

DISSERTATION

INTIMATE PARTNER VIOLENCE IN RURAL COMMUNITIES:  
THE PERSPECTIVE OF MEN OF MEXICAN DESCENT

Submitted by

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In partial fulfillment of the requirements

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WE HEREBY RECOMMEND THAT THE DISSERTATION PREPARED UNDER OUR SUPERVISION BY BENJAMIN M. FEIGAL ENTITLED INTIMATE PARTNER VIOLENCE IN RURAL COMMUNITIES: THE PERSPECTIVE OF MEN OF MEXICAN DESCENT BE ACCEPTED AS FULFILLING IN PART REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PHILOSOPHY.

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## ABSTRACT OF DISSERTATION

### INTIMATE PARTNER VIOLENCE IN RURAL COMMUNITIES:

### THE PERSPECTIVE OF MEN OF MEXICAN DESCENT

This study investigates the perspectives of men of Mexican descent on intimate partner violence in rural western and southwestern United States communities. A sample of 51 key informants (18+ years old) in 10 predominantly Mexican American rural communities was interviewed to determine community readiness to address the issue of intimate partner violence. Eleven men of Mexican descent (18+ years old) in two separate communities participated in two focus group interviews, and 6 men of Mexican descent (18+ years old) in another community participated in one-on-one interviews to elicit information on the dynamics of intimate partner violence in these local cultures. Grounded theory will be used to examine the individual, social, cultural, and environmental factors that contribute to the incidence, acceptance, and prevention of intimate partner violence. Furthermore, the study will provide suggestions for the development of culturally appropriate interventions for the prevention of intimate partner violence.

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## Introduction

The evidence documenting violence against women in the United States is so extensive and compelling that many experts have suggested this nation is experiencing an epidemic (White, Donat, & Bondurant, 2000). Violence against women takes on numerous forms, and can be broken down into two broad categories: criminal violence and intimate partner violence. Criminal violence includes such acts as robbery, burglary, aggravated assault, forcible rape, and murder. Intimate partner violence can be broken down into subcategories such as child abuse, incest, stalking, courtship violence, acquaintance rape, battering, marital rape, and elder abuse. The risk of intimate victimization is significantly higher for women than for men. Although women are victims of crimes perpetrated by strangers, they are much more likely to be victimized by someone they know: a friend, coworker, or relative, including a father, brother, or husband (White et al., 2000). Intimate partner violence is the leading cause of injury to women between the ages of 15 and 44 in the United States--more than car accidents, muggings, and rapes combined (Federal Bureau of Investigation, 1991). Furthermore, assaults committed by someone known to the woman are often more violent and result in more physical trauma than those committed by strangers (Stets & Straus, 1990).

The consequences of intimate partner violence on victims and families are numerous and devastating. On an individual level, there is physical pain and injury, trauma, fear, helplessness, depression, anxiety, loss of self-esteem, suicide, and alcohol and drug problems. These problems can be temporary consequences of violence for victims, and they can also become life-long struggles (Dutton, 1993). Research also suggests that the largest single group of people suffering from posttraumatic stress

disorder is female sexual abuse and assault victims (Foa, Olasov, & Skeketee, 1987). This evidence contradicts the commonly held belief that posttraumatic stress disorder is most common in war veterans. On the family system level, marital disruption and discord in parental relationships are common. Children who witness intimate partner violence are also at greater risk for being physically abused (Ross, 1996) and for developing psychological and behavioral problems, similar to children who have experienced direct abuse (e.g., been struck) (Jaffe, Wolfe, & Wilson, 1990). Intimate partner violence also has a significant negative effect at a societal level, including high costs for the criminal justice and mental health systems, low productivity and absenteeism in the workplace, and lower educational and economic achievement for victims and family members (Miller, Cohen, & Wiersema, 1996; Straus & Gelles, 1986). Much of the suffering, family disruption, and cost to the social community could be reduced or eliminated through prevention programs and effective intervention (Straus & Gelles, 1990).

Many research projects have attempted to develop new intimate partner violence prevention strategies, but most have not taken cultural variables into account. Unless interventions are culturally sensitive and can actually be implemented and utilized in specifically targeted communities, they will be ineffective. Research by Edwards, Jumper-Thurman, Plested, Oetting, and Swanson (2000) suggests that communities must be intimately involved in the planning and implementation of prevention efforts, and efforts by local community members are likely to have the most significant impact in solving local problems and in setting local norms. In addition, a community must have a certain level of readiness to address a problem with intimate partner violence before any effective intervention or prevention can take place (Edwards, et al., 2000). This is

especially true in ethnic minority communities that may have cultural barriers that prevent the recognition of problems with violence, and prevent the implementation of traditional intervention techniques. The cultural context greatly influences how intimate partner violence is viewed and interpreted, and it shapes perceptions of the appropriateness of seeking available community resources (Perilla, Bakeman, & Norris, 1994). Not many studies have focused on the issue of intimate partner violence prevention in rural areas of the United States (Paquin, 1994). Research by Edelson and Frank (1991) suggests that it is important to recognize the unique characteristics of each rural area when attempting to establish intimate partner violence prevention programs. In addition, the perspectives of men are largely absent from the research on the dynamics influencing intimate partner violence (Perilla et al., 1994). This study attempts to add to the literature in these scarcely-studied areas by examining the perspectives of intimate partner violence of Mexican American men from rural communities in the southwestern and western regions of the United States.

#### Individual Factors Related to Perpetration of Violence

Dutton (1995) provides one perspective for understanding the potential motives for batterers, stating that, “they (batterers) are trying to enslave their victims, control them psychologically and physically...[and] annihilate their self-esteem to compensate for their own wounded self-identity.” An intimate partner “abuser” is someone who has a consistent pattern of coercive control of an intimate partner. This coercive control includes different forms of psychological abuse, intimidation, inflated and intrusive self-entitlement, and some form of physical or sexual abuse (Aldarondo & Mederos, 2002).

Men who batter tend to be more insecure, emotionally dependent, have more problems being assertive with their female partners, and have particular deficits in dealing with situations involving rejection, loss, or abandonment than non-violent men (Holtzworth-Munroe, 2000; Bitler Linniola, & George, 1994). Other studies have shown that men who batter generally score higher than nonviolent men on measures of psychopathology such as depression, aggressiveness, and psychopathy. They have also been found to be more likely than nonviolent men to show evidence of personality disorders, particularly antisocial and borderline disorders (Gondolf, 1999, Riggs, Caulfield, & Street, 2000). However, current research has not reached a consensus on a psychological profile of batterers, and some research suggests that there are several different subtypes of batterers. A study by Holzworth-Munroe, Meehan, Herron, Rehman, and Stuart (2003) proposed that there are three different subtypes of martially violent men based on three descriptive dimensions: (a) severity and frequency of husband-to-wife violence, (b) generality of the husband's violence (i.e., marital only or extra-familial), and (c) the husband's psychopathology or personality disorders. The three subtypes proposed were: family-only batterers, borderline/dysphoric batterers, and generally violent/antisocial batterers. The study suggested that family-only batterers engaged in the least marital violence, and had little or no psychopathology. Borderline/dysphoric batterers engaged in moderate to severe wife abuse, engaged in some extra-familial violence, and were the most psychologically distressed and the most likely to exhibit borderline characteristics. Generally violent/antisocial batterers engaged in moderate to severe marital violence, and also engaged in the highest level of extra-familial violence. This study also examined whether these subtypes of men would

continue to differ from one another over time, and the results were mixed. Family-only batterers had fairly stable characteristics, and the level of violence did not seem to escalate over time. However, the psychopathology of the borderline/dysphoric and generally violent/antisocial batterers overlapped significantly over time. This suggests that further research is needed to more clearly distinguish different subtypes of men who batter.

#### Social Learning and Environmental Factors Related to Perpetration of Violence

Although many men learn to be controlling and abusive in their families of origin, most men raised in violent homes do not go on to abuse their intimate partners. About a third of men in batterer intervention programs report witnessing and experiencing violence in their families of origin (Gondolf, 1999). However, studies have consistently found that men who experienced abuse in their family of origin are more likely to use violence against their female partners than adults who did not experience abuse (Dutton & Hart, 1992). Some research suggests that those who only witnessed violence between parents are more likely than those who have been a direct recipient of physical abuse to resort to violence against an intimate partner later in life (Aldarondo & Sugarman, 1996). Other research suggests that boys who witnessed intimate partner violence were more likely to become abusive men, while girls who witnessed intimate partner violence were more likely to become the victims of abuse as women (Straus, Gelles, & Steinmetz, 1980).

#### Men As Victims of Intimate Partner Violence

The victimization of men in intimate partner relationships is an area that has not been studied extensively. McNeely and Robinson-Simpson (1987) reported that men are

just as likely as women to be targets of physical violence at the hands of intimate partners. Another study found that in half the incidents of domestic violence, it was both partners who reported being aggressive (Stets & Straus, 1990). Other research suggests that violence against men by an intimate partner goes unreported more often than intimate partner violence against females (Straus, 1993), and that males are 11 percent less likely than women to report any incident of violent crime in which they were the victims (Cook, 1997). It appears that men underreport their victimization by intimate partners in part because of societal pressure to be the dominant of the genders (Steinmetz, 1977-78). It seems that for men, reporting being victimized results in embarrassment, and if they do not report, their victimization is less visible.

Research on aggression by females is relatively recent, given widely accepted beliefs that aggression is primarily a male behavior. There is significant debate in the literature about whether intimate partner violence (IPV) is primarily perpetrated by men, or if IPV is mutually perpetrated by both partners in an intimate relationship. In response to evidence that suggests comparable rates of violence by women (Straus, 1993), some feminist scholars assert that the focus on the victimization of males by females diverts attention and resources from the more serious problems encountered by battered women (Kaufman Kantor & Jasinski, 1998). Some feminist literature suggests that long-standing, culturally-rooted differences in power underlie male violence, and that women stay in abusive relationships because of numerous limiting factors, including responsibility for children, economic dependence on men, and social norms that call for women to stay in relationships for the good of the family (Kaufman Kantor & Jasinski, 1998).

In addition, researchers have questioned whether the term *mutual violence* is an accurate portrayal of IPV. Evidence supports the notion that women are more severely affected by male violence than men are affected by female violence. Women are six times more likely than men to require medical care for injuries as a result of IPV (Stets & Straus, 1990). In a study of couples in which the men and women were admittedly bi-directionally violent with one another, the results showed more severe effects of male aggression on women, including more injuries, greater severity of injuries, and greater psychological impact on female victims (Vivian & Langhinrichsen-Roehling, 1994). The discrepancy in the severity of physical and psychological injury that men inflict on women cannot be ignored.

Straus (1993) suggests that differences in populations being studied adds to the controversy about the nature of IPV. Most of the research that indicates equal rates of aggression by men and women was conducted using community-based surveys on non-clinical populations. In contrast, at least 90% of police reports of IPV involve male offenders (Kaufman Kantor & Jasinski, 1998). Straus (1993) argues that the evidence from both of these populations is valid, but that it should not be assumed that the balance of aggression perpetrated by men and women in community populations also applies to the cases in which police and women's shelters were involved.

Other studies point out that accounts of the perpetration and severity of violent acts within intimate relationships vary greatly based on which partner is questioned. Evidence suggests that men's acts of severe physical violence (punching, choking, using weapons) are much higher when reported by women, indicating that males appear to underreport severe assaults against women (Kaufman Kantor & Jasinski, 1998).

Therefore, male self-reports of violent behavior should be treated cautiously, and efforts to gain the perspectives of both partners is important in this type of research.

Another important distinction in the literature on male violence is the concept that male violence has two non-overlapping subtypes (Johnson, 1995). The first is a subtype of violence that is characterized as “minor” and often includes mutual violence between partners. The second subtype is described as the systematic terrorization of female partners. The latter subtype of violence involves a system of victimization in which men strive to gain total emotional and physical control over their female partners. When this subtype of male violence involves female aggression, the majority of this female aggression is used in self-defense. In addition, there is virtually no literature to suggest that this type of relationship exists in the opposite direction, i.e., a female partner systematically terrorizing her male partner into submission (Johnson, 1995).

#### Intimate Partner Violence Among Ethnic Groups in the United States

For purposes of this discussion, it is important to distinguish between *race* and *ethnicity*, although this is a difficult task because of the variety of definitions of these terms in the literature. Physical differences, or phenotypes, involving skin pigmentation, facial features, and the color, distribution and texture of body hair are the most commonly applied criteria to distinguish races of people (Atkinson, Morten & Sue, 1998). There are three basic racial types are commonly accepted: Caucasoid, Mongoloid, and Negroid (Atkinson, Morten, & Sue, 1998). However, below the superficial characteristics, there are more similarities between these groups than differences, and more differences within racial groups than between them (Littlefield, Lieberman, & Reynolds, 1982). Race assumes a unique, isolated gene pool, and this clearly does not apply to many people who

identify as African American, American Indian, Asian American, or Latino American. Due to frequent migration and inter-mingling of groups, pure gene pools have not existed for a long time, if they ever did (Schaefer, 1988). Despite the difficulty in defining race, there is important social meaning for how members of a certain “racial” group see themselves and how outsiders see members of that group.

Due to the limitations of defining race, some social scientists prefer to use the term *ethnicity* instead of *race* (Atkinson, Morten, & Sue, 1998). Broadly defined, ethnicity is determined by physical and/or cultural characteristics. According to Nagel (1995), “ethnicity refers to differences in language, religion, color, ancestry, and/or culture to which social meanings are attributed and around which identity and group formation occurs” (p.443). There is wide variability within ethnic groups, and due to acculturation, individuals of the same ancestry may or may not share the same cultural values and behaviors (Atkinson, Morten, & Sue, 1998). It is important to avoid confounding the cultural values of the individual’s ethnic group with those of the individual (Sue & Zane, 1987). It is with a sense of the tremendous diversity within ethnic groups that the following discussion is written.

Ethnicity should not be used as an explanatory factor for IPV. However, ethnic minority groups are over-represented in demographic categories that place them at higher risk for family violence. The term ethnic minority may be used to label many different groups; however, most of the research on IPV in ethnic minority communities focuses on the four largest groups in the United States: African Americans, Latino Americans, Asian Americans, and Native Americans. The research on IPV can be split into two categories, based on the characteristics of the samples. Non-representative studies involve samples of

convenience, which include clinical samples and community samples. The most commonly referenced representative studies are the First (Straus, Gelles, & Steinmetz, 1980) and Second National Family Violence Surveys (Straus & Gelles, 1986), which use samples of 2,143 and 6,002 households, respectively. A comparison of the incidence of IPV in representative and non-representative samples within the four main ethnic minority groups and in the European American community will be discussed below. This discussion is followed by a section on factors that may account for ethnic group differences.

African Americans. Research on the incidence of IPV in the African American community using non-representative samples has been mixed. A study using case records of IPV victims indicated that European American batterers were more violent toward family members and non-family members than were African American batterers (Fagan, Stewart, & Hansen, 1983). However, a community-based sample in Texas indicated that black women were three times more likely than European American women to beat or have been beaten by a partner (Neff, Holamon, & Schluter, 1995). Researchers found no ethnic differences in rates of IPV in samples of incarcerated women (Roundtree, Parker, Edwards, & Teddlie, 1982) or women who were residents of a women's shelter (O'Keefe, 1994). Because of the non-representative nature of these samples, one should use caution when drawing conclusions based on these data.

In large national probability samples, research has shown higher rates of IPV among African Americans when compared to European Americans. The First National Family Violence Survey results suggested that African American men were four times more likely to abuse their wives than were European American men, and the survey also

indicated that African American wives were twice as likely as European American wives to engage in severe acts of violence toward their husbands (Straus, et al., 1980). The Second National Family Violence Survey, which was published 10 years later, found a similar pattern of ethnic differences (Straus & Gelles, 1986). Although the rate of abuse of African American women had decreased significantly (42%), African Americans were still found to be more violent when compared to European Americans in the sample (Hampton, Gelles, & Harrop, 1989). One of the main criticisms of the National Family Violence Surveys is that they did not include family constellations with high concentrations of ethnic minorities, such as single parent families and families with children under age 3 (West, 1998). However, when these types of families were included in the National Survey of Families and Households, African Americans reported being physically violent toward their partners almost twice as much as European Americans did (Sorenson, Upchurch, & Shen, 1996).

More recent studies also report that African Americans experience higher rates of IPV compared to European Americans. For example, estimates from the National Crime Victimization Survey show that between 1993 and 1998, African American women experienced IPV at a rate 35% higher than that of European American women and approximately twice the rate of women of other ethnicities. The same survey showed that African American men experienced IPV at a rate 62% higher than that of European American men and approximately twice that of men of other ethnicities (Rennison & Welchans, 2000). Other data on domestic homicide suggest a more reciprocal pattern among African Americans with regard to IPV. A survey of murders in 8 large urban counties indicated that among married African American couples, wives were just as

likely to kill their husbands as husbands were to kill their wives. Among African Americans in this survey, 47% of the victims were husbands and 53% of the victims were wives. Among European American victims murdered by a spouse, 38% of the victims were husbands and 62% of the victims were wives (Dawson & Langan, 1994). Researchers have theorized that this difference in marital homicide rates may be related in part to findings that indicate that African American women experience the highest rate of severe, non-fatal acts of IPV (Straus et al., 1980). The theory is that African American women commit higher rates of victim-precipitated homicide because of their higher exposure to severe violence by their domestic partners (Goetting, 1991).

Latino Americans. National probability samples have yielded contradictory results with regard to the incidence of IPV among Latino Americans. In the Second National Family Violence Survey, 23% of Latino couples reported partner abuse compared to 15% for European American couples (Straus & Smith, 1990). However, Sorenson et al. (1996) utilized the Conflict Tactics Scale (Straus, 1979) and reported that European Americans were more violent than Latinos. Two major limitations to the research on Latino Americans are that studies often do not distinguish between Latino subgroups, and they are often limited to English-speaking samples. It is difficult to draw conclusions based on such limited samples. Important sub-group differences can be revealed when researchers are careful to distinguish them. For example, Kaufman Kantor, Jasinski, and Aldorondo (1994) utilized a bilingual interview in a national probability sample and found that Puerto Rican husbands (20.4%) were twice as likely to abuse their wives as European American husbands (9.9%), and 10 times more likely to abuse their wives than were Cuban husbands (2.5%). However, more research is needed to

corroborate these results. The majority of literature on Latino Americans that utilizes non-representative samples focuses on Mexican Americans. These studies will be discussed below.

Mexican Americans. Few studies examine the problem of intimate partner violence among different Latino subgroups. This is unfortunate because Latinos, as well as members of other minority communities in the U.S., often struggle with poverty, isolation from the majority culture, language difficulties, and cultural conflicts that put them at risk for a number of problems, including violence and victimization. The studies on the incidence of IPV among Mexican Americans give mixed results. Several non-representative sample studies found no difference in the level of violence between Mexican Americans and European Americans. A study utilizing a women's shelter sample (Torres, 1991) found no difference in the rate of partner assaults between Mexican Americans and European Americans. Straus and Smith (1990) suggested that cultural values such as male dominance among Mexican Americans serve to reinforce wife battering, but few studies have empirically supported this connection, and one in particular found no relationship between traditional gender roles and intimate partner violence (Neff, Holamon, & Schluter, 1995). Neff et al. (1995) also found no evidence for a greater tendency toward violence among Mexican Americans, despite theories that suggest that stress due to economic difficulties put Mexican Americans at higher risk for intimate partner violence.

Asian Americans. The research on Asian American intimate partner violence has relied on non-representative samples, such as case histories, clinical samples, anecdotal reports, and newspaper accounts, and estimates of the prevalence of violence have varied

widely (West, 1998). For example, in a focus group study, Ho (1990) found that between 20% and 30% of Chinese husbands hit their wives. In a non-random sample of immigrant Korean women, Song (1986) found that 60% of these women were battered. Though it is difficult to draw conclusions based on these studies, it seems evident that IPV is a significant problem in this population.

Native Americans. Like the data on Asian American intimate partner violence, most of the data on the prevalence of IPV among Native Americans relies on non-representative samples, and little has been done to distinguish Native American subgroups in the literature (West, 1998). Bachman (1992) found that in the Second National Family Violence Survey, Native American couples were more violent than European American couples (7.2 % vs. 5.3%), but this data is based on a small sample size of 204 families and did not distinguish tribal affiliation. Other estimates of rates of IPV in non-representative samples of Native Americans range widely. For example, Fairchild surveyed 341 women at an Indian Health Service on the Navajo Reservation and 52.5% of participants reported any type of IPV (verbal, physical, or sexual) in their lifetime. Studies utilizing community samples illustrate significant rates of IPV in the Native American population. For example, Lee, Sanders Thompson, and Mechanic (2002) found that 61.4% of Native American women reported physical assault in their lifetime compared to 51.8% of women of other ethnicities. Norton and Manson (1995) reported that 46% of the women on a reservation in the Rocky Mountain region had experienced physical assault in their lifetime. In a Southwestern Native American community, 91% of women reported any type of IPV in their lifetime (Robin, Chester, & Rasmussen, 1998). More representative data is needed on the incidence of IPV among

Native Americans, and more research is needed to assess the needs of Native American sub-groups. However, it is clear that IPV is prevalent in Native American families as well.

In summary, studies using non-representative samples found no differences in the rate of IPV based on ethnicity among African American, Latino American (including Mexican Americans, specifically), and European American battered women. Some community samples and several national probability samples found that African Americans and Native Americans reported a higher incidence of IPV than European Americans. Some research suggests a more reciprocal pattern of IPV among African Americans. Though there are no representative studies of IPV in the Asian American community, community-based evidence suggests that IPV is a significant concern for this population.

National probability samples of Latino Americans show mixed results, some indicating that Latinos are more violent than European Americans, and others suggesting the opposite. These conflicting results may be due to researchers not distinguishing between Latino subgroups and relying on English-speaking participants. In a study that utilized both Spanish and English and assessed rates of IPV among different Latino subgroups, Cubans reported the lowest rate of IPV and Puerto Ricans the highest.

#### Factors Related to Ethnic Group Differences

When trying to explain ethnic group differences in the incidence of IPV, it is important to incorporate environmental and structural factors that place ethnic minority groups at risk. In the United States, race and ethnicity determine access to educational and vocational opportunities, and consequently, economic resources (West, 1998).

Research suggests that limited access to resources and fewer opportunities for advancement cause stress and put ethnic minority individuals at risk for violence (Gelles & Straus, 1988). Increased stress levels also put minority individuals at risk for excessive alcohol use and normative acceptance of violence (Kaufman Kantor et al., 1994). Ethnic minorities are not inherently more violent than European Americans. There is, however, an over-representation of minority groups in at-risk demographic categories. Often differences in IPV rates based on ethnicity disappear when certain demographic factors are held constant (West, 1998). The following section will address the demographic factors that appear to influence the rates of IPV.

#### Demographic Factors Affecting Rates of IPV

Age. Age is a significant risk factor for IPV. Straus and Gelles (1990) found that being under the age of 30 is highly correlated with IPV. Data based on the Second National Family Violence Survey shows that younger African American (Hampton & Gelles, 1994), Native American (Bachman, 1992), and European American (Suitor, Pillemer, & Straus, 1990) couples are more violent than older couples from these respective groups. Straus and Smith (1990) found that ethnic differences between European Americans and Latinos disappeared when age was considered. In this case, being young was more predictive of IPV than ethnicity. It is imperative to recognize age as a risk factor for IPV, given the younger mean age of ethnic minority groups, when compared to European Americans (West, 1998).

Social class. Research has also shown that social class is an important risk factor for IPV. Many batterers are often characterized by lower levels of education and lower socioeconomic status (Hotaling & Sugarman, 1986). As poverty becomes more acute, the

level of violence increases fairly consistently across ethnic groups, although research has not clarified the reasons for this effect (Aldorondo & Mederos, 2002). It is possible that higher stress levels frequently associated with low socioeconomic status contribute to higher incidence of partner violence. Families living in poverty may suffer from stress because of an inability to meet their needs with the financial resources they have. This stress may lead to frustration and possibly aggression (Conger, Elder, Lorenz, Conger, Simons, Whitbeck, Huck, & Melby, 1990). Cazenave and Straus (1990) found that African Americans reported less IPV than European Americans in three out of the four income categories on the First Family Violence Survey. African Americans reported higher rates of violence than European Americans in only the lowest income category (\$6,000 to \$11,000). African Americans were over-represented in this category, with 40% of the African Americans in the survey in the lowest income range. Another study by Straus and Smith (1990) showed that lower income and urban residence accounted for differences in IPV rates between European Americans and Latinos in the Second National Family Violence Survey. In a focus group study with Chinese Americans, participants indicated that low income level, rural residence, and lower education levels were associated with wife battering in their community (Ho, 1990).

Husband's occupational status. Studies utilizing nationally representative samples have shown a correlation between husband's occupation and employment status and the incidence of IPV (West, 1998). In one study, IPV rates for blue collar African American husbands (13%) were higher than for black professional husbands (7%) (Cazenave & Straus, 1990). Higher rates of violence were also reported in African American families in which husbands were unemployed when compared to those in which husbands were

employed (Hampton & Gelles, 1994). In another study in which Latinos and European Americans were compared, husband's employment, and not ethnicity, accounted for differences in the incidence of IPV (Kaufman Kantor et al., 1994). A different study, in which more Native Americans than European Americans were employed in blue-collar jobs, showed that Native Americans reported significantly higher rates of IPV than European Americans (Bachman, 1992). In summary, it appears that there are key demographic factors that increase the probability of IPV. The research has shown that ethnic minorities are over-represented in high-risk demographic categories. However, demographic differences cannot always explain differences in IPV rates among ethnic groups. The next section examines additional factors that may account for these differences.

#### Cultural Factors Influencing IPV Rates

Research suggests that in some cases the rates of IPV are still higher in minority communities than they are in the European American community, even when social class and husband's occupational status are taken into account. For example, Cazenave and Straus (1990) found that African American men in white-collar jobs were still more violent with their partners than European American professionals (7% vs. 3% respectively). Cazenave and Straus (1990) suggested that even when poverty is eliminated, there are still effects of racial oppression that cause stress within the family and put minority families at higher risk for IPV. West (1998) hypothesized that the attainment of higher economic status can be precarious for ethnic minorities, as jobs can be lost due to slight changes in the economy. The uncertainty about the economic future of a family can increase stress levels, potentially contributing to battering (Lockhart,

1987). Other factors correlated with IPV are alcohol and drug abuse and normative approval of violence. Kaufman Kantor (1990) suggests that these factors, in addition to acculturation, contribute to an increased level of IPV among ethnic minorities. A discussion of normative approval of violence, acculturation, and alcohol and drug abuse follows below.

Normative approval of violence. Cultural norms endorsing the use of power and control over an intimate partner may contribute to the incidence of IPV in minority communities. For example, utilizing data from the First National Family Violence Survey, Straus et al. (1980) found that African Americans were more approving of both husband and wife slapping, when compared to European Americans. However, other research suggests that when income and occupational status are held constant, European Americans and African Americans do not differ in their level of approval of violence (Cazenave & Straus, 1990). Research has identified other factors that may contribute to the approval of violence in the African American community. Jewell (1983) points to the internalization of exaggerated, negative media images of African American men and women that cause African American partners to devalue one another, argue, and use violence in the relationship.

In the Latino community, the concept of *machismo*, which is a cultural script characterized by sexual prowess and aggression, has been theoretically linked to more accepting attitudes about violence toward women (Perilla et al., 1994). Traditional gender-role expectations of male dominance, the values of family privacy and family unity are cultural factors that may affect Latina women who are battered (Jasinski, 1998). Some research suggests that Latinas consider fewer behaviors abusive and stay with their

abusive partners longer than non-Latinas (Torres, 1991). Other data suggest that Latino men were more likely to deny the incidence and seriousness of IPV than their Latina counterparts (Campbell, Maskai, & Torres, 1997). However, in one study, Latino couples were not significantly more accepting of violence than European American couples. This study also suggested that endorsement of violent norms more than doubled the odds of husband-to-wife assault, regardless of ethnicity and income level (Kaufman Kantor et al., 1994).

Ho (1990) theorized that an emphasis on traditional gender roles that involve male dominance and female submissiveness can lead to battering in the Asian community. Based on focus group data, Ho (1990) concluded that the Vietnamese, Khmer, and Laotians were more tolerant of abuse than were the Chinese. This study also suggested that traditional Asian values of close family ties, harmony, and order may not discourage physical and verbal abuse in the home, and that these values may only support the minimization and hiding of the problem of IPV (Ho, 1990). In a sample of Chinese, Korean, Vietnamese, and Cambodian adults living in the United States, Yoshioka, DiNoia, and Ullah (2001) found that 24% to 36% of the sample agreed that partner violence is justified in certain situations, such as a wife's infidelity, her nagging, or her refusal to cook or clean. Southeast Asian participants endorsed more attitudes supportive of male privilege and the use of IPV than East Asian participants. Korean participants endorsed attitudes supporting IPV the least, when compared to the other groups (Yoshioka et al., 2001).

There is little literature on the attitudes about IPV in the Native American community. Research suggests that IPV may have existed before European colonization

of Native people, but that the majority of the problems associated with IPV in Native American populations began with colonization (Hamby, 2000). A description of the effect of colonization on Native American traditions and gender roles follows in the next section on acculturation.

When conceptualizing the normative approval of violence in minority families, it is essential to recognize these attitudes do not occur in a vacuum. Research suggests that there is a complex relationship between attitudes about violence and the pressures of racism, oppression, colonization, and acculturation. It appears that the stress related to these factors, in addition to changing gender role expectations, affect attitudes about the use of violence in intimate partner relationships for Latino Americans, African Americans, Native Americans, and Asian Americans (Firestone, Harris, & Vega, 2003; Ucko, 1994; E. Duran et al., 1998; Min, 1998). The relationship between acculturation, colonization, and changing gender roles in minority communities will be discussed next.

Level of acculturation. Acculturation theory suggests that acculturative stress is characterized by anxiety and depression, feelings of marginality and alienation, psychosomatic symptoms and identity confusion as a person tries to reconcile their culture of origin with the mainstream U.S. culture (Williams & Berry, 1991). One of the underlying assumptions of acculturation theory is that acculturative stress diminishes as an immigrant or ethnic minority individual is influenced by the mainstream U.S. culture. The individual gradually acquires the values of the mainstream and becomes accepted by the majority culture. A common belief is that the faster the immigrant assimilates to the mainstream and leaves values of the culture of origin behind, the healthier the person would be (Williams & Berry, 1991). However, some theorists suggest that this type of

assimilation in which immigrants and other minorities attempt to leave the indigenous culture behind actually increases the incidence of psychological problems and substance use, as the individual often loses a sense of his/her own ethnicity and internalizes self-prejudice (Falicov, 1996). Ortiz and Arce (1984) argue that the best outcome is for those who retain their language, cultural ties, and traditional rituals while learning the new language and customs of the mainstream culture.

Several studies suggest a link between higher levels of acculturation and the incidence of family violence in the Latino community. Sorensen and Telles (1991) found that intimate partner violence rates were 2.4 times higher for Mexican Americans born in the United States than the rates for Mexican Americans born in Mexico. They suggested that acculturative stress may account for the higher rates of intimate partner violence among Mexican Americans born in the United States. Shahbaznia Alvarez (2002) found that acculturative stress in Mexican American parents was the most predictive variable of violence toward children, and also that the lower the socioeconomic status of a family, the more likely that a parent had physically assaulted his/her children. In a study that examined associations among ethnicity, acculturation, and IPV, Jasinski (1998) reported that several different measures of acculturation were significantly related to minor wife assault in a national probability sample of participants of Mexican, Cuban, and Puerto Rican descent. Specifically, more acculturated Latinos were more likely to engage in IPV. Participants who were born in the United States, those who were third-generation, those who arrived in the U.S. at an earlier age, and those who preferred to take the interview in English were more likely to engage in wife assault. When the analyses controlled for other factors, including age, poverty, and education, only generational

status and U.S. arrival age significantly predicted wife assaults. Third generation Latino husbands were almost three times as likely to assault their wives, and Latino husbands who arrived in the United States at a younger age were significantly more likely to engage in IPV than those who arrived at an older age. Ethnic group differences emerged as well, with Cuban husbands significantly less likely than Mexican husbands to engage in IPV (Jasinski, 1998). In contrast to the studies that examined the link between acculturation and *incidence* of IPV, Garcia, Hurwitz, and Kraus (2004) studied the link between acculturation and *reporting* IPV. Latina women in Los Angeles showed that highly acculturated Latinas were more likely to report IPV compared to less acculturated Latinas. The study suggested that this discrepancy in reporting IPV may be attributed to less acculturated Latinas adhering to more traditional cultural beliefs about the value of family, children, marriage, and pregnancy, thus making it less likely that they will access traditional IPV resources, which are typically focused on the individual. The authors asserted that IPV interventions need to be culturally sensitive to the family orientation of less acculturated Latinas, and suggested that interventions for IPV need to focus on the family (e.g., partner, children, extended family, and friends) and not just the woman (Garcia et al., 2004).

Other research suggests a relationship between low acculturation levels and increased risk for IPV among Latino families. For example, Champion (1996) hypothesized that low acculturation may reduce educational attainment and limit occupational choices, and these may be risk factors for wife abuse in a rural, Mexican American sample. In contrast, Caetano, Ramisetty-Mikler, and McGrath (2004) found no

significant differences in the rate of IPV or the recurrence of IPV based on acculturation level in a five-year longitudinal study of Latino couples.

The mixed results regarding the role of acculturation in IPV among Latinos may be due to inconsistencies in the way acculturation is measured (Jasinski, 1998). In addition, acculturation may also cause changes in gender role expectations for women and men. A shift in gender role expectations may also be accompanied by a shift in the prevalence of IPV. For example, Firestone, Harris, and Vega (2003) found that, in a Mexican American sample, traditional male-dominant power structures in relationships are positively correlated with IPV when measured as male's insistence on having his own way. Additionally, women's less traditional gender role ideology was predictive of IPV. For women, increased years of education, higher levels of personal income, and higher acculturation are associated with less traditional gender role ideology and higher levels of IPV (Firestone et al., 2003).

Researchers have not studied acculturation in the African American community, but some studies suggest that there is a link between *racial identity* and IPV. Racial identity is defined in this research as cultural pride and commitment to the black community (West, 1998). Oliver (1989) suggests that due to patterns of racism that have prevented them from attaining educational and employment opportunities, African American men have not been able to fulfill the traditional masculine role of the tough, emotionally unexpressive, self-reliant, economically successful protector and provider. Due to institutionalized racism and inability to fulfill the traditional male role, African American men have responded with anger and frustration, and they have coped by establishing alternative definitions of manhood that allow them some sense of power and

control within the community and their relationships. Oliver (1989) describes the “tough guy” image, which involves overcompensation for feelings of shame, low-self esteem, powerlessness and internalized anti-black sentiments. Also referred to as the *compulsive masculinity* alternative, the “tough guy” image is defined by overt toughness, sexual conquest, manipulation, thrill seeking, and willingness to use violence to solve interpersonal conflict (Staples, 1982). Another male role alternative adopted by some African American men is the “player-of-women” image that is based on a set of norms that define manhood in terms of overt promiscuity, dominance, and emotional and sexual exploitation of women (Staples, 1982). Ucko (1994) suggests that when African American women surpass African American men in education and job achievement, African American men are placed in a financially dependent situation that conflicts with men’s perception of themselves as the supporter, protector, and leader in the household. Some research suggests that men react to this situation by exerting control over their female partners by exploiting them financially or by abusing them emotionally and/or physically (Ucko, 1994). The alternative definitions to manhood serve to enhance self-esteem, put down others, and improve social status (Oliver, 1989). They are also in sharp contrast with traditional Afrocentric ethnic identity that involves collectivism, ethnic pride, and the definition of self- and group-destructive behavior as anti-black (Oliver, 1989). Research has shown that these male roles are dysfunctional adaptations to white racism in that they place African Americans at higher risk for intimate partner violence and other forms of black-on-black violence (Hampton, Oliver, & Macgarian, 2003).

One of the key contributors to the escalation of IPV in Native American communities in the last 150 years is colonization (Oetzel & Duran, 2004). European

colonizers introduced Western patriarchy and replaced hunting and farming with a cash-based economy. They also removed children from homes and placed them in boarding schools and foster homes at rates 5-20 times the national average, and relocated Native American people to less desirable areas (Chester, Robin, Koll, Lopez, & Goldman, 1994). These factors had a catastrophic impact on traditional Native American lifestyles, particularly in spiritual, social, and economic structures. The drastic change in lifestyle created *historical trauma*, which is defined as “unresolved trauma and grief that continues to adversely affect the lives of survivors of such trauma” (E. Duran et al., 1998). E. Duran et al. (1998) argued that the ongoing effects of historical trauma created antagonistic relationships between Native American men and women. Additionally, colonization took away the traditional roles for Native American men, and they lost their status and honor in the community and in their families. Some Native American men compensated for this loss of honor and control by emulating the European model of exerting power and control over their female partners (E. Duran et al., 1998). The evidence suggests that IPV in Native American communities is largely due to the negative impact of European colonization and the loss of traditional Native American ways of life.

Acculturation also appears to be a risk factor for IPV in Asian American communities. Ho (1990) asserts that low acculturation level for refugees and recent immigrant Asians, and Southeast Asians in particular, puts these groups at risk for IPV due to multiple barriers to accessing resources for IPV. Among these barriers are limited financial resources, financial dependence on abusers, and lack of English language skills. Traditional cultural beliefs also shape the experience of abused Asian American women.

For example, in many Asian cultures, suffering and perseverance are virtues, and women are discouraged from talking about family problems (Ho, 1990). In addition, Asian women who come to the United States illegally or through “mail order” marriages may also be more vulnerable to IPV. Often these women are not able to provide the substantial documentation needed to prove the abuse and leave their husbands legally. Many of these women risk deportation if they leave their abusive husbands (Anderson, 1993). Even second and third generation Asian Americans continue to face culturally inappropriate interventions and racism that isolate them socially and economically and put them at risk for violence (Ho, 1990). Higher levels of acculturation also appear to have an influence on the rates of IPV in the Asian American community. For example, Min (1998) points to evidence that immigrant Korean women are increasingly entering the paid labor force, thus challenging traditional gender roles. These women appear to be at greater risk for IPV due to their husbands’ adherence to more traditional beliefs favoring a husband’s dominant position over his subordinate wife (Min, 1998).

It is clear from this discussion on acculturation that the relationship between IPV and the blending of cultures is complex. It appears that both low and high levels of acculturation can contribute to the incidence of IPV among minority communities. More acculturated individuals may experience increased stress levels due to their expectations of economic success in the face of ongoing discrimination and prejudice. In addition, with higher levels of acculturation, traditional cultural values may be lost, and when some of the protective characteristics of the traditional culture are eliminated, minorities are at greater risk for violence. Conversely, those that are less acculturated lack integration into the educational and economic structures of the mainstream, and this

hinders their chances to advance economically and socially, and creates stress that places them at risk for violence. A more detailed discussion of the importance of economic integration in the process of acculturation follows below.

Acculturation vs. structural assimilation. Early research on acculturation and assimilation suggests it is important to distinguish between *acculturation*, in which a minority group assumes the cultural patterns of the mainstream culture, e.g., language, diet, and religion, and the more challenging process of *structural assimilation*. Structural assimilation can be defined as establishment of personal relationships with members of the mainstream society, which are indicated by access to “the cliques, clubs, and institutions” of the host society (Gordon, 1964). Structural assimilation can also be operationalized in terms of its socioeconomic components, occupation and income (Tienda, 1979). Gordon (1964) hypothesized that the descendants of immigrants were much more likely to establish their own parallel institutions within their own communities than be granted access to the institutions of the mainstream. However, the civil rights movement of the 1960s and 1970s helped minority groups gain a greater degree of access to political, educational, and social institutions of the mainstream in the United States. The Chicano movement and other minority group activism helped transform the meaning of racial and ethnic identity from marginal status to a source of group pride.

Research suggests that this sense of ethnic identity and pride helps minority groups, and Mexican Americans in particular, to support each other and progress in the European American majority-dominated workforce (Macias, 2003). However, there is evidence that the descendants of non-European immigrants are attaining structural

assimilation at a slower rate than the descendants of European immigrants (Alba & Nee, 1997). Other research on structural assimilation suggests that residential segregation and unequal access to quality education impede non-European descendants' integration into the mainstream social and economic systems (Tienda & Lii, 1987). Other social scientists studying immigrant groups and their descendants suggest that maintenance of close social networks within minority communities (familism) serves to protect members of these communities from the effects of marginalization in the mainstream U.S. culture (Portes & Rumbaut, 2001). Evidence of this is the success of Cuban Americans in Miami, where maintenance of the native culture and values has helped to advance this population economically in the United States (Macias, 2003).

Tienda (1979) presented an alternate view of the impact of close social relationships and networks with immigrant communities in a study on familism and structural assimilation. Tienda's work examined two basic research questions: (a) What role does familism play in the social relationships that link Mexican immigrants with Mexican Americans in the receiving community prior to emigration? (b) Under what conditions do immigrants require and/or benefit from the aid or support of a kinship network? Answers to these research questions predicted which people are likely to migrate, their settlement patterns and the likelihood that they would adapt well to life in the United States. In addition, this study helped illustrate whether the main function of familism is to benefit the immigrant in the transition to life in the United States, or whether familism serves to perpetuate the low-skill workforce in a capitalist economy.

Tienda's (1979) study suggests that individuals choose to emigrate because of their hope of economic advancement in the United States, and also because of their

connection to family in the United States. Tienda's research illustrated the importance of strong ties with family or friends in the host country for providing a connection to the host society before migration and during the initial adjustment period. However, the study also found that kinship networks did not translate into economic advancement or status attainment of Mexican American immigrants. Tienda (1979) concluded that family relationships are more strongly tied to the larger macroeconomic issue of reproducing a low-skill workforce in the capitalist U.S. society.

In contrast to the evidence that Tienda (1979) reports, recent study of third generation Mexican American immigrants suggests that familism can be translated into structural assimilation through the creation of ethnic identity professional organizations (Macias, 2003). These organizations help minority individuals in predominantly European American organizations feel supported by fellow minority individuals and share information about successful integration into the economic system. These organizations also help increase awareness in the community among minority youth about the steps necessary for successful structural assimilation. It remains to be seen whether this movement will substantially help improve the economic prospects for the minority workforce, thereby helping to change the cycle of subordination of immigrants in the capitalist economy. Individuals in subordinate groups lack access to educational and economic opportunity and advancement, and are thus vulnerable to the stresses associated with generation after generation of oppressed social status.

Alcohol and drug abuse. There is a well-documented link between alcohol and drug abuse and IPV. Men with alcohol problems are about three times more likely to be physically violent with their intimate partner than men without drinking problems

(Leonard & Blane, 1992). More than half the men in batterer treatment programs show alcoholic tendencies (Gondolf, 1999). The highest rates of domestic abuse occur among binge drinkers (Kaufman Kantor & Jasinski, 1998). Caetano, Schafer, Clark, Cunradi, and Raspberry (2000) found that male-perpetrated partner violence in Latino men is associated with higher levels of alcohol consumption, but only for those men who were more highly acculturated to the dominant U.S. culture.

In a study of immigrant Latina women, 71% of whom were of Mexican descent, Perilla et al. (1994) found that the most predictive factors for intimate partner violence were psychological stress (which included a measure of occupational, parental, cultural/family, marital, and immigration stress), the husband's drinking habits (the frequency of intoxication), and the mutuality of the communication between male and female partners (as measured by the concepts of empathy, understanding, and mutual respect). A key finding in this study is that the mutuality of the communication between male and female partners appeared to serve as a mediator of the effects of psychological stress and the male partner's drinking habits.

In the Native American community, the pattern of alcohol use is accompanied by a sharp increase in IPV (Chester et al., 1994). Norton and Manson (1995) reported that 94% of the cases of Native American women who entered treatment for IPV involved alcohol (husband, wife, or both). In addition, Norton and Manson (1995) found that 64.8% of Native American women who were victims of IPV had alcohol problems compared to 39.2% of women who did not experience IPV.

Research on the connection between intimate partner violence and drug use is less extensive, although Pan, Neidig, and O'Leary (1994) found that an alcohol or drug

problem substantially increased the risk of marital violence. Newer research on crack cocaine abuse, particularly in the African American community, has shown that crack abuse is a significant risk factor for IPV (Hampton et al., 2003). Studies indicate that crack abuse places people at risk for IPV for a number of reasons. One is that crack is a psychoactive stimulant, and the effects on the brain alone may result in more violent behavior (Goldstein, 1985). Another risk factor is that the crack trade often involves disputes over drug money, which can lead to various types of violence, including IPV (Sterk, 1999). Women who use crack may also place themselves at risk for IPV as they sometimes exchange sex for crack or for drug money. Male partners may view these exchanges as infidelity and may try to punish or control their romantic partner by using IPV (Sterk, 1999). The research on the connection between alcohol and drug abuse and increased risk of intimate partner violence points to decreased inhibitions and the negative impact on judgment for those who abuse substances. In addition, it appears that alcohol and drug abuse serve as coping mechanisms in the face of racial oppression and loss of traditional value systems.

In summary, though it may seem that the incidence of IPV is higher among ethnic minorities than among European Americans, these ethnic differences often disappear when age, social class, and husband's employment status are held constant (West, 1998). When these factors are taken into account and ethnic differences in the incidence of IPV remain, they may be explained by factors such as normative approval of violence, acculturation, and alcohol and drug abuse. It is important to recognize the complex relationship between acculturation, alcohol and drug abuse, normative approval of

violence, and IPV. These factors contributing to IPV incidence often overlap, suggesting the need for culturally sensitive, comprehensive intervention strategies to eliminate IPV.

The task of providing quality research on IPV across ethnicities is a challenging one. Future research should include more representative samples and attempt to distinguish between ethnic subgroups to more accurately assess the needs and characteristics of each group, and studies should include uniform assessment of acculturation and ethnic identity (Fontes, 1998). In addition to examining the risk factors for IPV, future research should also include factors that protect communities against IPV so that the strengths of the communities may be known and used as a foundation for eliminating IPV (West, 1998). In keeping with the goal of understanding the unique needs of minority communities, below is a section that provides a brief overview of the experience of Mexican Americans in the United States.

#### Understanding Mexican American Families

Although Latinos as an ethnic group share common cultural and linguistic characteristics, the umbrella term “Latino” is applied to sub-groups of people with distinct historical, political, economic, and racial differences. It is important to avoid making generalizations about Latino subgroups based on experience with one subgroup. It is also important to recognize the heterogeneity that exists within Latino subgroups. Falicov (1996) presents a model for understanding Mexican American families that focuses on four key parameters: migration/acculturation, ecological context, family organization, and family life cycle. The differences among Mexican American families along these four parameters create tremendous diversity of experiences, and healthcare

and social service professionals should strive to understand the story of each family when providing services and interventions.

Migration/acculturation. The majority of Mexican Americans were born in Mexico or are the children of parents who were born in Mexico. However, descendants of Mexicans lived in the southwestern United States for several generations prior to the United States gaining control over these areas. The majority of the 14 million Mexican Americans that have emigrated to the United States, both legally and illegally, have done so for economic reasons (Dana, 1993). They have worked primarily as migrant farm workers or as factory and service workers in urban areas. Establishing economic stability has been difficult for many Mexican Americans because of their status in labor jobs and due to large fluctuations in the U.S. economy. Poverty continues to be common and educational status has been low for this population (Dana, 1993).

The relationship between Mexico and the United States has had many economic fluctuations, resulting in times when the United States recruits workers, encourages the influx of immigrants, and legalizes migration, as well as times in which the United States discourages immigration, and punishes illegal immigrants by sending them back to Mexico (Falicov, 1996). In 1994 in California, economic decline fueled resentment toward immigrants, and voters approved proposition 187, which denies care to undocumented immigrants and pressures employers to report them to the Immigration and Naturalization Services (INS). The fear of being discovered has justifiably created a level of distrust in the U.S. system by Mexican Americans, creating yet another barrier to the utilization of mental health services and other types of care (Falicov & Falicov, 1995).

One of the consequences of migration for Mexican American families is the disruption in the structure of cultural meanings and traditions. The exposure to new cultural values and the uprooting of established traditions often results in psychological distress, including marginality, social alienation and increased familial conflict (Grinberg & Grinberg, 1989). Other consequences, such as psychosomatic symptoms and depression, are common as immigrants adjust to their new context, and posttraumatic stress may also occur if migration involved trauma (Zamichow, 1992).

Migration often involves separations and reunions of family members, which can have a significant impact on family dynamics. This may result in increased closeness in the family to help cope with cultural adjustments (Falicov, 1996). When longer separations between family members occur, it is often the father who comes to the U.S. first, while the mother may become the primary caregiver in Mexico, usually with the support of relatives in Mexico. When families reunite, it presents another set of challenges for the family members, who have to readjust to each other. This can be especially hard on children because of the changes in childcare routines. Women have also begun to migrate alone, sometimes resulting in women being distant breadwinners who are not as central in their children's lives. Other dilemmas occur when wives are isolated at home and do not learn English, or when bilingual children are forced to serve as translators for their parents (Falicov, 1998).

A relatively recent model of acculturation, "alternation theory," suggests that it is possible to identify with both the culture of origin and the dominant U.S. culture (La Framboise, Coleman, & Gerton, 1993) without giving up one or the other. Rouse (1992) observed a "cultural bifocality" that allowed Mexican American families to see the world

through two different value lenses. Second generation Mexican Americans often show a desire for bilingual education and community membership. For this generation, biculturalism is more common and is based on a strong sense of ethnic identity. Biculturalism has allowed Mexican Americans to strengthen their Mexican identity while also integrating into the dominant mainstream culture to a greater degree than the previous generation (Dana, 1993).

Ecological context. Bronfenbrenner (1979) suggested that to understand a person, one must consider the ecology of the individual, that is, an individual's home, workplace, church, roles within the family or community, government agencies, and the institutional patterns of the culture. Most Mexican Americans, including second generation individuals, live in ethnic neighborhoods that provide a sense of community and cultural familiarity for residents. However, the downside of the homogeneity of these neighborhoods is the fear of discrimination and the vulnerability to intrusion by the Immigration and Naturalization Service (INS), which may lead to the arrest and deportation of illegal immigrants (Rouse, 1992).

There is also often a disruption in social networks when families move to the U.S., and this can have a negative impact on emotional and physical well-being (Berkman, 1984). Relationships between parents are often strained because of the increased demands for their companionship and support for other community or family members. Without the help of nearby relatives, parents may have to limit their adolescents' activities, which can result in conflict (Falicov, 1996). However, many Mexican American families are able to re-establish community connections that serve as resources during their adjustment to the United States (Tienda, 1979).

Catholicism and the church often help to buffer the adjustment to the new cultural context. Religion is an organizing force for many Mexican American families, and is centered around values such as commitment to marriage and fertility, the importance of mothers, and the condemnation of premarital sex, contraception, and homosexuality (Falicov, 1996). The church is often a resource for support in the community, and may provide crisis counseling, safe haven for undocumented immigrants, and a space for community events. Parochial schools can provide a culturally congruent environment because of the incorporation of religious culture (Falicov, 1996).

An element of Mexican and Mexican American culture that is relevant to the present study is the healing practice of *curanderismo*. As practiced by Mexican and Mexican American *curanderos* (curers or healers), *curanderismo* has Spanish-Catholic and Indian origins and utilizes herbal remedies, special prayers to God or saints, and specific magico-religious practices for minor illnesses. It is also used for folk illnesses caused by external forces such as “*brujas*” or witches (Dana, 1993). The belief in and practice of *curanderismo* can be used exclusively, or also in conjunction modern Western medical practices. It is important to note that those who use *curanderismo* adhere to more traditional cultural beliefs and practices than people who are more acculturated to the dominant European American society. This adherence to traditional cultural beliefs may indicate a preference for resolving health and family issues within the Mexican American community, as opposed to reaching out for help from members of the dominant European American culture.

Most Mexican Americans are poor, and work in labor or service jobs with low pay and little prestige. They are often exploited by employers and have one of the highest

unemployment rates (11.9%) (Falicov, 1996). The proportion of Mexican American women in the workplace has increased quickly, and is now near the level of American women in general. Many families come to the U.S. with the dream of financial stability, and some accomplish this goal. Those that do often send money back to family members in Mexico. Many, however, struggle to make ends meet and have to lower their expectations about their earning potential and lifestyle (Rouse, 1992).

Most Mexican Americans have dark skin, and because of this they experience discrimination in housing, education, and jobs, and are also more frequently deported than others (Falicov, 1996). They represent 86% of all Immigration and Naturalization Services detentions, despite the fact that they comprise only 18% of all undocumented immigrants in the U.S. (Bustamante, 1995). Racism and disempowerment against Mexican Americans can lead to depression, low school achievement, learned helplessness, and dependence on mental health services (Korin, 1994). The multiple issues that Mexican American immigrants face necessitates cultural awareness on the part of caregivers in order to provide a competent service.

Family organization. Mexican American families can be nuclear, extended, “blended,” single-parent, or made up of unmarried, divorced, or widowed individuals. Extended family members often live nearby, but separate from, nuclear families. Families are usually large, as birth rates among Mexican Americans are close to 25% higher than among most other ethnic groups at all socioeconomic levels (Falicov, 1996).

Inclusiveness and collectivism are important values to Mexican American families. Strong sibling relationships are fostered at a young age, and relationships with extended family members, such as cousins, are highly valued. Additionally, close friends

of parents are often referred to as “aunt” or “uncle.” This value is called *familismo*, or family interdependence (Sotomayor, 1989). It also involves the sharing of responsibility among extended family members for the care and disciplining of children, financial responsibility, companionship for isolated members, and problem solving. The process of individuation emphasized in the dominant U.S. culture is not as central in the Mexican American families, for whom close family ties and unity are emphasized. As a result, there is often a low utilization of societal institutions and outside help (Perilla et al., 1994).

Mexican American families are usually governed by clear hierarchies. Although a patriarchal perspective on gender roles is common among Mexican American families, there is an increasing movement toward a wide range of family structures and values with respect to gender, from patriarchal to egalitarian (Vega, 1990). Often Mexican American men are stereotyped as *machista*, or domineering, controlling, and chauvinistic. But it is essential to recognize that *machismo* also involves the father’s dedication to his children and his responsibility to his family’s well-being (Perilla et al., 1994). The cultural and individual strengths of individuals and families must be understood and utilized when providing a social service in a community.

Both the mother and father must be given *respeto*, which connotes more emotional dependence and dutifulness than is conveyed in the English word “respect” (Diaz-Guerrero, 1975). In their communications with each other, family members try to achieve *simpatia*, which is a smooth, pleasant interaction style with an avoidance of conflict. *Simpatia* is commonly achieved by using an indirect, implicit, or covert communication style. Use of the third person (“One could be proud of...”), instead of the

first person (“I am proud of..”) conveys selflessness as opposed to a self-serving approach. Mexican Americans tend to use allusions, proverbs, and parables to express their viewpoints, which may give an impression of guardedness, vagueness, or excessive embellishment and politeness. Assertiveness and direct expressions of viewpoints or disagreement are often seen as rude or insensitive, and harmony is achieved by avoiding displays of anger within and outside the family. However, positive emotional expression is encouraged, and terms of endearment for loved ones and compliments about a person’s positive qualities are common modes of communication (Falicov, 1996).

Parents maintain higher status than their children, and parenting usually reflects this hierarchy. Often the parent-child bond and respect for parental authority are valued more than the husband-wife relationship (Falicov & Brudner-White, 1983). Because of this, the romantic element of the marital relationship often fades after marriage. Women gain more status when they have children, and Mexican Americans often believe that maternal love is greater than spousal love. The father frequently plays the role of disciplinarian, and the mother the role of protector; while this may create conflict, it should not be seen as pathological (Falicov et al., 1983).

Family life cycle. The rituals and stages of the Mexican American family life cycle are influenced by the values of collectivism and respect for authority, the larger family networks, and Catholicism, among other factors. There are some significant differences between the Mexican American family life cycle and that of European Americans. In Mexican American families, often there is a longer state of interdependence between a mother and her children, and a more relaxed attitude about children’s achievement of self-reliance skills. Unmarried young adults continue to live

with their parents, as opposed to having their own homes. Parents and grandparents maintain respected positions in the family and are continuously involved with the children. Because of this, there is less incidence of “empty nest” syndrome, or a middle aged crisis due to refocusing on the marital relationship (Villa, 1999). Older Mexican Americans often play an integral role in the family unit by participating in the socialization of their children and grandchildren, by providing emotional support during times of crisis, and by transmitting cultural norms and linguistic abilities that give meaning and direction to the family (Sotomayor, 1989).

Because leaving home usually occurs through marriage, there are sometimes boundary or loyalty issues with the family of origin. Because of the strong mother-son bond, it is important for there to be resolution of the relationship between the mother-in-law and the daughter-in-law (Falicov, 1996). The divorce rate for Mexican Americans is considerably lower than for European American populations; however, common-law marriages and desertions are common among poor urban Mexican Americans (Becerra, 1988).

Godparents also play an important role in Mexican American families and share the financial and emotional responsibilities at important life cycle rituals. The godparents of baptism assume responsibilities throughout the child’s lifetime. The godparents of marriage contribute to the costs of the wedding, and often serve as supports during marital disagreements (Villa, 1999).

Some difficulties with developmental stages within Mexican American families can be attributed to the stresses of migration. Children may find it difficult to leave home after their parents have depended on them to translate and serve as intermediaries with

the dominant U.S. culture. Additionally, adolescents who are undocumented immigrants may find it difficult to find employment, and thus have trouble learning responsibility and gaining a sense of independence (Falicov, 1998).

### Setting the Stage for IPV Intervention in Mexican American Communities

The literature is almost non-existent regarding the access or use of intimate partner violence prevention programs for Mexican Americans. The attitudes and beliefs about intimate partner violence of this population have rarely been examined. Of the few studies that exist on intimate partner violence in Mexican American communities, none include the perspectives of men. In cultures in which the family is central, it is important that the men in these communities be studied to gain a full understanding of the dynamics of violence in the home. There is also scarce research about whether this population would be willing or interested in implementing prevention interventions for intimate partner violence. The paucity of research in these areas points to the necessity of culturally sensitive assessment of the needs, beliefs, and attitudes of this population with regard to intimate partner violence. The next section discusses the idea of responsible cross-cultural research. It will be followed by a section that introduces the concept of community readiness, and will explain how a model of community readiness is an appropriate tool for planning interventions for intimate partner violence in rural Mexican American communities.

### Responsible Cross-Cultural Research

Although intimate partner violence affects people and families from all ethnicities and socioeconomic levels worldwide, some researchers have conceptualized intimate partner violence as a problem of poor, minority families (West, 1998). Missing from this

type of research is an examination of contextual factors that mediate the relationship between ethnicity and intimate partner violence. As mentioned previously in the section on IPV within minority communities, contextual factors, such as level of acculturation, and structural inequalities, such as lack of access to education and jobs, contribute significantly to higher rates of intimate partner violence in ethnic minority communities (Jaskinski, 1996).

Social science research is used to validate or challenge theories that affect perceptions and policy related to different cultural groups. Conducting cross-cultural research and sharing the results is a political act (Fontes, 1998). Researchers must be aware of both the potential positive and negative impact research can have on individuals and groups of people. Historically, social science research has been conducted to benefit the field, with little reward for those studied; in many cases, the research was harmful toward its participants (Fontes, 1998). This is especially true for minority group research participants who frequently have a history of being oppressed by members of the mainstream culture. Knowingly and unknowingly, social science researchers, most of whom come from the European American majority in academia, have perpetuated the oppression of minority individuals and communities through their research practices. For example, this happens when research investigates a social problem, such as intimate partner violence, within a minority community, without any examination of the strengths of the community in the face of the problem. When such research focuses on the incidence and prevalence of violence within a community without mention of the community's resources or positive traits, it serves to perpetuate negative stereotypes of

minority communities. Additionally, without examining the community's strengths, intervention efforts are often ineffective (Fontes, 1998).

In addition to the lack of research on community strengths, there is a body of research that places the responsibility of social problems on the oppressed groups by dubiously citing deficits or pathologies within these groups. Valentine and Valentine (1975) provided a critique on the debate about the causes and remedies of inequality and social problems within communities that have traditionally been oppressed by mainstream society. The authors cautioned that research theories in this area have been wrongly created and falsely presented to a public that was "all too ready to misperceive them" (Valentine & Valentine, 1975, p. 117). Specifically, the authors criticized theories that blame minority communities for their social problems, without consideration of the structural factors and oppression that contribute to their plight. They critiqued research on low-income African American communities that suggested that genetic inferiority (Edson, 1969; Jensen, 1969), poor nutrition (Montagu, 1972), lack of psychological stimulation within their homes (Montagu, 1972), and difficulty with planning for the future and impulse inhibition (Banfield, 1970) cause or contribute to lower cognitive test scores and lower academic and vocational achievement when compared to European Americans. In their analysis, Valentine and Valentine (1975) cite literature that states that the genetic explanations for difference in socioeconomic status and academic and vocational achievement are unproven (Alland, 1971; Brace & Livingstone, 1971). In the search for alternatives to biological determinism, other authors continued to develop variations on the theme of cultural causality for educational failure and the complex problems related to minority status and poverty. Anthropologists and psychologists put

forward the idea of “cultural deprivation,” which is the idea that families living in poverty do not provide a stimulating environment for their children, and lack the characteristics necessary to help themselves and their children achieve success (Dougherty, 1966; Havighurst, 1966). An example of this is concept is when Havighurst (1966) suggested that “the socially disadvantaged child lacks...two parents who: read a good deal; read to him; show him that they believe in the value of education; and reward him for academic achievement” (p. 18). Even though this is not a genetic explanation, it still blames inequality on the “deficiencies” of the oppressed group. Valentine and Valentine (1975) presented many examples of research that refutes the idea of “cultural deprivation.” For example, they contend that humans develop relatively normally even under extreme conditions of deprivation, and that normal levels of intelligence are the rule, not the exception (Valentine & Valentine, 1975). Educational psychologist Ginsburg (1972) refutes the view of the “deprived child” within low-income communities by concluding that massive, severe mental retardation among the children of the poor has never been convincingly demonstrated. Valentine and Valentine (1975) also found that children in low-income African American families do not suffer from malnutrition, and that they have diets that are fairly adequate as to quantity, quality, and variety. The authors suggest that even in economic poverty, the households and community environments of African Americans are among the most “aesthetically, emotionally, intellectually, and otherwise stimulating cultural milieu to be found anywhere” (Valentine & Valentine, 1975, p.122). The authors also cited African American families’ adaptability, creativity, community organization, family structure, and resistance to oppression, all characteristics that are incongruent with the idea of “cultural deprivation.”

Valentine and Valentine (1975) wrote that the main cause of the gap in equality for minority groups is the systematic discrimination against low-income communities, regardless of ethnicity, through the use of culturally-based assessment tools and criteria that limit access to educational and vocational opportunity. They stated that study of concepts such as “cultural deprivation” focused on “the sins of the oppressed” as opposed to the “sins of the rich.” The authors suggested that the mainstream researchers may, in fact, be the ones who are “culturally deprived,” due to the fact that they are “lacking the enriching and stimulating experience that comes from extensive and intensive participation in the life of African American communities” (Valentine and Valentine, 1975, p. 123). The authors contend that the debate on whether the achievement gap in low-income communities is due to genetic or “cultural” causes is fruitless and obscures the true cause of inequality, which the authors say is the economic hierarchical stratification of society.

In William Ryan’s book *Blaming the Victim* (1972) the author also critiques how society places responsibility for its equality crises squarely on the groups oppressed by the mainstream powers. He wrote that the primary cause of social problems is powerlessness, and he argued that the solution for effective programs to address problems of poverty and race in the United States is the redistribution of power. Ryan stated that the redistribution of power would result in a redistribution of income. He suggested that this change could only come through democratic reform that focuses on revision of the tax structure, massive extension of social insurance, public housing, governmental medical care, and guaranteed income well above the poverty line for those who cannot or should not work. Clearly Ryan is advocating for structural change as a way to address

social problems in oppressed groups without blaming the oppressed group for its struggles.

Recent research provides evidence that the debate over the causes of inequality and social problems is still prevalent. A study by Valencia and Black (2002) challenged the notion that Mexican American children of low socioeconomic status experience low educational achievement because their parents do not value education. This study, much like the work of Valentine and Valentine (1975), examines how ideology and scientific study shaped perceptions of dispossessed groups by placing the responsibility for inequality on these groups, rather than looking at the structural factors contributing to these problems. In this case, the authors illustrated how oppressive and inequitable schooling arrangements for Mexican American kids are responsible for low achievement. They also point to research that places blame on Mexican American parents and children for a lack of dedication and motivation to making the educational system work for them (Dunn, 1987). Valencia and Black (2002) challenged the tendency to “blame the victim,” by providing strong evidence that Mexican American parents do indeed value education by citing Mexican American people’s long-standing struggle for equal educational opportunity by means of litigation (San Miguel & Valencia, 1998), advocacy organizations, and individual activism (O’Connor & Epstein, 1984; Ramos, 1998). Valencia and Black (2002) also cited the scholarly literature documenting parental involvement in their children’s education (Villenas & Deyhle, 1999; Moreno & Lopez).

Valencia and Black (2002) also examined how statements in the media by public leaders, such as government officials and academics, can shape public opinion about minority groups. In April 1990, Lauro Cavazos, former United States Secretary of

Education (the top ranking Latino at the time) in President George H. Bush's administration, made comments at a press conference in San Antonio about Hispanic educational problems. He stated, "Hispanics have always valued education...but somewhere along the line we've lost that. I really believe that, today, there is not that emphasis" (Snider, 1990, p. 1). Media outlets responded to this statement with their own declarations. The headline in the *San Antonio Light* proclaimed, "Cavazos Says Attitude Hurts Hispanics" (Snider, 1990, p. 1). James A. Vázquez, Superintendent for the San Antonio Edgewood Independent School, responded, "The terrible thing is...that he's denying what's happened to Mexican Americans in history of this state, how we've been discriminated against in every way. It proves that he continues to be very far removed from the community" (Snider, 1990, p. 2). Cavazos' statement and resulting media headlines reached a wide audience, likely reinforcing existing prejudiced beliefs about Mexican Americans. As evidenced by an extensive body of deficit-based research and erroneous and negative statements in the media by public officials, minority communities are all too often blamed for their struggles with inequality.

The perpetuation of negative perceptions about minority communities is so common in the history of social science research that leaders in minority communities have called for a "political gag order" concerning IPV (Crenshaw, 1994). The political gag order prevented research about IPV in minority communities from being released to the public in an effort to minimize negative stereotypes and misperceptions about the dynamics of IPV. Though this preventive measure is understandable, it is also problematic because it may discourage future research and prevent minority communities

from receiving the potential benefits of ethical research on prevention and intervention for social problems.

Fontes (1998) maintains that researchers who consciously choose their political stance, instead of supporting the status quo of continued oppression of ethnic minorities, must carefully examine their research motives and questions. Cross-cultural family violence research can be designed in such a way that challenges the status quo. The designs Fontes (1998) suggests include: studies that examine barriers to the provision of adequate services to members of oppressed groups; studies directed toward guidelines for intervention, or comparison of various attempted interventions; and research on the strengths of families that do not engage in a particular form of violence, with suggestions about ways these elements can be incorporated into culture-specific prevention programs; and research on the allocation of resources to address family violence among different cultural groups.

The current study on intimate partner violence utilizes these research design elements, while acknowledging the context of oppression and structural factors influencing Mexican American families, with the primary goal of providing culturally appropriate prevention and intervention recommendations. One way to tailor an intervention to the culture of a specific community is to understand the unique characteristics of the community, and to assess how ready a community is to address the issue at hand. Next is a discussion about the characteristics of IPV in rural towns, followed by a section on assessing community readiness.

## Violence Perpetration in Rural Areas

The current study on IPV is unique because it focuses on rural communities, where little research has been done and where factors specific to rural culture and environmental factors can serve as barriers to violence intervention and prevention. Edelson and Frank (1991) suggested that rural settings present particular obstacles to the success of intimate partner violence prevention. Among the obstacles they reported are: (a) few resources for program innovations; (b) restricted access to services due to geographic and social isolation; (c) few employment, childcare, and housing opportunities for women who have left violent partners; (d) lack of anonymity; and (e) cultural norms encouraging self-reliance, family and group loyalty, and relatively rigid family and gender roles.

Research suggests that another obstacle to intimate partner violence prevention in rural areas occurs when law enforcement officials in rural communities deny that intimate partner violence is a problem. They are often unaware of the impact it has on victims, as well as the amount of assistance a victim would need to leave an abusive situation (Petersen & Weissert, 1983). Police officers in rural towns may refuse to get involved with intimate partner violence because they view it as a family matter. Police may also wish avoid the public embarrassment of the abuser, who is likely well-known in town (Rosen, 1981). Edelsen and Frank (1991) found that ethnic minority individuals are more likely than European American individuals to seek help within their families, as opposed to seeking help in community-based programs.

A case study by Van Hightower and Gorton (2002) explored community based responses to IPV in a rural county in Texas. The authors described a discrepancy between

the perspectives of female IPV survivors and those of community services providers and criminal justice officials. In describing their experience with the criminal justice system, IPV survivors expressed concerns about inadequate protection, discourteous treatment, and a lack of information about legal options. On the other hand, criminal justice service providers were reluctant to make arrests, imposed lenient sanctions on abusers, questioned survivors' credibility, and expressed victim-blaming attitudes. The authors suggest that there is an unchallenged rural patriarchal ideology that is responsible for this discrepancy between survivors' perspectives of IPV services and the perspectives of criminal justice service providers. The authors suggest that more grass-roots advocacy for IPV survivors is needed to challenge the rural patriarchal ideology that appears to prevent survivors from getting the services and support they need.

A study by Moracco, Hilton, Hodges, and Frasier (2005) examined the perceptions and needs regarding IPV of 100 recent Latino immigrants in rural North Carolina. The authors reported that IPV was not viewed as a serious problem in this community when compared to issues such as housing, racism, and discrimination. The results were unclear with regard to whether participants felt that IPV was uncommon in the community, that the toll of IPV was inconsequential, or that IPV was accepted to the extent that it was not considered problematic. Women were more likely than men to see IPV as a serious problem, and men were more likely to agree with IPV myths, such as women provoking IPV by their behavior. Though most participants knew that IPV was against the law, many did not know about the local domestic violence agency, and knowledge about domestic violence protection orders was limited (Moracco et al., 2005). This study illustrates some of the unique characteristics of a rural Latino population with

regard to IPV knowledge and attitudes. It also illustrates some of the implications for intervention in this rural area, including the need for outreach and education on specific aspects of IPV. Crist (1981) reported that prevention efforts in rural communities can be successful, but only when the culture of the particular community is well understood and interventions are tailored accordingly. One effective way to tailor an intervention for a community is to assess for community readiness.

#### The Use of the Community Readiness Model for Prevention

The concept of community readiness evolved from pilot research studies at the Tri-Ethnic Center at Colorado State University, which initiated drug abuse prevention programs and improved existing prevention programs for youth in rural Mexican American and American Indian communities. Researchers at the Tri-Ethnic Center learned that initiating or improving prevention programs in these communities required first learning how to change community readiness for prevention (Edwards, Jumper-Thurman, Plested, Oetting, & Swanson, 2000).

Other research has shown that communities differ in their interest and willingness to try new prevention strategies (Aniskiewicz & Wyszog, 1990; Bukoski & Amsel, 1994). Some communities might have highly developed prevention programs; other communities show considerable concern about an identified problem, but have little knowledge about how to intervene; still others might show little public recognition of a local problem. At the root of the community readiness model are the research traditions of psychological readiness for treatment and community development. Psychological readiness may be defined as an individual's sense of dissatisfaction resulting from perceived discrepancy between what is happening and what a person would like to have

happen, with subsequent motivation to take action to alleviate this discrepancy.

Prochaska, DiClemente, and Norcross (1992) provide a research model that illustrates this dynamic. They present a five-stage model for psychological readiness that includes a *precontemplation stage* (minimal awareness of a problem, and consequently, no intent to invest in change), the *contemplation stage* (awareness without commitment to action), a *preparation stage* (clear recognition of the problem and exploration of options), the *action stage* (implementation of proposed changes in behavior), and the final *maintenance stage* (includes both consolidation and relapse prevention).

These concepts provided a foundation for researchers at the Tri-Ethnic Center to create a model and develop a method for assessing community readiness (Plested, Smitham, Jumper-Thurman, Oetting, & Edwards, 1999; Donnermeyer, Plested, Oetting, Edwards, Thurman, & Littlethunder, 1997). The nine-stage model begins with *No Awareness*, which suggests that the behavior is normative and accepted. The *Denial* stage involves the belief that the problem does not exist or that change is impossible. The *Vague awareness* stage involves recognition, but no motivation for action. The *Preplanning* stage indicates recognition of a problem and agreement that something needs to be done. The *Preparation* stage involves active planning. The *Initiation* stage involves implementation of a program. The *Stabilization* stage indicates that one or two programs are operating and are stable. The *Confirmation/expansion* stage involves recognition of limitations and attempts to improve existing programs. The *Professionalization* stage is marked by sophistication, training, and effective evaluation (Edwards et al., 2000).

Although the community readiness model was developed specifically for alcohol and drug abuse prevention, it was designed to assess readiness for a wide range of problems, from health and nutrition issues (sexually-transmitted diseases, heart disease, diet, etc.), to environmental issues (water and air quality, litter and recycling, etc.), to social issues (poverty and homelessness, drug abuse, and domestic violence), and personal problems (depression, suicide, etc.) (Edwards, et al., 2000). It can therefore be applied to many kinds of community-based prevention, and it seems the most appropriate measure for examining the issue of intimate partner violence in rural Mexican American communities in the present study.

Community readiness is assessed using key-informant interviews. Key informant surveys are the most appropriate method for assessing readiness because the planning, funding, and implementation of prevention programs are often the responsibility of community leaders, and these are the most likely individuals to be knowledgeable about community affairs (Edwards, et al., 2000). Key informants are normally selected from among those who would be in touch with various segments of community leadership, and who themselves are leaders. Semi-structured interview protocols are used to interview each key informant. Based on information gained in the interview, the interviewer determines the stage of readiness for each of the following dimensions: (a) community efforts, (b) community knowledge of efforts, (c) leadership, (d) community climate, (e) knowledge about the issue, and (f) resources for prevention efforts (Edwards, et al., 2000). Once the level of community readiness is determined, it can be used with other data about that particular community to tailor intervention efforts to the specific

characteristics of the local culture, thus increasing the chance that the intervention will be successful.

In addition to examining readiness for change, the present study will attempt to understand the cultural dynamics of intimate partner violence in rural Mexican American communities. Studying the dynamics of intimate partner violence in a culturally competent manner necessitates the use of research tools that are sensitive enough to capture the qualitative experience of participants in the study. The following sections describe the research tools that seemed most appropriate for this type of qualitative study.

#### The Use of Focus Groups and Ethnographic Interviews

Focus groups are typically composed of 7 to 10 participants who are either previously acquainted or not acquainted with each other before meeting at the focus group (Krueger, 2000). Focus groups are designed to create a comfortable, permissive environment in which participants feel supported and safe to disclose personal information. Generally the group is structured around a concern or topic area that all participants have in common. The facilitators are not in a position of power, and the goal is to facilitate a discussion of opinions, both positive and negative, without pressure to reach consensus. Analysis of the focus group discussion provides data about the feelings and opinions of the participants about a given problem, experience, or phenomenon of interest (Krueger & Casey, 2000). Individual ethnographic interviews use the same permissive, open approach as is used in focus group interviews, with the goal of obtaining slightly more specific information from participants. Individual ethnographic interviews are often used in conjunction with focus group interviews, with the questions

for the individual interviews being generated from general themes that come out of the focus groups.

Qualitative methods of research, and in particular, the use of focus groups and ethnographic interviews, provide an inductive method of collecting data on the attitudes, feelings and beliefs of participants in a culturally sensitive manner. Salazar (1996) indicated that qualitative methods can be efficacious in understanding the health beliefs of minority groups. Without the veil of *a priori*, or pre-determined, hypotheses, inductive techniques allow a culturally sensitive theoretical model to emerge from the perspectives and opinions of the target group.

#### Focus Groups and Ethnographic Interviews with Latino Men

The focus group interview appears to be a culturally appropriate method of data collection with Latino men. The focus group interview can also be treated as a “*plática* interview.” A *plática* interview can be defined as a “friendly conversation” and a “mutual extended discussion,” which is the conversational tradition for Latinos (Valle, 1982, as cited in Sherrard-Sherraden & Barrera, 1995). Though the focus group interview is more structured than the “*plática* interview” in terms of its goal-oriented focus and the type of atmosphere it creates, it is culturally appropriate and facilitates self-disclosure from Latino men. In addition to the supportive, casual environment, refreshments of some kind are normally offered, either during or after the interview, which may increase the comfort level of the participants. As with focus group interviews, individual ethnographic interviews can be conducted in a friendly, mutual, and open atmosphere with participants to increase comfort level and facilitate disclosure.

## The Importance of Qualitative Research for Understanding Factors Related to Intimate Partner Violence

This study uses a culturally sensitive, inductive method of collecting data on the attitudes, feelings and beliefs of participants. The advantage of using a qualitative research approach is that instead of imposing theoretical assumptions on the participants, they are allowed to more accurately explain the dynamics that mediate their perceptions and behaviors, which may ultimately better explain the dynamics of intimate partner violence. The nuances in the participants' attitudes, feelings, and beliefs may be lost if another type of data collection, such as fixed questionnaires, surveys, or individual testing, is utilized.

### Summary

In summary, the research on intimate partner violence indicates a need for more culturally appropriate interventions for a problem that has grown to epidemic proportions in this country. The effects of intimate partner violence are profound and long-lasting for victims and their families emotionally, psychologically, economically, and physically. In addition to the trauma individual families suffer as a result of intimate partner violence, society as a whole is impacted negatively in the form of enormous costs for healthcare, mental health, and criminal justice systems, low productivity and high absenteeism in the workplace, and lower educational, vocational, and economic achievement for victims and their family members. The enormous emotional, physical, psychological and economic costs of intimate partner violence necessitate more effective prevention programs that address the complexities of the problem and eliminate it before it begins.

Research suggests that ethnic minority communities are often plagued by cultural and institutional barriers that impede the recognition of intimate partner violence and prevent the success of intervention programs. Though studies have examined individual personality, social learning, socioeconomic, and substance abuse-related risk factors for violence perpetration, not enough research exists that focuses on the unique needs and perceptions of ethnic minority communities, and in particular, Mexican American communities, with regard to intimate partner violence. Even less research has focused on the dynamics of intimate partner violence in rural towns. In addition, much of the research conducted on intimate partner violence has excluded the perspectives of men on this issue. To effectively combat intimate partner violence, the voices of men must be included in the discourse. If the thoughts, feelings, and opinions of men are not factored into the development of intimate partner violence interventions, it is likely that the interventions, no matter how well-intentioned, will not meet the needs of the communities. Money will be lost on these efforts, and most importantly, violence will persist. Obtaining first-hand accounts from men in these communities is essential to understanding the complexities of their experiences. To grasp the subtle nuances of Mexican American men's experiences with and perceptions of intimate partner violence, and to develop successful prevention programs, culturally competent researchers must utilize appropriately sensitive research methods and tools, such as focus groups and one-on-one interviews.

#### The Purpose of this Study

This study attempts to provide useful information for the implementation of culturally appropriate interventions for intimate partner violence. This study has two

components. The first is an assessment of the level of community readiness and community and environmental factors related to intimate partner violence as a community problem in predominately Mexican American, rural communities. This information was gathered using key-informant interviews, which asked persons of leadership (including, but not exclusive to, men of Mexican descent) in each community to give their perspectives on how intimate partner violence is perceived by men in the community. The second component is to obtain information relevant to intimate partner violence, including information about the individual, social, cultural and environmental factors contributing to or sanctioning intimate partner violence, all from the male perspective. This information was gathered using community focus groups and semi-structured ethnographic interviews with men in the communities. In addition, information was gathered from participants about culturally appropriate intervention and prevention strategies.

Overall, this study attempts to answer the research question: What is the most culturally appropriate manner to prevent intimate partner violence in rural, predominantly Mexican American towns in the western and southwestern United States? This question can be answered by exploring participants' responses in the following areas:

1. What is the level of readiness of these communities to address the issue of intimate partner violence? This information will be obtained using key-informant interviews (KI).
2. What are the individual, social, cultural, and environmental factors contributing to the incidence of intimate partner violence in these communities? This

information will be obtained using KI, focus group interviews (FGI), and semi-structured ethnographic interviews (SSI).

3. What are the individual, social, cultural, and environmental factors that contribute to the acceptance and perpetuation of intimate partner violence in these communities? This information will be obtained using KI, FGI, and SSI.
4. What are the individual, social, cultural, and environmental factors that would facilitate interventions for stopping and preventing intimate partner violence in these communities? This information will be obtained using KI, FGI, and SSI.
5. What are the individual, social, cultural, and environmental factors that serve as barriers for interventions for stopping and preventing intimate partner violence in these communities? This information will be obtained using KI, FGI, and SSI.

## Method

### Participants

The participants for this study consist of 51 key informants (approximately 5 for each of the 10 communities included), 11 men who participated in two focus groups, and 6 men from one community who participated in ethnographic interviews. All participants were over age 18. Participants under the age of 18 would not have been excluded, and parental consent would have been obtained for these participants. However, the opportunity to interview participants under age 18 did not present itself.

Ethnicity of the key informants was not an inclusion/exclusion criterion, nor was gender. The key informants were selected for their knowledge of their communities, and were chosen based on their professional positions in the community (see below for recruitment procedures). The majority of the key informants were professionals in their thirties.

Focus group members and men interviewed individually were chosen for their representativeness of the predominant rural Mexican American population and for their knowledge of the community. The target population for focus group and individual interviews was Mexican American men in their early twenties to mid-seventies who either currently have or have previously had live-in partners. This age range was chosen since it offered a good representation of adult men and spans several generations. All 11 focus group participants and all 6 individual interview participants identified themselves as Mexican American, Hispanic, Latino, or Chicano. Men were chosen as participants in the focus groups and individual interviews because one goal of this project is to use

culturally appropriate methods to increase the accessibility of help in preventing intimate violence perpetrated by and against rural Mexican American men.

All participation in this study was voluntary. Excluded from the study were people from the media who might have wanted to write about the focus groups and therefore compromise confidentiality. Women were excluded from the focus groups and individual interviews because of the study's focus on men's perspectives. Also excluded from the study were those individuals who, for their own reason, chose not to participate.

Men participating in the study were not asked to specifically disclose their own experience with partner violence, and men were not recruited for the focus groups or the individual interviews based on this information. Since the focus of the study is on community knowledge about intimate partner violence, and not about individual experiences with intimate partner violence, the men's involvement in and knowledge of the community were the most important criteria for inclusion in the study. Other demographic information, such as exact age, income, or education, was not collected for key informants, focus group or ethnographic interview participants. The rationale for this decision was to avoid identification of participants in this small sample to readers in the communities studied who may access the report of this study (see Protection of Communities section below).

#### Recruiting and Interviewing Procedures

Key informant interviews. For the key informant interviews, 10 communities were randomly chosen out of numerous rural, predominantly Mexican American communities in the Southwestern and Western United States with a score of five or less on the USDA's Metropolitan Proximity Index (Labao, 1990), which is used to determine

a community's status as rural or urban. For simplicity, these communities were already participating in two of the Tri-Ethnic Center's ROI projects ("Drug Use Among Young Indians: Epidemiology & Prediction," F. Beauvais, PI; and "Adolescent Drug Use in Rural America," R. Edwards, PI). The major advantage of using communities from ongoing projects is that the sample for the projects has already been randomly drawn to represent the target population, resulting in savings in both time and resources for this project. Funds were too limited on this project to allow surveying of additional communities. It was, however, important to further establish mutual communication, trust and credibility with community members prior to asking for their help in recruiting participants for focus groups and for the ethnographic interviews. The interviewers scheduled an extra day for trips to communities where focus groups were conducted so that project personnel could have the opportunity to share meals with community members, visit local area businesses or farms that are important to the economy, meet with local government figures, county commissioners, school administrators, and/or informal community leaders who are important gatekeepers to the community. The purpose of these visits was to build familiarity and trust, and to help them understand the purpose of the project.

Adult key informants were interviewed by phone using the Community Readiness interview protocol (see Appendix A). The community contact for each community was called and asked to recommend key informants for this project. The first four key informants were chosen from among representatives of (a) law enforcement; (b) the school system; (c) the medical or helping profession; and (d) local government. In small rural communities, community leaders may not always hold formal roles; therefore,

researchers attempted to ascertain who holds the informal parallel roles and contact them. Key informants from these predominantly Mexican American rural communities were Mexican American themselves or from another ethnicity. Each key informant was also asked to identify appropriate key informants in other areas. Generally, the individuals identified in this manner overlapped considerably from informant to informant, validating that those who had been chosen to participate were, in fact, credible informants. In the event that conflicting information had been obtained, further interviewees would have been chosen who were most likely to have the most information on the area of conflict.

Care was taken in choosing key informants to get as wide a representation of leadership (i.e., clergy, law enforcement, local government, school personnel, informal community leaders, etc.) as possible, and, in the ethnic minority communities, included both representatives of the minority and majority cultures, since formal roles included both. The nature of the interview and the information solicited was fully discussed with the informants prior to the interview. Personal information was not solicited, only information about the informant's knowledge of prevention activities and the attitudes of people in their community.

A standard technique of ethnographic one-on-one interviewing was applied, dictating that, after a minimum number of interviews have been conducted (in this case, four), additional interviews were conducted only until no new information was gleaned. Recent experience in conducting the Community Readiness Interview in over 60 similar-sized communities has shown that only rarely are more than four interviews necessary (Edwards et al., 2000). The fourth interview typically adds no new information over that already obtained in the first three interviews, but had it done so, then a fifth interview or

more would have been conducted. Two additional interviews would also have been held if data from the original four interviews were inconsistent in any regard.

Assessing community readiness. The community readiness assessment interview (Plested, et al., 1999; Donnermeyer et al., 1997) is applicable to any prevention program with only minor adaptation to describe the particular problem that is the focus of the interview. It was adapted for the present study to focus on intimate partner violence prevention from the male perspective. Phone interviews of key informants were conducted in 10 rural Mexican American communities.

The Community Readiness Scale, which is derived from responses of the key informants, results in seven scores: one representing each of the six dimensions and one representing the overall community's stage of readiness for prevention/intervention efforts in the specific problem area of intimate family violence from the male perspective.

Each key informant phone interview took approximately 30-50 minutes to conduct, and approximately 30 minutes to score after the interview. After completion of the interviews for each community, the telephone interviewer spent approximately 30 minutes with the Community Specialist, Dr. Barbara Plested, one of the authors of the scale, reviewing the key informant's responses and confirming the scoring. At that time, a decision was also made about whether more interviews were necessary. Although the interview process itself was relatively quick and efficient, considerable time was spent in identifying and contacting key informants and setting up times when the person was available for an uninterrupted interview. When the Community Readiness key informant interview process was completed for the individual communities, project personnel

reviewed and analyzed the data to look for patterns unique to the Mexican American population. Based on this analysis, focus group questions were developed.

Focus groups. Focus groups were conducted in rural, predominately Mexican American communities. Participants were chosen from men recommended by the community contact and other key informants as representative of community men. In the ethnic minority communities, most participants were minority, but there were majority culture men who were respected and knowledgeable about Mexican American men. These people were valuable contributors to the focus groups, and because of this, were not excluded on the basis of their ethnicity.

The community focus groups served to gather information about cultural and other variables that contribute to intimate partner violence, the level of tolerance of intimate partner violence in the mainstream U.S. culture in general, and specifically, in rural Mexican American communities. Suggestions from focus group participants were solicited about culturally appropriate, culture-specific language used to describe behaviors, and sensitive ways to gather information about the prevalence, context and circumstances of intimate violence in their community, as well as the range of credible and trustworthy sources of assistance for victims. Focus group participants were asked to do the following: think about and advise researchers on ways victims of intimate violence could be identified; determine which kinds of intervention would be acceptable; identify who would be trustworthy and credible sources of advice and help; determine the barriers to seeking help (both cultural and physical); and suggest how these barriers might be overcome (See Appendix B for focus group questions).

Project staff with experience working with Mexican Americans conducted the focus groups primarily in Spanish, unless focus group participants preferred English. Focus group proceedings were recorded, but once the recordings were transcribed they were destroyed. During the course of the focus groups, care was taken not to use names or other identifying information about group participants. If such information was included, it was deleted from the transcriptions. Focus groups were conducted by project personnel who have considerable experience in conducting focus groups addressing sensitive issues across a variety of cultures, including those targeted in this project, and who are thoroughly familiar with ethical issues. Participants were given a thorough, written explanation of the purpose of the group prior to agreeing to participate (see consent form in Appendix C). As an incentive to participate in the focus groups, participants received a small gift worth approximately \$5. The focus group process and data were used to develop the ethnographic interview protocol and to solicit suggestions for accessing participants for these interviews.

Ethnographic semi-structured interviews. Project staff worked with other staff and selected participants from the communities in integrating the information gained from Community Readiness interviews and the focus groups to develop the protocol for the semi-structured one-on-one interviews. The content of these interviews included exploration of the interviewee's view of the following: community attitudes about acceptance and prevalence of intimate violence; which language terms are used by males to describe these behaviors; individual factors leading to violence, exposure to violence, hopelessness, historical and family issues, response to violence, and use of weapons; whether or not there are sub-populations within the community where this type of

violence is more prevalent and acceptable; the nature of the intimate violence, severity, and exacerbating factors such as substance use; what rationales are made for the behavior; whether the community should be addressing this problem; why does it happen; who can and who would a man go to for help; what happens when a man seeks help; what happens when a man does not seek help; what happens to the man who perpetrates the violence; what community resources are there to address this problem; and what are the barriers to seeking help (see ethnographic interview questions in Appendix D).

Participants were recruited from those recommended by the community contact and other key community informants as well as by the interviewees if they felt there was someone else in the community who should be contacted. Six Mexican American men were recruited for the ethnographic interviews. Ethnographic researchers generally report that for most topics relating to community characteristics and norms, after approximately six interviews, there is no new information from subsequent informants (Edwards, et al., 2000).

As with the focus groups, semi-structured interview participants were given a thorough, written explanation of the purpose of the group prior to agreeing to participate (see consent form in Appendix C). Participants were given a gift certificate in the amount of \$20 to a local grocery store or discount store for their participation in the approximately one- to two-hour interview. This sum was sufficient to compensate them for their time, while not being enough to pressure someone to participate who would not otherwise want to participate. For use with participants who either did not speak English or who were more comfortable speaking Spanish, the interview questions were translated into Spanish and back-translated by one of the local community contact persons to make

sure that the language was locally appropriate. Interviews were conducted in an environment where there was privacy and in which the participant felt comfortable. Only one session was scheduled for each interview. The first part of the session was to build trust and to address the topics in a more general way. In the second portion of the session, topics were pursued in more detail. Participants were given a number to call if they wished to re-contact the interviewer in the event that they thought of anything else they wanted to add after the scheduled interviews. Since interviewers were in each community for approximately three to four days, there was time for repeated contacts if necessary. Although men who are known to have been victims or perpetrators of intimate partner violence were not specifically recruited, given the prevalence statistics in these populations, the sample in each community likely included at least one man who had been a victim or a perpetrator of intimate partner violence.

Despite the fact that the purpose of the interview was not to collect data on personal experience of intimate partner violence, in the event that an interviewee disclosed such abuse, the interviewer provided a list of referral resources for the interviewee to access locally. At the conclusion of the scheduled sessions, participants were given a gift in appreciation for their time. Each interview was recorded for later transcription without names or other individual identifying information. The interviewer did the transcription, usually on the same day the interview was conducted, and made notes on observations about the interview after leaving the interviewee's home.

#### Protection of Communities

Tri-Ethnic Center laboratory policy protects communities by reporting only aggregate data and not identifying communities in publications of the results of any

study. It is a long-standing policy of the Tri-Ethnic Center that any research project collecting data in a community will give something back to the community. The results from this project will be made available to all of the communities who participated in the project at its conclusion. For projects addressing drug and alcohol use, the minimum product for the community is a complete report on the data, with suggestions as to how that data may be used to address specific local adolescent drug problems. In addition, Tri-Ethnic Center staff members provide technical assistance to minority communities requesting it. This assistance may take the form of facilitating meetings to set goals for community prevention efforts, assisting in development of proposals to seek funding to address specific local problems, providing guidance in setting up programs, and evaluating the effectiveness of local programs, among others.

Interviewers. The study investigators and staff conducted the interviews in a culturally competent manner, made notes and transcribed the interviews. All project staff have counseling experience and most worked on the previous Center for Disease Control project at the Tri-Ethnic Center. Interviewers attempted to create a respectful, mutual, and informal atmosphere for the interviews that was congruent with the Latino conversational tradition of "*la plática.*" Facility with the Spanish language was an important consideration for the Mexican American communities, though the majority of the interviews were conducted in English, based on the preference and comfort level of interview participants. Interviewers carried project identification and wore clothing with the Tri-Ethnic Center logo on it to identify themselves to interviewees.

### Beyond the Current Study

The data for this secondary analysis are from the database at the Tri-Ethnic Center (TEC) on the campus of Colorado State University. This secondary analysis is important in that it utilizes data that the TEC staff was not able to analyze because of time constraints and obligations with numerous research grants. One of the missions of the TEC is to provide such data to graduate students and other researchers so that the needs of the research populations are addressed in a timely fashion. Another reason supportive of this secondary analysis is that the current study addresses the need for careful assessment of men's perspectives of intimate partner violence in rural, primarily Mexican American towns in the Southwestern United States. This is accomplished by providing culturally-sensitive qualitative analysis not previously conducted by TEC staff.

Once the information gathering phases of the project and analysis have been completed, the information gleaned from the Mexican American communities will be utilized as part of a larger project with American Indian, Native Alaskans, and non-Latino populations to develop violence prevention materials. Information collected from men will be triangulated with information collected from women in the same communities to develop optimal violence prevention interventions. After the creation of media materials for intimate partner violence prevention in rural communities, one community representing each target population will be chosen to participate in a workshop. The workshop will focus on training a core group of community members who are concerned about addressing the problem of IPV. The one-day workshops will cover how to plan and develop successful prevention programs for their communities using materials and strategies developed in this project.

## Data Analyses

Both quantitative and qualitative data were obtained in this project, but the emphasis lies primarily on qualitative findings. The Community Readiness Scale was administered to at least four different key informants in each of the 10 primarily Mexican American communities. Each informant provided ratings on six different dimensions of readiness for implementing programs for prevention of intimate partner violence. Since different interventions are recommended based on different stages of community readiness, communities will also be assigned categorically to a stage of readiness based on the combination of scores from all key informants for a given community. This leads to a descriptive distribution for each community, with recommendations for which specific interventions are needed to move communities in that group to higher stages of readiness.

Qualitative analyses. The data collected through the focus groups and the ethnographic interviews will be analyzed using grounded theory procedures (Strauss & Corbin, 1998). The process of grounded theory analysis of the interview transcripts involves several steps. The goal in this study is to use grounded theory methods to extract themes around individual, social, cultural, and environmental factors that might influence the perpetration of intimate partner violence among men of Mexican descent included in this study. It is important to note that focus groups provide different data than key informant interviews and ethnographic one-on-one interviews, since the interactions of members of the focus group show how norms are intercommunicated and exchanged, and how the members form new compromises from hearing each other's views. This is

important information for the analyses of the interviews and also for the development of community interventions.

The process of grounded theory analysis, as described by Strauss and Corbin (1998) begins with data collection in the focus group and ethnographic interviews. The interviews are subsequently transcribed verbatim. The first step in the analysis of the transcripts involves the development of categories, which are created through the process of “open coding.” Open coding involves breaking the participants’ responses down into chunks that represent a particular concept or phenomenon (e.g., a cultural health belief). The next stage involves searching for more chunks of text that represent similar concepts, and then gathering similar concepts together under one category label. The conceptual categories are at a higher level of abstraction than the individual concepts. As more conceptual categories are developed, they are compared and contrasted in order to refine and verify them, or in some cases reject them, based on how prominent or pervasive they are in the transcript. In the case of rejected categories, the concepts that comprise them are re-examined to determine if they fit under a different category heading. The stage of category saturation is reached once all the possible concepts and categories are established. Next, an explicit definition for each of the categories is formulated, based on an integration of the category’s properties, dimensions, and subcategories.

The subsequent step is called “axial coding.” This is a process of making connections between categories through the use of a “coding paradigm.” This coding paradigm helps generate provisional hypotheses about the relationship between categories. Axial coding also involves the process of relating subcategories to a category by giving it dimensionality (i.e., degree, duration, intensity). Through the coding

paradigm, the relationship between categories and subcategories eventually results in a “paradigm model.” The paradigm model is used to identify a category (phenomenon) in terms of the conditions that give rise to it; the context (the specific set of properties) in which the category is embedded; the action/interaction strategies by which a phenomenon is managed; the intervening conditions that facilitate or inhibit the strategies used within a specific context; and the consequences of those strategies. The following brief example illustrates the elements of the paradigm: While playing basketball (context), I twisted my ankle (causal condition), and it gave me tremendous pain (phenomenon). I iced my ankle and elevated it (strategy). After 30 minutes, the pain had subsided (consequence).

Axial coding requires performing four distinct analytic steps almost simultaneously. These steps include: (a) making hypothetical relationships between categories and subcategories utilizing the paradigm model; (b) verification of those hypotheses against actual data; (c) continued search for the properties of categories and subcategories, and the dimensional properties of the data; and (d) beginning to explore the variation in phenomena by comparing each category and its subcategories for different patterns in dimensionality. Utilizing the paradigm model enables the researcher to meaningfully extract major themes that might reflect factors that influence individuals’ behaviors.

#### Summary of Analyses

Analysis of the key informant interviews will yield a community readiness score for each of the communities in this project. This score will illustrate how prepared each community is to address the issue of intimate partner violence along six dimensions: (a) community efforts to intervene/prevent intimate partner violence (IPV); (b) community

knowledge of these efforts; (c) involvement and knowledge of leaders in the community with regard to addressing IPV; (d) community climate surrounding the issue of IPV; (e) community knowledge about IPV; and (f) resources for IPV prevention efforts. The overall community readiness score is an average of the six dimension scores, and therefore, standard deviations will be reported. Analysis of qualitative data from the focus group interviews and the ethnographic interviews will provide an initial theoretical model to understand the individual, social, cultural, and environmental factors that influence IPV in these communities. The extracted themes will attempt to explain the behavior of individuals in the community with regard to the incidence of IPV, and the acceptance and perpetuation of IPV. The extracted themes will also attempt to explain the barriers and facilitating factors for interventions to stop and prevent IPV. The community readiness assessment combined with grounded theory analysis will provide a thorough evaluation of the nuances of the local culture surrounding IPV for each community in this study.

## Results

### Quantitative Results

Community readiness interviews were structured to measure readiness to address the problem of IPV in three domains; men as victims, men as perpetrators, and women as victims. Tables 1, 2, and 3 illustrate the dimension scores and overall readiness scores, with standard deviations, for all 10 predominantly Mexican American towns in these three domains, respectively.

Table 1

#### Community Readiness Scores—Men as Victims

Community#	Dimension Scores						Overall	SD
	A	B	C	D	E	F		
304	3.60	1.80	3.30	3.25	3.60	3.55	<b>3.18</b>	<b>0.69</b>
206	6.20	3.70	3.00	2.80	3.80	6.00	<b>4.25</b>	<b>1.49</b>
205	5.25	2.40	3.80	3.10	3.30	4.80	<b>3.78</b>	<b>1.08</b>
410	3.60	1.60	3.50	4.00	4.10	3.60	<b>3.40</b>	<b>0.91</b>
204	5.65	2.90	3.05	1.75	3.15	5.60	<b>3.68</b>	<b>1.59</b>
406	3.20	2.35	2.15	2.15	2.45	3.20	<b>2.58</b>	<b>0.49</b>
107	4.80	3.10	2.60	3.00	3.90	4.40	<b>3.63</b>	<b>0.87</b>
207	4.00	1.46	2.17	2.83	2.17	4.38	<b>2.84</b>	<b>1.14</b>
407	2.90	1.60	1.50	2.00	2.20	3.20	<b>2.23</b>	<b>0.69</b>
305	3.40	1.65	1.15	2.15	2.80	3.20	<b>2.39</b>	<b>0.89</b>

Note. The dimensions are categorized as follows: A = Community efforts; B = Community knowledge of the efforts; C = Leadership; D = Community Climate; E = Community knowledge about the issue; F = Resources related to the issue. SD = standard deviation.

Table 2

Community Readiness Scores—Men as Perpetrators

Community#	Dimension Scores						Overall	SD
	A	B	C	D	E	F		
304	3.55	1.75			3.30	3.45	<b>3.01</b>	<b>0.85</b>
206	5.20	2.40			3.10	5.00	<b>3.93</b>	<b>1.39</b>
205	4.75	2.60			3.40	4.30	<b>3.76</b>	<b>0.96</b>
410	4.40	2.00			3.70	4.40	<b>3.63</b>	<b>1.13</b>
204	6.00	3.40			2.85	5.90	<b>4.54</b>	<b>1.65</b>
406	3.80	2.25			3.25	3.55	<b>3.21</b>	<b>0.68</b>
107	5.80	3.40			3.50	5.90	<b>4.65</b>	<b>1.39</b>
207	3.54	1.58			2.71	4.21	<b>3.01</b>	<b>1.34</b>
407	2.80	1.90			2.60	3.20	<b>2.63</b>	<b>0.54</b>
305	3.20	1.60			2.95	2.95	<b>2.68</b>	<b>0.73</b>

Note. The dimensions are categorized as follows: A = Community efforts; B = Community knowledge of the efforts; C = Leadership; D = Community Climate; E = Community knowledge about the issue; F = Resources related to the issue. No data collected about dimensions C or D. SD = standard deviation.

Table 1 and Table 2 show that, in general, these 10 towns are at a low level of readiness to address the issues of men as victims of IPV and men as perpetrators of IPV. The modal stage of readiness for both these domains is “vague awareness,” i.e., there is a general feeling among some in the community that there is a local problem and that something ought to be done about it, but there is no immediate motivation to do anything. At this stage of readiness, there may be stories or anecdotes about males being victims or perpetrators of IPV, but ideas about why these problems occur and who has these problems tend to be stereotyped and vague. In general, no identifiable leadership exists or leadership lacks energy or motivation for dealing with these problems. Community climate does not typically serve to motivate leaders.

In contrast, Table 3 shows that, in general, these 10 towns are at a slightly higher level of readiness to address the issue of women as victims of IPV. The modal stage of readiness for this domain is “preplanning,” which means that there is likely clear recognition on the part of at least some that there is a local problem and that something should be done about it. There are likely identifiable leaders, and there may even be a committee, but efforts are probably not focused or detailed. There is often discussion but no real planning of actions to address this problem. At this stage of readiness, community climate is beginning to acknowledge the necessity of dealing with the problem.

Table 3

Community Readiness Scores—Women as Victims

Community#	Dimension Scores						Overall	SD
	A	B	C	D	E	F		
304	4.20	2.25	3.70	4.00	3.85	4.10	<b>3.68</b>	<b>0.72</b>
206	6.50	3.20	5.00	3.80	4.10	6.10	<b>4.78</b>	<b>1.32</b>
205	6.40	3.15	4.80	4.05	4.10	5.70	<b>4.70</b>	<b>1.19</b>
410	6.30	3.00	4.90	4.20	4.50	6.00	<b>4.82</b>	<b>1.22</b>
204	6.55	4.50	5.35	2.95	3.95	6.05	<b>4.89</b>	<b>1.35</b>
406	4.80	2.75	3.05	2.85	3.20	4.05	<b>3.45</b>	<b>0.81</b>
107	6.80	3.60	4.40	3.80	4.20	6.40	<b>4.87</b>	<b>1.38</b>
207	4.25	2.67	3.75	3.50	2.88	4.38	<b>3.57</b>	<b>0.70</b>
407	3.10	2.20	2.00	2.60	3.10	3.50	<b>2.75</b>	<b>0.58</b>
305	4.90	2.35	3.45	3.15	2.90	4.55	<b>3.55</b>	<b>0.99</b>

Note. The dimensions are categorized as follows: A = Community efforts; B = Community knowledge of the efforts; C = Leadership; D = Community Climate; E = Community knowledge about the issue; F = Resources related to the issue. SD = standard deviation.

Qualitative Analysis

Factors contributing to the incidence and acceptance of IPV. Focus group and ethnographic interview questions were designed to elicit responses from participants about factors contributing to the incidence and acceptance of IPV. There are factors in the interview data that contribute to one or the other, or both the *incidence* and *acceptance* of

IPV. The following section will portray the subtle qualitative nuances in the factors that contribute to these two phenomena. When possible, differences among the experiences of male and female perpetrators and victims of IPV are illustrated. Based on the perspectives of the participants, it seems that the incidence of IPV is primarily focused on the behavior of perpetrators. The acceptance of IPV appears to involve both perpetrators and victims, although participants talked more about acceptance of IPV from the victim's perspective. In addition to the perpetrator and victim, the third element in the dynamics of IPV that participants identified is the community, which for purposes of this discussion includes the response of family, friends, community members, neighbors, healthcare workers, and law enforcement. After describing the roles of the perpetrators, victims, and community in the dynamics of IPV, the normalization of IPV will be examined.

The most common factor contributing to the incidence of intimate partner violence in the focus group and ethnographic interview data is *control*. Numerous examples of emotional and physical control by abusers emerged from the participants in this study. Whether or not abusers are conscious of their efforts to control their victims, the physical or emotion impact on the victims silences their voices and isolates them from resources that could help them. The men in this study gave examples of both men and women being perpetrators and victims of emotional and physical control. Evidence of physical control in both male and female victims manifested itself in scratches, bruises, and scars. However, participants focused their responses primarily on the emotional impact of the abuse. The following is an example of how abusers utilize physical violence and other strategies to emotionally control their female partners.

Facilitator: What are some signs that a woman is a victim of partner violence?  
Participant 1: Scars she wears, bruises.

- Participant 2: Attitude changes.  
Participant 3: Change in attitude.  
Participant 2: Constantly on the phone with the loved one doing the abusing, checking on her, checking in. It's common when they (the abuser) visit the workplace, always physically checking up on her.  
Participant 3: They're afraid of doing things without them, without permission.  
Participant 4: They become very withdrawn.  
Participant 5: The behavior is usually passive. Calm and passive.

Participants repeatedly talked about how the abuse, especially for a female target of IPV, degrades and lowers the victim's self-esteem, isolates her, and makes it less likely that she'll reach out. The following example illustrates how abusers use emotional and physical violence to make female victims feel that they don't deserve any better than the abuse they are enduring.

- Facilitator: How do you think a woman reacts when her partner has been abusive to her? How might she be feeling or how might she behave?  
Participant: I feel that they, uh, they've been belittled for so long before even the physical abuse started that it's an honor that they're even with this person that abuses them, that they're no good to anybody else.

One of the nuances in the data about victims' response to IPV is the apparent differences in how male and female victims manifest their feelings about being abused. As mentioned above, the participants' perspective of women is that they tend to become withdrawn, compliant, and depressed. Evidence in the interviews suggests that men may also experience withdrawal and depression, but sometimes they react outwardly to their feelings in a manner that is destructive to themselves or others. The following example illustrates how a male victim may retaliate toward the abuser or displace anger on children or others.

- Facilitator: How do you think a man reacts when his partner has been abusive to him? What might he be feeling or how might he behave?  
Participant: My observations again, solely based on observation, have been, either of two reactions. One is to act out in some fashion, to screw

up or retaliate against the individual, against his spouse, the female, or retaliate against the children, someone in society. And others just bottle it up, just bottle it up.

Though men appear to react outwardly to being abused more often than women, the following example indicates that male victims of IPV can also be controlled by female abusers and cater to the abuser's needs in order to avoid further abuse.

- Facilitator: How about a man? How do you think a man feels when he's been beaten?
- Participant: They don't say it. They don't say.
- Facilitator: They don't say.
- Participant: Small town again. Uh. Small town. Miners. Cowboys. "What's the matter?" You know.
- Facilitator: Yeah.
- Participant: And I know you're recording me, but I'll say it. No balls, no guts. "What's the matter with you?" You know. So...so, I imagine you have a few in this small town that do get abused, but nobody's aware of it. I had a gentleman tell me one day, "Judge [name omitted], you don't know what's going on in my life. And I got arrested. But I have to go over there in winter and turn the hair dryer on, warm up the bed for her before she goes to bed. Now I know this is ridiculous. Of course I couldn't tell my friends that because then they'd belittle me, you know."

The example above shows how this male victim of abuse appears to have gone to extremes to keep his abusive wife happy by catering to her specific wishes. However, it seems that this man eventually tired of feeling controlled by this woman, and it appears that he retaliated in some fashion, as evidenced by the fact that he was arrested and was speaking to the judge. Evidence in the interviews suggests that women are much less likely to retaliate or rebel against controlling behavior by male perpetrators. This example also touches on the pressure men feel to keep their victimization quiet because of the negative stigma about male victims.

This stigma about male victims is also apparent in the difference in the way male and female victims behave in the workplace after experiencing abuse. Participants in the

focus groups explained that female victims of IPV might show co-workers that they have been experiencing abuse by showing “drastic changes in work,” including signs of emotional distress such as outwardly showing feelings by crying, and taking work off frequently by using sick leave and personal holidays. In contrast, men’s reactions to victimization are more subtle and not as outwardly emotional. Participants noted that men tend not to take advantage of overtime because they would have to explain to their abusive partners why they are working late. Male victims also tend to shy away from female co-workers at work and in public to avoid jealousy and controlling behavior by female abusers. One participant described this behavior as turning a man into a “hermit.” Another participant described this type of behavior thusly: “It’s called marriage.” This statement was met by laughter by the other participants in the group, perhaps indicating that men may feel controlled, but that it is seen as humorous, whereas a female who is feeling controlled this way may not see this behavior as humorous. It appears that the emotional impact of IPV appears to be greater, in general, on women than it is on men. Participants indicated that the consequences for female victims included high stress, shock, depression, social withdrawal and isolation, passivity, silence, degradation of self-esteem, and feelings of worthlessness and hopelessness. Participants did not identify this degree of impact on male victims.

In the ethnographic interview data, the theme of *respect* appeared to be a key ingredient in both the incidence and acceptance of IPV. Participants described how an abuser’s *lack of respect* for a victim or for oneself contributes to the incidence of IPV. This theme appears to be related to control because when control is the main goal of an

abuser, the respect for a partner becomes less of a priority. The following exchange illustrates one perspective of the role of respect in IPV:

- Facilitator: What does it mean to be treated abusively in a relationship?  
Participant: To me, it means disrespect for, uh, one's partner, whether, uh, the relationship, uh, I guess the relationship's not only spousal, but familial...It can also be friendship...It's disrespect...It's the cornerstone of it.

Participants also blamed this disrespect for self and others for the disintegration of family values and lack of commitment to a partner. They shared that this translates into higher divorce rates, more single parents, poverty, increased stress, and consequently, a higher incidence of IPV. Participants in the focus groups gave the following example of how a lack of respect for oneself leads to a devaluing of the partner relationship and the partner.

- Facilitator: What factors in a community make it more likely that violence will occur?  
Participant 1: ...Another fact that is looked upon, the rate that people are not getting married anymore. There's just no commitment to the amount of work anymore. No respect, no sense of permanence or lifelong partner. Rather, "This is someone I am with," and now rent is cheaper. Economically...but there's just no commitment to those people anymore. So when you are beating them up, it's just, "She's not my wife, just the person that I live with, or not my husband."  
Participant 2: Lack of respect for the partner, as well as lack of respect for yourself.  
Participant 3: I think that self-respect is taught from when you are very small.

The following example from the ethnographic interview data appears to identify a behavioral paradigm for an abusive relationship that starts with low self-esteem in both the abuser and victim. In this participant's view, the abuser is using violence to control the victim and compensate for his own low self-esteem. The abuser then blames the victim for his actions. The victim accepts responsibility for the abuse due, in part, to her

own damaged self-esteem, and because she cannot make it stop, her self-esteem is further degraded.

- Facilitator: How do you think a man reacts when he is abusive to his partner? What might he be feeling or how might he behave?
- Participant: I think...my observations have been...One is, "She deserved it." The other has been...remorse. "How do I change?" That person feels trapped in...their behavior patterns...Again, I...think it, that abuse is based on, on low self-esteem. So, that low self-esteem is exacerbated...It was some of my observations too, have been that people can be abusive, man or woman...They're punishing themselves. They do something stupid like...they just sort of abuse a loved one...It doesn't necessarily have to be a spouse. It could be a parent. It could be a child, or even a friend.
- Facilitator: Why, do you think, does a person stay in this type of relationship despite the abuse?
- Participant: Once again, low self-esteem. Low self-esteem is...a very key element...There are times when I have heard people, particularly women...blame themselves. "Why?" You know, thinking of themselves as inadequate and, therefore, if there was only something they could do. They must be doing something wrong; otherwise, he wouldn't be acting this way. And they get to believe this because this is, again, conditioned by the abusive partner. And then...that exacerbates what is already there in the first place, is low self-esteem. Because there is a good chance that person would never have gotten into that relationship without low self-esteem.

Another theme prevalent in the focus groups and ethnographic interview data contributing to the incidence of IPV is that it tends to occur during *stressful situations*. The most prominent stressful situations revolved around employment and decisions related to money. It appears that in the rural towns in this study, if the primary industry in the town is affected by an interruption in employment, such as a strike, it can result in high levels of stress within families of people employed by the industry. Participants cited this stress as a precipitant for IPV:

- Facilitator: When does it (IPV) usually happen in your community? Is there a time of day, time of year, an event?
- Participant: ...Time of year? I don't know. We kind of go through cycles. I remember that at one time we had a real lengthy, devastating

strike, and it appeared to me that there were more moments of emotional crisis at that time in families than, you know, than at other times...

In addition, an industry such as mining often requires employees to work long shifts under stressful conditions. Participants also pointed to this culture of hard work and long hours as a potential catalyst for IPV. Another theme prevalent in this discussion of work-related stress in these rural towns is alcohol use. It appears that using alcohol is one way rural workers cope with strenuous work conditions. The following is an example of the relationship between work, alcohol use, and IPV:

- Facilitator: What does it mean to be treated abusively in a relationship?  
Participant: Well, in this area, treated abusively to me is somebody that is, uh, we have different types of abuse, the verbal and the physical. You know, the demanding type, either on the woman's side or the man's side...I don't know whether it comes from, uh, sometimes the way employment is handled here by [the local mining corporation] but that's the only mining community that we have here. So, mining community, and sometimes, let's say, or the pressures of the job, you know, and things like that...it's always revolved around days off, going out, partying, you know. I don't know if that comes from long hours of work. They do work 10- to 12-hour shifts...

It appears that IPV in the small towns in this study often occurs in conjunction with alcohol and drug use. It seems that once the substance use lowers an abuser's inhibitions, the stress of a situation may result in an abuser lashing out physically or emotionally at an intimate partner. In addition, participants spoke repeatedly about the easy access to alcohol and drugs in rural communities. The following examples illustrate the relationship between the access to alcohol and drugs, substance abuse and IPV:

- Facilitator: What factors in a community make it more likely that violence will occur?  
Participant 1: Stress, alcohol, community usually has a lot of bars, or...  
Participant 2: Liquor stores.  
Participant 1: Liquor stores.

Participant 3: Drugs and alcohol.

Participant 4: Drugs and alcohol, yeah, a big factor. Accessibility, ya know it's so easy to get.

The following examples illustrate participants' understanding of how alcohol use lowers inhibitions, impairs judgment, and makes IPV more likely:

Facilitator: When does it (IPV) usually happen in your community? Is there a time of day, time of year, an event?

Participant 1: ...I have rarely gone to a fiesta or a wedding that I don't hear the next morning that so-and-so got upset with his wife and, you know, with alcohol has, a (inaudible)...making some rather brave people out of normally kindred souls.

Participant 2: Because this is a mining town, uh, probably after payday. You know, which like on Thursday night, we used to see a lot of domestics and a lot of fights because they would get paid and go to the bar or go over to a friend's party, or whatever, you know. So, we would see more domestics during that time, because they're mostly alcohol, generated by alcohol, you know. There's changes here—your way of thinking.

In addition to the use of alcohol, it appears that methamphetamine use is highly correlated with violence in intimate partner relationships. Though methamphetamine use was not mentioned as frequently as alcohol in the interview data as a precipitant to violence, it seems that those who use methamphetamine, or are in a relationship with someone who abuses this drug, are at high risk for violence. The following excerpt illustrates this sentiment about methamphetamines:

Facilitator: In your community, who does it (IPV) usually happen to? Age, gender, educational level, socioeconomic status, ethnicity?

Participant: Low class...Uh, females, usually. Uh...our safe house...the reports that there's not a lot of men that are abused out there, but that's not true...I would say the majority of the people that we see are...Hispanic females...But then, any female in a relationship where drugs are involved. Just about any methamphetamine relationship, there's domestic violence. And in our community, that's, uh, an Anglo, predominately...The Anglos use methamphetamines, and there's always domestic violence in, in that group.

Another stressful situation that seems to precipitate IPV is a holiday or another event for which gifts are purchased. Participants illustrated the effect of consumerism during Christmas and the pressure to buy “the right gifts.” The following focus group exchange illustrates the apparent connection between the pressure of consumerism, economic concerns, stress within the family, and family violence.

Facilitator: When is partner violence most likely to occur? Time of year, time of day, special occasions, etc.?

Participant 1: I think it occurs, usually at holiday season...struggling for money again.

Participant 2: ...I believe at holidays because society, media, whatever is pushing buy, buy, buy, (the) best this, the best that. Kids want Nikes, kids want certain type of...designer whatever, and it...causes a lot of stress, because we want to please them and we can't afford it...Christmas is now being pushed from Thanksgiving Day. Christmas, Christmas. And so we get stressed about wanting to buy, and where's the money going to come from, ya know, and all these things start happening...

Participant 3: Holidays, there's a lot of tension, a lot of pressure to buy the right present, do the right thing, make the right meal, and sometimes it doesn't work out.

A theme that appeared in the focus group data that did not appear in the ethnographic interview data is the influence of cultural differences in the incidence of IPV. This could be because there was a specific question about the potential influence of cultural differences on IPV in the focus groups but not in the ethnographic interviews. The discussion of ethnic group differences focused on the balance of power in these relationships, the differences between how European Americans and Latinos handle conflict, and how these factors can serve as catalysts for IPV in couples of mixed ethnicity. Participants identified long-standing differences in power between European Americans and Latinos that appear to impact communication within couples. Participants also identified differences in cultural norms regarding the amount of emotion that

European Americans and Latinos typically express in their communication. The following exchange illustrates the influence of power and culturally-based conflict resolution differences.

- Facilitator: What about violence between partners who are not of the same ethnic group? Does that have an effect?
- Participant 1: A lot of it too is power. My girlfriend was Anglo. Anglos have always held the power and wanted to be dominant. She wanted to be the dominant one. It was like my way or the highway. It doesn't work that way in a relationship. She was stubborn. I felt like I was bending over backwards. But she was always like, "I told you so." She definitely wanted the power and to dominate the relationship.
- Participant 2: It could be, I would think, the Latino being a hothead, sometimes the emotions that come out, you also need to, in a way, have to calm a situation, to feel better. Where you get emotional about a situation and you are not getting any response, no emotion back, you infuriate, it makes it even more, "This person is not responding." I would think that the Anglo sometimes, even though they are just a little more quieter, while the Latino(s) are much more emotional. Not necessarily violence, but if there's no response to that, it can turn into violence, where that wasn't an issue originally. When there's no response, the anger, that's just the way you express yourself. The anger builds up...Hispanic(s) can turn into violence very quickly.
- Participant 3: We have a flare for the dramatic, funny, but true. In fact, there's even a saying. I'm modest, but "to love is to fight." I grew up in a house where everyone yelled. People from other cultures find it strange. Although it was not violent, but we got it out.

In addition to differences in conflict resolution styles, cultural values appear to play an important part in gender role expectations and in the acceptance of violence within the home. The expectations of family members, with regard to the ethnicity of a partner, also seem to cause tension within families of mixed ethnicity. It is evident that differences in culturally-based expectations and acceptance of violence impact the level of violence in intimate partner relationships. The following excerpts illustrate participants' understanding of these dynamics.

- Facilitator: What about violence between partners who are not of the same ethnic group? Does that have an effect?
- Participant 1: It could, in their views, views and traditions...that's something that should be dealt with...from when they start their relationship, um, but that can be a problem...when they celebrate a certain holiday, and how they do it, cause problems between those two. But also family...also tension, if a certain family doesn't like that partner or ethnic group...tension between families. Do you visit them, say certain stuff? Take it back to the house...again it affects your home life, not the family's.
- Participant 2: Also...it's getting less and less, but at one time, in some cultures, it was tolerated more than in other cultures—the violence between two partners...when you come from different ethnic...one will take it, and the other says it's part of life, the way it's supposed to be. And I think that more and more it's getting to be where it's not tolerated as much from a lot of cultures. They finally decided to evolve.
- Participant 3: ...certain cultures view it as the woman doing the housework, and the women, um, taking care of the children. Where others encourage women to go out in the job force and...make a career for yourself. So, that conflicts maybe in certain cultures where the man is supposed to be...the provider, and he wants his woman, basically, in his view, to be home with the kids...

Even in the absence of cultural differences within a couple, it appears that culturally-based gender role expectations in these Mexican American communities influence the acceptance of IPV. Participants identified the male gender role characteristics of *machismo* as factors in situations of IPV. It is important to emphasize that *machismo* is a term that is widely debated. It has been defined as the “cult of virility...arrogance and sexual aggressiveness in male-to-female relationships” (Stevens, 1973). However, Latino psychologists have objected to this interpretation of this concept and have offered other definitions. Morales (1996) states that “*machismo* refers to a man's responsibility to provide for, protect, and defend his family. His loyalty and sense of responsibility to family, friends, and community make him a good man.” However, participants in this study frequently identified *machismo* as a factor influencing gender

role expectations that are at times more accepting of male control and violence toward women. The following exchange illustrates some of these values.

- Facilitator: What attitudes do men in your community have about partner violence?
- Participant: ...It probably cuts culturally. Of course, most of us are Hispanic. That is...their attitude...because of the machismo...of the Hispanic community, that it should always be...it is referred to women being the victims and men, the abusers. And if ever the two should switch, then you should keep your mouth shut because you're a man. And that would be the most humiliating thing to do.

Men also talked about, not in so many words, the influence of male privilege, which essentially is a set of spoken and unspoken rules that entitle men to rights and luxuries not allowed for women. Among the privileges given to men within this value system is sole access to the family finances, regardless of the role women play in sustaining the family. Some men also assume that since they are the providers for their families, they have the right to treat women as they please and expect certain things of them. The following illustrates the influence of traditional beliefs about men as the breadwinners.

- Facilitator: What attitudes do men in your community have about violence?
- Participant: ...I think that basically...this is what I call a mining camp mentality...The macho mentality still prevails...keep the little woman in her place. I don't think it's as prevalent as it was even ten years ago, but it's still there.
- Facilitator: What keeps people in your community from changing their views (about IPV)?
- Participant: Part of that, again, it's an entrenched...mentality, attitude...Again, with the mining camp mentality...the husband brings home a good paycheck and...so, he may expect that...as a result of that good-sized paycheck, that...she and the kids damn well better stay in line 'cause...he's the breadwinner.

One of the characteristics that seems to be unique to rural culture is the generational nature of these small communities. Participants recognized the generational

nature of *machismo*, and how the tradition of male control over females is at times highly entrenched, thus maintaining the acceptance of IPV. People in these towns have often lived there for generations and as one participant stated, the people tend to be “set in their ways.” When community members and families do not venture far from their hometown, there appears to be a lack of exposure to education and diverse ways of thinking about intimate partner relationships. The following exchange helps illustrate the normalization of the IPV in this rural community culture:

Facilitator: How big a problem is partner violence in your community?

Participant: I think it’s rampant... This community is generational. The people have lived here forever... We’re set in our ways... We care and, uh, treat our families the way we were treated...

Facilitator: What keeps people in your community from changing their views?

Participant: I think...lack of education. Again, generational community. We don’t tell what goes on...within our home...What goes on in our home stays in our home...The majority of the people here were from the company (mining company)...That takes a GED. And so...they never went out and experienced...life outside this community...

In summary, there appear to be several prominent factors that contribute to the incidence and acceptance of IPV in these rural, predominantly Mexican American towns. Though not particular to rural areas, *control* is the foundation for the incidence of abuse. Abusers in these rural towns seek to control their victims emotionally and physically, using various tactics to achieve this goal. Another cornerstone for IPV is the *lack of respect* that abusers show for themselves and their partners. It appears that this lack of respect results in a devaluing of the partner and the relationship, thus making it easier for abusers to justify physically and emotionally harming a partner. Participants shared that IPV tends to occur during *stressful situations*, the most common of which is dealing with economic problems or decisions. Another prominent stressor is the strenuous labor and

long hours involved in rural industry jobs. The stress from these jobs also seems to contribute to a culture of alcohol and drug use. Substance use tends to lower inhibitions and increase the potential for frustrations about economic difficulties and other stressors to erupt into violence. Participants also identified consumerism as a significant factor in situations of IPV. It seems that the pressure to provide family members with expensive gifts, especially when dealing with limited financial resources, is a stressor that can contribute to violence within families. The pressure of providing gifts during the holidays, naturally, relates to economic concerns, and points to the focus of the holidays in the United States on material items.

In addition, cultural value differences in mixed ethnicity couples also appear to precipitate IPV, especially differences in expectations for gender roles. With regard to gender roles, the traditional Latino gender role expectations within *machismo* also appear to normalize the use of violence to control a female intimate partner and grant the power in the relationship to men.

Lastly, the values associated with *machismo* in these small towns appear to be generational. Participants indicated that many rural community members rarely leave the small town, and consequently, are not exposed to other ways of living. Therefore, community members are “set in their ways” and the traditions of power and control are passed from generation to generation.

Barriers to intervention for stopping and preventing IPV. To implement a successful IPV intervention and prevention program, it is essential to understand the barriers that historically made this endeavor more difficult. The following section explores factors that serve as barriers to intervention for IPV in the rural towns in this

study. The roles of male and female abusers and victims were examined, as was the response of the community to IPV.

Participants expressed that *machismo* is a factor that not only contributes to the incidence and acceptance of IPV, but also serves as a barrier to intervention for stopping and preventing IPV. The data suggested some of the characteristics of the male identity under the rules of machismo are control, domination over female partners, strength, independence, self-sufficiency, and emotional stoicism. Participants identified social expectations that men will fulfill these characteristics. They suggested that some men strive to keep female partners under control through the use of physical and emotional violence in an effort to maintain their identity as men. Participants shared that men often go to great lengths to keep victims quiet and maintain the power in the relationship. The following example touches on the ways men attempt to silence their victims when injuries are discovered on a victim by health care professionals.

Facilitator: If someone has to have medical care as a result of abuse, how is the injury usually explained and by whom?

Participant: ...My...experience has been that, initially, the injury is explained as...running into a table or refrigerator, falling down steps... There is some sort of explanation, a lie often... The perpetrator may say, "You know, if the cops find out, they're going to arrest me and you're not going to have a place...to live. You're going to be without me." You know, no support and this kind of thing... "You tell the cops and I'll kill you."

Because of the privileged position of control over a partner, men are unlikely to seek help to break the cycle of violence. The following exchange illustrates the way a perpetrator can get comfortable in a relationship and not see any incentive for changing.

Facilitator: What do you think keeps a perpetrator from getting help?

Participant: He can justify anything he does. I mean, he's—"Yeah, I hit her and I got away with it." So, why should he change anything? He's not

a victim. He is a perpetrator. Again, the world is cozy. He just felt very sorry, and life goes on like it didn't happen.

Men also minimize the violence they perpetrate on women in an effort to avoid acknowledging that they are hurting their partner, or to avoid admitting their own defects. Participants talked about men who fail to complete batterers' programs, thus avoiding responsibility for their actions. Men also flatly deny that they are violent or find ways to justify their aggression. Strategies male abusers use to justify their abuse of female partners include turning to alcohol or drugs to blame their behavior on their intoxication and blaming their partners' actions for their aggression.

Even if men recognize that the violence is not healthy, because they are supposed to be able to handle their business on their own, seeking help is seen as a sign of weakness. Showing weakness or flaws seems to be taboo, as illustrated by the following example.

Facilitator: What might be the reasons a man wouldn't seek help?

Participant 1: First of all, "I don't have a problem. It's her fault."

Participant 2: Fright.

Participant 3: It's the machismo thing all over again. It is...hard to admit he is weak. It's like the lone ranger thing. They don't need help from anything. I think that's why they are reluctant to get help. Anyway, it's different for the victim or perpetrator, worse if you are the victim.

Participant 4: I've seen men take their own lives before they seek help...

Participant 3: I think also, the fear of the other issue they carry. Maybe, "I am not a good husband. Maybe we're not in love anymore," Or, "Maybe I do need to get a new job," or, "I need to stop drinking..."

In the event that a man is the victim of IPV, the same gender role expectations make it likely that the man will not seek help for himself. If a man is unable to "keep his woman in line," he is viewed as "less of a man" and is often ridiculed by others and left to deal with the abuse on his own. Public reaction to male victims is drastically different

than the reaction to female victims, and the victimization of men by women is often seen as humorous.

- Facilitator: How might a man who is a victim of partner violence get help in this community?
- Participant 1: I don't think that there is a men's support group in this community.
- Participant 2: I haven't seen any.
- Participant 3: It's...taboo...a man getting hit by his wife or a woman is looked at, he is weak... So, for a man to go out there and say, "You know what, I need help. My wife is beating me up." Some people even snicker at that...

The following statement by a participant further illustrates the shame that a Latino man might feel if he was the victim of IPV. This shame appears to be a strong factor in preventing male victims of IPV from reaching out for help from anyone in the community.

- Facilitator: Who would a male victim of partner violence talk to?
- Participant: Probably nobody. And as a Hispanic, probably not, because he would lose his status in the community. He'd look like he's a—there's a word for it in Spanish. They'd call him a (unclear on tape). (*laughter*) In other words, his wife's making a fool of (him). Or, she's, you know, henpecked (him), I guess they say in English. So...the only one he could really turn to probably his best friend, real close. Other than that, he couldn't go to anybody because of the—I think it just ruins his status, even in his own eyes, if he can't take care of himself.

There are elements of the female gender role that prevent female victims from seeking help. The traditional female role in Latino culture that is the counterpart to machismo is *marianismo*. This role is defined by a religious association to the Virgin Mary, and women who subscribe to *marianismo* strive to be pure, long-suffering, nurturing, and pious. Other characteristics of *marianismo* include being virtuous and humble, yet spiritually stronger than men (Lopez-Baez, 1999). In *The Maria Paradox* (Gil & Vazquez, 1996), the 10 commandments for women who believe in *marianismo*

are: Do not forget a woman's place; Do not forsake tradition; Do not be single, self-supporting, or independent-minded; Do not forget that sex is for making babies, not for pleasure; Do not be unhappy with your man, no matter what he does to you; Do not ask for help; Do not discuss personal problems outside the home; and Do not change. As with any culture, there are varying degrees of adherence to traditional gender roles within the Latina culture. Many Latinas report that due to acculturation, education, and involvement in less traditional relationships, they feel less pressure to adhere to the commandments. In addition, women from other cultures have also been socialized to adhere to similar beliefs (Santiago-Rivera, Arredondo & Gallardo-Cooper, 2002). Though *marianismo* was not as prominent in the data as machismo, it warrants description as a factor in the relationship dynamics that can contribute to barriers to intervention for IPV. The following exchange illustrates an example of why abuse may persist in a family as a function of cultural beliefs about gender roles.

- Facilitator: Why, do you think, does a person stay in this type of relationship despite the abuse?
- Participant: ...In this community, security, for the female, you know, and the male's working and has a job. And then, culturally here, for the sake of the kids...In the Mexican culture they say, "Te casaste, te chingaste," which means, "you got married, so be damned with you." So, often grandmothers and mothers tell their daughters that when they come complaining about, "My husband spends all his money at the bar, or has been (*inaudible*—likely a word for infidelity) with somebody." "Well, don't come crying to me. You made the commitment to get married."

This example shows how even when women seek help from family, they are sometimes told to make the best of the situation and remain faithful to their commitment in the relationship. It appears that when family members respond to a female victim in this manner, they further isolate the victim and make it less likely that she will seek help.

There are numerous reasons why a victim of IPV would not report being abused. Below is a description of another factor that makes it less likely that IPV will be stopped: fear.

*Fear* is a theme that emerged from the data as a prominent barrier to intervention for IPV. Study participants described many different types of fear that hinder the intervention process in IPV. One type of fear common to these interviews is the fear of losing the breadwinner of the household if a victim reports abuse. Among the concerns related to losing the breadwinner are not having a stable place to live, not having enough to eat, not being able to provide for children, fear of losing the children, and fear that the abuser will not pay child support. With this type of fear, it appears that in most cases it involves male perpetrators and female victims. The following example highlights some of these concerns for victims of IPV.

Facilitator: Why, do you think, does a person stay in this type of relationship despite the abuse?

Participant: Economics...Low self-esteem. They don't feel they can make it on their own without—especially if it's a female. A lot of them were...married real young, or have two or three kids, with no education other than they've been housewives. That's why they get...the lower education level...I mean, where are they after that point (after leaving an abuser)? They either have to go back or go to family or whatever. And, they go to their family with two or three kids, and...they don't have the means to support two or three people, especially if their parents are retired or are on a fixed income...So, what is left for her, with 3 kids? You need to place them or educate them with a job. I don't know if they have that. I know around here, I don't think they do that.

Facilitator: What do you think keeps a victim of abuse from getting help?

Participant: Well, I think they wonder what's going to happen after...he's arrested, he leaves me, or, "What am I going to do now?" Sometimes he pays child support, or if he doesn't—a lot of them don't have jobs, you know, or a lot of them are so low paid that they can barely make it on the income they're doing. So, they just split their income in half, and how are they going to survive? Neither one of them are going to survive.

Another fear that appears to hinder intervention for IPV is the fear of retribution by a male abuser if a female victim reports IPV. This fear appears to affect victims and community members alike, as both groups of people fear that an abuser will retaliate if they report IPV. Male perpetrators tend to threaten victims into silence by stating that they will abuse victims severely if they seek help. Community members may avoid intervening when they are witnessing IPV because they fear getting hurt by the abuser, and they also fear legal consequences if they get involved to defend the victim.

Another common fear about reporting IPV is the fear of public scrutiny in the community. This is a theme that appears to negatively affect the likelihood that both perpetrators and victims will seek services for IPV. Even though it is likely that community members have an idea that the abuse is occurring, both perpetrators and victims will often try to portray an image that nothing is wrong within the family. The following exchange illustrates the fear of retribution by the abuser and the fear of public scrutiny as barriers to seeking help in situations of IPV.

- Facilitator: What do you think keeps a victim of abuse from getting help?  
Participant: Fear...Fear of, "What's going to happen to me if...my husband or spouse is arrested? Is he going to end up beating the hell out of me or even worse than he has in the past?" The fear of the community knowing, even though the community generally knows anyway. In this small community...people here think. People see things. It's not hard to see someone limping and wonder what's going on there. And excuses of twisting one's leg on the stairs only can be used so many times...

Another fear about accessing services for IPV is the fear of involvement with police and the legal system. There are a number of reasons for this fear, based on the gender of the abuser and victim. One participant felt that male victims are fearful of involvement with the legal system because sometimes when they call the police, they get

arrested instead of the female perpetrator. One of the reasons male perpetrators fear involvement with the legal system is because they don't want a criminal record, and because the legal process is long. It appears that females are not as concerned with this consequence of legal involvement. The following focus group example illustrates this fear as a barrier to reporting IPV and a reason that men deny IPV and avoid legal involvement.

Participant 1: I think also all of the reasons that they don't report, is fear of litigation, fear of creating a record on themselves. Do everything they can to maintain a clean record, law enforcement record. On the female's side, they don't fear that as much.

Participant 2: The court system is a long process. Everything you do takes forever to get through with.

Victims fear losing their partner not only for financial reasons, but also because they often love the abuser. This is a dynamic that is often difficult for those outside the relationship to understand, but based on the interview evidence, many victims love their abusive partners dearly and will go to great lengths to avoid any threats of separation. The following example from a pretrial conference illustrates a victim's feelings about her abusive partner, and shows how she tries to avoid losing her partner to incarceration. It is evident that the fears a victim has are often a result of a complex combination of feelings.

Facilitator: How do you think a woman reacts when her partner has been abusive to her? When she's been beaten, what is she feeling?

Participant: ...we always ask the victim, "How do you feel?" "Well, I love him. I want you to release him from jail. He's not really abusive. He just blew up this day. Please release him from jail." Things like that. I hear it real often.

Another barrier to intervention for IPV is the fact that IPV is kept secret much of the time. There are many reasons for this *secrecy*, including some of the fears mentioned previously. Female victims employ many different strategies to keep IPV a secret,

minimize the effect it has on them, and avoid separation from an abuser. Women refuse to talk about IPV with family, friends, health care providers, and law enforcement. When talking with others, they often minimize the arguments they have with their partners, saying that the arguments aren't as serious as they are. Women also take the blame for the argument, and they make excuses for the injuries that abusers have given them. Victims also refuse to show up in court to press charges, drop orders for protection, and often plead to police officers or judges to release their abusers. Female victims may also keep IPV a secret to protect the abuser from the reaction of her family. It is apparent that family members at times take it upon themselves to respond to an abuser instead of involving law enforcement. A nuance was revealed in an ethnographic interview in which a participant spoke about the female victim's family member reacting to the abusive husband.

Facilitator: How do you think family members might respond once they suspect abuse may be occurring?

Participant: ...in a Hispanic community, if the victim is a woman, and if the woman is a daughter or a sister to a capable, younger man, the reaction's going to be burly. It's going to have some additional bite...Although I think a lot of times victims, particularly females, have been...very closemouthed because they're concerned about the reaction of the family...toward their spouse. In the case of...the victim being...the male...the man is not going to share that with the family members because of embarrassment. So, usually the way family members are going to hear it...from a friend told a friend...who saw the victim... This is a Hispanic community...I have known of occasions where brothers of the wives of some men...have visited their in-laws...I'm not talking like "Mafioso" you know, but...they make sure that...the message is out there that—and it's not necessarily that they put a stop to it. Because in some cases...the brother himself that is going to go visit about his sister may be abusing his own wife.

The previous exchange illustrates various reasons why victims keep IPV a secret.

But it appears that these reasons vary based on the gender of the victim. Female victims

appear to fear violent retaliation to the abuser by family members, whereas male victims fear public scrutiny. Though the participant indicated that the family reaction to a female being victimized can be severe, it is interesting to note that the purpose of the visit to the abuser is not always to stop the abuse. It appears that male family members in this instance may want to make a show of force toward the abuser, while at the same time maintaining power over their own partners by colluding with the other abuser.

Secrecy can also stem from the abuser or the abuser's family keeping the abuse quiet in order for the abuser to maintain his position of power over the victim. There also seems to be a rule that IPV is a taboo topic, and that it should not be discussed outside the family. It appears that *familismo*, or family interdependence (Sotomayor, 1989), may play a role in whether families report IPV. As discussed in the introduction, *familismo* involves the sharing of responsibility among extended family members for the care and disciplining of children, financial responsibility, companionship for isolated members, and problem solving. When *familismo* is a family value, there is often a low utilization of societal institutions and outside help for family problems (Perilla et al., 1994). Sometimes it seems that IPV is kept within the family to protect the family from public scrutiny or legal involvement. While this strategy appears to protect the family initially, the needs of the victim, and ultimately, all family members affected by the abuse, are sometimes not addressed. Sometimes the family of the abuser will defend the abuser and rally around him, claiming that the victim and her family are in the wrong. In these cases, it appears that the family defends the abuser even if he is actually abusing his partner.

Community members at times do not respond to IPV that they witness because of the belief that IPV is an issue that should be handled within families. Participants noted

that community members at times prefer not to get into other families' "business" when it comes to IPV. IPV remains a secret because community members who witness altercations don't want to inconvenience themselves by calling the police, are selfish, are fearful, or are unsure of how to get involved. The following focus group exchange illustrates some issues that contribute to community members maintaining the secrecy around IPV. Issues around intervening during an altercation, as well as participating in community programs to stop IPV, are addressed.

- Facilitator: What could be done in this community to reduce intimate partner violence?
- Participant 1: People don't want to take time out of their schedule to participate.
- Participant 2: They just don't care, don't want to get involved, priorities.
- Participant 3: It doesn't immediately affect them, they are reluctant. There's a very selfish attitude in the community. "Take care of yourself." "It's not going to happen to anyone I'm really close to." Just to let them deal with (it). We are becoming more (de)sensitized to it all.
- Participant 2: They are thinking, "It's not that bad in my house."
- Participant 3: Usually isn't that the case? Until something happens to you, you don't get involved. I hear screaming all the time. Do I do anything about it? Do I? I don't want to get involved. I don't know why she screams.
- Participant 2: In wanting to get involved, you might become the next victim. Next time somebody might be beating up on you, because you called the cops.
- Participant 1: You don't know what you are dealing with.
- Participant 3: Selfish community, fearful community, you don't want that pain coming your direction. "I am not going to be the one to report it. Let somebody else."
- Participant 1: The other thing that is happening too, is in a small community, people hate to meddle in anybody's business...I think that's why people don't get involved.
- Participant 2: I think they will talk about it...Especially in a rural community, everyone knows everyone's business. But nobody will do it, getting to the action part...But what can you do? What is the action to take? For myself, you can't just step in. My experience with violence and domestic violence is that it can come your way.
- Participant 3: Once you step in, you get arrested, and then you become the aggressor.

The above exchange highlights some crucial issues contributing to the silence and lack of community action about IPV. It appears that some community members don't care, and therefore remain silent. Other community members have a belief system about IPV as an issue that is private within each family, and that outsiders should mind their own business. Still others are concerned but don't get involved due to fears for their personal and emotional safety. Some community members don't get involved simply because they don't know how to intervene. Still others condone the abuse of an intimate partner because they are abusers themselves. These community members thus collude with abusers in the interest of protecting themselves from scrutiny about their own abusive behavior.

For a community to make an impact on the problem of IPV, community resources must be in place to serve those in need. Many communities experience a widespread *lack of resources* for stopping and preventing IPV. As is the case for many areas of the country, funding for social service programs in these small towns is scarce. This lack of funding, along with varying levels of acknowledgment of IPV as a problem, results in towns that are not adequately equipped with resources to address IPV. Two factors specific to rural culture that influence the response to IPV are the *lack of anonymity* in these small towns and the *geographic isolation* of these communities. Participants shared that a lack of anonymity in a small town could be beneficial in stopping IPV, and this will be discussed in the section on facilitating factors for stopping and preventing IPV. Lack of anonymity can also be a barrier to stopping IPV because there tends to be a negative stigma about batterers and a network of communication or "gossip" about batterers that is facilitated by community members who use scanners to listen to police radio exchanges

about IPV cases. It appears that perpetrators avoid coming forward for help in part because of the stigma and communication around batterers in these rural towns.

These rural communities are also geographically isolated, and when services for IPV are not available immediately in these towns, it forces people to travel significant distances to access assistance in situations of IPV. Often the distance to resources is a prohibitive factor in seeking help when people do not have transportation or when the cost of traveling to a distant resource is too high. In addition, participants talked about how the resources in distant communities are often already overwhelmed, making access within these towns difficult and outreach to smaller towns without resources almost non-existent.

Participants in this study talked about a lack of services specific to both victims and perpetrators of IPV. Participants indicated the few safe houses that do exist for female victims of IPV address immediate safety concerns of these women and their children. However, it appears that these safe houses do not have the resources to help empower victims to leave abusive relationships, if this seems like the best option. It seems that safe houses are not equipped to help victims find educational, vocational, and financial resources to help them become less dependent on abusive partners economically. The result is that victims often return to abusive partners because they have no other choice financially.

Programming for male perpetrators appears scarce, but participants did speak of limited anger management classes, individual therapy, and couples counseling to address IPV. However, participants expressed that when these resources charge a fee for their services, this prevents men from participating due to financial constraints. Even when

male perpetrators could afford services, they are unlikely to participate without a court order to do so. Participants also expressed frustration with the lack of legislative support for programming for male perpetrators. It appears that when the initial participation in a men's perpetrator's program is low, service providers and legislators lose patience and do not support these programs.

Facilitator: If you could change your community to make it more responsive to men, what would that look like?

Participant 1: ...Programs need to be patient...A lot of places think, "There must not be a need. We aren't getting the kind of response," or they aren't pulling funding. They need to realize that it is going to take time, especially in my experience with men. Again, it's money, the funding thing. You gotta make things move right away, or else they are going to pull away. And then there will be more victims or more perpetrators.

Participant 2: (*inaudible*)...What he said about being patient—we start our legislative session on Thursday and we—they are not part of the goal...But because we want the funding, and we aren't being patient. People can dilute the programs. I can see that happening to a men's program. They are going to dilute it just because they need the numbers to get the funding.

The consensus about resources for male victims of IPV is that they don't exist. It appears that the lack of resources for male victims stems from a lack of knowledge of how to support them and a belief that men should not allow their partners to abuse them. The following exchange touches on the lack of resources for male victims of IPV and the underlying beliefs about men who are abused.

Facilitator: How might a man who is a victim of partner violence get help in this community?

Participant 1: I don't think that there is a men's support group in this community.

Participant 2: I haven't seen any.

Participant 3: It's, ya know, again, it's taboo...a man getting hit by his wife or a woman is looked at, he's weak...So, for a man to go out there and say, "You know what, I need help. My wife is beating me up." Some people even snicker at that...I don't know of one support group that does help men that are being abused.

*Lack of education* on IPV seems to be an additional major barrier to intervention and prevention efforts. Participants indicated that in some towns, there are no prevention efforts in place. Women victims of IPV often are unaware of where to go for assistance, even when resources exist in town. Additionally, it appears that the generational nature of these towns results in a long-standing culture of IPV as a private issue, thus making it unlikely that people would engage in providing or receiving education about IPV. Participants also pointed to a lack of outreach by professionals who deal with IPV, resulting in a lack of awareness about resources that do exist.

Another crucial barrier to stopping and preventing IPV is the *response of law enforcement* and the *legal policies* around IPV. Though many participants indicated improvements in law enforcement response to IPV, they illuminated various shortcomings in how officers handle IPV situations. Among these apparent shortcomings is that officers only recently started to enforce IPV laws, and the laws themselves are relatively new. In addition, law enforcement resources are limited, and sometimes there are not enough officers to address IPV in addition to other responsibilities. Another apparent shortcoming is the attitudes law enforcement officers have about male victims of IPV. Female perpetration on males is not viewed as a serious offense by some officers. Participants talked about officers who blame the male victim for “letting the abuse happen,” and do not address the female partner’s violent behavior. Participants shared that a man hitting a female partner is often perceived as a serious offense, whereas many times a female hitting a male partner is viewed as the female partner defending herself, even if the male has not hit her. The police intervention differs based on the gender of the abuser, as illustrated by this exchange.

- Facilitator: Law enforcement. How do they respond to a request from a male victim compared to a female victim?
- Participant 1: ...If it's the male victim, they usually tell the wife, "Well, go stay at your mom's house and...talk about it tomorrow." A man would be taken...into custody. Whether she wants to press charges or not, he will spend the night in jail. And then they can talk about it in the morning...
- Participant 2: Cynicism...it's not that serious. Your wife beats you up, you got into a fight...she hit you. It's not that serious...The one with the woman (victim), they take it more serious than with the man... With the woman beating up the man. It's sort of O.K. Just, just, "You guys work it out later." You know, "Stay away from each other and work it out." They look at it as...not that bad. That's not how they're supposed to look at it. They should see what they see. I see cops a lot. They show up like this all the time.

In addition, participants expressed frustration at times about how *legal policy* on IPV enables IPV to continue with minimal consequence for abusers. One example is the viewpoint that a policy that includes jail time and no education or counseling for batterers only serves to make abusers angry and potentially more dangerous after their release from jail. One participant shared about this situation.

- Facilitator: What barriers, do you think, need to be overcome to change the level of tolerance or silence (about IPV)?
- Participant: ...Lack of resources to deal with this problem. Right now, the barrier is "lock 'em up." It's getting talked about more and more...just like child abuse...But the answer to the problem, society-wise, is lock them (up). Not treat them, not find out why it's happening...It's a cycle, and they have to learn how to break that cycle...Locking 'em up doesn't break the cycle, it just makes them madder. I think lack of resources...is a big barrier.

Another concern about police intervention is that officers apparently cannot or choose not to arrest a perpetrator until there is evidence of physical abuse, thus allowing threatening or emotionally damaging behavior to continue. Participants talked about how policy surrounding perpetrator arrest varies from county to county and how the action taken depends on which officer responds to the situation. Participants shared some

uncertainty about whether a victim has to sign a complaint in order for a perpetrator to be arrested. Some participants indicated that if there is reason to believe that a victim feels threatened by a perpetrator, the perpetrator can automatically be arrested. Others thought that if the victim doesn't sign a complaint, an officer won't make an arrest. This differential interpretation of the law inevitably means that some perpetrators do not face consequences for their actions.

Even when perpetrators are arrested, the legal process sometimes provides what some participants felt are minimal consequences. Sometimes officers do not cite IPV offenders cumulatively, instead giving out a "first-time" offense for multiple incidents. Men are consequently charged for misdemeanor assault, and are out of jail the next day. Additionally, it is common for victims to drop orders for protection in court, so perpetrators are often back in the home with the victim within hours of an assault. One participant felt that consequences for child abuse are more serious than those for partner abuse. He stated also that orders for protection are handed out so frequently that they are losing their meaning and their impact. The lack of consequences for perpetrators allows abuse to continue. In addition, when there are repeated calls to one house for IPV, this can influence the response of the officers who might intervene. One participant indicated that officers may respond more slowly to a call to a house with a repeated offender, driving at a slower rate and stopping at a few places before arriving at the house.

Participants identified other factors influencing the officer's response to an IPV situation, including the age and experience level of the officer. One participant in particular indicated that younger officers are more easily intimidated by perpetrators who have a lot of money and can fight a charge in court. Participants shared that younger

officers may tend to simply separate partners who are in an IPV situation, or not address the situation at all. Sometimes when an officer makes an arrest and the case goes to court, a victim will drop the charges and refuse to prosecute, or the county attorney will argue to get the charges dropped. If an officer makes an arrest and the charges are dropped in court, it can reflect negatively on the officer, thus making some officers hesitant to make arrests.

Related to the law enforcement response to IPV is the issue of discrimination. Participants spoke about racism in law enforcement, in the community, and in the media that appears to contribute to a lack of services and an unfairly negative portrayal of communities of color. Participants shared about community members who say that minority individuals “deserved the abuse,” or say that violence is “a way of life” in communities of color. Participants reported that law enforcement officials either gave excessively harsh penalties to perpetrators of color, or other times completely ignored the problem of IPV in communities of color, thus perpetuating the problem. Participants also talked about media coverage of IPV and how the problem of violence in minority communities is not covered in communities of color with the intention of alleviating the problem. Participants shared their perspective that wealthy communities receive media coverage, and therefore are the recipients of efforts to intervene to stop IPV. Some participants expressed concern that some abusers get away with IPV due to their financial status in the community. Participants talked about perpetrators who are “untouchable” due to their status and influence in the community and therefore avoid prosecution for IPV. Apparently, having financial or political connections to officials in a small town, or

within the major industry in town, is a factor that shields privileged perpetrators from legal consequences.

In summary, there are numerous complicated barriers to intervention for stopping and preventing IPV in the communities in this study. Traditional gender role expectations around *power* and *control* appear to contribute to keeping IPV a *secret*. There are many *fears* that keep people from intervening or seeking help in situations of IPV. Victims fear financial difficulties if perpetrators are removed from the home. Victims, friends, family and community members fear retribution by a perpetrator if they report IPV. Perpetrators, victims and family members fear public scrutiny if they seek help. Community members may not intervene due to apathy, beliefs that IPV is a secret, lack of knowledge of how to intervene, or because they condone IPV.

The *lack of anonymity* and *geographic isolation* in rural communities appear to be barriers to stopping IPV. Participants also spoke of a widespread *lack of affordable resources* to address the problem of IPV in their communities. The services that do exist often meet the immediate safety needs of victims of IPV, but often they do not help victims develop tools to become less dependent on abusers. *Lack of education* and outreach to address IPV is also a major barrier to intervention and prevention efforts. Lastly, participants spoke of many shortcomings in *legal policies* and *law enforcement response* to families experiencing IPV that result in a lack of consequences for abusers.

Despite all of the barriers to intervention and prevention of IPV, participants in this study identified numerous facilitating factors for intervention against IPV. The following section will explore some of the factors that help communities combat IPV, as well as participants' suggestions for future interventions.

Factors facilitating intervention for stopping and preventing IPV. Though the interview data illuminated many of the shortcomings of law enforcement and the legal system in addressing IPV, participants also shared many of the effective law enforcement and legal system policies and interventions for IPV, as well as ideas for how these institutions could improve their service to the community. The effective IPV practices and policies and participants' suggestions for improvements in law enforcement and the legal system follow below.

Many participants shared the perspective that police officers with proper *training* more effectively address the problem of IPV. Participants spoke about specific aspects of police work that they thought, if performed correctly, could make a positive impact on IPV in these communities. Men spoke of the importance of officers understanding the urgency of intervening in IPV situations and treating IPV as a priority call. Participants shared that some officers understand the cycle of violence, and how violence continues if there is no intervention for a perpetrator. Participants talked about the importance of a culture in which victim safety and community safety are priorities for law enforcement.

Participants focused on the importance of the need for officers to avoid bias, to the best of their abilities, when addressing IPV situations. This meant that officers should apply the law fairly and equally, avoiding the influence of power or prejudice. Specifically, participants talked about the importance of prioritizing all IPV calls, regardless of who the victim and perpetrator are. One example is the importance of male officers avoiding "chauvinism" and not allowing male perpetrators get away with abusing women. Participants called for a police culture in which officers treat women as equals and protect their rights. Another area in which officers can avoid bias is in helping male

victims, even when a male victim is contrary to an officer's conventional idea of males as perpetrators. Participants indicated that referring male victims for services is just as important as referring female victims for assistance. Participants also spoke about the importance of police sensitivity to mutual violence and determining who the perpetrators are in each situation. Officers are also apparently being trained in the use of x-rays to better ascertain who has been injured in an incident of IPV. Participants also spoke about the importance of avoiding the influence of perpetrators who have political or financial power in these small towns. One participant in particular thought that officers at times gave important political figures in town minimal consequences for offenses such as speeding tickets, but that officers did not play favorites when it came to IPV.

In addition to discussing how officers interact with people on the scene of an IPV incident, participants shared that other procedures are crucial to intervening in family violence situations. One procedure participants talked about is the documentation of IPV incidents. Participants indicated that starting a "paper trail" from an incident helps the victim have stronger legal recourse in taking a stand against a perpetrator. Participants shared that IPV is sometimes perpetuated because there is a lack of documentation of incidents of IPV. It appears that documentation has to be a joint effort between police officers and victims. This speaks to the importance of police officers developing rapport and trust with victims to help them with this process.

The *legal policies* around IPV appear to play a crucial role in stopping IPV. Participants stated that the follow-up after an incident is extremely important in curbing IPV. Participants talked about the importance of following up with families after perpetrators are charged to ensure that the proper services are provided, and that if

violence continues in the family, the problem is not ignored. One participant emphasized the importance of charging perpetrators cumulatively for repeated IPV offenses, so that the consequences become more severe with each incident. Participants also spoke about the need for court mandates for treatment for perpetrators of IPV. Participants frequently indicated that perpetrators are highly unlikely to participate in treatment without a court mandate. Additionally, participants called for charges to be pressed on perpetrators when there is probable cause, even if victims do not press charges or testify in court.

One important development in the policies around IPV in these small communities is the development of consequences that are relevant to perpetrators. In addition to treatment that directly addresses abusive behavior, one community has developed extra incentives for perpetrators to complete treatment. An example is a policy that does not allow perpetrators to have access to their hunting weapons until they complete the conditions of treatment. For many men in these rural towns, hunting is an important part of their culture. The following exchange with a judge from a small town illustrates a court-ordered program that provides a chance for a perpetrator to complete treatment in order to regain weapons privileges.

Facilitator: Who in your community is more likely to “get away with” abuse?

Participant: ...It's always the head of the household, which is the men... We have a program here we call a “deferred program.” This program consists of maybe five sessions, maybe sixty sessions... They will admit themselves into counseling... After they complete this counseling, these charges are dismissed because... this is a community where there's a lot of hunting and fishing... They forfeit all their rights to a firearm once they get a domestic charge filed against them... So, yes, right away some of these people said, “Man, what can I do to get this dismissed?” Well, you got to enroll yourself. “How many sessions?” We don't determine that. They go to what they call a screening... The counseling center determines how many sessions they go. Now, that might be \$100 worth. It might be up to \$2500 worth. But at least we give them some kind

of services where these people are getting some good counseling. And in some cases, I would say in 70 percent, it has worked...

The preceding example illustrates some of the policies and resources that are available for perpetrators of IPV in one particular town. Closely linked to law enforcement and legal policies are *community resources* for abusers and victims of IPV. Though many participants spoke of the paucity of resources to address IPV in these towns, participants did talk about some services that have helped both victims and perpetrators of IPV. There appear to be some safe houses in these communities that address the immediate safety needs of IPV victims and their children. Most safe houses are geared toward women, but some participants thought that men may be able to utilize safe house resources as well. However, male victim utilization of safe houses is rare. As mentioned in the section on barriers to stopping IPV, safe houses may provide for the immediate safety needs of IPV victims and their families; however, they often do not help victims become more self-sufficient by being less dependent on abusers financially, which would reduce the need to return to an abusive environment.

Participants shared that some small towns do have anger management courses for male perpetrators of IPV, as well as access to limited marriage counselors and family counselors. Although these resources are available in some instances, the cost of the services may be prohibitive. Other participants talked about resources for both perpetrators and victims in neighboring and sometimes distant communities. Though these resources are available, sometimes the distance and cost of travel prevent access to such services. One participant spoke of an important collaboration between the local safe house and the police force. It appears that the safe house staff is instrumental in educating law officers about the importance of prosecuting IPV perpetrators and making sure they

receive appropriate consequences for their violent behavior. It seems that staff at the safe house have a unique perspective of the impact of IPV on victims, and they are able to utilize this perspective to inform police officers about stopping repeated violence.

Participants also called for longer, more ongoing care and follow-up by professionals for families that have experienced IPV. One participant shared his feeling about changing IPV as a slow process—one that requires more than an initial response. Though this participant did not elaborate on the nature of follow-up by professionals, the sentiment about ongoing care for families is clear.

Facilitator: What do you think would be effective in reaching men to prevent violence in your community?

Participant: ...It's almost a re-socialization process. Modeling is important. I think strong...enforcement...and reporting. I mean, follow-ups. Making sure that, in the cases reported, that it never occurs again. If it occurs again, know that there's some additional follow-up to that...The intervention is...nothing other than a short conversation between...a perpetrator and a counselor, or a specialist, or somebody that can help. So, I think follow-up is real, real important.

One of the roles of community resources for IPV is to educate the entire community about IPV and the services that are available to address IPV. Participants repeatedly indicated how important *education* is in the struggle to reduce IPV in their communities. Participants were adamant about the importance of early education about IPV, including outreach to youth in schools, healthy modeling for young males in particular, and education on IPV as a learned behavior that can be unlearned. Participants wanted early education for children so that they could identify abusive behavior and feel confident in seeking help.

Participants called for early education within families in defining violence as unacceptable behavior, as well as education for perpetrators on the effects of IPV on

couples, victims, and children. There was a request among participants for compassion for perpetrators in holding them accountable for their actions, while also understanding that batterers often have pain and emotional needs. In addition, participants talked about the importance of thinking in terms of prevention of IPV. Participants talked about educating perpetrators about the utility of talking about one's problems to get emotional relief, instead of holding everything inside until one explodes. Participants stated that it is crucial to respond when a perpetrator asks for help, and some participants felt the local professionals did a good job referring perpetrators for services when they asked for them.

One of the main aspects of education about IPV is how the information is disseminated to the public. Participants expressed that places such as the safe house in town did some dissemination of information about IPV and the resources for IPV. However, many participants indicated that more funding is needed to get the message about IPV out to a wider audience through the use of media. Men talked about the need for more education about IPV through radio and television outlets. Participants talked about the need for more public announcements about the services available for IPV, such as at community gatherings like Cinco de Mayo and the 4<sup>th</sup> of July.

The mere existence of community resources for IPV intervention and prevention does not, however, guarantee that community members will access these services. The theme of *confianza*, or trust, appears to be crucial in determining the effectiveness of community IPV resources. One of the salient themes related to *confianza* in helping perpetrators come forward is the exposure to testimonial by men who have accepted responsibility for their violent behavior, and who have successfully utilized community resources. Participants asserted that in a Latino community, it is important to take a non-

confrontational approach in educating community members about IPV. The following exchange includes some of the participants' ideas of how to make intervention for IPV culturally appropriate.

Facilitator: What might make an intervention culturally appropriate for Mexican men, Mexican American men?

Participant 1: ... You can't go to the...Latino man and say, "Hey, you're not supposed to be doing this," because they are going to retaliate and say, "You're not going to tell me what to do." But I think that you have to go in there with...education... "These are the different types of abuse that affect people," so they can relate, so they can come to you and say, "You know what? Hey, this is what I do..."

Participant 2: A good thing is somebody to approach at least, at least somebody from (the) community, somebody that they trust, and would be willing to come out and tell them, "You know what? These are the symptoms that I express and I accept that this is wrong." So...somebody going into the community who would be...not only (someone) they respect, but somebody who they know...

One participant suggested the use of a town hall format for community members to share testimonial and information on IPV in a non-threatening setting. Participants expressed that men sharing their experiences with other men in a group setting would facilitate change. Others suggested a format similar to Alcoholics Anonymous meetings, because those who have struggled with the problem may have more credibility with those who attend the meeting. Some participants expressed that having Latino service providers would add credibility to an intervention for IPV. Most participants shared that there is a need for service providers who are sensitive to the issues around IPV in the Latino community, and the perception of IPV as a "private issue" in particular. Participants stated that men would need to know that their participation in IPV programming would be confidential. According to participants, another important aspect of sensitivity is an understanding of the prejudice that Latino men have faced in their communities.

Participants seemed to share the idea that self-disclosure from someone who has overcome the problem or is struggling to do so would be an effective intervention. It appears that overcoming the fear of being judged as a perpetrator is a key element in stopping IPV, as illustrated by the following participant's contribution to the focus group discussion on *confianza*.

Participant 1: Especially in a Latino community you have to be really aware of who you can tell something...because...it's a personal problem and you don't want it getting around. So you only tell somebody you know, and you feel comfortable with. So, it's likely that it's just about trust, and...not having people judge you. People judge you right away... You need to find someone who does do that (not judge) and acknowledges that they have a problem and...are willing to help other people, and tell them, "You know what? That's not the way to do it, you know. You need to control your anger and here are some of the programs we have."

In addition to building trust to help men come forward, it also appears that building trust in community resources is an important step in the process of combating IPV. Participants indicated that for agencies to be successful, they need to collaborate with legislators effectively to ensure that the funding is there, even if the initial response to treatment resources by male perpetrators and victims is slow. Participants indicated that men will be slow in accessing a community resource initially, because it takes time for community members to feel *confianza*, particularly when it comes to the issue of IPV.

The role of the church in the community appears to be an important factor in helping families access resources for IPV. There is some variety in the way participants viewed the role of the church in the community, but it appears the overall feeling about the community church is that it is a trusted resource. Some participants indicated that the church attempts to resolve IPV issues within the church, as opposed to referring to another community resource. Other participants indicated that clergy offer to either

counsel church members struggling with IPV or refer them to proper agencies in town. Some participants shared that churches help with the dissemination of information and written material about IPV. One of the indicators of the level of trust in churches is the way people are referred to the church by word of mouth in the community. However, one participant shared that people will talk to a pastor at a church about IPV, but only as a last resort, when the violence has gotten severe.

*The response of community members, family, and friends* can also have a positive impact on the problem of IPV. One aspect of rural communities discussed above is the *lack of anonymity* citizens feel. Participants felt that this lack of anonymity can be a protective factor against IPV in that community members know when IPV is occurring. Houses are close together, the hospital is small, the police force is small, the local companies are close-knit, and news travels fast through the community about cases of IPV. The fact that community members usually learn about IPV quickly may discourage perpetrators from abusing because of the fear of scrutiny in the community. Some participants shared that community members who live close together are more likely to detect when IPV is going on and call the police or even intervene physically before the violence can become severe. However, it appears that community members respond to IPV situations based on the gender of the victim, and tend not to intervene if the victim is male due to beliefs about the male gender role. The following example illustrates the difference in response to an incident of IPV, based on the gender of the victim.

Participant: ...In this community, irregardless...people will help here. People will not turn around while there's either a husband of wife whooping the hell out of each other in the front yard. No. In this community, somebody will put a stop to it, or somebody will call law enforcement. I can honestly say that.

Facilitator: How do these attitudes differ according to the gender of the victim? What if it's the man getting beaten?

Participant: ... Well, it wouldn't be the same. Some people around here might just drive off. Some people here might call law enforcement...if it were vice versa... We've had incidents like that where four kids were driving by and this guy was whooping his wife. The four kids jumped out, tackled him, and held him down 'til law enforcement got there.

Participants indicated that family members in general tend to defend victims and confront perpetrators of IPV. Extended family members may offer assistance to the victim by offering for a victim to stay in their home. It also appears that communication in friendship networks can be an important tool in stopping IPV. Participants talked about how a friend network can serve to break the silence around IPV and inform a victim's family about the abuse. These friend networks may also collaborate with family members to advocate for the victim and help the victim seek professional help. Additionally, participants indicated that friends may be able to react to IPV more rationally than family members due to the fact that they may have a greater emotional detachment from the victim and perpetrator, thus helping friends reason more logically in emotionally charged situations of abuse.

The major industries in a small town can also have a significant impact on the culture surrounding IPV. It is common for rural towns to have one or two major industries, and when one of these industries has leadership that embraces a policy that calls for IPV intervention and prevention, the effect on the community can be overwhelmingly positive. An example of this company policy is the mining company in the town in which the ethnographic interviews were conducted. Although community members referred to a "mining camp mentality," in which men tend to dominate women and often control them by abusing them, it appears that the mining company has adopted

a stance toward IPV that includes a belief in intervention and treatment for perpetrators and victims, as well as a referral network for company employees that are involved in IPV situations. Participants also shared that medical staff at the mining company has been successful in identifying cases of IPV and turning these cases over to law enforcement. Because leaders of the mining company believe in treatment for perpetrators of IPV, and because they believe that treatment for perpetrators makes these men better employees, many more men are now getting help for their abusive behavior than ever before.

It also appears that this company policy works in concert with leadership in the court system, and in particular, one judge who is a strong proponent of treatment for intimate partner abusers. It appears that the credibility of this judge is a key facilitating factor in intervening in situations of IPV in this town. This judge described how he gained credibility by being from this town, and by sharing similar interests as the community members in hunting, ranching, and playing sports. Additionally, this judge is known for being fair, firm, honest, and a believer in family and the utility of counseling for learning alternatives to violence. Because he has gained the *confianza* of the townspeople, this judge can yield his power in a positive way by advocating for services for both perpetrators and victims. He can also confront perpetrators without making them feel overly threatened, because many perpetrators have known him for a long time, respect him, and are willing to listen and admit mistakes because of the relationship they have with him. Because of the culture of trust, intervention, and treatment for batterers that this judge has created, perpetrators and their families have an opportunity to change their lives dramatically. The following exchange illustrates this judge's perspective on his relationship and credibility with the community.

- Facilitator: How comfortable is the community in using violence prevention and intervention services?
- Participant: ... When I first got elected into my position, we had the macho image in men... I've been elected for 18 years. I was born and raised here. People know me. People that sit in front of me, I tell them I'm a firm believer in counseling... People know me from the old days, 60s, 70s. I was a roper. I was a baseball player. I was a football player. You want to yell, I yell. You want to bite, I'll bite you. You want to drink, I'll out-drink you. My word means a lot to me as far as being an honest person. The community knows that. I think some of these guys that come before me hear me say that, "Listen, forget the macho image." You know, I'm a firm believer in counseling... So, if [judge's name omitted for confidentiality] believes in counseling, you should too... I've convinced some of these guys. You know, "If [judge's name omitted] said that, why can't I do it?"

In summary, there are numerous factors that facilitate intervention for stopping and preventing IPV. *Law enforcement training* and practice, as well as *legal policies*, are key elements in the battle against IPV. *Resources* to combat IPV, such as safe houses and therapies to treat victims and batterers exist, but are scarce commodities in these small towns. Participants emphasized the importance of *education* for children and adults about the dynamics of IPV, as well as the need for funding to disseminate information, especially through media outlets like television and radio.

It is necessary for the community to develop and maintain a level of trust in the resources that exist in order for them to feel comfortable in accessing them and following through with services. Participants shared suggestions of how to create *confianza* in the community with culturally competent services. The use of testimonial and a non-confrontational approach seem to be key elements in interventions in these small towns. In addition, partnering with trusted institutions, such as the churches, could facilitate interventions for IPV. Educating community members, family, and friends about IPV also appears to be an important element in combating IPV. The *lack of anonymity* in a

small town can be protective, as community members may intervene when they detect situations of IPV because it is likely that they know the persons involved in the incident. Family members and friends can also be protective forces for individuals and families experiencing IPV. It appears that friend networks can help facilitate communication with family members about IPV and increase the chance of intervention.

Lastly, it appears that the major industries in these small towns can have a tremendous impact in reducing IPV if the leadership in these companies adopts values around stopping and preventing IPV. It seems that company leaders, in collaboration with community leaders, can create a culture that does not accept IPV, advocates for abusers to take responsibility for their actions, and helps families heal from the effects of IPV.

## Discussion

This study was conducted to understand men's perspectives regarding the dynamics of intimate partner violence (IPV) in predominantly Mexican American rural communities in the Southern and Southwestern United States. The findings explain the factors that contribute to the incidence and acceptance of IPV, as well as the barriers and facilitating factors for IPV interventions and prevention efforts in these communities. The study's contributions are unique because they reveal factors specific to rural communities—locations where little research has been conducted and where resources for IPV prevention and intervention can be scarce. The study also reveals the specific views of Mexican American men and provides recommendations for culturally competent interventions for IPV. A qualitative, inductive approach allowed male participants to share specific cultural factors that may influence the dynamics of IPV and intervention for IPV. Lastly, a community readiness assessment helped to further tailor suggestions for interventions, based on the level of awareness, resources, and current interventions for IPV in these rural communities.

### Summary of Findings

Community readiness. Community readiness analysis revealed that the communities involved in this study are at a low level of readiness to address the issues of *men as victims of IPV* and *men as perpetrators of IPV*. The modal stage of readiness was “vague awareness,” which means that there is some idea that there is an IPV problem locally, and that something should be done to address it. At the “vague awareness” stage, there is typically little motivation for community members or leaders to do anything about the problem, and there is only vague knowledge about the causes of IPV. However,

the results suggest that these communities might be slightly more prepared to address the issue of *women as victims of IPV*. The communities most often scored in the “preplanning” stage with regard to *women as victims of IPV*, which means that there is likely a clear recognition of a local problem with IPV, and that something should be done to help female victims of IPV. At the “preplanning” stage of readiness, there are likely community leaders or committees addressing the issue of IPV against women, but efforts are not yet fully developed. Planning for addressing the issue of IPV against women is likely to be minimal, and the community as a whole is only beginning to acknowledge the need to address the problem of IPV against women.

Factors contributing to incidence and acceptance of IPV. Interview data revealed two prominent elements of IPV in this sample: 1) the control abusers exert over their victims, emotionally and physically, and 2) the lack of respect abusers have for themselves and their victims. Participants indicated that IPV tends to occur during stressful situations, which can include financial decisions and economic problems, as well as the pressures of consumerism in the United States. Additionally, strenuous job conditions and long hours appeared to be related to increased stress levels, substance abuse, and incidence of IPV. These findings on control, respect, stressful situations, and substance abuse are congruent with existing literature on the impact of these factors on the incidence of IPV (Caetano et al., 2000; Dutton, 1995; Perilla et al., 1994; Shahbaznia Alvarez, 2002)

The majority of participants’ responses about the connection between substance abuse and IPV were focused on alcohol. There was one reference in the interview data to a strong connection between methamphetamine abuse and IPV. There is also a strong

correlation between methamphetamine users and violence, including intimate partner violence (Cohen, Dickow, Horner, Zweben, Balabis, Vandersloot, & Reiber, 2003) and child abuse and neglect (Haight, Jacobsen, Black, Kingery, Sheridan, & Mulder, 2005). In many parts of the nation, rural areas are facing a significant problem with methamphetamine production due to the isolation of these areas and the ability to hide its production, as well as the easy access to ingredients to make the drug (Travis & Vereen, 2000). Therefore, it appears that further assessment of methamphetamine production and abuse in the rural areas in this study, as well the potential relationship to IPV, is warranted.

Cultural values, especially with respect to expectations about gender roles, appeared to contribute to the incidence of IPV. Couples of mixed ethnicity in particular seemed to struggle with cultural differences around gender role expectations. The traditional Latino male gender role expectations within *machismo* appear to contribute to the normalization of violence and place the male in a position of power over an intimate partner. The traditional gender role beliefs of *machismo* seem to be transmitted across generations, and the values of male power and control are resistant to change. These findings on the relationship between traditional gender roles and IPV support the literature on IPV among Latinos, and Mexican Americans in particular (Firestone et al., 2000; Jasinski, 1998; Perilla et al., 1994).

Barriers to IPV intervention and prevention. Participants in this study identified numerous barriers to interventions for stopping and preventing IPV in their communities. Abusive men tend to keep abuse a secret in part because of the societal expectation for men to adhere to traditional gender roles and control women. Male perpetrators of IPV

tend to deny, minimize, and justify their violent behavior toward women in an effort to maintain control and power over them. When men are victims of IPV, social norms dictate that they keep it a secret because they risk facing public scrutiny and humiliation if they admit they are being abused. The limited literature about male IPV victims reflects similar dynamics of men remaining silent due to shame about their victimization (Cook, 1997; Steinmetz, 1977-78; Straus, 1993). Additionally, women often keep IPV a secret or do not seek help because of traditional female gender role expectations that they should sacrifice, and thus endure abuse, for the good of the family. This finding about the sacrifices women make within the context of abusive relationships provides support for literature on traditional female gender roles, including the Latina gender role script of *marianismo* (Gil & Vazquez, 1996; Kaufman Kantor & Jasinski, 1998; Lopez-Baez, 1999).

There are many fears related to IPV that serve as barriers to stopping and preventing IPV. Victims tend not to report IPV because they fear losing the breadwinner of the household, or they fear retribution by a perpetrator. Community members also fear retribution by perpetrators, and consequently keep IPV a secret. There is also a perception that IPV is a private, family matter, which reduces the likelihood that witnesses of IPV will intervene. Others who witness IPV simply may not care enough to take action to help. Some community members do not know how to intervene, and others believe IPV is justified. Additionally, fear of public scrutiny affects victims and perpetrators, as well as their families, making it less likely that any of them will seek services. The findings in this study about the fears and secrecy around IPV are consistent

with studies on Mexican American families and the barriers to accessing services for IPV (Garcia et al., 2004; Torres, 1987, 1991).

Two aspects of rural culture in particular appear to be barriers to intervention. The lack of anonymity in small towns contributes to fears about public scrutiny and reduces the probability that perpetrators or victims will seek help for IPV. The rural isolation of some of these towns also serves as a barrier to stopping and preventing IPV. Evidence from the community readiness data and the interview data suggests that there is a paucity of resources available to address the needs of families experiencing IPV. Services for male victims of IPV are virtually non-existent. In these isolated towns, resources might be hours away, and families may not have the means to travel to these resources. Even when services are available, the cost of services may also prevent families from accessing them. Additionally, existing services may be adequate to address the needs of a family in crisis, but may not help victims develop ways to become less dependent on abusers. Participants also pointed to a lack of education about IPV as a barrier to intervention, as people are unsure about how to identify abusive behavior or where to access help. In some instances, this lack of education can be attributed in part to a lack of outreach by professionals (e.g., social services staff, medical staff, and police) who deal with IPV. These findings on the isolation, lack of anonymity and stigma around IPV, as well as the lack of IPV resources in rural communities provide support for studies on the dynamics of rural culture around IPV (Edelson & Frank, 1991; Moracco et al., 2005; Rosen, 1981; Websdale, 1998).

Lastly, participants cited flaws in law enforcement policy and practice that contribute to the perpetuation of IPV. Limited law enforcement resources and personnel,

as well as a lack of training on issues around IPV appear to be barriers to stopping and preventing IPV. It seems that legal policies around IPV allow perpetrators to continue abusing, as legal consequences are sometimes minimal and IPV cases often hinge on victim testimony and physical evidence of abuse. Victims of abuse, for many reasons, often withhold evidence and protect abusers. In addition, participants indicated that police officers' responses to IPV situations can be influenced by lack of experience and fears of public and professional scrutiny if charges are dropped. Officers are also influenced by intimidation by a perpetrator, a perpetrator's status in the community, and personal prejudice about women and communities of color. Literature on law enforcement intervention in situations of IPV has also documented flaws in police response and legal policy that serve as barriers to victims and batterers receiving the services they need (Peterson & Weissert, 1983; Rosen, 1981; Van Hightower & Gorton, 2002; Websdale, 1998).

Facilitating factors and recommendations for IPV intervention and prevention.

Community readiness provides a context and a starting point for planning IPV interventions in these rural towns. It should be noted that some communities may be at different stages of awareness with regard to various aspects of IPV. These communities appear to be at the "vague awareness" stage of readiness to address the issues around men as perpetrators and victims of IPV, and at the "preplanning" stage of readiness to address the issues around women as victims of IPV. According to the community readiness model (Edwards et al., 2000), the goal for communities at the "vague awareness" stage should be to raise awareness that the community can do something about IPV. This can be accomplished by implementing various strategies for addressing IPV. For example,

information about IPV should be presented at existing local community events and to unrelated community groups, such as church groups, healthcare-related groups, and school-related groups. Additionally, events such as potlucks should be initiated to present information on IPV. Advertising should be conducted through flyers, posters, billboards, and newspaper editorials and articles. Media messages should focus on specific suggestions about how the local community could stop IPV (Edwards et al., 2000).

For communities in the “preplanning” stage, the goal is to raise awareness of IPV with concrete ideas about how to combat it. Strategies include introducing information about IPV through presentations that define the different types of abuse (e.g., verbal, physical, economic) and how to seek help, and developing support from community leaders to combat IPV. Additionally, an evaluation of existing efforts in the community (e.g., curriculum, programs, and activities) should be conducted to determine who benefits from these efforts and what the degree of success has been. Local focus groups should be conducted to discuss issues and develop strategies for ending IPV. Media exposure should be increased through radio and public service announcements (Edwards et al., 2000).

The strategy of the community readiness model is to provide communities with interventions that are tailored to their current level of readiness, with the ultimate goal of moving communities to the “professionalization” stage. At this stage, detailed and sophisticated knowledge of the prevalence, risk factors, and causes of IPV should be available. Efforts to combat IPV may be aimed at the general population, but others should be targeted at specific high risk groups. During the “professionalization” stage, highly trained staff should be running programs, community leaders should be

supportive, and community involvement should be high. Effective evaluation can be used to test and modify programs, policies, or activities. Lastly, community members are supposed to continue to hold their leaders accountable for meeting community needs, while maintaining support for effective interventions (Edwards et al., 2000). There is support in IPV literature for tailoring community interventions to the readiness level of the community to address IPV (Fawcett, Heise, Isita-Espejel, & Pick, 1999). Fawcett et al. (1999) utilized the tenets of the transtheoretical model of behavior change, which underlie the community readiness model, in developing a community intervention to combat IPV in a town in Mexico. The focus was raising awareness of IPV, helping women recognize abuse, and encouraging those around IPV victims to respond to them in a supportive rather than judgmental or victim-blaming way. The interventions of community workshops and community media campaigns reflected an awareness that the community involved in the study was at an early stage of awareness around IPV. Though the effectiveness of the intervention was not yet known, it appears that the initial efforts at intervention were at least tailored to maximize the potential that they would be successful.

Whatever the level of community readiness, community members should be involved in the process of determining the most appropriate and effective media strategies to increase awareness of IPV and services for IPV. In communities with a low level of readiness and significant barriers to addressing IPV, it seems that small-scale media efforts may be most effective. Media such as church bulletins, general advertisements in local papers, and posters and leaflets at local gathering places may be helpful in raising awareness in a non-threatening manner. There is support in the IPV

literature for small, grassroots efforts for increasing awareness of IPV (Edwards et al., 2000; Fawcett et al., 1999). In small, close-knit communities, local papers could publish police reports of IPV among community members as a way to utilize the lack of anonymity in these towns as a deterrent for future IPV. However, it seems that media efforts that might shame perpetrators and families publicly need to be balanced with more supportive approaches, such as media that present a positive message about non-violence and encourage perpetrators and victims to eliminate IPV from their families. There is support in the IPV literature for media and outreach messages that focus on eliminating violence from Latino families to improve the wellbeing of the family, and in particular, to reduce the negative impact on children (Garcia et al., 2004; Moracco et al., 2005). Based on the importance of children and the family in Latino cultures, and the fact that children are almost always aware that IPV is occurring in families, small-scale media messages about how IPV affects children, in addition to how it affects victims, could be an effective intervention for raising awareness about IPV.

In light of the potential for this research on community readiness to address IPV to be used to support policy around IPV in these communities, it is important to provide some context for interpreting low levels of community readiness. This is important to avoid blaming the members of these communities for their low levels of readiness to address IPV. Social science researchers such as Ryan (1971), Valentine and Valentine (1975), and Valencia and Black (2002) have written on the tendency of the mainstream establishment to “blame the victim.” In other words, members of minority communities are often blamed for the social problems occurring within their communities, instead of looking at the oppressive structures, such as lack of access to educational and vocational

opportunities, which contribute to these problems. Social science research has been used to perpetuate the social problems within minority communities by assigning blame and responsibility for these problems on the community members themselves. As discussed in the introduction, Mexican Americans and members of other communities of color are not inherently more violent than members of the white mainstream in the U.S. However, they are disproportionately represented in circumstances that place them at risk for violence in the home and in the community. Structural factors must be considered when making arguments about the readiness of a community to address IPV. As evidenced in interview data, many factors contribute to low levels of community readiness to address IPV, including geographic isolation, lack of resources for IPV programming, lack of law enforcement resources, lack of education on IPV, beliefs about help-seeking, and stigma around IPV, among many others. It should also be reiterated that IPV occurs across cultures and income levels throughout the world. Blame must not be placed on communities that have suffered long-standing oppression and lack of access to resources and experiences that promote community and family wellness and prevent violence. Instead, the dynamics of IPV and readiness to address IPV should be viewed as a complex interweaving of structural, Mexican American, and rural cultures. In order to eliminate IPV, a community must change its beliefs about IPV. Examining cultural beliefs is central to this process. But factors related to culture cannot be separated from the context of long-standing discrimination which increases the risk of IPV and influences beliefs around IPV.

Although the communities in this study scored at the “vague awareness” and the “preplanning” stages of readiness, study participants provided information about

successful existing efforts and ideas relevant to future interventions that fit with increasingly sophisticated levels of community readiness. Interventions should be community based, ideally involving trusted members of the community with understanding of the local cultural nuances. Creating *confianza* (trust) is of utmost importance. Without the trust of the community members, interventions will almost certainly fail. Collaborating with existing, trusted community institutions such as churches, community centers and clinics is one way to make a connection with community members. Utilizing such resources builds a bridge between service providers and community members, and it taps the strong potential of “word of mouth” communication, as those who attend events at these locations are likely to share with friends and family members. Another way to develop trust and credibility for interventions is to enlist the help of families in the community that do not struggle with IPV. These families could be trained to educate community members on healthy relationships based on communication and non-violent conflict resolution. These suggestions from participants support the literature on the importance of creating trust in the Latino community and utilizing existing strengths and resources to enact social change around IPV (Fawcett et al., 1999; Fontes, 1998; Garcia et al., 2004).

Study participants identified early education about IPV and healthy relationships for children at home and in schools as a foundation for changing the culture of violence. Research on the prevention of IPV supports the idea of early education on IPV as a critical *primary* prevention strategy (Coker, 2004). Coker (2004) illustrates three different levels of IPV prevention strategies. *Tertiary* strategies include law enforcement and legal responses to IPV, as well as women’s shelters and community based support services for

women seeking assistance in coping with IPV or safely leaving abusive relationships. *Secondary* strategies include interventions to modify the rate and the distribution of IPV and interventions to separate the IPV perpetrator from the victim. Specific examples include training perpetrators to deescalate the aggression, providing IPV hotlines for violent or potentially violent partners to access services, and careful assessment for IPV in medical, educational, and workplace settings. The purpose of careful assessment of IPV is early identification of IPV and referral for services with the potential result of reduced violence within families. Examples of separating perpetrators from victims include increasing conviction rates and sentencing durations, and providing protection and relocation for victims. *Primary* strategies include educational efforts to change social norms about IPV, unlearn violent behavior, and thus prevent IPV. Specific examples include challenging social norms promoting violence toward women, questioning controlling behaviors, changing male roles that promote aggression and control, promoting the education and vocational status of women in society, supporting men as parents, sons, and partners, and education programs in schools to teach non-violent conflict resolution and healthy intimate partner relationship skills (Coker, 2004). Albee (1982) wrote that no epidemic was ever successfully eliminated or brought under control by treating those already infected. Therefore, it seems *primary* prevention strategies are critically important to combat the epidemic of IPV.

Increased media coverage about IPV was consistently suggested as a necessary tool for increasing awareness about IPV and resources. This suggestion supports literature on studies that suggest that media messages focused on reducing tolerance for IPV are a key component of increasing awareness and knowledge of IPV (Coker, 2004;

Hamby, 1998). Study participants also suggested the use of a “town hall” format, in which community members are encouraged to share their thoughts and feelings about IPV. A competent community leader/facilitator could help ensure that all who wish to share their thoughts and feelings are heard. As part of the ongoing intervention development and evaluation process, the “town hall” format could be discussed among community members and leaders. If it is deemed an appropriate forum to discuss IPV, it could be tested for community response.

Community based efforts should be designed to help communities target and work through barriers to intervention. One aspect of rural culture that participants identified as a potential barrier to intervention is the lack of anonymity in these towns. With an increase in awareness about issues around IPV, the lack of anonymity in small, close-knit towns could be used as a tremendous strength in combating IPV. Increased awareness and communication about IPV could help ensure that those in the community who know each other will stand up against abuse and intervene. However, community members need to be educated about appropriate ways to intervene. This includes those who observe IPV from the outside, and those who experience IPV directly in their homes. Often those who experience IPV directly go to trusted family members or friends first. It seems that one key to effective intervention is helping make the connection between the informal “family and friends” network and more formal resources for victims and perpetrators of IPV. Increased awareness of available resources and knowledge of concrete steps in accessing these resources could facilitate this connection. These findings support research about culturally appropriate ways to bridge the gap between

informal support networks and professional service providers in Mexican rural communities (Fawcett et al., 1999) and Latino urban communities (Garcia et al., 2004).

Community resources should reach out to the public with a visible, clear message about how to intervene and the benefits of accessing IPV services. Community members, community leaders, and professionals should focus on shifting attitudes about IPV from a private, secret issue to a public issue that is the responsibility of all. Because IPV is so often kept secret, community members need to be educated on how to identify signs of IPV. Study participants indicated that male and female victims may show signs of abuse differently. They observed that female victims may appear depressed and withdrawn, whereas male victims might be more likely to react by being outwardly destructive to themselves or others. Understanding subtle nuances in behavior may increase the chances of detecting situations of abuse. In addition, community education should focus on reducing victim blaming and also reducing negative reaction to perpetrators who seek support. There is support for this type of community-based transformation in the research on IPV intervention and prevention in rural (Van Hightower & Gorton, 2002) and Latino communities (Perilla & Pérez, 2002). Perilla and Pérez (2002) suggest a *communal* response to IPV, in which long-lasting change is possible only when male batterers begin to see themselves not as living in a vacuum, but as communal participants who affect the well-being of the community and are affected by it. Within a communal context, the goal is also to raise awareness of the impact of IPV to the point that community members, including service providers, can no longer accept violence in their community without compromising their integrity as human beings who are working toward non-violence (Perilla & Pérez, 2002).

There is some debate in the literature about whether close social connection within a community helps to curb violence. Browning, Feinberg, and Dietz (2004) argue that dense social networks and reciprocal relationships in urban settings promote collective efficacy, or trust and solidarity among neighborhood residents, combined with expectations for informal social control of neighborhood violence. However, the authors also found that while social networks promote neighborhood cohesion and informal social control attitudes, they also provide social support and resources for violent offenders who live in these neighborhoods, thus shielding offenders from more serious consequences. Whether this dynamic applies to IPV in particular, or in rural areas, is not yet known.

IPV programming should focus on the cultural aspects that contribute to the perpetuation of IPV. A foundation of program intervention should be an examination of gender role expectations and cultural norms. In the Mexican American culture, the traditions of power and control over a partner should be challenged, while embracing the positive aspects of the traditional gender roles of *machismo* and *marianismo*—traditional gender scripts of hard work, sacrifice, and dedication to family well-being. These cultural strengths should serve as cornerstones for healing. Programming should focus on helping perpetrators take responsibility for violent behavior, and learning alternatives to violence, such as assertive communication and effective conflict resolution. Patterns of abusive behavior are often generational, and it appears that people who are abusive lack more effective communication and conflict resolution skills. Programming should focus on building these skills and educating participants on the benefits of more respectful, egalitarian relationships. Due to the fact that victims often have legitimate reasons not to

leave abusive partners, including economic support and cultural values around keeping the family intact, it seems imperative to teach couples new communication skills and strategies for managing anger and avoiding violence. These findings support the literature on culturally sensitive IPV interventions with Latino families in which the centrality of family, as well as the positive aspects of *marianismo* and *machismo*, are embraced (Garcia et al., 2004; Moracco et al., 2005; Perilla & Pérez, 2002).

Additionally, it seems important to teach men how to intervene with other men, and to break the implicit endorsement of violence by helping men take a stand against it. In light of the prevailing culture of traditional male gender roles, asking men to intervene with other men to stop IPV may be challenging. But if men do not learn to fight against IPV, it could take much longer to reduce violence. The culturally appropriate use of testimony from men who have stopped being abusive could be an effective tool in helping other men come forward. Support for this type of intervention is found in Ramirez Hernandez' (2002) writings on IPV treatment for Latino men who batter. An important component of the treatment is testimony from elder men about ending violence in their own relationships. This type of sharing fits with the Latino oral learning tradition (Valle, 1982, as cited in Sherrard-Sherraden & Barrera, 1995) in which conversation about IPV would not be didactic, but a mutual, and perhaps less threatening, interaction.

Participants also consistently pointed to proper police training and intervention as crucial elements in combating IPV. Officers need training on the dynamics of IPV and its impact on families in order to understand how to prioritize IPV calls. The safety of families needs to be a priority in order to maintain a healthy community. There needs to be a focus on avoidance of bias in addressing IPV situations, and respecting the rights

and needs of victims and perpetrators alike. Particularly in rural areas where the law enforcement is the only source of intervention in the absence of other resources (e.g., counseling, shelters, victim advocates), patriarchal beliefs about gender roles need to be challenged in order to avoid victim blaming and increase prosecution of batterers. There needs to be training on careful assessment of IPV situations, including sensitivity to mutual violence (i.e., the greater physical and emotional impact that IPV has on female victims than on male victims, even in bi-directionally violent couples (Vivian & Langhinrichsen-Roehling, 1994)), as well as how to help male victims without stereotyping them. Procedures in addressing IPV cases need to be consistent, including creating a paper trail for stronger legal recourse for victims. Police officers need to work to build rapport with community members, and victims of IPV in particular. Research on police IPV intervention is congruent with these findings on the importance of training for police officers on gender roles and the causes of IPV. There needs to be a joint effort between police, victims, and perpetrators to ensure that the needs of all involved are met (Smithey, Green, & Giacomazzi, 2003; Van Hightower & Gorton, 2002).

Additionally, study participants spoke of the need for police officers to act on probable cause, instead of having to rely on victims' testimony to press charges. This takes the burden off the victim and helps ensure that perpetrators receive the intervention they need. This finding is supported by research studies that reported increased prosecution of IPV perpetrators and reduced violence toward intimate partners when police are trained to carefully assess IPV situations and make arrests of perpetrators based on probable cause that abuse did occur, even in the absence of a victim's statement (Orchowsky, 2003; Smith, Davis, Nickles, & Davies, 2003).

Study participants also spoke of the importance of follow-up by police with families that have experienced IPV to ensure that the problem has stopped and that those involved receive the appropriate services. The issue of improving the relationship between law enforcement and the community seems paramount in increasing trust and the probability that community members will access this resource. Another way to improve this relationship is to educate officers, court officials, and community members alike on the structural factors that place communities of color at risk for increased levels of IPV. Lack of access to educational and vocational opportunities, low socioeconomic status, substance abuse, acculturation and assimilation are all examples of factors that interact in complex ways and place communities of color at risk for violence (Aldarondo & Mederos, 2002; Benson, Fox, DeMaris, & Van Wyk, 2003; Conger et al., 1990, Hotelling & Sugarman, 1986). It is essential to combat the prejudiced thinking that violence is “a way of life” for communities of color, or that members of ethnic minority communities are innately more violent than European Americans. However, some evidence suggests that even when police departments train officers on the dynamics of gender roles in the incidence of IPV, officers who agree with traditional gender roles are sometimes resistant to changing simplistic ideas about the causes of IPV (e.g., “Family violence occurs much more in poor families than in middle class families”) (Smithey et al., 2003). It appears that even officers who receive training on IPV may lack understanding of the complexities of IPV, and may make decisions based on unfounded stereotypes. Clearly, further evaluation and improvement of IPV training for law enforcement officials is essential.

Community members who are undocumented in the United States need to have a clear understanding of whether their legal status will be questioned if they seek out police in a situation of IPV. Many undocumented immigrants simply will not access police resources due to fear of deportation (Torres, 1987). This fear further isolates undocumented victims and perpetrators of IPV and serves to perpetuate the problem of IPV.

In addition to being culturally appropriate, it appears that treatment for perpetrators also needs to be court mandated. Though there are a select few perpetrators who voluntarily participate in IPV programming, it is rare that a perpetrator will attend a counseling program without a legal incentive (Perilla & Pérez, 2002). This points to the need for a coordinated effort between law enforcement and the court system. This finding is supported by research that suggests that professionals in the court system need to have the same education on issues around IPV that police officers have in order to make informed legal decisions about how to deal with perpetrators and victims of IPV appropriately (Pollitz Worden, 2003; Van Hightower & Gorton, 2002).

Additionally, it appears that on a local level, the consequences for not participating in treatment for IPV need to be relevant to perpetrators. Study participants gave the example of making access to hunting weapons contingent on a perpetrator successfully completing IPV programming. In a local culture in which hunting is a popular pastime, this was a relevant incentive to complete treatment. Whether or not this policy is relevant for other Mexican American communities, and recent immigrant communities in particular, is questionable. Each community should be evaluated to understand which legal incentives could facilitate participation in IPV programming.

In order to implement such legal incentive policies, court officials need to be sensitive to the local culture. Study participants indicated that one judge in particular had established credibility with perpetrators of IPV because he was born and raised in the town where he worked, and he portrayed himself as similar in many ways to the community members in his court. It appears that in rural culture, community leaders establish credibility by being honest, fair, and by having an intimate understanding of the way of life in these rural towns. This particular judge also valued prosecution and treatment for IPV perpetrators. It is clear that the orientation of judges with regard to attitudes about IPV perpetrators and victims has significant impact on the culture of IPV within a community. This is consistent with research findings that indicate that when judges question victims' honesty or delegitimize their claims, it is less likely that victims' safety needs will be addressed, and more likely that IPV perpetrators will not be held accountable. On the other hand, when judges hold high due-process standards and have pro-prosecution attitudes, they often influence officers to more carefully document IPV cases, and IPV perpetrators receive the legal consequences and services they need (Pollitz Worden, 2003; Van Hightower & Gorton, 2002).

Participants also complained that soft sentencing for perpetrators had minimal impact on reducing abusive behavior. Participants suggested that the consequences for subsequent IPV offenses should increase in severity. Ideally, the court system and community IPV resources would collaborate to monitor families and ensure ongoing care. These findings support literature on IPV interventions that suggests that perpetrator arrest, in combination with police-initiated follow-up, leads to increased batterer prosecutions, convictions, and sanctions for batterers. In addition, this combined effort

increased empowerment for victims, which led to reductions in subsequent victimizations (Jolin, Feyerherm, Fountain, & Friedman, 2003). However, there is literature that suggests that a subset of male batterers with weak social and intimate bonds and histories of persistent and severe violence toward their partners continue to abuse their partners regardless of involvement with the legal system and treatment programs (Aldarondo & Mederos, 2002).

The communities involved in this study tended to have one or two main industries. It appears that for at least one of these communities, the collaboration between law enforcement, the court system, and the main employer—a mining company—was an effective model for increasing access to IPV services for those families in need. When the leaders of the main industry are invested in stopping IPV and believe in treatment for IPV perpetrators, they are likely to team with law enforcement and the courts to ensure that employees receive help. It seems that intervening with company leaders and educating them about IPV and the impact it has on families, as well the impact it can have on employees, are essential components in the fight against IPV. Participants also pointed to the importance of mining company doctors' sensitivity to issues around IPV. Because primary care providers are often the only professionals involved with families in isolated rural towns, it seems essential that they are properly trained to detect IPV and educate families and make appropriate referrals. These findings support literature on the efficacy of community based IPV coalitions, which are collaborations between community members and professionals from multiple disciplines (Coker, 2004).

The geographic isolation of some rural towns necessitates increased outreach on the part of community members, police, and IPV service providers. This can be a difficult

endeavor with limited financial and personnel resources. This combination of limited resources and the need for increased outreach can be a model for burnout for service providers. Increased community organization and involvement of community members and leadership can be a foundation for increasing awareness on the legislative and funding levels. Increasing funding for programs will make it possible for expansion of existing services. For example, there is a need for improving the services for victims and their families. Study participants spoke of the need for women's shelter organizations to provide support and advocacy for victims beyond the crisis stage. Resources are needed to empower victims through educational and vocational avenues and help them become less dependent on abusers to give them the option of leaving, if they choose to do so. This finding supports research that shows that with increased personal control and financial independence, women are more able to leave an abusive partner (Sullivan & Bybee, 2003). Community programming must also be culturally sensitive, taking into account the value that Latinos place on family, children, and marriage, as well as sacrifice for the good of the family (Champion, 1996; Falicov, 1998), all of which may reduce the probability that women will report IPV (Garcia et al., 2004).

In order for legislators to allocate funds to IPV programming, communities need to show that they are organized and prepared to provide competent services. Study participants identified the need to educate legislators and funding sources on the delicate process of building trust in community programming, and how it takes time to increase participation, especially in light of the shame associated with IPV. They emphasized the importance of having consistent funding as a program gains momentum in the early stages. This finding is consistent with research that suggests that programming for male

batterers should be readily available, even for men who have not yet been involved with the criminal justice system as a result of violent behavior (Coker, 2004). Ideally, once programs are implemented, outcome studies should be conducted to assess the effectiveness of the programming. Research on IPV is an important tool for accessing and maintaining funding for local programming. Evidence that programming is making a positive impact on the families and economic systems in a community is one key to the sustainability of interventions (Coker, 2004).

Although it is premature to propose a comprehensive model for IPV intervention, the results of this study and the literature on IPV intervention suggest a multidisciplinary, multilevel approach to combat IPV that includes families, community based service providers, political leaders and government, religious leaders, mental health providers, healthcare professionals, public health officials, employers, marketing professionals, and members of the media (Coker, 2004; Shepard & Pence, 1999). The communities in this town are in the early stages of readiness to address IPV, and therefore, the formation of an IPV coalition or task force must happen in collaboration with local officials and community members. It must be a grass-roots effort that encompasses the strengths, hopes, and dreams of the community and mobilizes community members and professionals to collectively end IPV.

#### Main Limitations and Contributions of the Study

This study is based on a limited number of communities and participants, and therefore, the dynamics of IPV and its influential factors may not necessarily be representative of those of other rural towns or Latino sub-groups. Another limitation is the reliance on focus groups and individual interviews as the primary sources of

information. Participants may want to portray themselves or their communities in a more positive light in groups that include their peers and a researcher, as well as in an individual setting with a researcher who is perceived as an outside evaluator. Ideally, information obtained in the interviews with men should be corroborated by other sources of information, such as interviews with women in these towns. Participants were not randomly selected to participate in key informant interviews or in focus group or ethnographic interviews. Key informants were selected by the main community contacts, and focus group and ethnographic interview participants were selected by community contacts and by key informants. This selection process may not have provided a diversity of interview responses. Despite best efforts to involve participants who were representative of the communities studied, a random selection of participants may have provided a broader range of responses. Therefore, the interview data may not generalize to all members of the community. Additionally, the qualitative data comes from only three of the 10 towns where community readiness data was collected. The qualitative data may not necessarily be representative of all 10 towns included in the study.

This study did not include demographic information for focus group and ethnographic interview participants, except for that they were Mexican American men in their early twenties to mid-seventies who either currently or previously had live-in partners. Research has shown that demographic factors such as age, social class, and occupational status may have an effect on the incidence of IPV (Hotelling & Sugarman, 1986; Kaufman Kantor et al., 1994; Straus & Smith, 1990). However, participants were not asked to disclose their own experience with IPV, as the focus of the study was community knowledge of IPV, not individual experience with IPV. Participants revealed

many local cultural factors contributing to IPV, but including additional demographic information, such as acculturation, may have provided useful context for the perspectives of the men in the study. However, the importance of maintaining the anonymity and protection of study participants in these rural areas superceded the acquisition of demographic data. This practice of maintaining the anonymity of participants is congruent with literature on the ethics of cross-cultural IPV research (Fontes, 1998).

There is no standardized indicator of acculturation for participants in this study, except the preference for English in the interviews. Acculturation is an important factor to consider when examining the degree to which people have maintained their own or adopted other cultures' beliefs, values and practices, and whether people are likely to access community resources (Champion, 1996; Garcia et al., 2004; Perilla et al., 1994). Research on Latinos has shown, with mixed results, that acculturation may also been linked, to the incidence of IPV. Some studies suggest that low levels of acculturation (Champion, 1996; Firestone et al., 2003) and high levels of acculturative stress (Shahbaznia Alvarez, 2002) are linked to incidence of family violence. In contrast, other studies of Latino groups showed a link between higher levels of acculturation and increased levels of IPV (Champion, 1996; Garcia et al., 2004, Jasinski, 1998). In light of these findings, it seems that future study of these communities should take demographics such as age, social class, occupational status and acculturation into account when planning for IPV intervention services.

The national movement to address IPV was a grass-roots effort initiated in urban areas (Van Hightower & Gorton, 2002). Urban areas have essential resources to support political activism, such as a population of people willing to help, financial resources,

colleges and universities, unions, and extensive communication and transportation systems. The battered women's movement grew in these areas as a bottom-up effort to establish shelters, crisis hotlines, counseling, and education programs. It has grown from these beginnings into a coalition of domestic violence and feminist organizations that wield political power to advocate for victims of IPV, increase public awareness about IPV, and secure funding for IPV services. However, the initial grassroots movement has not reached many rural areas in the United States. Consequently, rural efforts to combat IPV have not been bottom-up efforts to establish services and policies. Instead, policies for rural IPV result mainly from top-down mandates written by policy makers who are largely unfamiliar with the issues unique to IPV in rural areas (Van Hightower & Gorton, 2002). This study is significant because it provides valuable information about the local dynamics of IPV in rural communities. It is also significant because it gives men's views of the dynamics of IPV, which is a perspective that has been largely absent from the IPV research. This study also provides an indication of community readiness to address IPV, which is another important tool for establishing a plan for appropriate IPV intervention and prevention practices and resources. The qualitative information on men's perspectives of IPV and the community readiness data can be essential elements of a grass-roots movement to create IPV policy tailored to these communities and provide culturally appropriate, effective intervention and prevention of IPV. Most importantly, the information included in this study is a starting point for mobilizing these Mexican American communities to build on their strengths to end IPV. This study's findings serve as a building block for further exploration of community struggles and strengths that will solidify culturally appropriate community action for ending IPV. As suggested by Fontes

(1998), IPV research must be designed in ways to challenge the status quo, improve access to IPV services and other resources for oppressed groups, and include the knowledge and wisdom of families who practice non-violence.

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APPENDIX A  
COMMUNITY READINESS INTERVIEW PROTOCOL

## COMMUNITY READINESS QUESTIONS

### A. COMMUNITY EFFORTS (Programs, Activities, Policies, etc.)

### B. COMMUNITY KNOWLEDGE OF EFFORTS

1. Using a scale from 1-10, how much of a concern is the issue (intimate partner violence) in your community, with one being not at all and ten being a very large concern?
2. What efforts are available in your community addressing this issue?
3. How much do community members know about these efforts?
4. How long have these efforts been going on in your community?
5. What are the benefits of the efforts?
6. What are the weaknesses of these efforts?
7. Who do these programs serve? (for instance, age, gender, ethnicity, etc.)
8. Would there be any segments of the community for which these efforts/services may appear inaccessible?
9. Is there any planning going on in your community surrounding this issue? If yes, please explain.
10. Is there need to expand these efforts/services? If no, why not?
11. What formal or informal policies and practices related to this issue are in place in your community, and for how long? Prompt: An example of formal would be school, police, or courts, and an example of informal would be like telling others to stay away from a certain part of town, etc.
12. Are there segments of the community for which these policies and practices may not apply? Prompt: For example, due to socioeconomic status, ethnicity, age, etc.
13. Is there a need to expand these policies and practices? If yes, are there plans to expand these policies and practices?
14. How does the community view these policies and practices?

### C. LEADERSHIP

15. Does the overall leadership in your community see the issue as a problem?
16. What “leaders” in your community are involved in efforts regarding this issue? Please list. How are these leaders involved?
17. On a scale from 1-10, how supportive would leadership be in expanding efforts?
18. Who are the leaders, specific to this issue, in your community? (if different from the leaders mentioned above)

### D. COMMUNITY CLIMATE

19. Describe \_\_\_\_\_ (name of community).
20. Is there ever a time when or circumstances in which members of your community might think that the issue should be tolerated?
21. How does the community support the efforts?
22. Based on the answers that you have provided so far, what do you think is the overall feeling among community members regarding this issue?

### E. KNOWLEDGE ABOUT THE ISSUE

23. In general, what does your community know about the issue?

24. What type of information is available on the issue in your community?
25. Is local data available on the issue in your community?
26. How do people obtain this information in your community?

#### F. RESOURCES FOR PREVENTION EFFORTS

27. Who would a person turn to for help about this issue?
28. On a scale from 1-10, what is the level of expertise and training among those working on this issue?
29. Do efforts that address this issue have a broad base of volunteers?
30. Does local business and/or industry support efforts with such things as time, money, and/or space?
31. Are you aware if there are any efforts being made to evaluate the efforts or policies that are in place?
32. Are you aware if there are any efforts being made to evaluate the efforts or policies that are in place?
33. Are the evaluation results being used to make changes in programs, activities, or policies or to start new ones?

APPENDIX B  
FOCUS GROUP QUESTIONS

## **FOCUS GROUP QUESTIONS**

1. Let's start generally. When the issue of intimate partner violence is discussed, what comes to mind?
2. In some cases, men are the ones initiating the violence, in some cases it is women, and in some cases, both. How do you think it usually goes?
3. Do you believe that people talk about intimate partner violence in this community?
4. What are some signs that a man might be a victim of intimate partner violence?
5. What are some signs that a woman might be a victim of intimate partner violence?
6. Do you believe the community's tolerance level changes depending on whom the victim is (ethnicity, age, sexual orientation)?
7. If partner violence is tolerated or not talked about, why do you think that is?
8. What barriers, do you think, need to be overcome to change the level of tolerance or silence about intimate partner violence?
9. What factors in a community make it more likely that violence will occur?
10. When is intimate partner violence most likely to occur (time of year, time of day, special occasions, etc.)?
11. What about violence between partners who are not of the same ethnic group? Does that have an effect?
12. How might a man who is a victim of partner violence get help in this community?
13. How might a man who is a perpetrator of intimate partner violence go about getting help in this community?
14. What might be the reasons a man wouldn't seek help?
15. How do professionals (counselors, medical people, law enforcement) respond to the request for assistance from a male perpetrator as compared to a female perpetrator?
16. How do professionals (counselors, medical people, law enforcement) respond to the request for assistance from a male victim as compared to a female victim?
17. What could be done in this community to reduce intimate partner violence?
18. If you could change your community to be more responsive to men, what would that look like?
19. What might make an intervention culturally appropriate for Mexican American men?
20. Do you have any additional comments?

APPENDIX C  
CONSENT FORMS

**COLORADO STATE UNIVERSITY  
INFORMED CONSENT TO PARTICIPATE IN A RESEARCH PROJECT  
INFORMED CONSENT TO PARTICIPATE IN A FOCUS GROUP**

**TITLE OF PROJECT:** Cultural and Community Context of Perpetration of Intimate Violence in Rural and Ethnic Communities

**NAME OF PRINCIPAL INVESTIGATOR:** Pamela Jumper Thurman, Ph.D.

**NAMES OF CO-INVESTIGATORS:** Ruth Edwards, Ph.D. and Randall Swaim, Ph.D.

**CONTACT NAME AND PHONE NUMBER FOR QUESTIONS/PROBLEMS:** Dr. Pamela Jumper Thurman,  
1-800-835-8091.

**SPONSOR OF PROJECT:** Center for Disease Control

**PURPOSE OF THE RESEARCH:** The purpose of this study is to gather information that can be used to develop ways of helping people in rural communities prevent intimate partner violence. We are particularly interested in this problem in rural and ethnic communities. Many times the resources that are available to help those who are victims or perpetrators of violence are not ones that men in this population feel they can go to for help. Questions will be asked in this focus group that provide general information to develop strategies for prevention of intimate partner violence from a male perspective.

**PROCEDURES/METHODS TO BE USED:** We are conducting a focus group so that we may talk with five to eight men in each of twenty different communities asking why they think this type of violence happens, what can be done about it, and how men who have been either victims or perpetrators can be best helped. The questions we will ask will include the following types of issues: How much of this kind of violence happens in your community. What do you think the general attitude of the community is about such violence. What are some of the reasons men in this community may not want to go to law enforcement or social services for help. Where and to whom do they think men can turn for help in their community if they are victims or perpetrators of this kind of violence. Who might be best to provide help to men in either of these types of situation? What words are used to define this type of violence and what factors are related to measurement of violence, etc.

So that comments and discussion can be summarized later by the facilitator, the group will be audiotaped. However, precautions are being taken so that there will be no way that anyone other than the facilitator and transcriptionist will be able to identify who participated. No names will be used during the course of this group and when the tape recordings have been transcribed, they will be destroyed with the week. Other group members will also be asked to respect confidentiality.

In appreciation for your time and cooperation, you will be given a small gift of a gift certificate or mug in addition to a penlight or pen.

**RISKS INHERENT IN THE PROCEDURES:** You will not be asked about your personal experiences, or whether you are a victim or a perpetrator. You may tell the facilitator you don't want to continue talking about this subject at any time, so there is no risk to you. If talking about violence should make you uncomfortable, the facilitator will arrange for you to talk with a counselor or provide access to other appropriate resources. It is not possible to identify all potential risks in research procedures, but the researcher(s) have taken reasonable safeguards to minimize any known and potential, but unknown, risks.

**BENEFITS:** Your responses in this focus group, along with those of the other participants will help us better understand the nature of intimate partner violence in communities like yours, the attitudes men in your community have about this kind of violence, what kinds of things might be

done to prevent it, as well as why it happens and what victims and perpetrators can do to help themselves and what family and community members can do to help them. Once these problems are better understood, we will be able to help communities like yours work toward reducing intimate partner violence and helping those who are victims or perpetrators of it. Your help in gathering this information is greatly appreciated.

**CONFIDENTIALITY:** As noted above, we will not put your name on the focus group tape and once the tape recordings of the group have been summarized, the tapes will be destroyed. The focus group facilitator will be the only person who knows the name of each person in the group, and they will not put your name, community or any other identifier on either the tape recordings or their notes once the group is completed.

**LIABILITY:** The Colorado Governmental Immunity Act determines and may limit Colorado State University's legal responsibility if an injury happens because of this study. Claims against the University must be filed within 180 days of the injury. Questions about subjects' rights may be directed to Celia S. Walker at (970) 491-1563.

**PARTICIPATION:** Your participation in this research is voluntary. If you decide to participate in the study, you may withdraw your consent and stop participating at any time without penalty or loss of benefits to which you are otherwise entitled. You may refuse to answer any question. If the focus group raises any concerns for you that you would like to discuss with a counselor, arrangements will be made for you to do so. Your signature acknowledges that you have read the information stated and willingly sign this consent form. Your signature also acknowledges that you have received, on the date signed, a copy of this document containing 2 pages.

\_\_\_\_\_  
Participant name (printed)

\_\_\_\_\_  
Participant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness to signature (project staff)

\_\_\_\_\_  
Date

**IF PARTICIPANT IS BELOW 18 YEARS OF AGE, THE FOLLOWING MUST BE SIGNED  
BY A PARENT OF LEGAL GUARDIAN**

**PARENTAL SIGNATURE FOR MINOR**

As parent or guardian you authorize \_\_\_\_\_ (print name of minor) to become a participant for the described research. The nature and general purpose of the project have been satisfactorily explained to you by \_\_\_\_\_ (research team member) and you are satisfied that proper precautions will be observed.

\_\_\_\_\_  
Minor's date of birth

\_\_\_\_\_  
Parent / Guardian name (printed)

\_\_\_\_\_  
Parent / Guardian signature

\_\_\_\_\_  
Date

**COLORADO STATE UNIVERSITY  
INFORMED CONSENT TO PARTICIPATE IN A RESEARCH PROJECT  
INFORMED CONSENT TO PARTICIPATE IN AN INTERVIEW**

**TITLE OF PROJECT:** Cultural and Community Context of Perpetration of Intimate Violence in Rural and Ethnic Communities

**NAME OF PRINCIPAL INVESTIGATOR:** Pamela Jumper Thurman, Ph.D.

**NAME OF CO-INVESTIGATOR:** Ruth Edwards, Ph.D. and Randall Swaim, Ph.D.

**CONTACT NAME AND PHONE NUMBER FOR QUESTIONS/PROBLEMS:** Dr. Pamela Jumper Thurman,  
1-800-835-8091.

**SPONSOR OF PROJECT:** Center for Disease Control

**PURPOSE OF THE RESEARCH:** The purpose of this study is to gather information that can be used to develop ways of helping people in rural communities prevent intimate partner violence. We are particularly interested in this problem in rural and ethnic communities. Many times the resources that are available to help men who are victims or perpetrators of violence are not ones that men feel they can go to for help. Questions will be asked in this forty-five minute to one hour interview that provide general information to develop strategies for prevention of intimate partner violence.

**PROCEDURES/METHODS TO BE USED:** We are conducting this interview so that we may talk with six men in each of ten different communities asking why they think this type of violence happens, what can be done about it, and how men who have been victims or perpetrators can be best helped. The interview should last approximately forty five minutes to one hour. The questions we will ask will include the following types of issues: How much of this kind of violence happens in your community. What do you think the general attitude of the community is about such violence. What are some of the reasons men who are victims or perpetrators may not want to go to law enforcement or social services for help. Where and to whom do they think men can turn for help in their community if they are victims or perpetrators of this kind of violence. Who might be best to provide help to men in this type of situation? What words are used to define this type of violence and what factors are related to measurement of intimate partner violence, etc.

So that comments and discussion can be summarized later by the facilitator, the interview will be audiotaped. However, precautions are being taken so that there will be no way that anyone other than the facilitator will be able to identify your interview. No names will be used during the course of this interview and when the tape recordings have been transcribed, they will be destroyed with the week.

In appreciation for your time and cooperation, you will be given a gift certificate or other small gift in addition to a penlight or pen.

**RISKS INHERENT IN THE PROCEDURES:** You will not be asked about your personal experiences and you may tell the interviewer that you don't want to continue talking about this subject at any time, so there is no risk to you. If talking about violence should make you uncomfortable, the interviewer will arrange for you to talk with a counselor or provide access to other appropriate resources. It is not possible to identify all potential risks in research procedures, but the researcher(s) have taken reasonable safeguards to minimize any known and potential, but unknown, risks.

**BENEFITS:** Your responses in this interview will help us better understand the problem of intimate partner violence in communities like yours, the attitudes men in your community have about this kind of violence, what kinds of things might be done to prevent it, as well as why it happens and what victims and perpetrators can do to help themselves and what family members

can do to help them. Once these problems are better understood, we will be able to help communities like yours work toward reducing intimate partner violence and helping men who are victims or perpetrators of it. Your help in gathering this information is greatly appreciated.

**CONFIDENTIALITY:** As noted above, we will not put your name on the interview tape and once the tape recording has been transcribed, the tape will be destroyed. The interviewer will be the only person who knows your name but they will not put your name, community or any other identifier on either the tape recording or their notes once the interview is completed.

**LIABILITY:** The Colorado Governmental Immunity Act determines and may limit Colorado State University's legal responsibility if an injury happens because of this study. Claims against the University must be filed within 180 days of the injury. Questions about subjects' rights may be directed to Celia S. Walker at (970) 491-1563.

**PARTICIPATION:** Your participation in this research is voluntary. If you decide to participate in the study, you may withdraw your consent and stop participating at any time without penalty or loss of benefits to which you are otherwise entitled. You may refuse to answer any question. If the interview raises any concerns for you that you would like to discuss with a counselor, arrangements will be made for you to do so. Your signature acknowledges that you have read the information stated and willingly sign this consent form. Your signature also acknowledges that you have received, on the date signed, a copy of this document containing 2 pages.

\_\_\_\_\_  
Participant name (printed)

\_\_\_\_\_  
Participant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness to signature (project staff)

\_\_\_\_\_  
Date

APPENDIX D  
ETHNOGRAPHIC INTERVIEW QUESTIONS

## **ETHNOGRAPHIC INTERVIEW QUESTIONS**

1. What does it mean to be treated abusively in a relationship?
2. Why do you think some people are abusive to their partners?
3. In your community, who does it usually happen to (such as age, gender, educational level, socioeconomic status, ethnicity, etc.)?
4. When does it usually happen in your community?
5. Who in your community, in your opinion, is more likely to “get away with” abuse?
6. How big a problem is partner violence in your community?
7. What attitudes do men in your community have about partner violence?
8. What keeps people in your community from changing their views?
9. Is there ever a time when some members of the community are treated differently in situations of abuse?
- 10a. Who would a male victim of partner violence talk to?
- 10b. Where would a male victim of partner violence go for help?
- 11a. Who would a male perpetrator of partner violence talk to?
- 11b. Where would a male perpetrator of partner violence go for help?
- 12a. How do you think a woman reacts when her partner has been abusive to her? How might she be feeling, or how might she behave?
- 12b. How do you think a man reacts when his partner has been abusive to him? How might he be feeling, or how might he behave?
- 13a. How do you think a woman reacts when she is abusive to her partner? What might she be feeling, or how might she behave?
- 13b. How do you think a man reacts when he is abusive to his partner? What might he be feeling and how might he behave?
14. Why does a person stay in this type of relationship despite the abuse?
15. What do you think keeps a victim of abuse from getting help?
16. What do you think keeps a perpetrator of abuse from getting help?
17. Why might some people in these types of relationships not report abuse?
18. What do they believe might happen to them if they report it?
19. In your community, do you think there is ever a time when partner violence is justified and/or deserved?
20. How do you think family members respond once they suspect abuse may be occurring?
21. How will friends respond once they suspect abuse is occurring?
22. How will neighbors respond once they suspect abuse may be occurring?
- 23a. Looking back on these attitudes about partner violence, do they differ according to the age of the victims?
- 23b. How do these attitudes differ according to the gender of the victims?
- 23c. How do these attitudes differ according to the ethnicity of the victims?
- 24a. How do these attitudes differ according to the age of the perpetrator?
- 24b. How do these attitudes differ according to the gender of the perpetrator?
- 24c. How do these attitudes differ according to the ethnicity of the perpetrator?
25. If someone has to have medical care as a result of abuse, how is the injury usually explained, and by whom?

- 26a. How does the medical community generally respond to partner violence?
- 26b. How does law enforcement generally respond to partner violence?
- 26c. How does the clergy generally respond to partner violence?
27. What efforts are used to prevent violence in this community?
28. What resources are available to a male victim of partner violence?
29. What resources are available to a male perpetrator of partner violence?
30. How comfortable is the community in using the violence prevention and intervention services?
31. What do you think would be effective in reaching men to prevent violence in your community?
32. Any additional comments you would like to add?