International Perspectives on Intimate Partner Violence

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Abstract

Intimate partner violence (IPV) is a serious global public health concern. The goal of this paper is to provide, side-by-side, international perspectives on the problem(s) of IPV and solution(s), with a particular emphasis on community psychology research and practice. Three perspectives are shared spanning the globe from the Pacific (Hawai`i) to the Atlantic (Puerto Rico). While one article uses a more traditional focus on violence against women and domestic violence among adults, two articles focus on teen dating violence. This collection of invited articles is based on a prior presentation made at the IVa Conferencia Internacional de Psychologia Comunitaria held in Barcelona 2012. Each set of authors has presented their unique study in a separate brief article, while the full paper concludes with a brief summary and implications for international action at the local level.

Keywords: intimate partner violence, teen dating violence, qualitative research, international

Introduction – International Perspectives

Intimate partner violence (IPV) is a serious global public health concern. The goal of this paper is to provide international perspectives on the problem(s) of IPV and solution(s), with a particular emphasis on community psychology research and practice. Following this brief introduction, three perspectives are shared spanning the globe from the Pacific (Hawai`i) to the Atlantic (Puerto Rico). While one paper uses a more traditional focus on violence against women and domestic violence among adults, two papers focus on teen dating violence. This collection of invited papers is based on a prior presentation made at the IVa Conferencia Internacional de Psychologia Comunitaria held in Barcelona 2012 (Helm, 2012), as well as fruitful conversations with *GJCPP* Editor Vincent Francisco regarding the importance of international collaboration in community psychology research and practice. We wish to thank the conference co-presenters, as well as the conference organizers for promoting international collaboration and for inspiring this paper. The paper is organized with the adolescent articles first, followed by the adult article, and concluding with a brief summary[1].

Brief Article 1: Experiencias de violencia en el noviazgo durante la adolescencia de mujeres en Puerto Rico[2].

Resumen: La violencia contra las mujeres ha sido reconocida como una epidemia mundial. En parejas jóvenes la misma ha ido aumentando, pero escasean estudios relacionados con esta población. En esta presentación se discuten los resultados de una investigación cualitativa descriptiva-exploratoria sobre las experiencias de diez mujeres adultas víctimas de violencia en su relación de noviazgo durante su adolescencia. Se expone cómo fue la experiencia de violencia, los tipos y la reacción a la misma por parte de las mujeres. Se discute el rol de los sistemas de apoyo: escuela, maestros/as y profesionales de ayuda; rol de la familia, padres, hermanos y familiares; y el de los pares en torno a la violencia en el noviazgo. Se presenta además, la visión de las mujeres sobre los roles de género y su perspectiva en torno a la relación de pareja. Las participantes hicieron una autoevaluación de su situación y expusieron los aprendizajes derivados de la experiencia de violencia en el noviazgo durante la adolescencia. Se discuten recomendaciones de las mujeres que experimentaron las diferentes formas de violencia durante su relación de noviazgo en la adolescencia así como implicaciones y estrategias de prevención para educadores y profesionales de ayuda.

Introduction

Intimate partner violence is recognized as an epidemic, in which women are mostly the victims and men the perpetrators (Amnesty International, 2011; Rodriguez del Toro, 2009; Logan, Walker, Jordan & Leukefeld, 2006; United Nations General Assembly, 2006; World Health Organization, 2006; Astbury, 1999). However, dating violence in great measure has been neglected or ignored as a form of violence (Montes, 2009; Theriot, 2008). In Puerto Rico, dating violence hardly has been studied, although police statistics (tendenciaspr.com) indicate that young people are increasingly involved in intimate partner violence. Therefore, the purpose of the present research is to describe and explore the experiences of violence in dating relationships from the perspective of adult women who were reflecting on their adolescent years. This article concludes with a set of recommendations based on those results and the extant literature.

Methods: Qualitative Research Design

The present study was conducted using a qualitative descriptive exploratory design, approved by the IRB of

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[1] While the papers are presented separately, there is a single reference section.

[2] The English title is, "Experiences of violence in dating relationships of women in Puerto Rico during their adolescence"

Inter American University of Puerto Rico. The participants were ten women aged 25 to 39 that experienced intimate partner violence during their teenage years in Puerto Rico. Participants were selected through flyers posted in public places such as universities, stores and churches and also using the "snow ball effect" or "chain method" in which participants referred other potential participants.

Data Collection Procedure. Data collection was performed by qualitative semi-structured audiotaped interviews using pre-established guided questions. Interviews were face-to-face and conducted privately with each participant. The research questions that guided this study focused on (1) how violence was experienced, (2) the role of parents, family members, school officials, and peers as a support system, and (3) the identification and description of the gender perspective (ideas and beliefs) of the participants. Therefore, the interview questions focused on: the events and types of violence experienced; emotions and feelings associated with these events; the meaning that participants gave to their experiences; the role of the family, school officials and peers in the situation; and the impact of the experiences in the participants' lives, among other.

Analysis. For the analysis, the responsive interview model and the technique of content analysis proposed by Rubin and Rubin (2005) was used. This model involves three stages: recognition, differentiation, and codification. In the recognition stage, the researcher identifies concepts, issues and events related to the phenomenon under investigation; the differentiation stage involves clarifying particular meanings of those components and looking for patterns and links between the concepts and issues surrounding the events; and the codification stage involves grouping together those relevant themes and events that addresses the research questions. Relevant quotes are provided in the results section in Spanish because interviews were conducted in Spanish. The English translation is also provided, though slightly paraphrased.

Results and Discussion

Results and discussion of these results are presented in tandem, rather than in separate sections. Five categories emerged from the content analysis of the participants' narratives: 1) experiences of violence; 2) reactions to dating violence; 3) role of support systems (family, peers, school officials); 4) perspectives and gender roles regarding the dating relationship; and 5) self-evaluation and learning from the experiences of dating violence during adolescence. These categories are described below, along with a brief discussion of each.

Theme 1: Experiences of Violence. A history of domestic violence was found among half of the participants' home while growing up, and also in their intimate partner's home. Other studies have shown this link between adolescent dating violence and exposure to domestic violence (Johnson, et al., 2005; Vézina and Hébert, 2007; Castro, 2004, among others). The cycle of violence (Walker, 2009), which includes three stages, tension building, aggression (acute incident stage), and loving-contrition (reconciliation), was identified to occur in most of these relationships. As commonly reported among women who have experienced dating violence, the participants in the present study also reported all forms of violence: emotional-psychological, verbal, sexual, and physical (Güenard & Jiménez, 1998; Halpern, et al., 2001; Johnson, et al., 2005). The presence of drug and alcohol use by the aggressors was found to exacerbate the violence (Vézina & Hébert, 2007; Rivera & Rivera, 2006). One important finding was that these aggressors frequently used the car (e.g. speeding), as a form of coercion and restriction of liberty, as has been found in other studies (Kreiter, 1999). All participants expressed difficulty in ending the violent relationship because of guilt, fear of reprisals, shame and various irrational beliefs that justified their partner's violence:

> *"...era una cosa increíble...se me trepaba encima (para lograr intimidad sexual) y era como, ¿y ahora, qué tú vas a hacer?...me marcaba las manos, se quedaban marcas...él me inmovilizaba...cuando yo accedí fue por manipulación de él; no fue voluntario...Para mí fue tan traumático, que yo decía: ¿por qué la gente quiere tener relaciones sexuales?*

> ("... It was an awful thing ... He sexually assaulted me and it was like, and now, what are you going to do? ... the marks in my hands were obvious, he immobilized me ... when I agreed (to have sex) it was because of his ...manipulation. It was not voluntary ... for me it was so traumatic that I said: why do people want to have sex?")

Theme 2: Reactions to Dating Violence. Among the effects of violence were low self-esteem, symptoms of depression, and physical and emotional changes. As part of the responses and coping strategies used most, participants tried to adapt and to reduce the violence by becoming submissive, changing lifestyles, lying, using false pretenses, crying, appealing to religion and spirituality for protection, and the use of legal strategies. It was also found that some participants responded with violence against their partners as a form of resistance. However these responses increased the violence from their partners:

"Mira lo que tuve que inventarme para poder zafarme y que él se fuera…me dio el puño y ahí yo me caí y me hice que me desmayé. Me quedé quieta, pensé éste se va a asustar y se va a ir y así pasó y ahí yo me levanté y corrí y él se me fue detrás…yo me metí para un monte, era de noche…"

("Look what I had to do to get away from him ... once he punched me in the face and when I fell pretended to faint ... stood still, I thought he would be scared and leave, then I stood up and he appeared again and ran after me ... I went into the woods, it was at night ...")

Theme 3: Role of Support Systems. Regarding the support systems, the narratives of most participants suggested that although most of their parents had known what was happening in their daughters' relationships, they had not warned, guided, intervened to protect them, nor advised them to break up with the abuser. Some parents only got involved when the violence was physical or became a threat to their daughters' lives. Most siblings were perceived to have been supportive, but some became allies of the abusers. In three cases the boyfriends continued visiting the home, as a family friend, even after the dating relationship ended. Regarding the role of the schools, as it has been shown elsewhere (Montes, 2009; Wan & Bateman, 2007), it was found that teachers and support staff were not accessible or their intervention with the victims were indirect. That is to say, participants did not recognize school staff as sources of support to deal with these types of problems. They mentioned, among other things, that they felt that counselors and other school professionals were not available to them; that they thought that although some staff suspected violence, they preferred not to intervene, and to accept these events as a natural occurrences among young couples. However, most participants recognized that they underestimated the seriousness of their own situation. In her own words:

"yo como que no entendía para qué ir a donde la consejera o la trabajadora social, yo subestimé la situación por la que yo estaba pasando, pero tampoco las profesionales de la escuela eran muy accesibles, me refiero en la información y los servicios que ofreces…yo sabía que estaban ahí, pero no sabía para qué funcionaban…"

(I did not know why I would want/need to visit the counselor or social worker, I underestimated my situation, but anyway school staff was not very accessible, I mean regarding the information and services they offered ... I knew they were there but did not know what for ... ")

Regarding the role of peers, as found in other studies (Smith & Hill, 2009; Toscano, 2007), most participants perceived women peers to have been more supportive than other people among them. However, some admitted to have isolated themselves from friends and peers in order to please their boyfriends. In another study, Montes (2009) found a negative impact among adolescent women exposed to their peers' IPV experiences, as explained by the social learning theory. This data is very critical precisely since peers are one of the primary identified sources of support in the present study. Therefore, peers' capacity to provide effective support is questionable if they themselves are victims of violent behaviors from their intimate partners.

Theme 4: Gender Perspective. Participants in the present study primarily showed traditional gender role ideas and beliefs, which has been linked to female and male sexual stereotypes that still prevail in many societies (Walker, 2009; Castro, 2004). For example, some participants claimed responsibility for their victimization because they felt that they allowed the abuse. This type of self-blaming is a reflection of the prevailing social discourse that often blames the victims for choosing the abusive partner and for staying with him after the abuse. One participant words:

"…a mí me enseñaron a que yo tenía que llegar señorita (virgen) al matrimonio, que si yo me entregaba a un hombre, pues ya nadie me va a querer, yo tenía ese tipo de mentalidad, este es el hombre con el que me tengo que quedar…"

("... I was taught that I had to be a virgin until marriage, that if I had pre-marital sex with a man, then nobody will want me or love me. I had that kind of mentality…that I have to remain with this man ...")

Theme 5: Self-Evaluation and Learning. In relation to the emotions and feelings experienced after the break up, most participants reported "happiness and freedom" as prevailing emotions. Their recommendations to other women included seeking immediate help and support, and to walk away from the relationship as soon as any form of violence or controlling behaviors from the partner begins. Finally, the findings showed that these women learned to take control of their lives and to make their own decisions, including zero tolerance to violence. Also, they were able to identify their personal strengths and to set goals for their lives as stated in the following excerpt:

" …aprendí que yo tengo que ser yo misma, me siento contenta de que la vida me premió y pude lograr lo que yo quería y dejé eso atrás y seguí caminando…el trato que me daba él no era el que yo merecía; dejarlo fue la mejor decisión…"

("I learned that I have to be myself. I'm glad that life gave me the opportunity to get where I want to be. I left all what happened behind me and kept walking ... I didn't deserve to be treated the way that he treated me. Leaving him was the best decision I have made....")

Clinical and Community Psychology Practice Recommendations

School officials and professionals working with teens should address dating violence, including gender, ethical, legal and social topics, as part of prevention efforts. Moreover, they need to find new strategies to be closer and empathic with students in order to educate them regarding the roles, functions and services they provide so that students feel free to request their assistance when necessary. School psychologists, counselors and other helping professionals need to become active advocates against teen dating violence. Screening of dating violence should be a part of all intervention processes with adolescents. In school settings, this type of education should be integrated in academic courses, such as providing various activities to address the important role of peers and friends in the prevention of dating violence among adolescents. It is also recommended to implement programs in elementary school, aimed at prevention of violence, regarding gender equality and to acknowledge and respect differences among people. Also such school-based interventions may aim to educate children about male and female social attitudes, beliefs, and behaviors. In relation to services to parents and caregivers, it is recommended to increase awareness of violence prevention and identification; gender violence; intervention techniques in situations of aggression; the supportive role of siblings and family members as partners in prevention; and effective communication skills, among others.

Community-based agencies who work with adolescents should pay more attention to teen's dating violence and risk factors. Community-based agencies may contribute to the prevention of this social problem by ensuring the usage of lay language to alert and warn all people, regardless of their educational level or social class. Church leaders can hold meetings and offer workshops about dating violence and prevention; integrating statistics and knowledge as part of outreach strategies as well as reviewing laws addressing this form of violence as an extension of the scope on intimate partner's violence. Finally, it is also important that government agencies include a gender perspective in public policies aimed to deal with intimate partner violence.

Brief Article 2: Professional Development in Dating Violence Prevention in Hawai`i

Background & Literature Review

Although often unrecognized and marginalized, intimate partner violence among adolescents in the US goes by several names, for example 'dating abuse', 'dating aggression' or 'dating violence'. For the purpose of this article, we will refer to the more commonly used 'teen dating violence' (TDV). Dating violence among adolescents, like domestic violence among adults is a pattern of violent perpetration and/or victimization which may take a number of forms. These forms encompass 1) physical violence, including 2) sexual violence, and 3) emotional violence, including 4) the use of social electronic media and other forms of monitoring and control (Baker & Helm, 2010; Mulford & Giordano, 2008).

Dating violence among adolescents is a growing concern across many fields, such as community psychology, public health, social work, and counseling because there is consistent evidence that adolescents regularly must deal with this problem at home, school, and in the community. The preceding article by Morales Diaz (this paper) indicates both multi-setting as well as negative developmental impacts that dating violence during adolescence presents into adulthood.

Specific prevalence rates vary depending on the type and severity of violence as well as reports of perpetration versus victimization (Hickman, Jaycox, & Aronoff, 2004; Mulford & Giordano, 2008). For example, in one study, overall prevalence rates of TDV perpetration was found to be 43% among boys and 51% for girls (Sears, Byers & Price, 2007), while another study reported victimization rates of 24% for boys and 22% for girls (O'Leary & Slep, 2003). Prevalence rates of psychological perpetration have been reported to be as high as 59% of boys and 53% of girls admitting to minor psychological aggression perpetration (i.e., do something to spite partner), and 22% of boys and 23% of girls admitting to severe psychological aggression perpetration in their relationship (i.e., destroy partner's property, Scott & Straus, 2007). Reports of physical and sexual violence perpetration were lower but still significant, ranging from 7% for having used severe sexual coercion (i.e., force partner to have sex by hitting, holding them down, using a weapon) to 28% for having used minor physical violence against a partner (Scott & Straus, 2007).

A similar pattern in victimization rates has been reported by youth in Hawai`i, with psychological victimization most prevalent (60%), followed by physical and sexual violence victimization (29% and 21%, respectively; Baker & Helm, 2011). In addition,

Hawai`i dating adolescents have reported high rates of monitoring and controlling behaviors via social electronic media (Baker & Helm, 2011). Monitoring and controlling included experiences of both perpetration and victimization regarding partners keeping track of each other, going through their partner's cell phone to check messages/texts, and going through their partner's personal website to check on who he/she is communicating with (rates for these experiences ranged from 48-51% for girls and 30-34% for boys; Baker & Helm, 2011).

Despite these alarming trends, TDV is not a well recognized form of violence in the United States. To raise awareness and to help move our State toward prevention, we have developed curricula and community-based professional development activities as part of the Asian/Pacific Islander Youth Violence Prevention Center at the University of Hawai`i. In this article we highlight our 1) research and dissemination activities, including 2) university curricula for undergraduates and graduates that emphasize workshop development, implementation, evaluation, and technical assistance; and 3) community training that emphasizes definitions, risk, protection, consequences, and program & policy implementation & evaluation.

Methods: Hawai`i Research and Science-to-Service Impetus.

The research overview presented here is based on three Hawai`i data sets. The first data set was derived from focus group interviews with a convenience sample of high school aged youth (for details see Helm & Baker, 2011). The second data set was derived from school-wide surveys from two high schools regarding youth violence, including TDV (for details see Baker & Helm, 2011). Finally, the third data set was derived from the Hawai`i Youth Risk Behavior Survey, which is part of a national surveillance effort, and includes a single violence victimization item (for details see Zaha, Helm, Baker, & Hayes, 2012).

From these data, we have found that psychological dating violence victimization and perpetration is below high school students' threshold for violence (Baker & Helm, 2010), despite the fact that it is most prevalent among both girls and boys (Baker & Helm, 2011). Like other forms of violence, statewide data indicate that TDV victimization is linked with substance use, as indicated by increased odds of reporting TDV when also reporting early substance use, marijuana use, and multiple drug use (Zaha *et al.* 2012). Furthermore, there is emerging evidence that peer-to-peer violence may be dating-related and TDV likely is peer-influenced (Helm, Baker, & Iskandar, under review). Finally, the research is promising in that youth have endorsed

school- and community-based dating violence prevention (Baker & Helm, 2010).

However, understanding ethnocultural diversity is critical in decision-making regarding prevention programming, particularly the need for deep structure, culturally-grounded interventions. Analyses of narrative data from focus groups among youth in Hawai'i indicated that negative ethnocultural stereotypes and discrimination may be experienced by certain ethnic groups regarding violence (Helm & Baker, 2011). Conceptually, this may result in differential outcomes for those groups when participating in violence prevention programs. Stereotyped youths may experience a heightened awareness of these negative generalizations held by others, and respond to the intervention in ways that serve to minimize negative perceptions, for example.

As community psychologists, we advocate for 'giving science away' (Miller, 1969; cited in Zimbardo, 2004). As such, we returned to the schools and communities where the data were collected. We presented these findings in high school faculty meetings; 'Ohana Nights where parents and families were invited to the school for dinner, presentations, and fellowship; and school health fairs in which we created interactive games for students. At a certain point the demand for these presentations was overwhelming! We needed a science-to-service strategy. Through conversations with our State of Hawai`i Department of Health partners, we secured funding to develop and teach a series of graduate and undergraduate courses in community interventions with a specific focus on TDV.

Results - University Curricula and Community-Based Professional Development

The purpose of the university curricula was to create and disseminate a TDV prevention professional development program for staff in youth-serving organizations across the State of Hawai`i (Helm, Baker, Luthy, *et al.* 2012). To accomplish this, a set of university courses were created. Course readings highlighted prevalence of TDV, risk and protective factors, correlates, prevention science, and workshop implementation and evaluation. Graduate and undergraduate students enrolled together in a once weekly seminar, where grad students also gained mentoring experience, while undergrads became familiar with graduate level studies. A total of 16 students participated, many of whom participated for more than one semester.

The first of four courses was designed for students to draft the contents of a train-the-trainer manual, and accompanying powerpoint slides for a community workshop. Students in the second semester refined the

draft and pilot tested it with managers and project coordinators of youth serving organizations. During the third semester students incorporated pilot test feedback, and co-facilitated one workshop. During the final of four semesters, students provided technical assistance to trained service providers, so that community trainers were able to modify our curriculum and workshop to suit the needs of their own organization and staff, as well as to evaluate their workshops for program improvement purposes.

As described above, the community training workshop was designed to train direct service providers in dating violence awareness and prevention by using a train-the-trainer model. Given the results indicating a drug use and TDV link, we targeted organizations receiving funds for youth substance use prevention and treatment, and also coordinated professional development credits for Substance Abuse Prevention Specialists. In addition to the pilot-test participants, sixty-six community and school-based direct service staff were trained. With travel expenses covered by the Hawai`i Youth Services Network and the host community-based organizations, we conducted trainings on the islands of Kauai, O`ahu, Molokai, and Hawai`i. Workshop evaluation results indicated that not only were participants very satisfied with the workshop, trainees gained in knowledge from pre- to post-workshop about prevalence rates in particular, as well as risk and protective factors.

Conclusion

Teen dating violence in Hawai`i is a serous problem, as it is in Puerto Rico and elsewhere in the US and globally. With support from our State Department of Health as well as the Centers for Disease Control and Prevention, we have been able to advance our understanding of the extent and nature of this problem. However, current epidemiology of TDV emphasizes prevalence data on the specific acts of violence that teens experience and perpetrate. While several of our studies inform the context in which TDV occurs, this information was based on youths' perceptions of TDV, as opposed to actual experiences. To fill the science to practice gap, future research will need to examine the context in which TDV occurs according to youth who characterize their prior relationship as having been problematic and possibly abusive (Baker, Helm, *et al*, unpublished data; Morales Diaz, this paper). This additional research will improve our community psychology practice in terms of developing and disseminating efficacious prevention and intervention strategies.

Brief Article 3: Experiencias de violencia de parte de sus esposos en mujeres de clase socioeconómica alta en Puerto Rico[3]

Resumen: La violencia contra las mujeres en relaciones íntimas de pareja es un problema de salud reconocido mundialmente. Esta violencia se manifiesta en diversas formas, como verbal, física, psicológica, sexual hasta la más extrema, el feminicidio. Estadísticas de P.R. entre el 1995-2009 evidencian un promedio de 20 mil querellas anuales y solicitudes de órdenes de protección mediante la Ley 54 de 1989- para la Prevención e Intervención con la Violencia Doméstica. Entre el 84 - 90 por ciento de estos casos las víctimas son mujeres. En los últimos años han aumentado los feminicidios. La investigación se concentra en estudiar mujeres víctimas pertenecientes a la clase socioeconómica media y baja. El foco de esta presentación es analizar los datos de una investigación fenomenológica conducida con 12 mujeres víctimas de violencia de pareja en matrimonios de clase social alta. Los resultados demuestran que estas mujeres se ven forzadas a la secretividad por presión familiar y social para mantener la imagen de familia adinerada en una fachada de civilidad y apariencias, mientras experiencian toda clase de violencia de parte de sus esposos. Nuestra presentación enfatiza el rol de los profesionales de ayuda para empoderar a estas mujeres y presentamos estrategias de prevención y educación para promover la equidad de género.

Brief Introduction and Literature Review

The amplitude and multiple forms of violence against women documented around the world together with feminist activism allowed the United Nations Organization (2006) to declare it as a health problem of epidemic proportions. The UN declaration also recognized that violence against women is a global, systemic problem rooted in historical inequities between men and women and structural imbalances of power. In 1993, the UN General Assembly adopted the Elimination of all Forms of Violence Against Women as a formal declaration (UN General Assembly, 2006). This declaration emphasized the settings of occurrence ranging from the family and community, to institutional violence perpetrated or condoned by the states. As a result, this world organization and others (Amnesty International, 2011; Human Rights Watch, 2007) recognized violence against women as a human rights issue and requested all nations to develop public

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[3] The English title is, "Experiences of intimate partner violence of women in upscale marriages in Puerto Rico."

policies and affirmative actions to eradicate this problem.

Intimate partner violence (IPV) is a consistent definition adopted to describe physical, sexual or psychological harm by a current or former partner or spouse (Saltzman, Fanslow, McMahon & Shelley, 2002). Other terms used in the literature on adults are domestic violence, domestic abuse, and spousal abuse. As stated in the prior two articles (Helm & Baker, Morales Diaz, this paper), the types of violence perpetrated range from verbal, emotional/psychological, physical, sexual, to homicide.

In Puerto Rico, yearly statistics between 1995 to 2009 show an average of 20 thousand police reports and orders of protection requested by the victims of IPV (Tendenciaspr, 2010). These protections are provided within Law 54 - Domestic Violence Law of 1989. In the majority (84% to 93%) of those cases, the victims are women. There has been an increase of women victims of homicides associated with IPV in the last decade (Tendenciaspr, 2010). Consequences of IPV have been associated with a variety of physical and mental health problems among victims (e.g. Astbury, 1999; Krug et al., 2002; Picó Alfonso, 2005; Rodríguez Del Toro, 2007; Ulla Díez et al, 2009).

A review of the literature (e.g. Johnson & Ferraro, 2000; UN, 2006; Logan, Walker, Jordan & Leukefeld, 2006; Weitzman, 2000) showed that research on IPV have studied poor or middle class women. But very few studies have considered this form of violence in women of upper social classes in general, and none in Puerto Rico. To address this gap, we conducted a qualitative study with the purpose of discovering from among upper class women in their own voices about their experiences of violence from their partners. The following four question domains were established: (1) how participants describe the experiences of violence perpetrated by their partners, (2) what types of violence occurred, (3) what strategies do women victims use to deal with the violence, and (4) what meanings do participants ascribe to their experiences with IPV. This study was approved by the Institutional Review Board (IRB) of Inter American University in Puerto Rico to guarantee the protection of human subjects.

Methodology

The methods are described here in brief. A qualitative study was conducted using a phenomenological design to interview 12 women who had experienced IPV in upscale marriages. The women were recruited with the assistance of a commercial newspaper, a public radio program and flyers posted at various facilities, such as medical offices and beauty parlors among the San Juan Metropolitan Area in Puerto Rico. A "snow ball" or "chain effect" method (participants referred other possible subjects to researchers) also was used. At the time of the interview, all participants had ended the relationship with the abusive partner. Semi-structured individual, face-to-face interviews were conducted by each researcher with the aid of guided questions. Each interview lasted between 90 minutes to 2 hours, and were later transcribed verbatim.

The participants ranged from 41-65 years old; were married between 5-30 years; age at time of marriage ranged 18-37 years old; had 0-5 children with their spouses; all had college level studies, some with graduate degrees including two with doctoral degrees. All spouses were professionals, e.g. lawyers, physicians/dentists, business owners.

The technique proposed by Wolcott (1994) was used to analyze the content of the women's narratives and to establish the categories that emerged. This is a three step codification system for qualitative data analyses: description, analyses, and interpretation. Description refers to the objective presentation of the narratives including facts, people's attributes, and behaviors involved in the events. In the second step, analyses, the researcher identifies inter-relations among the various facts, components, attributes and themes within the narratives of all the participants. The purpose is to determine the relationship among the various components interacting to produce the phenomenon under investigation (e.g. IPV). The third step involves searching for the meaning of the phenomenon within the context in which it occurs.

Results and Discussion

Results and brief discussion of these results are presented in tandem. Content analyses performed on the 12 interviews resulted in six categories, which are detailed below: (1) types of violence; (2) cycle of violence; (3) effects of violence; (4) gender roles (5) coping strategies; and (6) meanings and learning experiences.

In terms of the first category, it was found that 10 participants were the victims of all forms of violence (verbal, physical; emotional/psychological and sexual). Only two participants had not experienced physical or sexual violence in their relationships. Emotional and psychological violence included humiliations; threats to take from them their children, money and home; showing a gun or a blade; threats of homicide/suicide; name calling such as whore, crazy, bitch, bad mother; breaking and throwing personal objects; social isolation; restriction of liberty; infidelities; irrational jealousy; false accusations of infidelity; lowering their self esteem; and forbidding them to study or work. Physical violence included pushing her around, pulling

their hair; biting, punching her body or face; slapping her face; breaking their clothes; squeezing her arms, etc. Two of these women required medical attention to deal with their injuries. In these cases where medical attention was required, neither of the participants accused their husband of assault for fear of retaliation, and to avoid damage to the family social image and their children's social and economic status as an upscale family. The experiences of sexual violence included forced sex while husband was intoxicated; sex without consent; suggesting sex with other people, and other sexual practices that women refused; degrading their body images, calling them frigid or lesbian.

Regarding the second theme, the repetitive cycle of violence, described in 1979 by Walker (2009) was evidenced in the narratives of all 12 cases studied. As described above by Morales Diaz in the opening article in this paper, this refers to three phases (1) accumulation of tension, (2) aggression, and (3) reconciliation. According to Walker, "during the first phase there is a gradual escalation of tension" (p. 91) in which the aggressor shows dissatisfaction and hostility in various discrete forms (e.g. words, mean behaviors) but not in an extreme or explosive manner. In the aggression phase, the acute violent incidents happen, as a result of the accumulation of tension built up during the previous phase. Finally, in the third phase the aggressor usually apologizes, tries to find excuses for his behavior often blaming the victim for provoking him; gives her gifts and or behaves in loving and remorseful ways in order to gain the woman's forgiveness and compliance. In her research with battered women, Walker found that these women want to believe the aggressor's promises of change and renew their hope that the violence is not going to happen again, at least early on in the relationship.

One important finding in the present study is that participants explained that these men did not ask forgiveness nor show remorse after the aggression. Women indicated that after the violent acts, their spouses typically brought them expensive gifts, invited them to travel, to dance or dinner; bought them a new car, sent expensive flower arrangements, offered to redecorate the house and/or gave them blank checks as a way to gain back their acceptance and compliance.

A third theme regarding the effects of IPV emerged in alignment with Walker's battered women syndrome (Walker, 2009). Among the effects of IPV, it was found that most women showed signs of the battered women syndrome, such as depression; low self esteem; feelings of helplessness and hopelessness; anxiety; panic attacks and various somatic complaints associated with this syndrome (headaches, nervousness; stomach pains; gastro intestinal problems; insomnia, loss of appetite,

etc.). Also, participants described negative effects in the children of all the cases studied, such as emotional, behavioral and academic problems.

The fourth category that emerged, gender roles, showed the presence of traditional beliefs associated with sexual roles of both men and women. Women were expected to fulfill the role of wife and mother at the expense of their personal and professional development. Eleven of the participants believed their main role was to preserve the family by "saving their marriages at all cost" and to sacrifice for their children's well being including staying in an unhappy marriage. Each of the twelve women also believed in romantic love and that a man provides security. Most participants described the man's main role as provider and head of the family and identified the men as believing in "Machismo" (ideology of Latin male predominance).

Regarding the fifth category, coping strategies used by the participants included changing and adapting their behavior to comply with husbands' demands; protecting social image; seeking professional help; seeking sources of support; starting parallel lives within the marriage. Regarding living parallel lives, women gave various examples, such as starting a career of their own; doing voluntary work and/or assuming leadership roles (e.g. President of PTA) at their children's schools; making family trips with their children without their husbands; taking college courses or going for another degree. These coping strategies appear to have opened the door for these women to reclaim their identity and a sense of autonomy necessary to finally free themselves from the abusive relationships.

Finally, regarding meanings and learning experiences, all participants recognized their capacity to live a happy life on their own. For example several participants expressed, "I don't need a man to protect me or to be happy." All participants mentioned having found peace, happiness, and spirituality; and saw their experiences as a learning process. All of them recommended more gender education to youngsters and for women to be more alert to recognize signs of violence in men during the dating period. Moreover, several participants used the phrase "women need to watch for red flags" in reference to male behaviors and personal characteristics and beliefs (e.g. machismo) associated with a violent personality. This seemed to be a sense of hindsight they gained in retrospect about their partners and the IPV experienced in their marriages.

Implications and Recommendations

The present study contributed to the field of IPV prevention and intervention with evidence to reject the general assumption that IPV does not happen in upper

scale couples. The fact that these men did not ask forgiveness or show remorse, as is common in male abusers in IPV studies with poor or middle class couples, points to the need for practitioners to use different strategies in working with male offenders and women victims in upscale marriages and intimate relationships. This is the first study of its kind in Puerto Rico, and perhaps in Latin America. As such, it opens the door for further quantitative research with upper scale victims and aggressors. For example, there is a need to study how money, social power, family social image and other related factors interact with the phenomenon of IPV among upscale couples. Furthermore, this study supports the concept that socially learned traditional gender ideas/beliefs and patriarchal values are found at the root of the violent behaviors manifested in IPV. As a result it is urgent that parents, teachers and authority figures teach children and adolescents to respect and treat women as equals; strategies for self restraint, and how to effectively deal with their emotions. Schools and communities should develop programs and activities that educate youngsters in gender role equality and to eradicate romantic myths regarding love and relationships. For example, the belief that jealousy is a manifestation of love; that a man provides stability and security to a woman's life, and that it is mainly a woman's duty and responsibility to make the couple's relationship work and keep the family together. Finally, women victims can become advocates in community psychology social action efforts to address IPV.

Summary – International Perspectives

Traditionally, intimate partner violence incurs the most harm upon girls and women as victims, as pointed out in both brief articles from Puerto Rico and unequivocally stated by the United Nations. However, the Hawai`i article indicates that among adolescents it appears that girls and boys are both victims and perpetrators, at least across certain forms of violence. Further international research is warranted to gain a better understanding of gender-based violence. In terms of adolescent IPV, both the Hawai`i and the Puerto Rico articles suggest that schools, families, and peers have the potential to serve as protective factors, but improved efforts are required to help fulfill this role; as ambivalence or worse among schools, parents, and peers represent risk. Furthermore, as one of the few studies to explore IPV in upscale marriages, it is important to highlight that violence occurs across all socio-economic strata, but appears to be unique in some respects and these dynamics must be explored more deeply in order to guide future community psychology informed prevention and clinical practice.

Methodologically, these articles highlight the importance of qualitative approaches when learning about understudied phenomena such as IPV. This is particularly important for building the knowledge base for understudied phenomena as experienced by understudied populations such as adolescents, Latinas, Pacific Peoples, and women in upscale marriages.

Finally, each of these studies also points to the importance of practice-inspired research and science-to-service models. A global community psychology research and practice perspective can influence both international policy, such as the United Nations strong stance against violence against women, as well as local policy in terms of public awareness and the need to invest in prevention and intervention.

References

Amnistía Internacional (2011). *El Estado de los derechos humanos en el mundo*. España: Editorial de Amnistía Internacional.

Astbury, J. (1999, December). *Gender and mental health*. Harvard University Center for Population and Development Studies. Accedido, 20 de julio de 2006 en: http://www.who.int/mental_health/prevention/genderwomwn/en/

Baker, C.K., Helm, S. (2010). Pacific youth and shifting thresholds. Understanding teen dating violence in Hawai`i. *Journal of School Violence*, 9(2), 154. DOI: 10.1080/15388220903585879.

Baker, C.K., Helm, S. (2011). Prevalence of intimate partner violence victimization and perpetration among youth in Hawai`i. *Hawaii Medical Journal, 70*, 92-96.

Baker CK, & Helm S. (2013). Unpublished data set.

Castro, I. (2004). *La pareja actual: Transición y cambios.* Buenos Aires: Lugar Editorial.

Güenard Otero, E. & Jiménez Tolentino, M. (1998). *Jóvenes víctimas de violencia en la relación de pareja en Puerto Rico*. (Tesis de maestría inédita). Universidad de Puerto Rico, Río Piedras, Puerto Rico.

Halpern, C. T., Oslak, S.G., Young, M. L., & Kupper, L. L. (2001). Partner violence among adolescents in opposite-sex romantic relationships: Finding from the National longitudinal study of adolescents health. *American Journal of Public Health,* 1679-1685. Accedido en www.iiss.es.

Helm S. (2012). International perspectives on Intimate partner violence. Symposium (Chair) for the

Conferencia International de Psicologia Comunitaria, Barcelona, Spain. 6/2012.

Helm, S. & Baker, C. (2011). The need to consider the ethnocultural context in prevention programming: A case example from a Hawai'i teen dating violence prevention project. *Journal of Cultural Diversity and Ethnicity in Social Work*, 20(2), 131-149.

Helm S, Baker C, Iskandar L. (under review). Exploring the intersection between peer violence and dating violence among adolescents. Unpublished manuscript, Department of Psychiatry, University of Hawai`i at Mānoa.

Helm S, Baker C, Luthy T, Berlin J, Nakaji A, Sorrels L, O'Connor S, Kaliades A, Iskandar L, Fallon T, Kido L, Pritchard B. Dameg A. (2012). *Teen dating violence prevention trainer's manual* (Revised July 2012). Asian/Pacific Islander Youth Violence Prevention Center, University of Hawai'i at Mānoa.

Hickman, L.J., Jaycox, L.H., & Aronoff, J. (2004). Dating violence among adolescents: prevalence, gender distribution, and prevention program effectiveness. Trauma Violence Abuse, 5(2), 123-142.

Human Rights Watch (2007). *World Report.* NY: Human Rights Watch Org.

Johnson, S. B., Frattaroli, S., Campbell, J., Wrght, J., Pearson-Fields, A. S., & Cheng, T. (2005). "I know what love means." Gender-based violence in the lives of urban adolescents. *Journal of Women's Health, 14* (2), 172-179.

Johnson, .M. P. & Ferraro, K. J. (Nov 2000). Research on domestic violence in the 1990s: Making distinctions. *Journal of Marriage and the Family, 62 (4), 948-963.*

Krug, E.G., Dahlberg, L. L., Mercy, J. A., Zwi, A.B. & Lozano, R. (2002). Informe *mundial sobre la violencia y la salud*. Ginebra: Organización Mundial de la Salud.

Logan, T. K., Walker, R., Jordan, C. E. & Leukefeld, C. G. (2006). *Women and victimization*. Washington, D C: American Psychological Association.

Montes, K. (2009). Nivel de conocimiento de patrones de conductas violentas y relaciones de maltrato en el noviazgo de féminas adolescentes de 14-18 años de escuela superior (Disertación Doctoral inédita), Universidad Interamericana, Recinto Metropolitano, Puerto Rico.

Mulford, C., & Giordano, P.C. (2008). Teen dating violence: A closer look at adolescent romantic relationships. *National Institute of Justice Journal*, 261, 34-40.

O'Leary, K.D., & Slep, A.M.S. (2003). A dyadic longitudinal model of adolescent dating aggression. *Journal of Clinical Child and Adolescent Psychology, 32*(3), 314-327.

Picó Alfonso, M.A. (2005). Psychological Intimate partner violence: The major predictor ofPost Traumatic Stress Disorder in abused women. *Neuroscience and Biobehavioral Review, 2,* 181-193.

Rivera Rivera, L., Rodríguez-Ortega, A. B., Chávez Ayala, R., & Lazcano-Ponce, E. (2006). Violencia durante el noviazgo, depresión y conductas de riesgo en estudiantes femeninas (12-24 años). *Salud Pública de México, 48*, 288-296.

Rodríguez-Del Toro, V. (2007). Género, estigma y salud mental de las mujeres. En N.Varas-Díaz & F. Cintrón-Bou (Eds), *Estigma y salud en Puerto Rico: Consecuenciasdetrimentales de lo alterno (pp.245-269)* San Juan: Publicaciones Puertorriqueñas.

Rodríguez del Toro, V. (2009). El género y sus implicaciones en la disciplina y la práctica psicológica. *Revista Puertorriqueña de Psicología, 20,* 168-189.

Rubin, J. I. & Rubin, I.S. (2005). *Qualitative Interview: The Art of hearing data (2ᵗʰ Ed.)*. London: Sage Publications.

Saltzman, L. E.; Fanslow, J. L., McMahon, P.M. & Shelley, G.A. (2002). Intimate partner violence surveillance: Uniform definition and recommended data elements, version 1.0. Atlanta, GA: *Center for Disease Control and Prevention*, National Center for Injury Prevention and Control.

Scott, K., & Straus, M. (2007). Denial, minimization, partner blaming, and intimate aggression in dating partners. *Journal of Interpersonal Violence, 22*(7), 851-871.

Sears, H.A., Sandra Byers, E., & Lisa Price, E. (2007). The co-occurrence of adolescent boys' and girls' use of psychologically, physically, and sexually abusive behaviours in their dating relationships. *Journal of Adolescence, 30*(3), 487-504.

Zaha, R., Helm, S., Baker, C., & Hayes, D. (2012). Intimate partner violence and substance use among Hawai'i youth. An analysis of recent data from the Hawai'i Youth Risk Behavior Survey. *Substance Use & Misuse* (early online 9/2012, accepted for volume 48) DOI: 103109/10826084.2012.720334.

Smith, B. S. & Hill (2009). *Teenage domestic abuse: Ladies listen up!* Sharper Minds Consultants: EU. Accedido en www.shaperminds1.com .

Tendenciaspr (2010). Compendio de Estadísticas: Violencia en Puerto Rico, 2009. *Proyecto Tendenciaspr*, UPR, Recinto de Rio Piedras. Recuperado de: http://www.tendenciaspr.com

Theriot, M. T. (2008). Conceptual and methodological considerations for assessment and prevention of adolescent dating violence and stalking at school. *Children and Schools, 30* (4), 223-232.

Ulla Diez, S.,Velázquez Escutía, C., Notario Pacheco, B., Solera Martínez, M., Valero Caracena, N., & Olivares Contreras, A. (2009). Prevalence of intimate partner violence and its relationship to physical and psychological health indicators. *International Journal of Clinical Health Psychology, 9 (3), 411-427.*

United Nation General Assembly (2006). *In-Depth study of all forms of violence against women.* Report of the Secretary General. Accedido en http://www.unhcr.org/refworld/docid/484e58702.html .

Vézina, J., & Hébert, M. (2007). Risk factors for victimization in romantic relationships of young women. *Trauma, Violence, & Abuse, 8*, 33-66.

Wan, M. W. & Bateman, W. (2007). Adolescents and Intimate Partner Violence: Evaluating a Brief School-Based Education Programme. *International Journal of Health Promotion and Education*, 45(1). Accedido en http://www.questia.com/library/1G1-159494058/adolescents-and-intimate-partner-violence-evaluating

Walker, L. E. A. (2009). *The Battered Woman Syndrome. (3rd.Ed.).* N.Y: Springer Pub.

Weitzman, S. (2000). *Not to people like us*. N.Y: Basic books

Wolcott, H. F. (1994). *Transforming qualitative data: Description, analysis and interpretation*. Ca: Sage Publications

World Health Organization (2006). Gender and women's mental health. *Gender disparities and mental health: The facts.* Ginebra: Division of Mental Health.

Zimbardo, P.G. (2004). Does psychology make a significant difference in our lives ? *American Psychologist*, 59(5), 339-351.