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Embarazadas y Maltratadas: **Domestic Violence Among Latinas**

by Ester Ruiz Rodriguez, Ph.D.
Arizona State University

Occasional Paper No. 44
August 1999



Julian Samora Research Institute

Michigan State University • 112 Paolucci Building
East Lansing, MI 48824-1110

Phone (517) 432-1317 • Fax (517) 432-2221

Home Page: www.jsri.msu.edu



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A paper presented at the “Innovations in Chicano Psychology: Looking toward the 21st Century” conference held April 1998 at Michigan State University, East Lansing, Mich. This paper has been modified from the original presentation to meet the JSRI occasional paper guidelines.

Abstract: Abuse directed at women by male partners has become recognized as a major health problem. Certain characteristics in the Latino culture have been thought to influence the occurrence of violence in the family. The prevalence of domestic violence from data collected in three sites (rural U.S., urban U.S., and Mexico) in a sample of 450 Latinas is presented. Cultural factors enabling abuse and factors discouraging abuse, as identified by focus group participants, will be shared. The association between domestic abuse, acculturation level, and self-esteem will also be described. Prevention and treatment approaches will be discussed.

About the Author: Ester Ruiz Rodriguez, Ph.D.

Ester Ruiz Rodriguez is originally from Texas and now resides in Arizona. She was raised as part of a farmworker family of 12 children. At present, she is an assistant professor in the College of Nursing at Arizona State University, where she teaches counseling skills to graduate psychiatric nurse practitioner students. Her research agenda has two trajectories: (1) mental and physical health issues in Latino groups and (2) ethnic identity and world view. Current research projects include: ethnic identity and world view in separation and adjustment, domestic violence in pregnant Latinas, and the strength and limitations of Mexican families.

She has presented internationally, nationally, and locally. A great believer in community service, she is frequently asked to consult on local racial/ethnic health issues. She also provides psychological services to traditionally disenfranchised groups such as migrant farmworkers and monolingual Spanish speakers.

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Embarazadas y Maltradas: **Domestic Violence Among Latinas**

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Embarazadas y Maltratadas: Domestic Violence Among Latinas

This paper essentially is focused on research on domestic violence perpetuated against pregnant Latinas conducted by myself and a colleague, Dr. Susan Mattson, in which we triangulated quantitative and qualitative methods. The full results of this research are reported elsewhere (Mattson and Rodriguez, 1998; Rodriguez and Mattson, 1998). An abbreviated presentation of the main findings will be presented, preceded by a cursory review of the literature in the field of domestic violence. The review includes a definition of domestic violence, characteristics of victims and perpetrators, brief summaries of various theoretical explanations for the issue of domestic violence, and prevalence statistics. In addition, some considerations will be offered for service providers and researchers as they struggle with the issue of domestic violence in the 21st Century.

Domestic abuse or violence has been defined by Helton (1986) as acts of slapping, kicking, punching, shoving, torture, and sexual assault, or any act causing psychological or emotional distress. Such acts, repeated over time, lead to isolation, a decrease in self-esteem, depression, increase in alcohol and/or drug use, emotional problems, and psychosomatic symptoms (Hillard, 1985). Indeed, the *DSM-IV* (American Psychiatric Association, 1994) has classified battered woman syndrome as a subcategory of post-traumatic stress disorder.

Research has focused on the characteristics of victims of domestic violence (Mackey, 1992; Walker, 1993). Findings of such research indicate that victims of domestic violence lack self-esteem, have difficulty expressing their needs, a tendency toward exhibiting long-suffering, martyr-like traits, and may suffer depressive, hysterical, and/or psychosomatic symptoms. Victims of abuse also experience and/or perceive themselves as experiencing higher levels of stress than non-abused individuals, and are frequently diagnosed with stress disorders. These women become increasingly isolated as they continue in abusive relationships.

Likewise, research on the characteristics of abusers has been compiled into a profile which suggests that abusers also lack self-esteem, have a history of having been abused during their childhood, and tend to rely on emotion-focused coping. In addition,

abusers seem to demonstrate a conditioned emotional arousal manifested as: inappropriate expression of rage, poor impulse control, insatiable ego needs derived from childhood deprivation, strong need for control, feelings of insecurity, mistrust, and jealousy.

Several theoretical explanations have been forwarded to explain the dynamics in abusive relationships. Social learning theory postulates that aggression is stimulated and learned through modeling, observation, or direct experience. Models for aggression are found within families, the mass media, and society at large (Bandura, 1973).

Psychoanalytic theory, postulates that the basic instinct of aggression is expressed or suppressed as a result of internal and external factors. Aggression is an innate drive and humans are fundamentally motivated by aggression (Ardrey, 1966; Lorenz, 1966). Consequently in order to fulfill an unmet basic need, an individual responds in a violent manner. Related intrapsychic explanations rely on Seligman's (1975) "Theory of learned helplessness" and its associated apathy and listlessness as an explanation for why victims of domestic violence tolerate abusive situations.

Neurophysiological theory postulates that violence occurs because of neurotransmitter activation of the limbic system which mediates aggressive, sexual and emotional responses (deGroot and Chusid, 1988). Interference by brain lesions, substance use, head injury, malnutrition, and other medical conditions (epilepsy) contribute to the expression of aggression. Post-traumatic stress disorders (PTSD) are often diagnosed in victims of sexual and physical trauma and are viewed as support for neurophysiological theory. PTSD has been associated with a hyperadrenergic state, hypofunctioning of the hypothalamic-pituitary-adrenocortical system, and dysregulation of the endogenous opoid system (Friedman, 1993).

Sociological theories postulate that violence is a cultural attitude reflected in the glorification of violent behavior in the mass media. Society reflects a permissive attitude toward violence in our willingness to accept aggression as a part of daily living. Furthermore, violence toward women is just another reflection of our violent society, and an overall

response to stress which is a result of social and economic inequities that families experience (Gelles, 1983; Straus and Gelles, 1990).

Systems theory postulates that the problem of violence is couched within the family system. As such, domestic violence is manifested in dysfunctional patterns which manifest in an imbalance of power and rigidity in boundaries, gender roles, and efforts to maintain family cohesion (Straus, Gelles, and Steinmetz, 1980).

Feminist theories perceive domestic violence as rooted in patriarchal systems and values which lead to the objectification of women, and the subordination of women to unequal status, as well as contributing to the dehumanization of men. Furthermore, some feminist theorists add that although only some men batter, all men benefit from the atmosphere of intimidation that the abuse of women creates (Ferree, 1990; Goldner, et al., 1990; Dobash, and Dobash, 1992).

In addition to the above-mentioned theoretical premises, gender role research has contributed some major and significant findings. For example, Finn (1986) concluded that men who hold more traditional sex attitudes are more likely to endorse physical force in marital relationships, but Champion (1996) found that rural Latinas increasingly perceive traditional male roles and family structure negatively. In addition, Mexican American women have been found to acculturate more rapidly than Mexican American men, especially with regard to values involving the marital relationship (Edgerton and Karno, 1971).

Flores-Ortiz (1993) has made some specific sociocultural contributions regarding domestic violence dynamics among Latinos. She describes domestic violence as a product of frozen cultural patterns which are rigid, stereotyped values and behaviors, in part due to difficult migration processes. These frozen patterns lead to rigid boundaries around the family which minimizes contact with the Anglo world, and results in social isolation, mistrust of the new culture, fears for the safety of women and children, rigid gender roles, parentification of children, indirect or intrusive patterns of communication, and consequently, intergenerational problems.

Other literature further informs the domestic violence domain by documenting the higher incidence of domestic abuse in rural areas (Office of Rural Health Care, 1986; Foster et. al., 1989). Torres (1991) has found that Hispanic women may not perceive slapping, pushing or shoving as abuse, especially if it does not occur on a regular basis. Torres also reports that Hispanic women stay in abusive relationships longer and are more tolerant of abuse (Torres, 1987).

Prevalence

About one of every six women, approximately 17%, are abused by a partner (McFarlane and Parker, 1994). African Americans seem to experience more frequent and severe abuse, at a rate of about 26%, while Hispanics experience abuse at a rate of 18% and Anglos 15% (Taggart and Mattson, 1996). Slapping has been reported as the most prevalent form of abuse (Taggart and Mattson, 1996).

Fifty to 60% of women abused by a partner incur injuries while pregnant (Parker, et. al., 1993). African American and Anglo pregnant women incur abuse at a rate of 19% and Hispanics at a rate of 14% (McFarlane and Parker, 1994). The abuse often begins or increases during pregnancy and pregnant women are more likely than nonpregnant women to have multiple sites of injury (Helton, 1986).

The fetus is also subjected to significant risks when a pregnant women is physically abused (Taggart and Mattson, 1996). Preterm birth is more likely to occur due to being struck in the abdomen leading to blunt trauma to the fetus, increasing chances of abruption placentae, or injury or death to the fetus. There is a higher risk, two to four times greater, of a low-birth weight in infants of abused pregnant women, due to women delaying prenatal care to conceal the signs of physical abuse (Taggart and Mattson, 1996). Among African Americans the delay in seeking prenatal care is 14.6 weeks. Among Hispanics the delay is 13.2 weeks and among Anglos the delay is 13.6 weeks.

Given the differences found in the prevalence of abuse between rural and urban settings and among ethnic groups, the current study explored prevalence in pregnant Latinas in three different settings — an

urban U.S. site, a rural U.S. site, and a Mexican site. In addition, the role of acculturation level was explored as a factor in the prevalence and type of abuse. Other factors of interest included the delay in seeking prenatal care and the Latinas own beliefs regarding factors that contribute to abuse and interventions that might be helpful (emic perspective).

Method

Procedure

A sample of 521 Latinas, all Mexican or of Mexican descent, were recruited from outpatient obstetrical care facilities. The participants were pregnant or had been pregnant within the last year. The two U.S. facilities were located in a major city in the southwestern U.S. The Mexican facility was located in a major city in a northern Mexican state. Age of the total sample ranged from 14 to 42 as indicated in Table 1 and the majority of the women at each site were married: overall 56.9% of the women were married, 39.6% were single, 1.6% were divorced, 1.6% were separated, and 1% were widowed. Packets were available in English and Spanish. A subsample of convenience was recruited from each site to participate in focus groups.

Table 1. Sample: Age Characteristics

	Rural (120)	Urban (140)	Mexico (261)	Total (521)
Mean	24.1	24.1	24.8	24.3
Range	15-41	14-42	15-40	14-42
Focus Groups:				
Mean	24.3	22.2	18.6	21.7
Range	20-34	15-29	16-28	15-34

No significant group differences

Instruments

The survey packet consisted of three instruments. The McFarlane Abuse Assessment Screen (McFarlane and Young, 1991) was used to measure prevalence, type, and severity of abuse. The Acculturation Rating Scale for Mexican Americans (Cuellar et. al., 1980) was used to measure acculturation level. Although this instrument was not deemed to have relevance for the Mexican group, the instrument was administered to the Mexican sample in order to maintain consistency in the study protocol across the three

groups. The Rosenberg Self-Esteem Scale (Rosenberg, 1965) was used to measure self-esteem, a factor in abuse consistently documented in the literature.

In addition, a focus group was conducted at each site. Focus groups sought answers to crucial social questions regarding what the women perceived as abuse, what the women's thoughts regarding the reasons for why abuse occurred, what factors, if any, in the Mexican culture contributed to abuse, and what might be helpful to women who are being abused.

Results and Discussion

Although the abuse prevalence for the total sample was only 8.8% as indicated in Table 2, a chi square analysis indicated a significant difference among the three sites with regard to prevalence of abuse with the U.S. rural site demonstrating the highest abuse rate (17.5%), followed by the Mexican site (10.7%), and the U.S. urban site demonstrating the lowest rate of abuse (3.8%).

Table 2. Percentage of Respondents Who Were Ever Abused and Respondents Abused During Pregnancy

	Rural (120)	Urban (140)	Mexico (261)	Total (521)
Ever Abused				
%	17.5	3.8	10.7	8.8
N	21	10	15	46
Abused During Pregnancy				
%	11.4	2.7	7.8	6.2
N	14	7	10	31

Chi Square significant at .000

Although the overall prevalence of abuse during pregnancy was only 6.2% for the total sample, a chi square analysis demonstrated significant differences among the three sites and the hierarchy was maintained with the U.S. rural site demonstrating the highest abuse during pregnancy with a rate of 11.4%, followed by the Mexican site at 7.9%, and the U.S. urban site at 2.7%.

As illustrated in Table 3 the percentage of abuse during pregnancy is considerably less than reported by other studies. When compared with McFarlane and Parker (1994) and Taggart and Mattson (1996), our data indicates the level of abuse is half of the for-

mer study and one-third of the latter. These differences cannot be explained by regional variations, as at least in the Taggart and Mattson data, the sample was also collected from a large western city.

Table 3. Comparison Between Current Study, Taggart and Mattson, and McFarlane and Parker Data

Current Study	Taggart and Mattson	McFarlane and Parker
1998	1996	1994
6.2%	18%	14%

Types of Abuse Reported

The U.S. rural women (21 of the total 120 abused women) reported that they were most often slapped or pushed (7 of the 21), followed by punching or kicking (3 of the 21). Being threatened with a weapon was least frequent (0 of the 21) and only one woman reported having sustained serious injury. Most often the abuser was a live-in boyfriend, while husbands were the second most frequent abusers.

The U.S. urban women (10 of the total 261 abused) reported that they were most often punched or kicked (6 of the 10), followed by being slapped or pushed (3 of the 10). Two reported being threatened by a weapon and two reported having sustained serious injury as a result of the abuse. Most often the abuser was a live-in boyfriend, with husbands as the abuser in second place.

The Mexican women (15 of 140 abused) reported that they were most likely to be slapped or pushed (4 of the 15), followed by being punched or kicked (3 of the 15). No one reported being threatened with a weapon and two women reported having serious injury. Most often the abuser was a husband, with ex-husbands being the second most frequent abuser.

Consistent with prior research, women in the rural U.S. reported more abuse and were more likely to be abused during pregnancy, while women in the urban U.S. and Mexican women reported more severe abuse. Interestingly, only the women in the U.S. reported being threatened with weapons. Whether this finding is unique to this sample or a true difference between countries might promote interesting speculations.

Self-Esteem

Low self-esteem has been consistently associated with female victims of domestic violence. In this study, an ANOVA on self-esteem by abuse and site revealed significant differences between the abused and non-abused women. The abused women, as expected and consistent with the literature, reported significantly lower self-esteem scores. There were also significant differences revealed among the three sites. The women in the urban U.S. reported the lowest self-esteem scores, while the Mexico women reported the highest self-esteem scores. Table 4 presents the mean scores by abuse and site. Intuitively, an explanation for the Mexico women's higher self-esteem can be generated by consideration of the greater congruence for this group, versus the other two groups, experienced by living in their country of origin. That the U.S. urban group's self-esteem scores were consistently lower irrespective of abuse merits further attention.

Table 4. Descriptive Statistics for Self-Esteem by Abuse and Site

	Rural (100)	Urban (250)	Mexico (110)	Total (460)
Abused Esteem				
Mean	21.63	20.33	29.23	23.76
Standard Deviation	7.08	4.66	3.54	6.72
N	19	9	13	41
Non-abused Esteem				
Mean	25.86	21.22	32.09	24.63
Standard Deviation	7.54	5.66	4.22	7.3
N	81	241	97	419

Acculturation

Whenever research is conducted on Latinos, acculturation levels should be measured to control for intra group differences. An ANOVA on acculturation by abuse and site revealed significant differences between the abused and non-abused women. The higher the acculturation level the more abuse reported. Significant differences also were demonstrated among the three sites, but the acculturation levels in all three sites were low. As expected, Mexican women reported the lowest acculturation scores (Table 5). One expects the mean acculturation scores for the Mexico women to be near 1.0, the lowest possible acculturation score, and indeed, the Mexico mean score was 1.08. Unexpectedly the women in the

Urban U.S. reported lower acculturation scores than the rural U.S. group, 1.68 versus 2.4, respectively.

The findings of lower self-esteem and acculturation in the U.S. urban group led to further examination of these variables. The relationship among abuse, self-esteem, and acculturation was explored using logistic regression with abuse as the outcome variable and self-esteem, acculturation, marital status, and age as the predictors. A test of the full model was not significant, $\chi^2(4, N = 432) = 7.957, p = .0932$, indicating that the predictors, as a set, did not distinguish between abused and non-abused group. A test of a reduced model with acculturation as the only predictor was significant with $\chi^2(1, N = 457) = 5.849, p = .0156$. This result indicated that women with higher acculturation scores were more likely to have been victims of abuse.

A logistic regression using the acculturation scale items as predictors was conducted to ascertain the impact of specific components of acculturation. The full model was not significant, $\chi^2(8, N = 433) = 14.597, p = .0675$, indicating that the predictors as a set did not distinguish between the abused and non-abused groups.

The regression coefficient for the language preferred by the respondent was significant, $\chi = .563, p = .0207$, with a greater preference for speaking English as opposed to Spanish indicating higher odds of reporting having been abused. A test of the reduced model with preferred language as the only predictor was statistically significant, $\chi^2(1, N = 457) = 7.692, p = .0055$, again indicating that preferred language distinguished between abused and nonabused women. For each unit increase in language preferred, the odds of having been abused increased by a factor of 1.438.

To summarize then, only acculturation was a significant predictor; the more acculturated a woman, the more likely she was to have been abused. When different components of the acculturation scale were separated, it was the “preferring to speak English” item that became the significant predictor. Other researchers have reported no relationship between acculturation and abuse (Perilla, et. al., 1994). The results of this study suggest otherwise, however with an R^2 of 3% the practical significance is negligible.

Delay in Seeking Prenatal Care

As reported in Table 6 a chi square analysis was conducted to test whether the women who were abused delayed seeking prenatal care, as compared to the women who did not report being abused. No significant differences emerged between the two groups with regards to abuse. Thus, this study did not support the results of prior research which indicated that abused pregnant women delay seeking prenatal care.

Table 6. Delay in Seeding Prenatal Care

	Rural (120)	Urban (140)	Mexico (261)	Total (521)
Abused				
%	11.4	2.7	7.8	6.2
N	(14)	(7)	(10)	(31)
Delayed seeking care?				
%	21	14	10	16
N	(3)	(1)	(1)	(5)

No significant differences

Focus Group Data

Our interest in obtaining the insider’s point of view (the emic perspective) led us to conduct focus groups at each site. We were interested in learning what these women thought and felt about the issue of domestic violence and what they perceived as helpful. The following is a brief summary of the data gathered from the focus group interviews.

Resolution of Disagreements among Family of Origin

Across the three groups, the women reported that while growing up, conflicts within their families of origin were ultimately resolved by separation between parents, and eventually divorce. Also they were often beaten or spanked for misbehavior, and in the Mexican and rural U.S. groups, yelling was an additional method used with conflict. Both U.S. groups reported that talking was used as a way of dealing with conflict. A point to consider is that if separation and divorce are seen as a means of resolving conflict in one’s family of origin, it might engender fear of the same if one’s marital relationship becomes unstable.

Thoughts Regarding Battered Women

When queried regarding their thoughts regarding battered women, both the Mexican and rural U.S. groups reacted with an emotional response, incorporating expressions of either anger, sadness, or fear. Both of these groups also verbalized a tendency to blame the abused women for provoking the abuse. In addition, both of these groups also thought that abuse occurs because the women will tolerate (*se aguantan*) the abuse. The two U.S. groups also verbalized a sentiment that it was not right that women should be abused, that women did not deserve to be abused. The urban U.S. group added that men who abused women were cowards.

Thoughts Regarding Battered Pregnant Women

All three of the groups verbalized sentiments that beating pregnant women is especially repulsive since the fetus could be hurt. The Mexican and rural U.S. groups again affirmed their belief that men have no right to batter pregnant women. These two groups also responded with emotional expressions of anger, sadness, and fear. Aside from concurring with the other two groups regarding the danger to the fetus when pregnant women are abused, the U.S. urban group did not match any other responses with the two groups: they focused on the cruelty of men who abuse pregnant women, of taking advantage due to physical superiority. This group also speculated that men are abusive to pregnant women because they no longer find their women attractive, as the women become “fatter” and “ugly.”

What Constitutes Battering

Across all three focus groups, there was agreement that the following activities constituted battering: hitting with the fists, kicking, unwanted sexual activity, slapping, any physical act which led to bruising, the creation of “hickies,” any activity which led to the humiliation of a woman, pulling hair, and pushing/shoving. These results do not support Torres’ (1991) research which concluded that Latinas do not consider slapping and pushing/shoving as abuse.

The Role of the Mexican Culture in Abuse

The Mexican and urban U.S. groups both cited as a cause of abuse the Mexican belief taught to women from childhood, that a good woman should tolerate, put up. This value was felt to contribute to women being abused. The Mexican and rural U.S. groups also verbalized *machismo* as a cultural value which contributes to the abuse of women. They defined *machismo* as the man needing to be in control, the one who commands (*el que manda*). Dominance is experienced from battering women, a man’s sense of masculinity is increased as a result of beating his partner.

The two U.S. groups concurred that religion is also a contributing factor, as are Mexican family values. Beliefs attributed to religion were thought to encourage women to stay in marriages regardless of abuse. Mexican women were also thought to have strong family values which prohibit their leaving abusive situations. They must stay “for the children.”

Enabling/Contributing Factors to Abuse

All three groups verbalized alcohol as the number one factor contributing to the abuse of women. Across the three groups the women concurred that abuse occurred when the man was under the influence of alcohol. This supports other literature which has found alcohol use and intoxication as strong predictors of abuse in Latinas (Perilla, et. al., 1994).

The Mexican and the rural U.S. groups also concurred on five other factors as enabling the abuse of women: (1) staying for the good of the children; (2) a family history of violence, or abusers coming from a family of origin which was abusive; (3) women staying in abusive relationships because they are economically dependent on their partner; (4) the “other woman,” or abuse occurs when the abuser is involved in extramarital relationships; and (5) men become abusive because of feelings of jealousy which are usually unsubstantiated. To our knowledge this is the first finding of a connection between abuse and extramarital relationships. The U.S. urban group only concurred with the other two groups that alcohol was an enabling factor to abuse. This group thought other enabling factors were: lack of communication or the failure to discuss issues and problems that increase frustration; the abuser’s lack of knowledge/understanding of pregnancy; and a pregnant women’s changes in activity level and physical well-being.

Factors Which Discourage Abuse

Both the Mexican and U.S. rural groups thought that if women did not tolerate the abuse, if they defended themselves, then men would be less likely to abuse them. Also both groups thought that if women did not keep silent about their abusive situations, they would be more likely to be abused. The Mexican and Urban U.S. groups thought it was preferable to live alone or get separated or divorced than to live in an abusive situation (*mejor sola que mal acompañada*). Both the U.S. groups thought that seeking the extended family's help would lessen or eliminate the abuse.

What Helps Pregnant Women Who Are Abused?

Across all three groups what was thought to be most helpful to battered women was talking to enable them to "get things off their chest." Seeking assistance from professionals was also viewed as helpful across the three groups. The Mexican and rural U.S. groups thought that counseling in particular was helpful. The Mexican and Urban U.S. groups thought that talking to the abuser, giving him advice and pointing out the consequences would be helpful. These two groups also felt that giving the victim advice and helping her look for alternatives would be helpful. In addition, these two groups thought offering support in the form of encouragement, attempting to understand her and giving her love would be helpful. The two U.S. groups also felt that if an abused woman seeks help, letting her stay with you until she finds alternative shelter would be of immense help.

Awareness of Available Resources

All three groups responded to this question with silence. With prompting, the Mexico women suggested that resources must exist, but they were unaware of what specifically. Also tentatively, they offered the Office of Human Rights as a possible resource. Legal assistance might be a resource, but that required that victims have money to reimburse them for their services. After a long silence, a woman in the U.S. rural group quietly offered that a priest might be a resource. Members of the group pounced upon her, chiding her for this suggestion claiming that the priest would only complicate matters by suggesting she ask God to help tolerate the situation better. The urban U.S. group was unable to think of any resources available to help abused women.

This data in particular lends credence to the lack of awareness among Latinas of resources available to help battered women. It also specifies a need upon which service providers should focus – how to inform the public at large of the resources available to help women in abusive relationships prior to the need for such services arising. This study also provides support for the triangulation of methods. When only the quantitative data is considered, the Mexican and Urban U.S. groups seem more similar, especially with regard to prevalence and severity of abuse. When the qualitative data is considered, the strong similarities between the Mexican and rural U.S. groups are evident.

Recommendations for the 21st Century

Victims of chronic violence eventually suffer from hopelessness, powerlessness, and alienation. Therefore, at times when it's to their advantage to be in control of their lives, they are not. Feelings of powerlessness influence the motivation to seek information, especially health information. A sense of personal control makes knowledge personally relevant. Seeking information is to behave as if one can control one's outcome through knowledge. Powerlessness and hopelessness do not promote seeking knowledge or assistance. It becomes clear, then, especially with the information gathered from the Latinas in this study, that information and knowledge must be provided long before the need for services arises.

Primary Prevention

- We need to do a better job of educating Latinas about abuse and available resources. This type of information needs to be included into the health curricula of middle and/or high school students. Having information about the characteristics to look for that may signal abusive potential in prospective partners may empower Latinas to seek alternative solutions or partners, if necessary.
- These educational endeavors need to include discussions on how to help abused peers. As our focus groups informed us, abused Latinas are most likely to seek help from each other first, and may just be looking to talk and gather advice.

- Professional resources, including shelter, counseling, police, and justice professionals, should not undermine the progression that most abused women pursue, from talking with peers to seeking professional help. We need to honor this progression and (along with training professionals) learn to recognize the signs of abuse, we need to also train them to recognize what phase an abused woman is in, and what might be most helpful for her in that phase. Such training might help to eliminate the often heard comment from professionals, especially police officers who are called to intervene in domestic violence situations, “Oh, she won’t leave him.” As Landenburger (1989) has conceptualized in her stage-specific theory regarding abusive relationships, for professionals to concentrate on a woman leaving her partner in early phases when she has not quite identified herself as a victim of domestic violence, is counterproductive to the client and frustrates the professional.
- As our data has shown, the support function of family and peers must not be undermined, but developed. Seeking assistance from the extended family emerges as a strong factor in the prevention of abuse. Professionals working with battered Latinas need to be aware of the centrality of the Latino family and seek ways to use this centrality when working with such women. Probability that the family network has been used to help solve other problems is high. Professionals need to help couch the support function of the family in such a way that battered Latinas can utilize it again.
- The literature has implicated *machista* attitudes and behaviors as contributory factors in the role of domestic violence. Clearly more is involved. This research indicated that the more acculturated, and by extension perhaps less attached to traditional attitudes, the more likely a Latina was to be abused. Such findings help to inform us of the vast limitations in our knowledge in the field of domestic violence. When measuring acculturation in a battered Latina woman, we should also be attempting to get a sense of her partner’s acculturation level. Perhaps in this study what we were unknowingly only viewing part of the acculturation picture. Perhaps the true difference lies in differences in acculturation level between the Latina victim and the abuser.
- Research efforts need to consider cultural factors which contribute to abuse. Existing models of abuse need to be informed with the cultural specificity. Latinas may take longer to leave. There are perhaps beliefs and values that support staying more than leaving. Perhaps there are systems in place which help sustain Latina women in domestic violence situations. Perhaps developing alternatives to support battered Latina women as they struggle with the issue of what’s best for the children would impact their progression through the recovery from abusive relationships. Qualitative data suggested that Latina women stay for their children, but that they also leave for their children.
- Finally, like some of the research in the field, a major limitation of this study was that the focus was limited to the female perspective. Future research needs to capture the Latino male perspective. Focus groups with Latino men could inform us as to how they perceive the battering of women, what cultural factors contribute to abuse, and what might be done about the issue.

Research

- Further consideration of the role of acculturation of both victim and perpetrator is needed. Given the contradictory findings in the literature about this factor, more specificity is required. Perhaps the components of acculturation need to be further investigated, and as in this study the role of preferred language as a component of acculturation, given more attention.

The challenge in the 21st Century is to make some inroads in the issue of domestic violence by decreasing its prevalence and improving prevention and intervention strategies. The Latino culture provides us with time-honored solutions, and we as professionals need to recognize them and interweave them into our prevention and treatment programs.

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