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Familias con Voz: Community Survey Results from an Intimate Partner Violence (IPV) Prevention Project with Migrant Workers

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Abstract The Migrant Clinicians Network’s *Familias con Voz* (Families with a Voice) project aims to train migrant men and women to become intimate partner violence (IPV) peer educators in their communities. In preparation for implementing educational activities, a community survey was conducted with 298 participants in three Texas border counties. Verbal abuse, such as name calling, was the most frequent type of violence reported. Men perceived anger as a cause of partner violence significantly more than women. Only 22% of respondents reported knowing of a shelter they could turn to for help. Surprisingly, a majority of participants cited “seeking help from the police” when

asked about ways to decrease partner violence. Survey results offer insight into developing effective intervention programs by capturing the intended audiences’ beliefs and attitudes. Additionally, survey results reveal possible strategies for how to tackle IPV in U.S.-Mexico border migrant farmworker communities.

Keywords Family violence · Intimate partner violence · Migrant health · Border health · Community survey

Introduction

The migrant farmworker population is a group that moves for purposes of securing agricultural employment and possesses a number of characteristics that are associated with the increased potential for abusive behaviors. The Migrant Clinicians Network (MCN) has been involved with

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peer-led community-based prevention projects with the Hispanic/Latino¹ migrant population since the organization first began work in the area of intimate partner violence (IPV) in 1989.

The goal of IPV prevention projects is to address the issue from within communities. In order to provide culturally appropriate IPV prevention education to men and women living in different migrant communities, the *Familias con Voz* program administered a survey to document perceived types and causes of IPV among the Hispanic population in its target communities. The data collected were used to design a migrant-specific peer education program to improve family relationships and awareness of IPV services.

Literature Review

Incidence patterns and knowledge, attitudes, and beliefs regarding IPV have rarely been documented in migrant farmworker communities. In 1994, the national Practice-Based Research Network (PBRN) surveyed 1,001 migrant women (Van Hightower et al. 2000), allowing for documentation of the incidence of IPV in the migrant population for the first time. Prior to this survey, migrants had not been represented in the IPV literature. PBRN data revealed that approximately 20% of the migrant respondents had been physically or sexually abused by a husband, boyfriend, or companion. This rate was comparable to that of 25% found in the general population, and 23% found in Hispanics by the National Violence against Women (NVAW) Survey (Tjaden and Thoennes 2000).

The National Center for Injury Prevention and Control has identified a wide variety of demographic, attitudinal, and behavioral factors that are associated with increased perpetration and victimization. These factors include less formal education, unemployment, relationships dominated by one partner over the other, poverty/economic stress, strict gender roles (with the male as the primary decision-maker or with male aggression and female submissiveness), social isolation, drug and alcohol abuse, and low self-esteem (CDC 2007). Past research indicates that a number of cultural and situational characteristics of the migrant population are consistent with many of these risk factors.

At the time of the most recent National Agricultural Workers Survey (NAWS), 83% of agricultural workers were Hispanic, and 79% identified themselves as Mexican or Mexican–American (U.S. Department of Labor 2005). When comparing the Hispanic population to the non-

Hispanic population in the United States, a norm that has consistently been found in the Hispanic immigrant population is male-dominated relationships. Saltijeral et al. (1996) cite an elevated tolerance of male domination within the Mexican culture, positing that within this culture women are socialized to accept or tolerate abuse as a form of male privilege. As part of the National Alcohol and Family Violence Survey, West et al. (1998) compared results from Latina (Mexican, Mexican American, and Puerto Rican) and Anglo battered women and found that Latinas more often characterized their marriages as male dominated and reported that their husbands were heavy drinkers.

Van Hightower and Gorton (1999) reviewed interviews conducted by migrant health centers of migrant and seasonal farmworker women. They found that one of the greatest predictors of being abused was drug/alcohol use by the woman's partner. Although this study used a convenience sample and focused on victims, results demonstrated that drug and alcohol use was a risk factor for perpetration of abuse by Hispanic farmworker men. Both alcohol use and a male-dominated relationship have consistently been cited as important risk factors for abuse (CDC 2007; Edleson 2000; Krug et al. 2002).

An important element to consider within the Hispanic population in the United States is the degree of acculturation. In a cross-sectional study conducted by Firestone et al. (1999) in which 1,516 U.S.-born Mexican American women and Mexican-born immigrant women living in the United States were interviewed, the researchers found that foreign-born Mexicans reported lower rates of violence than those born in the United States. After controlling for other factors, acculturation (as measured by greater English proficiency) was found to be the key predictor of abuse. Acculturation was positively related to IPV, indicating that Hispanic women born in both the United States and Mexico that have a high degree of acculturation faced a greater risk of suffering abuse than their less acculturated counterparts in spite of the more traditional gender roles associated with the Mexican culture. Websdale (1997) contends that men are more likely to injure their partners when their supremacy as patriarchy is threatened. Thus, although acculturation may erode beliefs in male-dominated relationships, men may feel threatened by this changing role. Therefore, paradoxically, both strict adherence to traditional gender roles as well as the tension of leaving those roles behind can be risk factors for perpetration of abuse in the Mexican native population. This suggests that higher degrees of variance in levels of acculturation within an intimate relationship may be associated with a higher risk for IPV.

Migrants represent one of the most isolated groups of Hispanics in the United States. They often face physical isolation due to work in rural areas and lack of access to transportation, telephones, and other services. They also

¹ The terms “Hispanic” and “Latino” are commonly used with some interchangeability. When citing research, we have used whichever term was used in the original document. For simplicity, we otherwise use the term Hispanic

face considerable social and cultural isolation due to language barriers, economic limitations, and immigration status. Eighty-one percent of farmworkers report Spanish as their native language and 47% report they cannot speak English “at all” (U.S. Department of Labor, NAWS 2005). Pinn and Chunko (1997) maintain that low-income women and those who live in isolated conditions are at highest risk for all types of violence. Gagne’s (1992) case studies of spousal abuse and social control of women in an isolated rural Appalachian community found that a patriarchal social structure, cultural norms that objectify and devalue women, and geographic isolation were components of a social context that permitted men to exercise violent social control over women. In addition, Rodriguez et al. (2001) found that concern about immigration status was associated with a lack of communication about abuse.

Migrants, by definition, move frequently for work purposes, contributing to an unstable and stressful lifestyle. In a study on clinical indicators among military and post-military personnel, Miller (1993) concluded that although spouse and child abuse was not limited to any particular population of individuals, it “has been found to be more prevalent among families experiencing financial pressures, frequent moves, and isolation from peer groups and family support systems” (1993, p. 770). Van Hightower and Gorton (1999) found that migrant farmworkers more frequently reported having suffered abuse than seasonal farmworkers, suggesting that mobility may be a risk factor for suffering abuse.

Methodological Issues Relative to the Migrant Population

IPV attitude and belief data were collected in our survey with the belief that this type of information would (a) be perceived as less threatening than asking participants to report on actual behavior, and (b) would result in greater validity of participant responses (Brenda et al. 2005). Other researchers have used similar attitude assessments to direct the planning of educational interventions and services related to IPV. Adames and Campbell (2005) conducted interviews with Mexican immigrant women regarding their knowledge and understanding of IPV. An awareness of IPV as a significant problem in the Latino community was found, as well as an understanding on the part of the women that cultural norms such as male dominance and *machismo* were key factors in the prevalence and acceptance of IPV. In planning an outreach program for rural Latino residents in North Carolina, Moracco et al. (2005) surveyed men and women from that community. Their results revealed that IPV was not felt to be a serious problem by most. The contrasting results between Adames and Campbell versus Moracco supported the importance of assessing the knowledge and attitudes specific to local migrant communities prior to designing IPV interventions.

The MCN survey was designed to be administered by community members. In theory, members of the community are generally more trusted with personal information, considered to be more credible sources of advice, and may be more familiar with how to reach the population at risk. In lay health advisor programs, advisors are chosen because they are already important sources of information for their communities—the people others come to for answers and advice. Typically, lay health advisors are trained on certain topics such as the importance of cancer screening and cardiovascular disease risk and prevention (Eng and Smith 1995; Earp et al. 1997). This approach is also used in community-based participatory research, where the goal is to gain information with which to plan programming, rather than to deliver health advice. Krieger et al. (2002) used community members in research on a variety of determinants of health including IPV. They concluded that participation by community partners was vital for conducting research on a topic as sensitive as IPV.

A comparison of IPV incidence data collected from farmworker women suggests the effectiveness of this approach. The previously mentioned PBRN study found a nearly 20% incidence of physical and sexual abuse among farmworker women respondents when the survey was administered by health center staff. A later study, with research data collected by trained community members in southern “home base” areas and northern migrant sites, found that 47% of women reported being physically abused and 26% reported sexual abuse (Van Hightower and Dorsey 2001).

Project Background: *Familias con Voz*

MCN has been involved in several prevention projects aimed at raising awareness about (a) the issue of IPV, and (b) the resources available for battered migrant and immigrant women. Tools for clinicians and community workers have been developed to tap into the multiple aspects of IPV. These tools include a tested Domestic Violence Assessment Form (MCN 1993), a migrant-specific training manual (MCN 1998b) and a video for health care providers (MCN 1998a), *Addressing Domestic Violence in a Clinical Setting* (MCN 1997). Tools that address literacy include a bilingual monograph on domestic violence in the farmworker population and a training manual for community health promoters or *promotoras*, (MCN 1998a, b). The *Familias con Voz* (Families with a Voice) program began in 2001 with female IPV advocates who led prevention education groups. The program has progressed to include males and teenagers as IPV advocates. Education prevention projects are ongoing. The *Familias con Voz* project works directly with communities and aims to empower migrant men and women to become IPV peer educators in their communities. Advocates, the

peer educators for *Familias con Voz*, are usually former or current migrant workers—individuals who move frequently for work purposes. The initial phase of *Familias con Voz* consisted of the survey presented here of community members' attitudes and beliefs about IPV. The second phase used the data collected from the community survey to inform decisions about how to conduct effective violence prevention programs.

The survey of attitudes and beliefs related to IPV was intended to produce information that would assist the *Familias con Voz* project in developing a community tailored prevention program. Additionally, the collected data adds to the small body of research on IPV among migrant farmworkers.

Gaps Addressed

Past research supports the concern that migrant populations in the U.S. are at high risk for IPV. Contradictions found in previous studies highlight the importance of gaining an understanding of the knowledge and beliefs of individuals in these communities in planning IPV prevention interventions. Identifying community differences has implications for developing effective intervention programs and programs tailored to meet those local needs have a greater chance of reaching people effectively. This study also contributes to the IPV literature by exploring gender differences in perceived IPV and implications for not only prevention programs but for methodologies applied to elicit richer information (e.g., interviewing women without having their partner present).

Research Questions

The following research questions reflect the five survey items in addition to two questions exploring gender and community differences, which were informed by the literature.

- RQ1: What types of partner violence do Texas border town migrant farmworker populations report witnessing in their community?
- RQ2: What do Texas border town migrant farmworker populations perceive as causes of IPV?
- RQ3: What do Texas migrant farmworker community members report as ways to decrease domestic partner violence?
- RQ4: What percentage of Texas migrant farmworker community members are aware of IPV resources? What resources are they aware of?
- RQ5: What percentage of Texas migrant farmworker community members report they are willing to act in response to experienced IPV?

RQ6: Are there gender differences in IPV survey response rates among migrant community members that will need to be addressed by prevention strategies?

RQ7: Are there community differences in IPV survey responses?

Method

Procedure

The IPV survey focused on communities in three Texas counties—Hidalgo (primarily the towns of Edinburg and Weslaco), Maverick (primarily the town of Eagle Pass), and Presidio (the town of Presidio). These communities lie on the US-Mexico border and are home base locations for many migrant workers (see Fig. 1). These three communities are all primarily made up of persons of Hispanic or Latino origin, with the majority of households using a language other than English in the home (see Table 1).

Advocates selected interviewees at random from their communities through various channels including church, work and social contacts, and by approaching strangers in public locations. Respondents were advised that the survey was anonymous and that its purpose was to acquire information about their beliefs related to IPV in order to plan a future prevention education program for the community.

Participants

Limited demographic information was collected from participants, and it is unknown how representative they were of their surrounding migrant communities in terms of social, cultural or other characteristics. Of the total number of participants surveyed ($n=298$) 43.3% were from Eagle

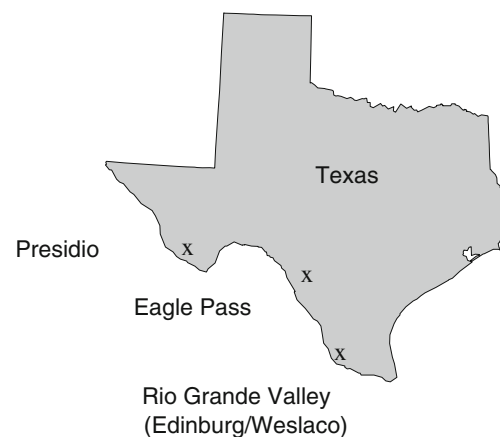


Fig. 1 *Familias con Voz* Texas communities

Table 1 Community information

Community	Population, 2000	Percent Hispanic Origin, 2000	Percent Foreign born, 2000	Percent over age 5 language other than English spoken at home
Hidalgo County	569,463	88.3	29.5	83.1
• Edinburg (city)	48	88.7	21.5	81.8
• Weslaco (city)	26	83.8	20.5	76.4
Maverick County	47,297	94.9	37.8	92.1
Presidio County	7,304	83.8	35.8	84.4

Source U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, 2000 Census of Population and Housing. http://quickfacts.census.gov/qfd/maps/texas_map.html

Pass ($n=129$), 26.2% from Edinburg/Weslaco ($n=78$), and 27.0% from Presidio ($n=80$), Texas, with 4.0% from other nearby communities ($n=11$). More than half of survey respondents were female ($n=195$; 65.4%) and 31.0% ($n=91$) were male. Most (70%) of the women ($n=208$) were married or living with their partner. Participant age ranged between 18 and 50 ($n=262$) with slightly more than half (57%) between the ages 31–50, 31% between ages 18–30, and 10% in the age range of 51 or older.

Survey Instrument

MCN created a community survey on IPV attitudes and beliefs (Appendix A). The interview questions were developed based on existing tested IPV questionnaires (McFarlane 1993; Migrant Clinicians Network [MCN] 1993; Marshall 1992). The tool was piloted, reviewed by a lay and expert advisory board, and was produced in English and Spanish. Icons for response options were used to assist respondents of varying literacy levels. The survey consisted of nine items. Four items were dedicated to demographic information. The remaining five items were directed at obtaining respondents' opinions about the incidence, perceived causes and resources for IPV in their community.

Although statistically the majority of IPV is perpetrated by men against women, the wording of the survey questions was gender neutral, such as “partner or spouse violence”. Many of the icon illustrations, however, depicted men threatening or perpetrating abuse. The incidence of women's perpetration of violence against men in the migrant population is unknown and comments that may have emerged on this issue were not documented.

Training of Survey Administrators

The 13 Advocates who conducted the survey interviews were male and female and many had experience with other IPV projects. A two-day training for Advocates included a review of IPV concepts, local resources, safety issues, selection of respondents, obtaining consent and interview-

ing skills. The Advocates were instructed in how to assist respondents who had questions or personal concerns about violence. Local resources related to IPV were catalogued in each participating community as part of the preparation for administering the surveys. The Advocates were trained to administer the survey one-on-one, to read the questions and response options to the respondent and record the responses. They were advised not to interview a woman in the presence of her partner, and not to conduct surveys in their own or the respondent's home. They did not record the number of people who refused to participate or reasons for not participating.

Data Analysis

The Statistical Package for the Social Sciences (SPSS) for Windows was used to analyze the data collected for this study. Survey responses were analyzed for IPV themes with respect to (a) types of partner violence, (b) perceived causes, (c) ways to stop or decrease partner violence, (d) knowledge about IPV resources, and (e) willingness to act in response to experienced IPV. Cross-tab frequencies on survey responses were reported. Chi-square analyses were conducted to examine whether survey response rates differed by gender and by migrant community. If the omnibus chi-square test yielded a statistically significant result, post hoc pairwise chi-squares were conducted to identify the groups that differed significantly from each other. The reported responses represent percentages within each community since there were an unequal number of respondents in each location. Only those comparisons that yielded a significant relationship are highlighted.

Results

The survey responses reported on below are discussed with respect to: (a) types of violence people witnessed in their communities, (b) perceived causes of IPV, (c) ways to decrease IPV, (d) awareness of formal and informal

community IPV resources, and (e) willingness to act. These survey response rates are followed by gender and community differences.

Survey Item Responses

Types of Violence Witnessed

Survey choices included seven types of intimate partner violence. These behaviors ranged in type and severity of abuse starting with (a) name calling, a type of verbal abuse, leading to increasingly severe types of physical abuse such as (b) smashing property in front of someone, (c) threatening to hit someone, (d) slapping, pushing, or grabbing partner, (e) kicking, biting, hitting a partner, (f) use of knife or gun, and included sexual abuse, and (g) forcing partner to have sex. Name-calling was the most frequently reported type of intimate partner violence (72.14%; $\chi^2=58.47$, $df=1$, $p<.0001$). A sizeable minority (36%) identified more severe types of physical and sexual abuse occurring in their community. These included personally witnessing or experiencing smashing property, threatening to hit someone, kicking, biting, or hitting partner, using a weapon, or forced sex as occurring in their communities. In addition to identifying types of IPV witnessed or experienced, the study also explored migrant community members' perceived causes of IPV.

Perceived Causes of Violence

Respondents were asked to identify what they thought were causes of IPV in their community. They were given a list of five potential causes. These included (a) alcohol or drugs, (b) anger, (c) stress, (d) a way to control someone else, and (e) male privilege (i.e., being in a male-dominated relationship). A majority of respondents (72%) responded that alcohol or drugs was a cause of IPV ($\chi^2=54.98$, $df=1$, $p<.0001$). Ways to reduce IPV are examined next.

Ways to Decrease Partner Violence

On this survey item, respondents chose as many responses as desired from the following list: (a) counseling, (b) better communication, (c) seek assistance from police, (d) lessen chemical consumption, and (e) don't know. The option selected by the most respondents was "seek assistance from the police" (46%; $\chi^2=204.49$, $df=5$, $p<.0001$). Next we examined respondents' knowledge and familiarity with IPV resources.

Awareness of IPV Resources

Respondents selected items from a list of seven community resources. These included (a) shelter, (b) clinic, (c) church,

(d) legal services, (e) counseling, (f) police, and (g) a national domestic violence hotline. First, it is noteworthy to report that only 22% of respondents said that they knew of a shelter as a resource for domestic violence. Of those that did know or could name a resource, police was the most frequently chosen option (53%). Most respondents did not name a shelter, clinic, church, counseling, legal assistance, or the national domestic violence hotline as resources for family violence.

Willingness to Act on Perceived Partner Violence

Overwhelmingly, a majority of respondents agreed that they would seek help if they were in a violent relationship (87%; $\chi^2=368.29$, $df=2$, $p<.0001$).

Survey Response Rate by Gender

Gender differences emerged in two of the five IPV survey questions. Men ($n=103$) and women ($n=195$) significantly differed in their responses to (a) perceived causes of IPV, and (b) awareness of IPV resources (see Table 2). Equally informative were responses in which gender response rates were similar. In what follows, we first report on observed gender differences.

Gender Differences

Perceived Causes of IPV Significantly more men (58%) than women (44%) reported that anger caused IPV ($\chi^2=4.86$, $df=1$, $p<.05$) (see Table 2).

Awareness of IPV Community Resources Significantly more men (60%) than women (49%) reported that the police provide help with IPV in their communities ($\chi^2=4.10$, $df=1$, $p<.05$) (see Table 2).

In the same way that gender differences shed light on how to tailor intervention programs, gender similarities reflect content areas that men and women understand similarly. Men and women in these three migrant communities responded similarly to (a) knowledge about how to decrease IPV and (b) willingness to take action.

Gender Similarities

Knowledge About Ways to Decrease IPV Men and women largely agreed on their choice of police as the community resource to turn to for help relative to counseling, legal services, shelters, church, and clinics ($\chi^2=12.41$, $df=4$, $p<.05$). Post hoc analysis indicated that a significantly higher percentage of men (57.8%) than women (40.1%) reported police as a source for decreasing IPV ($p<.05$).

Table 2 Survey response rates by gender

	Yes (%)		No (%)	
	♂	♀	♂	♀
Type of intimate partner violence (IPV)				
Calling names	78.4	68.9	21.6	31.1
Smashing property	35.3	28.1	64.7	71.9
Threatening to hit	35.3	36.2	64.7	63.8
Slapping, grabbing, pushing	44.1	51.5	55.9	48.5
Hitting partner	20.6	26.0	79.4	74.0
Using weapon	11.8	22.7	88.2	88.3
Forcing partner to have sex	21.6	28.6	78.4	71.4
Perceived cause of IPV				
Alcohol or drugs	67.6	73.5	32.4	26.5
Anger	57.8*	44.4	42.2	55.6
Stress	39.2	31.6	60.8	68.4
A way to control	22.5	20.4	77.5	79.6
Male privilege	30.4	35.2	69.6	64.8
Ways to stop or decrease IPV ^a				
Counseling	10.0	9.3		
Better communication	11.1	15.1		
Police	57.8	40.1		
Lessen consumption	15.6	26.7		
Don't know	1.1	6.4		
Awareness of community IPV resources				
Shelter	22.5	21.4	77.5	78.6
Clinic	15.7	14.8	84.3	85.2
Church	21.6	21.9	78.4	78.1
Legal services	25.5	17.9	74.5	82.1
Counseling	31.4	27.6	68.6	72.4
Police	59.8*	49.5	40.2	50.5
Hotline	34.3	29.1	65.7	70.9
Willingness to seek help if respondent experienced IPV				
	89.6	86.7	10.4	13.3

^a Respondents selected only the items they believed would decrease violence; percentages represent only yes responses

**p* < .05

Men (84.3%) and women (85.2%) were equally unaware that clinics, churches, and shelters in their community offered IPV help. Men and women were also unaware of available legal services, and counseling (see Table 2).

Willingness to Take Action A majority of men (89.6%) and women (85.1%) responded that they would be willing to take action if they experienced IPV themselves although there were no significant differences in their response rates.

In addition to gender differences, community differences were explored to investigate whether IPV prevention programs differed between migrant communities.

Perceived Partner Violence Across Three Migrant Communities

The survey data were analyzed to examine whether response rates significantly differed by migrant community (see Table 3). The three communities included Eagle Pass (*n*=129), Edinburg/Weslaco (*n*=78), and Presidio (*n*=78). Community response rates differed in the types and severity of experienced or witnessed partner violence. Communities responded similarly concerning (a) awareness of IPV resources, and (b) willingness to act if respondent experienced IPV. In what follows, we provide detail on community differences.

Community Differences

The Edinburg/Weslaco migrant community reported experiencing or witnessing significantly more physical abuse compared to the other two migrant communities (see Table 3). The Edinburg/Weslaco migrant community respondents reported witnessing significantly more slapping, pushing, grabbing partner (64%; $\chi^2=26.86$, *df*=2, *p*<.0001) than the other two communities Eagle Pass (45%) or Presidio (34%). The Edinburg/Weslaco community also reported witnessing more hitting of a partner (41%; $\chi^2=30.22$, *df*=2, *p*<.0001) than Eagle Pass (18%) and Presidio (13%).

Discussion

In summary, survey results find that verbal abuse was the most commonly recognized type of IPV (72%) with a sizeable minority (36%) acknowledging more severe types of physical and sexual IPV. Alcohol and drugs were identified most frequently (72%) as the cause of IPV. The most frequently cited way to decrease IPV (46%) identified by respondents was “seeking assistance from police”. Overall awareness of resources was low (22%). Of those who were aware of resources, they identified the police most frequently as a resource for help (53%) over other options such as shelter, clinic, and church. Finally, in spite of the lack of awareness of resources, a surprising majority of participants (86%) reported that they would seek help (i.e., be willing to act) if they witnessed or experienced IPV. As with many item responses, social desirability responses could not be ruled out as an explanation for the response rate.

Gender differences emerged with regard to IPV causes and awareness of resources. Significantly more men than women perceived anger as a cause of IPV. Additionally, significantly more men than women identified the police as a resource to turn to for help. The finding that men, more so

Table 3 Survey response rates by community

	Yes (%)			No (%)		
	E./W. ^a	Eagle Pass	Presidio	E./W.	Eagle pass	Presidio
Type of intimate partner violence (IPV)						
Calling names	66	77	68	33	23	33
Smashing property	27	43	36	73	57	86
Threatening to hit	37	40	28	63	60	73
Slapping, pushing, grabbing	64**	45	34	36	55	66
Hitting partner	41**	18	13	59	82	88
Using weapon	14	13	3	86	87	98
Forcing partner to have sex	35	27	10	73	65	90
Perceived causes of IPV						
Alcohol or drugs	76	74	60	24	26	40
Anger	45	56	40	55	44	60
Stress	37	36	25	63	64	75
A way to control	22	25	11	78	75	89
Male privilege	33	36	21	67	64	79
Ways to stop or decrease IPV						
Counseling	14	10	5	86	90	95
Better communication	13	19	7	87	81	93
Police	36	51	47	64	49	53
Lessen consumption	22	18	30	78	82	70
Don't know	6	2	10	94	98	90
Awareness of community IPV resources						
Shelter	31	2	15	69	98	85
Clinic	15	11	21	85	89	79
Church	10	18	25	90	82	75
Legal services	14	27	11	86	63	89
Counseling	20	43	18	80	57	82
Police	77	55	20	23	45	80
Hotline	27	44	14	73	56	86
Willingness to seek help if respondents experienced IPV						
	65	96	90	31	4	10

^a E./W. = Edinburg/Weslaco** $p < .001$

than women, named anger as a cause of IPV, may indicate that anger is more accepted among men in the population. Men may justify or blame violent actions on anger. Women, on the other hand, may be reluctant to blame anger, seeing their own behaviors as causing violence.

Community differences emerged as well with respect to types of violence witnessed. Most significantly, the Edinburg/Weslaco migrant community reported witnessing or experiencing significantly more physical violence (e.g., slapping, pushing, grabbing and hitting) than the other two migrant communities. Although all of the communities surveyed are primarily Hispanic, the Edinburg/Weslaco communities vary somewhat from the others in that they are made up of a smaller proportion of foreign-born individuals (Table 1), supporting the finding in other studies of an association between increased acculturation of immigrant populations with increased incidence of abuse (Firestone et

al. 1999). We turn next to discussing the implications of these survey findings for informing future interventions.

Implications

The survey reported on here was developed and administered in preparation for developing violence prevention interventions for migrant communities. These formative survey results indicate several intervention opportunities.

Survey results indicating that only a minority (21%) of community members reported being aware of IPV resources highlights the importance of education about local resources, especially in light of the result that a majority of respondents expressed willingness to seek help if they were to witness or experience IPV. Increasing awareness and knowledge in migrant communities about the availability of informal as well as formal IPV resources is needed. The

lack of positive responses to “counseling” and “better communication” may reflect a cultural bias against these more nuanced prevention approaches in favor of more authoritative and external interventions, such as the police.

The result that alcohol and drugs were reported as the most common perceived cause of IPV indicates a need to include information about alcohol and drug abuse in an IPV prevention program in these communities.

Results additionally suggest looking to and developing training programs in collaboration with police departments to address IPV in migrant farmworker communities. Given the tensions between police and residents of border immigrant communities, this finding was of interest. The potential for collaborating with police departments as survey results suggest is tempered by the possibility that social desirability played a role in community members’ responses on this item.

Gender differences in perceived causes of partner violence indicate the importance of addressing possible gender disparities around topics of partner violence in education efforts. Significantly greater response rates among men perceiving anger as a cause of IPV compared to women sheds light on anger management being a key target of education interventions for men. Gender differences also emerged along lines of “seeking help from police” as a means to stop violence. Men held this view more strongly than women, indicating that women might be less optimistic that police would actually be able to help in a violent relationship situation. Women may be more reluctant to turn to the police due to their own vulnerability or their inclination to protect loved ones. Gender differences suggest tailoring prevention programs or perhaps having men and women examine and discuss discrepancies in perceived causes of IPV.

Community differences reveal that some migrant communities may experience or alternatively be more willing to report more severe types of partner violence than other communities. The latter case may reflect a community’s openness to acknowledging IPV. Alternatively, one community may actually experience greater severity in types of violence due to factors such as acculturation. A potentially troubling finding was that in the community which reported more severe types of violence, respondents reported being less likely to seek help. It is difficult to explain the differences found based on the urban vs. rural or ethnic representation of these communities. The importance, however, of first identifying the local needs and stage of readiness to acknowledge an issue is supported by the differences that emerged from seemingly similar communities.

Limitations of Research

A limitation of the research is the use of single item measures for assessing IPV attitudes and beliefs among migrant community members. This survey is unique,

however, in that it succeeded in capturing one of the first surveys of migrants’ attitudes toward IPV and in studying a difficult to reach population. The single item survey instrument used includes icons in an attempt to reach low literacy subjects. In this sense the survey captured a broader population whose attitudes and beliefs might otherwise have been missed altogether.

Questions for Future Research

Issues unique to the migrant population include isolation (physical and social), lack of access to resources, and lack of formal education. This survey supports that there is ample evidence of a range of types of IPV occurring in migrant communities and the need for implementing prevention programs. The realities of social and geographic isolation that migrant communities face remain challenges to minimizing IPV. How can IPV be addressed within the context of these environmental realities?

Both men and women overwhelmingly agreed they would seek some kind of outside help for IPV in their relationship and police were seen as the most likely source of help. It would be interesting to explore further whether people in these communities actually call on police as often as members of other communities in IPV situations.

In addition, an analysis of the long-term impact of the prevention efforts of a program such as *Familias con Voz*, both on individual participants and the communities at large, would be of interest.

Conclusion

Based on survey results, the researchers conclude that (a) raising awareness of IPV issues, (b) anger management, (c) recognizing the different degrees of partner violence and how different types may be addressed differently, and (d) the role of alcohol and drug use in daily life, were important IPV issues to address in planning educational interventions for these communities. This information informed the curriculum development and the program’s ongoing advocacy work in the communities involved. This research supports the value of beginning prevention work with formative research.


This community survey was conducted prior to implementing a community awareness and education project that is ongoing. As more women and men engage their peers in conversations about the causes of and appropriate responses to intimate partner violence, it is hoped that some of these perceptions will begin to shift. Bringing IPV issues into the open is in itself a first step in challenging the acceptance of violence within families. Over time, it is hoped that raised awareness will translate into reduced incidence of IPV.

Appendices


Appendix A: Interview Form (Spanish)

Formulario de Entrevista

1. Género: a. Hombre b. Mujer c. Otro







2. ¿Es su edad entre?:




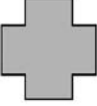

a. 18-30 años b. 31-40 años c. 41-50 años d. 51-60 años e. 61 años o mayor

3. ¿En que industria trabaja?

a. Cultivo b. Ganado c. Construcción d. Ama(o) de casa











e. Fábrica f. Clínica g. Oficina h. No trabajo durante el año i. Otro




4. ¿Cuál es su estado civil?

a. Casado(a) b. Soltero(a) c. Divorciado(a) d. Viudo(a) e. Viviendo con su compañero(a) f. Otro

5. ¿Cuáles de los siguientes tipos de violencia entre esposos/novios ocurren en su comunidad? Marque todos los que ocurren

a. insultos b. romper cosas enfrente de su compañera(o) c. amenazas de golpear o de aventar algo

d. cachetadas o empujones, agarrones o sacudidas



e. patadas, mordeduras o golpes con el puño



f. uso de un cuchillo o una pistola contra su compañera(o).



g. obligar a la compañera al sexo cuando ella no quiere



6. ¿Qué piensa usted es la causa de la violencia entre esposos o novios? Marque todos los que ocurren

a. el alcohol o drogas



b. el coraje



c. el estrés



d. como manera de controlar al compañero(a) para que haga lo que el otro quiere



e. Por ser hombre



f. Otro _____

7. ¿De qué maneras piensa usted se puede detener o disminuir la violencia entre esposos o novios? Escriba las respuestas

8. ¿Está usted enterada(o) de algún servicio de asistencia para la gente que sufre de la violencia doméstica en su comunidad? Marque todos los que ocurren

a. Albergue



b. Clínica



c. Iglesia



d. Servicios Legales



e. Consejería



f. Policía



g. Línea Nacional Sobre Violencia Doméstica 1-800-799-SAFE

h. Otro _____

9. ¿Trataría usted de buscar ayuda si ocurriera violencia de este tipo entre usted y su compañero(a) o esposo(a)?

a. Sí

b. No

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