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Intimate Partner Violence and Alcohol Abuse in the Indigenous Populations of Panamá

by

Addie K. Cant and Sarah E. Pheiffer

This project is submitted in partial fulfillment of the
requirements of the Undergraduate Honors College

University of South Florida

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Abstract

Indigenous communities in the Chiriqui province of Panamá, Central America, the Ngöbe and Buglé tribes, identified a growing problem with alcohol abuse and intimate partner violence (IPV). The College of Nursing at the University of South Florida was invited to conduct research to determine the extent of the problem and to assist with community intervention development. A descriptive correlational study adapting an interview-style survey from the 2005 World Health Organization's "*Multi-country study on women's health and domestic violence against women: Summary report of initial results on prevalence, health outcomes and women's responses*" was conducted to provide baseline research that identifies the extent of IPV, its qualities and risk factors. Results illustrate a correlation between alcohol and intimate partner violence in each population, along with strong correlations between alcohol abuse, IPV, education level, number of pregnancies, and number of living children. A strong cry for help was heard from the interviewed women themselves. No clear resources were identified by the women although family seems the current strongest support system. Our work to increase the awareness of this issue will impact future prevalence and development of community-based interventions for such a unique population.

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Intimate Partner Violence and Alcohol Abuse in the Indigenous Populations of Panamá

Intimate partner violence is a complex issue. It encompasses physical, emotional, sexual, and economical aspects of human lives. Heise and Garcia-Moreno and Jewkes, Sen & Garcia-Moreno (as cited in World Health Organization 2010), define intimate partner violence, or IPV, as “behavior within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviors,” (p. 11). For most, it is a difficult issue to discuss, and for the population affected, it causes turmoil at the most intimate level and its effects are felt on a larger scale. However, only when the extent of IPV is discovered can preventative measures begin. One study conducted in Latin America revealed 4% to 15% of women reported experiencing sexual violence from a partner (Pan American Health Organization, 2008). Perhaps the most devastating aspect of IPV is that it is an entirely preventable epidemic.

Intimate partner violence, once commonly referred to as domestic violence, is a global tragedy. As a result, the World Health Organization (WHO) performed an in-depth study in 2005 of different populations across the globe to determine the ways in which they were affected by the violence. In their response to their 2005 study including both analysis and prevention strategies, The WHO (2010) lists individual risk factors related to IPV including young age, low educational level, intra-parental violence, harmful use of alcohol, and acceptance of violence among other factors (p. 21). The WHO (2010) emphasized the need for a multi-level approach planning for prevention of IPV. The study lists the need for primary prevention by creating a “climate of non-tolerance” by criminalizing IPV and by promoting equality between men and women through legislation and ultimately within the culture (WHO, 2010.) Despite similarities, all populations suffering from intimate partner violence problems are unique.

Two Panamanian tribes, the Ngöbe and Buglé, living in the reservation (Comarca), were asked by community participation focus group facilitators to identify community concerns to describe their most dire health problems. They explicitly mentioned concerns with alcohol abuse and intimate partner violence (S. Cadena, personal communication, February 8, 2010).

Measuring the extent of IPV in this indigenous population and identifying the correlations between IPV and alcohol abuse is critical prior to the development of specialized interventions. IPV negatively affects the native Panamanian groups to a great degree. We expect that due to the cultural norms of the indigenous populations, women may be at a higher risk than areas with cultural norms with greater emphasis placed on gender equality. It is also suspected that alcohol use and abuse will play a large part in this social and public health issue. The purpose of this study was to provide baseline research that identifies the current incidence of intimate partner violence and the correlation of IPV with alcohol abuse and contributing factors in the indigenous populations of Panamá.

Substance abuse has commonly been found to have a significant correlation with rates of intimate partner violence. Alcohol is most often the substance of choice. In Chile, Mexico, Nicaragua and Haiti, evidence shows that alcohol abuse, use or the state of being drunk increases the risk of violence by a man toward a female partner (PAHO, 2008, p. 15). Interestingly, research has often shown that in some cases, both partners are under the influence of alcohol at the time of abuse. A study of the Brazilian population showed that men reported drinking during incidences of IPV four times more than their women counterparts, forty percent of men compared to ten percent of women (Zaleski, Pinsky, Laranjeira, Ramisetty-Mikler, & Caetano, 2010). This study will discuss only information related to and pertinent to women. Fals-Stewart confirms the link between alcohol and domestic violence with the report (as cited in

Klostermann, Mignone, & Chen, 2009) that male physical aggression toward females was eight times higher on days when men drank alcohol when compared to days of abstinence from alcohol (p. 573).

A report by Easton, Mandel, Hunkele, Nich, Rounsaville, & Carroll (2007) states that based upon the proximal effects model, “substance use typically precedes episodes of IPV, and episodes of violence often occur closely in time to the consumption of alcohol,” (p. 24). The study also mentions hypotheses explaining why the ingestion of alcohol has this effect including, “the psychopharmacologic effects of drugs on cognitive processing or expectancies associated with intoxication,” (p. 24). We hypothesize that the use of alcohol by male partners will be related to experienced violence; however, because expectations may guide the reaction of violence to alcohol use, the unique culture of the population under investigation may nullify this assumption.

Although studies have been conducted in developed countries where access exists to health care, there is limited research of IPV among indigenous/native populations. Indigenous populations pose unique obstacles to investigation of IPV; they may reside in remote and difficult to access communities, differ in culture and norms from the mainstream population, and hold significant discrepancies in the occurrence of social problems, possibly including the amount of IPV. This contributes to the need to conduct research and develop interventions with such populations. Bohn (2003) states that, “in the U.S. rates of intimate partner violence among Native American women were much higher (23.2/1000) than rates among black (11.2), white (8.1), and Asian (1.9) women,” (p. 336). According to a study of Native American women affected by intimate partner violence, alcohol and drug abuse, and mental disorders, prevalence and incidence are chronically underreported even with research and regular IPV screenings

(Duran, Oetzel, Parker, Malcoe, Lucero, & Jiang, 2009). A study of domestic violence screening in New Zealand, including both European and women native to New Zealand, confirmed the importance of cultural considerations during screening and development of interventions (Kozoil-McLain, Giddings, Rameka, & Fyfe, 2008).

Specific to the Ngöbe and Buglé populations, several cultural considerations should be taken into account. The culture itself is modest and reserved. It was common for women to consider themselves without a job. Instead, they were focused on care of the family and children and on the creation and selling of artisanal objects and woven items as their form of income. Intimate relationships are often not considered specifically a marriage, but are instead a union of life partners. When assessing violence, researchers must consider the sensitivity of the subject and vulnerability of the women. This was accomplished through maintenance of privacy (male partners were often working during the daytime hours) and engaging the women during the interview process.

When conducting assessments and planning interventions for interpersonal violence (IPV), culture is a vital factor that must be considered because, “culture is central to how people organize their experiences, identify a problem, view abuse, and seek assistance,” (King, Torres, Campbell, Ryda, Sheridan, Ulrich, et al. (1993) and O’Keefe (1994) as cited in Brabeck & Guzman, 2009). This is particularly important when an investigator studies an unfamiliar culture, requiring an important level of cultural competency. Cultural ideals may have a substantial impact on reporting and incidence of violence. The WHO (2010) states that, “often traditional social and cultural gender norms make women vulnerable to violence from intimate partners, place women and girls at increased risk of sexual violence, and condone or support the acceptability of violence,” (p.53).

A report distributed by the American Indian Development Associates (2000), stressed the importance of including culturally appropriate interventions within the Navajo, Zuni, Acoma, and Laguna Pueblos populations regarding alcohol abuse, stating, “using cultural resources vastly improves outcomes for Indian clients,” (p. 30). The unique customs of indigenous populations can become a vantage point. The report also mentions the importance of tribal and governmental cooperation for a successful intervention (American Indian Development Associates, 2000). A cultural norm in the Ngöbe and Buglé peoples involves the designation of community leaders, both men and women, to speak on behalf of the total community to identify needs and seek out assistance. Eleven community leaders voiced their concerns about the growing incidence of IPV and alcohol use throughout the Comarca and requested assistance.

Brabeck and Guzman (2009) described values of Hispanic cultures, specifically Mexican-Americans in the study, to include ‘machismo’, ‘marianismo’, and ‘familismo’. Machismo was compared to traditional values of patriarchy, marianismo to the afflictions of women, and familismo to considering the needs of the family unit prior to considering the needs of each individual member (Brabeck & Guzman, 2009). Brabeck and Guzman (2009) discussed mixed findings in review of available literature, but concluded that maintenance of traditional patriarchal gender roles did not correlate to decreased likelihood that women seek help for violence or flee the relationship. However, Brabeck and Guzman (2009) continued by discussing the distinctiveness of the study population, as most women had left an abusive partner in the past, and stated, “the low variability in responses on the measure of machismo resulted in low power and little probability of detecting effects,” (p. 828). Levels of perceived machismo were similar between women who had fled an abusive relationship and those who had not; perceived machismo is not related to help-seeking behavior (Brabeck & Guzman, 2009).

Culture also helps to provide norms for a population. This is especially important when discussing IPV because in some Spanish cultures, women may maintain a submissive role to men. It may then evolve into a norm to submit to abuse, and it may also be the norm to keep the violence and abuse private. According to Brabeck and Guzman (2009) in a recent assessment of intimate partner violence in Mexican immigrants, stricter gender roles, commonly found in Spanish cultures, may perpetuate subservient roles of women to the family and male family figure (p. 819). These strict gender roles may lead to an increased level of almost culturally accepted violence. Gonzalez-Guarda, Vasquez, Urrutia, Villaruel, and Peragallo (2011) also noted machismo, in close relationship with gender inequity, as a contributing factor to violence in their study of Hispanic women in the South Florida area.

According to Wallach et al. (2009) patriarchal societies in which opinions, positions, and actions of men are considered superior to those of women often are more violent and controlling toward their family (p. 2). In a fact sheet released by the National Latino Alliance for the Elimination of Domestic Violence, Alianza, (2006) reported the importance of respecting culture during efforts to intervene with those afflicted by IPV was emphasized by the statement, “cultural factors such as a strong orientation toward family and community must be central to interventions and programs that attempt to address the problem in a culturally competent, effective, and respectful manner,” (p. 3). Both Alianza (2006) and the WHO (2010) discuss the need for interventions to eventually extend intervention, beyond men and women who report experiences with violence, to the entire affected community and society.

Often, interventions for intimate partner violence problems include activities to promote equality or punishment of the perpetrator. A study by Worden and Carlson (2005) discussed, “it is unlikely to use legal protections, or to recommend its use to others, if one believes that some

levels of violence are normal or justifiable, or that women are responsible for managing their partners' behavior" (as cited in Gracia, Garcia, & Lila, 2009, p. 653-654). The Pan-American Health Organization's Multicentric Study suggests priority of action be placed upon occasions of heavy drinking, the total amount of alcohol consumption, and alcohol and youth (2008).

Planning of future intervention will require a thorough assessment of cultural norms and the use of law enforcement in the indigenous populations. Also while intervening with this population, it will be vital, but may prove difficult to honor cultural gender roles while encouraging an atmosphere involving a push for equality with less violence and control. For these reasons, while assessing violence in the Comarca, it will also be vital to assess cultural norms.

The unique geography of Western Panamá and the sociology of the indigenous communities may affect the amount of violence that occurs and also the amount reported. Prior to arriving in Panamá, it was known to the researchers that the area was remote and that resources were limited. Upon arrival, however, it was found that the level of isolation was substantial. Small homes may be in close proximity to each other, but their immediacy to services such as health clinics or police stations was an entirely different situation. The local school children were often required to walk several miles each day to attend school, and families had to walk several hours to the local healthcare clinic.

Researchers have considered that physical isolation, the rural ideal that issues of the home should remain there and the scarcity of transportation and resources may contribute to unspecified levels of IPV (Schafer & Giblin, 2010). Feelings of isolation may be augmented by physical isolation, particularly in women affected by violence in the home. Small communities often keep issues considered to be family-related quiet due to familiarity of neighbors and homes. Lack of transportation could result in decreased report of IPV due to sheer

inconvenience. For these reasons, screening of IPV should be performed upon all visits to the healthcare clinic, to take appropriate advantage of the availability of the women. These considerations have been applied to the isolated populations of the United States, but because of similarities may be extended to describe the native Panamanian populations.

Method

A convenience sample of Ngöbe and Buglé women in selected communities of Panamá were assessed for intimate partner violence and alcohol abuse. Data included in the results and analysis section is only from the indigenous community of Soloy, located in the southwestern region of the native reservation, or Comarca. Surveys were translated into Spanish, reviewed for cultural sensitivity for the tribal population, and utilized to collect data by serving as a blueprint for the interview process.

Face to face interviews were decided to be the most culturally appropriate method of data collection. In the 2010 study, the WHO reported that levels of intimate partner violence are most accurately represented through survey and self-reports, rather than through incidents reported to authorities (p. 12). According to Sorenson, Stein, Siegel, Golding and Burnham (1987) (as cited in Andersson, Cockcroft, Ansari, Omer, Chaudry, Khan & Pearson, 2010) women are more likely to share experiences about sexual violence with female interviewers (p. 483).

Interviewers, as a result, were required to be female. Kozoil-McLain, Giddings, Rameka, and Fyfe (2008) found mixed feelings when New Zealand native women were asked whether they prefer to be interviewed by members of their own group or from outsiders; some women claimed that they could relate more to women of their own background and others that it was more difficult to discuss such intimate topics with those within their culture (p. 507).

The use of trained, certified translators, fluent in Spanish, English and Ngöbe, was vital as some participants were more fluent in the native language, Ngöbe. Translators were often male, as women in the region were less likely to have formal education to acquire English. We were assured that the use of male translators would not affect our disclosure rates (L. deAlguero, personal communication, June 23, 2010). Selection of trilingual translators by the Ministry of Health was based upon availability, expertise and overall knowledge of the community.

Translators were required to sign agreements that all information they relay, see, and hear will remain in the strictest of confidence to maintain the privacy of the women and the legitimacy of the research. If women were able to read Spanish, they were given the option of filling out the survey privately. A recent study of disclosure rates comparing self-report, medical staff interview, and physician interview illustrates statistically relevant and comparable rates of disclosure (Chen et al., 2007). Therefore, the investigators assumed the responses of the women to be reliable and accurate.

Participants

In order to participate in the survey, applicants were required to be women with a stated age of at least 16 who had once been in a relationship with a man. On several occasions women were unsure of their true age, so in our research the women were asked to identify an age bracket, which were from 16-25, 26-35, 36-45, 46-55, and 56 or older.

Instrument

The survey used by the World Health Organization to collect data for their 2005 study of domestic violence against women in 20 countries was adapted to fit the needs of the Ngöbe and Buglé indigenous populations. Written authorization was granted by the WHO Department of Permissions for use of an adapted and abridged version of this questionnaire (D. Campanario,

personal communication, March 6, 2010). The interview questions were reviewed and revised, utilizing the expertise of a Panamanian professor who had worked for several years in the Comarca, incorporating a heightened level of cultural sensitivity. The survey initially included 168 questions, all with multiple-choice style or yes/no answers. Culturally sensitive alterations to the survey were made, including the omission of ten questions, addition of nine questions, and adjustment of two questions.

An English version and Spanish translation with a reverse translation by Panamanian native speakers were utilized in the data collection process (see Appendices A and B). Researchers explained to each interviewed woman that their truthful responses to the survey would provide an initial understanding of intimate partner violence and cultural dynamics. They were told that the information would be used to understand what elements place them at risk and to eventually design appropriate interventions.

Questions within the survey focused on specific themes and assessed many factors including but not limited to: a) perception of health, b) alcohol use among the women and their partners, c) different types of intimate partner violence, and d) a number of cultural norms. These adapted questions were used during the interview process because of their previously proven effectiveness. In the follow up report to their 2005 survey, the WHO (2010) states, “dedicated surveys on intimate partner and sexual violence provide the most reliable and in-depth data as these can collect information on prevalence and frequency, impact on health, contextual factors, and on risk and protective factors” (p. 64). Using the World Health Organization’s scale determined for their 2005 *Multi-country Study on Women’s Health and Domestic Violence against Women*, physical violence was classified as moderate or severe based on likelihood and extent of physical injuries (p.6). Subsequent questions regarded the frequency

and type of intimate partner violence. Factors that seem to aggravate violence were also assessed in the questionnaire.

At the completion of the survey, each woman expressing experience with intimate partner violence was given the name of the local mental health nurse and cell phone number.

Informed Consent and Confidentiality

Individuals were given a form to review written in Spanish explaining the parameters of the project and all of the different definitions of intimate partner violence, as violence may not necessarily be physical. If individuals expressed illiteracy, they received a verbal explanation based on the previously mentioned document. Individuals willing to be interviewed were invited to participate. Instead of recording names, all surveys were misidentified by being labeled with a single number 1 through 37. They were explained the terms of the interview and provided verbal consent to partake in the study after all of their questions and concerns were addressed (Appendices C and D).

Anonymity was maintained for all interviews by: a) not requiring the women to sign any papers; b) politely insisting upon the isolation of the participant and interviewer, or during interviews which occurred in the health clinic interviewers and participants relocated to a room which allowed a closed door, so that discussion could not be overheard by people of the household, neighbors, or others in the clinic; and c) all interviewers and translators signing a form of confidentiality. Men who were present at any time during the interview process were informed that the topic of the interview was women's health and for privacy reasons they were asked to leave the immediate area.

Institutional Approval

Approval for this study was granted by the Institutional Review Board of the University of South Florida, the Ministry of Health of Panamá, the University of Panamá and by verbal assent of the local community leaders (Appendices E, F and G).

Procedure

Researchers walked through communities in order to randomly recruit participants. Women were often within their homes, but were also found around the community. Researchers introduced themselves to the women and explained the purpose of the study, and verbal consent was obtained and surveying commenced. Researchers were often invited into the homes of the women for the duration of the interview. Homes varied in size, but were often one room with designated sections for activities like cooking and sleeping. House materials varied from linen to wood, but nearly all floors were clay like the outside ground. The women were welcoming to researchers and frequently offered the only chair in the house. Due to treacherous terrain and adverse weather conditions, selection of homes and participants was not randomized.

Results

The results of the surveys are summarized in this section. Because not all participants answered every question, the sample size will be reported for each finding. Unless otherwise specified, the sample size (n) is equal to 36. Due to the unique sociology of the Comarca, questions were not asked regarding the earnings of women. Women, from a Western standpoint were considered unemployed in most cases, and as a result, only briefly surveyed on the topic of economic abuse. The following results will often present the participants in two groups: one includes women reported experiencing violence, and the other contains women who did not

confirm the presence of violence. Table 1 shows the reported age brackets of all of the women surveyed and also the reported age of their partner.

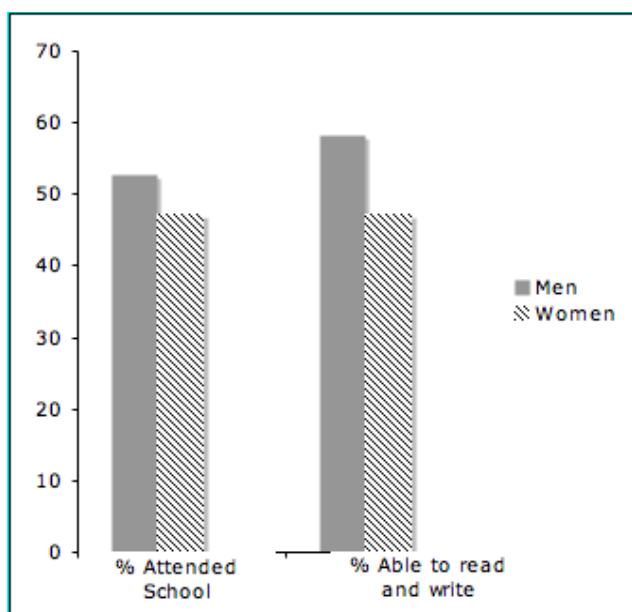
Table 1. Ages of Men and Women in Soloy, Panamá

Age	16-25	26-35	36-45	46-55	56 or older
Women	19%	31%	17%	14%	14%
Men	11%	28%	25%	14%	17%

Note. Totals were rounded for men and women and do not total 100% because some women were unsure of their age and/or the age of their partner.

The majority of women were between ages 26-35, and the majority of women who had experienced intimate partner violence (IPV) were also between these ages (36% of women), however there was no significant correlation between violence and men or women's ages. In Figure 1 depicts the education of the men and women of Soloy. Reported attendance of school and literacy rates are both higher in columns depicting male status when compared to women.

Figure 1. Demographics of Men and Women in Soloy, Panamá



Note. Totals for men do not total 100% because some women were unsure of their partner's literacy and/or educational status

In addition to literacy rates, questions were posed to the women regarding the employment status of their partners. The majority of male partners in this study (47%) were currently working ($n = 33$). Thirty-three percent were seeking work, six percent were retired, and three percent of the men were currently studying ($n = 33$). When asked about marriage, 50% of women reported that they are currently married or with a male partner, 33% reported single status, and one woman reported that she was not sure of her status ($n = 31$).

When asked about the proximity of family members, half of the women reported being able to easily visit family members with no significant differences between the groups. Eleven of the 25 women who denied abuse stated that they could regularly depend on their family for support compared to two of the eleven women who experienced abuse, however, this was not found to be statistically significant. On average, 36% of women reported being aware as children that their mothers were being hit by their father or mother's partner, with no significant difference between the two subsets of women. When asked about the childhood homes of their partners, 29% of women stated that the mother of their male partner was beaten ($n = 34$) and 21% that their male partners were beaten regularly by someone in his family ($n = 34$); neither of these questions held statistical differences between the two groups.

There was no significant difference in the perception of health, levels of pain and discomfort, or difficulty in carrying out activities of daily living between women who reported physical or sexual abuse and those who did not. When questioned about their level of pain, one-third of the women most commonly reported moderate levels of pain or discomfort. Overall, only 33% of women considered their health to be good and 3% of women reported an excellent state of health; responses of women are displayed in Table 2.

Table 2. Women's Perception of Overall Health Status

Very poor	Poor	Fair	Good	Excellent
11%	33%	19%	33%	3%

Note: Percentages may not add to 100% due to rounding.

Women were surveyed regarding their perception of both their physical and mental health. They were asked if they had experienced any of several common complaints within the previous month. It was found by Pearson Chi-Square analysis that women who reported experiencing physical or sexual abuse were more likely to also report uncomfortable feelings in their stomach during the last month ($\chi^2 = 4.134$, $df = 1$, $p = .042$). Responses to questions regarding other types of physical ailments were not significantly different between the two groups, and are listed in Table 3.

Table 3. Most Common Physical Ailments Reported

Physical ailment	Percentage of women reporting
Easily tired	75%
Always tired	69%
Frequent headaches	67%
Easily frightened	58%
Nervous/worried	53%

Note: Women were able to choose more than one response; therefore, totals will not equal 100%.

In order to assess mental health status, women were presented with several questions. Thirty-one percent of women surveyed confirmed that they had difficulty thinking clearly, with no significant differences noted between the two groups. Feelings of unhappiness were prevalent among the women, with nearly two-thirds (64%) of women reporting such feelings; there were

no significant differences between the two groups. The majority of women who reported having experienced violence at some point reported crying more than usual, compared to slightly less than half of the rest of the population who also reported crying more than usual, 82% and 48% respectively; however, the differences between the two groups were not found to be statistically significant.

Questions regarding cultural norms related to violence were asked as a part of this assessment. Remarkably, no significant difference was noted between the groups of women in respect to their views of instances in which it is considered acceptable to experience violence.

Table 4 depicts the cultural statements and responses of the women.

Table 4. Assessment of Cultural Viewpoints Regarding Violence

Cultural statement	Women confirmed violence (n = 11)		Women denied violence (n = 25)		Total (n)
	Agree	Disagree	Agree	Disagree	
A good wife obeys her husband even if she disagrees	5	6	11	12	34
Family problems should be discussed with people in the family	7	4	14	11	36
A woman should be able to choose her own friends even if her partner disagrees	8	3	17	6	34
It is important for a man to show his partner who is boss	2	9	7	14	32
It is a wife's obligation to have sex with her partner even if she doesn't feel like it	3	8	7	17	35
If a man mistreats his partner, others outside the family should intervene	8	3	20	4	35

Note: Some women chose not to answer the question, and as a result the sample size does not always equal 36.

The women were approached with hypothetical situations, and were asked if the given situation was a good reason for a male to strike his partner. Again, the answers among the women were not statistically different but worth noting, see Table 5.

Table 5. Acceptable Reasons for Women to Experience Violence

Does a man have a good reason to hit his wife if:	Women confirmed violence	Women denied violence
She does not complete household work to his satisfaction	2	2
She disobeys him	3	5
She refuses to have sexual relations with him	3	2
She asks him whether he has other girlfriends	2	7
He suspects that she is unfaithful*	2	9
He finds out that she has been unfaithful	4	9

Note: * n=34

Women were surveyed regarding questions of economic and emotional abuse, specifically isolation. Nearly half of the women who reported violence also told interviewers that their partner tried to keep them from seeing friends (46%), compared to 17% of women who denied experiencing violence; however, this finding was not statistically significant (n = 35). Findings were similar regarding male partners restricting contact of women with their families (n = 35). Regarding economic abuse, overall, 39% of the women related having been refused money for household expenses even when their partner had money for other things, with no statistically significant differences between the two groups (n = 33). Of the values listed in Table 6, one of the comparisons was found to be statistically significant; there was a positive

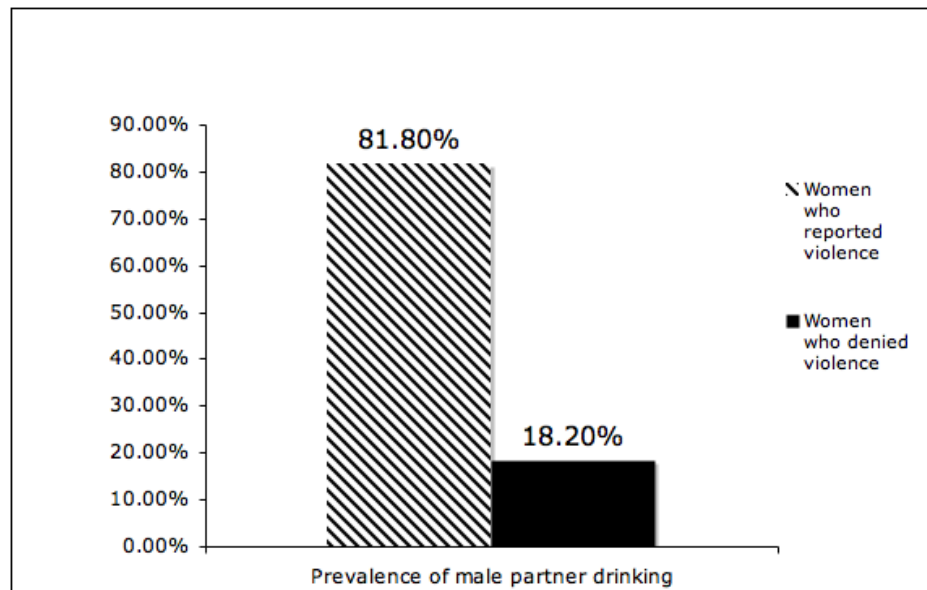
correlation between women being treated indifferently or ignored by their partner and having experienced violence at some point ($n = 35$, $\chi^2 = 4.443$, $df = 1$, $p = .035$).

Table 6. Isolation Tactics of Emotional Abuse ($n = 35$)

	Woman confirmed violence	Woman denied violence
Isolates woman from friends	46%	17%
Isolates woman from family	46%	21%
Must always know woman's location*	64%	39%
Ignores woman or treats indifferently	64%	25%
Angry woman speaks to other man	64%	38%
Often suspicious that woman is unfaithful	73%	38%
Woman must seek permission to pursue healthcare	64%	38%

Note: * $n = 34$.

Eleven of the 36 women surveyed confirmed that they had at some point experienced physical or sexual violence (31%). Physical or sexual violence and intimate partner drinking, particularly the male partner, was found to be related and statistically significant ($n=35$, $\chi^2 = 7.098$, $df = 1$, $p = .008$). Of the women that had experienced IPV, 30% reported that their partner consumed alcohol nearly every day, 30% said once or twice a week, 30% said occasionally, and only one woman said never. Women who denied IPV reported that their husbands did not drink on a daily basis, and nearly half (47%) reported that their partner never consumes alcohol. The difference between these groups of women was significant ($n=27$, $\chi^2 = 7.797$, $df = 3$, $p = .050$). Figure 2 shows the prevalence of male partner alcohol consumption as reported by women who had experienced IPV versus those who had not experienced it.

Figure 2. Comparison of Reported Alcohol Consumption of Male Partners

Interestingly, the reports of the women's alcohol consumption were not significant. Eight out of the eleven women who experienced IPV stated that they never drank, and 20 out of 24 women who were not abused also stated that they never drank ($n = 35$). Overall, 80% of women denied any alcohol use. In order to assess interpersonal violence beyond the home, women were asked if, to their knowledge, their partner had ever been involved in a physical fight. Just less than half (44%) of the participants reported knowledge of their partner being in a fight with another man, and overall, there was no significant difference between the two groups of women ($n = 34$).

Women were asked if they had ever sustained injuries from IPV and, if so, were asked to identify them. More than half of the eleven women (55%) who reported abuse stated that they suffered scratches or bruises. Of these eleven women, three reported having their teeth broken as a result of violence. Injuries reported by the sample of women are listed in Table 7.

Table 7. Type of Injury Experienced as a Result of Violence

Type of Injury	Percentage of Women (n=11)
Cuts, puncture, or bite	9%
Scratch or bruise	55%
Sprain or dislocation	0%
Burn	9%
Penetrating injury, deep cut or gash	9%
Broken eardrum or eye injury	18%
Fracture	9%
Broken teeth	27%

Physical violence was categorized, as done so by the WHO (2005), as moderate or severe. Moderate violence includes slapping, pushing, and shoving. Severe violence was defined as kicking, dragging, and using any form of weapon (p. 6). The most common form of abuse was a slap, with 82% of the women who had experienced IPV reporting this. See Table 8 for an itemization of responses.

Table 8. Forms of Physical Violence

Type of Violence	Woman who experienced IPV	Woman who denied IPV	Total
Slapped or object thrown at	9	3	12
Pushed or shoved	8	4	12
Hit with fist or other object	8	3	11
Kicked, dragged, or beaten	6	4	10
Choked or burned	4	0	4
Threatened with weapon or weapon used against	2	1	3

Note: For each type of violence, sample size is noted in the total column.

In an effort to understand the cycle of violence, women were asked about situations that, in their mind, led to violent episodes. Responses to this inquiry are listed in Table 9. When asked if a woman can refuse to have sex if she does not want to, only 42% of women agreed. More than half of the women surveyed (53%) reported that they do not have the right to refuse sex with their partner when he is drunk. Importantly, nine out of eleven, or 82% of women who had experienced abuse reported that the man being drunk was a situation precipitating violence. In fact, it was found by Pearson Chi-Square analysis that there was a positive and significant correlation between the frequency of which the man drank alcohol and the presence of violence in the relationship ($n = 27$, $\chi^2 = 7.759$, $df = 3$, $p = .051$).

Table 9. Situations That Lead to Violence

Situation precipitating violence	Woman who agree and also reported violence (n=11)	Woman who agree and did not report violence (n=25)	Total
No particular reason	0	0	0
When the man is drunk	9	10	19
Money problems	6	6	12
Difficulties at his work	3	3	6
When he is unemployed	4	3	7
There is no food at home	6	7	13
There are problems with his or her family	2	3	5
She is pregnant	2	3	5
He is jealous of her	4	8	12
She refuses sex	4	6	10
She is disobedient	5	5	10
Other: The man wants another woman	1	0	1

Note: Women responded only if they confirmed a precipitating factor, as a result, sample sizes are not equivalent to n-values above.

In assessing for the different types of violence, women were asked questions regarding sexual experiences, sexual violence, and the sexual rights of women. There was no statistical difference between abused and non-abused women in consent of their first sexual experience. The mean age of the first sexual experience was fifteen years old; ages ranged from 10 to 19 years ($n = 31$). Although not significant, more than half of women who had experienced violence, in all instances, stated that they could not refuse sex as seen in Table 10.

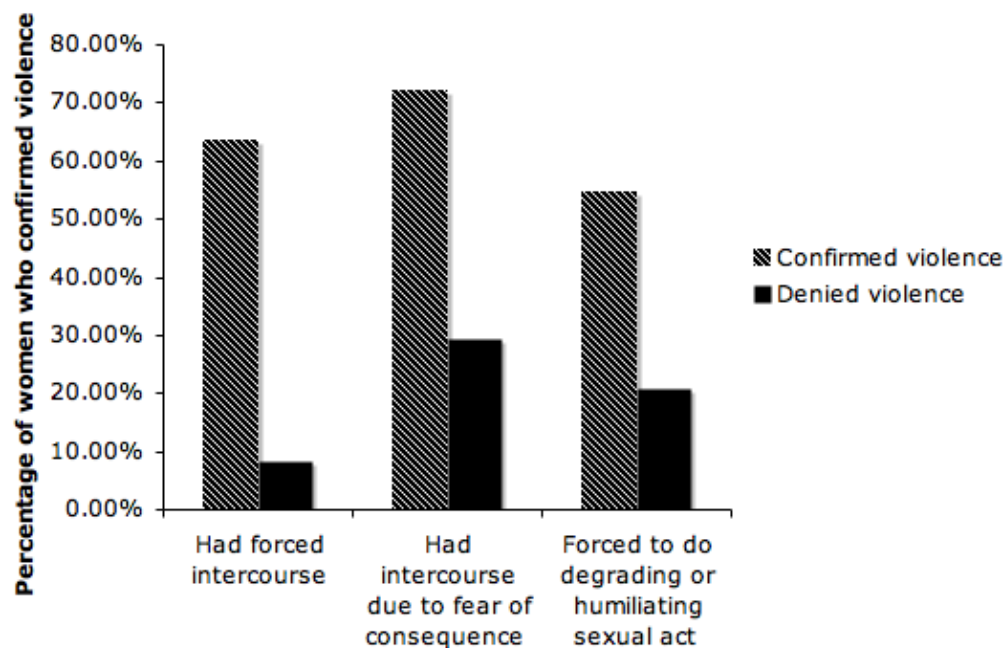
Table 10. Acceptable Reasons to Refuse Sex ($n = 35$)

A woman can refuse to have sex with her husband if:	Woman confirmed violence	Woman denied violence
She doesn't want to*	5	10
He is drunk	3	13
She is sick	3	10
He mistreats her*	2	9

Note: * $n = 34$

To assess for sexual violence, women were asked if they had ever been forced to have sex, if they had sex out of fear, or if they had ever been forced to participate in something they considered a degrading or humiliating sexual act. Of women who had experienced violence, 73% replied that after an incidence of violence, the male partner had forced her to have sex with him. Women from both groups, those who confirmed and those who denied violence, answered these questions, see Figure 3 for a comparison of their responses.

Figure 3. Comparison of Sexual Violence Between Two Groups of Women (n = 35).



Women were also questioned specifically regarding abuse from persons other than their partner after the age of fifteen. Of women who had not reported IPV, four out of 25 reported having experienced abuse from their father, while only one of the eleven women who had experienced IPV reported this. Of the 25 women who did not report experiencing physical or sexual violence, one woman reported that they had experienced abuse from a stepfather, and two women had experienced violence from another male in the family. Two out of the eleven women who confirmed IPV reported abuse from a male friend of the family. Three women reported having been forced by a male family member, other than her father, to perform a sexual act after the age of fifteen, two of the three women mentioned above confirmed violence and one denied experiencing violence.

Based on our findings, sexual abuse before the age of fifteen did not put women at a higher risk of experiencing IPV later on in life. Incidences of sexual abuse within the family

were noted within the population. Nine women reported having unwanted sexual experiences prior to the age of fifteen (age range = 5 - 14; $X = 12$ years of age).

In an effort to plan future interventions, it was deemed highly important to discover with whom women were sharing their experiences with IPV. Women were given the option to choose multiple responses for all of the following assessments. While two of the eleven women who reported experiencing physical or sexual violence stated that they had not told anyone about the violence, eight (73%) had disclosed physical violence to their parents. The nine women who disclosed violence to others were equally likely to divulge this information to their aunts/uncles, their partner's family, and their neighbors, at a rate of 27%. They were least likely to reveal episodes of violence to police, healthcare providers or physicians, priests, counselors, women's groups, and local leaders, with equal rates of disclosure at 9%. When including both women who had encountered violence and those who had not experienced violence but had possibly seen or heard it, 33% of total women told their parents. Only 6% of total women reported to a healthcare provider, and 3% to the police.

When asked where they had previously sought help, three of the eleven women who reported violence also reported that they were most likely to go to the hospital or healthcare clinic for help with violence. Other places the women reported to have gone were the police, shelter, and women's groups. Of this same group, women were allowed to choose more than one answer regarding why they sought assistance. The largest percentage sought help equally, 18% for each listed reason, because a) she was encouraged by friends, b) she could not endure any more or c) she was badly injured or afraid her partner would kill her. Women sought help less often (9%) for each of the following: her partner threatened or tried to kill her, or she was thrown out of the home.

Of the women who reported experiencing physical or sexual violence and did not seek help, most (36%) reported they did not know why they had not sought help, followed by 27% for each of the following responses; the violence was normal or not serious, or the woman was afraid seeking assistance would end the relationship. Less commonly, 18% reported for each of the following: a) women reported that they were afraid of more violence as a result of seeking help, b) that they were embarrassed or afraid that they would be blamed or not believed, c) they thought that it would not help or had known other women who had not been helped, d) they were afraid to lose their children, or e) they were afraid to bring a bad name to the family.

Ninety-four percent of women reported that they would like to receive more assistance (n=18). Women were permitted to choose more than one response to this question. The majority, ten of the eighteen women, reported that they would like to receive more assistance from the health center. Other responses women mentioned that they would like to receive help from were, in order of prevalence: their families, their mothers particularly, the police, the mother of their partner, and religious leaders. Seventeen women reported that they wanted help, yet not all women answered these questions, and many women who had not experienced violence did not answer these questions; see Table 11.

Table 11. Reports From Whom Women Wish to Receive More Help Regarding IPV (n = 17)

	Reported IPV	Did not report IPV	Total
Would you like more help?	7	10	17
Family	5	3	8
Mother	4	3	7
Partner's Mother	3	0	3
Health Center	6	4	10
Police	4	4	8
Priest	2	0	2

Of the eleven women who reported abuse, more than half, 55%, reported having left the home, even if only for one night, because of the violence. Of these women, reasons reported for leaving included most commonly that either she could not endure any more or that she had been thrown out of the home, at a rate of 27% each. Participants stated to have left because (18% for each of the following responses): a) she was encouraged to leave by friends or family, b) her partner had threatened or tried to kill her, c) her partner threatened to hit the children, or d) that the children appeared to be suffering. Rationale for women returning to the relationship was most commonly (55%) that she did not want to leave her children.

Nearly three quarters (70%) of women who had experienced abuse also had a sister or sisters that were in an abusive relationship, compared to a quarter of the women who were not experiencing violence; this difference was not statistically significant ($n = 26$). However, women who had experienced IPV were statistically more likely to have known friends who were also experiencing violence. The majority of women, 82%, who had experienced IPV knew friends who were also experiencing, or had experienced, abuse, compared to 44% of women not in abusive relationships ($n = 34$, $\chi^2 = 4.437$, $df = 1$, $p = .035$).

In addition to questions regarding violence, questions were asked to assess the current mental health of the women interviewed. More than half of the women surveyed reported having difficulty enjoying their daily activities; similar percentages conveyed difficulty making decisions. Seven of the eleven women who experienced violence also reported feelings of worthlessness (64%), compared to nine of the 25 women who had not experienced violence (36%); however, the comparison was not statistically significant. Considering both groups together, almost half of the women interviewed reported to feelings of worthlessness. Eight of the eleven (73%) who reported experiencing physical or sexual violence, also stated that the

violence affected their physical or mental health. Of the women mentioned above, 67% said that the violence they have endured has affected them “a lot” both physically and mentally. At completion of the survey, only 3% of women reported feeling bad or worse compared to the start of the interview. Thirty-four percent of women reported to feel the same or no different and 63% reported feeling good or better. Importantly, none of the eleven women conveying experiences with violence reported that they felt bad or worse after the survey.

Discussion

The goal of the research was to assess the extent of violence and alcohol use in the population and also to determine factors aggravating violence, in an effort to plan for interventions deemed appropriate based upon the needs exemplified by our data. We expected to find a strong correlation between the use of alcohol in the male population and intimate partner violence, and this was the case. Violence and alcohol abuse have long been recognized as cohabiting issues among studied areas, and we have shown, even in such a unique population as the Ngöbe Buglé people, that this remains fact. Women were categorized into two groups for comparison: a) those who reported experiencing physical or sexual violence and b) those who denied such experiences. Eight women left this question blank and they denied violence in previous questions; as a result, they were treated in this research study as denying violence.

Women were surveyed regarding several factors in addition to obvious inquiries related to alcohol and violence. It was deemed important to also assess the mental and physical health of the women along with opinion-based cultural assessment questions. The overall status of mental health in the population surveyed was not significantly different in the two categories of women. About two-thirds of the women reported feelings of unhappiness, but again there was no outstanding feature between the two groups. It is possible that overall living conditions and

the typical role of the Ngöbe woman could be the cause of pervasive unhappiness among the population. There were also no significant differences in the abilities of the women to perform usual activities, levels of pain, or problems with memory or concentration between women who reported abuse and those who did not. Again, better conditions and quality of life could affect the distribution of responses, and could possibly render a statistical difference between women who reported violence and those who did not.

The study suggests that the violence is stemming from the alcohol use of the man, but not the woman, as eight out of the eleven women who experienced IPV stated that they never drank. Interestingly, although not significant, eight out of the ten women who were abused stated that they discussed the events of their partner's day, while only eleven of the women who are not abused have this conversation ($n = 24$). The significance of the relationship between IPV and alcohol abuse raises the question of how much is too much. Due to the small sample size, particularly of the eleven women who reported abuse, this is difficult to answer. Sixty percent of these eleven women stated that their partner drank at least on a weekly if not daily basis, and 30% reported him drinking less than four times in a month. In the Comarca, people make their own alcohol from plants, called "chicha". Because it is homemade, alcohol content may vary between batches. Also important is the concept that alcohol consumption in this population was not measured based on the number of drinks, but instead on the frequency with which the women and their partners drank. Alcohol consumption was measured this way not only because of the varying alcohol content in every drink, but also because drinking cups and dishware were made from any materials available including dried gourds and other plant material, and as a result were different sizes. Consequently, it is very difficult to quantify the actual amount other than simply by frequency of consumption.

Without regard to alcohol abuse, controlling behavior by the men of the community was evaluated and is apparent judging by the percentages of women reporting isolation and emotional abuse (see Table 4). This could be the result of several factors. It could be a traditional mindset, a patriarchal approach, or perhaps the men could be more prone to jealousy or insecurity. Interestingly, the only set of answers regarding emotional abuse with significantly different values between the two groups of women regarded the man ignoring or treating his partner indifferently. It appears that although the overall confirming responses to questions of emotional abuse or control ranged from more than a quarter of the women to half in some cases, the propensity of violence was only increased if women answered that they had been ignored or treated indifferently.

Even more remarkable was the fact that none of the cultural questions listed in Tables 4, 5, and 10 were found to be significantly different when comparing the violence and non-violence groups. Based on the results in Table 5, it seems apparent that culturally, women never agree that there is an acceptable reason to experience violence. On the contrary, women seem to have the perspective that they have limited sexual rights; at least half of women who had been abused felt that they did not have the right to refuse sex with their partner. Knowledge of these cultural viewpoints is essential when considering further action to aid this community.

We assessed current assistance and resources in the area for women experiencing intimate partner violence during our trip. We also found that social assistance is lacking, and the majority of women receive health assistance from the clinics in the area only if deemed necessary. Of the nine women who went to a healthcare provider for their injuries, only two disclosed the real cause of the injury. However, it is unclear as to whether they were asked about the origin of the injury, and there does not seem to be any sort of IPV screening currently being

performed. The areas we visited were incredibly isolated and women would walk miles in some cases to reach clinics for healthcare. We noted that law enforcement agencies were not prevalent within the community, and police officers were not apparent in the area. In fact, when asked whom women looked to for help, only one of the eleven women replied that she contacted law enforcement. Based upon observation of the community and disclosure of violence by women to their family members, families often seemed to rely upon themselves or their neighbors for assistance. Women were asked two specific questions in an attempt to identify willingness to discuss IPV issues with their family and, by extension, people beyond their family.

Interestingly, Brabeck and Guzman (2009) discussed the positive impacts that familismo may have on interventions and stated, “programming geared toward strengthening family values and cohesiveness may combat the familial cycle of violence,” (p. 828). However, the detrimental effects of familismo were illustrated by Montalvo-Liendo, Wardell, Engebreston, and Reininger (2009) in their statement, “some participants described how they did not want to disrupt family unity if things were calm at the time they were asked by others regarding abuse,” (p. 365). As a result, screening in the healthcare clinics of the area may be the most effective method. Women may be more willing to disclose violence when it has driven them to the clinics. When asked where women sought assistance for intimate partner violence, they most commonly reported, three of the eleven women, having gone to a healthcare clinic. This may have been due to the proximity to the clinic in which we surveyed women. As a result, interventions should most likely focus on the local clinic. Education regarding alcohol or its affects was lacking significantly in the healthcare clinics and communities. Increasing awareness of alcohol and its effects would be beneficial, particularly in the school age

population. One goal for intervention will be to include several areas to allow for proximity to all of the people of the Comarca, if possible.

As surveys and interviews are self-report, they carry the inherent risk of bias. Bias can occur not only from the women themselves in their judgment to disclose or not to disclose, and but also from researcher judgment in what exactly to record from their responses. Alhabib, Nur, and Jones (2010) aptly state that, “surveys may not measure the actual number of women who have been abused, but rather, the number of women who are willing to disclose abuse,” (p. 373). In addition, it is important to note that the perception and definition of violence fluctuates between cultures and also in the bounds of a single culture (Alhabib, Nur, & Jones, 2010). This was noted when several women who reported never having experienced physical or sexual violence answered yes to the questions of whether their current partner had ever slapped, pushed, or hit them. This also became apparent when women who denied experiencing abuse, disclosed to researchers which members of their community they had told about the physical violence.

Another question raised from this finding was whether hitting, slapping and pushing are generally considered forms of abuse in this society. Similarly, of the 25 women who denied experiencing sexual or physical abuse, two reported their partner had forced them to have sex, seven reported having sex because they were afraid of what would happen if they did not, and five reported that they had been forced to take part in a sexual act that they found degrading or humiliating. These results were significantly less than women who reported experiencing sexual or physical abuse, but remain interesting to consider.

Our research approach involved indigenous Panamanian people, Panamanians, and visitors from the United States. This may have increased or decreased our disclosure rates, as women may have felt safer discussing the topic with either a foreigner or fellow Panamanian.

Women were asked two specific questions in an attempt to identify willingness to discuss IPV issues with their family and, by extension, people beyond their family. Of women how had experienced IPV, 36% disagreed that family problems should be discussed with family members. Eight of the eleven women (73%) responded that individuals outside of the family should intervene if a man mistreats his partner. Women may have either decided to speak with both interviewers, or could have chosen not to converse with the non-favored party at all. Kozoil-McLain, Giddings, Rameka, and Fyfe (2008) studied European and women native to New Zealand and the process of domestic violence screening. According to Kozoil-McLain et al. (2008), regardless of ethnic matching, the majority of women screened for violence, both European and indigenous to New Zealand, were affected positively, declaring that they either learned something from the screening process regarding their experiences, IPV, their community, or that they were not at fault for the violence they had been enduring (p. 507). It is impossible to tell the effects of ethnic matching, or the lack thereof, on the disclosure; however, it was apparent that our effect on the women was positive, with 63% of women reporting feeling better after the survey, 34% feeling no different, and only one (3%) feeling worse.

In retrospect, several adjustments to the survey would be helpful for future interviews. Questions that asked the amount of time would have areas for years, months, and days to allow for more accurate data collection, although even this is sensitive, as often the people did not have a reliable concept of time, or even their age. A method for quantifying alcohol consumption would be devised. It would be particularly beneficial to devise an additional survey for the men; this would be helpful in identifying male cultural issues and engaging men as participants in the community endorsed studies. Enrollment of the male partners would include the few cases where the men were home from work during the conduction of the surveys. The survey would

also be shortened to desirably fewer than one hundred questions, as there was concern about fatigue towards the end of the interview. However, as this was a pilot study of the issue, it was necessary to collect as much information as possible to determine the characteristics of the problem, and implications for future research.

Limitations concerning data collection arise from time constraints, lack of available research regarding the target population, and length of the survey. The amount of field time was 14 days. IPV and alcohol abuse is a newly identified issue in this population. Subsequently, there is little to no existing data with which to supplement and modify this data collection process. In addition to the obscurities found concerning the women's definitions of violence with the survey, it proved difficult to assess and isolate effects of violence on both the physical and mental health of the women due to unsanitary living conditions and extreme poverty that affected their personal perspective of health.

Our goal in this research was to identify a correlation between intimate partner violence and alcohol abuse in the Comarca of Panamá. The community leaders reached out to us for help in identifying this problem, and it was done successfully. It was found to be significant that women whose partners consumed alcohol were at a higher risk of intimate partner violence; hence, abstinence from alcohol use is a protective factor. There is definitely a correlation between the amount of alcohol consumed and violence, but further research is needed to determine the exact causes of violence, and to formulate interventions. We hope that this study will spur further research, including a larger sample size and through discerning cause and relating factors, interventions can be appropriately formulated. We will begin working with the community leaders and the Ministry of Health to identify interventions. As new as this issue is to the general population, its effects have festered silently in the homes of the people for far too

long. The plea for help from the women and the communities was clear and should be ignored no longer.

References

- Alhabib, S., Nur, U., & Jones, R. (2010). Domestic violence against women: Systematic review of prevalence studies. *Journal of Family Violence*, 25, 369-382. doi: 10.1007/s10896-009-9298-4
- American Indian Development Associates. (2000). *Promising practice and strategies to reduce alcohol and substance abuse among American Indians and Alaskan Natives* (ED 449 39). Washington, DC: U.S. Government Printing Office.
- Andersson, N., Cockcroft, A., Ansari, N., Omer, K., Chaudry, U. U., Khan, A., & Pearson, L. (2009). Household interviews: Experience from a large-scale national survey in collecting reliable information about violence against women safely in South Asia. *Violence Against Women*, 15(4), 482-496. doi: 10.1177/1077801208331063
- Bohn, D. K. (2003). Lifetime physical and sexual abuse, substance abuse, depression, and suicide attempts among Native American women. *Issues in Mental Health Nursing*, 24, 333-352. doi: 10.1080/01612840390160829
- Brabeck, K. M. & Guzman, M. R. (2009). Exploring Mexican-origin intimate partner abuse survivors' help-seeking within their sociocultural contexts. *Violence and Victims*, 24(6), 817-832. doi: 10.1891/0886-6708.24.6.817
- Chen, P., Rovi, S., Washington, J., Jacobs, A., Vega, M., Pan, K., & Johnson, M. S. (2007). Randomized comparison of 3 methods to screen for domestic violence in family practice. *Annals of Family Medicine*, 5, 430-435. doi: 10.1370/afm.716
- Duran, B., Oetzel, J., Parker, T., Malcoe, L. H., Lucero, J., & Jiang, Y. (2009). Intimate partner violence and alcohol, drug, and mental disorders among American Indian women from Southwest tribes in primary care. *American Indian and Alaska Native Mental Health*

- Research*, 16(2), 11-27. Retrieved from
<http://www.ncbi.nlm.nih.gov.ezproxy.hsc.usf.edu/pubmed>
- Easton, C. J., Mandel, D. L., Hunkele, K. A., Nich, C., Rounsaville, B. J., & Carroll, K. M. (2007). A cognitive behavioral therapy for alcohol-dependent domestic violence offenders: an integrated substance abuse-domestic violence treatment approach (SADV). *The American Journal on Addictions*, 16, 24-31. doi: 10.1080/10550490601077809
- Field, C. & Caetano, R. (2010). The role of ethnic matching between patient and provider on the effectiveness of brief alcohol interventions with Hispanics. *Alcoholism: Clinical and Experimental Research*, 34(2), 262–271. doi: 10.1111/j.1530-0277.2009.01089.x
- Gonzalez-Guarda, R. M., Vasquez, E. P., Urrutia, M. T., Villaruel, A. M., Peragallo, N. (2011). Hispanic women's experiences with substance abuse, intimate partner violence, and risk for HIV. *Journal of Transcultural Nursing*, 22(1), 46-54. doi: 10.1177/1043659610387079
- Gracia, E., Garcia, F., & Lila, M. (2009). Public responses to intimate partner violence against women: The influence of perceived severity and personal responsibility. *The Spanish Journal of Psychology*, 12(2), 648-656. Retrieved from
<http://www.ncbi.nlm.nih.gov/pubmed/>
- Klostermann, K., Mignone, T., & Chen, R. (2009). Subtypes of alcohol and intimate partner violence: A latent class analysis. *Violence and Victims*, 24(5), 563-576. doi: 10.1891/0886-6708.24.5.563
- Kozoil-McLain, J., Giddings, L., Rameka, M., & Fyfe, E. (2008). Intimate partner violence screening and brief intervention: Experiences of women in two New Zealand health care

settings. *Journal of Midwifery & Women's Health*, 53, 504-510. doi:

doi:10.1016/j.jmwh.2008.06.002

Montalvo-Liendo, N., Wardell, D. W., Engbreston, J., & Reininger, B. M. (2009, July 14).

Factors influencing disclosure of abuse by women of Mexican descent. *Journal of*

Nursing Scholarship, 41(4), 359–367. doi: 10.1111/j.1547-5069.2009.01304.x

National Latino Alliance for the Elimination of Domestic Violence. (2006, February). *Domestic*

violence affects families of all racial, ethnic, and economic backgrounds it is a

widespread and destructive problem in Latino communities (Fact Sheet). Retrieved from

National Latino Alliance for the Elimination of Domestic Violence, Fact Sheets:

<http://www.dvalianza.org/en/fact-sheets.html>

Pan American Health Organization. (2008). *Unhappy hours: Alcohol and partner aggression in*

the Americas (631). Washington, DC: U.S. Government Printing Office.

Ramsay, J., Carter, Y., Davidson, L., Dunne, D., Eldridge, S., Hegarty, K., Rivas, C., Taft, A.,

Warburton, A., & Feder, G. (2009). *Advocacy interventions to reduce or eliminate*

violence and promote the physical and psychosocial well-being of women who experience

intimate partner abuse (Review). Retrieved from The Cochrane Library:

<http://www.thecochranelibrary.com.ezproxy.hsc.usf.edu/view/0/index.html>

Schafer, J. A. & Giblin, M. J. (2010, October 9). Policing intimate partner violence in rural areas

and small towns: Policies, practices, perceptions. *Women & Criminal Justice*, 20(4), 283-

301. doi: 10.1080/08974454.2010.512226

Stuart, G. L., O'Farrell, T. J., & Temple, J. R. (2009). Review of the association between

treatment for substance misuse and reductions in intimate partner violence. *Substance*

Use & Misuse, 44, 1298–1317. doi: 10.1080/10826080902961385

Wallach, H. S., Weingram, Z., & Avitan, O. (2009, December 9). Attitudes toward intimate partner violence: A cultural prospective. *Journal of Interpersonal Violence*, 20(10), 1–13. doi: 10.1177/0886260509340540

World Health Organization. (2005). *Multi-country study on women's health and domestic violence against women: Summary report of initial results on prevalence, health outcomes and women's responses* (Summary Report). Retrieved from World Health Organization, Library & Information Networks for Knowledge Database (WHOLIS): http://whqlibdoc.who.int/publications/2005/924159358X_eng.pdf

World Health Organization. (2010). *Preventing intimate partner and sexual violence against women: Taking action and generating evidence*. Retrieved from World Health Organization, Violence and Injury Prevention and Disability: http://www.who.int/violence_injury_prevention/violence/activities/intimate/en/index.htm
1

Zaleski, M., Pinsky, I., Laranjeira, R., Ramisetty-Mikler, S., & Caetano, R. (2010, April). Intimate partner violence and contribution of drinking and sociodemographics: The Brazilian national alcohol survey. *Journal of Interpersonal Violence*, 25(4), 648-665. doi: 10.1177/088626050933439

Appendix A

Survey of Intimate Partner Violence and Alcohol Abuse

Questions borrowed and adapted from the WHO Multi-country study on women's health and life events (2005):

1. How old are you?
 - a. 16-25
 - b. 26-35
 - c. 36-45
 - d. 46-55
 - e. 55 or older
2. Can you read and write?
 - a. Yes
 - b. No
3. Have you ever attended school?
 - a. Yes
 - b. No
4. What grade did you complete? _____
5. Where did you grow up? _____
6. Before age 12, where did you live longest? _____
7. Do any of your family of birth live close enough by that you can easily see/visit them?
 - a. Yes
 - b. No
8. How often do you see or talk to a member of your family of birth?
 - a. Once a week/once a month
 - b. Once a year
 - c. Never
 - d. Daily
9. When you need help or have a problem, can you count on family members for support?
 - a. Yes, a lot
 - b. Sometimes
 - c. Rarely
 - d. Never
10. Do you regularly attend a group or organization?
 - a. Yes
 - b. No
13. Are any of these groups attended by women only?
 - a. Yes
 - b. No
14. Have you ever been prevented from attending a meeting or participating in an organization?
 - a. Yes
 - b. No
15. If yes: Who prevented you?
16. Are you currently married or do you have a male partner?
 - a. Yes

- b. No
- 17. Have you been married before, or ever lived with a male partner?
 - a. Yes
 - b. No
- 18. How many times have you been married? _____
- 19. How many wives does/did he have (including yourself)? _____
- 20. Before the marriage with your current/most recent husband, were you asked whether you wanted to marry him or no?
 - a. Yes
 - b. No
- 21. Did your marriage involve dowry/bride price payment?
 - a. Yes
 - b. No
- 22. In general, would you describe your overall health as
 - a. Excellent
 - b. Good
 - c. Fair
 - d. Poor
 - e. Very poor
- 23. In the past 4 weeks, did you have problems with performing usual activities, such as work, study, household, family, or social activities?
 - a. No problems
 - b. Very few problems
 - c. Some problems
 - d. Many problems
 - e. Unable to perform
- 24. In the past 4 weeks, have you been in pain or discomfort?
 - a. No pain or discomfort
 - b. Slight pain or discomfort
 - c. Moderate pain or discomfort
 - d. Severe pain or discomfort
 - e. Extreme pain or discomfort
- 25. In the past 4 weeks, have you had problems with your memory or concentration?
 - a. No problems
 - b. Very few problems
 - c. Some problems
 - d. Many problems
 - e. Extreme problems
- 26. In the past 4 weeks, have you taken medication or any substances to help you calm down or sleep, to relieve pain, to help you not feel sad or depressed?
 - a. Yes
 - b. No
- 27. For each type, how often?
 - a. Once or twice
 - b. a few times
 - c. many times

For the following, if you had the problem in the past 4 weeks, answer yes. If you have not had the problem, answer no.

28. Do you often have headaches?
 - a. Yes
 - b. No
29. Is your appetite poor?
 - a. Yes
 - b. No
30. Do you sleep badly?
 - a. Yes
 - b. No
31. Are you easily frightened?
 - a. Yes
 - b. No
32. Do your hands shake?
 - a. Yes
 - b. No
33. Do you feel nervous, tense or worried?
 - a. Yes
 - b. No
34. Is your digestion poor?
 - a. Yes
 - b. No
35. Do you have trouble thinking clearly?
 - a. Yes
 - b. No
36. Do you feel unhappy?
 - a. Yes
 - b. No
37. Do you cry more than usual?
 - a. Yes
 - b. No
38. Do you find it difficult to enjoy your daily activities?
 - a. Yes
 - b. No
39. Do you find it difficult to make decisions?
 - a. Yes
 - b. No
40. Is your daily work suffering?
 - a. Yes
 - b. No
41. Are you unable to play a useful part in life?
 - a. Yes
 - b. No
42. Have you lost interest in things?

- a. Yes
 - b. No
43. Do you feel that you are a worthless person?
- a. Yes
 - b. No
44. Has the thought of ending your life been on your mind?
- a. Yes
 - b. No
45. Do you feel tired all of the time?
- a. Yes
 - b. No
46. Do you have uncomfortable feelings in your stomach?
- a. Yes
 - b. No
47. Are you easily tired?
- a. Yes
 - b. No
48. Just now we talked about problems that may have bothered you in the past 4 weeks, I would like to ask you now if, in your life, have you ever thought about ending your life?
- a. Yes
 - b. No
49. Have you ever tried to take your life?
- a. Yes
 - b. No
50. Do you now smoke?
- a. Daily
 - b. Occasionally
 - c. Not at all
51. Have you ever smoked in your life?
- a. Daily (at least one cigarette a day)
 - b. Occasionally (not every day, but at least 100 cigarettes in your lifetime)
 - c. Not at all (not at all or less than 100 cigarette in your lifetime)
52. How often do you drink alcohol?
- a. Every day or nearly every day
 - b. Once or twice a week
 - c. 1-3 times a month, occasionally
 - d. Less than once a month
 - e. Never
53. On the days that you drank in the past 4 weeks, about how many alcoholic drinks did you usually have a day?
- a. A little
 - b. Some
 - c. A lot
 - d. A great deal
54. In the past 12 months, have you experienced any of the following problems, related to your drinking?

- a. Money problems
 - b. Health problems
 - c. Conflict with family or friends,
 - d. Problems with authorities (bar owner/police, etc.)
 - e. Other _____
55. Have you ever been pregnant?
- a. Yes
 - b. No
56. How many times have you been pregnant? (Include all of the pregnancies that did not end in a live birth.) _____
57. Do (did) all of your children have the same biological father, or more than one father?
- a. Same father
 - b. More than one father
58. Have you ever used anything, or tried in any way to delay or avoid getting pregnant?
- a. Yes
 - b. No
- 58 B. Do you now use any birth control?
- a. Yes
 - b. No
59. What (main) method are you currently using?
- a. Pills/tablets
 - b. Injectables
 - c. Implants (norplant)
 - d. IUD
 - e. Diaphragm/foam/jelly
 - f. Calendar/mucus method
 - g. Female sterilization
 - h. Condoms
 - i. Male sterilization
 - j. Withdrawal
 - k. Herbs
 - l. Other (specify) _____
60. Does your current husband/partner know that you are using a method of family planning?
- a. Yes
 - b. No
61. Has/did your current/most recent husband/partner ever refused to use a method or tried to stop you from using a method to avoid getting pregnant?
- a. Yes
 - b. No
- 61 B. Which methods?
- a. Pill
 - b. Injectable
 - c. Operation
 - d. Condoms
 - e. Other

62. In what ways did he let you know that he disapproved of using methods to avoid getting pregnant?

MARK ALL THAT APPLY:

- a. Told you he did not approve
 - b. Shouted/got angry
 - c. Threatened to beat you
 - d. Threatened to leave/throw you out of home
 - e. Beat you/physically assaulted you
 - f. Took or destroyed method,
 - g. Other (specify)_____
63. Have you ever asked your current/most recent partner to use a condom?
- a. YES
 - b. NO
64. Have you ever used a condom with your current/most recent partner to prevent disease?
- a. YES
 - b. NO
65. In what ways did he let you know that he disapproved of using a condom?

MARK ALL THAT APPLY:

- a. Told you he did not approve
 - b. Shouted/got angry
 - c. Threatened to beat you
 - d. Threatened to leave/throw you out of home
 - e. Beat you/physically assaulted you
 - f. Took or destroyed method
 - g. Accused you of being unfaithful/not a good woman
 - h. Laughed at you/not take serious
 - i. Said it is not necessary
 - j. Other (specify)_____
66. During your most recent pregnancy, did you consume any alcoholic drinks?
- a. Yes
 - b. No
67. How much did he/she weight? _____
68. Do you have any children between ages 5-12 years?
- a. Yes
 - b. No
69. How many boys? _____
70. How many girls? _____
71. Of these children ages 5-12, how many boys and how many girls are studying in school?
- a. Boys at school _____
 - b. Girls at school _____
72. Now considering your current/most recent husband/partner, how old is he?
- a. 16-25
 - b. 26-35
 - c. 36-45

- d. 46-55
- e. 56 or older
- 73. Can he read and write?
 - a. Yes
 - b. No
- 74. Did he ever attend school?
 - a. Yes
 - b. No
- 75. What is the highest level of education that he achieved? _____
- 76. If currently with partner, is he currently working, looking for work or unemployed, retired or studying?
 - a. Currently working
 - b. Looking for work or unemployed
 - c. Retired
 - d. Studying
- 77 A. Does your partner drink alcohol?
 - a. Yes
 - b. No
- 77 B. How often does/did your husband/partner drink alcohol?
 - e. Every day or nearly every day
 - f. Once or twice a week
 - g. 1-3 times a month
 - h. Occasionally
 - i. Less than once a month
 - j. Never
- 78. In the past 12 months, (in your last relationship), how often have you seen (did you see) your husband/partner drink?
 - a. Most days
 - b. Weekly
 - c. Once a month
 - d. Less than once a month
 - e. Never
- 79. In the past 12 months (during the last 12 months of your relationship), have you experienced any of the following problems, related to your husband/partner's drinking?
 - a. Money problems
 - b. Family problems
 - c. Any other problems
 - d. Other (please specify) _____
- 80. Since you have known him, has he ever been involved in a physical fight with a man?
 - a. Yes
 - b. No
 - c. Don't know
- 81. In the past 12 months (or the last 12 months of the relationship), how often has this happened?
 - a. Never
 - b. Once or twice

- c. A few times
 - d. Many times
 - e. Don't know
82. Has your current/most recent husband/partner had a relationship with any other women while being with you?
- a. Yes
 - b. No
 - c. May have
 - d. Don't know
83. Has your current/most recent husband/partner had children with any other women while being with you?
- a. Yes
 - b. No
 - c. May have
 - d. Don't know

For this next part of the survey, I would like to know how you feel about these topics:

84. A good wife obeys her husband even if she disagrees.
- a. Agree
 - b. Disagree
 - c. Don't know
85. Family problems should only be discussed with people in the family.
- a. Agree
 - b. Disagree
 - c. Don't know
86. A woman should be able to choose her own friends even if her husband disagrees.
- a. Agree
 - b. Disagree
 - c. Don't know
87. It is important for a man to show his wife/partner who is the boss.
- a. Agree
 - b. Disagree
 - c. Don't know
88. It's a wife obligation to have sex with her husband even if she doesn't feel like it.
- a. Agree
 - b. Disagree
 - c. Don't know
89. If a man mistreats his wife, others outside of the family should intervene
- a. Agree
 - b. Disagree
 - c. Don't know
90. In your opinion, does a man have a good reason to hit his wife if:
- a. She does not complete her household work to his satisfaction
 - i. Yes
 - ii. No
 - iii. Don't know

- b. She disobeys him
 - i. Yes
 - ii. No
 - iii. Don't know
 - c. She refuses to have sexual relations with him
 - i. Yes
 - ii. No
 - iii. Don't know
 - d. She asks him whether he has other girlfriends
 - i. Yes
 - ii. No
 - iii. Don't know
 - e. He suspects that she is unfaithful
 - i. Yes
 - ii. No
 - iii. Don't know
 - f. He finds out that she has been unfaithful
 - i. Yes
 - ii. No
 - iii. Don't know
91. In your opinion, can a married woman refuse to have sex with her husband if:
- a. She doesn't want to
 - i. Yes
 - ii. No
 - iii. Don't know
 - b. He is drunk
 - i. Yes
 - ii. No
 - iii. Don't know
 - c. She is sick
 - i. Yes
 - ii. No
 - iii. Don't know
 - d. He mistreats her
 - i. Yes
 - ii. No
 - iii. Don't know

In general, do (did) you and your (current or most recent) husband/partner discuss the following topics together: (Answer yes or no)

92. Things that have happened to him in the day
- a. Yes
 - b. No
93. Things that happen to you during the day
- a. Yes
 - b. No

94. Your worries or feelings

- a. Yes
- b. No

95. His worries or feelings

- a. Yes
- b. No

96. In your relationship with your (current or most recent) husband/partner, how often would you say that you quarreled?

- a. Rarely
- b. Sometimes
- c. Often

97. Thinking about your (current or most recent) husband/partner, would you say it is generally true that he:

- a. Tries to keep you from seeing your friends
 - i. Yes
 - ii. No
- b. Tries to restrict contact with your family of birth
 - i. Yes
 - ii. No
- c. Insists on knowing where you are at all times
 - i. Yes
 - ii. No
- d. Ignores you and treats you indifferently
 - i. Yes
 - ii. No
- e. Gets angry if you speak with another man
 - i. Yes
 - ii. No
- f. Is often suspicious that you are unfaithful
 - i. Yes
 - ii. No
- g. Expects you to ask his permission before seeking health care for yourself
 - i. Yes
 - ii. No

Has your current husband/partner, or any other partner, ever done the following things to you?

98. Insulted you or made you feel bad about yourself

- a. Yes
- b. No

99. Belittled or humiliated you in front of other people

- a. Yes
- b. No

100. Did things to scare or intimidate you on purpose (e.g. By the way he looked at you, by yelling or smashing things?)

- a. Yes

b. No

Has he or any other partner ever:

101. Slapped you or thrown something at you that could hurt you

a. Yes

b. No

102. Pushed you or shoved you

a. Yes

b. No

103. Hit you with his fist or with something else that could hurt you

a. Yes

b. No

104. Kicked you, dragged you or beaten you up

a. Yes

b. No

105. Choked or burnt you on purpose

a. Yes

b. No

106. Threatened to use or actually used a gun, knife, or other weapon against you

a. Yes

b. No

Has he or any other partner ever:

107. Physically forced you to have sexual intercourse when you did not want to

a. Yes

b. No

108. Did you ever have sexual intercourse you did not want because you were afraid of what he might do

a. Yes

b. No

109. Did he ever force you to do something sexual that you found degrading or humiliating

a. Yes

b. No

110. You said that you were pregnant a total number of ____ times, was there ever a time when you were beaten or physically assaulted by any of your partner(s) while you were pregnant?

a. Yes

b. No

111. Did this happen in one pregnancy or more than one pregnancy? In how many pregnancies were you beaten?

Please specify number _____

112. Were you ever punched or kicked in the abdomen while you were pregnant?

a. Yes

b. No

113. During the most recent pregnancy in which you were beaten, was the person who beat you the father of the child?

- a. Yes
 - b. No
114. Were you living with this person when it happened?
- a. Yes
 - b. No
115. Had the same person beaten you before you were pregnant?
- a. Yes
 - b. No
116. Compared to before you were pregnant, did the violence get less, stay about the same, or get worse while you were pregnant?
- a. Get less
 - b. Stay about the same
 - c. Get worse

In your current/most recent relationship:

117. When did you start living together? _____
118. When did the relationship end (if applicable)? _____
119. Did he physically or sexually mistreat you?
- a. Yes
 - b. No
120. When was the incident? _____
121. When was the last incident? _____
122. Have you ever been injured as a result of violence/abuse by (one of) your current or former (husband(s)/partner(s))?
- a. Yes
 - b. No

123. What type of injury did you have? MARK ALL THAT APPLY

- a. Cuts, punctures, bites
 - b. Scratch, abrasion, bruises
 - c. Sprains, dislocations
 - d. Burns
 - e. Penetrating injury, deep cuts, gashes
 - f. Broken eardrum, eye injuries
 - g. Fractures, broken bones
 - h. Broken teeth
 - i. Other (please specify) _____
- 124A. Were you ever hurt badly enough that you needed health care? If yes, how many times?
- a. Yes
 - b. No
- 124B. How many times? _____
125. Did you tell a health worker the real cause of your injury?
- a. Yes
 - b. No
126. Are there any particular situations that tend to lead to violence? MARK ALL THAT APPLY

- a. No particular reason
 - b. When the man is drunk
 - c. Money problems
 - d. Difficulties at his work
 - e. When he is unemployed
 - f. No food at home
 - g. Problems with his or her family
 - h. She is pregnant
 - i. He is jealous of her
 - j. She refuses sex
 - k. She is disobedient
 - l. Other (specify)
127. During or after a violence incident, does (did) he ever force you to have sex?
- a. Yes
 - b. No
128. Make you have sex with him against your will? If yes, how often?
- a. Once or twice
 - b. Several times
 - c. Most of the time
- 129A. During the times that you were hit, did you ever fight back physically (or to defend yourself)? If yes, how often?
- a. Yes
 - b. No
- 129B. How often did you fight back?
- a. Once or twice
 - b. Several times
 - c. Most of the time
- 130A. Have you ever hit or physically mistreated your husband/partner when he was not hitting or physically mistreating you? If yes, how often?
- a. Yes
 - b. No
- 130B. How often?
- a. Once or twice
 - b. Several times
 - c. Most of the time
- 131A. Would you say that your husband/partner's violence towards you has affected your physical or mental health?
- a. Yes
 - b. No
- 131B. How much?
- a. A little
 - b. A lot
133. Who have you told about the physical violence?
- MARK ALL APPLY.
- a. No one
 - b. Friends

- c. Parents
 - d. Brother or sister
 - e. Uncle or aunt
 - f. Husband/partner's family
 - g. Children
 - h. Neighbors
 - i. Police
 - j. Doctor/health worker
 - k. Priest
 - l. Counselor
 - m. Women's organization
 - n. Local leader
 - o. Other (please specify) _____
134. Did you ever go to any of the following for help?
- a. Police
 - b. Hospital or health center
 - c. Social services
 - d. Legal advice center
 - e. Court
 - f. Shelter
 - g. Local leader
 - h. Women's organization
 - i. Priest or religious leader
 - j. Other (please specify) _____
135. What were the reasons that made you go for help?
- MARK ALL THAT APPLY.
- a. Encouraged by friends/family
 - b. Could not endure more
 - c. Badly injured/afraid he would kill you
 - d. He threatened or tried to kill you
 - e. He threatened to hit children
 - f. Saw that children were suffering
 - g. Thrown out of the home
 - h. Afraid you would kill him
 - i. Other (please specify) _____
136. How come you did not go to any of these?
- MARK ALL THAT APPLY.
- a. Don't know/no answer
 - b. Fear of threats/consequences/more violence
 - c. Violence normal/not serious
 - d. Embarrassed/ashamed/afraid would not be believed or would be blamed
 - e. Believed not help/know other women not helped
 - f. Afraid would end relationship
 - g. Afraid would lose children
 - h. Bring bad name to family
 - i. Other (please specify) _____

137A. Is there anyone that you would like to receive (more) help from?

- a. Yes
- b. No

137B. From who?

MARK ALL THAT APPLY.

- a. No one
- b. Family
- c. Your mother
- d. His mother
- e. Health center
- f. Police
- g. Priest or religious leader
- h. Other (please specify) _____

138A. Did you ever leave, even if only overnight, because of the violence? If yes, how many times?

- a. Yes
- b. No

138B. How many times? _____

139. What were the reasons why you left the last time?

MARK ALL THAT APPLY

- a. No particular incident
- b. Encouraged by friends/family
- c. Could not endure more
- d. Badly injured/afraid he would kill you
- e. He threatened or tried to kill you
- f. He threatened or hit children
- g. Saw that children were suffering
- h. Thrown out of the home
- i. Afraid you would kill him
- j. Encouraged by organization (please name) _____
- k. Other (please specify) _____

140. Where did you go the last time?

- a. Your relatives
- b. His relatives
- c. Your friends/neighbors
- d. Hotel/lodging
- e. Street
- f. Church/temple
- g. Shelter
- h. Other (please specify) _____

141. How long did you stay away the last time? _____

142. Why did you return?

MARK ALL THAT APPLY.

- a. Didn't want to leave children
- b. Sanctity of marriage
- c. For sake of family/children

- d. Couldn't support children
- e. Loved him
- f. He asked you to go back
- g. Family said to return
- h. Forgave him
- i. Thought he would change
- j. Threatened you/children
- k. Could not stay there (where you went)
- l. Other (please specify) _____

143. Since the age of 15 has anyone other than your partner/husband ever beaten or physically mistreated you in any way? If yes, who did this to you?

- a. No one
- b. Father
- c. Stepfather
- d. Other male family member
- e. Female family member
- f. Teacher
- g. Police/soldier
- h. Male friend of family
- i. Female friend of family
- j. Boyfriend
- k. Stranger
- l. Someone at work
- m. Priest/religious leader
- n. Other (please specify) _____

For any of the above answered yes, please specify if this mistreatment occurred once or twice, a few times, or many times.

144. Since the age of 15 years has anyone other than your partner/husband ever forced you to have sex or to perform a sexual act when you did not want to? If yes, who did this to you?

- a. No one
- b. Father
- c. Stepfather
- d. Other male family member
- e. Female family member
- f. Teacher
- g. Police/soldier
- h. Male friend of family
- i. Female friend of family
- j. Boyfriend
- k. Stranger
- l. Someone at work
- m. Priest/religious leader
- n. Other (please specify) _____

145. Before the age of 15 years, do you remember if anyone in your family ever touched you sexually, or made you do something sexual that you didn't want to? If yes, who did this to

- you? How old were you when it happened the first time? How old was this person? How many times did this happen? Once/twice, few times, many times.
- a. No one
 - b. Father
 - c. Stepfather
 - d. Other male family member
 - e. Female family member
 - f. Teacher
 - g. Police/soldier
 - h. Male friend of family
 - i. Female friend of family
 - j. Boyfriend
 - k. Stranger
 - l. Someone at work
 - m. Priest/religious leader
 - n. Other (please specify) _____
146. How old were you when this happened? _____
147. How old were they when this happened? _____
148. How many times did this occur?
- a. Once/twice
 - b. Few times
 - c. Many times
149. How old were you when you first had sex? _____
150. How would you describe the first time you had sex? Would you say that you wanted to have sex, you did not want to have sex but it happened anyway, or were you forced to have sex?
- a. Wanted to have sex
 - b. Did not want to but it happened anyway
 - c. Forced to have sex
151. When you were a child, was your mother hit by your father (or husband or boyfriend)?
- a. Yes
 - b. No
152. As a child, did you see or hear this violence?
- a. Yes
 - b. No
153. As far as you know, was your most recent partner's mother beaten by her husband?
- a. Yes
 - b. No
154. Did you most recent husband/partner see or hear this violence?
- a. Yes
 - b. No
155. As far as you know, was your most recent husband/partner beaten regularly by someone in his family?
- a. Yes
 - b. No
156. How many sisters do you have born to the same mother aged 15-49 years? _____

157. How many of these sisters have ever been married or lived with a partner? _____
- 158A. Have any of these sisters ever been beaten or physically mistreated by their husband or some other male partner? If yes, how many?
- a. Yes
 - b. No
- 158B. How many times? _____
- 159A. Have any of your friends disclosed information to you about being beaten or physically mistreated by their husband/partner? If yes, how many?
- a. Yes
 - b. No
- 159B. How many times? _____
- 166A. Does your husband/partner ever refuse to give you money for household expenses even when he has money for other things? If yes, has he done this once/twice, several or many times?
- a. Yes
 - b. No
- 166B. How many times?
- a. Once/twice
 - b. Several times
 - c. Many times
168. We've asked you about many difficult things, how has talking about these things made you feel?
- a. Good/better
 - b. Bad/worse
 - c. Same/no difference

We would like to thank you very much for helping us. We appreciate the time that you have taken. I realize that these questions may have been difficult for you to answer, but it is only by hearing from women themselves that we can really understand about their health and experiences with violence.

Appendix B

Encuesta de Violencia Domestica y Abuso de Alcohol

1. En que año nacio? _____
2. Puede leer y escribir?
 - A. Si
 - B. No
3. Ha uds atendido la escuela?
 - A. Si
 - B. No
4. Hasta que grado completo? _____
5. A donde crecio ? _____
6. Antes de los 12 años, donde vivio mas tiempo? _____
7. Tiene usted algun familiar de nacimiento viviendo cerca al que pueda vistar facilmente?
 - A. Si
 - B. No
8. Cada cuanto habla usted con sus familiares de nacimiento (padres, hermanos, tios , primos, etc.)
 - A. Una vez a la semana
 - B. Una vez al mes
 - C. Una vez al año
 - D. Nunca
9. Cuando necesita ayuda para solucionar un problema, pude contar con la colaboracion de los miembros de su familia?
 - A. Todo el tiempo
 - B. Algunas veces
 - C. Casi nunca
 - D. Nunca
10. Es dusted parte de alguna organizacion a la que vaya constantemente?
 - A. Si
 - B. No
13. Es alguno de estos grupos solo para mujeres?
 - a. Si
 - b. No
14. Alguna vez se le a prohibido ir o participar en una organization?
 - a. Si
 - b. No
15. Si su respuesta fue Si, quien le prohibio ir?
16. Esta usted casada o tiene una pareja masculina?
 - a. Si

- b. No
- 17. Ha estado casado antes?
 - a. Si
 - b. No
- 18. Cuantas veces ha sido casada? _____
- 19. Cuantas esposas tiene o tubo su pareja antes que usted? _____
- 20. Antes de casarse con su pareja presente, le preguntaron si se queria casar?
 - a. Si
 - b. No
- 21. Fue su matrimonio arreglado a cambio de beneficios economicos?
 - a. Si.
 - b. No
- 22. En general, como describiria su estado de salud?
 - a. Excelente
 - b. Bueno
 - c. Aceptable
 - d. Malo
 - e. Muy malo
- 23. En las ultimas cuatro semanas, tuvo usted algun problema realizando actividades diarias como trabajar, estudiar, cuidar el hogar y la familia, o atender actividades sociales?
 - a. No problemas
 - b. Muy pocos problemas
 - c. Algunos problemas
 - d. Muchos problemas
 - e. No pudo realizar las actividades
- 24. En las ultimas cuatro semanas, ha tenido dolor o malestar?
 - a. No dolor o malestar
 - b. Muy poco dolor o malestar
 - c. Dolor y malestar moderado
 - d. Dolor y malestar severo
 - e. Dolor y malestar extremo
- 25. En las ultimas cuatro semanas, ha tenido algun problema de memoria o concentracion?
 - a. No problema
 - b. Muy pocos problemas
 - c. Algunos problemas
 - d. Muchos problemas
 - e. Demasiados problemas
- 26. En las ultimas cuatro semanas, ha tomado algun medicamento, product natural, u otra substancia para dormir, alivar el dolor, evitar sensaciones de tristeza o depresion, o ayudarle a tranquilizarse?

- a. Si
- b. No

27. Para cada cosa, cada cuanto?

- a. Una o dos veces
- b. Unas cuantas veces
- c. Muchas veces

Para las siguientes preguntas por favor conteste Si, si usted ha tenido el problema indicado en la pregunta, y No si no lo ha tenido.

28. Tiene doleres de cabeza amenudo o frequentemente?

- a. Si
- b. No

29. Por lo general, tiene usted poco apetito?

- a. Si
- b. No

30. Tiene problemas para dormir?

- a. Si
- b. No

31. Se asusta facilmente?

- a. Si
- b. No

32. Tiene temblor en las manos continuamente o exporadicamente ?

- a. Si
- b. No

33. Se siente nerviosa, tensa, o preocupada?

- a. Si
- b. No

34. Tiene mala digestion?

- a. Si
- b. No

35. Tiene algun problema pensando claramente?

- a. Si
- b. No

36. Se siente triste?

- a. Si
- b. No

37. Lloras mas de lo normal?

- a. Si
- b. No

38. Encuentra difical disfrutar sus actividades diarias?

- a. Si

- b. No
- 39. Encuentra difícil el tomar decisiones?
 - a. Si
 - b. No
- 40. Considera que su trabajo diario es un sufrimiento?
 - a. Si
 - b. No
- 41. Se siente capaz e importante en su vida?
 - a. Si
 - b. No
- 42. A perdido interés en las cosas que le gustaba hacer?
 - a. Si
 - b. No
- 43. Siente que no tiene valor como persona?
 - a. Si
 - b. No
- 44. A tenido pensamientos de suicidarse o hacerse daño?
 - a. Si
 - b. No
- 45. Se siente cansada todo el tiempo?
 - a. Si
 - b. No
- 46. Tiene algún tipo de molestia en su estómago?
 - a. Si
 - b. No
- 47. Se cansa con facilidad ?
 - a. Si
 - b. No
- 48. En las preguntas anteriores y le preguntábamos sobre las últimas cuatro semanas, en el transcurso de su vida, ha pensado o i suicidarse o hacerse daño?
 - a. Si
 - b. No
- 49. Ha intentado acabar con su vida?
 - a. Si
 - b. No
- 50. Usted fuma?
 - a. Diariamente
 - b. Ocasionalmente
 - c. No
- 51. Alguna vez en su vida a fumado?

- a. Diariamente (por lo menos un cigarillo al dia)
 - b. Ocasionalmente (no todos los dias, pero por lo menos 100 cigarillos durante su vida)
 - c. No (nunca o menos de 100 cigarillos durante su vida)
52. Cada cuanto bebe alcohol?
- a. Todos lo días o casi todos los dias.
 - b. Una vez a la semana
 - c. 1-3 veces al mes
 - d. Menos de una vez al mes
 - e. Nunca
53. Ela cantidad de alcohol que usted ingieres?
- a. Casi nada
 - b. Poca
 - c. Mediana
 - d. Mucha
54. En los ultimos doce meses , ha tenido alguno de los problemas siguientes , relacionados con el alcohol?
- a. Problemas de dinero
 - b. Problemas de salud
 - c. Conflictos con familiares o amigos
 - d. Problemas con las autoridades (dueño del bar/ policia)
 - e. Otro _____
55. Alguna vez ha estado embarazada?
- a. Si
 - b. No
56. Cuantas veces a estado embarazada (incluyendo las veces que no dio a parto)? _____
57. Tienen o tuvieron todos sus hijos el mismo padre, o mas de una padre?
- a. El mismo padre
 - b. Padres distintos
- 58A. Ha tratado algo para prevenir o demorar salir embarazada?
- a. Si
 - b. No
- 58B. Utilizas algún método para cuidarse?
- a. Si
 - b. No
59. Que tipo de metodo esta utilizando?
- a. Pastillas
 - b. Inyecciones
 - c. Implantes
 - d. DIU

- e. Diafragma/ espuma/ o crema
 - f. Calendario/ mucus method
 - g. Esterilizacion femenina
 - h. Condones
 - i. Esterilizacion masculina
 - j. No teniendo relaciones
 - k. Hierbas
 - l. Otro(especifique) _____
60. Sabo su esposo que te cuidad?
- a. Si
 - b. No
- 61A. Se ha opuesto?
- a. Si
 - b. No
- 61B. Con que método?
- a. Pastillas
 - b. Inyeccion
 - c. Operación
 - d. Condons
 - e. Otro
62. Como mostro el molestia cuando usted trato de usar un metodo para prevenir embarazo?
Marque todas las que sean correctas
- a. Le dijo que le molestaba
 - b. Le grito y se enfado
 - c. Amenazo con golpearla
 - d. Amenazo con dejarla o botarla de la casa
 - e. La golpeo
 - f. Tomo o destruyo el metodo de prevencion
 - g. Otro (especifique)
63. Le ha preguntado a su pareja si usa un condon?
- a. Si
 - b. No
64. Ha utilizado condones con su pareja?
- a. Si
 - b. No
65. Como le mostro el molestia por utilizar el condon? Marque todas las que sean correctas.
- a. Le dijo que le molestaba
 - b. Le grito y se enfado
 - c. Amenazo con golpearla
 - d. Amenazo con dejarla o botarla de la casa

- e. La golpeo
- f. Tomo o destruyo el metodo de prevencion
- g. La acuso de ser infiel o una mala mujer
- h. Se burlo de usted y no la tomo en serio
- i. Dijo que no era necesario
- j. Otro (especifique)

66. Durante su embarazo mas reciente, tomo bebidas alcoholicas?

- a. Si
- b. No

67. Cuanto peso el bebe? _____

68. Tiene algun niño entre los 5 y los 12 años? _____

69. Cuantos niños? _____

70. Cunatas niñas ? _____

71. De estos niños cuantos van a la escuela?

- a. Niños _____
- b. Niñas _____

Sobre su esposo o mas reciente pareja

72. En que año nacio su pareja mas reciente? _____

73. Puede leer o escribir?

- a. Si
- b. No

74. Fue a la escuela?

- a. Si
- b. No

75. Hasta que grado de educacion alcanzo? _____

76. Si tiene una paraja en este momento, esta el trabajando, buscando trabajo , desempleado, retirado, o estudiando?

- a. Trabajando
- b. Buscando trabajo o desempleado
- c. Retirado
- d. Estudiando

77. Cada cuanto toma o tomaba alcohol su pareja?

- a. Todos los dias o casi todos los dias
- b. Una o dos veces a las semana
- c. 1-3 veces al mes
- d. Ocasionalmente
- e. Mesnos de una vez al mes
- f. Never

78. En los ultimos doce meses, (en su ultima relacion), cada cuanto vi ousted a su esposo o pareja bebiendo ?
- a. La mayoria de los dias
 - b. Semanalmente
 - c. Una vez al mes
 - d. Menos de una vez
 - e. Nunca
79. En los ultimos doce meses (en su ultima relacion), ha tenido alguno de los siguientes problemas relacionados con su esposo tomando?
- a. Problemas de dinero
 - b. Problemas familiares
 - c. Algun otro problema
 - d. Otro (especifique) _____
80. Desde que le conoce, ha el peliado fisicamente contra otro hombre?
- a. Si
 - b. No
 - c. No se
81. En los ultimos doce meses, durante su relacion, cuantas cada cuanto a pasado ?
- a. Nunca
 - b. Una o dos veces
 - c. Algunas veces
 - d. Muchas veces
 - e. No se
82. Durante su relacion ha su pareja tenido una relacion con otra mujer ?
- a. Si
 - b. No
 - c. Es possible
 - d. No se
83. Ha su pareja tenido hijos con otra mujer durante el tiempo de su relacion ?
- a. Si
 - b. No
 - c. Es possible
 - d. No se

Par alas proximas preguntas nos gustaria saber como se siente.

84. Una buena esposa obedece a su marido inclusive cuando ella no esta de acuerdo ?
- a. Verdadero
 - b. Falso
 - c. No se
85. Problemas familiares solo se deben hablar con gente de la familia

- a. Verdadero
 - b. Falso
 - c. No se
86. La mujer debe ser capaz de escoger sus propios amigos y amigas sin importar si su esposo esta de acuerdo?
- a. Verdadero
 - b. Falso
 - c. No se
87. Es importante que el hombre le demuestre a su pareja quien manda
- a. Verdadero
 - b. Falso
 - c. No se
88. Es la obligacion de la esposa tener sexo con su marido inclusive cuando ella no quiere
- a. Verdadero
 - b. Falso
 - c. No se
89. Si un hombre maltrata su esposa, otras personas fuera de la familia deben intervenir
- a. Verdadero
 - b. Falso
 - c. No se
90. En su opinion , un hombre tiene una buena razon para golpear a su esposa cuando :
- a. Ella no complete el trabajo de la casa a su satisfaccion
 - 1. Si
 - 2. No
 - 3. No se
 - b. Ella le desobedece
 - 1. Si
 - 2. No
 - 3. No se
 - c. Ella se niega a tener relaciones sexuales con el
 - 1. Si
 - 2. No
 - 3. No se
 - d. Ella le pregunta si el tiene amantes
 - 1. Si
 - 2. No
 - 3. No se
 - e. El sospecha que ella es infiel
 - 1. Si
 - 2. No

- 3. No se
- f. El descubre que le han sido infiel
 - 1. Si
 - 2. No
 - 3. No se
- 91. En su opinion , una mujer tiene el derecho a no tener sexo con su esposo si :
 - a. Ella no quiere
 - 1. Si
 - 2. No
 - 3. No se
 - b. El esta borracho
 - 1. Si
 - 2. No
 - 3. No se
 - c. Ella esta enferma
 - 1. Si
 - 2. No
 - 3. No se
 - d. El abusa de ella
 - 1. Si
 - 2. No
 - 3. No se

En general, usted in su esposo o pareja mas reciente dicuten o discutieron los siguientes temas :

- 92. Cosas que le pasaron a el durante el dia
 - a. Si
 - b. No
- 93. Cosas que le pasaron a usted durante el dia
 - a. Si
 - b. No
- 94. Sus preocupaciones o sentimientos:
 - a. Si
 - b. No
- 95. Las preocupacones y sentimientos de el
 - a. Si
 - b. No
- 96. Cada cuanto discuten o pelean?
 - a. Casi nunca
 - b. Algunas veces
 - c. A menudo

97. Diría usted que su compañero:

- a. Trata de mantenerla encerrada para que no vea sus amigos
 - 1. Si
 - 2. No
- b. Trata de evitar su contacto con su familia de nacimiento
 - 1. Si
 - 2. No
- c. Insiste en saber donde se encuentra a todas horas
 - 1. Si
 - 2. No
- d. La ignora o la trata indiferentemente
 - 1. Si
 - 2. No
- e. Se molesta si usted habla con otro hombre
 - 1. Si
 - 2. No
- f. Siempre piensa que usted es infiel
 - 1. Si
 - 2. No
- g. Espera que usted le pida permiso para ir al médico
 - 1. Si
 - 2. No

Su esposo o pareja alguna le han vez hecho las siguientes cosas:

98. Insultarla o hacerla sentir mal acerca de si misma

- a. Si
- b. No

99. Humillado en frente de otras personas

- a. Si
- b. No

100. Hecho cosas para asustarla o intimidarla (ejemplo: mirandola de cierta forma o rompiendo cosas)

- a. Si
- b. No

Alguna vez ha intentado:

101. Golpearla o tirar algo que la pudiera herir?

- a. Si
- b. No

102. Empujado?

- a. Si
 - b. No
103. Golpeado con el puño o con otra cosa que pudiera hacerle daño?
- a. Si
 - b. No
104. Pateado, arrastrado, o maltratado?
- a. Si
 - b. No
105. Ahogado o quemado a proposito
- a. Si
 - b. No
106. Amenazado de usar una pistol, cuchillo, o otra arma en contra suya?
- a. Si
 - b. No
107. Fisicamente forzado a tener sexo cuando usted no queria?
- a. Si
 - b. No
108. Alguna vez a tenido sexo porque tenia miedo a lo que su pareja pudiera hacerle si no lo hacia?
- a. Si
 - b. No
109. Alguna vez su pareja le hizo hacer algo sexual que usted le pareciera humillante?
- a. Si
 - b. No
110. Usted dijo que habia estado embarazada _____ veces. Surante ese tiempo, alguna vez su esposo o pareja la maltrato fisicamente?
- a. Si
 - b. No
111. Esto paso durante un solo embarazo o durante varios? En cuantos embarazos fue maltrtrada fisicamente? _____
112. Alguna vez fue golpeada en el estomago durante un embarazo?
- a. Si
 - b. No
113. Durante el embarazo mas reciente en que usted fue golpeada, quien la golpeo es el padre del bebe?
- a. Si
 - b. No
114. Vivía con esta persona cuando esto sucedio?
- a. Si
 - b. No

115. La ha golpeado esta persona antes de que usted estuviera embarazada?
- a. Si
 - b. No
116. Comparada con antes de que estuviera embarazada, la violencia es menos , lo mismo, o mas que durante el embarazo?
- a. Menos
 - b. Por lo mismo
 - c. Mas

En su presenta relacion o relacion mas reciente :

117. Cuando empezaron a vivir juantos? _____
118. Cuando termino la relacion (si ha termino)? _____
119. La maltrato fisicamente o sexualmete su pareja?
- a. Si
 - b. No
120. Cuando sucedio? _____
121. Cuando fue el ultimo incident? _____
122. Alguna vez a sido herida como resultado de violencia o abuso po parte de su pareja?
- a. Si
 - b. No
123. Que tipo de herida? Seleccione todas las que sean correctas.
- a. Cortadas, mordidas, punzadas
 - b. Rasguños, peladuras, moretones
 - c. Dislocaciones y desgarres
 - d. Quemaduras
 - e. Heridas de penetracion, cortes profundos
 - f. Tambor del oido roto, heridas en los ojos
 - g. Fracturas, huesos rotos
 - h. Dientes rotos
 - i. Otros (especifique)_____
- 124A. Fue usted tan herida que le toco ir al doctor o al hospital? Si si, Cuantas veces?
- a. Si
 - b. No
- 124B. Numero de veces _____
125. Le dijo a el doctor o la enfermera la verdadera causa de la herida?
- a. Si
 - b. No
126. Hay algunas situaciones en particular que llevan a la violencia? Seleccione todas las que sean correctas
- a. No razon en particular

- b. Cuando el hombre esta borracho
 - c. Problemas de dinero
 - d. Problemas en su trabajo
 - e. Cuando el es desempleado
 - f. No hay comida en la casa
 - g. Problemas con la familia de el o la suya
 - h. Embarazo
 - i. El la cela
 - j. Usted no quiere tener sexo
 - k. Usted es desobediente
 - l. Otra (especifique) _____
127. Durante o despues de el incidente de violencia, le obligo o obliga su pareja a tener sexo?
- a. Si
 - b. No
128. Cada cuanto su paraje le obliga o obligaba a tener sexo?
- a. Una o dos veces
 - b. Varias veces
 - c. La mayoria del tiempo
 - d. Nunca
- 129A. Cuando usted era abusada fisicamente, trataba usted de defenderse?
- a. Si
 - b. No
- 129B. Si su respuesta es si, cada cuanto?
- a. Una o dos veces
 - b. Varias veces
 - c. La mayoría del tiempo
- 130A. Alguna vez a maltratado fisicamente a su esposo o pareja sin motiva?
- a. Si
 - b. No
- 130B. Si su respesta es si, cada cuanto?
- a. Una o dos veces
 - b. Varias veces
 - c. La mayoría del tiempo
- 131A. Diria usted que el abuso de su pareja la a afectado fisica y emocionalmente?
- a. Si
 - b. No
- 131B. Cada cuanto?
- a. Un poco
 - b. Mucho
133. A quien le a contado sobre el abuso? Seleccione todos los que sean correctos.

- a. Nadie
 - b. Amigos
 - c. Padres
 - d. Hermano o hermana
 - e. Tios o tias
 - f. Familia del esposo/ pareja
 - g. Hijos
 - h. Vecinos
 - i. Policia
 - j. Doctor/ enfermeras/ otros trabajadores del sector salud
 - k. Pastor
 - l. Consejero
 - m. Organizacion para la mujer
 - n. Lider local
 - o. Otro (especifique) _____
134. Alguna vez a ido a las siguientes?
- a. Policia
 - b. Hospital o clinica de salud
 - c. Servicios sociales
 - d. Abogados.
 - e. Corte legal
 - f. Albergue
 - g. Lider local
 - h. Pastor
 - i. Otro (especifique) _____
135. Cuales fueron las razones que la llevaron a buscar ayuda? Seleccione todas las que sean correctas.
- a. Animada por amigos y familia
 - b. No pudo soporatar mas
 - c. Mal herida/ tiene miedo de que la pueda matar
 - d. La amenazo de muerto o trato de matar
 - e. Amenazo de golpear los niños
 - f. Vio los niños sufriendo
 - g. La boto de la casa
 - h. Asustada de que usted lo pudiera matar
 - i. Otro(especifique)
136. Por que no fue a ninguna de estas organizaciones o personas? Seleccione todas las que sean correctas.
- a. No se / no respuesta
 - b. Miedo de amenazas/ consecuencias / mas violencia

- c. Violencia era normal , nada serio
 - d. Apenada de la situacion / asustada de que la culparan
 - e. No creia que habia ayuda
 - f. Temerosa de que esto pudiera terminar con la relacion
 - g. Temerosa de perder sus hijos
 - h. Trae mal nombre a la familia
 - i. Otro(especifique) _____
- 137A. Quisiera recibir mas ayuda de alguna persona o entidad?
- a. Si
 - b. No
- 137B. De quien? Seleccione todas las que sean correctas.
- a. Nadie
 - b. Familia
 - c. Su mama
 - d. Su suegra
 - e. Hospital / clinica de salud
 - f. Policia
 - g. Pastor
 - h. Otro(especifique) _____
- 138A. Alguna vez se fue de la casa a raiz de la violencia, a si fuera por una noche ? Si su respuesta fue si, cuantas veces.
- a. Si
 - b. No
- 138B. Cuantas veces? _____
139. Cuales fueron las razones que la hicieron irse la ultima vez? Seleccione todas las que sean correctas.
- a. Nada en particular
 - b. Animada por amigos y familia
 - c. No pudo soporatar mas
 - d. Mal herida/ tiene miedo de que la pueda matar
 - e. La amenazo de muerto o trato de matar
 - f. Amenazo de golpear los niños
 - g. Vio los niños sufriendo
 - h. La boto de la casa
 - i. Asustada de que usted lo pudiera matar
 - j. Animada por una organizacion (por favor de el nombre) _____
 - k. Otro(especifique) _____
140. Donde fue la ultima vez?
- a. Sus familiares
 - b. Los familiares de el

- c. Amigos o vecinos
 - d. Un hotel
 - e. La calle
 - f. Una iglesia
 - g. Un albergue
 - h. Otro (especifique) _____
141. Por cuanto tiempo se fue? _____
142. Por que regreso? Seleccione todas las que sean correctas
- a. No queria dejar los ninos
 - b. La santidad del matrimonio
 - c. Era lo major para la familia los niños
 - d. No podia soportar economicamente los niños
 - e. Lo amaba
 - f. El lepidio que volviera
 - g. La famila le dijo que volviera
 - h. Lo perdono
 - i. Penso que el iba a cambiar
 - j. La amenaza / los niños
 - k. No podia quedarse donde estaba
 - l. Otro(especifique) _____
143. Desde los 15 años de edad, la ha alguien mas ademas de su pareja maltratado fisicamente o de alguna otra forma?
- a. Nadie
 - b. Padre
 - c. Padrasto
 - d. Otros hombres de mi familia
 - e. Mujeres en mi familia
 - f. Professor(ra)
 - g. Policia/ soldado
 - h. Hombre amigo de la familia
 - i. Mujer amiga de la famila
 - j. Novio
 - k. Extraño
 - l. Alguien en su trabajo
 - m. Pastor
 - n. Otro_____

Por favor coloque cuantas veces fue maltratada al lado de cada persona escogida

144. Desde que tenia 15 años de edad, fuera de su pareja, la han forzado a tener relaciones sexuales?

- a. Nadie
 - b. Padre
 - c. Padrasto
 - d. Otros hombres de mi familia
 - e. Mujeres en mi familia
 - f. Professor(ra)
 - g. Policia/ soldado
 - h. Hombre amigo de la familia
 - i. Mujer amiga de la familia
 - j. Novio
 - k. Extraño
 - l. Alguien en su trabajo
 - m. Pastor
 - n. Otro_____
145. Antes de cumplir los 15 años de edad. Recuerda si alguien la toco de una forma sexual o le hizo hacer algo sexual que usted no queria hacer? Si su respuesta fue si, quien?
- a. Nadie
 - b. Padre
 - c. Padrasto
 - d. Otros hombres de mi familia
 - e. Mujeres en mi familia
 - f. Professor(ra)
 - g. Policia/ soldado
 - h. Hombre amigo de la familia
 - i. Mujer amiga de la familia
 - j. Novio
 - k. Extraño
 - l. Alguien en su trabajo
 - m. Pastor
 - n. Otro_____
146. Cuantos años tenia usted cuando esto sucedio ?_____
147. Cuantos años tenia la otra persona cuando esto sucedio ?_____
148. Cuantas veces ocurrio esto ?
- a. Una o dos veces
 - b. Varias veces
 - c. Muchas veces
149. A que edad tuvo su primera relacion sexual? _____
150. Como describiria su primera vez teniendo sexo? Quería usted tener sexo, usted no quería pero paso de todas formas, o la forzaron a tener sexo?
- a. Quería tener relaciones

- b. No queria pero paso de todas formas
 - c. Fui forzada a tener sexo
151. Cuando era una niña, le pegaban o abusaban de su mama?
- a. Si
 - b. No
152. Vio usted esta violencia?
- a. Si
 - b. No
153. Sabe usted si la mama de su pareja era o es abusada en su relacion?
- a. Si
 - b. No
154. Fue su pareja testigo de esta violencia?
- a. Si
 - b. No
155. Entre su conocimiento, era su pareja abusado por alguien en su familia?
- a. Si
 - b. No
156. Cuantas hermanas tienes entre los años 15-49 que sean de la misma madre? _____
157. Cuantas han estado casadas o han vivido con sus parejas? _____
- 158A. Han algunas de sus hermanas experimentado abuso fisico de parte de sus maridos?
- a. Si
 - b. No
- 158B. Cuantas? _____
- 159A. Ha alguna de sus amigas compartido acerca de abuso en sus hogares?
- a. Si
 - b. No
- 159B. Cuantas? _____
- 166A. No le han dado dinero para los gastos de la casa inclusive cuando su pareja tiene para otras cosas.
- a. Si
 - b. No
- 166B. Cuantas veces a pasado esto?
- a. Una o dos veces
 - b. Varias veces
 - c. Muchas veces
168. Le hemos preguntado de muchas cosas dificiles, como se siente despues de hablar?
- a. Mejor
 - b. Peor
 - c. Lo mismo

Queremos darle muchísimas gracias por haber participado en esta encuesta. Apreciamos el tiempo que usted a tomado en responder estas preguntas. Nosotros sabemos que muchas de estas preguntas han sido difíciles de responder pero solo cuando escuchamos de las mujeres que sufren los flagelos del abuso podemos entender el impacto que este produce en las vidas de las mujeres.

Appendix C

Informed Consent to Participate in Research and Authorization to Collect, Use and Share Your Health Information

Researchers at the University of South Florida (USF) study many topics. To do this, we need the help of people to take part in a research study.

We are asking that you take part in a research study called: “Intimate partner violence and alcohol abuse in Panama: a comparison of indigenous and non-indigenous populations”

The persons in charge of this study are Sarah Pheiffer, Addie Cant and Sandra Cadena. However there are other research staff involved, and they may be the one explaining the research to you.

The research will be done in the Province of Chiriqui, Panama, Central America

Purpose of the Study

The purpose of this study is to:

Identify the characteristics and perceptions of domestic violence and alcohol abuse in these indigenous and non-indigenous populations.

You are being asked to participate because you are a female of the population that is under study who may have an opinion about domestic violence and alcohol use in your communities.

Study Procedures

If you take part in this study, you will be asked to:

Complete a survey that asks questions about yourself, your partner, and some of your experience related to domestic violence and alcohol use.

Some of these questions may make you feel upset. You do not have to answer any questions that make you feel upset or that you feel you cannot answer truthfully. If you become upset we can refer you to the nearest Healthcare Clinic

The research will be done in the Province of Chiriqui.

Your answers to the questions are completely confidential, and your identity will in no way be linked to your survey. Your name will not be recorded anywhere in this survey.

Alternatives

You do not have to participate in the survey. If at any time you feel upset, you can leave, and will be referred to the Healthcare Clinic if you choose.

Benefits

A possible benefit of participating in this study is the opportunity to talk with a trained interviewer about any concerns you may have concerning domestic violence and alcohol use.

Risks or Discomfort

This research is considered to be minimal risk. That means that the risks associated with this study are the same as what you face every day. There are no known additional risks to those who take part in this study.

Compensation

You will not be paid for the time you volunteer while being in this study.

Confidentiality

We must keep your records as confidential as possible. We will ensure this by keeping them in a locked cabinet during the study and then later in a locked closet at the College of Nursing for 5 years.

Who will share, receive, and/or use your information?

To do this research, USF may use or share your information. USF and the Principal Investigator, study coordinator and all other research staff as well as DHHS may also be able to see the information you provide. It cannot, however, be traced back to you. The Panamanian Ministry of Health, the USF Institutional Review Board and its related staff, staff in the USF Office of Research, USF Division of Research Integrity and Compliance, and other USF offices who oversee this research may also view this information.

We may publish what we learn from this study. If we do, we will not let anyone know your name, and will not publish anything else that will let people know who you are.

Voluntary Participation/Withdrawal

You should only take part in this study if you want to volunteer. You should not feel that there is any pressure to take part in the study, to please the investigator or the research staff. You are free to participate in this research or withdraw at any time. There will be no penalty or loss of benefits you are entitled to receive if you stop taking part in this study.

Questions, Concerns, or Complaints

If you have any questions, concerns, or complaints about this study please contact Sarah Pheiffer, Addie Cant, or Sandra Cadena at the San Felix compound from June 24th through July 7, 2010. After that date, please contact Dr. Arlene Calvo at the University of South Florida (USF) Health Panama Office in Panama City, Panama at 5076684576. If you have questions about your rights as a participant in this study, general questions, or have complaints, concerns or issues you want to discuss with someone outside the research, call the Division of Research Integrity and Compliance of the University of South Florida at (813) 974-9343.

Consent to Take Part in this Research Study

It is up to you to decide whether you want to take part in this study. If you do want to take part, please sign the form, if the following statements are true.

I freely give my consent to take part in this study.

I, _____, attest that I have witnessed the subject provide verbal consent to participate.

Witness signature_____

Date_____

Appendix D

Concentimiento para Participar en una Investigacion Medica y Preguntar, Utilizar, y Compartir Informacion de Su Salud.

Cientificos e investigadores en la Universidad del Sur de la Florida (USF) estudian muchas areas de la salud y otros campos de investigacion.

El proposito de este contrato es invitarla y obtener su permiso para formar parte del estudio “Violencia entre parejas y abuso de alcohol en la comunidad indígena de Panama.”

Los investigadores a cargo de este proyecto son Sarah Pheiffer, Addie Cant y Sandra Cadena. La informacion del estudio sera presentada por estas tres personas o por otros miembros del equipo de investigacion incluyendo Robert Collins, Krista DeSantis, James Stewart y Eli Curry.

El lugar de investigacion sera el departamento de Chiriqui, Panama, America Central.

Proposito del Estudio

Los propositos de este estudio son:

Identificar las características y opiniones relacionadas con el abuso de pareja y el abuso del licor en las comunidades indígenas y no indígenas de la localidad.

La razon que le pedimos a usted participar en este estudio es porque usted es una mujer de la comunidad que esta siendo estudiada y que puede tener una opinion acerca del abuso de pareja y el abuso del licor en su comunidad.

Pasos del Estudio

Si usted toma parte de este estudio se le pedira lo siguiente:

Responder preguntas relacionadas con usted, su pareja, y algunas de sus experiencias con el abuso de pareja y el licor.

Algunas de estas preguntas pueden causar molestia o enojo en general. Sin embargo, usted no esta obligada a responder ninguna pregunta que le moleste o a la que no pueda responder con la verdad. Si usted se siente mal o se digusta durante el estudio le podemos enviar a la clinica de salud mas cercana para que pueda recuperarse.

Esta investigacion se realizara en la ciudad de Panama, departamento de Chiriqui.

Sus repuestas a las preguntas son totalmente secretas. Su nombre o otra forma de identidad se mantendran secretas y no se escribira o identificara en ninguno de los cuestionarios.

Alternativas

Usted no tiene que participar o responder las preguntas y si se siente molesta durante el estudio se le dara la opcion de ir a la clinica de salud mas cercana.

Beneficios

El beneficio de este estudio es la oportunidad de hablar con un investigador educado que le pueda informar y responder sus preguntas relacionadas con el tema de abuso de pareja y abuso del licor.

Riesgos o Molestias Que Puede Experimentar Si es Parte del Estudio

Los riesgos de este estudio se consideran minimos. Eso quiere decir que en este estudio sus riesgos son los mismos que usted puede tener en su vida diaria. El equipo de investigacion no reconoce ningun otro riesgo en este estudio.

Retribucion o Pago por Su Tiempo

Usted no sera pagada por el tiempo que este en el estudio. Este estudio es de caracter voluntario.

Confidencialidad

Ademas de no poner ninguna identificacion en los cuestionarios que usted respondera, el equipo de investigacion mantendra las respuestas en un gabinete bajo llave durante el tiempo que el estudio es llevado a cabo. Las respuestas y resultados del estudio seran guardados en el colegio de enfermeria de la Universidad del Sur de la Florida una vez que el estudio haya terminado.

Quien recibira, compartira, y usara la informacion que usted de con sus respuestas?

Para hacer este estudio, USF puede utilizar o compartir sus respuestas. USF y el director, coordinador, el DHHS, y equipo de investigacion tendran acceso a las respuestas que usted de durante el cuestionario pero su nombre u otra identidad no sera revelada. El ministerio de salud de Panama, la Institutional Review Board de USF y sus empleados, trabajadores de la oficina de investigacion de la USF, la oficina de integridad y cumplimiento de la USF (USF Division of Research Integrity and Compliance), y otras oficinas de la Universidad que regulan la investigacion tendran acceso a las respuestas de los cuestionarios.

Es posible que los resultados de este estudio se publiquen. Si esto sucediera, los investigadores aseguran que su nombre o otra forma de identificacion se mantendran secretas.

Participacion Voluntaria y Salida del Estudio

Usted solo debe tomar parte en este estudio si quiere ser voluntaria. Usted no debe sentir ninguna obligacion para entrar a este estudio ni para agradecerle a el/la investigador(ra). Usted esta libre de participar o dejar esta investigacion a cualquier hora. No habra ningun tipo de penalidad o corte de beneficios si usted decide dejar la investigacion.

Preguntas, Preocupaciones, o Reclamos

Si usted tiene alguna pregunta, preocupacion, o reclamo acerca de este estudio por favor contacte a Sarah Pheiffer, Addie Cant, or Sandra Cadena en el campamento San Felix del 24 de Junio al 7 de Julio del 2010. Despues de estas fechas, por favor contacte Dr. Arlene Calvo en la Universidad del Sur de la Florida (USF) oficina de salud en Panama City, Panama al numero de telefono: 5076684576. Si usted tiene alguna pregunta acerca de sus derechos como participante

de este estudio, preguntas generales, preocupaciones o reclamos que usted quisiera discutir con alguien fuera del equipo de investigación por favor contacte la oficina de integridad y cumplimiento de la USF (Division of Research Integrity and Compliance of the University of South Florida) a el numero 1(813) 974-9343.

Consentimiento para Tomar Parte en Este Estudio

Es su decision si usted quiere participar en este estudio. Si usted quiere ser voluntaria en este estudio por favor firme si usted considera la frase siguiente verdad.

Libremente doy mi consentimiento para participar en este estudio.

Yo, _____, confirmo que he presenciado el participante dar consentimiento verbal para participar en este investigación.

Firma _____

Fecha _____

Appendix E

Panamá, 7 de Diciembre 2009.

Dra.
SANDRA CADENA
Vice Presidenta
Sigma Theta Tau Internacional Honor Society of Nursing (STTI)
E. S. D.

Estimada Dra. Cadena:

Es un honor recibir con aprecio y distinción la invitación que nos hace para participar en calidad de Expositora presentando una experiencia científica con grupos de estudiantes y trabajo comunitario en la formación de estudiantes de Enfermería de la Universidad de Panamá, específicamente en la cátedra de Salud Pública.

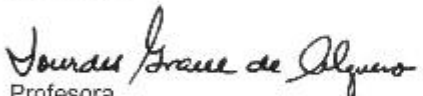
Mucho le agradecemos permitimos compartir nuestras experiencias con un grupo tan importante de la Universidad del Sur de Florida y de la Universidad de Tampa.

Tenemos la disponibilidad de viajar del 26 de enero al 1 de febrero del 2010.

Sin otro particular y reiterándole muestras sinceras de agradecimiento y consideración

De usted,

Atentamente

 CIP: 8.272-164
Profesora
Lourdes Graell de Alguero
MSP

Appendix F



DESEACHO DEL DECANO

Panamá, 17 de junio de 2010.

Dra.
SARAH PHEIFFER
Coordinadora
E.S.M.

Estimada Dra. Phelffer:

La Facultad de Medicina de la Universidad de Panamá tiene a bien expresarle su complacencia en colaborar en la investigación de "Violencia Doméstica" que desarrollarán los estudiantes de Enfermería de la Universidad del Sur de Florida en la Región de Salud Comarcal en San Félix, Provincia de Chiriquí. Además, hacemos de su conocimiento que hemos designado a la Profesora Lourdes Graell de Alguero como coordinadora de esta actividad. La profesora Alguero estará acompañando a los estudiantes los siguientes días:

1. Jueves 24 y viernes 25 de junio 2010.
2. Martes 29 y miércoles 30 junio 2010.
3. Lunes 5 y martes 6 de julio 2010.

Sin otro particular y reiterándole muestras de aprecio,

Atentamente,

A handwritten signature in black ink, appearing to read "Dr. Julio Rodríguez".

Dr. Julio Rodríguez
Decano
Facultad de Medicina
Universidad de Panamá

2010: "Año del 75º Aniversario"
CIUDAD UNIVERSITARIA OCTAVIO MENDEZ PEREIRA
ESTAFETA UNIVERSITARIA PANAMA REP. DE PANAMA
TEL-FAX 523-2051

Appendix G



DIVISION OF RESEARCH INTEGRITY AND COMPLIANCE
Institutional Review Boards, FWA No. 00001669
12901 Bruce B. Downs Blvd., MDC035 • Tampa, FL 33612-4799
(813) 974-5638 • FAX (813) 974-5618

September 8, 2010

Sarah Pfeiffer
College of Nursing
MDC Box 22

RE: **Exempt Certification** for IRB#: Pro00001192

Title: Intimate partner violence and alcohol abuse in Panama: a comparison of indigenous and non-indigenous populations

Dear Ms. Pfeiffer:

On 9/8/2010, the Institutional Review Board (IRB) determined that your research meets USF requirements and Federal Exemption criteria as outlined in the federal regulations at 45CFR46.101(b):

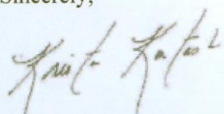
(2) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless:
(i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and (ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

As the principal investigator for this study, it is your responsibility to ensure that this research is conducted as outlined in your application and consistent with the ethical principles outlined in the Belmont Report and with USF IRB policies and procedures. Please note that changes to this protocol may disqualify it from exempt status. Please note that you are responsible for notifying the IRB prior to implementing any changes to the currently approved protocol.

The Institutional Review Board will maintain your exemption application for a period of five years from the date of this letter or for three years after a Final Progress Report is received, whichever is longer. If you wish to continue this protocol beyond five years, you will need to submit a continuing review application at least 60 days prior to the exemption expiration date. Should you complete this study prior to the end of the five-year period, you must submit a request to close the study.

We appreciate your dedication to the ethical conduct of human subject research at the University of South Florida and your continued commitment to human research protections. If you have any questions regarding this matter, please call 813-974-5638.

Sincerely,

A handwritten signature in dark ink, appearing to read "Krista Kutash". The signature is fluid and cursive, with the first name "Krista" and last name "Kutash" clearly distinguishable.

Krista Kutash, PhD, Chairperson
USF Institutional Review Board

Cc: Anna Davis, USF IRB Professional Staff