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Gender Norms, Women's Empowerment, and Intimate Partner
Violence in Colombia: A Mixed Methods Approach

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Abstract

Gender Norms, Women's Empowerment, and Intimate Partner Violence in Colombia: A Mixed Methods Approach

By: Michelle Elizabeth Hynes

Findings from a mixed methods study exploring the relationship between couples' relative resources, the gender and community contexts, and intimate partner violence (IPV) will be presented. IPV is a global problem, with a lifetime prevalence of physical and/or sexual IPV by a partner ranging from 15% -71%. Rates of IPV vary between and within countries. Variation in IPV rates are due in part to differences in methodologies, but also indicate that contextual factors may influence individual risk of IPV. Using data from the 2005 Colombia Demographic and Health Survey, differences in schooling attainment in couples were explored to determine if these differences predicted women's experiences of recent IPV. Multivariate logistic regression was used to estimate the probability of any prior year IPV, controlling for women's schooling attainment, age, marital status, work status, number of children at home, witnessing of parental IPV, and household wealth. Multilevel modeling was used to determine whether community characteristics directly affect a woman's individual risk of IPV. Finally, thirty-three qualitative interviews were conducted with displaced Colombian women to explore how displacement alters gendered roles and expectations in ways that may influence the risk of IPV. Results show that women who had higher relative schooling were at greater risk for recent IPV than women with equal or less relative schooling. Women who lived in communities with higher levels of IPV were also at higher risk of experiencing IPV. Changing gender roles of displaced women and their partners, particularly with regards to men's and women's employment, put women at risk for IPV. The quantitative findings suggest that women's greater relative resources may put women at risk of experiencing IPV because of perceived transgression of traditional gender norms. Qualitative findings clarify the dynamics of unfulfilled and transgressed gender roles of men and women as factors that may increase the risk of IPV. The complexities of interpersonal and contextual factors highlighted by the interviews also suggest ways in which quantitative measurement of risk factors for IPV might be improved.

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CHAPTER 1 INTRODUCTORY LITERATURE REVIEW

Global Prevalence of Intimate Partner Violence

Intimate Partner Violence (IPV) refers to physical, sexual, or psychological harm committed by a current or former spouse or non-marital partner (C. Garcia-Moreno, Heise, Jansen, Ellsberg, & Watts, 2005). IPV—especially against women—is a major global public health problem, with lifetime IPV afflicting an estimated 10-71% of women (Claudia Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006; Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). In Latin America, lifetime prevalence of physical violence against a woman by her partner range from 25-50% (Sagot, 2005). Thus, IPV against women is widely prevalent, but varies in degree across diverse settings.

Consequences of IPV

Not only is IPV extensive and a basic violation of human rights (United Nations Commission on Human Rights, 2002; Ward, 2002), but it also has numerous adverse impacts on women's physical and mental health. Exposure to IPV is associated with an array of poor health outcomes, such as physical injuries, unintended pregnancy, miscarriage, low birth-weight, HIV infection, stress-related illnesses, substance abuse, and suicide (Campbell et al., 2002; Fischbach & Herbert, 1997; Golding, 1999; L. L. Heise, 1994; C. Pallitto & O'Campo, 2004; Watts, 2005).

Theoretical Perspectives

Feminist Perspectives and IPV

As argued by Connell (1995), gender constructs almost invariably function to subordinate women (Connell, 1995). Patriarchal social institutions reflect and are reflected in social relationships. The ascription and internalization of gender norms and

identities may contribute to one intimate partner's need to control the other (Gage & Hutchinson, 2006). Feminist theories of IPV, although not homogenous, focus on gender and power within patriarchal societies (Dobash & Dobash, 1979; L. Heise, 1998; Yllo, 2005). Accordingly, women's subordinate status and associated norms of tolerance of IPV underlie violence against women, whereas individual factors such as poverty and low educational levels are associated or mitigating factors (Jewkes, 2002; Yodanis, 2004). Women's low education or economic status is correlated to their unequal status in society, which when challenged, cause men to react with violence against women (Ahmed, 2005; Atkinson, Greenstein, & Lang, 2005; Jewkes, 2002). This cycle is hard to break even for economically independent women because laws and social norms make it difficult for women to leave their violent partners. In communities where IPV is tolerated or accepted, social and legal sanctions against violent men are usually low (Bott, 2005).

Resource Theories

An increasingly common focus of feminists has been situations of *status inconsistency* in partnerships, in which a woman's advantage in customarily male-held resources transgresses ascribed gender roles, statuses, and identities. Such traditionally male-held resources may include education, income, or occupational prestige. This inconsistency may threaten her partner, through the woman's transgression of gender norms, or his own inability to fulfill his ascribed role. Thus men may react to this perceived threat to his dominance with violence (Atkinson et al., 2005; Sugihara & Warner, 2002; Yick, 2001). Conversely, if women are socially and economically dependent on their partners, they may lack the resources to leave an abusive relationship (Goode, 1971).

Theories of IPV and the Displacement Context

Theories that seek to explain IPV are varied and underdeveloped (Cunningham et al., 1998; McPhail, Busch, Kulkarni, & Rice, 2007). The diversity of disciplines involved in IPV research contributes to the proliferation of theories which at time overlap or conflict with each other. While no one theory is sufficient to explain the complexity of IPV, theories which look at individual, interpersonal, and contextual factors are likely to be the most useful (L. Heise, 1998).

Feminist theories of IPV examine the interplay of gender norms, power and patriarchy and how social and internalized gender norms contribute to an intimate partner's need to assert control over his partner (Gage & Hutchinson, 2006). Almost invariably, gender constructs function in a way that subordinates and discriminates against women. This issue is particularly important in displaced communities where gender roles may undergo rapid change resulting altered living conditions but where gender norms remain patriarchal (El-Bushra & Sahl, 2005).

Social disorganization theories argue that communities that lack social cohesion due to resource deprivation such as economic hardship are unable to fight against violence in their communities (Miles-Doan, 1998). Populations fleeing conflict may experience breakdowns in family and community support systems (Daley, 1991; United Nations, 2006). A displaced woman, particularly one that is newly arrived to a community post-displacement, or lives in a community comprised of displaced individuals from many different areas, may lack the social networks that allow her to leave a violent partner or to have anyone intervene on her behalf.

Status inconsistency theory posits that differences in partners' status in education, income, or occupation, particularly with partners who hold traditional gender role ideologies, leads to a threat of the male partner's masculinity which may motivate him to reassert his dominance through violence (Bott, 2005; Macmillan & Gartner, 1999; Yllo, 2005; K. M. Yount, 2005; K. M. Yount & Carrera, 2006; K.M. Yount & Li, 2010). Pre-conflict gender roles may be drastically altered during and after displacement (Brown, 2006; El-Bushra & Sahl, 2005). A woman may become the bread-earner of the family thus increasing her social status relative to her partner, who in turn reacts with violence (Atkinson et al., 2005). Pervasive unemployment and underemployment mean that men in the community are unable to fulfill their prescribed role as the family's provider and protector and may exacerbate men's violence against women (Johal & McKenna, 2005). In communities where violence against women is normative, social and legal sanctions against violent men are usually limited.

Finally, stress theory argues that stress due to events or situations such as poverty, unemployment, and crowded living conditions, among others, may lead some individuals to react with violence (Dutton, 1988). In displaced populations that are socially and economically disadvantaged and have experienced heightened violence due to conflict, stress levels may be disproportionately high and lead to higher risk of IPV.

Risk Factors for IPV

Relative Education and IPV

Colombia has undergone a reversal in its educational gender gap, with more women than men achieving higher levels of education (Duryea, Galiani, Ñopo, & Piras, 2007) while gender norms have remained patriarchal (Flake & Forste, 2006). While

education for women is largely regarded as empowering, evidence suggests that education alone may not be sufficient to overcome the risk of IPV (Malhotra, Pande, & Grown, 2003). In India, women with no formal schooling were shown to be less likely to resist IPV than women with some formal schooling and women with secondary education or higher were more able to leave violent relationships (Sen, 1999). Other studies in India, Bangladesh, Cambodia, Nicaragua, and Colombia have also found a woman's education to protect against IPV (Jejeebhoy, 1998; Kishor, 2004; M. A. Koenig, Ahmed, Hossain, & Mozumder, 2003; Schuler, Hashemi, Riley, & Akhter, 1996). In Uganda, women's education was only protective when women had greater than 8 years of schooling (M. Koenig et al., 2003). In Haiti, women who had higher levels of education were at greater risk of IPV (Kishor, 2004).

An important limitation of the above studies is that they do not capture women's relative education in the partnership, and how the distribution of this resource may itself influence the risk of IPV. Evidence from diverse settings of how women's relative education influence the risk of IPV has been mixed, with evidence supporting higher risk of IPV with a woman's greater or fewer relative education, or both. Within the U.S, higher levels of IPV have been associated both female-dominant and male-dominant marital power versus egalitarian couples (Coleman & Straus, 1986) and with status inconsistencies in educational attainment in both directions, although relative income was only associated with increased risk of IPV when the male partner earned less (Anderson, 1997).

In non-Western settings, couples' differences in educational attainment in either direction has been associated with a higher risk of current IPV compared to couples with

equal levels of education (Kishor, 2004; K. M. Yount, 2005; K. M. Yount & Carrera, 2006; K.M. Yount & Li, 2010). Women with more education than their partners were at higher risk for IPV in India, Peru, Albania, and Vietnam (Ackerson, Kawachi, Barbeau, & Subramanian, 2008; Burazeri et al., 2005; Flake, 2005; Luke, Schuler, Mai, Vu Thien, & Minh, 2007; Tjaden & Thoennes, 2000). However, another multi-country study failed to find this association in 14 of 15 sites, although nine sites showed weaker, non-significant associations (Abramsky et al., 2011). In Colombia, currently married women who had equal relative education were at lower risk for IPV than couples who had no education, but no associations were found between IPV and less or more relative education (Kishor, 2004).

A gendered perspective may help explain these varied findings. Atkinson et al. (2005) argue that the effect of relative resources on IPV risk is influenced by the male partner's gender norms. A man who holds traditional gender norms for male and female roles may be more likely to feel threatened when those norms are contradicted, such as when his partner earns more money than him (Atkinson et al., 2005). For resource advantaged women, the time of greatest IPV risk may be during a period in which gender norms are in transition (Jewkes, Levin, & Penn-Kekana, 2002). Findings from a study in Bangladesh by Ahmed (2005) show an initial rise in IPV among women participating in a microcredit program and a subsequent decrease of IPV once skill training for women had been introduced (Ahmed, 2005). Ahmed (2005) postulates that the initial increase may have been due to a threat to male dominance among women in the program, and that the subsequent decrease in IPV may be due to a combination of men coming to appreciating

the benefits of the program, an increase in the ability of women to leave an abusive relationship, and a change in societal tolerance of IPV.

Other IPV Risk Factors

Similar to the association of IPV and relative education, other risk factors for IPV that have been examined cross culturally have not always shown consistent patterns. Risk factors in one setting may be protective or unassociated in others (M. A. Koenig et al., 2003). Childhood witnessing of parental IPV, experiencing childhood abuse, alcohol abuse, cohabitation, and experiencing or perpetrating non-IPV violence in adulthood were consistently associated with greater risk of prior year IPV across 15 non-Western settings, while higher socioeconomic status, legal marriage, and higher education was protective (Abramsky et al., 2011). Alcohol use and witnessing parental violence have consistently been associated with IPV in DHS surveys as well (Hindin, Kishor, & Ansara, 2008). In Colombia, partner alcohol use, cohabitation, lower SES, women who were working, had a greater number of children, women who were older than their husbands and low levels of women's education were associated with IPV (Flake & Forste, 2006; Jones & Ferguson, 2009; Kishor, 2004).

Community Context and IPV

In the past couple of decades, researchers have increasingly recognized that effective policies and programs to address IPV must use an ecological approach to examine the complex interplay of individual, community and societal determinants of IPV (L. Heise, 1998). The larger community context can either exacerbate or protect against IPV, even when individual and interpersonal level factors are controlled (Counts, 1992; Flake, 2005). Moreover, contextual factors may modify relationships between IPV

and individual characteristics; what may be protective against IPV in one setting may be associated with greater risk in another. In India, community levels of acceptance of IPV modified the protective effects of education against IPV risk (Boyle, Georgiades, Cullen, & Racine, 2009). Contextual measures of political and social violence, gender inequality, and economic strain have been associated with IPV (Ackerson & Subramanian, 2008; Counts, 1992; M. A. Koenig et al., 2003; Raghavan, Mennerich, Sexton, & James, 2006).

Theories have been developed to explain the complex interaction between community violence and women's individual risk of IPV. Social disorganization theory argues that community characteristics of economic disadvantage, residential instability, and ethnic heterogeneity create a lack of social cohesion that permits violence to occur with impunity (Shaw & McKay, 1969). In Haiti, medium to high levels of neighborhood poverty and male unemployment were associated with more women reporting sexual violence (Gage & Hutchinson, 2006). Conversely, collective efficacy theory argues that social cohesion in a community enables the mobilization of the community against crime (Sampson, Raudenbush, & Earls, 1997). However, given the relatively private nature of IPV, it is unclear to what extent a community's ability to regulate crime extends to IPV (Browning, 2002).

Koenig and colleagues (2006) found that communities in India with higher levels of crime were associated with women's experience of physical or sexual violence (Michael A. Koenig, Ahmed, Stephenson, Jejeebhoy, & Campbell, 2006). Higher community levels of IPV may create environments in which IPV is more accepted. In the U.S., an association between higher levels of IPV in women's social networks and a woman's own risk of IPV was found among low income women (Raghavan et al., 2006).

Some scholars argue that women's social and economic capital at the community level influence an individual woman's risk of IPV. In communities with traditional patriarchal gender norms, women who transgress those norms may be viewed as having a status inconsistent with what is dictated by the community (Ackerson & Subramanian, 2008). In Haiti, female-dominated financial decision making was positively associated with IPV (Gage, 2005). However, at the community level, greater numbers of women who have increased status may be protective. In a study of a women's microcredit program in Bangladesh, community levels of women's higher economic capital were associated with a decreased individual risk of IPV (M. A. Koenig et al., 2003). However, McQuestion (2003) failed to find an association between measures of status inconsistency and IPV in Colombia (McQuestion, 2003).

Internal Displacement and IPV Risk

Conflict-related displacement is an understudied risk factor for IPV. Internally displaced persons (IDPs) are those who have been displaced by conflict but have not crossed an international border. Research on IPV in conflict-affected settings, and specifically in communities of internally displaced persons, is limited. The available evidence suggests, however, that internally displaced women are at particular risk for violence in the home and wider community (Alzate, 2008). Circumstances such as the breakdown of formal protective systems, fractured family structures, and increased economic instability may contribute to increased violence within relationships and communities (Ward, 2002). Research conducted in Colombia in the past decade suggests that levels of IPV against displaced women are high. For example, 20% of non-displaced women and over 50% of displaced women had suffered physical abuse from their spouse (Alzate, 2008). Rates of prior year IPV among displaced women were between 19% and

24% (Centers for Disease Control and Prevention, 2006; Liga de Mujeres Desplazadas, 2005). Displaced women in one study perceived that IPV had increased since they had been displaced (Reproductive Health for Refugees Consortium, 2003).

Exposure to IPV, as well as displacement, the disruption of social support structures, and other traumas put displaced women at risk of short- and long-term mental and physical health problems (Avdibegovic & Sinanovic, 2006; Coker et al., 2002; Fischbach & Herbert, 1997; Harpham, Snoxell, Grant, & Rodriguez, 2005; Médecins Sans Frontières, 2006). Given the growing prevalence of conflict leading to internal displacement (United Nations High Commissioner for Refugees, 2006), as well as the risks and consequences of IPV against women in such settings, understanding the common and unique causes of IPV in such settings is warranted.

Numerous challenges exist to document IPV in among IDPs. Much of the research on IPV in displacement comes from relatively stable, post-conflict settings in established refugee camps where a reasonable level of security exists and humanitarian organizations have created some infrastructure in which to work (McGinn, 2000). However, in situations of prolonged, low-intensity conflict—such as in Colombia—IDPs are dispersed within their country of origin, often in unstable and unsafe environments that are difficult to identify and access with a coordinated humanitarian response. Such communities often are highly marginalized because of the confluence of extreme poverty, weak local infrastructures, and weak social networks and the lack of protection of international law (United Nations, 2006). Under such conditions, IDPs may be under-represented in population-based studies of IPV. Variation in methodologies, data collection instruments, and ethical challenges of sensitive research with few support

services further challenge the ability to obtain a clear picture of IPV risk among displaced women.

Colombian Context

Colombia has been the site of internal violence and conflict for the past 40 years, with intensified conflict throughout the 1990's (Central Intelligence Agency, 2012). Fueled by drug trafficking and control over natural resources, the conflict has exacerbated the vulnerabilities of poor and marginalized groups (Médecins Sans Frontiers, 2006). Human rights violations are widespread and include kidnappings, disappearances, murder, displacement, and violence against women (Amnesty International, 2007).

In Latin America, rates of lifetime physical IPV against women range from 25% to 50% (Sagot, 2005). Lifetime sexual IPV, measured as forced sex, ranges from 5% to 47%, and prior year sexual IPV ranges from 2% to 23% (Contreras-Pezzotti, Arteaga-Medina, & Campo-Arias, 2009). IPV has been identified as a significant social issue and public health problem in Colombia. The 2005 Colombia Demographic and Health Survey (CDHS) revealed that 43% of ever-married (formal and non-formal) women had ever experienced physical IPV, with percentages ranging from 9-47% across regions, figures that remain similar to previous CDHS surveys (Kishor, 2004; MACRO International, 2005). In 2005, an estimated 22% of ever-married women had experienced IPV in the prior year (Vadnais, Kols, & Abderrahim, 2006).

Gender norms in Latin America remain highly traditional, where men are expected to be *machismo* - dominant, strong, and aggressive, and women are expected to be submissive, faithful, and solely dedicated to the household and children (Flake &

Forste, 2006). In this normative context, however, women's status has been undergoing change, in part as a result of decreasing fertility rates, the increase in legislation regarding family violence, and an increase in female higher education (Brea, 2003; Duryea et al., 2007; C. C. Pallitto & O'Campo, 2005).

Higher female education does not necessarily translate into increased economic opportunity, however. In 1950, 19% of Colombian women participated in the labor force; in 2000 only 22% of women were participating (Brea, 2003). Hoyos et al., (2010) note that even with equal education there has been a persistent gender earnings gap over the past decade, showing a U-shape pattern in which the gap is greatest for women at either extreme of the earnings scale (Hoyos, Ñopo, & Peña, 2010). Thus, women with higher relative education may be at greater risk for IPV by transgressing traditional gender norms without gaining the financial resources that may mitigate that risk.

Colombia has one of the largest internally displaced populations of any country in the world (Marie Stopes International, 2003). There are approximately 3.6 million IDPs in Colombia, with 1.7 million living in urban areas (UNHCR, 2010). Those living in urban areas are subject to gang violence and social cleansing campaigns (UNHCR, 2010). These unstable and unsafe environments are difficult to identify and access with a coordinated humanitarian response, and thus IDPs may not be registered with government systems (Fagan & Browne, 1994). Because of these conditions, IDPs may be under-represented in population-based studies of IPV such as the Demographic and Health Surveys which rely on census data for sampling.

As is characteristic of most forced displacement situations, IDPs in Colombia tend to represent populations that are already poor and marginalized (Muggah, 2000). IDPs in

Colombia are often exposed to many factors associated with a risk of IPV. A 2002 study in Cartagena, Colombia, the area of the present study, found that IDPs were exposed to high levels of community violence, lived in poor sanitary conditions, experienced familial breakdowns, and had little access to social services and health care (Caceres, Izquierdo, Mantilla, Jara, & Velandia, 2002). Seventy percent of IDPs previously worked in agriculture or related activities (Meertens, 2002; Muggah, 2000). As such, settling in a large urban area provides limited opportunities for stable employment (Project Counseling Services, 2002). Displaced women may work outside the home more frequently than women in the general population due to the lack of steady employment for their partners, which may be viewed as gender transgressive and increase IPV. Displaced women in the Bogota study who had a remunerated job experienced IPV twice as often as those who did not have a remunerated job (U.S. Centers for Disease Control and Prevention, 2006). Colombian IDPs are disproportionately Afro-Colombians and indigenous groups who had faced social and economic marginalization even before displacement (Meertens, 2010).

Prevalence of IPV among IDP women is high. A 2001 survey on Colombian IDPs found that 50% of women surveyed had suffered physical abuse from their spouse and 20% of pregnant women experienced physical violence during their pregnancy (PROFAMILIA, 2001). Another Colombian IDP study found that women perceived an increase in IPV since their displacement (Reproductive Health for Refugees Consortium, 2003). Approximately 24% of displaced women in Bogota, Colombia reported physical IPV in the year preceding the survey (U.S. Centers for Disease Control and Prevention,

2006), and in Cartagena, Colombia almost one fifth (19%) of women had experienced IPV in the past year (Liga de Mujeres Desplazadas, 2005).

Significance of the Study

This study provides the first examination of relative education between couples and the risk of prior year IPV in Colombia. The analyses also include important contextual measures of individual and interpersonal factors. Several important findings emerge which have implications for future research and intervention programs. In addition, the causes of IPV in displaced communities were explored through women's voices. Specific attention was given to the dynamics of unfulfilled and transgressed gender roles of men and women as factors that may increase the risk of IPV. This study adds to a body of cross-cultural research examining the relationship between IPV and relative resources within couples in non-Western settings (Ackerson et al., 2008; Krishnan et al., 2010; Mogford, 2011; Xu, 2010; K. M. Yount, 2005; K. M. Yount & Carrera, 2006; K.M. Yount & Li, 2010).

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CHAPTER 2 WOMEN'S RESOURCE ADVANTAGE AND INTIMATE PARTNER VIOLENCE AMONG COUPLES

ABSTRACT

Introduction: Despite high rates of IPV globally, the root causes are not well understood, especially in lower-income settings. We adopted an explicitly gendered framework by focusing on disparities in resources between partners in the context of traditional gender norms. Previous studies found that women who have either fewer or more resources than their partner have higher odds of experiencing IPV. The objective of this study was to explore the effect of partners' relative resources (measured by differences in schooling attainment) on the risk of intimate partner violence among Colombian women (IPV).

Methods: This analysis used data from the 2005 Colombia Demographic Health Survey. Logistic regression was used to analyze 24811 women between the ages of 13 and 49 years who were asked questions about IPV in the prior year. The relationship between physical IPV and differences in schooling was explored, controlling for marital status, work status, past parental violent behavior, and partner's controlling behaviors.

Results: The adjusted odds of prior year IPV were 24% higher among women with greater relative schooling compared to women with equal schooling (OR 1.24, 95% CI 1.15, 1.34). Women's greater relative resources in settings with traditional gender norms may put women at risk of experiencing IPV.

Conclusions: Women may be viewed as transgressing gender boundaries due to an atypically higher status within their intimate partnership. This may threaten a partner's

masculinity and lead to a reaction of violence in order to reassert his dominance. These finding have implications for IPV and women's empowerment programs.

INTRODUCTION

Global Levels of IPV

Intimate Partner Violence (IPV) against women refers to physical, sexual, or psychological harm committed by a current or former spouse (legal and common law) and/or a non-marital partner (boyfriend, girlfriend, dating partner) (Claudia Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006). IPV is a global problem, with a lifetime prevalence of physical and/or sexual IPV by a husband/partner ranging from 15% -71%, (Claudia Garcia-Moreno et al., 2006; Hindin, Kishor, & Ansara, 2008; E.G. Krug, Mercy, Dahlberg, & Zwi, 2002) and a one year prevalence of 4%-54% in one global study (Claudia Garcia-Moreno et al., 2006).

Consequences of IPV

IPV also has substantial adverse effects on women's physical, mental, sexual, and reproductive health. Exposure to IPV has predicted an array of poor health outcomes, such as physical injuries, unintended pregnancy, miscarriage, low birth-weight, HIV infection, stress-related illnesses, substance abuse, and suicide (Campbell et al., 2002; Fischbach & Herbert, 1997; Golding, 1999; L. Heise, 1998; C. Pallitto & O'Campo, 2004; Watts, 2005).

This study adds to a body of cross-cultural research examining the relationship between IPV and relative resources within couples in non-Western settings (Ackerson, Kawachi, Barbeau, & Subramanian, 2008; Krishnan et al., 2010; Mogford, 2011; Xu, 2010; K. M. Yount, 2005; K. M. Yount & Carrera, 2006; K.M. Yount & Li, 2010).

Colombia has undergone a reversal in its educational gender gap, with more women than

men achieving higher levels of education (Duryea, Galiani, Ñopo, & Piras, 2007) while gender norms have remained patriarchal (Flake & Forste, 2006).

We used a feminist perspective to examine how women's greater resources with respect to their partner may elevate the risk of IPV. Specifically, we hypothesized women with less or more schooling than their partner would be more likely than women with equal schooling to experience IPV. Women who transgress gender norms by having greater relative education may be at higher risk for IPV. Women with less relative education may lack the resources needed to leave an abusive relationship. This study provides the first examination of relative education between couples and the risk of prior year IPV in Colombia. The analyses also include important contextual measures of individual and interpersonal factors. Several important findings emerge which have implications for future research and intervention programs.

Theoretical Perspectives

Feminist Perspectives and IPV

As argued by Connell (1995), gender constructs almost invariably function to subordinate women (Connell, 1995). Patriarchal social institutions reflect and are reflected in social relationships. The ascription and internalization of gender norms and identities may contribute to one intimate partner's need to control the other (Gage & Hutchinson, 2006). Feminist theories of IPV, although not homogenous, focus on gender and power within patriarchal societies (Dobash & Dobash, 1979; L. Heise, 1998; Yllo, 2005). Accordingly, women's subordinate status and associated norms of tolerance of IPV underlie violence against women, whereas individual factors such as poverty and low educational levels are associated or mitigating factors (Jewkes, 2002; Yodanis,

2004). Women's low education or economic status is correlated to their unequal status in society, which when challenged, cause men to react with violence against women (Ahmed, 2005; Atkinson, Greenstein, & Lang, 2005; Jewkes, 2002). This cycle is hard to break even for economically independent women because laws and social norms make it difficult for women to leave their violent partners. In communities where IPV is tolerated or accepted, social and legal sanctions against violent men are usually low (Bott, 2005).

Resource Theories

An increasingly common focus of feminists has been situations of *status inconsistency* in partnerships, in which a woman's advantage in customarily male-held resources transgresses ascribed gender roles, statuses, and identities. Such traditionally male-held resources may include education, income, or occupational prestige. This inconsistency may threaten her partner, through the woman's transgression of gender norms, or his own inability to fulfill his ascribed role. Thus men may react to this perceived threat to his dominance with violence (Atkinson et al., 2005; Sugihara & Warner, 2002; Yick, 2001). Conversely, if women are socially and economically dependent on their partners, they may lack the resources to leave an abusive relationship (Goode, 1971).

Empirical Findings on Education and IPV

While education for women is largely regarded as empowering, evidence suggests that education alone may not be sufficient to overcome the risk of IPV (Malhotra, Pande, & Grown, 2003). In India, women with no formal schooling were shown to be less likely to resist IPV than women with some formal schooling and women with secondary education or higher were more able to leave violent relationships (Sen, 1999). Other

studies in India, Bangladesh, Cambodia, Nicaragua, and Colombia have also found a woman's education to protect against IPV (Jejeebhoy, 1998; Kishor, 2004; M. A. Koenig, Ahmed, Hossain, & Mozumder, 2003; Schuler, Hashemi, Riley, & Akhter, 1996). In Uganda, women's education was only protective when women had greater than 8 years of schooling (M. Koenig et al., 2003). In Haiti, women who had higher levels of education were at greater risk of IPV (Kishor, 2004).

An important limitation of the above studies is that they do not capture women's relative education in the partnership, and how the distribution of this resource may itself influence the risk of IPV. Evidence from diverse settings of how women's relative education influence the risk of IPV has been mixed, with evidence supporting higher risk of IPV with a woman's greater or fewer relative education, or both. Within the U.S., higher levels of IPV have been associated both female-dominant and male-dominant marital power versus egalitarian couples (Coleman & Straus, 1986) and with status inconsistencies in educational attainment in both directions, although relative income was only associated with increased risk of IPV when the male partner earned less (Anderson, 1997).

In non-Western settings, couples' differences in educational attainment in either direction has been associated with a higher risk of current IPV compared to couples with equal levels of education (Kishor, 2004; K. M. Yount, 2005; K. M. Yount & Carrera, 2006; K.M. Yount & Li, 2010). Women with more education than their partners were at higher risk for IPV in India, Peru, Albania, and Vietnam (Ackerson et al., 2008; Burazeri et al., 2005; Flake, 2005; Luke, Schuler, Mai, Vu Thien, & Minh, 2007; Tjaden & Thoennes, 2000). However, another multi-country study failed to find this association in

14 of 15 sites, although nine sites showed weaker, non-significant associations (Abramsky et al., 2011). In Colombia, currently married women who had equal relative education were at lower risk for IPV than couples who had no education, but no associations were found between IPV and less or more relative education (Kishor, 2004).

A gendered perspective may help explain these varied findings. Atkinson et al. (2005) argue that the effect of relative resources on IPV risk is influenced by the male partner's gender norms. A man who holds traditional gender norms for male and female roles may be more likely to feel threatened when those norms are contradicted, such as when his partner earns more money than him (Atkinson et al., 2005). For resource advantaged women, the time of greatest IPV risk may be during a period in which gender norms are in transition (Jewkes, Levin, & Penn-Kekana, 2002). Findings from a study in Bangladesh by Ahmed (2005) show an initial rise in IPV among women participating in a microcredit program and a subsequent decrease of IPV once skill training for women had been introduced (Ahmed, 2005). Ahmed (2005) postulates that the initial increase may have been due to a threat to male dominance among women in the program, and that the subsequent decrease in IPV may be due to a combination of men coming to appreciating the benefits of the program, an increase in the ability of women to leave an abusive relationship, and a change in societal tolerance of IPV (Ahmed, 2005).

Other IPV Risk Factors

Similar to the association of IPV and relative resources, other risk factors for IPV that have been examined cross culturally have not always shown consistent patterns. Risk factors in one setting may be protective or unassociated in others (M. A. Koenig et al., 2003). Childhood witnessing of parental IPV, experiencing childhood abuse, alcohol

abuse, cohabitation, and experiencing or perpetrating non-IPV violence in adulthood were consistently associated with greater risk of prior year IPV across 15 non-Western settings, while higher socioeconomic status, legal marriage, and higher education was protective (Abramsky et al., 2011). Alcohol use and witnessing parental violence have consistently been associated with IPV in DHS surveys as well (Hindin et al., 2008). In Colombia, partner alcohol use, cohabitation, lower SES, women who were working, had a greater number of children, women who were older than their husbands and low levels of women's education were associated with IPV (Flake & Forste, 2006; Jones & Ferguson, 2009; Kishor, 2004).

Colombian Context

In Latin America, rates of lifetime physical IPV against women range from 25% to 50% (Sagot, 2005). Lifetime sexual IPV, measured as forced sex, ranges from 5% to 47%, and prior year sexual IPV ranges from 2% to 23% (Contreras-Pezzotti, Arteaga-Medina, & Campo-Arias, 2009). IPV has been identified as a significant social issue and public health problem in Colombia. The 2005 Colombia Demographic and Health Survey (CDHS) revealed that 43% of ever-married (formal and non-formal) women had ever experienced physical IPV, with percentages ranging from 9-47% across regions, figures that remain similar to previous CDHS surveys (Kishor, 2004; MACRO International, 2005). In 2005, an estimated 22% of ever-married women had experienced IPV in the prior year (Vadnais, Kols, & Abderrahim, 2006).

Gender norms in Latin America remain highly traditional, where men are expected to be *machismo* - dominant, strong, and aggressive, and women are expected to be submissive, faithful, and solely dedicated to the household and children (Flake &

Forste, 2006). In this normative context, however, women's status has been undergoing change, in part as a result of decreasing fertility rates, the increase in legislation regarding family violence, and an increase in female higher education (Brea, 2003; Duryea et al., 2007; C. C. Pallitto & O'Campo, 2005).

Higher female education does not necessarily translate into increased economic opportunity, however. In 1950, 19% of Colombian women participated in the labor force; in 2000 only 22% of women were participating (Brea, 2003). Hoyos et al., (2010) note that even with equal education there has been a persistent gender earnings gap over the past decade, showing a U-shape pattern in which the gap is greatest for women at either extreme of the earnings scale (Hoyos, Ñopo, & Peña, 2010). Thus, women with higher relative education may be at greater risk for IPV by transgressing traditional gender norms without gaining the financial resources that may mitigate that risk.

METHODS

Data

Demographic and Health Surveys are nationally representative household surveys which routinely collect data on fertility and contraception among women of reproductive age as well as information on partnerships, and socio-economic measures of the household. Indicators collected in the general IPV module include: experience of psychological, physical, and sexual violence ever and in the prior year. Measures of psychological, physical and sexual violence are constructed from the modified Conflict Tactics Scale (Straus, 2007). The modified Conflict Tactics Scale has high reliability and construct validity across varied cultural contexts and in Colombia specifically (Contreras-Pezzotti et al., 2009; Straus, 2007). In addition, DHS collects information on the

frequency of violence; physical consequences of violence for women; violence during pregnancy; violence by women against their spouse/partner; whether and from who help was sought; and whether the respondent's mother experienced physical violence by the respondent's father.

We used data on 24,421 women who completed the intimate partner violence module (named the domestic violence module) in the 2005 Colombia Demographic Health Survey data. Data for the nationally representative survey were collected from 37,211 households (88.4% response rate), and with 41,344 (92% response rate) women of reproductive age (13-49 years). The CDHS used a stratified, multi-stage, probabilistic sampling method to identify households.

Although the CDHS has been conducted in 1990, 1995, and 2000, the 2005 CDHS was the first year that data were collected on prior year IPV (MACRO International, 2005). Using a measure of prior year IPV allows for the establishment of a temporal relationship between the outcome and the independent variables in a cross sectional dataset (K.M. Yount & Li, 2010). Of the 38,143 women interviewed, 24,421 women who were married, cohabitating, or had previously lived with a partner (excluding divorced and widowed women) were selected to complete the IPV module.¹ We used a multivariate model to assess the relationship of prior year IPV and relative education after controlling for women's individual schooling attainment, age, marital status, work status, childhood witnessing of parental IPV, and household wealth.

¹ Women who had previously lived with a partner or who were separated but not legally divorced from their partner were asked about lifetime and past year violence questions. Women who were widowed or divorced were excluded. All women who were asked the lifetime partner violence questions were also asked about the occurrence of partner violence in the prior 12 months regardless of whether they had a partner during this time period.

Adjusted log odds were calculated based on a sample size of 23,194 because of missing values in the explanatory variable of relative schooling attainment (n=672) and the covariate of witnessed parental IPV (n=858).

Outcome Measure

Prior year IPV was constructed from respondents' reports of whether the husband/partner/former partner perpetrated any of eight acts of physical violence and one act of sexual violence in the prior year: (1) push you or shake you; (2) hit you with his hand; (3) hit you with a hard object; (4) bite you; (5) kick or drag you; (6) threaten you with a knife, gun, or other type of weapon; (7) attack you with a knife, gun or other type of weapon; (8) try to strangle or burn you; and (9) physically forced you to have sexual intercourse or perform types of other sexual acts when you did not want to. Because physical and sexual violence often co-occur (C. Pallitto & O'Campo, 2004), the 9 measures of prior year physical and sexual violence were combined into one dichotomized measure such that if a woman reported any one measure of violence, she was coded as experiencing prior year IPV. Reliability analysis of the nine violence items gave a Chronbach's alpha of 0.83.

Explanatory Variable

Our main explanatory variable was the respondent's schooling relative to her partner adjusted for the respondent's own schooling attainment. Schooling attainment for each woman was retained as a continuous variable of the number of completed grades. Relative schooling attainment was created by subtracting the woman's grades of schooling from her partner's grades of schooling and constructing an ordinal variable with the following categories: 1) respondent had more grades, 2) the same number of

grades, and 3) fewer grades than her partner. Partner's schooling was not included in the logistic regression models because of the linear dependency created by the presence of woman's schooling and woman's relative schooling in the models.

Covariates

We included the following socioeconomic and demographic variables to adjust for confounding of the relationship between the schooling variables and prior year IPV: residence (urban versus rural), age measured continuously in years, relationship status (married, living together, previously partnered), work status (worked within the past year versus not working), number of children living at home measured continuously, witnessing father beat mother (yes, no), and a continuous score for household wealth. The DHS household wealth index is the standardized score (mean 0, standard deviation of 1) derived from the first principal component of a principal components analysis of recoded items measuring whether or not the household had a specified set of assets and amenities (Rutstein, 2004). Age of partner was not asked of all women in the previously partnered category and therefore was not included in the analyses.

Statistical Analysis

All descriptive and inferential analyses were conducted using the PASW version 18.0 statistical package for PC (PASW Statistics 18, 2009) and multivariate logistic regression was conducted using SAS version 9.2 (SAS Institute, 2009). Univariate analyses were conducted for all covariates, outcomes, and variables from which analytic covariates were derived to assess their completeness, distributions, and relative frequencies. Bivariate associations of all covariates were estimated to assess potential co-

linearity among these variables. Variables statistically associated with our outcome in the bivariate analysis were included in the multivariate model.

Because the outcome variable, prior year IPV (y), for each individual is binary, multivariate logistic regression analysis was used with strata at the regional level and clustering at the primary sampling unit (PSU) to estimate the adjusted associations of explanatory variables on the log odds of having experienced IPV in the prior year. The SAS *survey logistic* procedure fits linear logistic regression models for survey data using the maximum likelihood method (Binder, 1983; McCullagh, 1989). The procedure incorporates complex survey sample designs, including designs with stratification, clustering, and unequal weighting for statistical inferences (SAS Institute I, 2004). The model used to estimate the adjusted effects of covariates on the adjusted log odds of having experienced IPV in the prior year was:

$$\text{logit}(b_i) = \alpha + \sum_{k=1}^k \beta_k R_{k,i} + \sum_{l=1}^l \beta_l N_{l,i} + \sum_{m=1}^m \beta_m I_{m,i} \quad (1)$$

where b_i indicates the probability that respondent i experienced IPV in the prior year, R_i denotes a woman's relative schooling compared to her partner (indexed $k = 1, \dots, K$), N_i indicates a woman's grades of schooling in years (indexed $l = 1, \dots, L$), and I_i indicates covariates (indexed $m = 1, \dots, M$). Multicollinearity was assessed with variance inflation factors (VIF) values which were under 3 for all covariates in the model.

Predicted probabilities of a woman's risk of experiencing prior year IPV by her grade of schooling were calculated based on the estimates generated in the model in equation 1 according to the following categories of women: (1) greater relative schooling;

(2) equal relative schooling; and (3) less relative schooling than her partner. All variables other than relative schooling and the respondent's grade of schooling were held constant using the mean or mode.

RESULTS

Characteristics of the Sample

Compared to their partners, women on average had similar schooling attainment (7.9 grades versus 7.7 grades completed). About 24.9% of women had equal grades of schooling as her partner, 33.9% of women had fewer grades of schooling than her partner, and 38.4% of women had fewer grades (Table 2.1).

Most (75.4%) women in the sample were living in urban areas. The average age of women in the sample was 33.9 years of age and women had an average of 1.9 children living at home. Cohabiting was more common than formal marriage; 45.9% of women in the study had live-in partners, 33.5% were married, and 20.6% had formerly been partnered. Sixty-six percent of women were not currently working. About a third (34.5%) of women had witnessed their father beat their mother during childhood.

Prevalence of Prior Year IPV

Table 2.2 presents the percent of ever partnered women who reported prior year physical and sexual IPV by type. Twenty-two percent of women reported any physical or sexual IPV in the prior year, and twenty percent reported physical IPV only. Being pushed or shaken was most commonly reported (18%) physical IPV item, followed by being hit with a hand (14%). Seven percent of women reported being forced to have sexual relations or perform sexual acts they did not want to.

Bivariate Associations

In bivariate analyses, women with more or less relative education than her partner were at greater risk of prior year IPV compared to women with equal amounts of schooling. Greater women's level of schooling, greater partner's level of schooling, age, formal marriage (vs. cohabitating and previously partnered), and a higher wealth index were protective of IPV risk. Witnessing parental IPV, working outside the home, and greater numbers of children living at home were associated with increased risk in IPV. Place of residence was not significantly associated with prior year IPV.

The percent of prior year IPV reported by women showed a modest U-shaped pattern between women's schooling relative to her partner and prior year IPV with 23.4% of relatively advantaged women and 22.3% of relatively disadvantaged women reporting IPV compared with 19.9% of women with equal schooling attainment (Table 2.3).

Otherwise, compared to their counterparts, women who witnessed a father-to-mother beating (28.3% versus 18.8%) more often reported prior year IPV. Previously partnered women reported prior year IPV (36.7%) more often than married women (13.4%) and women living with a partner (22.0%). Women who were working or had worked in the past year more often reported IPV than unemployed women (24.3% versus 18.0%).

Multivariate Results

A multivariate logistic regression model was run to examine the influence of relative schooling attainment on a woman's risk for prior year IPV (Table 2.4). Net of all other factors, the log odds of a woman experiencing prior year IPV was 23% higher for women with more grades of schooling than her partner. The negative gradient in prior year IPV with women's own grades of schooling remained, as did witnessing her father

beat her mother. Age was associated with a 3% decrease in log odds of prior year IPV for every year of age. The log odds of prior year IPV were 11% higher for each additional child in the home. Previously partnered women had 172% higher odds of prior year IPV and cohabitating women had 41% higher log odds compared to married women. Women who had worked in the past year had 32% higher log odds of IPV than women who were not working. Household wealth did not remain significantly associated with prior year IPV.

Predicted Probabilities of Relative Education and IPV

Predicted probabilities of a woman's risk of experiencing prior year IPV by her grade of schooling were calculated based on the estimates generated in the multivariate regression model according to the following categories of women: (1) greater relative schooling; (2) equal relative schooling; and (3) less relative schooling than her partner (Figure 2.1). All variables other than relative schooling and the woman's individual level of schooling were held constant using the mean or mode. An interaction term of women's schooling and her greater relative schooling was entered into the multivariate regression model to determine if a woman's greater relative schooling became protective at higher levels of individual schooling, but was not significant (not shown). The predicted probability of IPV for each level of relative schooling decreased as levels of a woman's individual level of schooling increased. However, women with greater relative schooling remained higher than women with equal or less relative schooling at comparable levels of women's individual level of schooling. Thus, even at the highest levels of women's schooling, a woman with greater relative schooling than her partner remained at greater risk for IPV than women with equal or less relative schooling.

DISCUSSION

This study provides the first examination of relative education between couples and the risk of prior year IPV among ever partnered women in Colombia. The analyses also include important contextual measures of individual and interpersonal factors. Several important findings emerge which have implications for future research and intervention programs.

We assessed the effects of relative schooling attainment on prior year IPV in intimate relationships. As hypothesized, we found that women with higher relative schooling attainment, while controlling for a woman's level of schooling, was associated with higher risk of prior year IPV. Our findings are different than those found using 1995 CDHS data where married and cohabitating women with less relative education were at higher risk for lifetime physical IPV than women with equal relative education (Flake & Forste, 2006) and may be reflective of more prior year gains for Colombian women in education and differences in measurement and samples between the two studies. Thus, while women's education is protective against prior year IPV for Colombian women this protection is insufficient to eliminate risk of prior year IPV for women who have greater relative education than their partners.

The relationship between women's schooling attainment and IPV is complex. While an increase in the level of a woman's education is often protective of IPV, relative schooling attainment also plays an important role. Both of the factors must be examined in the context of gender norms. In the case of Colombia where men often hold traditional gender norms, higher relative schooling attainment, controlling for a woman's schooling attainment, put her at higher risk for IPV. Economic power in the household can be

empowering or can put woman at risk for IPV (Vyas & Watts, 2009). Given the disconnect between higher female schooling attainment and economic opportunity in Colombia, it may be that women with higher relative schooling attainment threaten gender norms of a traditional partner in a more symbolic way without providing any tangible resources for leaving a violent relationship. The increase in risk of prior year IPV for women who work provides further support for the idea that breaking traditional gender norms is met with increased dominance by men through violence.

Power dynamics in non-formal unions may more heavily favor men (Jewkes et al., 2002). However, while cohabitation often represents a more casual or temporary living arrangement than marriage in Western contexts and thus may be an explanation for increased IPV, it is a much more common and permanent alternative in Latin American settings where formal marriage can be costly (Flake & Forste, 2006). Our finding that cohabitating women were at higher risk of prior year IPV than married women is supported by previous research cross culturally and in Latin America specifically (Brownridge & Halli, 2002; Flake & Forste, 2006). The greatest risk of prior year IPV was for previously partnered women. This category included separated women and women who had previously cohabitated. Given that some of the women in this category were not exposed to a partner and therefore IPV, it is striking that rates of IPV were highest for this marital status category. Women separated from former or informal violent partners may still be risk for continued violence (Kishor, 2004). While separated women are often excluded from analysis, divorced women in DHS surveys have higher rates of prior year IPV than currently married or widowed women (Kishor, 2004). More research is needed to determine the linkages between risk of prior year IPV and marital status in

the Latin American context. The relationship between greater numbers of children in the home and increased risk of prior year IPV may be explained through several pathways. It may be that women who are in violent relationships are less likely to have the ability to negotiate contraception, or greater numbers of children in the home may cause greater dependency on the woman, leaving her with less ability to leave a violent relationship, or that greater numbers of children cause more stress and interpersonal tension in relationships (Hoffman, Demo, & Edwards, 1994; Kishor, 2004). Although household wealth was negatively associated with prior year IPV in the bivariate analysis, the association was not significant in the multivariate analysis. Only three of nine countries in a DHS review showed a negative association between the wealth index and lifetime IPV, and in Colombia the pattern showed the women in the middle were at greater risk of lifetime IPV than women at the lowest and highest ends (Kishor, 2004).

These findings are limited by the fact that this study was based on data from a cross-sectional survey which cannot establish temporality. However, because we were able to use prior year IPV, schooling attainment for either partner was likely established prior to the occurrence of violence. The inclusion of women who we previously partnered (but not divorced or widowed) means that women potentially did not have a partner during the year prior to the survey and would thus underestimate IPV. Given that this category of women had the highest rates of IPV in the sample suggests that rates may have been even higher if women who had no partner exposure during this time period had been excluded. In addition, IPV is often under-reported, particularly in large, multi-topic national surveys. It may be that women who experienced IPV but did not report so had different characteristics than the women analyzed for this study. Because this was a study

using secondary analysis, there may be additional measures that are important to examine that are not available in the CDHS data.

CONCLUSIONS

To our knowledge, this is the first study using the 2005 CDHS that has included women who were previously partnered. The greater odds of prior year IPV for this group of women indicate that these women may have left their relationships because of violence and thus are important to include when researching the interactions of couple dynamics and IPV.

This research lends support for relative resource theory with the finding that in traditional gender role settings, women with higher relative schooling attainment are at increased risk of IPV. While women's schooling attainment has been shown to be an important risk factor for IPV, relative schooling attainment is an important factor to be examined. Women may be viewed as transgressing gender boundaries by having an atypically higher status within their intimate partnership, which may threaten their partner's masculinity and lead him to use violence to reassert his dominance. Women's empowerment programs which focus exclusively at improving women's education without focusing on *relative* education among couples may have, at least initially, negative effects on IPV in settings with traditional gender norms.

The inconsistent relationship of many variables to IPV across different settings suggests that contextual factors are important to consider. Transgression of gender norms may place women at higher risk for IPV, even if temporarily, but what constitutes that transgression may differ between settings. Transgression may be particularly dangerous for women in which social roles for women are in transition ahead of changes in

traditional gender norms. Ultimately, efforts to empower women and reduce IPV should consider this dynamic in the planning of programs.

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Table 2.1. Selected characteristics of ever partnered women 13-49 years, Colombia DHS 2005 (N = 24421)

Variable	%	SD	Mean	Min	Max
Age (years)			33.9	13	49
Number of children living at home			1.9	0	11
Woman's grades of schooling			7.9	0	24
Partner's grades of schooling			7.7	0	24
Relative schooling attainment		0.8			
Woman more grades than partner	38.4				
Equal grades of schooling	24.9				
Woman fewer grades than partner	33.9				
Missing	2.8				
Urban Residence (vs. rural)	75.4	0.4			
Marital Status		0.7			
Married	33.5				
Living together	45.9				
Previously partnered ^a	20.6				
Work Status		0.5			
Not working	66.0				
Currently working or worked in past year	34.0				
Witnessed father beat mother	34.5	0.5			

^aWomen were included in this category if they were separated or had previously lived with an intimate partner. Divorced and widowed women were excluded.

Table 2.2. Prevalence of prior year physical and sexual intimate partner violence by type, ever partnered women 13-49 years, 2005 Colombia DHS (N=24421)

	% Reporting IPV
Any physical or sexual violence by (last) partner	22.1
Any physical violence by (last) partner	20.7
Push or shake you?	18.2
Hit you with his hand?	13.8
Hit you with an object?	4.4
Bite you?	1.5
Kick or drag you?	6.0
Threaten you with a knife, gun, or other weapon?	4.0
Attack you with a knife, gun, or other weapon?	2.0
Try to strangle or burn you?	2.5
Any sexual violence by (last) partner	6.8
Forced you to have sexual intercourse or perform sexual acts you did not want to?	6.8

Table 2.3. Percent of ever partnered women 13-49 years who experienced prior year intimate partner violence, by categorical covariates, 2005 Colombia DHS (N = 24,421)

Variable	% Reporting IPV^a
Relative schooling attainment***	
Equal schooling	19.9
Woman more schooling	23.4
Woman less schooling	22.3
<i>Missing</i>	2.8
Woman witnessed father beating mother***	
No	18.8
Yes	28.3
<i>Missing</i>	3.5
Marital status***	
Married	13.4
Living together	22.0
Previously partnered	36.7
Work Status***	
Not working	18.0
Worked in past year	24.3

*** p < .001

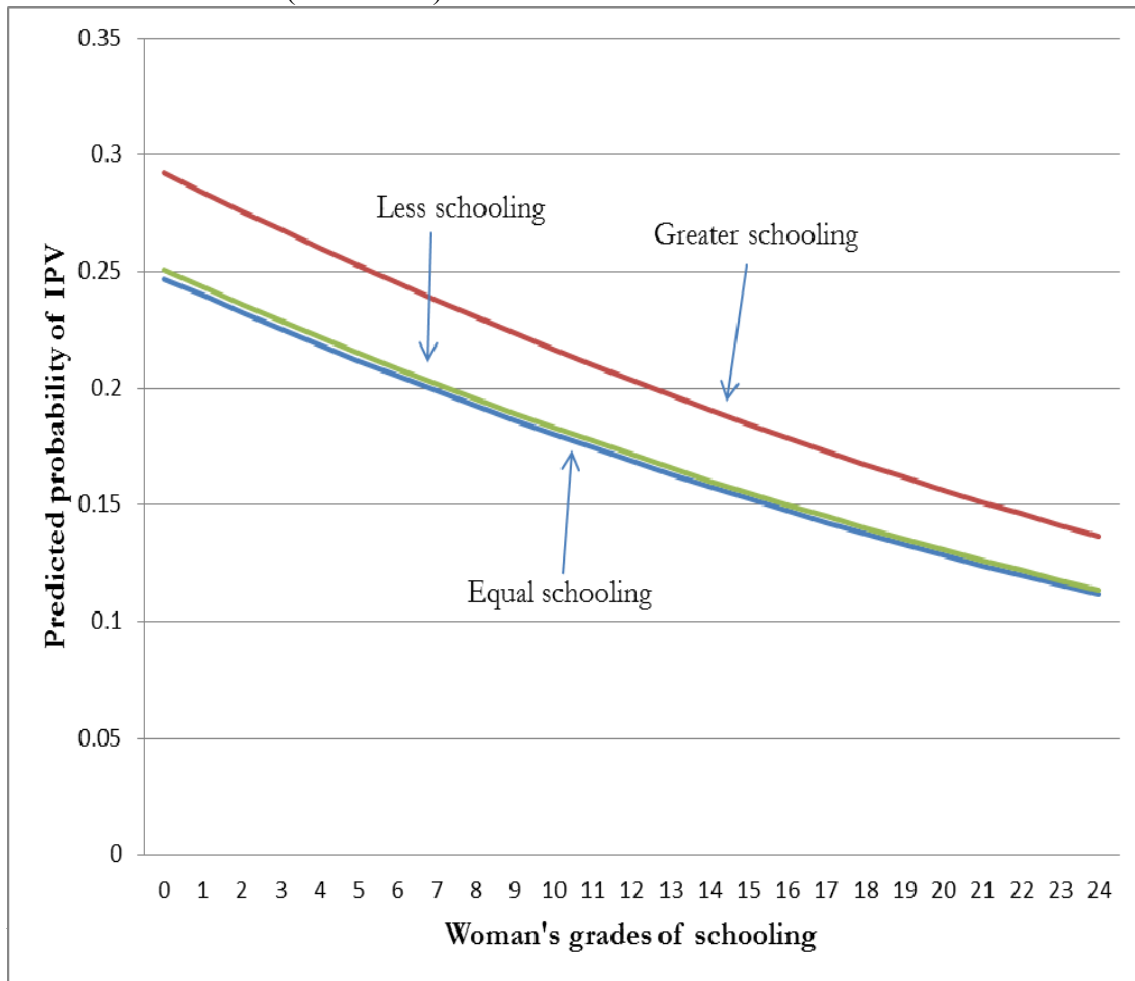
^a Statistically significant differences between categories were determined using Chi-squared statistics

Table 2.4. Adjusted log odds and odds ratios of intimate partner violence in the prior year, ever partnered women 13-49 years, 2005 Colombia DHS (N=23194)

Variable	B	SE	OR	95%CI
Intercept	-1.02***	0.14		
<i>Education</i>				
Relative schooling attainment				
Equal grades of schooling (ref)				
Woman has fewer grades	0.02	0.06	1.02	(0.90, 1.15)
Women has more grades	0.23***	0.06	1.26	(1.12, 1.42)
Woman's grades of schooling	-0.04***	0.01	0.96	(0.94, 0.97)
<i>Family Violence</i>				
Woman witnessed parental violence				
No (ref)				
Yes	0.49***	0.05	1.63	(1.49, 1.79)
<i>Other characteristics</i>				
Age	-0.03***	0.00	0.97	(0.96, 0.97)
Number of children living at home	0.11***	0.02	1.11	(1.08, 1.15)
Marital Status				
Married (ref)				
Cohabiting	0.41***	0.06	1.51	(1.35, 1.69)
Previously lived together	1.28***	0.07	3.60	(3.17, 4.10)
Work Status				
Not working (ref)				
Worked in past year	0.32***	0.05	1.37	(1.24, 1.52)
Household wealth index	0.01	0.03	1.02	(0.97, 1.08)

*** p < .001

Figure 2.1. Predicted probability of prior year intimate partner violence among ever partnered women 13-49 years, by relative schooling and individual grades of schooling, 2005 Colombia DHS (N = 24421)



CHAPTER 3

A MULTILEVEL ANALYSIS OF THE EFFECTS OF COMMUNITY CONTEXT ON INTIMATE PARTNER VIOLENCE IN COLOMBIA

ABSTRACT

Introduction: The objective of this study was to explore community-level risk factors for prior year intimate partner violence (IPV) in Colombia. We hypothesized that higher community levels of IPV reflects an environment in which this type of violence is normative, thus increasing a woman's risk of IPV. Conversely, we hypothesized that communities in which higher women's status and autonomy are more normative will be protective of a woman's risk of IPV.

Methods: Multilevel logistic regression was used to analyze data from 24,421 women aged 13 to 49 years nested in 165 communities who answered questions about prior year IPV in the 2005 Colombia Demographic and Health Survey. Controlling for individual, interpersonal and household factors, we explored the relationships between a woman's risk of IPV and community measures of IPV and women's status.

Results: Adjusted odds of prior year IPV increased 5% for every percent increase in community levels of IPV above the mean (OR 1.05, 95% CI 1.05, 1.06). We failed to find an association between risk of prior year IPV and community measures of women's status. A woman's risk of IPV is influenced by factors at multiple levels. The association between higher levels of community IPV and a woman's risk of IPV may reflect acceptance of IPV as normative within the community. Alternatively, high levels of IPV may be due to communities with low collective efficacy and thus may reflect communities that are unable or unwilling to react against IPV.

Conclusions: Community characteristics may affect a woman's risk of IPV indirectly. Additional research into pathways by which community characteristics influence individual risk of IPV are important to the design of programs and policies and the refinement of IPV theories.

INTRODUCTION

Intimate Partner Violence (IPV) against women refers to physical, sexual, or psychological harm committed by a current or former spouse or partner. IPV has significant adverse effects on women's physical, mental, sexual, and reproductive health. Exposure to IPV has predicted an array of poor health outcomes, such as physical injuries, unintended pregnancy, miscarriage, low birth-weight, HIV infection, stress-related illnesses, substance abuse, and suicide (Campbell et al., 2002; L. L. Heise, 1994; C. Pallitto & O'Campo, 2004; Watts, 2005). IPV is a global problem with a lifetime prevalence of physical and/or sexual IPV by an intimate partner ranging from 15% -71%, (Claudia Garcia-Moreno et al., 2006, Krug EG et al., 2002 #281, Hindin, 2008 #976; Krug EG et al., 2002) and between 4%-54% in the previous year (Claudia Garcia-Moreno et al., 2006). Rates of IPV vary both between countries and within countries. Such variation in IPV rates are due in part to differences in methodologies, but also indicate that contextual factors may influence the relationship between individual and interpersonal level factors.

Community Context and IPV

In the past couple of decades, researchers have increasingly recognized that effective policies and programs to address IPV must use an ecological approach to examine the complex interplay of individual, community and societal determinants of IPV (L. Heise, 1998). The larger community context can either exacerbate or protect against IPV, even when individual and interpersonal level factors are controlled (Counts, 1992; Flake, 2005). Moreover, contextual factors may modify relationships between IPV and individual characteristics; what may be protective against IPV in one setting may be

associated with greater risk in another. In India, community levels of acceptance of IPV modified the protective effects of education against IPV risk (Boyle, Georgiades, Cullen, & Racine, 2009). Contextual measures of political and social violence, gender inequality, and economic strain have been associated with IPV (Ackerson & Subramanian, 2008; Counts, 1992; M. A. Koenig et al., 2003; Raghavan, Mennerich, Sexton, & James, 2006).

Theories have been developed to explain the complex interaction between community violence and women's individual risk of IPV. Social disorganization theory argues that community characteristics of economic disadvantage, residential instability, and ethnic heterogeneity create a lack of social cohesion that permits violence to occur with impunity (Shaw & McKay, 1969). In Haiti, medium to high levels of neighborhood poverty and male unemployment were associated with more women reporting sexual violence (Gage & Hutchinson, 2006). Conversely, collective efficacy theory argues that social cohesion in a community enables the mobilization of the community against crime (Sampson, Raudenbush, & Earls, 1997). However, given the relatively private nature of IPV, it is unclear to what extent a community's ability to regulate crime extends to IPV (Browning, 2002).

Koenig and colleagues (2006) found that communities in India with higher levels of crime were associated with women's experience of physical or sexual violence (Michael A. Koenig, Ahmed, Stephenson, Jejeebhoy, & Campbell, 2006). Higher community levels of IPV may create environments in which IPV is more accepted. In the U.S., an association between higher levels of IPV in women's social networks and a woman's own risk of IPV was found among low income women (Raghavan et al., 2006).

Some scholars argue that women's social and economic capital at the community level influence an individual woman's risk of IPV. In communities with traditional patriarchal gender norms, women who transgress those norms may be viewed as having a status inconsistent with what is dictated by the community (Ackerson & Subramanian, 2008). In Haiti, female-dominated financial decision making was positively associated with IPV (Gage, 2005). However, at the community level, greater numbers of women who have increased status may be protective. In a study of a women's microcredit program in Bangladesh, community levels of women's higher economic capital were associated with a decreased individual risk of IPV (M. A. Koenig et al., 2003). However, McQuestion (2003) failed to find an association between measures of status inconsistency and IPV in Colombia (McQuestion, 2003).

Colombia Context

Gender norms in Latin America remain highly traditional, where men are expected to be *machismo* - dominant, strong, and aggressive, and women are expected to be submissive, faithful, and solely dedicated to the household and children (Flake & Forste, 2006). In this normative context, however, women's status has been undergoing dramatic change, in part as a result of decreasing fertility rates, the increase in legislation regarding family violence, and an increase in female higher education (Brea, 2003; Duryea et al., 2007; C. C. Pallitto & O'Campo, 2005).

Colombia has undergone a reversal in its educational gender gap, with more women than men achieving higher levels of education (Duryea et al., 2007) while gender norms remain patriarchal (Flake & Forste, 2006). However, Hoyos et al., (2010) note that even with equal education there has been a persistent gender earnings gap over the past

decade, particularly among women at either end of the economic spectrum (Hoyos et al., 2010). Thus, women with higher relative education may be at greater risk for IPV by transgressing traditional gender norms without gaining the financial resources that may mitigate that risk.

The main objective of this study was to assess the relationship between community characteristics and a woman's individual risk of IPV. We hypothesize that higher community levels of IPV reflects an environment in which this type of violence is normative, thus increasing a woman's risk of IPV. Conversely, we hypothesize that communities in which higher women's status and autonomy are more normative will be protective of a woman's risk of IPV.

METHODS

Data

Data for this analysis is from the 2005 Colombia Demographic and Health Survey (CDHS) (Beeble, Bybee, Sullivan, & Adams, 2009). The CDHS used a stratified, multi-stage, probabilistic sampling method to identify households. Households were sampled from all 33 departments of the country. Data were collected from 37,211 households and with 41,344 women of reproductive age (13-49 years). The 24,421 women interviewed for the violence module were coded as married, cohabitating, or had previously partnered in the CDHS. The category of 'previously partnered' included separated women and women who had previously cohabitated with a partner. Women who were widowed or divorced were excluded from the module. All women who were asked the lifetime IPV questions were also asked about the occurrence of IPV in the prior year regardless of whether they had a partner during this time period.

Municipality was used to define community in the level 2 variables. Sufficient cluster size for level 2 clusters has been suggested at approximately 15 to 30 participants (Bryk & Raudenbush, 1992). We therefore excluded 13 municipalities that had fewer than 15 women. Missing values for the variables of relative schooling and witnessing father beating mother further reduced the sample for a final sample size of 22,786 women residing in 165 municipalities.

Selection of individual-level variables was based on a prior analysis of prior year IPV and women's relative schooling from this data set (see Chapter 2). The dichotomous outcome variable, prior year IPV, was coded as positive if the respondents reported any of eight acts of physical violence and one act of sexual violence in the prior year by a current or former partner: (1) push you or shake you; (2) hit you with his hand; (3) hit you with a hard object; (4) bite you; (5) kick or drag you; (6) threaten you with a knife, gun, or other type of weapon; (7) attack you with a knife, gun or other type of weapon; (8) try to strangle or burn you; and (9) physically forced you to have sexual intercourse or perform types of other sexual acts when you did not want to. Level-1 covariates included respondent's schooling attainment in years, age, having worked within the past year, having witnessed her father beat her mother, respondent's schooling attainment relative to her partner dichotomized to greater versus equal or less relative schooling, relationship status coded as married, cohabitating, or previously partnered, and number of children living at home.

Community level variables were created by aggregating data to the municipal level. We use the terms community and municipality interchangeable throughout this paper. Community level measures were chosen based on the literature and from

constructs from feminist theories. We constructed five contextual variables; three from variables used in the original level 1 model (see Chapter 2) and two constructed from other individual level variables in the larger dataset. Community violence was measured as the proportion of women in the community reporting prior year IPV, women's status was measured by two variables; the proportion of women with greater relative schooling and the proportion of women who worked in the past 12 months. Women's autonomy was measured with a dichotomous household decision-making variable created from two items: who has the final say in making large household purchases, and in making purchases for daily needs? The household decision making variable was dichotomized to 1 if the woman was involved in the decision making for both items and 0 otherwise. Community socio-economic status was measured by taking the mean value of the DHS household wealth index.

Statistical Analysis

All descriptive and inferential analyses were conducted using the PASW version 18.0 statistical package for PC (PASW Statistics 18, 2009). Univariate analyses were conducted for all covariates, outcomes, and variables from which analytic covariates were derived to assess their completeness, distributions, and relative frequencies. Bivariate associations of all covariates were estimated to assess potential co-linearity among these variables. Variables statistically associated with our outcome in the bivariate analysis were included in the multivariate models.

Logistic multilevel models were constructed using Hierarchical Linear and Nonlinear Modeling (HML) 6.08 (Scientific Software International, Lincolnwood, IL). For all estimates, normalized probability weights and robust variance estimators were

used to account for the cluster-sample design. All significance tests were two-tailed and statistical significance was defined at the 5% alpha level. The association between prior year IPV and community predictors was shown as odds ratios (ORs) with their 95% confidence intervals (CIs).

A two-level logistic multilevel modeling approach was used to examine contextual effects of municipalities on individual risk of IPV. The use of multilevel modeling is appropriate as it allows for the analysis of data with nested sources of variability; in this case, individuals nested within communities. In addition, multilevel modeling allows for the inclusion of community level predictors while accounting for the violation of the assumption of independence where observations are not independent, but linked by group variables, such as community. Multilevel models produce equations that express the log odds of experiencing prior year IPV as a linear function of a set of predictor variables. The models' coefficients represent the increase or decrease in the likelihood of prior year IPV associated with a unit or category change in predictor variable. Multilevel models have been used previously to examine community level effects on IPV globally and in Colombia specifically (M. A. Koenig et al., 2003; McQuestion, 2003; Miles-Doan, 1998; O'Campo et al., 1995; C. C. Pallitto & O'Campo, 2005).

A model building strategy was employed to test the association between prior year IPV and community measures. Model building took place controlling for the level 1 model of individual predictors established in Chapter 1. The association of IPV with community level variables was assessed in a stepwise manner by constructing the following models: (1) an unconditional means model (no predictors) to assess total

variance of IPV, (2) separate random intercept models for each community measure that was significantly associated with IPV in bivariate analyses, controlling for level 1 variables, and lastly, (3) a final two-level random intercept model with all community measures that were significant in step 2. All variables were grand mean centered, which helps to interpret coefficients by setting variables to their mean (Garson, 2011).

RESULTS

Socio-Demographic Characteristics

Socio-demographic characteristics of the sample by prior year IPV status and bivariate associations with prior year IPV are presented in Table 1. Twenty-one percent of women reported prior year physical and sexual IPV. Women were, on average, 34 years of age, had 8 years of schooling, and had 2 children living at home. The majority of women, 45.9%, were living with a partner, 34.4% were married, and 19.7% had been previously partnered. About 35% of women had witnessed their father beat their mother, 66% had worked in the prior year, and 39.6% had greater relative schooling.

Bivariate Associations

Women were more likely to experience prior year IPV if the respondent had greater numbers of children at home (crude OR = 1.03, 95% CI = 1.01, 1.06), was cohabitating (crude OR = 1.85, 95% CI = 1.71, 1.82) or had previously lived with someone (crude OR = 3.84, 95% CI = 3.52, 4.20), had witnessed her father beat her mother (crude OR = 1.71, 95% CI = 1.60, 1.82), had worked in the prior year (crude OR = 1.45, 95% CI = 1.36, 1.56), and had greater years of schooling than her partner (crude OR = 1.14, 95% CI = 1.07, 1.21). Women were less likely to experience prior year IPV if

they were older (crude OR = 0.97, 95% CI = 0.97, 0.98) or had more years of schooling (crude OR = 0.97, 95% CI = 0.96, 0.98).

Community Characteristics

Community characteristics are presented in Table 2. Across communities, the proportion of women reporting IPV was 21.7% (0.0-48.6), 42.7% (16.3-66.6) of women had higher relative schooling, 60.7% (31.3-91.2), and 15.8% (1.4-43.4) of women had household decision-making power. The mean wealth index was -0.32 (-2.16-1.34).

Pearson correlations between community variables are shown in Table 3. The percent of women reporting prior year IPV was positively associated with the proportion of women who worked in the past year and the proportion of women with household decision-making power. The percent of women who had greater relative schooling was negatively associated with the percent of women reporting prior year IPV. Mean wealth index was not significantly associated with community IPV. Percent working in the past year, percent of women with household-decision making power, and mean wealth index were all negatively associated with percent greater relative schooling. Mean wealth index and percent of women with household-decision making power were positively associated with the percent of women working in the past year. Mean wealth index and percent of women with household-decision making power were positively associated.

Following the model building strategy outlined above, we first ran Model 1, an unconditional means model, to establish a baseline variance (0.105) for prior year IPV. Models 2-4 are two-level random intercept models in which we examined each community variable separately. Only the percent of women who reported prior year IPV in the community was significant with prior year IPV, so Model 4 was also our final

model. Controlling for relative education, woman's education, history of family violence, work and relationship status, age, and number of children at home, the log odds of experiencing prior year IPV increased by 5% for every percent increase in community level IPV (OR = 1.05, 95% CI = 1.05, 1.06). The community variance component was reduced to 0.001 and was non-significant.

DISCUSSION

Results of this study indicate that municipal levels of IPV influence a woman's individual risk for IPV after controlling for individual factors. Women are at higher risk for prior year IPV when they live in communities in which this type of behavior is more common. This finding is supported by previous research that has found that individual risk of IPV is associated higher levels of IPV within a woman's social network in the U.S. among poor substance using women (Raghavan et al., 2006). In Colombia, communities with higher levels of physical IPV were associated with higher individual physical IPV.

Several mechanisms may explain why community levels of IPV would be associated with a woman's individual risk of IPV. The association may be reflective of acceptance of IPV as normative within the community. IPV may be viewed as a legitimate way to deal with conflict within a relationship. Alternatively, communities with low collective efficacy are characterized by low social ties and thus may reflect communities that are unable or unwilling to react against IPV. Both acceptance of IPV as normative and lack of community will to control IPV may make it more difficult for women to leave violence relationships.

We failed to find an association between community measures of women's status and autonomy and IPV. This may be due in part to issues of measurement. Household decision-making is an incomplete measure of women's autonomy, and further may not adequately reflect the concept of autonomy given that the household is traditionally viewed as the woman's domain in Colombia.

Our findings should be considered in light of the following limitations. First, we had cross-sectional community measurements, and so we cannot establish causality but only associations. Second, DHS does not include direct measures of community context and so we had to use measures aggregated from individual level data. Third, the communities used in the analyses were defined by administrative boundaries, which may not have adequately captured the social context of communities as they truly exist in Colombia. However, the high amount of variance found between communities suggests that this measure is appropriate to capture social context.

CONCLUSIONS

While researchers increasingly recognize the importance of ecological approaches in IPV prevention and response efforts, several challenges exist in reaching this goal. There is limited knowledge of what community-level factors are associated with IPV globally and current quantitative measures are not well equipped to measure community and societal level factors. Moreover, little evaluation has been done on existing IPV programs which have ecological approaches. Future research should investigate other factors that may account for community variation in prior year IPV and the mechanisms through which they influence individual risk of IPV. In addition, potential community characteristics that may modify individual level associations between characteristics at

the individual and interpersonal level and IPV. Additional research into the pathways by which community characteristics influence the individual risk of IPV are important the design of programs and policies and in the refinement of IPV theories.

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Table 3.1: Characteristics of participants according to intimate partner violence status and bivariate associations with prior year IPV (N= 22808 women, 165 communities), 2005 Colombia DHS

	N (%) or Mean (SD)		Crude Odds Ratio (95% CI)
	IPV + (N=5033)	IPV – (N= 17775)	
Relative schooling attainment			
Woman \leq schooling	2919 (58.0)	10866 (61.1)	1.00
Woman > schooling	2114 (42.0)	6909 (38.9)	1.14*** (1.07, 1.21)
Woman's years of schooling	7.6 (3.9)	8.2 (4.2)	0.97*** (0.96, 0.97)
Witnessed father beat mother			
No	2802 (55.7)	12120 (68.2)	1.00
Yes	2231 (44.3)	5655 (31.8)	1.71 (1.60, 1.82)
Work Status			
Not working	1393 (27.7)	6352 (35.7)	1.00
Worked in past year	3640 (72.3)	11423 (64.3)	1.45 (1.36, 1.56)
Relationship Status			
Married	1047 (20.8)	6804 (38.3)	1.00
Cohabiting	2319 (46.1)	8153 (45.9)	1.85 (1.71, 2.00)
Previously partnered	1667 (33.1)	2818 (15.9)	3.84 (3.52, 4.20)
Age	32.3 (8.7)	34.3 (8.9)	0.97*** (0.97, 0.98)
Number of children at home	2.0 (1.3)	1.9 (1.3)	1.03 (1.01, 1.06)

Table 3.2. Characteristics of respondents' communities (N=165 communities), 2005
Colombia DHS

	Mean	SD	Range
Mean % women reporting prior year IPV	21.66	7.98	0.00-48.55
Mean % of women with greater relative schooling	42.68	8.79	16.26-66.60
Mean % women who worked in the prior year	60.73	11.65	31.29-91.24
Mean % of women with household decision-making power	65.88	12.18	31.06-96.93
Mean wealth index	-0.32	0.67	-2.16-1.34

Table 3.3. Pearson correlations among community variables (N=165 communities)

	1	2	3	4	5
1. % women reporting IPV	1				
2. % women who have greater relative schooling	-0.021**	1			
3. % women who worked past year	0.257***	-	1		
4. % women with household decision-making power	0.043***	-	0.616***	1	
5. Mean wealth index	0.001	-	0.675**	0.750***	1

** p < 0.01; *** p < 0.001.

Table 3.4. Unconditional and two-level random intercept models of community factors and women's risk of prior year IPV (N=165), 2005 Colombia DHS

Variables	Adjusted Odds Ratio (95% CI)					
	Model 1	Model 2 [†]	Model 3 [†]	Model 4 [†]	Model 5 [†]	Model 6 [†]
Mean % women with greater relative schooling		1.00 (0.99, 1.01)				
Mean % women working in past year			1.01 (0.99, 1.01)			
% women with household decision-making power				1.00 (0.99, 1.01)		
Mean wealth index					1.00 (0.88, 1.13)	
Mean % women reporting prior year IPV						1.05*** (1.05, 1.06)
Random intercept variance component ^b (SD)	0.105*** (0.32)	0.085*** (0.29)	0.084*** (0.29)	0.086*** (0.29)	0.086*** (0.29)	0.001 (0.04)

[†]Controlling for level-one variables: relative schooling, woman's grades of schooling, witnessed father beat mother, worked status, relationship status, age, and number of children at home.

*p < 0.05; **p < 0.01; ***p < 0.001.

CHAPTER 4 DISPLACEMENT, GENDER ROLES IN TRANSITION, AND INTIMATE PARTNER VIOLENCE

ABSTRACT

Introduction: Colombia has one of the largest internally displaced populations (IDPs) of any country in the world. Conflict-related displacement is an understudied risk factor for intimate partner violence. Colombian IDPs are often exposed to many factors associated with a risk of IPV such as high levels of community violence, and the breakdown of social support systems. Prevalence of physical IPV among Colombian displaced women has been found to be as high as 50%.

Methods: Thirty-three in-depth qualitative interviews were conducted with displaced partnered Colombian women 18-49 years. Collaborating with a local women's organization working in the community, we explored how the experience of displacement alters gendered roles and expectations in ways that may influence the risk of IPV.

Results: Both men and women held traditional gender norms of men as financial providers and women as responsible for the household. However, underemployment of men dictated modification of those roles by both partners. Women experienced IPV from partners who reacted with violence to the stress of not being able to provide financially for their families. Women who worked outside the home experienced IPV by partners who viewed this work as transgressive. Women did not appear to gain additional power within the relationship by employment.

Conclusions: The complex relationships between community context, traditional gender norms, and the ways in which men and women's employment failed to conform to those norms affect the quality of intimate relationships. The findings also suggest ways in

which quantitative measurement of risk factors for IPV, such as employment status, might be improved globally.

INTRODUCTION

Global Prevalence of Intimate Partner Violence

Intimate Partner Violence (IPV) refers to physical, sexual, or psychological harm committed by a current or former spouse or non-marital partner (C. Garcia-Moreno, Heise, Jansen, Ellsberg, & Watts, 2005). IPV—especially against women—is a major global public health problem, with lifetime IPV afflicting an estimated 10-71% of women (Claudia Garcia-Moreno et al., 2006; Etienne G. Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). In Latin America, lifetime prevalence of physical violence against a woman by her partner range from 25-50% (Sagot, 2005). Thus, IPV against women is widely prevalent, but varies in degree across diverse settings. Not only is IPV extensive and a basic violation of human rights,(United Nations Commission on Human Rights, 2002; Ward, 2002) but it also has numerous adverse impacts on women’s physical and mental health (Campbell et al., 2002; Fischbach & Herbert, 1997; Golding, 1999; Jewkes, Watts, Abrahams, Penn-Kekana, & Garcia-Moreno, 2000; Watts & Zimmerman, 2002).

Internal Displacement and IPV Risk

Conflict-related displacement is an understudied risk factor for IPV. Internally displaced persons (IDPs) are those who have been displaced by conflict but have not crossed an international border. Research on IPV in conflict-affected settings, and specifically in communities of internally displaced persons, is limited. The available evidence suggests, however, that internally displaced women are at particular risk for violence in the home and wider community (Alzate, 2008). Circumstances such as the breakdown of formal protective systems, fractured family structures, and increased economic instability may contribute to increased violence within relationships and

communities (Ward, 2002). Research conducted in Colombia in the past decade suggests that levels of IPV against displaced women are high. For example, 20% of non-displaced women and over 50% of displaced women had suffered physical abuse from their spouse (Alzate, 2008). Rates of prior year IPV among displaced women were between 19% and 24% (Centers for Disease Control and Prevention, 2006; Liga de Mujeres Desplazadas, 2005). Displaced women in one study perceived that IPV had increased since they had been displaced (Reproductive Health for Refugees Consortium, 2003).

Exposure to IPV, as well as displacement, the disruption of social support structures, and other traumas put displaced women at risk of short- and long-term mental and physical health problems (Avdibegovic & Sinanovic, 2006; Coker et al., 2002; Fischbach & Herbert, 1997; Harpham, Snoxell, Grant, & Rodriguez, 2005; Médecins Sans Frontières, 2006). Given the growing prevalence of conflict leading to internal displacement (United Nations High Commissioner for Refugees, 2006), as well as the risks and consequences of IPV against women in such settings, understanding the common and unique causes of IPV in such settings is warranted.

Numerous challenges exist to document IPV in among IDPs. Much of the research on IPV in displacement comes from relatively stable, post-conflict settings in established refugee camps where a reasonable level of security exists and humanitarian organizations have created some infrastructure in which to work (McGinn, 2000). However, in situations of prolonged, low-intensity conflict—such as in Colombia—IDPs are dispersed within their country of origin, often in unstable and unsafe environments that are difficult to identify and access with a coordinated humanitarian response. Such communities often are highly marginalized because of the confluence of extreme poverty,

weak local infrastructures, and weak social networks and the lack of protection of international law (United Nations, 2006). Under such conditions, IDPs may be under-represented in population-based studies of IPV. Variation in methodologies and data collection instruments and ethical challenges of sensitive research with few support services further challenge the ability to obtain a clear picture of IPV risk among displaced women.

Colombian Context

Colombia has one of the largest internally displaced populations of any country in the world (Marie Stopes International, 2003). There are approximately 3.6 million IDPs in Colombia, with 1.7 million living in urban areas (UNHCR, 2010). Those living in urban areas are subject to gang violence and social cleansing campaigns (UNHCR, 2010). These unstable and unsafe environments are difficult to identify and access with a coordinated humanitarian response, and thus IDPs may not be registered with government systems (Fagan & Browne, 1994). Because of these conditions, IDPs may be under-represented in population-based studies of IPV such as the Demographic and Health Surveys which rely on census data for sampling.

As is characteristic of most forced displacement situations, IDPs in Colombia tend to represent populations that are already poor and marginalized (Muggah, 2000). IDPs in Colombia are often exposed to many factors associated with a risk of IPV. A 2002 study in Cartagena, Colombia, the area of the present study, found that IDPs were exposed to high levels of community violence, lived in poor sanitary conditions, experienced familial breakdowns, and had little access to social services and health care (Caceres, Izquierdo, Mantilla, Jara, & Velandia, 2002). Seventy percent of IDPs previously worked

in agriculture or related activities (Meertens, 2002; Muggah, 2000). As such, settling in a large urban area provides limited opportunities for stable employment (Project Counseling Services, 2002). Displaced women may work outside the home more frequently than women in the general population due to the lack of steady employment for their partners, which may be viewed as transgressive of expected gender norms and increase risk of IPV. Displaced women in the Bogota study who had a remunerated job experienced IPV twice as often as those who did not have a remunerated job (U.S. Centers for Disease Control and Prevention, 2006). Colombian IDPs are disproportionately Afro-Colombians and indigenous groups who had faced social and economic marginalization even before displacement (Meertens, 2010).

Prevalence of IPV among IDP women is high. A 2001 survey on Colombian IDPs found that 50% of women surveyed had suffered physical abuse from their spouse and 20% of pregnant women experienced physical violence during their pregnancy (PROFAMILIA, 2001). Another Colombian IDP study found that women perceived an increase in IPV since their displacement (Reproductive Health for Refugees Consortium, 2003). Approximately 24% of displaced women in Bogota, Colombia reported physical IPV in the year preceding the survey (U.S. Centers for Disease Control and Prevention, 2006), and in Cartagena, Colombia almost one fifth (19%) of women had experienced IPV in the past year (Liga de Mujeres Desplazadas, 2005).

In this study we explored, through women's voices, women's perceptions and experiences regarding the effects of displacement on their social networks of support, men's and women's expectations of gender roles and the ability to fulfill these expectations, and how this had an impact on relationship quality and the occurrence of

IPV. Specifically, we examined the complex relationships between community context, traditional gender norms, and the ways in which men and women's employment failed to conform to those norms affect the quality of intimate relationships.

Theories of IPV and the Displacement Context

Theories that seek to explain IPV are varied and underdeveloped (Cunningham et al., 1998; McPhail, Busch, Kulkarni, & Rice, 2007). The diversity of disciplines involved in IPV research contributes to the proliferation of theories, which may overlap or conflict with each other. While no one theory is sufficient to explain the complexity of IPV, theories that look at individual, interpersonal, and contextual factors are likely to be the most useful (L. Heise, 1998).

Feminist theories of IPV examine the interplay of gender norms, power and patriarchy and how social and internalized gender norms contribute to an intimate partner's need to assert control over his partner (Gage & Hutchinson, 2006). Almost invariably, gender constructs function in a way that subordinates and discriminates against women. This issue is particularly important in displaced communities where altered living conditions may produce rapid changes in the roles of men and women but gender norms remain patriarchal (El-Bushra & Sahl, 2005).

Social disorganization theories argue that communities that lack social cohesion due to resource deprivation such as economic hardship are unable to fight against violence in their communities (Miles-Doan, 1998). Populations fleeing conflict may experience breakdowns in family and community support systems (Daley, 1991; United Nations, 2006). A displaced woman, particularly one that is newly arrived to a community post-displacement, or lives in a community comprised of displaced

individuals from many different areas, may lack the social networks that allow her to leave a violent partner or to have anyone intervene on her behalf.

Status inconsistency theory posits that differences in partners' status in education, income, or occupation, particularly with partners who hold traditional gender role ideologies, leads to a threat of the male partner's masculinity which may motivate him to reassert his dominance through violence (Bott, 2005; Macmillan & Gartner, 1999; Yllo, 2005; K. M. Yount, 2005; K. M. Yount & Carrera, 2006; K.M. Yount & Li, 2010). Pre-conflict gender roles may be drastically altered during and after displacement (Brown, 2006; El-Bushra & Sahl, 2005). A woman may become the bread-earner of the family thus increasing her social status relative to her partner, who in turn reacts with violence (Atkinson et al., 2005). Pervasive unemployment and underemployment mean that men in the community are unable to fulfill their prescribed role as the family's provider and protector and may exacerbate men's violence against women (Johal & McKenna, 2005). In communities where violence against women is normative, social and legal sanctions against violent men are usually limited.

Finally, stress theory argues that stress due to events or situations such as poverty, unemployment, and crowded living conditions, among others, may lead some individuals to react with violence (Dutton, 1988). In displaced populations that are extremely socially and economically disadvantaged and have experienced heightened violence because of conflict, stress levels may be disproportionately high and lead to higher risk of IPV.

Together these theories address causes of IPV at societal, community, interpersonal, and personal levels. These theories guided the development of the key domains of the interview guide, as described below.

METHODS

Study Setting

Participants were recruited from a displaced community of about 100 households on the outskirts of Cartagena, Colombia. The community was established in 2006 by a local grass-roots organization, *Liga de Mujeres Desplazadas* (LMD). With seed money from the U.S. government, the United Nations, and other private and public funds, displaced women were trained in brick building and helped to construct their own homes. The community is unusual in that women have sole ownership of their homes; husbands or common-law partners may not sell the home as they can with any other joint property. LMD works closely with the community on a variety of projects addressing issues of human rights, security, empowerment, and violence and also provides education and job training opportunities.

Recruitment and Consent Process

We recruited 33 partnered women aged 18 to 49 years, who were living in the target community, Spanish-speaking, and able to get to the interview location. Partnered women included those who were currently married or cohabitating. Efforts were made to recruit women with a range of characteristics that potentially influence relationship dynamics and IPV perpetration, including time since displacement, age, and marital status.

Women were invited to participate through the LMD using a “gatekeeper” strategy in which potential participants were identified based on personal knowledge of community members (World Health Organization, 2007). In past research activities, community members had indicated a preference for interviewers to come from within the

community.² Two women from LMD who had prior research experience were selected by the principal investigator to act as both recruiters and interviewers. The LMD women were well known to women in the community and were involved in numerous LMD activities. Potential participants were approached by the recruiters before or after LMD activities, within the community, and at their homes and given a brief general description of the project. If women agreed to participate, the recruiters provided the participants with a detailed description of the research project, risks and benefits of participating, confidentiality procedures, and contact information for the research team. Participants were consented in front of a witness (who was not present for the details shared with the participant) and the interview was then scheduled at the convenience of the participant; usually within 1-2 days. Consent information was reviewed again with the participant at the time of the interview. The interviews were conducted in private at the community center and audio-recorded. Participants were given the equivalent of about \$10 U.S. as compensation for their time. The project was reviewed and approved by the Internal Review Board at Emory University.

Training and Pilot Testing

The interviewers and the investigator's research assistant took part in the training. The research assistant acted as translator for the principal investigator and also assisted with the pilot interviews. The first week of training covered the topics of ethics and safety, logistical planning, and an overview of qualitative interviewing skills. The interview guide, consent form, and goals of the research were introduced and discussed.

² This preference was confirmed during our research when the research assistant, a non-displaced woman from Cartagena, attempted to sit in on several of the interviews. Participants were reluctant to speak until the assistant moved out of earshot.

The semi-structured interview guide consisted of open-ended questions that were grouped into 4 domains: 1) general living conditions in the community and differences from pre-displacement life; 2) social networks and support in general and for the participant; 3) gender norms for men and women in partnerships; and 4) IPV in the community and in personal relationships. Prior to data collection, the research protocol and all materials used for the training and interviews were translated into Spanish and back-translated to English to ensure intended meanings were retained. Additional input from the research team helped to refine the language of the study instruments.

The following week and a half of training was spent reviewing the interview guide and consent form in detail, practice sessions conducting mock interviews, and culminated in pilot testing over two days. Each interviewer conducted one pilot interview with a displaced woman from a community not included in the research area. The team then worked over the next two days to review the interviews, discuss any methodological or content issues that arose during the pilot test, conduct retraining on problem areas, and make changes to the interview guide. A second practice interview was conducted by each interviewer and the same review process was followed.

Data Collection and Analysis

The 33 displaced partnered women in this study were interviewed in Spanish using face-to-face semi-structured interview guides. Interviews lasted between 30 minutes to 2 hours, with an average interview lasting about 1 hour, and were auto-recorded. Recorded interviews were transcribed verbatim soon after data collection began. Transcriptions were then translated from Spanish to English. The research assistant periodically checked a subset of interviews to ensure correct transcriptions and

translations. During the data collection process, the investigator reviewed the audio recordings with the research assistant and conducted periodic re-training as questions and issues arose. Adjustments to the interview guide were made as needed. The research assistant conducted periodic checks of the transcriptions, and back-translated selected translations. Preliminary analyses of data in the field sought salient terms and emergent themes from the interviews to inform probes for subsequent interviews. Data collection took place over 5 weeks from May to June 2010.

Translated interviews were entered into MAXQDA 10 (VERBI Software, 1989-2010) to facilitate data coding and analysis. The analysis was guided by modified grounded theory techniques in which theory is developed from systematic analysis of textual data (Leonard & McAdam, 2001). Textual analysis was conducted line by line using open coding to develop inductive themes from the data. This resulted in the development of an initial list of reoccurring subject areas. Preliminary labels were given to each theme to develop a filing system. Once the initial coding scheme was finalized, a subset of transcripts was coded by the PI and an independent coder to determine inter-coder reliability. Inter-coder reliability was 87%. Inconsistencies were discussed until discrepancies were resolved and adjustments were made to the codebook as needed. Next, transcripts were coded. The process of coding transcripts is iterative in nature and evolved as new themes emerged and codes were modified, collapsed, or dropped. Thick descriptions were developed to help delineate how domains and codes were related to each other. New codes were incorporated in the codebook and a second subset of interviews was coded by the independent coder. Inter-coder reliability for this second

round was 93%. A final codebook was developed following this second round of reliability testing.

RESULTS

Sample Characteristics

About 85% of women were in ‘free unions’, or common-law partnerships, and 15% were legally married (Table 1). Participants were between 18-49 years of age with an average age of 35 (SD 8.04). Women’s partners were between the ages of 24-65 with an average age of 40 (SD 10.35) years of age. The majority (61%) of women had partners that were older. Women had an average of 3 (SD 1.69) children living at home and had been displaced between 3-19 years with an average of 10 (SD 3.25) years. The majority of women (76%) and their partners (70%) had a secondary education or less. Over half of the women were with the same partner they had been with before being displaced. Only 4 women (12%) were not working. Women who were working often had several income-generating activities. The majority of women (88%) had worked in the prior month, either from home (21%), at an outside location (39%), or both (27%). Fifteen participants (45%) reported IPV by their current partner.

Conceptual Framework

Data from the interviews was organized into a conceptual framework consisting of four main components; (1) the contextual circumstances in which the women and their partners currently live, (2) women’s perceptions of gender normative behaviors for men and women, (3) men’s unemployment and women’s employment, and (4) intimate partner violence (Figure 1). These four domains reflect the influence of societal,

community, interpersonal and personal factors on IPV as discussed in the IPV theories section above.

Contextual circumstances of displacement and current living conditions, such as weakened social networks and a lack of employment opportunities contributed to stress and a lack of social support, which in turn created conflict within relationships. Within this setting, women and their partners still largely subscribed to patriarchal gender norms even though circumstances dictated changes in gender roles, most notable in men's and women's employment. The way in which couples' employment was viewed as transgressive or conforming by each partner impacted the quality of the relationship and the occurrence of IPV.

Women's Definitions of Mistreatment

LMD regularly provided workshops on IPV and women's rights in the community, so women may have had a greater awareness of what constitutes mistreatment than other women in Colombia. Virtually all women defined mistreatment by intimate partners in terms of physical and verbal abuse, although a partner not fulfilling his financial obligations to support the family was also frequently mentioned. One woman gave an example of mistreatment by men in the community:

..when they arrive home all drunk and they start mistreating us with some bad words or they start beating us...or not having what we need in that moment, knowing that we do not work and they are not fulfilling our needs. (D31, age 41, partnered, displaced 12 years, IPV)

Some women also included infidelity and forced sexual relations as types of mistreatment. Women's perceptions of severity varied with the type of abuse. Verbal abuse was defined as more severe than physical abuse by a number of women.

While most women attributed the cause of IPV to men's lack of employment, others placed the blame on women. One woman mentioned women's infidelity as a reason why partners would mistreat a woman. Another woman implied that IPV would be justified under certain circumstances:

He treats me right, providing that I do not give him any reasons; he is a good partner. (M42, age 48, partnered, displaced 7 years, no IPV)

Contextual Circumstances

The study community was an environment perceived as an improvement from the conditions women lived in immediately after displacement. Some women upon displacement were able to find housing with a relative or in-law, but often in crowded conditions that put additional stress on the family. Others were forced to move from place to place as they failed to make enough money for rent. With the formation of the community in 2006, women were provided with free housing which mitigated some economic stress but brought about some unintended negative consequences. Although housing was improved, the community was somewhat isolated by distance and the cost of transportation from Cartagena and other nearby towns. Economic stress was a dominant link to IPV in the interviews with women, either in the context of conditions that caused it, or circumstances that mitigated it. Economic conditions were most commonly linked with stress, but lack of social support and trauma from violence prior to displacement were also sources.

Economic Transition

The transition from rural agricultural life to a cash-based economy was particularly salient to women. When asked about the differences between life pre-

displacement and currently, women most often discussed the self-sufficiency of their previous life – food, water, and wood, for example, were readily available and at no cost. However, life in displacement presented many additional expenses. Food, utilities, and transportation for children to attend school outside the community were some of the expenses frequently mentioned. These additional expenses were made even more burdensome by the scarcity and sporadic nature of employment for both men and women:

I have to work hard to buy the daily bread and sometimes I feel tired... the family had everything [before displacement]. We had cassava and corn seed and if we wanted chicken we only had to kill one, my husband used to seed tomatoes and eggplants....there is a great difference in our live before the displacement and nowadays. (M28, age 21, married, displaced 10 years, no IPV)

Women's Home Ownership

Women in the community were provided housing (which they helped to build) and given sole ownership. Many women mentioned positive aspects of home ownership, such as not having to pay rent, not having to live with extended family, better security with the sturdiness of the building, and being able to leave a legacy to their children. However, for some women the economic responsibilities that came with home ownership outweighed the advantages:

Even though it is our own house, we feel as if the house is not our own property, like we are living in a rented house, because we have to pay a lot of money for the public service bills. (M28, age 21, married, displaced 10 years, no IPV)

Having a fixed resource decreased limited employment options to the local area, which could create conflict in couples where the partner desired to look elsewhere for employment. One woman describes the conflict that arose when her husband wanted to sell the house and move to another location with greater employment opportunities:

...my husband wanted to sell the house to move to [another town] and [a relative] advised me not to sell my house, not to leave my sons without a place to live. Then my husband and I had a very strong argument, and he told me that the house was mine, that I should be able to do whatever I want with it.... (M29, age 28, married, displaced 7 years, no IPV)

The immobility of women's housing also presented dilemmas when women sought to separate from a violent partner. A woman described how her violent partner continued to be unfaithful, but refused to leave:

He knows that the comfort he has here...if he goes with another woman...he has to pay the washing, food, rent and to maintain her, and in addition ... he would have to send alimony to my children.... He hasn't stopped disrespecting, [women] call him and he answers at whatever hour...he thinks he has more right to the house, that if I throw him out he will burn it. (M19, age 38, partnered, displaced 10 years, IPV)

Even when women attempted to get an abusive partner out of the house, they were not always supported by the very organizations meant to protect them. One woman described how she was forced to leave her home after calling the police on an abusive partner:

I told the police that if he didn't go I would go. Well they told me to get what I was going to get and leave....I called my friend to go to my house so the little I had he wouldn't steal...he would say he wasn't leaving; that if he was going to die he was going to die in the house. (D45, age 45, partnered, displaced 9 years, IPV)

Despite evidence to the contrary, the focus on the community as one that belonged to women was viewed as protective for women, even by women who were experiencing IPV:

...it is kind of difficult for a man to mistreat a woman, and women won't let men mistreat them, because this is a women's community, not men's....[M]y partner feels badly since he cannot do what he wants, as this is a community of women only. (M44, age 18, partnered, displaced 11 years, IPV)

However, women who expected equal participation in the upkeep of the household were sometimes met with increased relationship conflict:

...we have many years together and I insist that he help me with the house, to finish the yard, fix the doors, but he doesn't pay any attention to me....I told him that if he doesn't help me I'd leave him because...I don't like for him to insult me in front of the children, so then he gets angrier and he starts insulting me.... (M35, age 47, partnered, displaced 4 years, IPV)

Social networks and support

When commenting on social support in the community, women felt that support came from specific individuals more than an overall feeling of support and cohesion within the community. Women more often sought family members, when available, than other community members for support and advice. Some ascribed the lack of support to apathy in the community and a lack of cohesion because the women came from different places in Colombia. Others felt that the economic hardships shared by everyone in the community prevented people from helping:

If we cannot provide food to our children and they keep crying due to this situation, we cannot be happy, but we look for a way to solve such situation, like going to our neighbors, but in the end they are facing the same situation and cannot help us. (M43, age 46, partnered, displaced 11 years, IPV)

Trauma from experiencing and or witnessing violence pre-displacement contributed to some women isolating themselves from the community:

[Pre-displacement] I could go out without been afraid of anything, along with the people I trust in, but nowadays, I cannot go out in peace. I am always thinking that something bad is going to happen to me, under those circumstances in which I displaced. (M44, age 18, partnered, displaced 11 years, IPV)

Gender Norms

Colombia's gender norms are rooted in patriarchy where men are expected to be dominant and aggressive, and responsible for providing for the family (Flake & Forste, 2006). Women, in contrast, are expected to be submissive and responsible for domestic duties and family. Women who are seen on the street are associated with negative activities such as gossiping, infidelity, and neglecting her duties (Streicker, 1995).

Desired Characteristics in Women and Men

Women were asked about what characteristics men and women would like to see in their partners in general, and within their own relationships. When discussing characteristics that men desired, most women mentioned characteristics that conformed to traditional gender roles such as having the house clean and organized, having dinner ready, being faithful, and being in a good mood. One prevailing negative characteristic that women mentioned both for women in general and for their relationship in particular was that men did not like women going outside the house. Being outside the house represented a transgression from desired women's roles in several ways; she was neglectful of her duties to the house and family, she was gossiping to neighbors, and she was potentially being unfaithful. Women attributed these expectations to men's desire to control women:

They are the kind of men who like to see their wives at home, locked between the four walls. They like when they do not go out to anywhere, that we stay there like we're dead, without having the chance to go out to the corner, but they do have the chance to go out to any place that they want. They want us to have a lot of children, to make the food for them, to wash their clothes. It is like being their slaves, not to be free, or not to get ahead in life. (M31, age 41, partnered, displaced 12 years, IPV)

Another woman spoke of the double standards men held with regards to women:

They want their women to be serious, not to have any lovers or affairs. That is exactly what they like and want; they do not want to be cheated on, they can cheat on us, but we cannot cheat on them. (M27, age 34, partnered, displaced 9 years, no IPV)

Women frequently mentioned gender normative behaviors, such as financial support, when speaking of desired characteristics in men. However, women also spoke of respect, love, and family involvement as desired attributes of partners. One woman felt women should have greater input in couple's decision-making processes, although she still assumed that the man would have the final say:

... there should be no differences in terms of the making of decisions, if they are going to make a decision, they should take women into account before coming up with a final decision; they should also appreciate women and show respect to their opinions. (M44, age 18, partnered, displaced 11 years, IPV)

One woman felt burdened by her husband's lack of participating in decision-making for the household and wished that he would take a more traditional role in the household:

I would like him to be a more decisive man somehow... not to be stuck, to be a trouble-shooter, to have more prompt initiative. I would like him to change in that aspect, because sometimes I am the one who has to make the decisions to get out of trouble, because he stays still there, without any initiative, he only reacts after a long while, when things have happened or advanced a lot, so he does not make himself feel what he really is - the head of the family. (M28, age 38, married, displaced 10 years, no IPV)

Men's Work

Lack of Work and Conflict in the Relationship

Women, both those who experienced IPV and those who did not, linked conflict in relationships to men's lack of employment, either directly or indirectly. Women felt

that men were stressed by the lack of work which caused men to react in a number of negative ways, including withdrawal, alcohol, gambling, and IPV:

...since we moved here, things have changed a lot between us; he didn't used to insult me....he says that the fact that we moved here is a blessing, for example the house, but sometimes I feel that things are not working well between us. Sometimes he thinks it is due to the worry, the stress, the desperation; sometimes he says he wants to go away and leave me alone and not to come back anymore... (M37, age 25, partnered, displaced 19 years, IPV)

Other women focused on their own stress caused by the economic strain in general or their partner's failure to provide for the family as the precipitating factor which led to IPV:

Sometimes those problems [men's unemployment] give women stress, it reflects in the way they treat their children, they abuse them, they tell them ugly things and there is where the domestic violence begins....there are women that fight with their husbands and take it out on their children..... (D39, age 38, partnered, IPV)

Women also put pressure on their partners to fulfill their role as economic provider. One woman felt that men did not want to work and sent women out to work for them. Another woman, who had to take care of most of the household expenses because of her partner's illness, felt that he wasn't fulfilling his obligations:

Yes, the relationship between us currently is very bad; wrong, wrong in every way. First of all, I think that everything I am living is his fault. Second, now because of his sickness... It shouldn't be like that, but that is what I think and feel - in part that he isn't a normal man. He does work one or two hours because his health doesn't permit it... and all that stuff has deteriorated our life as a couple. (D45, age 45, partnered, displaced 9 years, IPV)

Even when men were working, the insufficiency of men's financial contributions was also a common source of conflict in relationships:

Sometimes he says that he does not know what I do with what I make a month. And I tell him, that he cannot notice that we don't have curtains and that I have to buy them, and that also he makes more money than I do, and he just gives me the money for the food and that sometimes I have to pay for the public service bills. So sometimes we end up having an argument because of that. I tell him that he is the man and that he has to be in charge of all of the expenses from the house, and that if I made the money that he makes, I would always pay the public service bills and that I would not let anybody cut those services. (D31, age 41, partnered, displaced 12 years, IPV)

Women's Work

Virtually all women had done something to earn money in the prior month. Of the four women who did not, three had been working in the recent past and one planned to work in the near future. Most women were doing more than one activity to earn income either from home, away from home, or both. Only 7 women were working exclusively from home, 9 had income generating activities both at home and outside the home, and 13 worked outside the home. Of the 22 women working outside the home, 12 were working outside the community as maids. A few women were able to find work inside the community working in small shops or at the children's center. Women also created income-generating activities at home such as taking in laundry and ironing, selling food and drink from a shop attached to the home, or providing beauty services. For many women, working was not a choice but an economic necessity given the intermittent nature of employment for both men and women. However, a few women spoke of the improvements in their lives brought about by working:

I have learned so much, the truth is, I've learned a lot - to handle the things, or to work, to depend on me, to help my husband, to help my children. (D47, age 40, married, displaced 7 years, no IPV)

Women Frame Their Work as Gender Normative

Most women framed their employment as being an extension of their duties to support their husband. This may be supported by the fact that men, when they did have work, earned substantially more than women, despite transgressing the gender norm of leaving the house and children:

Well, I think he should feel supported, that he is being supported, that if she goes out, she goes out to work... if she leaves the house, the children alone, it's not because she is in the streets but because she is helping economically to help their family move forward. (D48, age 30, partnered, displaced 7 years, no IPV)

One woman viewed women's employment as an adoption of the traditional male role, although she justified it in terms of conforming to a woman's role as a supportive partner:

...if the man is not working at the moment, she can take the food home, like taking the man's place, to contribute to the cause and supply the food for them. When the men are working, women love them, but they should love them in good and bad times, being alert, taking good care of the house and the family, and when I say the family, I mean their husbands. (M28, age 38, married, displaced 10 years, no IPV)

There was no indication from the women interviewed that they had increased decision-making power within the household as a result of their work. Some men used their greater earning power to reinforce traditional male roles of dominance. A woman describes how, despite her contributing money towards the household:

... [He] says that he is the one that works, the one that gives money, and he is the one that is in charge. (M19, age 38, partnered, displaced 10 years, IPV)

Partner's Perceptions of Women's Employment

Women whose partners were supported of their work shared their view that women's income was only supplemental to the man's. A woman explained why there were no problems in the relationship because of her work:

Because he knows I am just helping... and he knows I don't work every day so I don't leave the house unattended. (D48, age 23, partnership status unknown, displaced 11 years, no IPV)

Others believed that men felt threatened by women working; that men were afraid of losing authority. Women working outside the home were particularly problematic for men:

...my husband does not like that I work outside home and then he fights with me; we drew blood. I left to another place [temporarily]. Now we fight a lot lately. (D37, age 29, partnered, displaced 8 years, IPV)

Most working women had cost-sharing strategies with their partners. Strategies including assigning specific expenses to each partner or alternating responsibility for the bills as each partner had employment. However, as women made economic contributions to the household, some men seemed to feel less responsibility to provide for the family and withdrew financial support, even during periods in which they had no work:

I have to ask him for some money, because I am not working, so I have to ask him, and he replies that I don't have the right to ask him for anything, and asks me what I do with the money I earn, and trouble shows up between us. (M44, age 18, partnered, displaced 11 years, IPV)

DISCUSSION

The interpretation of the results must be viewed in light of some limitations. First, this was a purposive sample which may not be representative of other displaced populations. The study community had a number of unusual features such as women's home ownership and targeted education and programs on women's rights and IPV which may result in perceptions and opinions that differ from other displaced women. Second, only the viewpoints of women were collected. Additional research on men's views on the study topics would provide valuable additional information on the linkages between community context, perceived gender role transgressions, and IPV.

Results from the fieldwork highlight how the complex relationships between community context, traditional gender norms, and the ways in which men and women's employment failed to conform to those norms, affect the quality of intimate relationships. Gender normative roles of provider and family authority remain male domains. Women were still expected to remain at home and take care of the family. Both men and women were held to traditional norms even when economic necessity dictated modification of those roles.

For women, earning supplemental income was an economic necessity in a context of scarce and intermittent work for their partners. Women sought to mitigate the transgressive aspect of working, particularly away from home, situated their work as part of their traditional role of taking care of the family and their partner, even if it meant reducing her ability to take care of the household and children. However, this work did not release a woman from her obligations at home – a view shared by both women and their partners. Women who reported less conflict in their relationships had partners who

were more supportive of her contributions to the household expenses. Partners who were not supportive of women's work resented the time away from the household and the perceived neglect of family.

Women's economic opportunities were restricted to low-wage options such as domestic work and small-scale retail. It did not appear that women gained additional power within the relationship by employment, although a couple of women felt empowered by the self-reliance gained by their work. This may have been due in part to the comparatively low wages earned by women's menial labor. The average income earned by women in the community was about 2,5000 Colombian pesos per day (~\$1.35 U.S.) (Rosas, 2008). One woman stated that her partner could earn in three days what she got in a month. Their relatively lower and often sporadic wages made it less likely that women would have the resources to leave an abusive relationship. Moreover, a woman's employment may exacerbate her dependency on an abusive partner (Salway, Jesmin, & Rahman, 2005). Women's incomes were frequently insufficient to support them independently and partners sometimes withdrew financial support when women were working.

Women's property ownership provided some financial and social advantages as well as some unintended negative consequences. The freedom from rent payments or having to stay with extended family or friends reduced stress in the relationship. Having something to pass on to children was also particularly salient in view of the loss of lands and possessions from displacement. However, women in were constrained by the fixed nature of their housing to economic opportunities available in the immediate area. Women in abusive relationships were often not supported by social and structural

resources when they sought to separate from a violent partner and were faced with the choice of remaining in the relationship or abandoning the house.

It was not clear that women's home ownership provided her higher status within the family. Instead, some narratives suggested men resented the lack of control over the home was an added transgression to women's employment and men's lack of employment. A study in South Asia study found that the protection from IPV an income-generating property brought to women was no longer in evidence when men were unemployed or irregularly employed (Panda & Agarwal, 2005).

Of equal, if not greater, importance to relationship quality was the inability of men to fulfill their traditional role as sole economic provider for the family. Women frequently ascribed men's stress and fear of not being able to provide for their family as the impetus for IPV. More proximal behaviors linked to IPV such as excessive drinking and controlling behaviors were also attributed to men's lack of employment. Controlling behaviors such as jealousy and accusations of infidelity, and close surveillance of women's activities were also mentioned by women whose partners were abusive. Often this behavior only occurred after displacement, or had gotten worse since displacement. Controlling behaviors are frequently correlated with IPV. In Colombia, 76% of women with husbands who accused them of infidelity reported IPV in comparison with 36% of women whose husbands did not accuse them (Kishor, 2004).

It is difficult to disentangle the relative contributions of stress from economic conditions in general and conflict brought about by transgressions gender roles in the face of patriarchal gender norms. Working women have been at risk for higher rates of IPV across different settings, including in Colombia (Ackerson et al., 2008; Atkinson et al.,

2005; Macmillan & Gartner, 1999). In a longitudinal study in India, women with husbands who had intermittent employment were at higher risk of IPV, and women who had husbands who had stable employment and then lost that employment were at even greater risk for IPV (Krishnan, 2010). What is evident is that displaced couples in this community face multiple stressors which cause strain and conflict even in non-violent relationships. Largely undesired changes in gender roles in a community which subscribed to traditional gender norms caused resentment by both partners. While LMD has made efforts to educate the community on IPV, it is unclear if men were being successfully included into these activities. Comments by women interviewed which referred to men feeling disempowered by the 'community for women only' indicate that at least some men feel marginalized by the nature of the community in addition to feeling disempowered by underemployment and the necessity for economic support by their partners. The lag between rapidly changing gender roles and patriarchal gender norms along with severe contextual circumstances put women in this community at increased risk for violence within their relationships.

CONCLUSIONS

Our findings highlight how complex relationships between community context, traditional gender norms, and the ways in which displaced men's and women's employment failed to conform to those norms affect the quality of intimate relationships. In the face of conditions of displacement and economic insecurity, couples depend on intermittent employment that comes into conflict with traditional gender norms held by both partners and raises the risk of IPV. Where masculinity is defined in part through financial responsibility for the family, the inability to fulfill this expectation may lead to

alternative expressions of masculinity through aggression and violence against partners. Women's employment not only transgresses women's traditional roles as homemaker and family caretaker, but also implies that men cannot fulfill their obligations to provide for their families. Even when women seek support and assistance for IPV, social and economic structures work against women's agency. Program and policy interventions should address women's employment opportunities and structural gender inequalities to help mitigate possible backlash against perceived gender norm transgressions that put women at risk for IPV.

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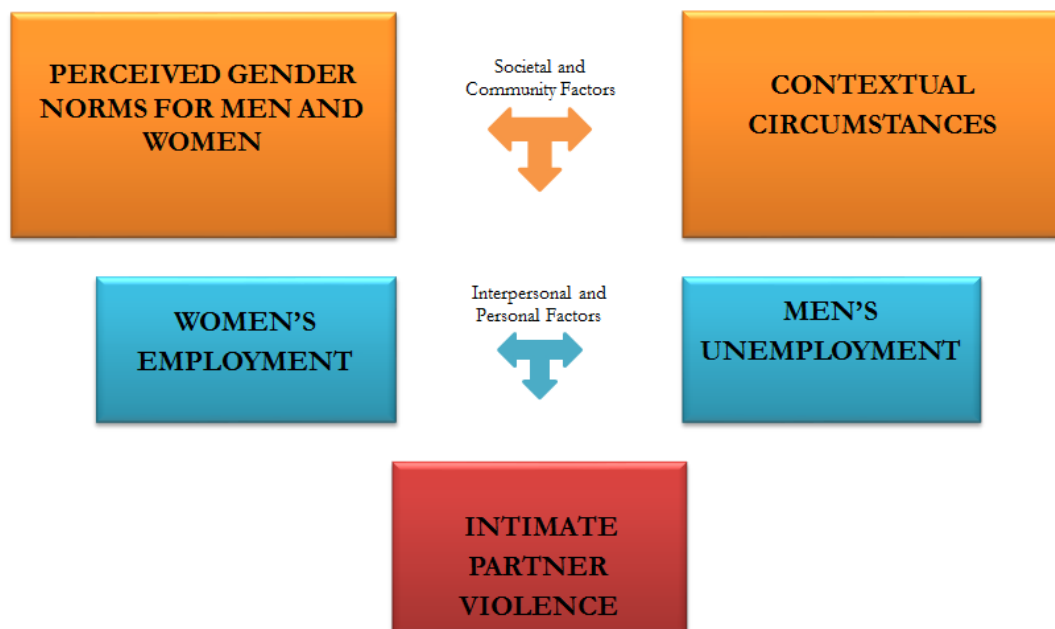
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Table 4.1: Demographic characteristics of the sample (N=33)

	% (Range)
Age	35.0 (18-49)
Partner's age	39.6 (24-65)
Years displaced	10.6 (3-19)
Number of children living at home	3.1 (0-8)
IPV	
No	16 (48.5)
Yes	15 (45.4)
Unknown	2 (6.1)
Same partner as pre-displacement	
No	13 (39.4)
Yes	19 (57.6)
Education	
None-primary (0-5)	15 (45.5)
Secondary (6-9)	10 (30.3)
High school or greater (10+)	8 (24.2)
Partner's Education	
None-primary (0-5)	14 (42.4)
Secondary (6-9)	9 (27.3)
High school or greater (10+)	10 (30.3)
Has children from a previous relationship at home	
No	14 (42.4)
Yes	19 (57.6)
Marital Status	
Married	5 (15.2)
Partnered	27 (81.8)
Unknown	1 (3.0)
Work Status	
Not working	4 (12.1)
Work from home	7 (21.2)
Work outside of home	13 (39.4)
Work home and outside	9 (27.3)

Figure 4.1. Conceptual framework for the interaction of gender norms, employment, and relationship quality among displaced women in Colombia



CHAPTER 5 SUMMARY AND CONCLUSIONS

The findings from this study highlight the importance of using an ecological approach in IPV prevention and response efforts. The inconsistent relationship of many variables to IPV across different settings suggests that higher level contextual factors are important to consider. However, there is limited knowledge of what community-level factors are associated with IPV globally, and current quantitative measures are not well equipped to measure community and societal level factors. In addition, little evaluation has been done on existing IPV programs which use ecological approaches. Future research should investigate other factors that may account for community variation in IPV and the mechanisms through which they influence individual risk of IPV. Finally, potential community characteristics may not act directly on individual IPV risk but rather modify associations between characteristics at the individual and interpersonal level and IPV. Additional research into the pathways by which community characteristics influence the individual risk of IPV are important the design of programs and policies and in the refinement of IPV theories.

The quantitative findings discussed in Chapter 2 demonstrate that, in a setting with traditional gender norms, women with higher relative schooling attainment are at increased risk of IPV. While women's education is protective against prior year IPV for Colombian women this protection is insufficient to eliminate risk of prior year IPV for women who have more education than their partners. Women with greater relative schooling may be viewed as transgressing gender norms by having an atypically higher status within their intimate partnership, which may threaten their partner's masculinity and lead him to reassert his dominance through violence. Women's empowerment

programs which focus exclusively at improving women's education without focusing on *relative* education among couples may have, at least initially, negative effects on IPV in settings with traditional gender norms.

Transgression of gender norms may place women at higher risk for IPV, even if just temporarily, but what constitutes that transgression may differ between settings. Transgression may be particularly dangerous for women in which social roles for women are in transition ahead of changes in traditional gender norms. Ultimately, efforts to empower women and reduce IPV should consider this dynamic in the planning of programs.

These findings are limited by the fact that this study was based on data from a cross-sectional survey which cannot establish temporality. However, because we were able to use prior year IPV, schooling attainment for either partner was likely established prior to the occurrence of violence. The inclusion of women who we previously partnered (but not divorced or widowed) means that women potentially did not have a partner during the year prior to the survey and would thus underestimate IPV. Given that this category of women had the highest rates of IPV in the sample suggests that rates may have been even higher if women who had no partner exposure during this time period had been excluded. In addition, IPV is often under-reported, particularly in large, multi-topic national surveys. It may be that women who experienced IPV but did not report so had different characteristics than the women analyzed for this study. Because this was a study using secondary analysis, there may be additional measures that are important to examine that are not available in the CDHS data.

The multilevel analysis discussed in Chapter 3 show that levels of IPV in the community influence a woman's individual risk for IPV after controlling for individual factors. Women are at higher risk for prior year IPV when they live in communities in which this type of behavior is more common. Several mechanisms may explain why community levels of IPV would be associated with a woman's individual risk of IPV. The association may be reflective of acceptance of IPV as normative within the community. IPV may be viewed as a legitimate way to deal with conflict within a relationship. Alternatively, communities with low collective efficacy are characterized by low social ties and thus may reflect communities that are unable or unwilling to react against IPV. Both acceptance of IPV as normative and lack of community will to control IPV may make it more difficult for women to leave violence relationships.

The qualitative findings discussed in Chapter 4 highlight how complex relationships between community context, traditional gender norms, and the ways in which displaced men's and women's employment failed to conform to those norms affect the quality of intimate relationships. In the face of conditions of displacement and economic insecurity, couples depend on intermittent employment that comes into conflict with traditional gender norms held by both partners and raises the risk of IPV. Where masculinity is defined in part through financial responsibility for the family, the inability to fulfill this expectation may lead to alternative expressions of masculinity through aggression and violence against partners. Women's employment not only transgresses women's traditional roles as homemaker and family caretaker, but also implies that men cannot fulfill their obligations to provide for their families. Even when women seek support and assistance for IPV, social and economic structures work against women's

agency. Program and policy interventions should address women's employment opportunities and structural gender inequalities to help mitigate possible backlash against perceived gender norm transgressions that put women at risk for IPV.

These findings should be considered in light of the following limitations. The quantitative studies were based on cross-sectional data, so causality cannot be established and there may be additional measures that are important to examine that are not available in the CDHS data. Only the viewpoints of women were collected. Additional research on men's views on the study topics would provide valuable additional information on the linkages between community context, perceived gender role transgressions, and IPV. Finally, IPV is often under-reported, particularly in large, multi-topic national surveys. It may be that women who experienced IPV but did not report so had different characteristics than the women analyzed for this study.

IPV is a complex and multidimensional problem that has broader implications for women's empowerment initiatives. Additional research into the pathways by which community characteristics influence the individual risk of IPV are important the design of programs and policies and in the refinement of IPV theories. IPV prevention efforts should include addressing gender inequalities within couples and structural inequalities within communities and societies. Programs and policies aimed at improving status of women must include both men and women as their focus. For example, time spent prior to implementing new programs which highlights the benefits to couples and the community in general may ensure greater buy-in by men. Addressing the potential threats to existing gender norms beforehand may also prevent backlash and increases in IPV.