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Needs and Preferences for the Prevention of Intimate Partner Violence Among Hispanics: A Community's Perspective

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Abstract Research suggest that Hispanics in the U.S. are disproportionately affected by the consequences of intimate partner violence. Nevertheless, few intimate partner violence prevention interventions have been developed to address the unique needs and preferences of this population. The Partnership for Domestic Violence Prevention is a community-based participatory research project that assessed the needs and preferences for prevention programs for Hispanics in Miami-Dade County. Nine focus groups with domestic violence service providers, victims and general community members were conducted ($N = 76$). Four major themes emerged from the focus groups. These included immigrants and teens as the highest priority groups to target in prevention efforts, culture as a double-edged sword, the system that helps and hurts the victim, and the need for wide-scale prevention programs that would reach Hispanics systematically. The results from this study have important implications for the development of intimate violence prevention interventions targeting Hispanics in the U.S.

Keywords Intimate partner violence · Prevention · Community-based participatory research · Hispanics · Focus groups

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Introduction

Among the greatest health disparities affecting the U.S. Hispanic population today are those relating to intimate partner violence (IPV) and associated behavioral and mental health conditions (Gonzalez-Guarda, Florom-Smith, & Thompson, 2011a). IPV is a term used to describe physical, sexual, and/or psychological abuse, including stalking, that is perpetrated by a current or former spouse or partner (Centers for Disease Control and Prevention, CDC, 2010a). Although there have been inconsistent findings regarding whether the prevalence rates of IPV among Hispanics is higher than that of other racial and ethnic groups, Hispanic victims of IPV suffer from more serious forms of IPV and experience more negative health consequences than non-Hispanic Whites (Black et al., 2011; Bonomi, Anderson, Cannon, Slesnick, & Rodriguez, 2009; Caetano, Field, Ramisetty-Mikler, & McGrath, 2005; Tjaden & Thoennes,

2000). For example, Hispanic female victims of IPV are more likely to suffer from depression and suicidal ideation, and to die from homicide, than non-Hispanic White female victims of IPV (Black et al., 2011; Bonomi et al., 2009; Krishnan, Hilbert, & VanLeeuwen, 2001). These disparities may be partly due to cultural and contextual factors that create additional stressors and lack of linguistically and culturally appropriate prevention programs that are available for this population (Bloom et al., 2009; Cuevas & Sabina, 2010; Gonzalez-Guarda et al., 2011a).

The health needs of Hispanics or Latinos, defined as individuals from Cuban, Mexican, Puerto Rican, South or Central American, or Spanish cultures, independent of race (U.S. Census Bureau, 2012), are becoming increasingly salient to the general health and well-being of our nation. With a growth rate more than three times that of the general U.S. population, Hispanics are the largest and fastest growing minority group in the U.S. (U.S. Census Bureau, 2008). This group comprises approximately 15 % of the current population, a proportion that is expected to grow to nearly 25 % by 2050. Although the term "Hispanic or Latino" is used to categorize people with a common culture, this group represents diverse races, ethnicities, and nationalities, and includes individuals and sub-populations with discrete histories, immigration patterns, acculturation levels, practices, demographic characteristics and a host of other socioeconomic and environmental factors that may influence their health. Consequently, when developing IPV prevention programs targeting Hispanics, it is not only important to learn about the needs and preferences of Hispanics as a group in general, but to tailor prevention strategies for different subgroups. The purpose of this study is to describe the needs and preferences for IPV prevention among Hispanics in Miami-Dade County (MDC) as perceived by community members participating in nine focus groups. We also sought to identify subgroups of Hispanics at higher risk for IPV and to facilitate the development of a culturally-tailored IPV prevention program for these subgroups.

Review of the Literature

Risk and Protective Factors Associated with IPV Among Hispanics

Understanding the factors that place individuals at risk for experiencing IPV is an important first step towards prevention. Numerous risk factors have been identified consistently across individuals from diverse backgrounds, including Hispanics. One risk factor for IPV includes history of physical or sexual abuse. In particular, childhood sexual abuse and witnessing IPV are risk factors later in life for both Hispanic women and men (Cunradi, Caetano, Clark, & Schafer, 2000; Moreno, 2007). Such factors contribute to intergenerational patterns of abuse in which IPV is passed down from parents to their children and continues to occur throughout the family life cycle (Aldarondo, Kaufman Kantor, & Jasinski, 2002; Field & Caetano, 2003). Other commonly identified risk factors include mental health problems, lower educational attainment, lower socio-economic status, and substance abuse (Aldarondo et al., 2002; Cunradi, 2009; Denham et al., 2007; Gonzalez-Guarda et al., 2011a). Although research on pertinent protective factors is more limited, some studies have identified older age, being retired, being married, female employment, and adequate family income as protective against IPV among Hispanics (Caetano, Cunradi, Clark, & Schafer, 2000; Caetano, Ramisetty-Mikler, & McGrath, 2004; Castro, Peek-Asa, Garcia, Ruiz, & Kraus, 2003).

Stressful life events may also contribute to the incidence of IPV. Although research results are somewhat conflicting, some studies have shown that pregnancy is a risk factor for IPV among Hispanics (Castro et al., 2003; Jasinski & Kaufman Kantor, 2001). However, one study by Stampfel, Chapman, and Alvarez (2010) suggests pregnancy can also serve as a protective factor against IPV. The nature of the pregnancy, i.e., whether it was planned, the resources and healthcare available to the mother, and the adequacy of social support, may contribute to how the couple copes and whether they are more likely to turn to violence (Martin & Garcia, 2011). Stressful or unfavorable work conditions may also increase the likelihood of perpetration of violence (Duke & Cunradi, 2011). For example, lack of work or unemployment may contribute to hostility and violence in relationships, especially for men who are expected to provide for their families (Cunradi et al., 2000). Economic stressors may create tension in the home and the feelings associated with being unable to financially provide for one's family may be emasculating. In addition to risk factors commonly studied by researchers in the field of IPV, new research has focused on risk factors that are unique to Hispanic populations in the U.S.

Culture, Context and IPV Among Hispanics

Researchers who have addressed IPV among Hispanics have noted the unique cultural and contextual configuration for IPV among Hispanic women, identifying the "breeding ground for abuse" in this population as traditional gender roles that promote male dominance (*machismo*) and female submission (*marianismo*), stressors associated with the immigration and acculturation process, and numerous barriers in accessing needed services (Gonzalez-Guarda et al., 2011a). These cultural and contextual attributes have also been described by both female and male Hispanic research participants and noted by researchers working with Hispanics across the U.S. (Gonzalez-Guarda, Ortega, Vasquez, & De Santis, 2010; Klevens, 2007; Moreno, 2007).

Familismo and Transgenerational Transmission of Violence

Traditionally families are of central importance in Hispanic culture, as demonstrated by the concept of *familismo*. This term refers to the preference of Hispanic families to maintain close relationships with both immediate and extended family members and putting the interest of one's family ahead of one's personal interests (Gallardo & Paoliello, 2008). Cultural expectations for individuals' roles within the family may have a significant impact on risk for IPV and how IPV is experienced within families. For example, in a study with Hispanic youth, family cohesion was found to be a protective factor against IPV (Howard, Beck, Kerr, & Shattuck, 2005).

Despite the important role that *familismo* can play in protecting Hispanic against IPV, it may also serve as a risk factor. Given the importance of protecting the family at the expense of one's own needs, victims of IPV may try to avoid bringing shame upon the family by keeping the abuse a secret. Historically in Hispanic culture, IPV has been perceived as a personal and private matter between couples as opposed to a larger societal problem. Such culture creates taboo topics and the perception that the discussion of such topics constitutes a form of betrayal of one's own family (Gonzalez-Guarda, et al., 2011a). Often victims refer to speaking about the victimization as an act which brings embarrassment to the entire family. Previous research has found an association between *familismo* and a decreased likelihood of seeking help in abusive situations (Acevedo, 2000). Behaviors that become accepted as the norm in families then get passed down over time, which facilitates the transmission of intergenerational violence. Witnessing or experiencing violence in childhood is strongly associated in adulthood with victimization for women and perpetration for men (Aldarondo, et al., 2002; Field & Caetano, 2003).

Traditional Gender Roles

The gender roles and inequalities often described by Hispanics as pervasive in their culture have been linked to IPV. One study by Santana, Raj, Decker, La Marche, and Silverman (2006) examined the relationship between masculine gender roles and partner violence among a sample of Hispanic men in Boston. Results showed that more traditional gender role ideologies were associated with greater risk for perpetration of IPV (Santana et al., 2006). Another study of Hispanic men explored the relationship between substance abuse, partner violence, and risky sexual behaviors and found that traditional gender roles were identified as a risk factor for IPV (Gonzalez-Guarda et al., 2010). Specifically, male participants talked about how *machismo* was instilled in them by their families while they were growing up, highlighting how traits such as being strong and aggressive were seen as important characteristics of males' role in families. Participants also reported that women's more passive and subservient role in the family contributed to male dominance and an imbalance of power (Gonzalez-Guarda et al., 2009).

Furthermore, stereotypical societal expectations for male behavior and masculinity (*machismo*) may lead to role confusion for men in regards to their responsibilities within the family. On the one hand, men are often expected to be strong leaders and decision-makers in regards to family matters, like finances, yet at the same time they may also be expected to be supportive and sensitive husbands who contribute towards domestic tasks and parenting (Arciniega, Anderson, Tovar-Blank, & Tracey, 2008). Indeed, men who participate in helping their wives with such tasks could be perceived as weak men by other men from the same culture. Such role confusion may further facilitate the prevalence and acceptance of gendered IPV in Hispanic families.

Immigration and Acculturation

The process of immigrating to the United States and adapting to a new culture has also been cited as a stressor for intimate relationships and a risk factor for IPV (Caetano et al., 2004; Cunradi, 2009; Gonzalez-Guarda et al., 2009, 2010). Acculturation may be a risk factor for IPV because of the way in which the change in cultures affects existing gender roles in families. For example, participants in one study described how immigrating to a country like the United States where women have more power and can easily seek employment causes an imbalance in roles and feelings of frustration, which may eventually lead to violence (Gonzalez-Guarda et al., 2009). Additionally, the process of acculturation may lead to other stressors like increases in alcohol abuse, unemployment, and economic difficulties, all of which are predictors of IPV (Caetano, Schafer, Clark, Cunradi, & Rasberry, 2000; Cunradi, Caetano, & Schafer, 2002).

Level of acculturation has also been linked to IPV risk. One study found risk for IPV to be directly related to acculturation level for women (Garcia, Hurwitz, & Krauss, 2005). Latina women who were more highly acculturated reported higher levels of IPV victimization than did Latinas who were less acculturated (Garcia et al., 2005). Another study by Martin and Garcia (2011) found that Latinas who were more highly acculturated were at highest risk for unintended pregnancy, which in turn was associated with a higher risk for IPV victimization. However, studies have produced conflicting results regarding acculturation and IPV risk. For example, Caetano et al. (2004) conducted a large-scale five-year longitudinal study on acculturation, drinking, and IPV among Hispanic couples. Results revealed that couples in which both partners were categorized as medium acculturation were at highest risk for violence regardless of study time point. Couples with at least one partner in the medium acculturation group were at higher risk for IPV than couples who were both either low or high on acculturation. Although results from studies on acculturation are mixed, it is important to note that acculturation does play a role in IPV experience among couples.

Barriers to Accessing Services

Numerous external and perceived barriers prevent Hispanics from seeking IPV services. For some Hispanics, minority status in society may also serve as a risk factor for both victimization and resistance to seeking services in light of cultural-specific barriers such as immigration status, language barriers, and limited knowledge about resources available (Ingram, 2007). Furthermore, factors specific to cultural beliefs influence the way Hispanic victims of IPV perceive their needs and go about seeking treatment resources (Ingram, 2007; Rizo & Macy, 2011). One major contributing factor is traditional gender roles, which tends to permeate the family structure in Hispanic culture (Acevedo, 2000; Harris, Firestone, & Vega, 2005). It is also important to recognize the role that religious background and beliefs, especially in regards to Catholicism as the predominant religion, play in some Hispanics' lives (de las Fuentes et al., 2003). For example, religious families tend to have relatively strict gender roles in which the man is dominant and the woman is under his control. Further, people who place importance on religion and cultural customs may rely on these for help rather than seeking formal treatment services in the community (Acevedo, 2000; Rizo & Macy, 2011). Although these cultural and contextual factors are not unique to Hispanics, their intersections and interactions must be specifically addressed in order to increase the cultural appropriateness and effectiveness of IPV prevention programs targeting this group (Gonzalez-Guarda et al., 2011a).

Prevention Programs for Hispanics

A preliminary review of the research literature on IPV prevention programs over the past 10 years yielded very few publications describing and/or evaluating primary prevention interventions specifically targeting Hispanics. It is problematic that mainstream prevention programs do not systematically take into account cultural factors that may be associated with the occurrence, severity and consequences of IPV within this rapidly growing minority group. Previous studies have shown that Hispanics have not benefited from universal violence prevention programs, such as those implemented in schools (Hahn et al., 2007). This may be because traditional school-based programs have not been developed with the input of Hispanic communities so as to develop a culturally tailored approach. Hispanics also tend to underutilize formal social and health services available and more often seek the help of informal resources, such as the support of family

members and friends (Ingram, 2007; Rizo & Macy, 2011). The lack of the effectiveness of universal violence prevention programs for Hispanics and their help-seeking behaviors may indicate that current programs and services tend to be one-size-fits-all and fail to address the unique needs of Hispanics. This study aims to fill this gap by specifying the needs and preferences for IPV prevention for Hispanics in Miami-Dade County, as described by community members.

Methods

Design

The Partnership for Domestic Violence Prevention (PDVP) was a 1 year community-based participatory research (CBPR) project designed to create an infrastructure for the study and prevention of IPV at the community level, and to collect qualitative and quantitative data regarding the needs and preferences for IPV prevention programs targeting high–risk Hispanics in Miami-Dade County. This partnership brings together the resources and talents of two community-oriented research centers at a local university, and a leading IPV agency within the county. One of the major sources of data for the project was nine focus groups ($N = 76$) held with service providers ($n = 26$) and community women and men ($n = 50$).

Participants and Settings

Eligible to participate in the study as a service provider were adults who provided domestic violence related services to Hispanic clients. Service provider participants could be of any race or ethnicity. Eligibility criteria for the community member participants of this study included those adults who self-identified as Hispanic. Service provider participants were recruited from different community-based organizations that provide IPV services, whereas community member participants were recruited from churches and other public places. Study flyers were posted in these settings. Study personnel also visited these settings to provide information about the study to candidates. An equal amount of male ($n = 25$) and female community participants were recruited ($n = 25$).

Procedures

Approval from the university institutional review board (IRB) was obtained prior to recruitment and data collection. The community coordinator screened candidates over the phone or in-person and scheduled them for focus groups according to service provider status, gender and language preference (English or Spanish). While all the focus groups with service providers were conducted in English ($n = 3$), the groups with community members were mostly conducted in Spanish ($n = 5$), with exception of one male community member participant group that was conducted in English. Focus groups were comprised of a range of 7–13 individuals and were led by at least two bilingual facilitators who were trained to obtain informed consent and lead the discussion. Food and refreshments were served prior to the beginning of the focus groups, which allowed the participants to build rapport with the facilitators and each other by creating a more intimate atmosphere. Prior to initiating the discussion, the facilitators collected and reviewed participants' signed consent forms and also established ground rules for the focus group discussion. These rules stressed the importance of maintaining confidentiality, providing all participants an opportunity to express their perspectives in a respectful manner, and the importance of moving through topics in a timely manner. The facilitators used a focus group guide to initiate discussion, which included probes that prompted participants to share their perspectives about problems that Hispanics faced in the community both in general and specifically related to IPV. If participants did not mention details regarding their needs and preferences for IPV prevention, additional probes were used to elicit information (e.g., What specific Hispanic subgroups should be targeted through prevention programs?). These questions were developed based on previous research with Hispanic women and men in South Florida and input from a community advisory board (CAB), who informed the research team throughout every phase of the project (Gonzalez-Guarda et al., 2010; Gonzalez-Guarda, Vasquez, Urrutia, Villarrual, & Peragallo, 2011b).

Focus group discussions lasted around 90 min and were recorded with a digital recorder and traditional audio-recorder. Field notes were also taken by a co-facilitator to document group process, body language, and emphasis on certain areas of discussion. Participants were given a self-administered demographic questionnaire to complete at the end of the discussion. Each participant was paid $50 upon the completion of

the focus groups to compensate for their travel and time. Some service providers were not able to accept payment and chose to donate their compensation to local service-providing agencies.

Data Analysis

The recordings of the focus groups were first transcribed and later translated from Spanish to English by bilingual study personnel. Investigators compared the original transcription with the translated version and revised any discrepancies. The main sources of discrepancies included the incorrect translation of words or phrases. In order to prevent the loss of meaning in the translations, all Spanish transcripts were analyzed in their original language by at least one native Spanish-speaking researcher. Transcripts were analyzed using conventional qualitative content analysis, a research technique described by Hsieh and Shannon (2005) that allows categories and themes from text or other media to emerge in an inductive manner. Each transcript was analyzed by two investigators in the language they felt most comfortable with (i.e., English or Spanish), and each transcript was analyzed by at least one investigator in its original language. Clearly defined steps for conducting conventional qualitative content analysis were systematically followed by all the coders (Gonzalez-Guarda et al., 2011b). First, researchers reviewed the transcripts without taking notes or coding, to secure a general sense of the discussion. Then, they underlined or highlighted important phrases, words and descriptions that illustrated the needs and preferences for IPV prevention for Hispanics (i.e., "meaning units"). Researchers next coded these meaning units, providing names to those units that were aligned with the original language used by participants. Researchers then arranged these codes into major and sub-categories, which were subsequently grouped into major themes. Consensus meetings were held with the coders until agreement was reached on major themes, categories and subcategories.

Results

Participant Characteristics

Service Providers

The majority of service providers were female (88 %) and of Hispanic origin (80 %). Service providers were between the ages of 23 and 64 ($M = 43$, $SD = 13$). The majority reported providing mental health services (52 %). The provision of legal aid (39 %), spiritual support (39 %), child/family support (13 %), job training (4 %), financial/housing assistance (26 %), referrals (26 %) and immigration counseling (13 %) were also reported. Forty percent of service providers reported being personally affected by IPV as a victim, perpetrator or witness.

Community Members

As planned, an equal number of males and females participated in the focus groups among community members ($n = 25$ for each), all of whom were Hispanic. The vast majority of focus group community participants were born in the US (30 %), Cuba (22 %), or Colombia (22 %), however, all the Latin American countries were represented by at least one individual. The number of years participants reported living in the U.S. was highly variable with some reporting living in the U.S. for 1 year and others their entire lifetime ($M = 18$ years, $SD = 12$). The community participants were between 18 and 72 years of age ($M = 41$, $SD = 13$) and reported between 5 and 20 years of education ($M = 13$, $SD = 3$). The income of participants was highly variable with monthly incomes <$1,000 (38 %), between $1,000–$2,999 (38 %), and $3,000 or more a month (14 %). Ten percent of participants did not report their income (10 %). Forty-one percent of community members participating in the study reported being personally affected by IPV.

Major Themes

Because the perceptions of service providers were similar to those of the community members, the qualitative data of these two groups were combined. Four major themes emerged from the focus groups. These included priority subgroups that needed to be addressed through IPV prevention programs, culture as a double-edged sword, the system that helps and hurts the victim, and breaking the pattern (see Table 1).

Priority Subgroups

Focus group discussions often centered on identifying Hispanic subgroups that were perceived to be at an

Table 1 Major themes, categories and subcategories describing the needs and preferences for IPV prevention among the Hispanic community in Miami-Dade County

Major themes	Categories	Subcategories
Priority subgroups	Immigrants	Legal status financial dependence
		Language
		Lack of education
		Social isolation
		Lack of trust
	Youth	Becoming more violent
		Opportune time to intervene
		Impacted by family at home
	Low income families	Financial barriers
		Lack of education
		Lack of support
	Men	Without addressing men (perpetrators) there cannot be prevention
		Often not addressed
		Unfair treatment
	Gay and transgender community	More aggressive forms of abuse
		Lack of recognition of DV as problem
		Discrimination and rejection
	Vulnerable adults	Elderly
		Pregnant women
		Physical disabilities
		Mental disabilities
Culture as a double-edged sword	Family upbringing	Protection of the family
		View that women need to be married
		Loss of family values
		Repeating patterns of DV
		It's just the way it is
		Encouraged to stay in abusive relationship
	Faith	Marriage is forever
		Faith leaders mishandle families affected by DV
		Promotes inequitable gender roles
		Churches as a good venue for intervention
	Gender roles	Women as weak: homemaker, submissive, lack of assertiveness
		Women as strong: Control of household, desire for independence
		Men as a strong: Provider, possessiveness as sign of love, drinker, aggressive
	Adapting to American culture	Process as a major stressor
		Mixed culture and acculturation levels as a risk
		Isolation
	Community ties	Mobility of neighbors impedes community relationships
		Recreating families through community
		Resourcefulness of women

Table 1 continued

Major themes	Categories	Subcategories
The system that helps and hurts the victim	Support for families and victims	Miami-Dade County provides many resources to women and families
		More support than country of origin
	An unfamiliar system	Not knowing where to go for help
		Lack of knowledge of rights
		Partner manipulation of system
		Lack of trust
	Loopholes in immigration law	Interfere with being eligible for some services
		Undocumented victims can be deported if have a criminal history
	The police	Lack of sensitivity
		Not enough time to address complexities of DV issues
		More involved and sensitive than in country of origin
		Lack of knowledge
	Lack of access to quality services	Financial crisis has limited services
		Lack of language and culturally appropriate materials and services
		Services need to cover basic needs first
		Not qualifying for services because of legal status
		Lack of communication between agencies
Breaking the pattern	Community-wide response	Creating intolerance for DV
		Social marketing
		Communicating more effectively
		Making current programs more consistent and accessible
		Universal DV interventions
		Involving businesses
		Train the trainer
		Neighborhood resource units
		Including men
	Teen dating violence prevention program	Developing a curriculum
		Addressing other types of violence
		Including technology
		Communication
		Needs of both male and females and ages
		Engaging the entire family
		Training of school staff
		Making it attractive
		Delivered by peers and youth (e.g., college students)
		Building upon existing diverse services and promising programs (e.g., Safe Dates)
	Empowering vulnerable women	Creating knowledge about their rights and access to services
		Financial/economic programs that teach independence, balance money, boost self-esteem
		Helping them become independent
		Covering basic needs (e.g., employment, shelter, childcare)

Note DV = domestic violence

increased risk for IPV and/or were a high priority to target through prevention programs. Five specific subgroups were identified as being a priority. These included immigrants, youth, low income families, men, and gay and transgender community. Vulnerable adults, who included different subgroups with unique needs (i.e., elderly, pregnant women, and the disabled), also emerged as a priority group, although their specific vulnerabilities were not as extensively discussed by participants as the other five groups. Reasons for which these groups are particularly vulnerable or a priority are captured through the subcategories included under this theme (See Table 1).

Among the groups described, immigrants were generally perceived as the most vulnerable to IPV. Many factors for increased risk for IPV were identified, of which lack of documentation was one of those most extensively discussed. Undocumented immigrants were particularly vulnerable because they were perceived has having more obstacles interfering with their ability to leave an abusive relationship. This included fear of not obtaining legal status, especially if their partner was a citizen, and being deported or having their partner deported. Other vulnerabilities such as being financially dependent on their partner, not speaking English, low education, and social isolation from family, friends and social services were also described. As one female service provider explained:

> … someone who comes here, and if you don't know the language, you don't know the ins and outs. I think you can feel very isolated, you know. So I think that may put a person at risk that's in that relationship may know, may think, that well, I'm just gonna stick with my husband here cause… you know I don't know the police, I don't trust the police. Back in my culture or my country I didn't trust them then. I don't trust them now.

Community members echoed similar sentiments. Among the five subgroups, youth were also identified as a high priority groups for IPV prevention as this was generally the time that norms regarding intimate relationships are established and warning signs for future IPV are initially exhibited. As one female community member described:

> We have also spoken about the tendency that exists among youth, among teens, among adolescents, of boyfriends hitting the adolescent girls. Then we are creating perpetrators and victims from adolescents and then at 20 years of age, they will be assassins. And they will escalate because violence always escalates.

Although immigrant women and youth were the two groups that participants spent most of their time discussing, low income families were also identified as a priority. Participants described how low income families faced numerous financial barriers, usually had low levels of education, and lacked supportive structures that would protect them against abuse and its consequences. Men were also identified as a priority to address because they were perceived as being the primary perpetrators of IPV and often not targeted by prevention efforts. Participants felt that IPV could not be prevented without their engagement. Community participants also talked about men being treated unfairly and without appropriate evidence in some cases of IPV when they were presumed to be the perpetrators. The gay and transgender community were also identified as a priority, largely due to perceptions that they experienced more aggressive forms of abuse (e.g., sexual assault) but lacked access to programs and services that addressed their unique needs.

Culture as a Double-Edged Sword

Many of the same cultural attributes that participants perceived as placing Hispanics in the U.S. at risk for IPV were also perceived as protective factors. For example, participants described the critical role that family upbringing has on risk for IPV. The strong emphasis Hispanics have on the family can serve as a risk factor for IPV in that women may be encouraged to stay in abusive relationships to protect and preserve the family structure. As one community woman stated: "Our parents taught us to tolerate it [abuse]." However, this same responsibility to protect the family can encourage family members to get involved in an IPV situation that is experienced by one of its members by providing the victim with the support needed to leave the relationship. Faith was perceived in a similar fashion in that faith leaders could serve to promote inequitable gender roles and mishandle IPV situation by recommending that victims, especially if they are married, remain in the abusive relationship, or by

providing information about IPV to the community and support for victims. A discussion among three participants described both the positive and negative aspects of faith in regards to risk for IPV. One female service provider described: "it's amazing how so many preachers or pastors or catholic priests are telling the woman that that's the man that God gave you and you're supposed to be submissive to it." Another female service provider participant added:

> Because the pastors have so much power. And they can actually, you know, put it out there… Because he'll (the perpetrator) be coming to the congregation so if the pastor is trained and they go there all the time and they listen and they follow. But not only for the abusers but for the women too, for the victim too…but then another victim comes along and she invites the other one to church and then you see them now they're having a mini, you know, bible group or whatever. So you know I think that's a positive, a, a positive for our Hispanic community.

Another female service provider concluded, "It [faith] [is] a double edge[d] sword."

Gender roles were discussed extensively in every focus group. Expected characteristics of men as a provider who is strong and in control of their partner, and expected characteristics of women as weak, submissive and lacking assertiveness, were perceived as normative in Hispanic culture and a risk factor for IPV. Nevertheless, the participants also identified positive aspects of traditional gender roles that protected Hispanics against IPV. Hispanic men were described as having a very high level of respect for their mothers, which could be also applied to their partners. As one male participant described, "I look at women as my, my mother. The only one that can give life… If I hit a women [it] is like hitting my mother." Positive aspects of traditional gender roles for women were also described as being protective. For example, women were described as being the head of the household, in control of families, and as having a very strong desire to become independent from their partners. These strong attributes contrast sharply with the weak ones mentioned previously.

Participants also believed that the process of adapting to American culture was associated with IPV. Although immigrants move to the U.S. to seek greater opportunities for themselves and their families, the acculturation process was perceived as a major stressor. Participants believed that this stressor contributed to conflict in relationships with intimate partners and other family members, especially if individuals within that relationship acculturated at different levels and rates over different time periods. For example, if a woman acculturated to the U.S. culture faster than her partner and behaved more independently than her partner was comfortable with, the resulting conflict could lead to abuse. Similarly, if the male partner was more acculturated than the female partner, then she may be more vulnerable to victimization. As one male service provider described:

> And that happens a lot, too. You have mixed cultures. Let's say I was born here and I marry a little Cuban girl that comes from [Cuba when] she's, she's 19. And there's a lot of men out there that want a housewife. I want one that you're going to stay home, you're going to clean and you're going to feed me. She can't do nothing because I know the laws. You don't know anything….

The strong emphasis that Hispanics place on their ties to the community was another cultural value that was identified as being associated with IPV. Hispanics, particularly women, were identified as being very resourceful as to their ability to form relationships with community members, network, and meet each other's needs through accessing resources available through these networks. This was described as a protective factor. On the other hand, as Hispanics acculturated to the U.S. they were perceived as being more isolated from these community networks. Additionally, the local community was identified as being highly transient. This transience led to great difficulty in establishing and maintaining community networks, especially at the neighborhood level, to which participants were accustomed and from which they drew strength from their countries of origin.

The Service System that Helps and Hurts the Victim

Because the primary aim of this study was to assess factors related to primary prevention, we did not specifically explore the role that the current system played in addressing victims of IPV. Nonetheless, participants often discussed the strengths and limitations of the current system. Many reported positive

aspects of the system, including a recognition that the system not only provided many more services to victims and families affected by IPV than was in place in their countries of origin; these services were also considered to be of higher quality and more comprehensive. As one female community member described:

> I think there is not another country that helps like this one. Here there are programs of economic help, social help, education. You don't feel alone. There is not another county that helps like this, giving shelter, food for the kids, everything.

Interestingly, community members were more likely to identify these positive attributes of the system than were the service providers.

Despite descriptions of a system that truly cares about those affected by IPV, participants believed that a host of barriers existed in accessing this system. One of the greatest barriers reported concerned the lack of familiarity with the services that were available, how to access these, and what victims' rights were in IPV situations, especially when immigration issues regarding documentation status were involved. Perpetrators who were familiar with the system were described as taking advantage of victims' unfamiliarity with the system to manipulate them. For example, although undocumented immigrants in IPV situations are protected from deportation if abuse is disclosed, their partners could use their fear of deportation to manipulate and control the victim. Loopholes in immigration laws protecting undocumented victims were also described as a barrier in cases where the victim had a prior criminal record. In fact, service providers described examples of clients who had been deported because they had been victimized by their partner and had a criminal record.

The manner in which law enforcement officials handled IPV situations involving Hispanics was consistently identified as a problem and was associated with the police's lack of sensitivity and knowledge regarding the dynamics involved in IPV situations, the lack of time and energy to address the complexity of these issues, and unfamiliarity regarding how to protect victims who were undocumented. One male service provider described:

> And then she's going to get revictimized again. She just got beat up or abused by her husband or son or whatever. And then you know, she drives away she leaves the house because her husband told her this and you call the police. Her husband's not legal, you're not legal yet, you call the police and guess what? You're done.

Despite these concerns, participants agreed that the police in the U.S. handled IPV much more appropriately than in their countries of origin and were appreciative of this.

Participants also described numerous factors related to lack of access to existing IPV services and the low quality of services offered. Participants expressed concern that many necessary services that were provided in the past had been cut due to the economic crisis, that there was a lack of linguistically and culturally appropriate services, and that communication between agencies providing these services was inadequate. However, participants agreed that the services in MDC were better in these areas than those provided to Hispanics in other parts of the country. Additionally, a high priority was placed on expanding services provided victims to cover basic needs such as housing, food, and childcare and making them accessible to undocumented victims of IPV.

Breaking the Pattern

Participants made recommendations regarding the development of prevention programs that would "break the pattern" of IPV experienced by the Hispanic community. They agreed that a comprehensive program that would reach Hispanics in a systematic way would be ideal. This included developing social marketing strategies that should be disseminated widely to Hispanics and changing social and cultural norms regarding IPV. Participants wanted to see universal prevention programs that would systematically address Hispanics in schools, immigration centers, neighborhoods, churches and businesses. As one male community participant expressed:

> Let's work with schools, with colleges, with universities, with businesses, with media. Then make like groups, commissions so that, but I think that first, first build capacity among people. And then, I believe all levels of society need it. All.

Teen dating violence prevention was specifically singled out as a one type of IPV prevention strategy

with a high likelihood of success. In fact, when brainstorming potential prevention strategies, youth was the group most often referred to because of the community's perception that this group was at the age where norms and behaviors for intimate relationships begin developing. Participants identified the importance of tailoring prevention programs to the needs of both young boys and girls, incorporating components that would address the family, and building the capacity of school personnel. The inclusion of technology, addressing other types of violence such as bullying, building the capacity of students, parents and staff to communicate issues related to teen dating violence, and including youth into the delivery of the intervention were all mentioned as aspects that could make a program attractive and effective.

The development of empowerment programs for women was also seen as a promising prevention strategy. Participants identified the importance of creating programs that would inform women about their rights and how to access community and social services that could prevent IPV. Participants also identified that importance of including financial and economic components that would teach women financial independence and that might ultimately boost their self-esteem. Finally, service provider participants stressed the importance of first covering women's basic needs (e.g., shelter, employment and child care) through these programs, as they expressed the difficulty of teaching victims skills in financial independence when they were uncertain of where they would be sleeping with their children that night.

Discussion

This study addresses the gap in the availability of evidence-based prevention programs that address IPV among Hispanics by describing the needs and preferences for these programs as perceived by service providers and community members. These findings constitute the first step in the development of culturally-specific and community-informed prevention strategies. Youth were identified as the highest priority Hispanic sub-group to address through prevention efforts. Community perceptions are well-aligned with epidemiological research that supports the high risk status of youth and Hispanics for IPV. For example, the Youth Risk Behavior Surveillance System (YRBSS) indicates that Hispanic students (11.5 %) are more likely to report physical teen dating violence victimization in the past 12 month than are non-Hispanic Whites (8.0 %) (Centers for Disease Control and Prevention, CDC, 2010b). Similar trends were discovered in prevalence rates of forced sexual intercourse, with more Hispanic youth endorsing victimization. Despite these trends, there are currently no evidence-based teen dating violence prevention programs available for Hispanic youth.

Prevention programs targeting Hispanic youth and the other high priority subgroups identified in this study should address the cultural context of IPV within the Hispanic community. These cultural factors include the importance of the family, faith, traditional gender roles, the acculturation process, and community ties. In fact, these cultural concepts are frequently identified as important predictors of Hispanic behavioral health in both quantitative and qualitative research conducted with this population (de las Fuentes et al., 2003; Gonzalez-Guarda et al., 2010, 2011b; Harris et al., 2005). Recently, academics have stressed the importance of addressing the positive aspects of Hispanic culture in the development of prevention programs and services addressing this population (Arciniega et al., 2008; Gonzalez-Guarda et al., 2010). The Hispanic community has identified the protective features these cultural attributes had in preventing IPV. The important role that families, faith and communities play in providing support for Hispanics should be integrated in prevention programs targeting this community. These interventions must also emphasize the positive aspects of traditional norms regarding the roles of women and men in Hispanic society, such as the importance of respecting and honoring women, so that these overshadow the negative aspects of the culture, including males' control of their female partners, that have been strongly associated with IPV in this population in the past.

The results of this study demonstrate community support for universal IPV prevention programs that are able to capture large audiences systematically. In that regard, the community expressed the importance of developing institution-based programs, such as schools and churches. Universal school-based teen dating violence prevention programs such as Safe Dates have been demonstrated to be effective in preventing IPV among youth overall (Foshee et al., 1998). However,

because these programs have been developed within a specific context (e.g., in the case of Safe Dates, rural high schools with a majority of White students), it is unknown if these programs work in urban schools with a Hispanic majority. For example, in a meta-analysis evaluating the effectiveness of universal, school-based violence prevention programs of different types (e.g., bullying, teen dating violence, general violence), authors reported a 20.4 % reduction in violence in schools where >50 % of the student population were non-Hispanic White but only a 0.5 % reduction in violence in schools where more than 50 % of the students were Hispanic (Hahn et al., 2007). Although prevention programs have made significant gains, Hispanic youth are not experiencing the benefits. This is likely due to these programs' inadequate efforts to address the unique needs and preferences of Hispanic youth in regards to IPV prevention. These programs may, for example, lack a component on the value and role of the extended family, and they may be more focused on the nuclear family as the only source of support; therefore, these may be missing an important source of help and opportunities within Hispanic communities.

The results of this study, particularly in regards to the themes of "culture as a double-edged sword" and "breaking the pattern," can be used to adapt these prevention programs or create new ones to more adequately target this population. Currently the CDC is working to enhance Safe Dates by adapting and integrating this evidence based program with other strategies that address the family, school, and neighborhood environments (Centers for Disease Control and Prevention, CDC, 2012). This initiative, referred to as *Dating Matters*™, is being implemented with 11–14 years old students in large, high risk, urban centers including Baltimore, Chicago, Ft. Lauderdale and Oakland. The results of the evaluation of *Dating Matters*™ will be instrumental in determining if adapted and expanded evidence based models could be beneficial to Hispanic and other minority youth in urban centers. There will also be an opportunity to compare the effectiveness of "one size fits all" approaches to dating violence prevention and more cultural specific approaches that are tailored to address the unique needs of specific subgroups such as Hispanic or Black youth within large urban centers. However, in order to do so, more evidence-based prevention programs need to be developed for these specific populations.

Some limitations to this study should be mentioned. Study participants consisted of a convenience sample of service providers and general members of the Miami-Dade County community. Consequently, their perspectives may not be representative of the greater Hispanic community in the county and across the country. Although the majority of participants were Hispanics, the demographic characteristics of this sample varied wisely as to country of origin and socioeconomic status. This may have limited the ability of the investigators to gain deep knowledge regarding the perceptions of specific subgroups (e.g., Nicaraguans, immigrants, low socioeconomic status). However, rigorous qualitative methods were utilized that included checking for discrepancies in translated transcripts, using at least two coders to analyze each transcript, and ensuring that each transcript was analyzed in its original language. Additionally, the themes and categories reported are based on the consensus reached by the diverse participants of the study during their discussions. There was substantial overlap between the perspectives shared by service providers and both male and female community members. This increases the investigators' confidence in generalizing to the Hispanic community in Miami-Dade County.

Summary

Prevention programs to address IPV are urgently needed. In order to increase the potential that these programs are effective among Hispanics, the cultural considerations and recommendations of the community members who participated in this study should be considered. Prevention programs should engage Hispanic families, churches and their leaders, law enforcement, immigration specialists and social and healthcare providers. Those working on IPV prevention in the Hispanic community must acknowledge the unique configuration of culture and context for specific Hispanic communities across the U.S. As such, cultural factors such as faith, acculturation, and traditional gender roles and contextual factors such as immigration, discrimination and community resources need to be addressed and integrated into prevention programs. Special attention should be given to addressing IPV among Hispanic youth and immigrants. Future research should be conducted to engage

these specific subgroups, and the others identified in this study as a priority (i.e., men, low-income families, gay and transgender community, and other vulnerable adults), in order to develop relevant and culturally tailored prevention programs. In conclusion, this study does support the development, implementation and evaluation of teen dating violence prevention programs in institutional settings (e.g., schools) as a first step in preventing IPV among Hispanics.

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References

Acevedo, M. J. (2000). Battered immigrant Mexican women's perspectives regarding abuse and help-seeking. *Journal of Multicultural Social Work, 8*(3–4), 243–282.

Aldarondo, E., Kaufman Kantor, G., & Jasinski, J. L. (2002). A risk marker analysis of wife assault in Latino families. *Violence Against Women, 8*(4), 429–454.

Arciniega, G. M., Anderson, T. C., Tovar-Blank, Z. G., & Tracey, T. J. G. (2008). Toward a fuller conception of machismo: Development of a traditional machismo and caballerismo scale. *Journal of Counseling Psychology, 55*(1), 19–33.

Black, M. C., Basile, K. C., Breiding, M. J., Smith, S. G., Walters, M. L., Merrick, M. T., Chen, J., & Stevens, M. R. (2011). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

Bloom, T., Wagman, J., Hernandez, R., Yragui, N., Hernandez, N., Dahlstrom, M., et al. (2009). Partnering with community-based organizations to reduce intimate partner violence. *Journal of Hispanic Behavioral Science, 31*(2), 244–257.

Bonomi, A. E., Anderson, M. L., Cannon, E. A., Slesnick, N., & Rodriguez, M. A. (2009). Intimate partner violence in Latina and non-Latina women. *American Journal of Preventive Medicine, 36*(1), 43–48. doi:10.1016/j.amepre.2008.09.027.

Caetano, R., Cunradi, C. B., Clark, C. L., & Schafer, J. (2000a). Intimate partner violence and drinking patterns among White, Black and Hispanic couples. *Journal of Substance Abuse, 11*(2), 123–138. doi:10.1016/S0899-3289(00)00015-8.

Caetano, R., Field, C. A., Ramisetty-Mikler, S., & McGrath, C. (2005). The 5-year course of intimate partner violence among White, Black, and Hispanic couples in the United States. *Journal of Interpersonal Violence, 20*(9), 1039–1057.

Caetano, R., Ramisetty-Mikler, S., & McGrath, C. (2004). Acculturation, drinking, and intimate partner violence among Hispanic couples in the United States: A longitudinal study. *Hispanic Journal of Behavioral Sciences, 26*(1), 60–78.

Caetano, R., Schafer, J., Clark, C., Cunradi, C., & Rasberry, K. (2000b). Intimate partner violence, acculturation, and alcohol consumption among Hispanic Couples in the United States. *Journal of Interpersonal Violence, 15*(1), 30–45.

Castro, R., Peek-Asa, C., Garcia, L., Ruiz, A., & Kraus, J. F. (2003). Risks for abuse against pregnant Hispanic women Morelos, Mexico and Los Angeles County, California. *American Journal of Preventive Medicine, 25*(4), 325–332. doi:10.1016/S0749-3797(03)00211-3.

Centers for Disease Control and Prevention, CDC. (2010a). Intimate partner violence: Definitions. Retrieved November 2, 2012, from http://www.cdc.gov/violenceprevention/intimatepartnerviolence/definitions.html.

Centers for Disease Control and Prevention, CDC. (2010b). Youth risk behavior surveillance—United States, 2009, MMWR 2010: 59 (No.SS-5). Retrieved January 12, 2011, from http://www.cdc.gov/mmwr/pdf/ss/ss5905.pdf.

Centers for Disease Control and Prevention, CDC. (2012). Dating matters™ initiative. Retrieved December 7, 2012, from http://www.cdc.gov/violenceprevention/datingmatters/index.html.

Cuevas, C. A., & Sabina, C. (2010). Final report: Sexual assault among Latinas (SALAS) study. Washington, DC: National Institute of Justice. Retreived on September 8, 2011, from https://www.ncjrs.gov/pdffiles1/nij/grants/230445.pdf.

Cunradi, C. (2009). Intimate partner violence among Hispanic men and women: The role of drinking, neighborhood disorder, and acculturation-related factors. *Violence and Victims, 24*(1), 83–97.

Cunradi, C. B., Caetano, R., Clark, C., & Schafer, J. (2000). Neighborhood poverty as a predictor of intimate partner violence among White, Black, and Hispanic couples in the United States: A multilevel analysis. *Annals of Epidemiology, 10*(5), 297–308.

Cunradi, C. B., Caetano, R., & Schafer, J. (2002). Socioeconomic predictors of intimate partner violence among White, Black, and Hispanic couples in the United States. *Journal of Family Violence, 17*(4), 377–389. doi:10.1023/A:1020374617328.

de las Fuentes, C., Baron, A., & Vasquez, M. J. T. (2003). Teaching Latino psychology. In P. Bronstein & K. Quina (Eds.), *Teaching gender and multicultural awareness: Resources for the psychology classroom* (pp. 207–220). Washington, DC: American Psychological Association.

Denham, A. C., Frasier, P. Y., Hooten, E. G., Belton, L., Newton, W., Gonzalez, P., et al. (2007). Intimate partner violence among Latinas in Eastern North Carolina. *Violence Against Women, 13*(2), 123–140.

Duke, M. R., & Cunradi, C. B. (2011). Measuring intimate partner violence among male and female farmworkers in San Diego County, CA. *Cultural Diversity and Ethnic Minority Psychology, 17*(1), 59–67. doi:10.1037/a0021826.

Field, C. A., & Caetano, R. (2003). Longitudinal model predicting partner violence among White, Black, and Hispanic couples in the United States. *Alcoholism Clinical and Experimental Research, 27*(9), 1451–1458. doi: 10.1097/01.ALC.0000086066.70540.8C.

Foshee, V. A., Bauman, K. E., Arriaga, X. B., Helms, R. W., Koch, G. G., & Linder, G. F. (1998). An evaluation of Safe Dates, an adolescent dating violence prevention program. *American Journal of Public Health, 88*(1), 45–50.

Gallardo, M. E., & Paoliello, Y. (2008). Familism. In F. T. L. Leong (Ed.), *Encyclopedia of counseling*. Sage Publicatoins, Inc. Retrieved December 10, 2012, from http://knowledge.sagepub.com/view/counseling/n378.xml.

Garcia, L., Hurwitz, E. L., & Krauss, J. F. (2005). Acculturation and reported intimate partner violence among Latinas in Los Angeles. *Journal of Interpersonal Violence, 20*(5), 569–590.

Gonzalez-Guarda, R. M., Florom-Smith, A., & Thomas, T. (2011a). A syndemic model of substance abuse, intimate partner violence, risk for HIV infection and mental health among Hispanics. *Public Health Nursing, 28*(4), 366–378.

Gonzalez-Guarda, R. M., Ortega, J., Vasquez, E., & De Santis, J. (2010). La mancha negra: Substance abuse, violence and sexual risks among Hispanic males. *Western Journal of Nursing Research, 32*(1), 128–148.

Gonzalez-Guarda, R. M., Peragallo, N., Vasquez, E. P., Urrutia, M. T., & Mitrani, V. B. (2009). Intimate partner violence, depression and resource availability among a community sample of Hispanic women. *Issue in Mental Health Nursing, 30*(4), 227–236. doi:10.1016/j.jana.2008.04.001.

Gonzalez-Guarda, R. M., Vasquez, E. P., Urrutia, M. T., Villarruel, A. M., & Peragallo, N. (2011b). Hispanic women's experiences with substance abuse, intimate partner violence, and risk for HIV. *Journal of Transcultural Nursing, 22*(1), 46–54.

Hahn, R., Fuqua-Whitley, D., Wethington, H., Lowy, J., & Liberman, A. (2007). The effectiveness of universal school-based programs for the prevention of violence and aggressive behavior. *Morbidity and Mortality Weekly Report, 56*(RR07), 1–12.

Harris, R., Firestone, J., & Vega, W. (2005). The interaction of country of origin, acculturation, and gender role ideology on wife abuse. *Social Science Quarterly, 86*, 463–483.

Howard, D. E., Beck, K., Kerr, M. H., & Shattuck, T. (2005). Psychosocial correlates of dating violence victimization among Latino youth. *Adolescence, 40*(158), 319–331.

Hsieh, H., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research, 15*(9), 1277–1288. doi:10.1177/1049732305276687.

Ingram, E. M. (2007). A comparison of help seeking between Latino and non-Latino victims of intimate partner violence. *Violence Against Women, 13*(2), 159–171.

Jasinski, J. L., & Kaufman Kantor, G. K. (2001). Pregnancy, stress and wife assault: Ethnic differences in prevalence, severity, and onset in a national sample. *Violence and Victims, 16*(3), 219–232.

Klevens, J. (2007). An overview of intimate partner violence among Latinos. *Violence Against Women, 13*(2), 111–122.

Krishnan, S. P., Hilbert, J. C., & VanLeeuwen, D. (2001). Domestic violence and help-seeking behaviors among rural women: Results from a shelter-based study. *Family and Community Health, 24*, 28–38.

Martin, K. R., & Garcia, L. (2011). Unintended pregnancy and intimate partner violence before and during pregnancy in Latina women in Los Angeles, California. *Journal of Interpersonal Violence, 26*(6), 1157–1175. doi:10.1177/0886260510368154.

Moreno, C. (2007). The relationship between culture, gender, structural factors, abuse, trauma, and HIV/AIDS for Latinas. *Qualitative Health Research, 17*(3), 340–352. doi: 10.1177/1049732306297387.

Rizo, C. F., & Macy, R. J. (2011). Help seeking and barriers of Hispanic partner violence survivors: A systematic review of the literature. *Aggression and Violent Behavior, 16*(3), 250–264.

Santana, M. C., Raj, A., Decker, M. R., La Marche, A., & Silverman, J. (2006). Masculine gender roles associated with increased sexual risk and intimate partner violence among adult men. *Journal of Urban Health, 83*(4), 575–585.

Stampfel, C. C., Chapman, D. A., & Alvarez, A. E. (2010). Intimate partner violence and posttraumatic stress disorder among high-risk women: Does pregnancy matter? *Violence Against Women, 16*(4), 426–443. doi:10.1177/1077801210364047.

Tjaden, P. & Thoennes, N. (2000). Extent, nature and consequences of intimate partner violence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Retrieved on June 14, 2009, from https://www.ncjrs.gov/pdffiles1/nij/183781.pdf.

U.S. Census Bureau. (2008). Hispanic population of the U.S. Retrieved on June 14, 2009, from http://www.census.gov/population/www/socdemo/hispanic/hispanic.html.

U.S. Census Bureau. (2012). About Hispanic origin. Retrieved on June 6, 2013, from http://www.census.gov/population/hispanic/about/.