV and $0.9 billion in lifetime
earnings lost by victims of IPV homicide (CDC, 2003). Given that these costs were estimated about one decade ago, they are probably higher today.

In summary, IPV is a worldwide and highly prevalent problem that has a strong impact on the well-being of individuals, families, communities, and societies. The consequences of IPV go beyond health; IPV has serious social and economic consequences as well. Although women are more likely to be victims of IPV, men can also be victimized. Many different factors contribute to the occurrence of IPV. However, due to this multicausal nature it has been impossible to establish a specific set of risk factors for all the individuals across all societies. Therefore, the unique reality of IPV and the contextual factors should be considered to understand this phenomenon in different communities across the globe.

**IPV in Costa Rica**

IPV has been a significant public health problem in Costa Rica. As an illustration of the long history of IPV in Costa Rica, Rodriguez’s (1995) historical study examined some of the trends and attitudes towards IPV held by people who lived in the metropolitan area of Costa Rica between 1750 and 1850. She reviewed 48 applications for divorce that were extracted from the National Archive and the Metropolitan Curia. Findings showed that verbal and physical abuse were the most common causes to request a divorce. Women from diverse occupations and economic levels reported being victims of abuse by their spouses. The study also found that although there were documents that reported the occurrence of IPV (e.g., religious records), most of the cases may not have been reported to the authorities.
Prevalence.

As stated in the previous section, because of the complex nature of IPV, estimating its prevalence is difficult. Although several estimations have been calculated, to date there has been little agreement on the extent of IPV in Costa Rica. Studies focused on urban and metropolitan settings claimed that the prevalence of IPV was small. For example, in 1992 a cross sectional study that gathered data from 703 men and 750 women aged 18 to 60 found that 10% of women and 6% of men reported being family violence survivors during their lifetime; of those, 53% of women and 36% of men identified the partner as the perpetrator (Mata, 2002). Consequently, the researcher estimated that IPV took place between one percent and 10% of the families. However, findings must be interpreted with caution due to the fact that participants were not asked about experiences of sexual and psychological abuse in intimate relationships (2002).

Likewise, in 2003 the GENACIS (Gender, alcohol, and culture: An international study) collaboration surveyed 416 men and 857 women older than 18 years and found that the prevalence of IPV during the previous 12 months was also small (Bejarano, 2008). According to Bejarano (2008), 12.1% of all participants were involved in physical IPV in the past 12 months either as victim or aggressor. Furthermore, findings showed that similar rates of men and women reported either being perpetrator or victim of physical abuse. For instance, 7.1% of the women reported having been physically abused by a partner, while 6.5% of the men made the same report. Approximately 5% of women and men reported having committed physical aggression towards their partner. Results from this study should also be interpreted with caution due to the fact that the questionnaire
only asked participants about experiences of physical violence in the past 12 months, and other forms of aggression therefore were not considered (2008).

Nevertheless, literature has emerged that offers contradictory findings, suggesting that IPV is more common. For example in 2003 the National Survey of Violence against Women gathered data from 908 women aged 18 to 64 and found that more than half (57.7%) of the participants have experienced physical or sexual violence at some point in their life, and 60% of those identified a current or previous partner as the perpetrator (Sagot & Guzman, 2004). Results claimed that most of the victims were not only physically assaulted by a current or former partner, but also sexually and psychologically abused by him. Likewise, after having collected data from 12,352 households in 2008, the Costa Rican Household Survey of Multiple Purposes estimated that almost half (43%) of households have experienced IPV during the previous 12 months (INEC, 2008).

Inconsistencies about the prevalence of IPV have been also found among other sources of data. For instance, in her review of medical reports of physical violence issued by the Legal Medical Unit of Cartago, Uribe (2001) found that 394 cases of physical IPV were assessed in 1996; while 329 cases were assessed in 2000, suggesting that the number of complaints of physical partner abuse that were met by the Court of Cartago decreased by almost 4%. On the other hand, in an analysis of the court records from 1996 to 2000, the State of the Nation Program calculated that the total of court processes linked to IPV in Costa Rica, such as application for restriction orders against a partner, increased from 5,023 in 1996 to 32,643 in 2000, that is an increase of 650%, which indirectly suggests that the rates of IPV have increased in previous years (State of the Nation, 2002). Likewise, the rise in the number of women seeking services at the Office for
Women suggests that the rates of IPV are increasing. For example, in 2000 the Office for
Women took care of 4,837 victims of partner abuse, a number that went up to 6,021 in
2002 (National Institute of the Woman [INAMU], 2009). Because most data used to
inform estimates of IPV in Costa Rica are based on the victim’s willingness to report and
seek services, it is not known if the true rate of IPV has increased, or whether attitudes
and behaviors regarding reporting IPV and seeking services have changed.

**Attitudes toward IPV in Costa Rica.**

Although the prevalence of IPV has not been well established in Costa Rica,
studies have shown that people living in Costa Rica are aware of IPV, as well as its multi-
causal nature. For example, in 2003 the Survey about Perceptions of the Costa Rican
Population on Violence against Women gathered data from a convenience sample of 380
men and 420 women aged 18, and it pointed out that participants considered IPV as the
most prevalent form of violence against women in Costa Rica; in fact, the researchers
concluded that most of the thoughts about violence against women that participants held
were consistently placed in the context of partner abuse. IPV is therefore deemed the
prevalent manifestation of violence that women experienced in Costa Rica. Findings
showed that 96% of the participants considered that violence against women, especially
IPV, has existed in Costa Rica for many years but now victims are more likely to report
it. The study also claimed that participants were more likely to refer to patterns of IPV
rather than other types of violence against women whenever they were referring to
violence. As an illustration, 93% of the participants said that violence against women is
more likely to take place in the household (Rodriguez, Sandoval, & Solano, 2012).
In addition, the survey found that certain myths that are held in society are consistently used to justify violence against women. For instance, 79% of the respondents considered that men who suffered from drug and/or alcohol abuse are more likely to abuse due to the effect of those drugs, 74% of the participants expressed that men who were victims of child abuse are more likely to become violent against their partners, 72% of the responders reported that women who decide to stay with the abuser are responsible for further experiences of violence, and 65% of the participants claimed that passive women are more likely to suffer violence (Rodriguez, Sandoval, & Solano, 2012).

Moreover, in the analysis of the perceptions about types of violence in IPV, the researchers found that the participants acknowledged the types of acts that perpetrators often used against their partners; participants also recognized the illegal nature of those acts. According to Rodriguez et al. (2012), when participants were asked about the common types of acts of partner abuse that occur in Costa Rica, almost half (48.5%) of them identified physical battering as a type of aggression, 43.2% of the interviewees distinguished physiological abuse, 4.9% of the respondents named sexual violence, and 3.4% of the participants pointed out patrimonial violence. Most of the respondents agreed that any act of violence against a partner is illegal in Costa Rica. For example, 86% of the responders considered that offending the spouse is a felony, as shown in Table 1; participants deemed that verbal abuse is a violation of the rights of the person and it has severe consequences. On the other hand, severity of the violence was considered the threshold to consider offenses as a felony (Rodriguez, Sandoval, & Solano, 2012).
Impact of IPV.

Although little is known about the consequences of IPV in Costa Rica, researchers and scholars have argued that victims of IPV might experience a wide range of problems, including physical injuries, use of medications, and mental health problems. Findings claimed that victims of partner abuse consistently report feelings of fear and dread as a result of the events of violence (Sagot & Guzman, 2004). Studies have also found that victims of partner abuse often experience physical injuries (Uribe, 2001). Systemic problems such as hypertension, as well as mental health problems such as depression, anxiety, and PTSD have been also documented (Mora-Escalante, 2005). In addition to the medication prescribed to treat these problems, abused women tend to use alcohol and drugs to cope with IPV (Grillo, 2004). Women who suffer IPV are more likely to seek legal and medical care services than other women (Bejarano, 2008; INAMU, 2009). In addition to these consequences, IPV has been considered one of the leading causes of traumatic death for women in Costa Rica (Department of Justice, 2011; Sagot & Carcedo, 2010).

Risk factors of IPV.

Even though there is paucity on the knowledge about the risk factors associated with IPV, some studies have pointed out that certain sociodemographic and cultural factors might be associated with IPV in Costa Rica (Mata, 2002; Rodriguez et al., 2012). Although studies have found that both men and women suffer from IPV, it seems that men are more likely to be perpetrators; whereas, women are more likely to be victims (Department of Health, 2004; Bejarano, 2008). Researchers have documented that high rates of IPV were reported by women of reproductive age, especially younger women
(Bejarano, 2008; Sagot & Guzman, 2004). Furthermore, highly educated women in Costa Rica were more likely to report IPV than less educated women. For instance, 64% of women who had a high school diploma and 63.1% of women who had college studies reported having been victims of violence as young as 16 years of age, as compared to 48.2% of the responders who had not completed elementary school (Sagot & Guzman, 2004). Similarly, women who received income or were not economically dependent on their partner were more likely to report IPV than women who did not receive an income of their own and were financially dependent on their partner (INAMU, 2009; Sagot & Guzman, 2004). In addition to socioeconomic conditions, the occurrence of IPV has been associated with alcohol and drug use (Bejarano, 2008; Mata, 2002; Sagot & Guzman, 2004).

It appears that the socialization process and cultural norms might be associated with IPV in Costa Rica. In the analysis of the perceived causes of violence against women, especially IPV, Rodriguez et al. (2012) found that 40% of the participants indicated that *machismo* (i.e., traits and behaviors that create the male prototype among Hispanic men [Watson, 2010]) and patriarchy caused the violence. In this study, 12.6% of the responders believed that the lack of education and values were the main causes of violence. Similarly, other researchers have found that specific gender and cultural practices, such as men gathering to watch soccer games might be associated with IPV. These researchers have suggested that violence might occur due to the conjunction of traditional alcohol consumption and the disputes that take place in these types of activities (Araya & Salazar, 2000).
Attitudes toward IPV

As stated earlier, researchers have claimed that IPV is a complex phenomenon that is influenced by multiple factors (Mata, 2002; Rodriguez et al., 2012). Currently, one of the most significant discussions in IPV is the study of the attitudes toward IPV. Investigators have realized that IPV is associated with the beliefs that people hold about it. Indeed, researchers around the world have underscored that attitudes toward IPV is a promising area to target in efforts addressing IPV (Fincham, Cui, Braithwaite, & Pasley, 2008; Rani & Bonu, 2009).

Recent studies have proposed that IPV and approval of IPV are associated through three different relationships. Some researchers have suggested that attitudes toward IPV and IPV are reflective of the culture, suggesting a correlational, not causal, relationship between them (Sugarman & Frankel, 1996). On the other hand, approval of IPV has a causal effect upon the behaviors of IPV victims and perpetrators (Dhaher, Mikolajczyk, Maxwell, & Kramer, 2010). Therefore, if an individual approves IPV, they are more likely to experience IPV. While others have claimed the inverse, beliefs supportive of IPV may be the result of the experiences of violence, including experiences of partner abuse (Obeid, Chang & Ginges, 2010). The relationship between IPV and approval of IPV is correlational, not causal, since both reflect the reality of a culture. According to Dhaher et al. (2010) the extent of violence among partners mirror the attitudes shared by the group to which they belong. IPV is a reflection of attitudes shared by a group that govern interpersonal interactions and permeate all spheres of activity, including politics and community actions. Therefore, sociocultural groups that differ in
the incidence of IPV also differ in the extent to which they approve violence among partners (Nayak, Byrne, Martin, & Abraham, 2003). As an illustration, in their comparative report of the Demographic Health Survey among ten countries, Hindin et al. (2008) estimated that, in five of the countries studied, women who believe that IPV is justified were more likely to report experiencing IPV.

While one argument focuses on the cultural proclivity toward IPV, another causal explanation links individual’s approval of IPV with their likelihood of experiencing IPV. Nayak, Byrne, Martin, and Abraham (2003) proposed that attitudes that legitimize the use of aggression support the use of violence in relationships. These type of positions help create a climate of social tolerance that not only may reduce inhibitions for abusers but also foster ideas of blame for victims (Gracia, Herrero, & Lila, 2008). Approval of IPV consequently fosters the use of violence among partners. For instance, findings from the WHO Multi country study claimed that women who had attitudes supportive of a husband beating his wife had increased odds of IPV (Abramsky et al., 2011). Similarly, results indicated that men who perceived that IPV is acceptable tend to commit abuse more often (2011). Furthermore, these researchers concluded that social acceptance of violence is transferred between generations, which contribute to the perpetuation of IPV.

Finally, others have proposed that the extent in which a person has experienced IPV shapes their beliefs about partner abuse. Investigators have claimed that previous experiences of violent behaviors contribute to defining the perception of these behaviors (Muntaha, Nesrin, & Sanaa, 2012). However, researchers have argued that in the case of individuals who previously have not had experiences of violence, attitudes are formed on the basis of the partner abuse. Victims experience loss of control and helplessness (White
& Smith, 2001), which may increase their sense of personal responsibility and encourage their support of IPV (Gracia et al., 2008). For example, a study with medical and nursing students found that students who had witnessed any type of violence were more likely to hold attitudes supporting violence among partners than students who did not (Muntaha, Nesrin, & Sanaa, 2012).

In summary, even though researchers have found evidence that IPV and attitudes toward IPV are associated, the way in which this association is exerted is not well defined. Therefore, future research should examine the mechanisms in which the relationship between IPV attitudes and behaviors are linked.

In addition, researchers have explored the effect of diverse factors over the approval of IPV. Investigators have also found that attitudes are not static and can vary among multiple influences which can then alter between generations and even within a person’s lifespan (Rani & Bonu, 2009). Researchers have established also that individual, relationship, community, and societal factors contribute to shaping IPV beliefs (Wubs, Aaro, Mathews, Onya, & Mbwambo, 2013). For example, in his comparative study of men in Zambia and Kenya, Lawoko (2008) showed that interaction of multi-level factors explained variations in the approval of IPV among participants between both countries. While certain factors had similar effects on the justification and rationality of IPV, including sociodemographic characteristics, level of autonomy, and access-to-information, others had contrary effect, such as education (2008).

**Individual factors**

Several studies investigating IPV have revealed that certain individual factors influence the attitudes toward IPV. Specifically, a number of researchers have reported
that age, gender, religiosity, level of education, experiences of violence, and engagement in risky behaviors shape beliefs supporting violence (Catlett, Toews, & Walilko, 2010; Dalal, Lee, & Gifford, 2012; Speizer, 2010; Stickley, Kislitsyna, Timofeeva, & Vågerö, 2008). For example, in a study including Lebanese university students, Obeid et al. (2010) found that women were more likely to justify wife beating than men, which was consistent with the Arab sociocultural values that oppose IPV in principle but nevertheless expect Arab women to support and understand the conditions of their husband’s life. In another study with college students, Berkel and colleagues (2004) found that religiosity, as measured by religious service attendance, was correlated with lesser adherence to beliefs supportive of IPV; these researchers concluded that individuals with strong levels of religiosity are more likely to treat others with dignity and respect and value helping others. This philosophy is inconsistent with the belief that anyone has the right to mistreat another person (Berkel, Vandiver, & Bahaner, 2004).

**Relationship factors**

Likewise, certain factors that are placed at the relationship level influence attitudes toward IPV. Particularly, studies have determined that household income, household decision making, relationships between parents, and education and occupation of the parents have a significant effect on the approval of IPV for members of the household (Dhafer et al., 2010; Mann & Taky, 2009; Rani et al., 2004). For instance, in their article, Yount, Halim, Schuler, & Head (2013) reported that the socioeconomic level of the household has a significant impact on the attitudes toward partner abuse. Obeid et al. (2010) also stated that attitudes toward IPV of college students were associated with
their mother and father’s background, including education level and occupation, suggesting that parents’ behaviors might contribute to model thoughts of the children.

**Community/societal factors**

Finally, certain factors at the communal and societal level similarly contribute to shaping the attitudes toward IPV. Studies looking at the approval of IPV among different groups have pointed out that environmental and cultural factors, including cultural norms, level of community violence, area of residency (e.g., neighborhood), and access to media, information, and social networks impact individual beliefs about IPV (Antai & Antai, 2009; Boyle, Georgiades, Cullen, & Racine, 2009; Pierotti, 2013; Wallach, Weingram, & Avitan, 2010). For example, in his study of patriarchal ideology, Haj-Yahia (2003) found that beliefs about women, men, family and marital relationships significantly influence the approval of IPV. Similarly, in their comparative study of sex disparities in approval of IPV among 17 countries, Uthman, Moradi, & Lawoko (2009) found that the extent of attitudes supporting IPV varied among areas of residency, suggesting that characteristics of the environment contribute to shaping the perceptions about IPV.

In addition to studying individual factors, studies have pointed out that the relationship among these factors produce varying attitudes toward IPV. It has been suggested that since exposure to influences are not stable they can produce changes in attitudes toward IPV. Therefore, examining the intersectionality of multiple factors can provide a dynamic assessment of how attitudes toward IPV are constructed (Sugarman & Frankel, 1996). For example, a secondary analysis of a population based survey from seven African countries, which gathered data from 71,206 women and 16,478 aged 15 to 59 years, Rani et al. (2004) concluded that cross level interaction among factors
explained variations on the approval of IPV across societies. If education is taken as an example, both men and women with lower levels of educational attainment were more likely to accept patriarchal social norms. Also, those women who hold patriarchal beliefs were, in turn, more likely to justify the violence that occurred against them and view IPV as being more acceptable (Rani et al., 2004).

In summary, empirical evidence has showed that IPV and approval of IPV are associated and that attitudes toward IPV need to be addressed in efforts to address IPV across the globe. Individual, relationship and community/societal level factors influence the perceptions about partner abuse; however, it has been established that attitudes approving IPV are the result of the cross level interactions among factors rather than the individual effects.

**Culture**

Studies have explored the relationship between attitudes toward IPV and culture. Researchers have found that culture influences IPV behaviors and attitudes (Bosch-Fiol & Ferrer-Pérez, 2012; Wubs et al., 2013). Cultural ideologies provide the social context for the approval or discouragement of IPV. Events that trigger IPV are rationalized through cultural stereotypes. For instance, in some cultures, male use of violence is approved when men fail to fulfill the instrumental roles that the culture has assigned them (Browman, 2003). Social groups develop a cultural identity which constantly interacts with the self-identity of each of the members of the group; individual perceptions are shaped during this interaction (Turner, Oakes, Haslam, & McGarty, 1994).

Several researchers have documented the role that culture plays in shaping attitudes toward IPV and IPV behaviors. According to Flood and Pease (2009), social groups
define beliefs about IPV within a particular cultural context, and these attitudes are only meaningful in this cultural context. In fact, in a study looking at the impact of resources and sociocultural processes on approval of IPV in Ghana, Mann and colleagues (2009) found that male and female opinions about IPV were intrinsically linked to traditional gender roles and patterns of socialization held in the country. These researchers concluded that the notion of social norms of socialization provided the justification for the oppression, exploitation, and abuse of African women (Mann and et al., 2009).

Similarly, in a qualitative study examining attitudes toward IPV held by men in Pakistan, Zakar and colleagues (2013) found that the construct of “the ideal wife” inculcated among participants entails that women are “docile bodies”, which are subjected to control, discipline, and violent punishment. Physical and verbal violence are used by husbands to control and reform their wives. Specifically, participants deemed that IPV guides or puts women on the right path. Responders consistently voiced that cultural norms justify and legitimize husbands’ behaviors aimed to control and punish wives. Consequently, these researchers concluded that participants perceived that actions taken by husbands to control, coerce, monitor, and attack their wives were entitled through the Pakistan norms about marriage and gender roles (Zakar, Zakar, & Kraemer, 2013).

Similarly, in the Hispanic culture, attitudes toward IPV are underpinned on expectations about female and male behaviors. For example, in a qualitative study examining the socio-cultural basis for young, urban Hispanic women's involvement in fundamentalist Christianity, Tsuhako (2012) found that Hispanic cultural values such as machismo, marianismo, and caballerismo shape the women’s acceptance of fundamentalist
patriarchal norms and male use of violence under certain circumstances, including violence against a partner.

**Gender stereotypes**

Each social group establishes the expected behaviors of women and men through gender stereotypes. According to Pulerwitz and Barker (2008), any given cultural group holds a version, or multiple versions, of appropriate female and male conducts. Gender models are interpreted and internalized by both men and women and are passed on to their children and families, peer groups, and social institutions among others. Female and male stereotypes are expressed on a continuum, ranging from egalitarian to patriarchal expectations (Berkel et al., 2004). The notion of a continuum is based on a feminist perspective that conceptualizes various social assumptions not as separate, discrete statements but rather as connected and all based in patriarchal power and control (McMahon & Banyard, 2012). The concept of a continuum purports that there exists a range of beliefs that escalate in approval and reinforcement of hierarchical gender relationships; these opinions also are linked to one another. Persons with traditional attitudes are characterized as responding to others based on stereotypes that foster the subordination of women; whereas, people with egalitarian attitudes respond to others independent of their sex (2004).

**Gender stereotypes in Latin America.**

The issue of female and male stereotypes has been extensively studied among people from Latin American countries. Even though predominant patriarchal gender roles have been identified among Hispanics, recent evidence suggested that this trend has changed during the last decades due to worldwide social changes about how women are
perceived (PAHO, 2011). However, researchers have consistently claimed that gender models are underpinned on four cultural statements: *machismo, caballerismo, marianismo,* and *familismo* (Gonzalez, 2013; Tshako, 2012).

Although *machismo* and *caballerismo* entail opposite expectations about male conducts, both have been used to root the ideal of manhood or masculinity among Hispanics. According to Wood and Price (1997) *machismo* is a social behavior pattern in which men exhibit an overbearing attitude to anyone in a position inferior to them, demanding complete subservience. This trend is particularly marked when related to male-female interactions. *Machismo* encompasses 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” (Watson, 2010, p. 17). On the other hand, *caballerismo* embodies positive male images of the nurturing provider who is respectful, defends the weak, and lives by an ethical code of chivalrous values. The stereotype of *caballerismo* incorporates the values of responsibility for care of the family; this charge is exerted through economic support and inculcation of positive mores, such as respect for the family (Arciniega, Anderson, Tovar-Blank, & Tracey, 2008). Even though *machismo* connotes negative traits and *caballerismo* refers to positive traits, both grant males a cultural position of superiority.

In turn, models of womanhood or femininity among Hispanics have been defined in terms of *marianismo*. According to Wood and Price (1997), *marianismo* is a model of social behaviors in which the traditional Hispanic women related to Mary (the mother of Christ), by believing herself to be morally superior and spiritually stronger than the man.
The “good” woman role is played out by a dutiful wife, mother, and daughter who take care of the house.

Similar to others patriarchal societies, assumptions about *marianismo* encompasses a set of stereotypical female behaviors exemplified by self-sacrifice; a focus on housekeeping and child-rearing duties as well as inculcating morals and traditional values in the children; submission to the male partner, including meeting the husband’s sexual needs and seeking husband’s or other family member’s permission before going out (Rani et al., 2004; Watson, 2010). In contrast to *machismo* and *caballerismo*, *marianismo* grants a female position of cultural inferiority.

Furthermore, in most of the societies female and male roles are also shaped through the relationship between the individual and the family. In Latin American countries, the family and the role of its members strongly influence the man and woman’s behaviors. Family roles and obligations take precedence over the individual interest (Hartnett & Parrado, 2012). In the Hispanic culture, the term *familismo* is used to highlight the importance of family in the society. In his article, Inglodsby (1991) claimed that *familismo* refers to the Hispanic ideal of placing one’s family ahead of individual interests; this includes responsibilities and obligations to one’s immediate family members and other kin. The combination of *familismo* and the ideal of male and female behaviors contribute to establish rigid female and male models, since they reinforce the expectation of unconditionally fulfilling obligations within an overarching patriarchal family system (Flake & Forste, 2006).

It is suggested that gender stereotypes in patriarchal societies create a climate that justify and tolerate IPV. Societal assumptions about gender behaviors shape attitudes
toward IPV through the establishment of rigid structures within the society; transgression of these structures might trigger behaviors and events that justified IPV (WHO, 2010). Social gender stereotypes are believed to contribute to the acceptance of violence and gender inequality and other inequities by creating power hierarchies where men are viewed by society as superior and of higher social status compared to women (Ali & Bustamante-Gavino, 2008). For instance, in a study looking at the Hispanic women’s experiences with substance abuse, IPV, and risk for HIV, Gonzalez-Guarda, Vasquez, Urrutia, Villarruel, and Peragallo (2011) found that participants perceived *machismo* and gender inequalities as one of the most important risk factors for IPV victimization and perpetration. Participants argued that these rigid cultural models grant power and control to men over women.

**Partnership stereotypes**

Partnership stereotypes contribute to establishing and modeling partner’s behaviors of the partners in an intimate relationship. According to Baucom, Epstein, Rankin, and Burnett (1996), conducts of the partners are underpinned on three components of the relationships standards. These components are: boundaries among partners, investment in the relationship, and definition of power and control. Boundaries involve the degree of independent functioning versus sharing between two partners (e.g., the amount of time spent together). Investment consists of the contributions that each partner makes to the relationship, such as expression of feelings. Power and control refer to the standard of decision-making power that partners believe should be exercised by each partner (1996). Partners’ behaviors also are influenced by cultural models of womanhood and manhood (Flake & Forste, 2006). Therefore, partnership stereotypes are
produced through the conjunction of the social beliefs regarding male and female behaviors with the expected roles that partners assume within the relationship.

The extent to which a person approves IPV is the result of the individual conflict that arises when relationship assumptions are met or not. It appears that unrealistic beliefs about intimate relationships also influence partners’ behaviors and attitudes (Holtzworth-Munroe & Stuart, 1994). Irrational ideals create expectations or demands for a trouble-free relationship and decrease tolerance for the conflicts inevitable in daily intimate life. The individual who evaluates his or her relationship in terms of unrealistic beliefs is likely to be disappointed and dissatisfied (Epstein & Eidelson, 1981). According to this statement, both the abused and the abusive partner maintain dysfunctional expectations which cannot be achieved by the other partner. When expectations are not met, use of violence is justified. For instance, in a study that compared the relationship standards and assumptions of violent and nonviolent husbands, Holtzworth-Munroe and Stuart (1994) found that unhappily married men endorsed more dysfunctional standards and assumptions; these participants also reported being less satisfied with how their standards were being met by their partners and being more upset when their relationship standards were not met.

**Physical Context**

The physical helps to shape the attitudes toward IPV through two pathways, social interactions and access to social information. Scholars have argued that approval of IPV varies in the extent an individual is exposed to social interactions and information that reinforce or condemn IPV (Flood & Pease, 2009). The physical context provides the space in which many social interactions take place; it especially allows societies to
transfer cultural norms between the group and the person. Social interactions might vary across spaces; for instance, individuals have different interactions in the household rather than outside of the domestic space. Family, community, and society provide a variety of scenarios in which people interact with different persons. Social statements about IPV are transferred through social interactions. For example, in a study with college students, Reitzel-Jaffe and Wolfe (2001) found that negative beliefs about gender roles and acceptance of IPV were associated with reports of friends who also had similar beliefs. These researchers also determined that having abusive friends was associated with the participant’s own levels of violence in their relationships.

Physical context constitutes a key determinant of approval of IPV as it shapes individual opportunities and exposes residents to multiple resources. Area or setting in which the person lives (e.g., neighborhood and area of origin) provides to residents multiple resources to access information, such as churches and healthcare services. This information might either reinforce or discourage individual social assumptions (Griffin, O’Campo, & Peak, 2006). Social material gathered from media, social networks, and community services shape cognitive schemas, normative beliefs, and scripts for social behaviors (Flood & Pease, 2009). In addition to information, area of origin exposes residents to social responses to IPV. According to the WHO (2010), societies with low prevalence of IPV are more likely to have a climate of social support for victim and condemn IPV; these societies often have community sanctions against IPV and offer social services, such as shelters, to support victims. Community sanctions, or prohibitions, could take the form either of formal legal sanctions or the moral pressure for neighbors to intervene if a woman was victim of IPV. For example, in a qualitative study
examining causes of IPV in rural Kenya, Hatcher and colleagues reported that participants perceived that beliefs of violence as normal or intractable aspect of life in the place where they live was an important contributor to IPV (Hatcher et al., 2013).

Together, social interactions and social information generate a debate between social assumptions and reality. Rani and colleagues (2004) proposed that setting of residence influences attitudes and behaviors through three mechanisms: (a) by producing a conflict between reality and myth of male and female behaviors, (b) by exposing to different types of social networks and authority structures other than kin-based ones, and (c) exposing to nonconformist ideas through modern media and social networks (Rani et al., 2004). Consequently, whenever people are exposed to diverse interactions at different level of the society, they are able to enhance their cultural knowledge, their capacity to use and access information, and recognize variations on the gender stereo types (Boyle, Georgiades, Cullen, & Racine, 2009). As an illustration, in their comparison of attitudes toward IPV between a native-born population and Hispanic immigrants in Spain, Gracia and colleagues (2008) concluded that patriarchal cultural beliefs about IPV were influenced through exposition to a social climate of rejection and punishment of violence against women. Researchers found that immigrant participants were more likely to report change of attitudes toward IPV after strong exposure to media and social interactions that reinforce egalitarian norms and sanction of violence against women (Gracia et al., 2008).

**Socioeconomic Status of the Parents**

Social and cultural assumptions are firstly learned within the family; as a result, behaviors and attitudes of the parents strongly influence children. Researchers have traditionally claimed that primary socialization contributes to transmission of cultural
norms and values from parents to children (Bowie et al., 2013). Literature has emerged
that offers additional insight about parental influence on the approval of IPV. These have
also established that socioeconomic status (SES) of the parents might play a role in the
attitudes toward IPV (Boyle et al., 2009). For example, in a dissertation examining the
impact of the mother-daughter relationship on the development of feminist
consciousness, Buysse (1999) found that daughters who had mothers with college
education and professional positions had significantly higher levels of feminist
consciousness than those who had mothers who did not graduate from college or hold a
professional position. The researcher concluded that seeing mothers in their careers may
influence daughters’ understanding of the meaning of being female.

Parents’ SES contributes to shape attitudes of the children by exposing children to
adult female and male roles within the family. It has been suggested that children often
learn about gender and family roles through observing the conduct of their parents
regarding parenting, family relationships, and division of the household tasks, which
impact children’s perceptions about gender stereotypes (Shearer, 2007). Specifically,
researchers have argued that female and male roles in the family influence development
of the children by providing models about behaviors of women and men that extend
beyond the marital relationship (Sorkhab, 2005). Therefore, it seems that children of
parents who express more egalitarian views and exhibit structural symmetry regarding
the distribution of home and work roles will adopt less patriarchal behaviors and
attitudes. Thorn and Gilbert (1998) have claimed that dual-career couples express more
egalitarian views and exhibit structural symmetry regarding the distribution of home and
work roles than families in which the mother is not employed. They have also stated that
level of education is a salient variable on the parental models. Indeed, these researchers have argued that parents who have higher levels of education are more likely to show egalitarian or role sharing attitudes than less educated parents (1998). Consequently, parental conducts and roles contribute to the ground through which social learning takes place. Children will learn and therefore be more likely to express role sharing expectations as a result of values and behaviors modeled within the family (2005). For example, in a study with college students, Obeid and colleagues concluded that mothers who work would serve to model economic power sharing in the marital relationship, which consequently results in more egalitarian views of women and less tolerance of wife abuse in their children (Obeid et al., 2010).

**Religious Commitment**

Religion provides directives for positive moral action and the promotion of human welfare; but religious beliefs can also foster and justify abusive behavior in the context of family (Simonič, Mandelj, & Novsak, 2013). Religious commitment (i.e., religiosity) is a multifaceted construct. According to Chen, Dormitzer, Bejarano, and Anthony (2004), it encompasses a behavioral facet (e.g., frequency of church attendance) and a psychological facet (e.g., level of personal commitment to the deity). Religiosity, through religious convictions, provides a system of beliefs that helps to maintain some behaviors and attitudes (Mann & Takyi, 2009). Indeed, researchers have suggested that religion is used to justify violence or to perpetuate women’s vulnerability to victimization (Flood & Pease, 2009). For example, in their article, Douki and colleagues (2003) concluded that in some Arab and Islamic countries, select excerpts from the Koran may be used to prove than men who beat their wives are following God’s commandments.
Therefore, through a system of beliefs that reinforce or discourage social norms, religiosity contributes to shape attitudes and behaviors (Douki, Nacef, Belhadj, Bouasker, & Ghachem, 2003). For instance, in a study examining predictors of IPV among student women in Chile, Lehrer and colleagues found that participants who grew up with a moderate or low level of attendance to religious services had a smaller likelihood of experiencing IPV than their counterparts who grew up with high or none religious involvement. These researchers concluded that the non-linear relationship between likelihood of IPV and religion is the results of the interaction of societal religious beliefs with individual religious beliefs. They suggested that the teachings of a religion encouraging family harmony and unity, generally a constructive force, but religious beliefs become an adverse influence if taken to the extreme of supporting legislation that prohibits separation of the partners (Lehrer, Lehrer, & Krauss, 2009)

**Summary**

Central to the entire study of IPV is the extent in which people approve IPV. What is known about approval of IPV is largely based upon empirical studies, which have investigated how behaviors and attitudes linked to IPV are associated, and what factors influence these conducts and beliefs. However, there is a lack of research about attitudes toward IPV in Costa Rica. Little is known about the manner how these beliefs are shaped and what is the role of certain societal factors upon these attitudes. The effects of religiosity, area of origin, parents’ SES, and gender and partnership stereotypes have not been studied in the context of approval of IPV in the country. Nor have investigations aimed to explore the interactions among these factors, as well as the effect of these interactions upon attitudes toward IPV in the context of young adults. The proposed
dissertation seeks to explain the effect of these interactions on the attitudes toward IPV among young adults.
CHAPTER 3

Methods

In this chapter methods and procedures of the study are presented. The chapter starts describing the design that was implemented to address the research questions. Next, sampling and data collection procedures are described followed by the description of the data analysis procedures. Finally, actions to protect human subjects are laid out.

Study Design

A mixed method design (convergent parallel design; Plano, 2010) was used to examine the attitudes toward IPV in a sample of college students in Costa Rica. Mixed method studies contribute to enhance the understanding of interactions among multiple factors. This approach also helps to contextualize and to integrate information from different systems, including societal systems (Creswell, Klassen, Plano, & Smith, 2011). Integration of information aims to enrich the understanding of a phenomenon under study, which is difficult through traditional approaches (Creswell, 2009). For this study, both quantitative and qualitative data were collected simultaneously and both methods had equal priority (Creswell & Plano, 2007). Mixing or triangulation occurred during data interpretation, when results of quantitative analysis were compared with themes that were reflected from the qualitative data (Klassen, Creswell, Plano, Smith, Clegg, & Helen, 2012). Besides, the researcher was advised by a community advisory board (CAB), consisting of a group of representatives of undergraduate students of the University of Costa Rica (UCR). A pilot study was carried out to inform feasibility and identify modifications needed in the design of the main study.
A convenience sample of 249 undergraduate students from the UCR were recruited to (a) examine the effect of religious commitment, area of origin, parents’ SES, gender stereotypes, and partnership stereotypes on attitudes toward IPV, and (b) test religious commitment and gender and partnership stereotypes as partial mediators between socio-demographic factors (parents’ SES and area of origin) and IPV attitudes. Simultaneously, from the quantitative phase 29 participants were invited to engage in qualitative descriptive focus groups, which explored the attitudes toward IPV and the factors that influenced these attitudes.

**Triangulation of the methods**

Triangulation of the quantitative phase and qualitative phase occurred during data interpretation. At this point, quantitative and qualitative findings were integrated (Klassen et al., 2012). Both types of data were simultaneously analyzed in a meta-matrix to detect patterns and irregularities (Teddlie & Tashakkori, 2011). Triangulation of findings generated meta-inferences about the nature and extent of the approval of IPV among college students in Costa Rica (Creswell & Plano, 2011).

**Study setting and population**

The study was conducted at the UCR in Costa Rica, specifically at the main university campus, Rodrigo Facio. The Republic of Costa Rica is a Central American country that has borders with Nicaragua and Panama, and coasts in the Pacific Ocean and the Caribbean Sea. Its land area of 51 thousand square kilometers is comparable with Switzerland (Bejarano, 2005). The country includes seven provinces subdivided into 81 counties that are further divided into 463 districts. While 66% of the residents live in rural areas, the rest are concentrated in urban settings. Indeed, the Great Metropolitan
Area (GMA), where the Capital, San Jose, is situated, hosts most of the population of the country and includes both rural and urban areas (Bejarano, 2005). According to data from the 2011 National Census (INEC, 2013) there are 4,301,712 inhabitants, of those 2,106,063 are women and 2,195,649 are men. The population pyramid shows that the country has a majority of young people, with a base slightly narrower at the early ages and a bit wider at young adult ages. The average age for the population is 28.8 years (Central American Bank for Economic Integration [CABE], 2012). Life expectancy at birth is 79.4 years, the highest value in Central America, and covers the range of ages from 77 years for men and 82 years for women. The migration is positive, indicating that Costa Rica receives migrants from other countries (Bejarano, 2005; CABE, 2012). The study was conducted in Spanish since it is the official language.

The illiteracy rate in Costa Rica is close to zero (3.2%) for the population 15 years of age. Participation by educational level shows that the school enrollment for people aged 7 to 12 years is 94.5% of the total population. Regarding secondary education, enlistment is close to 69.1%, while for higher education the value revolves around 25.3% (Bejarano, 2005; CABE, 2012). The United Nations Development Program has placed Costa Rica in an advantageous position since the country has reached a Human Development Index of 0.821 (2005). Although according to the Global Index Gender Inequality (0.718), Costa Rica exhibits strides towards gender equality as compared to other Central American countries; internally gender inequality persists. The net rate of social female participation (i.e., economic and political decision-making structures) in 2009 reached 37.6% (i.e., a value 2/5), which reflects a strong positive trend; it is still located more than 25 points lower than male social participation. For instance, in 2009 it
was estimated that the female compensation was approximately 87% that of employed males with similar employment positions and education levels (CABE, 2012).

The UCR was created in 1940. Currently, the UCR has five campuses around the country, which host 13 colleges and 47 schools. In 2014, 28,203 undergraduate students were enrolled at the UCR, of those 50.9% were women \( n=14,353 \) and 49.1% men \( n=13,850 \) (Varela, 2014, August 21). Detailed description of the distribution of students by area of study during the 2014 first semester is presented in Table 2. The academic course offering for undergraduate students includes nine certificated programs, 133 bachelors, and 92 degrees (UCR, 2014).

**Community advisory board**

A community advisory board (CAB) was created to advise the researcher. A CAB is composed of community members who share a common identity, history, symbols, language, and culture (Straus et al., 2001). The CAB was named as student community advisory board (S-CAB) and consisted of six representatives of undergraduate students of the UCR. The S-CAB facilitated the investigation by providing advice about the consent process and implementation of research protocols (2001). Members serving in the S-CAB provided information, guidance, and suggestions from the perspective of the UCR undergraduate students.

S-CAB members were drawn from UCR student associations and young adult groups in the community, including (but not limited to) school associations. Members were recruited through recommendations from faculty and student leaders in the UCR, other S-CAB members, and dissertation committee members. Initial contact was done through the association of nursing students from the UCR School of Nursing (UCR
SON). In order to be eligible to participate as a member of the S-CAB, participants must be currently enrolled at the UCR, self-identify as Costa Rican, and be a member of a UCR student association or young adult group in the community. Students with expertise in IPV were especially considered.

**Pilot Study**

Prior to the general study a pilot study was conducted to inform feasibility and identify modifications needed in the design of main study. A pilot study can be used to evaluate the feasibility of recruitment, retention, data collection, and analysis procedures. Study components that are deemed infeasible or unsatisfactory should be modified in the subsequent phase of the study or removed altogether (Leaon, Davis, & Kramer, 2011). Moreover, the pilot study contributed to obtain a preliminary sense of the cultural equivalence by looking at the reliability of the measures and feedback from the participants, which contributed to enhance the overall validity of the findings (Waltz, Strickland, & Lenz, 2010). Finally, logistics of the survey administration were assessed with pilot testing, including setting up of the survey in the cloud-based software service.

**Participants**

The sample consisted of 19 undergraduate students who were members of a student association at the UCR. In order to be eligible for participation in this phase participants must be currently enrolled at the UCR, self-identify as Costa Rican, be between 18 and 26 years old, and be member of one of the associations of the UCR or young adult groups of the community, including (but not limited to) school associations. Participants were excluded if they have lived in another country for more than six months.
**Pilot study recruitment**

Recruitment for the pilot study took place in June 2014. S-CAB members invited affiliates of their own organizations to participate in the pilot study. Flyers were used to inform students about the study. Specifically, potential participants were asked to contact the researcher by phone or email. The researcher informed participants about the study and send them an email including a link to access the pilot survey. Participants were asked to complete the screening and eligibility form, if inclusion criteria were met, participants were asked to electronically signed the inform consent form (ICF). Next, the survey opened for participant review and feedback. In the case of participants who did not meet the inclusion criteria, a message of gratitude was displayed.

**Consent of the participants**

The ICF was displayed after participants confirmed that inclusion criteria were met. Once participants read the information, each participant chose the option “I agree to participate” and click the “next” button. A waiver for signed inform consent was granted by the University of Miami and University of Costa Rica IRBs. In the case of participants who did not agree to participate, a message of gratitude was displayed.

**Piloting the survey**

The survey was displayed to those participants who consented to participate. Survey instructions were strategically situated prior to each section for guidance. Finally, as shown in appendix A, evaluative questions followed the survey questions to elicit feedback from the pilot participants regarding the consent and survey process, as well as the user interface. Fields were also included for free text suggestions and comments.
Feedback and comments were used to assess the feasibility and logistics of the electronic survey.

Specifically, participants navigated through the same interface that was used in the main study. The survey was administered through Qualtrics, which is a cloud-based web survey tool developed by Qualtrics Labs, Inc. and is available to support research, teaching, and administration at the University of Miami. Data from the survey was exported automatically into a SPSS data file.

The survey was organized based on the procedures described by Tuttas (2013). First, the survey included researcher-determined demographic questions such as, but not limited to: age, gender, area of origin (i.e., province and canton), parent’s background (i.e., occupation and level of education), and family income. Second, the survey included standardized instruments designed to measure gender stereotypes (Bem Sex Role Inventory [Bem, 1974]), partnership stereotypes (Inventory of Specific Relationship Standards [Baucom et al., 1996]), religious commitment (Intrinsic Religion Scale [Hoge, 1972]), and attitudes toward IPV (IPV Attitude Scale [Smith et al., 2005]). Finally, a short form including open/ended questions asked participants’ experiences navigating through the survey.

**Piloting of focus group interviews**

Qualitative procedures for data collection were spelled out to the S-CAB. Consent procedures and interview guide were presented. Members of the S-CAB were asked to give feedback about study procedures, as well as suggestions and comments.
Review of the findings and feedback

Data from the pilot survey was automatically exported into IBM SPSS 22.0 from Qualtrics. In SPSS 22.0, descriptive statistics were generated to describe the sample. Internal consistency was assessed for all scales through the estimation of Cronbach’s alpha coefficients. Pearson’s correlation coefficients were calculated to collect convergent validity evidence of the measures (Waltz et al., 2010). These analyses are considered exploratory due to the small size of the sample.

Feedback from both phases was carefully reviewed. While review of the feedback targeted two areas; study procedures and a preliminary sense of the cultural equivalence of the measures, review of survey results evaluated questions and identify any problematic item. Both feedback and statistical findings were considered in order to address potential sources of systematic errors during the main study (Waltz et al., 2010).

Main Study

Sample

A convenience sample of 249 students was recruited from the Rodrigo Facio campus of the UCR. Although both quantitative and qualitative phases had equal priority in the study, sample size was calculated based on the quantitative phase because it required a bigger sample size (Creswell, 2009). In addition, estimation of the sample size included an oversample of 30 participants, which was added to ensure that there were enough participants in case some of the cases should be excluded (Kalton, 2009).

The quantitative sample was estimated based on the most complex model from the five structural models that were theoretically hypothesized (Gamst et al., 2008). A detailed description of the models is presented later in the chapter.
As shown in Figure 5, the model compromised a measurement model including five parameters and a structural model including 12 parameters. Consequently, 17 parameters were estimated. The number of parameters \( N:q \) rule (Kline, 2011) was used to determine the sample size. This rule suggests that considering the number of parameters to be estimated, a 17:10 ratio is necessary to impact the fit indexes and achieve adequate power (Jackson, 2009). In addition, an oversample of 18\% (30 participants) was added to the quantitative estimation, which falls into the range of oversampling recommendations (i.e., 10 to 20\%) for population base surveys of specific populations (Kish, 1987). However, since 249 were recruited an oversample of 46.5\% was reached (\( n=79 \)).

Simultaneously, a subsample of 29 participants, from the quantitative phase, was invited to participate in four focus group interviews. It has been suggested that when groups are uniform in either participants or the range of topics to be covered, after four to six focus groups, the data become “saturated” and little new information emerges after the first few groups, so moderator can predict what participant will say before they say it (Morgan, 1996).

**Inclusion criteria.**

In order to be eligible to participate in the proposed dissertation, participants must be currently enrolled in at least one course at the UCR, self-identify as Costa Rican, and be between 18 and 26 years old. Participants were excluded if they have lived in another country for more than six months.

The rationale for these inclusion criteria was that the best-fit participants had been exposed enough to family, communal, and society experiences to have been influenced by Costa Rican gender and partnership stereotypes. Moreover, because any person,
regardless the age, may be pursuing an undergraduate degree, the inclusion criteria stipulated that participants must be between 18 to 26 years. This age range was selected because empirical evidence has showed that, in Costa Rica, (a) mean age of college students is 21.7 years (S.D=2.7 years) (Avila, Soto-Martinez, Soto-Quiros, & Celedon, 2005), (b) in public universities, the standard length of an undergraduate degree ranges from four to six years, and some students spend either one or two years trying to transfer from the degree or program in which they were admitted to the desired degree (Abarca & Sanchez, 2005), and (c) age at which half of the individual no longer lives in the parent’s household is 24 years, but this age tends to increase in the case of individuals who are still studying (De Vos, 1989). The only exclusion criterion was having lived in another country for more than six months due to the fact that prolonged exposition (i.e., more than six months) to another culture and context might influence the attitudes of the participants and lead to cross-cultural responses (Dolnicar & Grun, 2007; Sonderegger, Barrett, & Creed, 2004; Updegraff, Umaña-Taylor, McHale, Wheeler, & Perez-Brena, 2012).

**Recruitment.**

Recruitment for the main study took place between June and August 2014. For the quantitative phase multiple approaches for recruitment were used, including (but not limited to) face-to-face interactions during university-related activities, placing a section oriented to the study at the UCR School of Nursing (UCR SON) web site, placing advertisements for the study in college student media and on student oriented websites. A study Facebook page was also created to direct potential participants to the study link in
the UCR SON web site. All these sources described the study and provide the researcher’s name and contact information.

Potential participants were asked to access the link to open the survey. Participants were asked to complete the screening and eligibility form, if inclusion criteria were met, participants were asked to electronically sign the ICF. Participants who did not meet the inclusion criteria were thanked and they were not enrolled. Next, the general survey was opened. Once participants completed the survey, an invitation to participate in the focus group interviews was displayed, potential participants were asked to provide a preferred email address to set up a meeting.

For the qualitative phase, a subsample of 29 participants was recruited. Qualitative criterion sampling was used to enroll participants. This sampling strategy entails that all cases in the data system that exhibit certain predetermined criterion characteristics are routinely identified for in-depth, qualitative analysis (Patton, 1990). It has been suggested that criterion sampling can be used to identify cases, from quantitative questionnaires, for in-depth understanding of the numerical data (Cohen & Crabtree, 2008). In order to assure accurate triangulation of the results only participants who (a) completed the survey and (b) agreed to be contacted to participate in the qualitative phase were considered eligible. First, participants who meet these two criterions were identified and listed. Next, the researcher emailed them asking about the availability to meet. Preferred days and times to meet were organized over a three weeks period. The dates for which most of the participants reported availability were selected. Invitations to participate in the interviews were sent based on the selected dates and preferred dates reported by the participants. These procedures were conducted separately.
for male and female participants. Reminders of the interview were sent previously for each group. For male participants since several interviews were scheduled but no participants attended, additional strategies were used to recruit participants who were willing to participate in the qualitative phase. These strategies included approaching students during student-oriented activities at different schools to inform them about the study. However, although participants completed the survey and agreed to meet, they did not keep their appointments for the interviews. In addition, male student groups, such as sport-oriented groups were contacted through Facebook as well, but the problem remained. Therefore, S-CAB members and students leaders from several student associations, especially associations from male-oriented programs (e.g., engineering and physical education) were consulted about mechanisms to increase recruitment. Based on their suggestions, specific groups of male students were targeted, such as 4-year physical education male students. However, although interviews were scheduled, students did not attend. Strategy was replicated at the UCR SON. Third, fourth, and fifth year male students were approached and recruitment for these cohorts was successful. After the students completed the survey, stated agreement to participate through the survey, the focus group interviews were conducted.

**Quantitative phase**

**Design.**

A cross-sectional, descriptive correlational design was conducted to (a) examine the effect of religious commitment, area of origin, parents’ SES, and gender and partnership stereotypes on attitudes toward IPV, and (b) test religious commitment and gender and partnership stereotypes as partial mediators between sociodemographic
factors (parents’ SES and area of origin) and attitudes toward IPV. Cross-sectional studies are appropriate to describe the status of a phenomenon or the relationship among phenomena (Polit & Beck, 2012). Likewise, correlational designs allow researchers to tests for statistical relationships between variables (2012).

**Data collection.**

A web-based survey was used to collect data in this phase of the study. Surveys are designed to obtain information about the prevalence, distribution, and interrelations of phenomena within a population (Polit & Beck, 2012). They can be used to provide a quantitative or numeric description of trends, attitudes, or opinions of a population (Creswell, 2009). Surveys are more time efficient and convenient than others methods because often participants are able to plan the time and place to complete the questionnaire. Moreover, because they use standardized formats, reliability is increased and comparisons across respondents are possible (Waltz et al., 2010).

The survey was implemented through a self-administered questionnaire, which was administered online and was placed in the Qualtrics Survey Research Suite. Online surveys allow researchers to create their own survey quickly using custom templates and post them on web sites or email them to participants. In addition, online surveys can generate results and report them back to the researcher. The results can be downloaded into a spread sheet or a database for further analysis (Creswell, 2009).

The survey instrument was specifically designed for this study. The instrument combined a demographic questionnaire and four standardized measures. As shown in Appendix B, the demographic questionnaire contains researcher-determined demographic questions such as but not limited to: age, gender, area of origin, parents ‘occupation (i.e.,
both parents), parents’ education (i.e., both parents), and family income. Most of these questions, including age and year of college admission, were used to describe the sample. In addition, certain questions, such as gender and religious affiliation, were designated as control variables for the statistical analysis. Data from questions regarding SES of the parents and area of origin were used to test the hypotheses. For area of origin and parents’ occupations, data collected through the demographic form was recoded in order to reflect the variables under study.

Regarding area of origin participants were asked to report the province and canton in which they grew up (i.e., childhood area of origin). Responses were then categorized according to Alvarado’s (2003) system of regionalization in Costa Rica, which is the preferred method to stratify area of origin in Costa Rica (INEC, 2011). Thus, province and canton were classified as Great Metropolitan Area (GAM) or Outside of the GAM (2003), meaning that participants may have grown up in the most urban and centric area of the country (i.e., GAM) or outside of this area (i.e., outside of the GAM).

Participants were also asked to report the occupation of their parents. Responses were then categorized according to Ramos’ (2000) system of classification of occupations, which is based on culturally defined gender roles in Costa Rica. Thus, parents’ occupations were classified as male occupation, female occupation, and inclusive occupation (2000), meaning that occupations that are often performed by men are considered male occupations, occupations that are often performed by women are female occupations, while occupations that are equally performed by men and women are considered inclusive occupations.
In addition, the survey also included standardized instruments designed to measure gender stereotypes, partnership stereotypes, religious commitment, and attitudes toward IPV. Short and specific survey instructions were strategically situated prior to each measure for guidance.

Gender stereotypes.

The short form of the *Bem Sex Role Inventory* (BSRI; Bem, 1974) was used to measure gender stereotypes (Appendix C). Original scale was develop by Bem in 1974 and revised in 1981 (Bem, 1981). In order to reproduce and administer the BSRI a license was needed (Mind Garden Inc., 2013). The BSRI provides independent assessments of masculinity and femininity in terms of the respondent’s self-reported possession of socially desirable, stereotypically masculine and feminine personality characteristics. This can also be seen as a measurement of the extent to which respondents spontaneously sort self-relevant information into distinct masculine and feminine categories (2013).

The instrument contains two scales, the feminine (BSRI-F) and the masculine (BSRI-M); each of those includes 10-items, which ask participants to rate the degree to which each of the adjectives provides a description of themselves on a seven-point Likert-type scale, ranging from one (*never or almost never true*) to seven (*always or almost always true*). Examples of the adjectives are: defends own beliefs, cheerful, helpful, strong personality, assertive, sincere, theatrical, dominant, soft-spoken, and eager (Wheeler, Updegraff, & Thayer, 2010). Scores of each scale range from one to 105. The items were scored on independent dimensions of masculinity and femininity, then scores of the masculinity scale were subtracted from the femininity scale, differences were
estimated using absolute values. Time of administration range from five to ten minutes (Mind Garden Inc., 2013).

The short form BSRI was selected because it allows participants to be characterized as masculine, feminine, or "androgynous" as a function of the difference between his or her endorsement of masculine and feminine personality characteristics (Bem, 1974). In addition, extensive psychometric analyses have showed that the BSRI has strong reliability and validity. Evidence of internal consistency suggests that the short form BSRI has good reliability in different populations (Colley, Mulhern, Maltby, & Wood, 2009; Katsurada & Sugihara, 1999; Shifren & Bauserman, 2011), including college students (Campbell, Gillaspy, & Thompson, 1997), and languages, including Spanish (Arrindell et al., 1997; Fernandez & Coello, 2010; Wheeler et al., 2010) with alpha coefficients above .70 for both scales. For this study, reliability for the masculinity subscale was $\alpha=.69$, while for the femininity was $\alpha=.86$, and for the total BEM scale was $\alpha=.82$. Likewise, researchers have established that the instrument has strong content, construct, and predictive validity among different samples (Arrindell et al., 1997; Campbell, Gillaspy, & Thompson, 1997; Colley, Mulhern, Maltby, & Wood, 2009; Fernandez & Coello, 2010; Katsurada & Sugihara, 1999; Shifren & Bauserman, 2011).

**Partnership stereotypes.**

*The Inventory of Specific Relationship Standards* (ISRS, Baucom, Epstein, Rankin, & Burnett, 1996) was used to measure relationship stereotypes. In order to reproduce and administer the ISRS a license was needed (Intercommunications Publishing Inc., 2013). The ISRS assess individuals' personal standards for three major dimensions of relationship functioning: (a) boundaries, (b) control-power, and (c)
investment. The control-power dimension is measured by two scales: control process and control outcome. Similarly, the investment dimension is measured by two scales: expressive investment and instrumental investment, while boundaries are measured by one scale (Baucom, Epstein, Rankin, & Burnett, 1996). On each of the five scales, 12 content areas of marriage are assessed (i.e., finances, affection, household tasks, relations with family, relations with friends, religion, sexual interaction, career, issues parenting, communicating negative thoughts and feelings, communicating positive thoughts and feelings, and leisure) (Baucom, Epstein, Daiuto, Carels, Rankin, & Burnett, 1996). For the purposes of this study, the control process was used to collect the data (Appendix D). The control process scale indicates adherence to a belief that the two partners should accept each other's perspectives on issues and be willing to give in to each other, ranging from the belief that one person should be in control to the belief that partners should share control (e.g., "My partner and I should try to get the other to agree with our position when we have a disagreement about friends"). The ISRS is scored by summing an individual's responses for all 12 content area questions within each of the scales. Thus, subject's score on each of the scales can range from 12 to 60. The inventory is at a 5.8 grade level of readability as assessed by the Flesch-Kincaid Grade (Baucom et al., 1996).

The control process was selected because it would allow the researcher to measure the participant’s stereotypes about balance of power and control between partners on different areas of a partnership. Power and control is one of the main constructs in which IPV is underpinned (Black et al, 2011; Campbell, Abrahams, & Martin, 2008; CDC, 2012; FVPF, 2012; Jewkes, 2002; WHO, 2013). In addition, a number of empirical studies have proven that the ISRS has strong reliability and validity.
Evidence of the internal consistency suggests that the ISRS has good reliability in different populations and contexts, with alpha coefficients above of .65 (Agee, 2009; Blakey, 2009; Baucom, Epstein, Rankin, & Burnett, 1996; Baucom et al., 1996), specifically, studies has found alpha coefficients of .69 for female participants and .77 for male respondents (Blakey, 2009). For this study, reliability was $\alpha=.81$. Likewise, researchers have established that the ISRS has strong content, construct, and predictive validity among different samples (Baucom, Epstein, Rankin, & Burnett, 1996; Baucom et al., 1996; Blakey, 2009; Holtzworth-Munroe & Stuart, 1996; Stella, 2002). However, empirical evidence about psychometrics of the ISRS on Hispanics, college students, and/or Spanish speaking samples was not located.

Religious commitment.

The Intrinsic Religious Motivation Scale (IRM; Hoge, 1972) was used to measure religious commitment (Appendix E). The IRM is a unidimensional measure of the extent to which decisions and behavior are based on extrinsic versus intrinsic religious motivation (Donovan, 2004). The scale contains ten-items, which ask participants to rate statements, such as “One should seek God’s guidance when making every important decision,” using a four-point Likert-type scale, ranging from one (strongly disagree) to four (strongly agree). Scores may range from 10 to 40. Higher scores indicate that religion affects the person’s important decision making and behaviors (1972).

The IRM was selected because the scale focuses on religious motivation for behavior rather than on religious beliefs. In addition, a number of empirical studies have proven that the IRM has strong reliability and validity. Evidence of the internal consistency suggests that the IRM has showed good reliability in different populations,
including community samples, with alpha coefficients above .70 (Donovan, 2004; Hoge, 1972; Hoge & Carrol, 1978; Sherman et al., 2000). Researchers using this measure with American college students have reported alpha coefficients ranging from .71 to .93 (Mosko & Pistole, 2010; Oomen, 1999). For this study, reliability was $\alpha = .90$. Likewise, researchers have established that the IRM has strong content, construct, and predictive validity among different samples (Draur, 1997; John E. Fetzer Institute, 1999; Hoge, 1972; Hoge & Carrol, 1978; Oomen, 1999; Sherman et al., 2000; Stambuk, Stambuk, Stambuk, & Konjevoda, 2007; Weaver, 1996). However, empirical evidence about psychometrics of the ISRS on Hispanics, and/or Spanish speaking samples was not located.

*Attitudes toward IPV.*

The *Intimate Partner Violence Attitude Scales* (IPVAS; Smith, Thompson, Tomaka, & Buchanan, 2005) was used to measure approval of IPV (Appendix F). Original scale was develop by Smith and colleagues (2005) and revised in 2008 (Fincham, Cui, Braithwaite, & Pasley, 2008). The IPVAS provides an independent assessment of the attitudes held by the participants toward violence in intimate relationships (Camacho, 2009).

The instrument contains three scales; each of these examines one different construct: abuse, control, and physical abuse (Beas, 2009). The IPVAS consists of 17 items, eight of which comprise the abuse scale and are related to the acceptability of experiencing or exhibiting both verbal and nonverbal abuse behavior. Five items refer to attitudes about social control and monitoring a partner's behaviors (control scale), and four items refer to physical violence in terms of attitudes about direct physical abuse and
threats of physical abuse (physical violence scale). Sample questions from each subscale are, "It is no big deal if my partner insults me in front of others," "It is okay for me to tell my partner not to talk to someone else of the opposite sex," and "It would not be appropriate to ever kick, bite, or hit a partner with one's fist" (McMullen, 2011). Items require participants to indicate agreement with the attitudinal statements on a four-point Likert scale that ranges from one (strongly disagree) to 4 (strongly agree). Higher scores indicate a more favorable attitude toward IPV behaviors, while lower scores indicate a more unfavorable attitude toward IPV behaviors (Camacho, 2009). Time of administration ranges from five to ten minutes (Beas, 2009; Camacho, 2009).

The IPVAS was chosen for use because of its predominant use of gender-inclusive terminology with respect to identification of a relationship and because it has consistently been used to assess attitudes toward IPV among Hispanics populations. Moreover, a number of empirical studies have showed that the IPVAS has strong reliability and validity. Evidence of the internal consistency suggests that the three scales of the IPVAS have showed good reliability in different populations, including Hispanic college students, with alpha coefficients above .69 (Blasko, 2008; Hernandez, 2012; Smith et al., 2005). For this study, reliability for the IPVAS-abuse subscale was α=.63, while for the IPVAS-control subscale was α=.69, for the IPVAS-violence was α=.50, and for the IPVAS was α=.72. Likewise, researchers have established that the instrument has strong content, construct, and predictive validity among different samples (Beas, 2009; Blasko, 2008; Camacho, 2009; Fincham et al., 2008; Frasier, 2010; Hernandez, 2012; McMullen, 2011; Smith et al., 2005).
Data analysis.

Data was automatically exported into IBM SPSS 22.0 from Qualtrics. First, descriptive statistics were generated to describe the sample. Then, the underlying assumptions for structural equation modeling (SEM) were tested. According to Kline (2011), these included checking for outliers, normality, linearity, and homoscedasticity. Finally, hypotheses were tested through SEM in Mplus 7.11 (Muthén & Muthén, 2011).

Descriptive Statistics.

Testing Assumptions for SEM. Outliers were identified through inspecting frequency of distribution of z scores. Ten statistical outliers were detected and evaluated individually. Eight of the cases fell within three standard deviations of the means, which based on the cutoff criteria (i.e., \(|z| > 3.00\) indicates an outlier) (Kline, 2011) were retained for analysis. Specifically, these cases were as followed: one case on the ISRS, two cases on the IPVAS, and five cases on the BEM inventory. However, two of the cases (i.e., one on the ISRS and the other on the IPVAS) were removed since they fell far outside of three standard deviations.

Furthermore, normal distribution was tested through descriptive statistics and visual inspection of the empirical distributions. In addition, indexes of skewness (SI) and kurtosis (KI) were calculated and evaluated according to Kline’s (2011) cut off criteria (i.e., \(|SI| > 3.00\) and for \(|KI| > 10.00\) to be acceptable). Values and visual inspection of the IPVAS, the BEM inventory, and the intrinsic religiosity scale were determined to have fallen within standard tolerance levels for skewness and kurtosis. However, the SI for the ISRS indicated the violation of the normality assumption (SI=−3.074). Consequently, the ISRS was reversed (SI= 3.074) and transformed using a square root transformation.
However, although this transformation was effective in reducing the skewness of the data to an acceptable level (SI= 1.232), visual inspections of normal probability plots indicated that the violation of the normality assumption still persisted. Moreover, correlations among the ISRS and the remaining variables were calculated and results indicated that the ISRS was not statistically correlated to any of the variables (p>.05). Because skewness persisted and the scale was not correlated with other study variables (Streiner, 2002), the ISRS was dichotomized using the median split method; the scale was consequently split at the median (ISRS median= 59) to form high and low groups (MacCallum, Zhang, Preacher, & Rucker, 2002). As shown on Table 3, after dichotomization, the scale was statistically correlated to the control subscale and the IPVAS (p< .05). Besides, bivariate scatter plots were generated and visually inspected to evaluate for linearity and homoscedasticity, distributions appeared acceptable.

Missing data was checked for patterns by examining each subject individually and calculating prevalence of missing data for each item of the subscales. The number of missing responses for any one item from all of the subscales ranged from 19 to 43 (out of 249; 7.6% to 17.3%) with an average of 25.7 (10.3%) missing responses per item. The pattern of missing responses were compared to the observed scores, the comparison indicated that the data lost pattern could be ignored (Kline, 2011); therefore, there was no apparent bias in missing data and it was determined to be Missing at Random (MAR) or due to participant error. In order to deal with the missing data, scores were prorated using a cut off of 80% (Gress-Smith, Roubinov, Andreotti, Compas, & Luecken, 2013; Strube, 1985). In addition, the estimator mean-and variance-adjusted weighted least squares
(WLSMV), which was the estimator used for the main analysis, allows the inclusion of missing data in the analysis (Muthén & Muthén, 2011).

For the study, a single level of analysis was assumed due to the fact that all participants were recruited at the same university, and all data was equally collected through Qualtrics. This data collection method also supports the assumption of minimal error of measurement (Waltz et al., 2010). Furthermore, as shown in Table 4, internal consistency was assessed for all scales through the estimation of Cronbach’s alpha coefficients. Reliability for all the scales ranged from acceptable to good (i.e., $\alpha=.72$ to $.90$), but the subscales’ reliability ranged from bad to good (i.e., $\alpha= .50$ to .86). Pearson’s correlation coefficients were calculated to collect convergent validity evidence of the measures (Waltz et al., 2010) results are discussed in Chapter Five (See Table 3).

Preliminary $t$-tests and one-way ANOVA analyses were conducted to assess mean differences among potential covariates. Results are presented in Table 5 and 6 and discussed in Chapter Five. Potential covariates were identified based on the previous literature. Specifically, the potential control variables were gender, degree sought, religion, religious influence, religious attendance, relationship experience, sexual orientation, school year, marital status, and parents’ marital status. Dummy coding was used for gender, degree sought, relationship experience, sexual orientation, and parents’ marital status. For gender, participants were dummy-coded with men as the reference group. Regarding degree sought, responses were divided into two groups given the low number of participants in non-health-related degree; therefore, categories were defined as health (i.e., including health-related-degree) and other (i.e., including other degrees). Health was the reference group. Relationship experience (i.e., intimate relationship,
including dating) was coded as “has been in at least one relationship” (i.e., reference group) and “never has been in a relationship” due to the low number of participants “not currently in a relationship, but has been in at least one.” Sexual orientation was also dummy-coded for similar reasons and individuals who identified as heterosexual were the reference group. For religious attendance, response were divided into two groups, categories were defined as “no religious attendance” and “religious attendance”. Finally, for parents’ marital status, participants were dummy-coded as “living together” and “not living together” given the low number of participants responded under “widow”, “divorce/separate”, and “living together but not married,” living together was the reference group. For the remaining potential covariates, the variable levels as given in the demographic were retained.

*Hypothesis Testing.*

Structural equation modeling (SEM) analysis was employed to test hypotheses 1-2 (Gamst, Meyers, & Guarino, 2008). SEM analysis allows researchers to evaluate explicitly hypothesized and often relatively complex relationships between variables (Meyers, Gamst & Guarino, 2006). Since the theoretical model to be tested included a combination of dichotomous, ordinal, and continuous variables, the WLSMV was used as the estimator (Muthén & Muthén, 2011).

Prior to testing the hypothesized structural regression models, a measurement model for the latent variable parents’ background was tested for model fit. Specifically, the level of education of the father, the level of education of the mother, the father’s occupation, the mother’s occupation, and the family’s income were used as indicators for the latent variable. Model fit and loading of the indicators were assessed and retained.
Next, the measurement model specified above was incorporated into the hypothesized structural equation models and tested for model fit.

Five models were defined and tested individually. The models were defined as follows:

- **Model 1**: the outcome variable (i.e., attitudes toward IPV) was regressed on the hypothesized control variables (i.e., gender, relationship experience, sexual orientation, religious attendance, marital status, and parents’ marital status).

- **Model 2**: the outcome variable was regressed on area of origin, religious commitment, gender stereotypes, partnership stereotypes, and the latent variable parents’ SES. Variables that were significant in Model 1 were included as control variables. Consequently, gender, religious attendance, marital status, and parents’ marital status were included in the analysis as covariates by regressing them simultaneously in the path analysis.

- **Model 3**: religious commitment, gender stereotypes, and partnership stereotypes were regressed on gender, relationship experience, sexual orientation, religious attendance, marital status, and parents’ marital status.

- **Model 4**: area of origin and parents’ SES were regressed on religious commitment, gender stereotypes, and partnership stereotypes. Variables that were significant in Model 3 were included as control variables. Consequently, religious attendance was included in the analysis as a covariate by regressing it simultaneously in the path analysis.

- **Model 5**: path analysis tested in Models 2 and 4, along with their covariates, were included in the model. In addition, the indirect effect of ATIPV on religion
attendance and partnership stereotypes was tested, as well as the correlation between parents’ SES and area of origin.

Retention decisions were made considering the following cutoff points: (a) $\chi^2$ test ($p > .05$ good), (b) the root mean square error of approximation (RMSEA <0.06 good), and (c) the comparative fit index (CFI >0.95 good) (Schmitt, 2011). Indicator standardized coefficients should be .4 or higher to be considered a good indicator (Kline, 2011). Standardized path coefficients in the structural models were assessed using the following cutoff criteria for effect sizes (a) .10 interpreted as small, (b) .30 as medium, and (c) .50 as large (Kline, 2011).

**Qualitative phase**

**Design.**

Concurrently, a qualitative descriptive design was conducted to explore attitudes toward IPV and the factors that influence these attitudes. Qualitative description is especially amenable to obtaining straight and largely unadorned (i.e., minimally theorized or otherwise transformed or spun) answers to exploratory questions. Moreover, the description in qualitative descriptive studies entails the presentation of the facts of the case in everyday language (Sandelowski, 2000). The qualitative phase of this study contributed to understand how certain factors influence the attitudes toward IPV, especially those that emerged over time, and to provide detailed information about the interaction among these factors (Creswell et al., 2011).

From the quantitative sample, a subsample of participants was invited to participate in focus group interviews. Four focus groups were conducted (including 5-10 participants per group); each group was organized by gender (2-male groups and 2-
female groups). The method is particularly useful for exploring people's knowledge and experiences and can be used to examine not only what people think but how they think and why they think that way (Kitzinger, 1995). Interviews were audio-recorded and recordings were then transcribed verbatim. Transcriptions were analyzed using conventional qualitative content analysis (Leech & Onwuegbuzie, 2008).

**Data collection.**

Focus group interviews were used to collect data in this phase of the study. A focus group is a technique for data collection that uses group interactions to obtain an understanding of participants’ experiences and beliefs (Waltz et al., 2010). The group is researcher-controlled in that the topic chosen and question asked are those of the researcher. However, the discussion and group diversity and consensus come from the group and its discussion (Polit & Beck, 2012). Data are generated by interactions between group participants. Participants present their own views and experience, but they also hear from other people. They listen, reflect on what is said, and in the light of this consider their own standpoint further. Additional material is thus triggered in response to what they hear. Participants ask questions of each other, seek clarification, comment on what they have heard and prompt others to reveal more. As the discussion progresses, individual response becomes sharpened and refined, and moves to a deeper and more considered level (Finch & Lewis, 2003).

For the purposes of this study, four focus groups with five to ten participants were conducted according to male and female gender (i.e., two male groups and two female groups). Researchers have claimed that groups with four or fewer participants may not generate sufficient interaction because not everyone is equally comfortable in expressing
their views. Moreover, it seems that homogeneous groups promote a comfortable group dynamic (Polit & Beck, 2012).

The researcher moderated the group by using an interview guide, which included guidance on the focus group process (Appendix G). First, the guide prompted the facilitator to welcome and thank participants for their participation. Second, the purpose of the focus group as well as the process was described. Third, ground rules were established, including rules that were designed to keep the discussion on track and on time. Fourth, questions were asked. Questions were developed to look at knowledge, perceptions, and attitudes toward IPV, but no behaviors. The questions were ordered from general to specific in nature, aiming to generate discussion about the attitudes toward IPV held by young adults, and how participants perceived these attitudes are influenced. Probes were also included. Approximate timelines were included with each question to aid the researcher in covering the content within the allotted timeframe (Tuttas, 2013). Lastly, participants were thanked. Focus groups were audio-recorded and recordings were then transcribed verbatim prior to the analysis.

**Data analysis.**

Audio recordings of the focus group interviews were transcribed verbatim. Then a conventional qualitative analysis was used to analyze the transcriptions. Conventional content analysis is generally used with a study design that aims to describe a phenomenon. It is usually appropriate when existing theory or research literature on a phenomenon is limited. Researchers allow the categories and names for categories to flow from the data. Inductive processes consequently yield the description of the phenomenon under study (Hsieh & Shannon, 2005). For this dissertation, all the
transcriptions were analyzed in the original language in which they were collected (i.e., Spanish) to keep the essence of the statements. Transcriptions were entered in NVivo10. Procedures proposed by Krippendorff (2004) were applied to analyze the data. First, units of analysis were selected. Next, significant statements that relate to the research questions were coded—in-vivo codes was the preferred approach. Those codes were clustered into categories. Categories were grouped under themes; at the same time different subcategories of these themes were identified. Consequently, subcategories with similar events and incidents were grouped together as categories and categories were grouped as themes. The purpose of creating categories is to provide a means of describing the phenomenon, to increase understanding and to generate knowledge (Elo & Kyngas, 2008).

Furthermore, in order to reach trustworthiness, a second researcher audited the analysis by calculating the complete sample of the data (N= 63 pages) and abstracting 10% (n= 6 pages). Then, selected pages were coded using the conventional qualitative approach (i.e., highlighted text, coding, and developing categories and subcategories). Finally, new codes, categories, and subcategories were compared and placed within the themes that emerged in the original analysis. Agreement was based on 90%.

**Triangulation**

Once both quantitative and qualitative analyses were conducted, a meta-matrix was used to integrate the findings. Therefore, triangulation of the methods took place during the interpretation of the results. Triangulation of results, using the meta-matrix approach, allows researcher to identify surprising relationships that may otherwise be problematic to identify from the data (Wendler, 2001). Triangulation of the findings led
to the generation of meta-inferences about the nature and extent of the attitudes toward IPV among college students in Costa Rica (Creswell & Plano, 2011).

For this study, the procedures proposed by Wendler (2001) were followed. First, a meta-matrix was created, which included five columns, the first column was for quantitative results, another was for qualitative findings, the third one was for the researcher’s reflective comments and codes, the fourth was for patterns, and the fifth was for generalizations. Then, quantitative and qualitative results were entered in the matrix. Next, the researcher coded and noted reflections between both types of data. Then, the researcher identified patterns among the reflections. The researcher then generalized the patterns. Finally, generalizations were confronted with the study theoretical framework (Wendler, 2001).

**Translation of measures and forms**

This study applied a back-translation process to translate the measures and forms from English to Spanish that are not available in Spanish. In this process, a bilingual person translated the original instrument into a designated language. Another bilingual person translated the “new” instrument back to the original language. Finally, an independent person compared the two instruments, the original and the back-translated versions, and assessed both instruments for equivalence (Waltz et al., 2010).

**Strategies to engage participants in the study**

The researcher used the following strategies to attract participants and to maximize the response rate.

- Facebook page and other recruitment materials targeted to attract the scientific curiosity of the participants by expositing the pertinence of the study.
• Facebook was updated on weekly basis; reminders about the study were posted as well.

• Information about the study was shared with the students through the students associations. Updates and information posted of the study were shared on the students associations’ Facebook pages.

• Email remainders were sent to participants who committed to attend a focus group interview: (a) a few days after confirming, (b) the day before the scheduled interview, and (c) the morning of the scheduled interview.

• Periodic visits to the student associations’ offices were scheduled on weekly basis; during each visit the researcher distributed the recruitment materials, such as the flyer.

Data Management and Protection of Human Subjects

The researcher was responsible for monitoring the safety and quality of the proposed study. Consent forms had contact information of the UM and UCR IRB and the researcher, so that any additional questions that emerged after the consent process could be answered. In addition, the consent form clearly spelled out the use and storage of audio-recordings and survey data. The researcher encouraged participants to discuss any concerns with him. If a participant experienced distress or extreme feelings of discomfort or informed the researcher that she/he was in a violent relationship referral services were offered. A list of counseling services, including the UCR student health center, and the names and phone numbers of counseling centers that specialize in domestic violence counseling in Costa Rica was develop for the study purposes. If a participant became distressed, she/he could choose to terminate the study. In order to decrease the burden on
participants and to maintain an environment where the participants felt comfortable, the focus groups were conducted in a private and secure location.

Quantitative data were collected using the Qualtrics web-based system. Access to this system was limited to authorized users. The researcher had his own individual username and password managed by the University of Miami. The linking list was generated by Qualtrics and it included the report of the participants that were recruited in the quantitative phase. Specifically, the linking list contained the assigned study ID, contact information (i.e., only for participants that are agree to participate in the focus groups), appointments (i.e., only for participants who will be part of the focus groups), and attendance (i.e., only for participants who will be part of the focus groups). The linking list was available in a shared folder in Dropbox, so the researcher could access it from anywhere; however, both the Dropbox account and the linking list were password protected.

In addition, Qualtrics generated a file containing the survey electronic data of the participants. Participants’ personal information was removed from the electronic report. Consequently, de-identified data of the participants was kept in a separate file, which also was password protected. The protected file was located in a shared drive in Dropbox.

Each participant of the focus group had a folder, which included the consent form and progress notes. After each interview the researcher carried the folders in a portable lock box by hand to the UCR SON, where the documents were stored in a locked cabinet in the dean’s office. Audio files were transferred from digital recorders to the researcher password protected computer. Then audio files were password protected and located in Dropbox.
While in Costa Rica, files and audio-recorded data were be stored in a locked cabinet at the dean’s office at UCR SON. The computer was kept in a locked suitcase in the researcher’s house. Computer and files were transferred back to the US in the researcher’s locked suitcase. However, once the researcher return to the US, the linking list, de-identified data files, and audio-files were removed from Dropbox and they were located in a shared drive in the UM SONHS. Folders and audio-recordings were kept in locked cabinets that only the researcher and authorized personnel could access in the UM SONHS. Audio files were transcribed and then entered into NVivo 10 on the researcher’s desktop computer. The program could be only accessed by the researcher as the computer is password protected.

Moreover, the proposed study was audited by the Quality Assurance Team of the UM SONHS. Finally, dissemination and publications of the findings of the study will not report any personal information of the participants.

**Assurance of Validity and Trustworthiness**

The proposed study implemented multiple actions aimed to enhance of the internal validity (Polit & Tatano, 2011). The study was guided by well-defined standard operating procedures. The researcher was trained to standardize the procedures. The researcher was advised by a CAB consisting of a group of representatives of undergraduate students of the UCR. A pilot study was carried out to inform feasibility and identify modifications needed in the design of general study. Different recruitment strategies targeted diverse settings to recruit a heterogeneous, but representative sample (Polit & Tatano, 2011). Dissertation purposes, hypotheses, study design, and analysis approaches led the selection of the sample size.
For the quantitative phase, selection of the measures was led by evidence of validity, internal consistency, and cultural equivalence (Polit & Tatano, 2011; Waltz et al., 2010). Data were consistently collected using Qualtrics, which could contribute to diminish systematic errors. Sample and sample size were defined based on number of indicators, estimation method, and the strength of the association between the indicators and the latent variable. Moreover, sample size also considered the power to achieve accurate parameter estimation. Definition of the latent variable and indicators was led by theory. Analyses were carried out using structural equation modeling, which is a robust statistical test that helps to deal with measurement errors (Grace, 2008). Retention decisions were made considering strict cutoff points (Schmitt, 2011).

For the qualitative phase, study procedures were defined in accordance with the research questions. Criterion sampling warranted an in-depth understanding of the findings during the integration of the findings. Moreover, the researcher proposed that each focus group interview includes five to ten participants, and groups were organized by gender in order to generate sufficient interactions among participants. The content analysis followed consistently the procedures proposed by Krippendorff (2004) to conduct an analysis systematically. Moreover, qualitative findings were audited by a second researcher to reach unitizing and interpretative reliability (Waltz et al., 2010). Furthermore, findings from the triangulation were confronted with the theoretical framework that guides the study (Wendler, 2001). Finally, study protocol and materials were audited by the quality assurance team of the UM SONHS for quality control.
CHAPTER 4

Results

Pilot study

Participants were 19 undergraduate students, who self-identified as members of a student association at the UCR. A larger proportion were males (68.12%, $n=13$), than females (31.88%, $n=6$). Participants’ age was 21.36 ± 1.21 years. Of those seven participants reported their age as 22 years, five as 21 years, three as 23 years, two as 20 years, and two as 19 years as endorsed on the demographic form. Further demographic information is presented on Table 7.

Descriptive statistics and internal reliability were calculated for each measure. Detailed description of these is presented in Table 8. Regarding the number of missing response for any item from all subscales and scales ranged from 0 to 2 (out to 19). No systematic errors were identified in the missing data. Alpha Cronbach’s coefficients ranged from acceptable to good ($\alpha=.73$ to $.97$) for all measures and subscales.

In addition, feedback from participants regarding the survey was also collected. Detailed description of this is presented in Table 9. Almost half of the sample indicated that they spent less than 20 minutes to complete the survey (47.4%, $n=9$) and found the level of difficulty and quantity of questions to be appropriate (52.6%, $n=10$), and agreed about the clarity of the information presented at the ICF (57.9%, $n=11$).

Furthermore, the interview guide for the focus groups was presented to the S-CAB members. Members indicated that the level of difficulty and quantity of questions were adequate. They did not identify any redundancy in the content of the questions. They also stated that clarity of the questions was acceptable. The S-CAB agreed with the
sequence of the questions on the interview guide. Nevertheless, they recommended providing the participants a definition about the concept of IPV; however, the researcher clarified to the S-CAB that the purpose of the first question of the interview guide was to collect information about the participants’ own definitions and perceptions of IPV. No other suggestions were given by the S-CAB.

Main Study

Quantitative results.

Participant Characteristics.

A summary of the sample demographic characteristics is displayed in Table 10. Participants included 249 undergraduate college students who self-identified as Costa Rican. A larger proportion identified as female (63.45%, n=158) than male (36.15%, n=90), and heterosexual (82.3%, n=205) than homosexual (8%, n=20) or bisexual (6.8%, n=17). The majority of participants reported being born in Costa Rica (98%, n = 244). Participants’ age was 21.73 ± 2.25 years, specifically, 6 participants reported their age as 18 years (2.4%), 35 as 19 years (14.1%), 29 as 20 years (11.7%), 28 as 21 years (11.3%), 36 as 22 years (14.5%), 39 as 23 years (15.7%), 25 as 24 years (10%), 16 as 25 years (6.5%), 9 as 26 years (3.6%), and five as 27 years or older (2%) as presented in the sociodemographic form. The majority of participants reported being full-time students (77.1%, n=192). Data about romantic and family relationship was collected as well. The majority of the sample reported their marital status as single (95.6%, n =238), having no children (96%, n=239), and living with their parents and/or family (70.3%, n=) and being currently in a romantic relationship (52.2%, n = 130).
Data about degree sought (i.e., program of study) and school year was also gathered. For school year, 13.3% reported being in first year ($n=33$), 18.5% being in second year ($n=46$), 21.3% being in third year ($n=53$), 21.7% being in fourth year ($n=54$), 18.9% being fifth year ($n=47$), and 3.2% being in sixth year or higher ($n=8$). As shown on Table 11, most of the participants reported studying a health-related degree (55.8%, $n=139$). Of the remaining participants, area of study was reported as follows: engineering (18.5%, $n=46$), social sciences (16.9%, $n=42$), arts and letters (5.2%, $n=13$), basic sciences (2%, $n=5$), and agriculture and agri-food (.8%, $n=2$). A detailed description of the sample by degree sought is presented in Table 11.

Approximately half of the sample reported their religion as Catholic (49%, $n=122$). However, the majority of students did not attend religious services (26.1%, $n=65$) or attended only for special occasions (37.8%, $n=94$), and self identified as not very religious (39.4%, $n=98$) or not at all religious (30.9%, $n=77$). Detailed description is presented in Table 12.

Participants were also asked to respond to questions about their family background when they were growing up. Detailed information is displayed in Table 13. A larger proportion reported growing up at the Great Metropolitan Area (68.5%, $n=170$) than outside of the Great Metropolitan Area (31.5%, $n=78$), with almost half of the sample reporting San Jose as the place of origin. Detailed description of the sample by county is presented in Table 13. Regarding family income during childhood, participants reported as follows: 41% middle class ($n=102$), 30.9% low-middle class ($n=77$), 12.9% high-middle class ($n=32$), and 10.8% low class ($n=27$).
In addition, most of the participants reported that they had a person who served in the role of their mother (96.8%, $n=241$), and of those the majority had a female occupation as specified in Chapter 3 (88.1%, $n=215$). Regarding education of this person, 36.9% had some college education ($n=90$), 31.6% had some secondary education ($n=78$), and 26.2% had some primary education ($n=64$). Likewise, the person serving in the father’s role was of interest as well. The majority of participants reported having had a person who served in the role of their father (84%, $n=211$), of those 50.3% had a female occupation ($n=107$). Regarding the education of this person, 46% had some college studies ($n=97$), 32.7% had some secondary education ($n=54$), and 21.1% had some primary education ($n=45$). Finally, a larger proportion of the participants reported their parents’ marital status as married (71.5%, $n=178$), while 12.8% as separate, divorced or widowed ($n=32$). Detailed description of the parents’ background is presented in Table 14.

**Frequencies of Different Attitudes towards IPV.**

Frequencies for each item of the IPVAS were generated to provide information about the prevalence of the different attitudes toward IPV reported by this sample. Frequencies are displayed in Table 15. Almost 80% ($n=201$) of the participants reported no approval of the use of direct physical violence and threats of physical abuse against a partner. Likewise, most of the participants reported that they did not accept verbal or nonverbal abuse (76%, $n = 153$) and did not agree with behaviors aimed to control and monitor a partner’s behaviors.

Frequencies were examined more closely to explore the trends among the most common and least common attitudes toward IPV. The two behaviors that were most
rejected by the participants included “as long as my partner doesn’t hurt me, “threats” are excused” (80.7%, n=201) and “it is ok for me to blame my partner when I do bad things” (80.7%, n=201). The two behaviors that were most approved by the participants included keeping the partner from doing things with other people (15.6%, n=39) and telling the partner to not talk with someone to whom he/she might be attracted (10%, n=25). A substantial minority of participants (14.1%, n =35) chose the option “neither disagree nor agree” when asked about the approval for the two previous behaviors.

Similarly, 13.7% of the participants (n = 34) selected the same option when were asked about the approval of feeling flattered if the partner told them not to talk to someone with someone to whom he/she might be attracted. In addition, means, ranges, and standard deviation of the standardized measures are presented in Table 4.

A series of independent t-tests and one-way ANOVA tests were performed to examine mean differences in the IPVAS by the different demographic variables, which were in turn used as covariates in the subsequent SEM. As shown in Table 5, results of the t-tests yielded significant mean differences on at least one IPVAS subscale for gender, relationship experience, sexual orientation, and parent’s marital status. For gender, significant mean differences were found between males (n =73) and females (n =133) on the IPVAS (t(204)=3.09, p=.002), the abuse subscale (t(200)=3.45, p=.001), and the control subscale (t(204)=2.7, p=.007). Specifically, in both subscales and the IPVAS males yielded higher mean scores on average. Participants who reported their sexual orientation as heterosexual versus homosexual (82.3%, n = 167 vs. 17.7%, n =36) yielded significant lower mean scores on the control subscale (t(201)=-2.08, p=.039). Individuals who never have been in a relationship (8.4%, n=17) when compared to those
who have been in at least one romantic relationship (88.7%, n=180) reported higher means on the abuse subscale ($t(195)=-2.08$, $p=.04$). Participants who indicated that their parents were living together during their childhood (83.3%, n=169) reported significant higher scores on the violence subscale ($t(192)=2.49$, $p=.014$) than those who indicated that their parents were not living together (12.3%, n=25).

Results of the ANOVA tests yielded significant mean differences on at least one IPVAS subscale for participant’s marital status and attendance to religious services. For participant’s marital status, mean differences were found on the IPVAS ($F(3,200)=4.4$, $p=.005$) and the violence subscale ($F(3,200)=17.31$, $p<001$). For attendance to religious services, mean differences were found on the violence subscale ($F(5,193)=2.33$, $p=.044$). Summary of the ANOVA tests are presented in Table 6. There were no significant mean differences on the IPVAS and its subscales when comparing religion, degree sought, religious influence, and school year. These variables consequently were not retained as covariates for the main analysis. Therefore, gender, sexual orientation, religious attendance, relationship experience, participant’s marital status, and parent’s marital status were included in Model 1 and 3 and tested for significance.

**Preliminary Analyses: Relationships between scales.**

The magnitude and sign of correlations among variables are presented in table 3. The IPVAS was significantly related to its subscales, the abuse subscale ($r=.75$, $p<.001$), the control subscale ($r=.751$, $p<.001$), and the violence subscale ($r=.564$, $p<.001$). Similarly, the three IPVAS subscales were correlated among themselves ($p<.005$). The ISRS was significantly related to the IPVAS as expected ($r=-.151$, $p=.03$) and the control subscale ($r=-.148$, $p=.034$). Interestingly, the IPVAS was not
significantly correlated to the remaining scales and variables. However, the violence subscale was significantly related to father’s occupation ($r = -.186, p = .013$). Likewise, the abuse subscale was significantly correlated to the femininity subscale ($r = -.149, p = .035$), while the control subscale was significantly related to the masculinity subscale ($r = -.167, p = .017$). As mentioned above, the remaining correlations are displayed in table 3.

**Measurement Model.**

The model specified father’s occupation, father’s education, mother’s education, mother’s occupation, and income as indicators of the latent variable family background. The model fit was marginally good ($\chi^2 (df = 5) = 10.36, p = .066, CFI = .987, RMSEA = .066$).

As shown in Figure 6, four indicators were found to significantly load on the latent variable when using an alpha level of .01, but the mother’s occupation had no significant loading ($\beta = .172, p = .104$). The standardized loadings on the parent’s background latent variable were as follows: specified father’s occupation ($\beta = .618$), father’s education ($\beta = .754$), mother’s education ($\beta = .688$), and income ($\beta = .759$). The significant standardized loading absolute values suggest that father’s occupation, father’s education, mother’s education, and income are good indicators of the latent variable, parent’s background. Although mother’s occupation did not have a strong absolute value when loaded on parent’s background, it was retained as an indicator as model fit decreased when it was removed.

**Covariates.**

The effect of the control variables was tested on Model 1, Model 3, and Model 5. For Model 1, results indicated that gender ($\beta = -2.2, b = -2.22, SE = .969, p = .022$),
religious attendance \((\beta = 2.41, b = 2.41, SE = .953, p = .011)\), marital status \((\beta = 3.03, b = 3.03, SE = 1.13, p = .007)\), and parents’ marital status \((\beta = -2.92, b = -2.92, SE = 1.38, p = .034)\) status were significantly related to attitudes toward IPV. In contrast, relationship experience \((\beta = .88, b = .88, SE = 1.68, p = .568)\) and sexual orientation \((\beta = 2.25, b = 2.25, SE = 1.24, p = .071)\) were not significantly related to attitudes toward IPV (see Figure 7).

For Model 2, in which the effect of gender, sexual orientation, religious attendance, relationship experience, participant’s marital status, and parent’s marital status on IPV attitudes was tested, gender \((\beta = -.276, b = -3.51, SE = .926, p< .001)\), religious attendance \((\beta = .211, b = 2.67, SE = 1.13, p = .018)\), and marital status \((\beta = .218, b = 3.39, SE = .694, p< .001)\) remained significantly related to attitudes toward IPV. However, parents’ marital status \((\beta = -.129, b = -2.29, SE = 1.35, p = .088)\) was no longer significantly related to attitudes toward IPV. This model accounted for 19.1% of the variance in attitudes toward IPV (See Figure 8).

In Model 3, the effect of gender, sexual orientation, religious attendance, relationship experience, participant’s marital status, and parent’s marital status on religious commitment, partnership stereotypes, and gender norms was tested. For religious commitment, only gender \((\beta = .129, b = 1.83, SE = .889, p = .004)\) and religious attendance \((\beta = .599, b = 8.38, SE = .869, p< .001)\) were significantly related to attendance to religious commitment, while the remaining control variables did not. Statistical results of the relationship between religious commitment and the remaining covariates are as follows: relationship experience \((\beta = .053, b = 1.41, SE = 1.46, p = .334)\), sexual orientation \((\beta = .038, b = .72, SE = 1.13, p = .524)\), marital status \((\beta = .014, b = .014, SE = .014, p = .014)\).
For partnership stereotypes, only religious attendance was significantly related to partnership stereotypes ($\beta = .264, b = .165, SE = .059, p = .005$), while the remaining control variables did not. Statistical results of the relationship between partnership stereotypes and the remaining covariates are as follows: gender ($\beta = -.149, b = -.337, SE = .208, p = .106$), relationship experience ($\beta = .106, b = .448, SE = .403, p = .266$), sexual orientation ($\beta = .022, b = .067, SE = .268, p = .804$), marital status ($\beta = .123, b = .354, SE = .441, p = .422$), and parents’ marital status ($\beta = .027, b = .086, SE = .277, p = .758$).

For gender stereotypes, only religious attendance was significantly related to gender stereotypes ($\beta = .251, b = 1.48, SE = .492, p = .003$). Statistical results of the relationship between gender norms and the remaining covariates are as follows: gender ($\beta = .006, b = .118, SE = 1.57, p = .094$), relationship experience ($\beta = -.019, b = -.742, SE = 3.04, p = .807$), sexual orientation ($\beta = .073, b = 2.06, SE = 2.15, p = .338$), marital status ($\beta = -.006, b = -.162, SE = 2.38, p = .946$), and parents’ marital status ($\beta = -.016, b = -.471, SE = 1.82, p = .796$) (see Figure 9).

For Model 4, in which the effect of parents’ SES and area of origin on religious commitment, partnership stereotypes, and gender norms was tested, religious attendance remained significantly related to religious commitment ($\beta = .674, b = 2.67, SE = .206, p < .001$), partnership stereotypes ($\beta = .276, b = .017, SE = .054, p = .001$), and gender stereotypes ($\beta = .226, b = 1.38, SE = .453, p = .002$). No other covariates were tested in this model. This model accounted for 6.5% of the variance in gender norms, 9% in the
variance of partnership stereotypes, and 47.6% in the variance of religious commitment (See Figure 4).

For Model 5, in which Model 2 and Model 4 were integrated and tested, religious attendance remained significantly related to religious commitment ($\beta = .669, b = 2.6, SE = .211, p < .001$), partnership stereotypes ($\beta = .282, b = .175, SE = .054, p = .001$), gender stereotypes ($\beta = .229, b = 1.4, SE = .046, p = .002$), but it did not remain significantly related to attitudes toward IPV ($\beta = .163, b = .624, SE = .375, p = .096$). In addition, gender ($\beta = -.226, b = -3.05, SE = .948, p = .001$) and marital status ($\beta = .135, b = 2.51, SE = .778, p = .001$) remained significantly related to attitudes toward IPV. This model accounted for 14.6% of the variance in attitudes toward IPV (See Figure 11).

Tests of hypothesized structural model.

In order to examine hypotheses 1 and 2, a series of structural models were tested. For Models 1 and 3, model fit to the data was not evaluated since these models merely included path analyses. On the other hand, Model 2 was found to have a marginally acceptable fit to the data ($\chi^2 (df = 49) = 72.56, p = .016, CFI = .884, RMSEA = .052$). For Model 4, the model fit was marginally acceptable as well ($\chi^2 (df = 27) = 78.39, p < .001, CFI = .894, RMSEA = .09$). Finally, Model 5 was found to have an acceptable fit ($\chi^2 (df = 50) = 93.50, p = .002, CFI = .900, RMSEA = .06$). Standardized path coefficients are shown in Figure 11.

Tests of the study hypotheses.

In order to examine hypotheses 1 and 2, a series of structural models were tested, results are presented based on each of the study hypothesis.
• What is the relationship of area of origin, parents’ SES, religious commitment, and gender and partnership stereotypes on attitudes toward IPV among college students in Costa Rica?

H 1: College students in Costa Rica who report area of origin outside of the great metropolitan area (GMA), higher religious commitment, lower parents’ SES, more traditional gender stereotypes and/or more traditional partnership stereotypes are more likely to approve IPV.

Results indicated that partnership stereotypes was significantly and negatively related to attitudes toward IPV as predicted ($\beta = -.256$, $b = -1.58$, $SE = 1.25$, $p = .004$). However, attitudes toward IPV were not significantly related to area of origin ($\beta = .044$, $b = .616$, $SE = 1.06$, $p = .054$), parents’ SES ($\beta = .029$, $b = .19$, $SE = .48$, $p = .692$), religious commitment ($\beta = .036$, $b = .036$, $SE = .088$, $p = .684$), and gender stereotypes ($\beta = -.052$, $b = -.032$, $SE = .048$, $p = .501$). Therefore, hypothesis 1 is partially accepted, due to the fact that only partnership stereotypes significantly predicted attitudes toward IPV in this study. Standardized path coefficients are shown in Figure 8.

• Do religious commitment, gender stereotypes, and partnership stereotypes mediate the relationship between sociodemographic factors (parents SES and area of origin) and attitudes toward IPV among college students in Costa Rica?

H 2: Religious commitment, gender stereotypes, and partnership stereotypes mediate the relationship between sociodemographic factors (parents SES and area of origin) and approval of IPV among college students in Costa Rica.
Mediation was not tested since partnership stereotypes is the only independent variable that is significantly associated with attitudes toward IPV. However, path analysis results revealed other significant relationships. Specifically, results from Model 4 indicated that area of origin was significantly and negatively related to partnership stereotypes ($\beta = -.123, b = -.276, SE = .196, p = .016$). Likewise, parents’ SES was significantly and negatively related to religious commitment ($\beta = -.14, b = -.94, SE = .359, p = .009$). Contrariwise, parents’ SES was not significantly related to partnership stereotypes ($\beta = .023, b = .024, SE = .102, p = .811$) and gender stereotypes ($\beta = -.015, b = -.16, SE = .684, p = .815$). Area of origin did not have a significant effect on religious commitment ($\beta = .035, b = .51, SE = .794, p = .52$) and gender stereotypes ($\beta = .112, b = 2.49, SE = 1.59, p = .118$). In addition correlations were not significant between religious commitment and partnership stereotypes ($\beta = -.134, b = -.649, SE = .387, p = .094$), gender stereotypes and religious commitment ($\beta = .068, b = 3.28, SE = 3.0, p = .275$), and gender stereotypes and partnership stereotypes ($\beta = .021, b = .208, SE = .806, p = .796$). Therefore, hypothesis 2 is rejected. Standardized path coefficients are shown in Figure 11.

**Qualitative results.**

- What are the factors that influence the attitudes toward IPV among college students in Costa Rica?

Participants were 29 undergraduate students who previously completed the online survey and agreed to being contacted for the interview. The proportion of women was higher (55.2%, $n=16$) than men (44.8%, $n=13$). Regarding degree sought, for the female participants, nine were studying a health-related-degree, five reported a social science-
related-degree, one was studying an engineering-related-degree, and one was studying an arts-and-letters-related-degree. All of the male participants reported nursing as their degree of study. Approximately a quarter of the sample indicated that they were in their second (27.6%, \(n=8\)), fourth (24.1%, \(n=7\)), or fifth year (24.1%, \(n=7\)). The remaining participants reported as follow: 3.4% in first year (\(n=1\)), 10.3% in third year (\(n=7\)), and 10.3% in sixth year or higher (\(n=7\)). Almost half of the participants reported being currently in a relationship (48.3%, \(n=14\)). The remaining individuals reported as follows: 12 have been in at least one relationship but currently are not (41.4%), and three as had never been in a relationship (10.3%).

Mean scores for the measures completed during the quantitative phase were calculated for focus group participants. Focus group participants had a mean score of 24.75 ± 5.49 in the IPVAS, which somewhat mirrored the score of the main sample (26.1 ± 6.64). Male participants reported similar scores (25.11 ± 6.92) than female participants (24.6 ± 4.92). Focus group participants reported more egalitarian gender stereotypes (4.12 ± 11.45) than survey participants (7.36 ± 10.43). However, male-focus group participants reported more traditional scores (10.94 ± 11.99) than female-focus group participants (1.05 ± 10.03). For partnership stereotypes, participants reported in the ISRS a score of 56.94 ± 3.97, which were very similar to the score of the main sample (56.66 ± 4.1). Male participants reported lower scores (55.95 ± 5.47) than female participants (57.39 ± 3.17). Similarly, participants reported a mean score of 21.85 ± 6.49 in the Religiosity Intrinsic Motivation Scale, which somewhat mirrored the score of the main sample (23.28 ± 6.86). Male participants reported higher scores (24.56 ± 7.6) than female participants (20.6 ± 5.7).
Overview of themes.

Three themes emerged from the college students’ reported perceptions about IPV in Costa Rica and in the UCR: (a) “Although IPV goes unnoticed, it goes to college”, (b) Multiple societal factors play a role in IPV, and (c) College students are the company they keep. Indeed, these themes map the complex nature of IPV in Costa Rica from the social elements surrounding the problem to perceived recommendations about how to address the issue.

“Although IPV goes unnoticed, it goes to college”\(^1\).

As shown in Figure 12, seven categories encompassed this theme. Participants expressed that IPV is comprised of abusive behaviors attempting to control and hurt the partner. These behaviors are considered to be more than a response and are exerted through different types of violence. Participants shared opinions about how different violent behaviors are considered as IPV. Participants acknowledged that IPV might be bidirectional. Although male to female violence was identified as being more prevalent, participants clarified that both men and women can perpetrate violence. One of the participants explained that women are more likely than men to exert control behaviors, such as stalking, but men are more likely to express physical violence. Behaviors such as manipulation, control, stalking, verbal abuse, psychological violence, cyber violence, and physical and sexual violence were described as types of IPV. Disapproval and condemnation emerged as the prevalent attitude toward IPV as one female participant explained;

\(^1\) “Although IPV goes unnoticed, it goes to college”: direct invivo code. During the interview, the participants attributed human characteristics and behaviors to IPV, such as “goes to college”, “sits on a chair”, and “passes unnoticed”.
Es inaceptable se supone usted tiene estar en una relación en la que se sienta feliz, no donde lo estén agrediendo, o teniendo sentimientos negativos o encontrados, ya que usted quiere a la persona pero al mismo tiempo le tiene miedo, esa no es una relación sana. (It is unacceptable, you are supposed to be in a relationship where you feel happy, not where you are being attacked, or having negative or mixed feelings, you want the person but you are afraid at the same time, this is not a healthy relationship).

Participants explained that perceptions about what IPV is and its severity rely on what is considered violent. Even though several non-physical violent behaviors were acknowledged as IPV, participants shared experiences in which verbal and emotional abuse were not deemed as IPV because the injuries were not visible. One of the male participants explained that it is a common belief that “si no hay moretes, no hay violencia (if there is no bruise, no violence)”, so that level of severity of the abuse is defined by society in terms of the physical consequences.

Regarding IPV experiences at the university, participants expressed that IPV was less obvious when compared to experiences that occur outside. Specifically, they perceived that IPV among the students is masked and subtle, as well as hidden and private because IPV is considered as taboo among the students. One of the female participants described IPV at college as “más pensado and menos impulsivo (more thoughtful, less impulsive).” Participants also agreed that IPV at college involved less physical violence. Nevertheless, agreement was noted among participants regarding how IPV was common and underestimated within the university. A perceived lack of
recognition and acceptance of the abuse among the survivors emerged as prevalent barriers to breaking the cycle of violence. As one female participant said, “ellas no saben…estan ciegos por el amor, no entienden (they don’t know...they are blinded by love, they don’t understand)”. Participants expressed such concerns in terms that the person does not recognize the abuse, since it is perceived as a natural component of the relationship. It was also proposed that the person acknowledges the abuse, but she/he hopes that the abuser will change or stop the abuse.

Multiple societal factors play a role in IPV.

As shown in Figure 13, this theme emerged from three categories relating to the relationship among IPV and multiple factors at different levels of the society. Participants agreed that multiple sociocultural factors influence IPV attitudes and behaviors. Specifically, factors such as culture, religion, education, policy, family, and experiences of violence were identified as structures or elements that play a role in IPV.

Agreement was noted about how these factors are organized in the society; participants commented that some of these elements “son propios de la persona (come from the person),” while others are given by the culture and society. Regarding the individual elements, participants illustrated how family and previous experiences of violence shape dating behaviors and expectations. One of the participants expressed that “la violencia está grabada en la memoria, si uno creció viviendo eso, va seguir haciéndolo, es como una cadena (violence is engraved in the memory, if one grew up living in that, one is going to replicate it)”. Participants expressed how parental behaviors shaped perceptions about IPV through modeling of partnership and childrearing practices. In addition, participants claimed that women have a primary role in the
transmission of traditional practices and norms, including gender norms. As described by participants, childrearing and the transmission of cultural norms, including gender norms, has traditionally relied on women since they spend more time with the children and are in charge of the household. Like one female participant described, “Las mamas son las que hacen que uno sea machista, porque desde pequeños le enseñan a uno que los hombres juegan con carritos y las mujeres con muñecas (Moms are who make one to be sexist, because from childhood they teach you that men play with cars and women with dolls).”

Similarly, participants expressed that sociocultural factors also impact perceptions about IPV by defining criteria and standards regarding how individuals should behave and what they should believe. Furthermore, participants perceived that culture, media, and education influence IPV experiences through socialization of traditional gender norms and exclusion of IPV education. As one of the female participants explained,

En el anuncio (de la novela) uno ve que le da una cachetada a él, la otra se vuelve y después le da un beso, o sea esta omitiendo que le haya pegado o que la haya agarrado fuerte o que le haya hecho algo, diay no, están enamorados (On the [soap opera] announcement one sees that a woman slaps a man, then she turns and kisses him, in other words, it is being omitted that she has been hit or gripped strong, or has done something, they are in love).

Participants concurred that blaming the victim, normalization of violence, and justification of violence were the main social mechanisms that interacted to encourage IPV. Participants also agreed that these mechanisms work through the interaction of all previously stated factors which play a role in IPV. Participants believed that society
blames and re-victimizes IPV survivors. One of the male participants explained that whenever a person discloses the abuse most of the people, especially relatives, say “qué hiciste? (what did you do?)”, “ya sabes que ho hay que preguntarle (you should know that you do not have to ask him)”. Participants also deemed that blaming perpetuates and fosters IPV, but it also expands the scope of the aggression by including other types of relationships, such as familiar relationships. Moreover, participants agreed about how certain violent behaviors are normalized and justified. Participants perceived that these mechanisms not only diminish the significance of the abuse but also support the abuse. One of the female participants explained how some religions, through their scripts and practices, anchor the married victim to the perpetrator regardless of the abuse. Indeed, participants indicated that in many cases, the victims stay with the perpetrator because that suffering warrants eternal rewards. Participants illustrated the relationship among marriage, suffering, and rewards by saying that “el matrimonio es una cruz, todos tenemos que llevar una cruz para ir al cielo (marriage is a cross, everybody must to take the cross to go to heaven)”.

Agreement was noted about how challenging expectations and beliefs about the relationship, as well as external stressors, such as exams, are perceived as triggers of conflicts and IPV. One of the male participants explained that conflicts were chronic; however, if the conflict is not solved, it would remain and “infectar otras partes de la relación (infect other components of the relationship)”. Participants reported that college students are exposed to multiple stressors, such as transportation and college assignments. They said that although these elements are external to the relationship, they contribute to increase the individual level of stress, which might provide the ground for
conflicts. One of the male participants explained that during the end of the semester, everybody is stressed due to the load of assignments, and episodes of verbal violence are common.

Finally, participants claimed that in order to address IPV all the factors that play a role in it must be take into account. IPV education, changing societal norms around IPV, and sensitization about victims’ experiences were identified as core elements that should be included in IPV prevention programs for students and society. One of the male participants explained that current teaching methodologies for IPV are not effective since they just show the information as commercials, which try to sell the idea that IPV is a problem, but no other information is provided. Participants agreed that IPV education must consider the entire reality of the human being and not focus only on IPV behaviors and gender norms. Participants also claimed that IPV education should start during childhood, so it might influence early behaviors and attitudes that might remain until adulthood. One of the male participants suggested adding IPV education to the curriculum of primary and secondary education.

*College students are the company they keep.*

As shown in Figure 14, two categories comprised this theme. Participants perceived that dating relationships in college were more egalitarian than other dating relationships in other contexts because there is no economic and legal commitment among partners and as a result, women have more participation in the decision making process. One of the participants explained that college women are more liberal and they make decisions about where and when to go out. Participants agreed that respect, stability, and affinity were some of the elements that students take into account when
they establish a dating relationship. One the participants explained that dating is more serious when you are in college because “estar de novios es como estar casado (dating is like being married)” since the kind of partnership is more thoughtful and requires more commitment than when you are in high-school. Although participants indicated that the purpose of dating often is to prepare for marriage, reasons for dating might differ, including establishing sexual gratification and social interaction. One of the participants explained that students “se consiguen una novia solo porque todo mundo lo hace (get a girlfriend because everybody does it).” Expectations about dating and the partner were described as being influenced by the degree sought out and how much time the person has spent in the university. For example, one participant described “los estudiantes de primer ingreso y estudiantes de carreras en donde hay muchos hombres casi siempre no buscan nada serio, y si tienen novia les cuesta mantenerla porque ellos buscan cosas diferentes (first year students and students from predominately male degrees often seek for no serious relationships, and if they have a girlfriend, it is tough to be together)”

Participants agreed that peers were one of the strongest factors influencing dating. Peer relationships were described as being different for male and females. Even though friendship and affinity are main components underlying peer relationships, support offered through the peer group change according to gender. One of the participants explained that if you are a man and you are an IPV victim, and if you are seeking help with your friends, they probably will mock you and say “estas loco, el hombre es el que manda, el que lleva los pantalones en la familia (are you crazy? You are the man, you should wear the pants in the family)”. Participants also acknowledged that the influence that peers have on the couple might be determined by whether the partners were part of
the same peer group prior to being a couple. In these situations, peers were described as not wanting to get involved in conflicts between the partners. As one male participant explained, “Uno prefiere no meterse si los dos son amigos, pero si uno es amigo solo de él, entonces una se va del lado de él (One prefers to stay out if the partners are friends, but if only one of them is your friend, one goes to his side).

Finally, participants expressed that once a student feels accepted and part of a group; she or he will try to remain in the group. Agreement was noted about how having similar interests and seeking social support are reasons why a person sticks with his or her peers. In terms of social support, participants expressed that although students remain close to their families, peers become the main social support system.

**Triangulation.**

Quantitative and qualitative results were integrated using a meta-matrix (Wendler, 2001) (See Table 16). Results are presented in Figure 15. Findings from the quantitative component suggest that individuals who hold egalitarian beliefs about the partners’ role in decision making are more likely to endorse healthy attitudes toward IPV. As evidenced by the qualitative findings, participants perceived that egalitarian experiences and expectations about dating foster more egalitarian gender norms among college students; participants considered that students who hold egalitarian gender norms tend to endorse healthy attitudes toward decision making among dating partners. Likewise, quantitative results indicated that women were more likely to endorse attitudes disapproving IPV. As seen in the qualitative findings, participants expressed that female college students challenge and reject IPV since they have been empowered through education, access to information, and legislation focused in women’s rights.
Even though religious commitment was not statistically related to IPV attitudes, quantitative results showed that students who attend more frequently to religious services were more likely to support attitudes about healthy relationships. As it was demonstrated in the qualitative findings, participants indicated that endorsement of certain healthy religious practices, such as attendance to religious services promotes individual’ spiritual wellbeing, which may contribute to endorse healthy attitudes and behaviors linked to dating.

Although statistical results indicated that area of origin was not related to attitudes toward IPV, participants participating in the focus groups expressed that IPV behaviors and attitudes are influenced by the place where you live and are raised. Focus group participants perceived that people who lived in rural areas tend to endorse attitudes approving IPV. They expressed that this occurred because an individual who lives in a rural is exposed to normalization of violence and socialization of rigid and traditional gender roles, which are promoted through lack of information about IPV and stereotypes reinforcing violent behaviors and victim blaming.

Likewise, although parents’ background during childhood was not statistically linked to participant’s attitudes toward IPV, parents’ marital status was. Indeed, students whose parents were not living together during childhood were more likely to approve IPV. Focus group participants perceived that people who have been exposed to conflictual marital relationship of the parents may endorse a lack of interest to get involved in a romantic relationship. As supported by the qualitative findings, participants expressed that approval of IPV as well as IPV behaviors were linked to parents’ role modeling during upbringing. They concurred that violent behaviors and traditional
Gender roles may be presented to children by parental modeling of partnership and childrearing practices.

Although gender roles were not statistically associated with attitudes toward IPV, focus group participants perceived that IPV experiences and behaviors were influenced by gender norms. Participants considered that individual’s exposition to socialization of traditional gender roles and limitations of information about IPV may influence the perception about women and men behaviors and expectations, which leads to approve and endorse attitude that blame the victim, normalize and justify violence.

For education, although quantitative analysis indicated that study program was not statistically linked to attitudes toward IPV, focus group participants perceived that students from health-and-social behavioral-related-programs tended to endorse attitudes condemning IPV. Students expressed that certain programs include content about healthy relationships, resolution of conflicts, and social inequalities. In addition to the curricula, students described being exposed to this content through their curriculum, such as clinical rotations. In addition, although qualitative results indicated that participants who were living with a partner but not married were more likely to approve IPV, the role of marital status on IPV was not discussed during the focus groups.

Finally, although the effect of other factors, including peers, resilience, self-esteem, social skills, and social media on IPV attitudes was not statistically tested, qualitative data indicated that these factors influence IPV experiences, including both behaviors and attitudes. Description about how these factors work on IPV was presented early in this chapter. However, as evidence by the qualitative findings, it is important to
note that participants perceived that IPV attitudes and behaviors are influenced by not only a single factor but the interaction of multiple factors.

Main quantitative and qualitative findings were integrated to address the overall research question that guided this study. As shown in Figure 15, findings were organized based on individual, relationship, cultural, and other socio-environmental factors:

- **Individual.** Intrinsic factors such as self-esteem, resilience, social skills, perception about what IPV is were identified as factors influencing in the attitudes and behaviors. Extrinsic factors including gender, place of upbringing, program of study, school year, and previous experiences of violence were also related to the IPV attitudes and behaviors.

- ** Relationship.** Peers, family influence, marital status, partnership stereotypes, and dating expectations were found to influence attitudes and behaviors regarding IPV.

- **Cultural.** Religion, gender norms, stereotypes about IPV, adherence to religious practices were recognized as factors that influence IPV attitudes and behaviors.

- **Socio-environmental.** Education, socialization, social inequalities, and internet and media were found to play a role in IPV experiences.
CHAPTER 5

Discussion

The purpose of this study was to assess the attitudes toward IPV among college students in Costa Rica and explore how different sociocultural factors influence these attitudes. The results of this study expanded our understanding of the attitudes toward IPV among college students in Costa Rica and how these attitudes are shaped. These findings revealed that perceptions, opinions, and beliefs that students endorse about IPV are the result of the interaction of multi-level sociocultural factors.

Summary of Findings

A summary of the main study findings is presented below based on the research questions and hypotheses that guided this dissertation:

- How do cultural and sociodemographic factors influence attitudes toward IPV among college students in Costa Rica?

  1. What is the relationship of area of origin, parents’ SES, religious commitment, and gender and partnership stereotypes on attitudes toward IPV among college students in Costa Rica?

    H 1: College students in Costa Rica who report area of origin outside of the great metropolitan area (GMA), higher religious commitment, lower parents’ SES, more traditional gender stereotypes and/or more traditional partnership stereotypes are more likely to approve IPV.

    Results indicated that partnership stereotypes was significantly and negatively related to attitudes toward IPV as predicted ($\beta = -.256, b = -1.58, SE = 1.25, p = .004$). However, attitudes toward IPV were not significantly related to area of origin ($\beta = .044, b = .616$,
SE = 1.06, p = .054), parents’ SES (β = .029, b = .19, SE = .48, p = .692), religious commitment (β = .036, b = .036, SE = .088, p = .684), and gender stereotypes (β = -.052, b = -.032, SE = .048, p = .501).

2. Do religious commitment, gender stereotypes, and partnership stereotypes mediate the relationship between socio-demographic factors (SES of the parents and area of origin) and attitudes toward IPV among college students in Costa Rica?

H 2: Religious commitment, gender stereotypes, and partnership stereotypes mediate the relationship between sociodemographic factors (SES of the parents and area of origin) and approval of IPV among college students in Costa Rica.

Mediation was not tested since all the variables were not significantly related to attitudes toward IPV attitudes, except partnership stereotypes. However, path analysis results revealed that other significant relationships were present. Specifically, results from Model 4 indicated that area of origin was significantly and negatively related to partnership stereotypes (β = -.123, b = -.276, SE = .196, p = .016). Likewise, parents’ SES was significantly and negatively related to religious commitment (β = -.14, b = -.94, SE = .359, p = .009). Although previous relationships were significant, the remaining were not, parents’ SES was not significantly related to partnership stereotypes (β = .023, b = .024, SE = .102, p = .811) and gender stereotypes (β = -.015, b = -.16, SE = .684, p = .815). Area of origin did not have a significant effect on religious commitment (β = .035, b = .51, SE = .794, p = .52) and gender stereotypes (β = .112, b = 2.49, SE = 1.59, p = .118). In addition correlations were not significant between religious commitment and partnership stereotypes (β = -.134, b = -.649, SE = .387, p = .094), gender stereotypes and
religious commitment ($\beta = .068, b = 3.28, SE = 3.0, p = .275$), and gender stereotypes and partnership stereotypes ($\beta = .021, b = .208, SE = .806, p = .796$).

3. What are the factors that influence the attitudes toward IPV among college students in Costa Rica?

Three themes emerged from the college students’ reported perceptions about IPV in Costa Rica and in the UCR: (a) “Although IPV goes unnoticed, it goes to college”, (b) Multiple societal factors play a role in IPV, and (c) College students are the company they keep. Indeed, these themes map the complex nature of IPV in Costa Rica from the social elements surrounding the problem to recommendations to address it.

**Triangulation of Results.**

Main quantitative and qualitative findings were integrated to address the overall research question that guided this study. As shown in Figure 15, findings were organized based on individual, relationship, cultural, and other socio-environmental factors.

**Individual.** Intrinsic factors such as self-esteem, resilience, social skills, perception about what IPV is were identified as factors influencing in the attitudes and behaviors. Extrinsic factors including gender, place of upbringing, program of study, school year, and previous experiences of violence were also related to the IPV attitudes and behaviors.

**Relationship.** Peers, family influence, marital status, partnership stereotypes, and dating expectations were found to influence attitudes and behaviors regarding IPV.

**Cultural.** Religion, gender norms, stereotypes about IPV, adherence to religious practices were recognized as factors that influence IPV attitudes and behaviors.
Socioenvironmental. Education, socialization, social inequalities, and internet and media were found to play a role in IPV experiences.

**Major Study Findings**

In this study, findings exposed the interaction between partnership stereotypes, dating expectations, and dating experiences. Participants made it known that, although IPV occurs at the UCR, it is not approved among college students because they hold egalitarian expectations about gender roles, which were promoted through egalitarian experiences when dating and egalitarian dating expectations. Consequently, this result suggests that attitudes linked to IPV may not be stable over time, even within individuals; it seems also that social interactions contribute to shape these attitudes. These results concurred somewhat with previous research. For example in a quantitative study including unhappy married and stressed adults, Holtzworth-Munroe and Stuart (1994) found that lack of satisfaction regarding romantic relationship leads to endorsement of violent behaviors and approval of them. Therefore, experiences with positive and healthy dating relationships may modify perceptions about use of violence and partners’ roles, which may lead to the person to endorse attitudes condemning IPV and approving egalitarian relationships.

Qualitative findings from this study indicated that students perceived that access to education about the resolution of conflicts, healthy relationships, and sensitization about social inequalities diminishes the approval of IPV. These results were consistent with findings from a quantitative study including 44 women working in various schools within a university in Tehran in 2004. In their study, Fatemeh and Mohtashami (2011) found that access to information and resources increased awareness about IPV, improved
access to IPV services, and reduced IPV approval among participants. Along with that, results of this study indicated that female college students have been exposed to information and education focused on women’s rights; this exposure made them empowered women, which leaded them to challenge and reject IPV. A possible explanation for these results may be the change on gender norms that the Costa Rican society has undergone during the last years (xxx), which has contributed to develop social and governmental campaigns addressing women’s rights, which may have contribute to empower women about their rights. In addition, college students are exposed and have more access to international experiences regarding sociocultural changes in gender norms, which may lead them to endorse more egalitarian sociocultural; norms. Likewise, as part of their training, college students develop critical skills that allow them to evaluate their individual and collective experiences, which may lead them to challenge traditional sociocultural norms. Findings from this study somewhat resonate results that have been described in previous research. For instance, Kim and colleges (2006) found that reduction of IPV within a community sample of South-African women resulted from a range of responses that enabled women to challenge the acceptability of such violence, including raising public awareness about the need to address gender-based violence.

The findings from the qualitative component of this study suggest that the place where individuals are raised is strongly associated with the approval of IPV, although this was not supported through the quantitative analysis. In this study, participants perceived that people who live in rural areas tend to endorse attitudes approving IPV because IPV behaviors and rigid gender roles were normalized in the community. These results are consistent with qualitative findings by Hatcher and colleges (2013) who found that the
broader community’s view of IPV influenced individual IPV attitudes and behaviors through approving and normalizing the use of IPV. It seems that the effect of context on IPV experiences may be a result of social factors, such as social connectedness and social approval of violence, and not based on geographical characteristics as originally proposed (Wrights, 2008). Along with that, this study found that traditional gender norms strongly influenced the approval of IPV behaviors through the normalization and justification of IPV. This finding mirrors previous results showing that patriarchal gender role attitudes are positively associated with IPV supporting attitudes and IPV is justified whenever there is a transgression or challenge of the traditional gender roles (Yoshihama, Blazevski, & Bybee, 2014). This results may be because although social and governmental efforts addressing gender equality have been done, traditional gender norms remain almost intact in communities where there is a lack of access to frequent and update IPV information and where traditional cultural practices have not changed, such as celebration of traditional “fiestas patronales (patronage festivals)”, which may lead to normalization and justification of IPV attitudes and behaviors. In addition, although changes regarding women’s role at societal level have occurred in the country, distribution of domestic chores and family responsibilities still are based on traditional gender norms (Vega-Robles, 2007).

In addition to socialization of sociocultural norms through social interactions, social media also appears to influence IPV attitudes and behaviors. Qualitative findings from this study highlighted that opinions and beliefs regarding what behaviors should be considered as IPV are shaped through the information portrayed on social media. A possible explanation for these results may be due to the fact that Spanish is the primary
language in Costa Rica and as a result most of the social media contents are based on and from other Latin-American countries where traditional gender norms are strongly rooted (xxx). Costa Ricans are frequently exposed to social media with strong traditional content, which foster normalization and justification of attitudes and behaviors linked to IPV. This interaction resonates somewhat with previous research exposing that news media provide systematic representations of IPV, which influences the public’s opinions about what constitutes IPV as well as what a victim and perpetrator “look like” (Carlyle, Scarduzio, & Slater, 2014).

In this study, frequent attendance to religious services was associated with an increase in the approval of healthy behaviors among romantic partners. Findings also pointed out that people who strongly endorse their religious practices appeared to reach a high level of spiritual wellbeing, which seemed to be inversely related to approval of IPV. This finding mirrors previous studies, which have identified that weekly attendance to religious services is associated with improving and maintaining social relationships and marital stability (Strawbridge, Shema, Cohen, & Kaplan, 2001). Although the results from this study have not clarified the complete mechanism through which spiritual wellbeing influences IPV, participants perceived that individuals with a harmonious spiritual life (i.e., reaching spiritual wellbeing) tend to endorse healthy feelings about his/her romantic relationship. This result may be explained by the fact that in addition to accomplishment of religious duties, certain religious practices, such as attendance to religious services may contribute to build up and develop individual social skills, such as effective communication, which may facilitate social interactions and lead individuals to endorse healthy expectations about dating. Likewise, endorsement of these practices may
help individuals to cope and overcome personal situations, which may contribute to reach an individual wellbeing. Furthermore, certain religions, through their beliefs, foster healthy and egalitarian social interactions, which may influence attitudes and behaviors linked to romantic relationships. However, these findings may be also because there are some people who do not fully endorse their religious beliefs, but they want to present themselves according of what their religious beliefs dictate, which leads them to report their attitudes based on what is expected for their religion, for example, frequently attendance to religious services.

The interaction between parents’ marital status, approval of IPV, and expectations about dating on attitudes regarding IPV was noted during the integration of the data. These findings resonate somewhat with previous research. For example, in a quantitative study exploring the effect of childhood family structure on attitudes toward family structure, the authors found that individuals from intact families were more likely to agree with more traditional relationships (i.e., that it is better to marry, that marriage is for a lifetime, and that children are better off with their biological parents) than those whose parents did not lived together (Trent & South, 1992). A possible explanation might be that parents’ attitudes and behaviors play a role in the approval and endorsement of some behaviors, including violent conducts among children. Studies have shown that marital conflicts among parents, parents’ violent behaviors, and parents’ attitudes toward violence influence children’s approval of violence and expectations about marital relationships; scholars have suggested that this occurred because children tend to endorse parents’ behaviors (Orpinas, Murray, & Kelder, 1999).
In this study, participants indicated that peers play an active role in influencing IPV attitudes and behaviors due to the fact that peers become the primary social network for college students. Indeed, results indicated that peers might either buffer or foster IPV approval and behaviors, which is consistent with previous studies reporting that IPV experiences are positively related to peers’ experiences, responses, and opinions about IPV (Arriaga & Foshee, 2004; Minter, 2014). Results of this dissertation may be explained by the fact that although Costa Rican college students remain close to their families, they spend more time at the university and they consequently tend to interact more with their peers (xxxx). Moreover, because of the age similarity, students may feel more comfortable discussing personal matters with their peers rather than with their parents. In addition, certain behaviors and expectations, such as sexual practices, may be strongly influenced by the person’s peers due to peer pressure and sense of belonging.

Furthermore, this study found that marital status played a role in influencing attitudes regarding IPV. In the quantitative component of this study, participants who were cohabiting with a partner, but not married, were more likely to endorse healthy attitudes regarding IPV. A possible explanation for this might be that students who are engaged in formal relationships, such as marriage, have fully reached the main purpose of dating (i.e. preparation for a formal relationship) and may endorse more serious expectations about partners’ roles and behaviors, including financial responsibilities, which may lead them to endorse attitudes that grant the stability of a formal relationship, and healthy attitudes about resolution of conflicts among partners. These findings somewhat mirrored previous research exposing that marital status likely affects values regarding the desirability of traditional family norms, since attitudes toward a particular
status are largely influenced by whether one is a member of that status (Trent & South, 1992).

Finally, findings from the qualitative component of this study suggested that certain personality characteristics, such as resilience, self-esteem, and social skills might be related to IPV experiences. This result may be explained by the fact that the way students perceive themselves is important for their success in social relationships. In addition, students’ social skills also facilitate the interactions with others, including their partners, peers, and teachers. Students who hold healthy perceptions about themselves and good social skills may be more likely to interact better with others, and if a conflict arises during the interaction, these students may recognize it and address it in a more healthy way. These results corroborate the quantitative findings by Raborn (2012) who found that the more extraverted and confident participants were, the more likely they perceive abusive behaviors as abuse.

It is important to note that some of the hypothesized relationships were not supported by the quantitative data analysis. Findings from this study did not mirror previous research supporting a relationship between religious commitment and attitudes toward IPV. For example, in a quantitative study including 291 Quaker couples, Brutz and Allen (1986) found that high levels of religious commitment resulted in reduced IPV. The authors also concluded that the nature of religious beliefs themselves played a role in religious commitment; consequently, high commitment resulted in reduced violence because the principles to which Quakers were committed foster nonviolence. The null relationship between religious commitment and IPV attitudes documented in this study may have been the result of the fact that religion is not a significant factor in the life of
college students. As shown in Table 12, although the majority of the sample reported that they had a religion (68.7%, \(n=171\)), only one quarter of the population (26.9%, \(n=58\)) attended religious services regularly, most of the participants reported being not religious or being a little religious (70.3%, \(n=175\)), and participants reported low levels of religious commitment (23.28 ± 6.86). Therefore, it seems that students’ attitudes do not rely on religious beliefs. A possible explanation for this might be that the core elements for decision making among Costa Rican college students are the ethical and moral principles rather than religious commands, which may grant them cognitive openness to questioning the meaning of life and expanding the search for existential choices (Tapia, Rojas, & Villalobos, 2013). In addition, the change in the religious beliefs’ role in the making decision process may be fostered by the access to new information as college students and because of the social debate, taking place within the Costa Rican society, regarding the role of the Catholic religion in the country.

The quantitative data also did not support a relationship between parents’ SES and attitudes towards IPV. These findings did not mirror previous research in this area. Indeed, previous studies looking at the link between parents’ background and IPV experiences has found that parents’ backgrounds are associated to IPV. For example, in a qualitative study comparing men convicted of nonlethal violence against an intimate partner with those convicted of murdering an intimate partner, Dobash and colleges (2007) found that those who killed were more likely to have grown up in households where their mother was a homemaker and their father had a skilled or white-collar job. It seems that the dissertation findings regarding parents’ effect on IPV attitudes might rely more significantly on parents’ parenting practices rather than on parents’ background. In
fact, researchers have found that parental practices are strongly linked to IPV experiences (Gustafsson & Cox, 2012). Therefore, in order to explore parents’ roles on attitudes toward IPV, parenting practices during childhood should be taken into account in the future.

**Limitations and Recommendations for Future Studies**

Findings from this study must be interpreted with caution since it has a number of methodological limitations that are important to acknowledge. Limitations of the quantitative phase are firstly presented following by limitations of the qualitative phase.

First of all, due to the convenience sampling that was employed in this study, not all individuals in the theoretical population (i.e., college students in Costa Rica) had an equal chance of participating in the study. Therefore, caution must be taken when generalizing the study findings to the college population in Costa Rica. Although data about childhood family background and structure was collected, the investigation was based on a cross-sectional design, which is unable to provide information about the temporal or causal relationship between predictors and the outcome. For those questions that involved retrospective data, such as the father’s occupation, misreporting may have occurred since participants may have had difficulty remembering details about their childhood. Therefore, future studies should employ longitudinal designs to minimize these issues.

Furthermore, since data was self-reported, reporting and recall biases may have occurred. For example, social desirability may have stopped some participants to disclose attitudes supporting IPV or reported false religious attendance, which may have impacted both components of the study. Regarding data collection through internet,
limitations to access the survey due to problems of connectivity and access to internet may have limited participation. Inaccurate data also might be gathered since data entry error and participant fatigue may have occurred. Thus, multiple methods and techniques should be employed to minimize these issues, such as offer the option of paper-pencil-questionnaires, and allow participants to save their responses and return later to the survey.

The relationship of the researcher and the UCR, as professor at the SON, may have influenced the participation of some students, especially those from the SON. Indeed, almost half of the sample came from a health-related degree (55.8%, n=139), of those the majority were nursing students (77%, n=107); this pattern of recruitment may have contributed to homogeneity among participants. Also, since participants were only recruited at the UCR main campus, results may not be generalizable. Inclusion of researchers from others departments and/or institutions would minimize these issues. S-CAB members should also be included during recruitment and data collection, so the effect of the professor-student relationship will be diminished. In addition, strategies targeting students from other programs of study and other campuses should be included as well.

The low scores in the IPVAS and the high scores in the ISRS may represent biased responses and floor-ceiling effects. Moreover, although the standardized measures have reported good levels of reliability in previous studies, none of them had been used and validated in Costa Rican young adults. Efforts were made to reach cultural equivalence of the measures, for example two bilingual native Costa Ricans translated the instruments from English to Spanish, and all the instruments were pilot tested; however,
because of the content of some questions and the format of the responses cultural equivalence may not have been fully reached, for example, Likert-scale responses are not common options among measures used in Costa Rica. Future studies should compare these measures with others that have demonstrated good reliability and validity among similar populations.

Overall, gender norms religious attendance, area of origin, partnership stereotypes, and parents’ SES had small effects on the attitudes toward IPV, they also explained only 14.6% of the variance in IPV attitudes. Consequently, qualitative results indicated that other factors may play a role in IPV attitudes, such as peers and previous experiences of violence. Therefore, future studies need to include other variables that may have an effect on attitudes toward IPV. Furthermore, since the scope of this study was limited to IPV attitudes, future studies need to explore the relationship of these attitudes to IPV behaviors and describe the factors that influence these behaviors.

Limitations of the qualitative phase must be acknowledged as well. One important limitation of this phase was that the qualitative sample was less diverse than the sample from which they were recruited. Male focus groups were comprised of only nursing students (n=13), while almost half of the female participants of the focus group were nursing students (56.3%, n=9). No students from an engineering-related degree participated in the interviews. Regarding the number of students, according to the school year, only one student from the first year attended the focus groups. Therefore, future studies should include other strategies, such as purposeful sampling.

Although multiple recruitment strategies were used, male recruitment was difficult. Specifically, potential participants expressed that they refused to participate
because they thought that during the interview they were going to be blamed for the problem of IPV. Moreover, participation and information provided by the participants during the focus may have been influenced by the researcher due to his affiliation with the UCR SON. As discussed previously, biased responses may have occurred; for example, disclosure of the approval of IPV may have been limited due to social desirability. On the other hand, since participants may have known one another as the majority were nursing students, this could have affected their candid approach to the topic. There were participants in the interviews who spoke more than others and had greater control over the discussion. In order to help minimize these concerns, future studies should include researchers from other schools and/or institutions and engage S-CAB students. Recruitment strategies need to target students from multiple degrees as well. In addition to a well-developed interview guide, ground rules that foster participation during the discussion should be employed.

Summary, future research on attitudes toward IPV among college students should include more comprehensive assessments of the factors surrounding experiences of IPV, such as the influence of peers, include a more heterogeneous sample, consider culturally equivalent measures if other context will be employed. Multidisciplinary research that includes researchers across backgrounds, schools, and institutions should continue to better understand the experiences of IPV among college students. Research should continue to explore the effects of sociocultural factors on the attitudes toward IPV and extend the scope of the study of IPV by including IPV behaviors, the effects of these attitudes and behaviors, and subgroups of college students, such as minorities.
Implications

The findings from this study have important implications for research, practice and policy in the area of IPV, in addition to the suggestions for future research discussed above.

Although the prevalence of IPV among college students is not well known, the findings from this dissertation indicated that IPV is prevalent among this population. Thus, efforts must be done to address this problem. Policies to implement screening and prevention programs at all levels (i.e., primary, secondary, and tertiary prevention) should be fostered in the country. Policies need to be informed through research and consider experiences, such as screening experiences from other countries. Health programs’ personnel providing services for this group should be trained and sensitized about the importance of addressing IPV among young adults. However, despite the significance of this problem, there are no prevention programs reported in the literature that address IPV among college students in Costa Rica. This dissertation identified the unique experiences of dating and IPV for this population, such as the role of peer pressure in relationships. Consequently, these unique characteristics should be taken into account when screening programs and policies are developed and implemented. For example, programs should include components addressing the effect of peers on dating relationships. The present study strongly supports the development of IPV prevention programs based on educational strategies, such as elective lectures for those students who have no access to IPV content in their curricula. Furthermore, when developing culturally specific interventions focused on this population, multiple socio cultural factors should be considered, including peers, dating expectations, gender norms, partnership stereotypes,
Interventions should also consider the differences found by gender, degree, marital status, and parent’s marital status, meaning that special consideration should be noted when targeting different subgroups based on these characteristics, such as interventions for male students should take into account that this subgroup perceives that they are socially blamed for the problem of IPV.

More research is needed to understand the positive and negative aspects of area of origin, peers, education, gender stereotypes, gender roles, personality characteristics, and religious attendance on IPV experiences. More research needs to be conducted to identify other risk and protective factors that may play a role in IPV. Multidisciplinary studies using a community based participatory research approach should be specially considered, as well as those studies including longitudinal components that would increase our understanding about the relationship between IPV attitudes and behaviors and the factors surrounding IPV experiences. This knowledge would increase our understanding about how these factors are related among them, and it would identify strategies that are needed to effectively prevent and address IPV among college students in Costa Rica. These findings indicated that gender norms, socialization of these norms, and IPV knowledge cut across all factors. Therefore, these three factors should be especially considered when addressing IPV along with the remaining factors. Education appears to be especially important when attempting to modify IPV attitudes and behaviors of college students.

In addition to the implications previously stated, this study has some specific implications for nursing. Nurses and nurse researchers are in key positions to detect, intervene, and create new strategies for those in risk for experiencing IPV. This dissertation may contribute to develop nursing theories that explain the unique
experiences of IPV among college students. This knowledge may be used to develop tailored interventions to prevent and address IPV. Using this knowledge, nurses can also advocate for policies that ensure resources to address this problem in the country.

In summary, further research to understand the complex and unique experiences of IPV among college students in Costa Rica is needed, as well as the development and evaluation of evidence-based policies and interventions targeting the prevention of IPV among this population. The results from this study and the model that was developed, based on the major findings, may be used as a foundation for this effort.
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Table 1

*Reasons to consider whether or not offending the spouse is a felony*

<table>
<thead>
<tr>
<th>Reasons to consider whether or not offending the spouse is a felony</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No one should be attacked, everybody deserves respect on equal bases</td>
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</tr>
<tr>
<td>Women deserve respect because they are human being</td>
<td>18.1</td>
</tr>
<tr>
<td>It affects psychologically and emotionally</td>
<td>12.9</td>
</tr>
<tr>
<td>It is aggression although it is words</td>
<td>10.3</td>
</tr>
<tr>
<td>Offenses are the base for other types of violence</td>
<td>8.2</td>
</tr>
<tr>
<td>Aggression reject the rights of other people</td>
<td>7.6</td>
</tr>
<tr>
<td>It is a felony due to women are disrespected and degraded</td>
<td>4.3</td>
</tr>
<tr>
<td>Offenses may be libelous or slander and that is penalized</td>
<td>3.1</td>
</tr>
<tr>
<td>It depend of the type of offense</td>
<td>1.3</td>
</tr>
<tr>
<td>People should know talk, communicate, and dialogue</td>
<td>0.9</td>
</tr>
<tr>
<td>It is a lack of values, moral, and it is sin</td>
<td>0.9</td>
</tr>
<tr>
<td>Offend and yell at somebody is a lack of respect</td>
<td>0.6</td>
</tr>
<tr>
<td>The offenses are not serious to be considered felony</td>
<td>52.3</td>
</tr>
<tr>
<td>It depends of the type of offense, while not physical, not matter</td>
<td>22.0</td>
</tr>
<tr>
<td>A offense is not bad, it is common, natural, it does not hurt</td>
<td>10.1</td>
</tr>
<tr>
<td>Women can irritate to the men</td>
<td>5.5</td>
</tr>
<tr>
<td>Women allow the violence</td>
<td>1.8</td>
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<tr>
<td>Others</td>
<td>8.3</td>
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</table>

Table 2

Description of Students Enrolled at the UCR during the 2014 First Semester (N=28,203)

<table>
<thead>
<tr>
<th>Degree sought by area of study</th>
<th>Male students (n=13,850)</th>
<th>%</th>
<th>Female students (n=14,353)</th>
<th>%</th>
<th>Total (n=28,203)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arts and Letters</td>
<td>1,032</td>
<td>8.09</td>
<td>1,446</td>
<td>1,446</td>
<td>2,478</td>
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<td>Basic Sciences</td>
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<td>8.22</td>
<td>703</td>
<td>703</td>
<td>1,752</td>
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<tr>
<td>Social Sciences</td>
<td>5,356</td>
<td>41.97</td>
<td>6,493</td>
<td>6,493</td>
<td>11,849</td>
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<tr>
<td>Engineering</td>
<td>3,610</td>
<td>28.28</td>
<td>1,501</td>
<td>1,501</td>
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<tr>
<td>Health</td>
<td>1,159</td>
<td>9.08</td>
<td>2,379</td>
<td>2,379</td>
<td>3,538</td>
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<td>Agro-Food</td>
<td>557</td>
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<td>567</td>
<td>567</td>
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<td>Total</td>
<td>13,850</td>
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<td>14,353</td>
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<td>28,203</td>
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Table 3

*Pearson Correlations for All Study*

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<th>12</th>
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<td>1. Mother's Occupation</td>
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<td>2. Mother's Education</td>
<td>.041</td>
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<td>3. Father's Occupation</td>
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<td>4. Father's Education</td>
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<td></td>
<td>.314**</td>
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<td>6. Area</td>
<td>-.123</td>
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<td>-.209**</td>
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<td>-.371**</td>
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<td>-.218**</td>
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<td>-.265**</td>
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<tr>
<td>7. Intrinsic Religiousity</td>
<td>-.045</td>
<td>-.097</td>
<td>-.139</td>
<td>-.212**</td>
<td>-.116</td>
<td>.062</td>
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<tr>
<td>8. BEM Masculinity</td>
<td>.064</td>
<td>-.086</td>
<td>-.021</td>
<td>-.056</td>
<td>.005</td>
<td>.060</td>
<td>-.021</td>
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<td></td>
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<td></td>
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<tr>
<td>9. BEM Femininity</td>
<td>.007</td>
<td>-.035</td>
<td>-.091</td>
<td>-.104</td>
<td>.004</td>
<td>.112</td>
<td>.216**</td>
<td>.282**</td>
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<tr>
<td>10. BEM</td>
<td>-.037</td>
<td>.028</td>
<td>-.070</td>
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<td>.004</td>
<td>.097</td>
<td>.204**</td>
<td>-.457**</td>
<td>.725**</td>
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<td>.049</td>
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<tr>
<td>12. IFVAS-Abuse</td>
<td>-.033</td>
<td>.038</td>
<td>.070</td>
<td>.065</td>
<td>-.016</td>
<td>-.017</td>
<td>.085</td>
<td>.094</td>
<td>-.149*</td>
<td>-.069</td>
<td>-.078</td>
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<tr>
<td>13. IFVAS-Violence</td>
<td>.063</td>
<td>-.046</td>
<td>-.044</td>
<td>-.186*</td>
<td>-.132</td>
<td>.092</td>
<td>.099</td>
<td>.049</td>
<td>.033</td>
<td>-.007</td>
<td>-.048</td>
<td>.241**</td>
<td></td>
<td></td>
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<tr>
<td>14. IFVAS-Control</td>
<td>-.055</td>
<td>.038</td>
<td>.110</td>
<td>.131</td>
<td>.009</td>
<td>.046</td>
<td>.059</td>
<td>-.167*</td>
<td>-.103</td>
<td>.017</td>
<td>-.148*</td>
<td>.315**</td>
<td>.202**</td>
<td></td>
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</tr>
<tr>
<td>15. IFVAS</td>
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<td>-.054</td>
<td>.001</td>
<td>.020</td>
<td>-.665</td>
<td>.070</td>
<td>.050</td>
<td>-.100</td>
<td>-.117</td>
<td>-.035</td>
<td>-.151*</td>
<td>.700**</td>
<td>.564**</td>
<td>.751**</td>
<td></td>
</tr>
</tbody>
</table>

Note: *statistically significant at p < .05, **statistically significant at p < .001.
Table 4

Mean, Standard Deviation, Range, and Reliability Coefficients for the Study Measures (N=224)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Number of Items</th>
<th>$M$</th>
<th>$SD$</th>
<th>Range</th>
<th>$\alpha$</th>
<th>$n$</th>
</tr>
</thead>
<tbody>
<tr>
<td>IPVAS</td>
<td>17</td>
<td>26.1</td>
<td>6.64</td>
<td>15-48</td>
<td>.72</td>
<td>206</td>
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<td>IPVAS-Abuse</td>
<td>8</td>
<td>11.32</td>
<td>3.2</td>
<td>8-24</td>
<td>.63</td>
<td>202</td>
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<tr>
<td>IPVAS-Control</td>
<td>5</td>
<td>9.64</td>
<td>3.62</td>
<td>5-21</td>
<td>.69</td>
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</tr>
<tr>
<td>IPVAS-Violence</td>
<td>4</td>
<td>5.35</td>
<td>2.31</td>
<td>4-20</td>
<td>.5</td>
<td>206</td>
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<tr>
<td>BEM Inventory</td>
<td>20</td>
<td>7.36</td>
<td>10.43</td>
<td>-27-40</td>
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<td>224</td>
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<tr>
<td>BEM-Masculinity</td>
<td>10</td>
<td>48.12</td>
<td>7.49</td>
<td>22-68</td>
<td>.69</td>
<td>224</td>
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<tr>
<td>BEM-Femininity</td>
<td>10</td>
<td>55.54</td>
<td>9.69</td>
<td>16-70</td>
<td>.86</td>
<td>225</td>
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<tr>
<td>Religiosity scale</td>
<td>10</td>
<td>23.28</td>
<td>6.86</td>
<td>10-40</td>
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<tr>
<td>ISRS</td>
<td>12</td>
<td>56.66</td>
<td>4.1</td>
<td>42-60</td>
<td>.81</td>
<td>216</td>
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</table>
Table 5

Summary of t-tests Analysis Comparing Covariates on IPVAS Scores

<table>
<thead>
<tr>
<th>Item</th>
<th>$t^2$</th>
<th>df</th>
<th>$p$</th>
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</thead>
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<tr>
<td><strong>IPVAS</strong></td>
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<td></td>
</tr>
<tr>
<td>Relationship</td>
<td>-.126</td>
<td>199</td>
<td>.90</td>
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<tr>
<td>Experience</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parents’ Marital Status</td>
<td>1.079</td>
<td>192</td>
<td>.282</td>
</tr>
<tr>
<td>Gender</td>
<td>3.083</td>
<td>204</td>
<td>.002*</td>
</tr>
<tr>
<td>Degree</td>
<td>-.909</td>
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<td>.364</td>
</tr>
<tr>
<td><strong>IPVAS-Abuse</strong></td>
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</tr>
<tr>
<td>Relationship</td>
<td>-2.071</td>
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<td>.04*</td>
</tr>
<tr>
<td>Experience</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Parents’ Marital Status</td>
<td>1.012</td>
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<td>.313</td>
</tr>
<tr>
<td>Gender</td>
<td>3.451</td>
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<td>Degree</td>
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<td><strong>IPVAS-Control</strong></td>
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<td></td>
</tr>
<tr>
<td>Relationship</td>
<td>1.020</td>
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<td>.309</td>
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<tr>
<td>Experience</td>
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<tr>
<td>Parents’ Marital Status</td>
<td>-.268</td>
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<td>.789</td>
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<td>Gender</td>
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<tr>
<td>Degree</td>
<td>-.334</td>
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<td>.738</td>
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<tr>
<td><strong>IPVAS-Violence</strong></td>
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<td></td>
</tr>
<tr>
<td>Relationship</td>
<td>.038</td>
<td>199</td>
<td>.970</td>
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<tr>
<td>Experience</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parents’ Marital Status</td>
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<tr>
<td>Gender</td>
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<td>204</td>
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<tr>
<td>Degree</td>
<td>-.388</td>
<td>202</td>
<td>.698</td>
</tr>
</tbody>
</table>

Note. *statistically significant at $p<.05$. 


Table 6

*Summary of ANOVA Analysis Comparing Covariates on IPVAS Scores*

<table>
<thead>
<tr>
<th>Item</th>
<th>df</th>
<th>F</th>
<th>p</th>
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<tbody>
<tr>
<td><strong>IPVAS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School year</td>
<td>6</td>
<td>.881</td>
<td>.509</td>
</tr>
<tr>
<td>Marital Status</td>
<td>3</td>
<td>4.403</td>
<td>.005*</td>
</tr>
<tr>
<td>Religion</td>
<td>2</td>
<td>1.152</td>
<td>.318</td>
</tr>
<tr>
<td>Attendance to religious services</td>
<td>5</td>
<td>.521</td>
<td>.760</td>
</tr>
<tr>
<td>Religious Influence</td>
<td>4</td>
<td>.928</td>
<td>.449</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>3</td>
<td>2.036</td>
<td>.110</td>
</tr>
<tr>
<td><strong>IPVAS-Abuse</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School year</td>
<td>6</td>
<td>1.059</td>
<td>.389</td>
</tr>
<tr>
<td>Marital Status</td>
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<td>1.358</td>
<td>.257</td>
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<td>.908</td>
<td>.405</td>
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<tr>
<td>Attendance to religious services</td>
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<td>.389</td>
<td>.856</td>
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<td>.216</td>
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<td><strong>IPVAS-Control</strong></td>
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<td>Religion</td>
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<td>.758</td>
<td>.470</td>
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<td>Attendance to religious services</td>
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<td>.273</td>
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<td>4</td>
<td>.355</td>
<td>.841</td>
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<tr>
<td>Sexual Orientation</td>
<td>3</td>
<td>2.465</td>
<td>.064</td>
</tr>
<tr>
<td><strong>IPVAS-Violence</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School year</td>
<td>6</td>
<td>.836</td>
<td>.543</td>
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<tr>
<td>Marital Status</td>
<td>3,200</td>
<td>17.313</td>
<td>.000**</td>
</tr>
<tr>
<td>Religion</td>
<td>2</td>
<td>.279</td>
<td>.757</td>
</tr>
<tr>
<td>Attendance to religious services</td>
<td>5,193</td>
<td>2.336</td>
<td>.044*</td>
</tr>
<tr>
<td>Religious Influence</td>
<td>4</td>
<td>.881</td>
<td>.476</td>
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<tr>
<td>Sexual Orientation</td>
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<td>.574</td>
<td>.633</td>
</tr>
</tbody>
</table>

Note. *statistically significant at p<.05, **statistically significant at p<.001.
Table 7

*Demographic Characteristics of the Participants of the Pilot Study (N=19)*

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>$n$</th>
<th>%</th>
</tr>
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<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>13</td>
<td>68.12</td>
</tr>
<tr>
<td>Women</td>
<td>6</td>
<td>31.88</td>
</tr>
<tr>
<td>Age</td>
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<td></td>
</tr>
<tr>
<td>19 years</td>
<td>2</td>
<td>10.6</td>
</tr>
<tr>
<td>20 years</td>
<td>2</td>
<td>10.6</td>
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<tr>
<td>21 years</td>
<td>5</td>
<td>25.5</td>
</tr>
<tr>
<td>22 years</td>
<td>7</td>
<td>37.1</td>
</tr>
<tr>
<td>23 years</td>
<td>3</td>
<td>16.1</td>
</tr>
<tr>
<td>Degree sought by area</td>
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</tr>
<tr>
<td>Health</td>
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<td>37.1</td>
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<tr>
<td>Engineering</td>
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<td>37.1</td>
</tr>
<tr>
<td>Social Sciences</td>
<td>4</td>
<td>21.2</td>
</tr>
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<td>Arts and Letters</td>
<td>1</td>
<td>5.3</td>
</tr>
<tr>
<td>School Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Second</td>
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<td>21.2</td>
</tr>
<tr>
<td>Third</td>
<td>5</td>
<td>25.5</td>
</tr>
<tr>
<td>Fourth</td>
<td>4</td>
<td>21.2</td>
</tr>
<tr>
<td>Fifth</td>
<td>5</td>
<td>25.5</td>
</tr>
<tr>
<td>Prefer not to response</td>
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<td>5.3</td>
</tr>
<tr>
<td>Relationship Experience</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Currently in a relationship</td>
<td>2</td>
<td>10.6</td>
</tr>
<tr>
<td>Not currently in a relationship, but have been previously in at least one</td>
<td>13</td>
<td>68.9</td>
</tr>
<tr>
<td>Have never been in a relationship</td>
<td>3</td>
<td>15.9</td>
</tr>
<tr>
<td>I don't know</td>
<td>1</td>
<td>5.3</td>
</tr>
</tbody>
</table>

Note: Percent of total N provided, not Valid Percent. Some items had missing data.
Table 8

Cronbach’s Alpha Coefficients and Mean Scores for Study Measures at the Pilot Study

<table>
<thead>
<tr>
<th>Measure</th>
<th>Number of Items</th>
<th>Number of Missing Responses</th>
<th>M (SD)</th>
<th>α</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religiosity scale</td>
<td>10</td>
<td>0 to 1</td>
<td>21.48 (7.8)</td>
<td>.87</td>
</tr>
<tr>
<td>BEM Inventory</td>
<td>20</td>
<td>0 to 1</td>
<td>5.63 (7.73)</td>
<td>.85</td>
</tr>
<tr>
<td>BEM Masculinity</td>
<td>10</td>
<td>0 to 1</td>
<td>52.32 (7.46)</td>
<td>.85</td>
</tr>
<tr>
<td>BEM Femininity</td>
<td>10</td>
<td>0 to 1</td>
<td>57.94 (7.74)</td>
<td>.73</td>
</tr>
<tr>
<td>ISRS</td>
<td>12</td>
<td>0 to 2</td>
<td>56.31 (5.65)</td>
<td>.81</td>
</tr>
<tr>
<td>IPVAS</td>
<td>17</td>
<td>0 to 1</td>
<td>30.65 (18.82)</td>
<td>.97</td>
</tr>
<tr>
<td>IPVAS-Abuse</td>
<td>8</td>
<td>0 to 1</td>
<td>13.68 (9.03)</td>
<td>.96</td>
</tr>
<tr>
<td>IPVAS-Control</td>
<td>5</td>
<td>0 to 1</td>
<td>10.61 (5.63)</td>
<td>.86</td>
</tr>
<tr>
<td>IPVAS-Violence</td>
<td>4</td>
<td>0 to 1</td>
<td>6.38 (4.82)</td>
<td>.92</td>
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</tbody>
</table>

Note: Percent of total N provided, not Valid Percent.
Table 9  

*Feedback Regarding the Online Survey (N=19)*

<table>
<thead>
<tr>
<th>Item</th>
<th>Poor n (%)</th>
<th>Fair n (%)</th>
<th>Good n (%)</th>
<th>Very Good n (%)</th>
<th>Excellent n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clarity of the Instructions</td>
<td>0 (0%)</td>
<td>5 (26.3%)</td>
<td>4 (21.1%)</td>
<td>3 (15.8%)</td>
<td>31.6 (11.1%)</td>
</tr>
<tr>
<td>Quantity of Content</td>
<td>3 (15.8%)</td>
<td>4 (21.1%)</td>
<td>4 (21.1%)</td>
<td>5 (26.3%)</td>
<td>10.5 (11.1%)</td>
</tr>
<tr>
<td>Writing</td>
<td>2 (10.5%)</td>
<td>6 (31.6%)</td>
<td>3 (15.8%)</td>
<td>4 (21.1%)</td>
<td>3 (15.8%)</td>
</tr>
<tr>
<td>Layout/Design</td>
<td>1 (5.3%)</td>
<td>4 (21.1%)</td>
<td>3 (15.8%)</td>
<td>6 (31.6%)</td>
<td>4 (21.1%)</td>
</tr>
<tr>
<td>Reflection of Common Situations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It was user friendly?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clarity of information in the consent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quantity and level of difficulty</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Redundancy</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Satisfaction</td>
<td></td>
<td></td>
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</table>

Note: Percent of total N provided, not Valid Percent. Some items had missing data.
### Table 10

**Demographic Characteristics of the Participants (N=249)**

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
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<tr>
<td><strong>Gender</strong></td>
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</tr>
<tr>
<td>Women</td>
<td>158</td>
<td>63.45</td>
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<td>Men</td>
<td>90</td>
<td>36.15</td>
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<tr>
<td>Refused to respond</td>
<td>1</td>
<td>.4</td>
</tr>
<tr>
<td><strong>Sexual Orientation</strong></td>
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<td></td>
</tr>
<tr>
<td>Heterosexual</td>
<td>205</td>
<td>82.3</td>
</tr>
<tr>
<td>Homosexual</td>
<td>20</td>
<td>8.0</td>
</tr>
<tr>
<td>Bisexual</td>
<td>17</td>
<td>6.8</td>
</tr>
<tr>
<td>I don’t know/Other</td>
<td>4</td>
<td>1.6</td>
</tr>
<tr>
<td>Refused to respond</td>
<td>3</td>
<td>1.2</td>
</tr>
<tr>
<td><strong>Country of Birth</strong></td>
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<td></td>
</tr>
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<td>Costa Rica</td>
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<td>El Salvador</td>
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<td>.4</td>
</tr>
<tr>
<td>Estados Unidos</td>
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<td>.4</td>
</tr>
<tr>
<td>Nicaragua</td>
<td>3</td>
<td>1.2</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 years</td>
<td>16</td>
<td>5.6</td>
</tr>
<tr>
<td>19 years</td>
<td>35</td>
<td>12.3</td>
</tr>
<tr>
<td>20 years</td>
<td>29</td>
<td>10.2</td>
</tr>
<tr>
<td>21 years</td>
<td>38</td>
<td>13.3</td>
</tr>
<tr>
<td>22 years</td>
<td>36</td>
<td>12.6</td>
</tr>
<tr>
<td>23 years</td>
<td>39</td>
<td>13.7</td>
</tr>
<tr>
<td>24 years</td>
<td>25</td>
<td>8.8</td>
</tr>
<tr>
<td>25 years</td>
<td>16</td>
<td>5.6</td>
</tr>
<tr>
<td>26 years</td>
<td>9</td>
<td>3.2</td>
</tr>
<tr>
<td>27 years or older</td>
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<td>1.8</td>
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<tr>
<td><strong>Student Category</strong></td>
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<td>Full time</td>
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<td>77.1</td>
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<tr>
<td>Three quarters of time</td>
<td>24</td>
<td>9.6</td>
</tr>
<tr>
<td>Half time</td>
<td>17</td>
<td>6.8</td>
</tr>
<tr>
<td>A quarter of less of time</td>
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<td>4</td>
</tr>
<tr>
<td>Refused to respond</td>
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<td>2.4</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
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<tr>
<td>Single</td>
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<td>Living with the partner but not legally married</td>
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<td>Separate</td>
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<td>.4</td>
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<td>1.2</td>
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<tr>
<td><strong>Children</strong></td>
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<tr>
<td>None</td>
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<td>96</td>
</tr>
<tr>
<td></td>
<td>Count</td>
<td>Percent</td>
</tr>
<tr>
<td>-----------------------------------------------------------------</td>
<td>-------</td>
<td>---------</td>
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<tr>
<td><strong>Living Condition</strong></td>
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<td>Living with other students</td>
<td>54</td>
<td>21.7</td>
</tr>
<tr>
<td>Living with others but no college students</td>
<td>11</td>
<td>4.4</td>
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<td>Living with parents and/or family</td>
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<tr>
<td>Living with their partner</td>
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<td>2.8</td>
</tr>
<tr>
<td>Living with their children</td>
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<td>2</td>
</tr>
<tr>
<td>Refused to respond</td>
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<td>.4</td>
</tr>
<tr>
<td><strong>Relationship Experience</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Currently in a relationship</td>
<td>2</td>
<td>10.6</td>
</tr>
<tr>
<td>Not currently in a relationship, but have been in at least one</td>
<td>13</td>
<td>68.9</td>
</tr>
<tr>
<td>Have never been in a relationship</td>
<td>3</td>
<td>15.9</td>
</tr>
<tr>
<td>Other/I don't know</td>
<td>1</td>
<td>5.3</td>
</tr>
</tbody>
</table>

Note: Percent of total N provided, not Valid Percent. Some items had missing data.
Table 11

*Frequencies of Degree Sought and School Year (N=249)*

<table>
<thead>
<tr>
<th>School Year</th>
<th>n</th>
<th>%</th>
</tr>
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<tr>
<td>First</td>
<td>33</td>
<td>13.3</td>
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<td>Second</td>
<td>46</td>
<td>18.5</td>
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<tr>
<td>Third</td>
<td>53</td>
<td>21.3</td>
</tr>
<tr>
<td>Fourth</td>
<td>54</td>
<td>21.7</td>
</tr>
<tr>
<td>Fifth</td>
<td>47</td>
<td>18.9</td>
</tr>
<tr>
<td>Sixth year or higher</td>
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<td>3.2</td>
</tr>
<tr>
<td>No year</td>
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<td>1.2</td>
</tr>
<tr>
<td>Refused to respond</td>
<td>5</td>
<td>2</td>
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</table>

<table>
<thead>
<tr>
<th>Degree sought by area</th>
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<th>%</th>
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</thead>
<tbody>
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<tr>
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<tr>
<td>Nutrition</td>
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<td>1.6</td>
</tr>
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<td>Environmental Health</td>
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<td>9.2</td>
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<td>Health Promotion</td>
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<td>.4</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>2</td>
<td>.8</td>
</tr>
<tr>
<td>Engineering</td>
<td>46</td>
<td>18.5</td>
</tr>
<tr>
<td>Civil Engineering</td>
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<td>2.0</td>
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<tr>
<td>Electric Engineering</td>
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<td>2.0</td>
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<tr>
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<td>.4</td>
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<td>Mechanic Engineering</td>
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<td>Refused to respond</td>
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<td>1.2</td>
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<td>Physics</td>
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<td>1.2</td>
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<tr>
<td>Education others</td>
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<td>.4</td>
</tr>
<tr>
<td>Education Science</td>
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<td>Library Science</td>
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<tr>
<td>Refused to respond</td>
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</table>

Note: Percent of total N provided, not Valid Percent. Some items had missing data.
### Table 12

*Frequencies for religion affiliation, service attendance, perceived influence of religious, and perception about religiousness (N=249)*

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<tr>
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<tr>
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<td>Pentecostal</td>
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<tr>
<td>Jewish</td>
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<td>Methodist</td>
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<tr>
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<td>2.4</td>
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<tr>
<td>Other non-Christian</td>
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</tr>
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<td>40</td>
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<tr>
<td>Much</td>
<td>63</td>
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<tr>
<td>Very much</td>
<td>14</td>
<td>5.6</td>
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<td>2.8</td>
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<td><strong>Perception about Religiousness</strong></td>
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</table>

Note: Percent of total N provided, not Valid Percent. Some items had missing data.
Table 13

*Frequencies for Area and County of Origin (N=249)*

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<th>Area of Origin</th>
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<tr>
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<td>Aserrí*</td>
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<tr>
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<tr>
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<td>Siquirres+</td>
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<td>Hojancha+</td>
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</table>

Note. Percent of total N provided, not Valid Percent. * considered as “Great Metropolitan Area”, + considered as “No Great Metropolitan Area”. Some items had missing data.
Table 14

Demographic of the Person Serving on Parental Roles (N=249)

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<th></th>
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<tr>
<td>Yes</td>
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<tr>
<td>No</td>
<td>8</td>
<td>3.2</td>
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<tr>
<td><strong>Mother’s Occupation (n=241)</strong></td>
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</tr>
<tr>
<td>Male Occupation</td>
<td>1</td>
<td>.4</td>
</tr>
<tr>
<td>Farming/fishing/forestry</td>
<td>1</td>
<td>.4</td>
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<tr>
<td>Female Occupation</td>
<td>215</td>
<td>88.1</td>
</tr>
<tr>
<td>Management/business/financial</td>
<td>16</td>
<td>6.6</td>
</tr>
<tr>
<td>Office and administrative support</td>
<td>16</td>
<td>6.6</td>
</tr>
<tr>
<td>Professional in other areas</td>
<td>38</td>
<td>15.6</td>
</tr>
<tr>
<td>Service, including domestic services</td>
<td>19</td>
<td>7.8</td>
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<tr>
<td>House work</td>
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<tr>
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<tr>
<td>Production</td>
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<td>1.2</td>
</tr>
<tr>
<td>Healthcare</td>
<td>9</td>
<td>3.7</td>
</tr>
<tr>
<td>Sales</td>
<td>7</td>
<td>2.8</td>
</tr>
<tr>
<td><strong>Mother’s Education (n=241)</strong></td>
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<td>Complete elementary school</td>
<td>49</td>
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<tr>
<td>Incomplete high school/technical/vocational diploma</td>
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<td>15.6</td>
</tr>
<tr>
<td>Complete high school</td>
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<td>9.2</td>
</tr>
<tr>
<td>Complete technical/vocational diploma</td>
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<td>6.8</td>
</tr>
<tr>
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<tr>
<td><strong>Father’s role in the household during childhood</strong></td>
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<tr>
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<td>12.0</td>
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<td>Male Occupation</td>
<td>81</td>
<td>38.1</td>
</tr>
<tr>
<td>Farming/fishing/forestry</td>
<td>22</td>
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<tr>
<td>Construction</td>
<td>12</td>
<td>5.7</td>
</tr>
<tr>
<td>Installation/maintenance/repair</td>
<td>20</td>
<td>9.4</td>
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<tr>
<td>Police/security</td>
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<td>4.7</td>
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<td>Transportation</td>
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<td>8</td>
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<tr>
<td>Female Occupation</td>
<td>215</td>
<td>88.1</td>
</tr>
<tr>
<td>Management/business/financial</td>
<td>55</td>
<td>25.9</td>
</tr>
<tr>
<td>Office and administrative support</td>
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<td>7.6</td>
</tr>
<tr>
<td>Professional in other areas</td>
<td>32</td>
<td>15</td>
</tr>
<tr>
<td>Service, including domestic services</td>
<td>3</td>
<td>1.4</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>---</td>
<td>-----</td>
</tr>
<tr>
<td>House work</td>
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<td>0.5</td>
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<tr>
<td>Inclusive Occupation</td>
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<td>8.5</td>
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<tr>
<td>Production</td>
<td>6</td>
<td>2.8</td>
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<tr>
<td>Healthcare</td>
<td>5</td>
<td>2.3</td>
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<tr>
<td>Sales</td>
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<td>0.3</td>
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<tr>
<td>Unemployed</td>
<td>1</td>
<td>0.5</td>
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</table>

Father’s Education ($n=211$)
- Incomplete elementary school: 14 (6.6%)
- Complete elementary school: 31 (14.7%)
- Incomplete high school/technical/vocational diploma: 33 (15.6%)
- Complete high school: 21 (10.0%)
- Some college: 97 (46)

Parents’ Marital Status
- Married: 178 (71.5%)
- Living together but not married: 18 (7.2%)
- Separate: 14 (5.6%)
- Divorce/widow: 18 (7.2%)
- Other/Don’t know: 10 (4.0%)
- Refused to respond: 11 (4.4%)

Note: Percent of total N provided, not Valid Percent. Some items had missing data.
Table 15

* Frequency by Item: Intimate Partner Violence Attitudes Scale (N=206)

<table>
<thead>
<tr>
<th>Item</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Disagree or Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>It would never be appropriate to hit or try to hit one’s partner with an object*</td>
<td>9</td>
<td>3.6</td>
<td>2</td>
<td>.8</td>
<td>17</td>
</tr>
<tr>
<td>I think it is wrong to ever damage anything that belongs to my partner*</td>
<td>5</td>
<td>2</td>
<td>1</td>
<td>.4</td>
<td>49</td>
</tr>
<tr>
<td>Threatening a partner with a knife or gun is never appropriate *</td>
<td>15</td>
<td>6</td>
<td>1</td>
<td>.4</td>
<td>13</td>
</tr>
<tr>
<td>It would not be appropriate to ever kick, bite, or hit a partner with one’s fist*</td>
<td>9</td>
<td>3.6</td>
<td>3</td>
<td>1.2</td>
<td>17</td>
</tr>
<tr>
<td>During a heated argument, it is ok for me to bring up something from my partner’s past to hurt him or her</td>
<td>138</td>
<td>55.4</td>
<td>53</td>
<td>21.3</td>
<td>12</td>
</tr>
<tr>
<td>As long as my partner doesn’t hurt me, “threats” are excused</td>
<td>180</td>
<td>72.3</td>
<td>21</td>
<td>8.4</td>
<td>4</td>
</tr>
<tr>
<td>During a heated argument, it is ok for me to say something to hurt my partner on purpose</td>
<td>150</td>
<td>60.2</td>
<td>48</td>
<td>19.3</td>
<td>4</td>
</tr>
<tr>
<td>I think it helps our relationship for me to make my partner jealous</td>
<td>115</td>
<td>51</td>
<td>51</td>
<td>20.5</td>
<td>32</td>
</tr>
<tr>
<td>I don’t mind my partner doing something just to make me jealous</td>
<td>105</td>
<td>42.2</td>
<td>55</td>
<td>22.1</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>51</td>
<td>20.5</td>
<td>12.9</td>
<td>2.8</td>
<td>1</td>
</tr>
<tr>
<td>Statement</td>
<td>N</td>
<td>Agree</td>
<td>Strongly Agree</td>
<td>Agreement</td>
<td>Disagree</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>-----</td>
<td>-------</td>
<td>---------------</td>
<td>-----------</td>
<td>----------</td>
</tr>
<tr>
<td>It is not a big deal if my partner insults me in front of others</td>
<td>179</td>
<td>21</td>
<td>2</td>
<td>4</td>
<td>71.9</td>
</tr>
<tr>
<td>It is ok for me to blame my partner when I do bad things</td>
<td>155</td>
<td>46</td>
<td>1</td>
<td>4</td>
<td>62.2</td>
</tr>
<tr>
<td>It is ok for me to accept blame for my partner doing bad things</td>
<td>146</td>
<td>43</td>
<td>7</td>
<td>2</td>
<td>58.6</td>
</tr>
<tr>
<td>I would not stay with a partner who try to keep me from doing things with other people *</td>
<td>8</td>
<td>3</td>
<td>20</td>
<td>49</td>
<td>123</td>
</tr>
<tr>
<td>I would not like for my partner to ask me what I did every minute of the day *</td>
<td>6</td>
<td>11</td>
<td>22</td>
<td>55</td>
<td>111</td>
</tr>
<tr>
<td>It is ok for me to tell to my partner to not talk with someone to whom he/she might be attracted</td>
<td>95</td>
<td>48</td>
<td>35</td>
<td>21</td>
<td>4</td>
</tr>
<tr>
<td>I would be flattered if my partner told me not to talk to someone to whom he/she might be attracted</td>
<td>93</td>
<td>61</td>
<td>34</td>
<td>14</td>
<td>3</td>
</tr>
<tr>
<td>I would never try to keep my partner from doing things with other people *</td>
<td>13</td>
<td>26</td>
<td>35</td>
<td>74</td>
<td>56</td>
</tr>
</tbody>
</table>

Note. * Reversed items. Percent of total N provided, not Valid Percent. Some Items had missing data.
Table 16

*Meta-Matrix Summarizing the Integration of the Qualitative and Quantitative Findings*

<table>
<thead>
<tr>
<th>Quantitative Findings</th>
<th>Qualitative Findings</th>
<th>Comments and Reflections</th>
<th>Patterns among Reflections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partnership stereotypes are linked to IPV attitudes</td>
<td>Gender norms, dating experiences and dating expectations play a role</td>
<td>Gender norms influence quantitative relationship. Dating promotes egalitarian gender roles</td>
<td>Partnership stereotypes → IPV attitudes. Egalitarian gender norms → previous relationship. Egalitarian dating expectations and experiences → egalitarian gender norms</td>
</tr>
<tr>
<td>Gender are linked to IPV attitudes</td>
<td>Gender, access to education and resources, legislation is more progressive</td>
<td>Women are empowered. Education and resources focused on protect women. Empowered women have different attitudes.</td>
<td>Gender → IPV attitudes. Power and IPV knowledge → previous relationship. Multiple resources for women → increases women power and knowledge</td>
</tr>
<tr>
<td>Religious commitment is not linked to IPV attitudes</td>
<td>Human being is bio-psycho-social and spiritual. People who is spiritual wellbeing will interact better with others Attendance helps to reach harmony</td>
<td>Spiritual wellbeing influences quantitative relationship. Adherence to religious practices improve spiritual well being</td>
<td>Attendance → IPV attitudes. Spiritual wellbeing → previous relationship. Adherence to religious practices increases spiritual wellbeing</td>
</tr>
<tr>
<td>Area is not linked to IPV attitudes</td>
<td>People from rural areas approve IPV and experience more IPV. They feel IPV is normal. Rigid gender roles play a role. Less access to IPV information. IPV stereotypes</td>
<td>Normalization of IPV and socialization increases IPV Traditional gender roles play a role Lack of IPV knowledge</td>
<td>Area → IPV attitudes and behaviors Socialization of rigid gender norms and normalization of violence → previous relationship. Lack of resources and information and traditional gender roles → socialization and</td>
</tr>
<tr>
<td>Characteristics</td>
<td>Description</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parents’ SES is not related to IPV attitudes</td>
<td>Students don’t want to repeat parents’ patterns.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Purpose of dating is different based on experiences.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gender roles are reinforced during upbringing.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parents’ marital status is linked to IPV attitudes</td>
<td>No having interest for getting married or fear to repeat parents’ patterns relationship. Parents are models. Upbringing promotes traditional gender roles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender norms were not linked to IPV attitudes</td>
<td>Gender norms play a role in attitudes and behaviors.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gender norms are used to support and approved IPV. Survivors are blamed because of gender roles. Gender roles are supported and reinforced through the society Lack of IPV information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education, including degree sought and school year, was not linked to IPV</td>
<td>Certain degrees include IPV and gender sensitive topics. Education play a role in IPV experiences Students are exposed to education and resources Education is a resource to address IPV More IPV knowledge, less approval Only some degrees and students have access to education and resources Students with knowledge are more sensitive to the problem</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No having interest for getting married or fear to repeat parents’ patterns relationship. Parents are models. Upbringing promotes traditional gender roles</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gender norms play a role in attitudes and behaviors.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gender norms are used to support and approved IPV. Survivors are blamed because of gender roles. Gender roles are supported and reinforced through the society Lack of IPV information</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Traditional gender roles play a role in IPV approval and behaviors.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Society approves and normalizes IPV → previous relationship. Lack of IPV knowledge and reinforcement of rigid gender roles normalization of violence</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>More IPV knowledge, less approval Only some degrees and students have access to education and resources Students with knowledge are more sensitive to the problem</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Education → IPV attitudes and behaviors Sensitization about IPV → approval of IPV. Students with more access to IPV education and resources are more sensitive to IPV, so they are more likely to reject IPV. Education helps to address IPV.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marital status play a role in attitudes toward IPV</td>
<td>Peers influence dating Peer have a role on IPV approval and behaviors</td>
<td>Social support. Normalization of behaviors. Students spend a lot of time with peers. Sharing mutual interests.</td>
<td>Type of previous relationship and experiences might influence IPV experiences Peers influence partners (both, or only one), this influence contribute to shape attitudes and behaviors of the couple</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>_____</strong></td>
<td><strong>_____</strong></td>
<td><strong>_____</strong></td>
<td><strong>_____</strong></td>
</tr>
<tr>
<td>Peers influence dating Peer have a role on IPV approval and behaviors</td>
<td>Social support. Normalization of behaviors. Students spend a lot of time with peers. Sharing mutual interests.</td>
<td>Type of previous relationship and experiences might influence IPV experiences Peers influence partners (both, or only one), this influence contribute to shape attitudes and behaviors of the couple</td>
<td></td>
</tr>
<tr>
<td><strong>_____</strong></td>
<td><strong>_____</strong></td>
<td><strong>_____</strong></td>
<td><strong>_____</strong></td>
</tr>
<tr>
<td>Individual factors also play a role, self-esteem, and social skills might protect the person. TV, internet, Facebook disseminate information Most of the information reinforces traditional gender roles and violence Lack of information about IPV</td>
<td>Social networks and media play a role. Socialization of traditional gender roles Lack of information</td>
<td>Reinforcing individual-protective factors odds of IPV decrease.</td>
<td></td>
</tr>
<tr>
<td><strong>_____</strong></td>
<td><strong>_____</strong></td>
<td><strong>_____</strong></td>
<td><strong>_____</strong></td>
</tr>
<tr>
<td>Individual factors also play a role, self-esteem, and social skills might protect the person. TV, internet, Facebook disseminate information Most of the information reinforces traditional gender roles and violence Lack of information about IPV</td>
<td>Social networks and media play a role. Socialization of traditional gender roles Lack of information</td>
<td>Reinforcing individual-protective factors odds of IPV decrease.</td>
<td></td>
</tr>
<tr>
<td><strong>_____</strong></td>
<td><strong>_____</strong></td>
<td><strong>_____</strong></td>
<td><strong>_____</strong></td>
</tr>
<tr>
<td>Individual factors also play a role, self-esteem, and social skills might protect the person. TV, internet, Facebook disseminate information Most of the information reinforces traditional gender roles and violence Lack of information about IPV</td>
<td>Social networks and media play a role. Socialization of traditional gender roles Lack of information</td>
<td>Reinforcing individual-protective factors odds of IPV decrease.</td>
<td>Social media encourages IPV due to lack of information about IPV and because reinforce traditional gender roles and approval of violence</td>
</tr>
<tr>
<td>Construct</td>
<td>Cultural Influence</td>
<td>Environmental Influence</td>
<td>Family Influence</td>
</tr>
<tr>
<td>-------------------</td>
<td>--------------------</td>
<td>-------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Concept</td>
<td>Gender norms</td>
<td>Physical context</td>
<td>Socio demographic background of the family</td>
</tr>
<tr>
<td>Variables</td>
<td>Gender stereotypes</td>
<td>Physical Context</td>
<td>SES of the parents</td>
</tr>
<tr>
<td>Indicator</td>
<td>Bem Sex Role Inventory (Bem, 1974)</td>
<td>Area of origin</td>
<td>Family income</td>
</tr>
</tbody>
</table>

*Figure 1. Theoretical Substruction of Concepts*
Figure 2. Ecological model of factors associated with IPV. Adapted from “Ending violence against Women” by L. Heise, M. Ellsberg, and M. Gottmoeller, 1999, Population Reports, Series L, No. 11, Johns Hopkins University School of Public Health, Center for Communications Programs., Baltimore (MD). Copyright 1999 by Johns Hopkins University.
Figure 3. Integrating Multiple Intersecting Identities Model. Adapted from “Integrating Multiple Intersecting Identities: A Multicultural Conceptualization of the Power and Control Wheel” by A. Chavis, and M. Hill, 2009, Women & Therapy, 32: 1, 121-149. Copyright 2009 by Taylor & Francis Group, LLC.
Figure 4. Model of the relationships among area of origin, SES of the parents, gender stereotypes, partnership stereotypes, and approval of IPV among college students in Costa Rica.
Figure 5. Hypothetical model for the relationships between approval of IPV among college students in Costa Rica and multilevel factors
Figure 6. Measurement model. Parents’ SES explain the variance on mother’s occupation, mother’s education, father’s occupation, father’s education, and family income.
Figure 7. Model 1. Regression of attitudes toward intimate partner violence on gender, marital status, relationship experience, sexual orientation, parent’s marital status, and religious attendance.
Figure 8. Model 2. Regression of attitudes toward intimate partner violence on parents’ SES, gender norms, partnership stereotypes, religious commitment, and area of origin, controlled by gender, marital status, parent’s marital status, and religious attendance.
Figure 9. Model 3. Regression of gender norms, partnership stereotypes, and religious commitment on gender, marital status, relationship experience, sexual orientation, parent’s marital status, and religious attendance.
Figure 10. Model 4. Regression of gender norms, partnership stereotypes, and religious commitment on parents' SES and area of origin, controlled by religious attendance.
Figure 11. Model 5. Integration of Model 2 and Model 4. Regression of gender norms, partnership stereotypes, and religious commitment on parents' SES and area of origin, controlled by religious attendance. And regression of attitudes toward intimate partner violence on parents' SES, gender norms, partnership stereotypes, religious commitment, and area of origin, controlled by gender and marital status.
Although IPV goes unnoticed, it goes to college

Figure 12. Categories and subcategories of theme #1 “Although IPV goes unnoticed, it goes to college”.
Figure 13. Categories and subcategories of theme #2 "Multiple societal factors play a role in IPV".
Figure 14. Categories and subcategories of theme #3 “College students are the company they keep”.
Figure 15. Integrated Model for Understanding Intersectional of Factors on IPV behaviors.
## Appendix A

### Feedback about the Online Survey

#### 1. About the Web Page

Please rate the following attributes of the website accuracy of information quality of content instructions

<table>
<thead>
<tr>
<th>Attribute</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ease of navigation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality of the instructions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quantity of content</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Writing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Layout/design</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Overall, is this system user friendly?

<table>
<thead>
<tr>
<th>Agreement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>

Overall, are you satisfied with your experience using this web site?

<table>
<thead>
<tr>
<th>Satisfaction</th>
<th>Extremely satisfied</th>
<th>Moderately satisfied</th>
<th>Moderately dissatisfied</th>
<th>Extremely dissatisfied</th>
</tr>
</thead>
</table>

What changes would most improve the web site?

I have no suggestions.

Comments :

I have no comments.

#### 2. About the Consent

I understood the information in the consent.

<table>
<thead>
<tr>
<th>Agreement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>

I understood the option to participate in a) the survey, or b) both survey and focus group interview.

<table>
<thead>
<tr>
<th>Agreement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>

What suggestions would you like to offer to improve the consent process?

I have no suggestions.

Comments :

I have no comments.

#### 3. About the Survey

How many minutes took to you to complete the survey

<table>
<thead>
<tr>
<th>Time Range</th>
<th>20-30</th>
<th>30-40</th>
<th>40-50</th>
<th>50-60</th>
<th>60 or more</th>
</tr>
</thead>
</table>

190
<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>How well do these questions reflect the common situations of college students?</td>
<td>Very little</td>
<td>Fairly well</td>
<td>Quite well</td>
<td>Very well</td>
</tr>
<tr>
<td>The amount and level of difficulty of the questions were appropriate</td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>I understood the information in the survey</td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>Are any of the questions confusing? If so, please list those questions?</td>
<td>Yes</td>
<td>List of questions</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Are there redundancies in the content?</td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>What suggestions would you like to offer to improve the survey experience?</td>
<td>I have no suggestions.</td>
<td>I have no comments</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix B

Demographic Form

1. What year did you enter to the UCR? __________

2. How old are you? ________

Please tell me where you were born (country of birth).

- United States
- Argentina
- Bolivia
- Brazil
- Chile
- Colombia
- Costa Rica
- Cuba
- Dominican Republic
- Ecuador
- El Salvador
- Guatemala
- Honduras
- Mexico
- Nicaragua
- Panama
- Paraguay
- Peru
- Puerto Rico
- Uruguay
- Venezuela
- Other

3. How many years have you lived in Costa Rica? __________

4. Which of the following are applicable to your living situation? (Check all that apply)

- I live alone.
- I live with other students.
- I live with roommates who are not students.
- I live with parents(s), relative(s), or guardian(s).
- I live with a husband/wife/domestic partner/significant other
- I live with my child/children.

5. How many hours do you work for pay OFF campus?

- None
- 1-10 hours/week
- 11-20 hours/week
- 21-30 hours/week
- More than 30 hours/week
6. How many hours do you work for pay on campus?
   - None
   - 1-10 hours/week
   - 11-20 hours/week
   - 21-30 hours/week
   - More than 30 hours/week

7. What is your gender?
   - Male
   - Female
   - Other
   - Prefer not to answer

8. What is your current marital status?
   - Single
   - In a relationship, not legally married
   - Married
   - Divorced
   - Separated
   - Widowed
   - Prefer not to answer

9. How do you identify yourself?
   - Heterosexual
   - Homosexual
   - Bisexual
   - I don’t know
   - Prefer not to answer

10. How many children do you have? ____________
    - None

11. What, if any, is your religious preference?
    - Baptist
    - Jehovah's Witness
    - Presbyterian
    - Christian
    - Jewish
    - Protestant
    - Episcopalian
    - Methodist
    - Roman/Catholic
    - Evangelist/Pentecostal
    - Muslim
    - Other Christian
    - Other Non-Christian
    - None

12. Where did you live while you were growing up (i.e., place where you spent the majority of your childhood)?
    - Province ____________
    - County ____________
13. Who lived in the same household as you while you were growing up? (choose all that apply)
   - Mother
   - Father
   - Stepfather
   - Stepmother
   - Mother’s partner (significant other)
   - Father’s partner (significant other)
   - Adoptive parents
   - Foster parents
   - Grandmother
   - Grandfather
   - Aunt
   - Friends of the family
   - Uncle
   - Brother or sister
   - Other (cousins, niece/nephew, etc)

14. During your childhood, did you grow with a mother (i.e., female role model) in the household?
   - Yes
   - No (skip to question 17)

15. To the best of your knowledge, which of the following best describes the occupation of your mother (i.e., female role model) while you were growing up?
   - Management/business/financial
   - Service
   - Office and administrative support
   - Production
   - Farming/fishing/forestry
   - Installation/maintenance/repair
   - Professional
   - Healthcare
   - Military
   - Transportation
   - Construction
   - Sales
   - Unemployed
   - House work
   - I don’t know
   - Not Applicable

16. To the best of your knowledge, which of the following best describes the highest level of education your mother (i.e., female role model) has completed?
   - Incomplete elementary school
   - Complete elementary school
   - Incomplete technical/vocational diploma
   - Complete technical/vocational diploma
   - Incomplete high school
17. During your childhood, did you grow with a father (i.e., male role model) in the household?
   - Yes
   - No (skip to question 20)

18. To the best of your knowledge, which of the following best describes the occupation of your father (i.e., male role model) while you were growing up?
   - Management/business/financial
   - Service
   - Office and administrative support
   - Production
   - Farming/fishing/forestry
   - Installation/maintenance/repair
   - Professional
   - Healthcare
   - Military
   - Transportation
   - Construction
   - Sales
   - Unemployed
   - House work
   - I don’t know
   - Not Applicable

19. To the best of your knowledge, which of the following best describes the highest level of education your father (i.e., male role model) has completed?
   - Incomplete elementary school
   - Complete elementary school
   - Incomplete technical/vocational diploma
   - Complete technical/vocational diploma
   - Incomplete high school
   - Complete high school
   - Incomplete college
   - Complete college
   - Incomplete graduate school
   - Complete graduate school
   - I don’t know
   - Not Applicable

20. To the best of your knowledge, which of the following best describes your biological parent’s relationship with each other while you were growing up?
   - Married
   - Living together (but not married)
   - Separated
21. To the best of your knowledge, which of the following best describes the economic status of your household (i.e., family) while you were growing up?

- Lower class
- Lower middle class
- Middle class
- Upper middle class
- Upper class
- Don’t know
To whom it may concern,

This letter is to grant permission for the above named person to use the following copyright material:

Instrument: *Bem Sex Role Inventory*

Author: *Sandra Lipsitz Bem*


for his/her thesis research.

Five sample items from this instrument may be reproduced for inclusion in a proposal, thesis, or dissertation.

The entire instrument may not be included or reproduced at any time in any other published material.

Sincerely,

Robert Most
Mind Garden, Inc.
www.mindgarden.com
Directions

On the next page, you will find listed a number of personality characteristics. We would like you to use those characteristics to describe yourself, that is, we would like you to indicate, on a scale from 1 to 7, how true of you each of these characteristics is. Please do not leave any characteristic unmarked.

Example: sly

Write a 1 if it is never or almost never true that you are sly.
Write a 2 if it is usually not true that you are sly.
Write a 3 if it is sometimes but infrequently true that you are sly.
Write a 4 if it is occasionally true that you are sly.
Write a 5 if it is often true that you are sly.
Write a 6 if it is usually true that you are sly.
Write a 7 if it is always or almost always true that you are sly.

Thus, if you feel it is sometimes but infrequently true that you are "sly," never or almost never true that you are "malicious," always or almost always true that you are "irresponsible," and often true that you are "carefree," then you would rate these characteristics as follows:

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sly</td>
<td>3</td>
</tr>
<tr>
<td>Malicious</td>
<td>1</td>
</tr>
<tr>
<td>Irresponsible</td>
<td>7</td>
</tr>
<tr>
<td>Carefree</td>
<td>5</td>
</tr>
</tbody>
</table>

Please provide the following information:

Name ____________________________ Gender (Circle): M F
Date ____________________________
Phone No. or Address ____________________________
If a student: School ____________________________ Year in school __________________
If not a student: Occupation ____________________________

FOR ADMINISTRATION USE ONLY

<table>
<thead>
<tr>
<th>R.S.</th>
<th>a</th>
<th>b</th>
<th>Class</th>
</tr>
</thead>
<tbody>
<tr>
<td>S.S.</td>
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</tbody>
</table>

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Appendix D

Inventory of Specific Relationship Standards

Please indicate how often you believe you and your partner should act toward each other in certain ways, as described in the following statements. You have five choices for doing this:

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>My partner and I should have equal say about the things we spend our money on.</td>
<td></td>
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<tr>
<td>My partner and I should have equal say about when and where we show each other physical affection.</td>
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<tr>
<td>My partner and I should have equal say about when we discuss certain positive thoughts and feelings that we have about our relationship.</td>
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<tr>
<td>My partner and I should have equal say about what kinds of leisure activities we do together.</td>
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<td></td>
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</tr>
<tr>
<td>My partner and I should have equal say about whether we discuss certain negative thoughts and feelings that we have about our relationship.</td>
<td></td>
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</tr>
<tr>
<td>My partner and I should have equal say on decisions we need to make about friends.</td>
<td></td>
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</tr>
<tr>
<td>My partner and I should have equal say in job or daily task decisions that affect our relationship.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>My partner and I should have equal say on decisions we make about our families (such as, when to visit, lend money, etc.).</td>
<td></td>
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<tr>
<td>My partner and I should have equal say about how our children are raised.</td>
<td></td>
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<tr>
<td>My partner and I should have equal say about how the household is to be run.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>My partner and I should have equal say about the activities connected with our religious or philosophical views we take part in together.</td>
<td></td>
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<tr>
<td>My partner and I should have equal say about the kinds of sexual activities that we share.</td>
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</table>
Appendix E

Intrinsic Religious Motivation Scale

Please use the following scale to indicate your responses to each statement listed below

<table>
<thead>
<tr>
<th>Statement</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Disagree</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My faith involves all of my life</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Beliefs are less important than living a moral life</td>
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<td></td>
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<tr>
<td>One should seek God's guidance when making important decisions</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In my life, I experience the presence of the Divine (God)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refuse to let religion influence everyday affairs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Faith sometimes restricts my actions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nothing is as important as serving God</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Many more important things in life than religion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religious beliefs lie behind my whole approach to life</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Try hard to carry religion over into life's dealings.</td>
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<td></td>
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<td></td>
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</tbody>
</table>
# Appendix F

## Attitudes toward Intimate Partner Violence

Please use the following scale to indicate your responses to each statement listed below:

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strongly Disagree</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Strongly Agree</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- As long as my partner doesn’t hurt me, “threats” are excused.
- During a heated argument, it is okay for me to bring up something from my partner’s past to hurt him or her.
- I think it helps our relationship for me to make my partner jealous.
- I don’t mind my partner doing something just to make me jealous.
- During a heated argument, it is okay for me to say something just to hurt my partner on purpose.
- It is no big deal if my partner insults me in front of others.
- It is okay for me to accept blame for my partner doing bad things.
- It is okay for me to blame my partner when I do bad things.
- It is not appropriate to insult my partner in front of others.
- It is not acceptable for my partner to bring up something from the past to hurt me.
- It would never be appropriate to hit or try to hit one’s partner with an object.
- It would not be appropriate to ever kick, bite, or hit a partner with one’s fist.
- Threatening a partner with a knife or gun is never appropriate.
- I think it is wrong to ever damage anything that belongs to a partner.
- I would never try to keep my partner from doing things with other people.
- I would be flattered if my partner told me not to talk to someone of the other sex.
- I would not stay with a partner who tried to keep me from doing things with other people.
- It is okay for me to tell my partner not to talk to someone of the opposite sex.
- I would not like for my partner to ask me what I did every minute of the day.
- I think my partner should give me a detailed account of what he or she did during the day.
Appendix G

Interview Guide

Thank you for agreeing to talk to me. Before I begin, I want to make sure you understand what I am doing in this study. I want to learn more about the attitudes toward IPV and the factors that influence these attitudes from the point of view of college students. This will help us in the future to better understand the problem of IPV. I am talking to you today because you contacted me about participating in this study and focus group. I will read the questions to you. I will then ask you some questions about your perceptions about IPV. I will record the interview. I expect the interview to take about one hour.

Ground rules

A. Your opinion and perspectives are necessary for this interview. Your complete honestly is needed when responding to my questions in order to produce meaningful results. If something I am asking you about is hard to understand, please request clarification.

B. The experiences, opinions and perceptions that you express in this room will remain in this room. They will remain confidential. We will need to respect one another’s right to confidentiality.

C. Open discussion is encouraged, but you will need to speak one at the time. What each of you will have to say is extremely important. We only have an hour to complete this interview, and therefore we must stay on topic.

D. The intent of this interview is to offer you an opportunity to share your perceptions, and beliefs about IPV in Costa Rica. It is my hope that you will feel comfortable about sharing your perceptions with me. However, it may happen that you hear or share some things during the discussion that trigger negative memories. If you become distressed please advise me. I will follow up with you to discuss your emotions and assess the need to refer you to the UCR student health center and/or other services.

E. My role is to direct the discussion. The work that needs to be done here is dependent on your full participation.

Do you have any questions? Is it all right for me to begin the focus group?

If you have any questions about the study after you are done, you contact me with the information provided on the consent form.

Questions

1. What are your thoughts about IPV?
   a. Probe: What about IPV at Costa Rica? (6 minutes)

2. How do you feel when you heard that somebody has been victim of IPV? (10 minutes)
a. Hint: for instance women sexual assaulted by a partner, killed by a partner, threaten by a partner, hit by a partner.

3. How would you describe the overall perception that college students held about IPV?
   a. Probe:
      i. What do they think about sexual abuse by a partner? (5 minutes)
      ii. What do they think about physical abuse by a partner? (5 minutes)
      iii. What do they think about psychological abuse by a partner? (5 minutes)

4. Which factors do you consider to impact these attitudes toward IPV?
   a. Probe:
      i. What individual factors influence the most? (4 minutes)
      ii. What factors in the family and close relationships influence the most? (4 minutes)
      iii. What factors in the community influence the most? (4 minutes)
      iv. What factors in the society influence the most? (4 minutes)

5. How these factors do you consider influence the attitudes toward IPV? (10 minutes)

6. Are there any additional important aspect about IPV and approval of IPV that we have not discussed? (5 minutes)