6-2016

Intimate Partner Violence in a Conservative Christian Denomination: Prevalence and Risk Factors

Carolyn Sallion-Love

LOMA LINDA UNIVERSITY
School of Behavioral Health
in conjunction with the
Faculty of Graduate Studies

Intimate Partner Violence in a Conservative Christian Denomination: Prevalence and Risk Factors

by

Carolyn Sallion-Love

A Dissertation submitted in partial satisfaction of
the requirements for the degree
Doctor of Philosophy in Marital and Family Therapy

June 2016

Each person whose signature appears below certifies that this dissertation in his/her opinion is adequate, in scope and quality, as a dissertation for the degree Doctor of Philosophy.

_____, Chairperson
Brian Distelberg, Associate Professor of Counseling and Family Sciences

_____
Doug Huenergardt, Professor of Counseling and Family Sciences

_____
Winetta Oloo, Assistant Professor of Counseling and Family Sciences

_____
Colwick Wilson, Professor of Counseling and Family Sciences

ACKNOWLEDGEMENTS

I would like to express my deepest gratitude to my committee members, Dr. Brian Distelberg, Dr. Colwick Wilson, Dr. Winetta Oloo and Dr. Douglas Huenergardt for your advice and direction. I could not have made it this far without your help. To my Chair, Dr. Brian Distelberg, I appreciate your patience, wisdom, and guidance as you clearly showed me the way, step by step. You have this ability of knowing just when I needed to be pushed or encouraged along the way. I am truly grateful to you. To Dr. Douglas Huenergardt, thank you for preparing my academically for this topic and I thank you for your support throughout my journey. To Dr. Winetta Oloo, thank you for being willing to listen to me and guide me, especially in the theory conceptualization. I especially, would like to thank Dr. Colwick for opening doors for me and encouraging me throughout this process.

To my family and friends, your continued love and support through this long endeavor have been truly amazing. I need to mention the support of Wendy Wray, Dr. Crystal Clarke and Dr. Naomi Modeste as they helped to prepare me for my defense. I appreciate you taking the time to listen and giving me positive feedback. Dr Modeste, thank you for helping me, even on your birthday that meant a lot to me. I could not have made it this far without the prayers of my family and friends. I especially, would like to thank my mom for her continued encouragement, prayers, and support who helped me to stay on task.

To my husband, Derrick, your undying support and sacrifice throughout this process, has made you truly great in my eyes. It's amazing that you were able to work,

take care of our daughter, complete your studies at the same time and graduate with Cum Laude. To God be the glory!

And finally, I would like to thank God for giving me the wisdom and strength to persist, when it would have been easier to give up. I could not have made it this far, without Him.

CONTENTS

FIGURES

Figures Page

TABLES

Tables Page

ABBREVIATIONS

DFA	Discriminant Function Analysis
IAD	Inter-American Division
SDA	Seventh-day Adventist
WHO	World Health Organization

ABSTRACT OF THE DISSERTATION

Intimate Partner Violence in a Conservative Christian Denomination: Prevalence and Risk Factors

by

Carolyn Sallion-Love

Doctor of Philosophy, Graduate Program in Marital and Family Therapy
Loma Linda University, June 2016
Dr. Brian J. Distelberg, Chairperson

This study examines the prevalence and risk factors of intimate partner violence (IPV) in a Christian denomination. To date, no studies have been found in the literature that looked at IPV in a Christian denomination in South America, Latin America, and the Caribbean. Little is known regarding how church members from these countries experience victimization from IPV. One 2002 Inter-American Division (IAD) data set provides some insight into IPV; and the Seventh-day Adventist (SDA) Church has analyzed cross-sectional data of more than 7,000 SDA respondents from the study area of interest. Discriminant function analysis (DFA) was used to determine if reports of physical, emotional, and/or sexual abuse could be correctly predicted based on knowledge of age, education, marital status, number of children, marital conflict, depression, substance abuse, self-esteem, spirituality, and/or conservatism. The study findings suggest that the prevalence of IPV among SDA women is comparable to the prevalence in another international study. Marital conflict was the most pervasive predictor for physical and emotional violence, while substance abuse was the strongest indicator of sexual violence. These results have implications for future programs, policies, and research.

CHAPTER ONE

INTRODUCTION

Violence among intimate partners is a pervasive societal problem in the world (WHO, 2002). However, little is known on the risk factors for becoming a victim of intimate partner violence in the Caribbean (van Wijk & de Bruijn, 2012), Latin America and South America. This study seeks to determine if reports of physical, sexual and emotional abuse are related to a person's level of age, gender, marital status, education level, or to the number of children; to self-esteem, depression, substance use, marital conflict, conservative, or to spirituality. The main focus of this study is to delineate common associated characteristics of intimate partner violence (i.e., prevalence and risk factors) among women in a conservative Christian denomination and to determine whether intimate partner violence in this population is comparable to the vast body of knowledge of intimate partner violence in the broader population. To accomplish this goal, this study will use data from the International American Division (IAD) of Seventh-day Adventist (SDA) study that was collected in 2002.

Background

Global Prevalence of Intimate Partner Violence

According to a 2002 World Health Organization (WHO) report, "One of the most common forms of violence against women is that performed by a husband or intimate male partner" (p.89). Based on surveys conducted between 1982 and 1999 among 48 populations around the world, 10% to 69% of women reported being physically assaulted by an intimate male partner at some point in their lives (WHO, 2002). As demonstrated

by this WHO prevalence data, the frequency of abuse varied greatly and was influenced by the way abuse was defined in the study, the nature of the population being studied, the way the questions were asked, and the privacy afforded during the interview (WHO 2002).

Intimate Partner Violence in the Caribbean, South America, and Latin America

Specific to intimate partner violence in the Caribbean, South America, and Latin America, 28 studies based on comparable developing countries have noted that the median prevalence of lifetime partner violence against women is 21% (Heise, Ellsberg, & Gottemoeller, 1999; Jewkes, 2002; WHO, 2002; Summers & Hoffman, 2002; Kishor & Johnson, 2004). In the Caribbean and Latin America, van Wijk, & de Bruijn (2012), reported that the prevalence of physical violence is about 20% to 30% of all women. The study authors noted that on the island of Curacao "one out of every three people (25% of men, 38% of women) have experienced some form of domestic violence at some point in their adult lives" (van Wijk & de Bruijn, 2012, p.3047). Le Franc, Samms-Vaughan, Hambleton, Fox, & Brown (2008) reported that in Barbados, Jamaica, and Trinidad and Tobago, about 70.9% of participants, aged 15-30 years of age, experienced "victimization by some form of violence, which was most commonly perpetrated by a relationship partner (62.8%)," (p.409). These data confirm intimate partner violence as a widespread problem that cuts across all classes, colors, and religious persuasions (Berry, 2000; Drumm, Popescu, & Wrenn, 2003).

Intimate Partner Violence among Christians

Intimate partner violence among Christians is also prevalent with occurrence rates parallel to the general population in North America (Annis & Rice, 2001; Brinkerhorff, Grandin, & Lupri, 1992; Nason-Clark, 2004; Todhunter & Deaton, 2010*).* Based on a random sample of a Christian Reformed churches in North America, about 28% of the adults reported experiencing at least one form of abuse (Annis & Rice, 2001). Generally, conservative Christians are "often characterized as being more authoritarian and more traditional in regard to gender matters, and as having lower self-esteem. Low self-esteem is considered a function of the guilt associated with religious involvement, especially in fundamentalist denominations" (Brinkerhoff et al., 1992, p.17; see Mackie & Brinkerhoff, 1986).

Drumm, Popescu, Hopkins, & Spady (2007) also documented that in North America, domestic violence is a major issue within the Seventh-day Adventist Church, with incidence of abuse following trends in non-Adventist populations. Drumm et al. (2006) reported that 65% of 1,431 SDA respondents in the North Pacific United States confirmed experiencing controlling and demeaning violent behaviors from an intimate partner at least once in their lifetime. Based on this study, about half of the respondents (46%) experienced common couple violence in their lifetime, 29% experienced sexual violence, and 10% experienced severe physical violence—with controlling and demeaning behavior (65%) being the predominant type of abuse between SDA couples. Sahlin & Sahlin (1997) found that "one in five Adventists say that 'abusive violence is a big problem' among families in their church" (p.12). One in five of the respondents reported incidence of experiencing physical abuse at least once in their lifetime. It is

interesting to note that an Adventist Family Study done in 1994 with almost 8,000 randomly selected respondents (Flowers & Flowers, 1997) found between 8% to 18% of females reported being sexually abused, 15% to 43% reported being physically abused and 27% to 69% reported being emotionally abused (Flowers & Flowers, 1997). How serious this issue is among Seventh-day Adventists in the Caribbean, South America, and Latin America countries is unknown at this time.

What is also currently unknown is whether SDA adults within the Caribbean, South America, and Latin countries experience similar prevalence rates of abuse. This study would provide a basis for comparison between the prevalence rates of SDA adults in North America (which is well studied) and the prevalence rates of comparable samples of Caribbean cultures (which offers some solid prevalence statistics although not all cultures and countries have been included). As a secondary aim, this study will seek to explore the common direct and in-direct effects of factors associated with abuse within the Caribbean countries. Robust models exist that highlight the ecological and interdependent effects of abuse (Bronfenbrenner, 1977, 1979, 1986; Dutton, 1985, 1995; Heise, 1998; and Stith, Smith, Penn, Ward, & Tritt, 2004). This study will seek to determine if the current empirical models of intimate partner violence fit the unique cultures and practices within the Caribbean, South America, and Latin America countries.

To accomplish this goal, this study will access the 2002 IAD data set. This data set can provide insight into possible predictors of domestic violence among the Caribbean, Latin American, and South American Seventh-day-Adventist population. This is significant because most studies on the Seventh-day-Adventist population have been done in the United States and have focused more on health and lifestyle (Butler et al.,

2008; Lindsted, & Daher, 2002; Hernandez & Wilson, 2007; Webb et al., 2010; Wynder, Lemon, & Bross, 1959), but a few studies have focused specifically on intimate partner violence. The 2002 IAD data set is a larger random sample of more than 7,000 respondents from the Caribbean, South America, and Latin America countries. Therefore, this data provides an excellent medium to explore the prevalence and associated factors of intimate partner violence in countries and cultures that have been under studied in this regard. The results of this study will contribute to preventative and education programs for victims, church members, and leaders.

There are a multitude of factors associated with intimate partner violence (Gelles, 1987). It is a complex interplay of individual, relational, community, and societal factors that contribute to the risk of becoming a victim (WHO, 2002). Understanding these multilevel factors can contribute to preventative, and educational programs, for victims or couples experiencing intimate partner violence (WHO, 2002). Based on previous research there are common, important, predictive factors for victims of intimate partner violence, including: age (Cummings, Gonzales-Guarda, & Sandoval, 2013); education (WHO, 2002), number of children (Cummings et al., 2013); marital status (Renner & Whitney, 2012). There are also noted risk factors that seem to be consistent in the literature, such as: age of partners, socioeceonomic status, excessive alcohol use, and cultural attitudes (Cousineau & Rondeau, 2004). This study seeks to explore the role of these associated factors within the Caribbean, South America, and Latin American SDA population.

Aims and Objectives:

The purpose of the study is to determine the prevalence and possible predictors of intimate partner violence among SDA women in the study area of interest.

Aim I

Determine the prevalence (frequency) of intimate partner violence among and across SDA populations within the study area of interest, as well as, the prevalence within subpopulations (e.g., single versus married women, various age categories, etc.).

Aim II

Determine if common predictors (e.g., SES, age, education level) and outcome effects (e.g., self-esteem) of intimate partner violence that have been identified in other studies can be used to identify different types and levels of intimate partner level in the IAD data set.

Rationale

Most of what is known about the prevalence and risk factors of domestic violence has been derived mainly from research done in the Western countries, particularly in the United States (Barnish, 2004; van Wijk & deBruijn, 2013). Some research has been done on the risk factors for domestic violence in the Caribbean, such as in Curacao (van Wijk & Bruijn, 2012), Barbados, Jamaica, and Trinidad and Tobago (Le Franc, Samms-Vaughan, Hambleton, Fox, & Brown, 2008; Sukhu, 2012); Latin America and the Caribbean (Imbusch, Misse, & Carrión, 2011). However, no research was found that

looked specifically at SDA communities in the Caribbean, South America, and Latin America countries.

Currently, studies on domestic violence and Seventh-day-Adventists have mainly been done in Canada (Brinkerhoff, Grandin, & Lupri, 1992); and in the United States (Drumm, 2005; Drumm & Popescu, 2005a; Drumm & Popescu, 2005b; Drumm & Popescu, 2005c; Drumm & Stevenson, 2005; Drumm, Popescu, Kirsting, 2006; Drumm, Popescu, & Riggs, 2009; Drumm, Popescu, & Wren, 2003; and Drumm et al., 2006). To date, no research has been found in the literature, on the risk factors for SDA couples living in the Caribbean, South America, and Latin America countries. This study will fill an important gap in the research literature by seeking to determine if reports of physical, sexual, or emotional abuse could be correctly predicted from other known risk factors derived from other studies in other populations.

CHAPTER TWO

CONCEPTUALFRAMEWORK

"Most violent behavior appears to be ecological rather than individual in nature; that is, it appears to occur through dynamic interaction between an individual and his or her environment and not as a result of either individual or environmental conditions in isolation" (McAdams & Foster, 1999, p.311). Although, individual factors such as marital status, substance abuse, mental illness and violent history have been associated with an increase probability of violence, yet these factors alone or in combination do not seem to explain the occurrence of violence (Newhill, 1992; Harris & Rice, 1997). The causes of intimate partner violence are complex (Jewkes, 2002). An ecological framework would be helpful in organizing the reciprocal relationships between systems that influence the potential for, and effect from intimate partner violence**.** A strength of the Ecological theory is that it is a multi-systemic theory that attempts to incorporate the sociocultural, interpersonal, and intrapersonal factors into a cohesive and multifaceted framework. To this end, violence will be defined to ensure a clear agreement in determining the prevalence of intimate partner violence. Second, the risk factors for intimate partner violence will be explored based on the contribution of Bronfenbrenner (1977, 1979, 1986) and others that have adapted the theory of ecology to intimate partner violence (Dutton, 1985, 1995; Heise, 1998; and Stith et al., 2004).

Definition of Violence:

A major challenge in understanding a women's risk of intimate partner violence is the lack of clear definitions and varied use of typologies of violence in the research

(Cousineau & Rondeau, 2004; Crowell & Burgess, 1996; Emery, 1989; Gelles, 1987; Hegarty, Sheehan, & Schonfeld, 1999; Vears & Visher, 2005). The inconsistent definition of violence in research can lead to misinformation about the prevalence, predictors and outcome effects of intimate partner violence (Centers for Disease Control and Prevention, 2013; Hines & Malley-Morrison, 2005; Hegarty, Sheehan, & Schonfeld, 1999). This can also lead to limitations in comparisons of national prevalence rates due to differences in measurements, data collection, and dimensions of violence studied (Cousineau & Rondeau, 2004). Defining violent acts within a specific culture or nation can also be challenging as what may be considered violent in one country, may not be seen as violent in another country (Cousineau & Rondeau, 2004; Imbusch et al., 2011).

Violence is not easily defined. For example, violence was defined by Gelles (1997) as "an act carried out with the intention or perceived intention of causing physical pain or injury to another person" (p.14). However, this definition is restrictive and mainly refers to causing physical pain or injury as a violent act. Research suggests that in intimate relationships physical violence rarely occurs by itself and is often accompanied by psychological abuse, and "in one-third to over one- half of cases by sexual abuse" (WHO, 2002, p.89). The United Nations provided a more expanded definition that included mental harm or suffering but focused more on violence against women. The United Nations defined violence against women as any "act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life" (United Nations General Assembly, 1993). The World Health Organization (2002) has broadly defined violence in the following way:

> The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation. (p.5)

An advantage of this definition is that it is broad, comprehensive and has been adapted in the Latin America and Caribbean research; a population of interest to this study (Imbusch et al., 2011; Le Franc et al., 2008). This definition also looks at the social ecological impact of violence on an individual, partner, group, or community; also a focus of interest in this study. The use of a consistent definition of violence will help to promote comparisons between this study and other Caribbean, South American, and Latin American studies. Thus, increasing the likelihood of findings that reflect a truer estimate of the prevalence, predictor, and outcome effects of intimate partner violence across cultures and countries. Although this WHO definition of violence is helpful in the pursuit of this study's aims, it is a broad definition of violence and doesn't focus specifically on intimate partner violence. To this end, the World Health Organization has proposed three broad and comprehensive typologies.

Typology of Violence

For this study, the interpersonal violence will be the main focus, specifically looking at intimate partner violence and history of child abuse. This study will also focus on the victim, mainly women in intimate relationships with a family member or partner. According to Johnson & Ferraro (2000), it is important to distinguish the various types of violence to help in understanding the nature of intimate partner violence, to develop theories, and to avoid using terms inconsistently. Failure to make these distinctions can handicap comparison of prevalence and predictors among various countries and cultures.

Making it difficult to determine the magnitude of the problem of intimate partner violence and to predict those who may be more likely to be at risk or be protected from intimate partner violence. It will also hinder developing effective preventative interventions and theories to help understand the nature of intimate partner violence.

The World Health Organization (2002) proposes 3 types of violence: self-directed violence, collective violence, and interpersonal violence. First, *Self-directed violence* is violence toward self that includes suicidal behavior (suicidal thoughts, attempted, and completed suicides) and self-harm (Imbusch et al., 2011; WHO, 2002, 2004). Second, *Collective violence* is a type of violence committed by larger groups or states (Imbusch et al., 2011). Collective violence may have a political, economic and/or social character depending on its particular forms and intentions. (Imbusch et al., 2011). Third, *interpersonal violence*, the "most common form of violence in Latin America" (Imbusch et al., 2011, p.98) is divided into two subcategories: 1) Family and intimate partner violence and 2) community violence (WHO, 2004). Family and intimate partner violence is mainly violence against a family member or intimate partner that tends to occur at home. It includes child abuse, partner and elder abuse. While community violence tends to occur outside of the home and more with a stranger or acquaintance. This includes youth violence, rape or sexual assault by a stranger, and violence that occurs in institutions such as nursing homes, workplaces, schools and prisons. This study will focus mainly on intimate partner violence.

To further explain the WHO definition of intimate partner violence Krug, Mercy, Dahlberg, & Zwi (2002) noted that intimate partner violence is

> Any behavior within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship. Such behaviors includes:
>
> - Acts of physical aggression-such as slapping, hitting, kicking and beating
> - Psychological abuse-such as intimidation, constant belittling and humiliating
> - Forced intercourse and other forms of sexual coercion
> - Various controlling behaviors-such as isolating a person from their family and friends, monitoring their movements and restricting their access to information or assistance. (p.89)

According to Imbusch et al. (2011), Intimate partner violence is seen as the **"**most important and pervasive type of violence in Latin America and the Caribbean even if its visibility is low" (p.100).

Although the classification suggested by the World Health Organization (2002) is not perfect or universally accepted, it provides a useful framework for understanding the complex nature of violence. This definition also allows for greater clarity and consistency in defining the different types of violence in international research. This could foster meaningful comparisons among different or diverse settings (WHO, 2005). It is broad enough to include the various types of violence directed at self, specific individuals and groups.

Ecological Theory

The ecological theory will be used to help understand the complexity and multi-levels of influence that can impact a person. The Ecological theory was developed by Urie Bronfenbrenner (1977, 1979, 1986), a native of Russia, and a "Professor Emeritus of Human Development and Psychology at Cornell University" (Brendtro, 2006, p.162). He

created the "ecology of human development" that is broad, "wide-ranging and multi-faceted" in its application (Brendtro, 2006, p.162, 165). The *ecology of human development* is defined as:

> The scientific study of the progressive, mutual accommodation, throughout the life span, between a growing human organism and the changing immediate environments in which it lives, as this process is affected by relations obtaining within and between theses immediate settings, as well as the larger social contexts, both formal and informal, in which the settings are embedded (Bronfenbrenner, 1977, p.514)

This ecological theory has evolved and now often referred to as the *bioecological model* (Bronfenbrenner & Morris, 1998). According to Bronfenbrenner (1979), this ecology of human development is influenced by the biological, psychological, and social sciences-where the interplay of genetics, biological factors, and the environment contribute to human development, and experiences throughout life. Bronfenbrenner was influenced by Kurt Lewin's field theory, the sociologist such as George Mead, William and Dorothy Thomas; anthropologist such as Ralph Linton and Ruth Benedict, and John Dewey with education (Pence, 1988). These individuals from the various disciplines emphasized the "importance and the impact of the broader social ecology on human behavior and development" (Pence, 1988, p.xxi). Bronfenbrenner's theoretical position held that "interpersonal relationships, including even microprocesses in the parent-child relationship, did not exist in a social vacuum but were embedded in the larger social structures of community, society, economics, and politics." (Ceci, 2006, p. 173). Bronfenbrenner believed that a person's development was influenced by cultural, social, economic, political factors and not only by psychological ones (Ceci, 2006). Based on this assumption, Bronfenbrenner's theoretical model has helped to bridge the various disciplines together and to foster an interdisciplinary dialogue (Glossup, 1988).

Based on this bioecological model, behavior cannot be seen as an isolated act (Brendtro, 2006, p.164). It is assumed there is an interdependencr between the various systems or levels of ecology surrounding an individual. These levels of ecology have been defined as the microsystem, mesosystem, exosystem, and macrosystem. The chronosystem was later added.

Beginning with the outer most system, the chronosystem, "examines the influence on a persons' development of changes (and continuities) over time in the environments in which the person is living" (Bronfenbrenner, 1986, p.724). The chronosystem looks at the changes or consistencies (e.g., historical or life events) in the individual and the environment over the course of life (Hong, Kral, Espelage, & Allen-Meares, 2012). For example, developmental age changes in the individual; changes in family structure; changes in societal views and over historical time.

The next inner system, known or labeled as the macro-system are the broader societal and cultural factors that influence the interaction of the individual with the environment at all levels. A macrosystem

> "refers to the overarching institutional patterns of the culture or subculture, such as the economic, social, education, legal , and political systems, of which micro-, meso-, and exosystems are the concrete manifestations. Macrosystems are conceived and examined not only in structural terms but as carriers of information and ideology that, both explicitly and implicitly, endow meaning and motivation to particular agencies, social networks, roles, activities, and their interrelations" (Bronfenbrenner, 1977, p.515)

At this macrosystem level, ideological beliefs of the culture tend to be passed on by institutions (e.g., family, school, church and government) that promote gender inequalities and societal norms (Bronfenbrenner, 1977, p.515). The macrosystem can be seen as the "blueprint" for society and culture (Bronfenbrenner, 1977, 1979).

The next inner system is the exo-system or larger societal or community level effects where the individual's family interacts with the larger community (e.g., government, mass media, communication, and transportation facilities). The exosystem "encompasses the linkage and processes taking place between two or more settings, at least one of which does not ordinarily contain the developing person, but in which events occur that influence processes within the immediate setting that does contain that person" (e.g., for a person, the relation between the person and partner and the partner's work place) (Bronfenbrenner, 1992, p. 227). An exosystem can influence behavior, if a two-step causal relationship could be established between events in the environment (e.g., the spouse's employment satisfaction) and the processes occurring in the person's microsystem (e.g., husband-wife interaction) that leads to developmental changes (Bronfenbrenner, 1979).

Next is the mesosystem. A mesosystem "comprises the interrelations among two or more settings in which the developing person actively participates (such as, for a child, the relations among home, school, and neighborhood peer group; for an adult, among family, work, and social life)" (Bronfenbrenner, 1979, p. 25). A mesosystem is two or more microsystems. An example is the way the stresses at work and the experiences at home influence each other (Strong, De Vault, & Cohen, 2005).

The innermost system is the micro-system which is about the direct dyadic relations an individual has. For example, the relationship a person has with her mother, with her father, each of her siblings etc. Microsystem is defined as

> the complex of relations between the developing person and environment in an immediate setting containing that person (e.g., home, school, workplace, etc.). A setting is defined as a place with particular physical features in which the participants engage in particular activities in particular roles (e.g., daughter,

> parent, teacher, employee, etc.) for particular periods of time. The factors of place, time, physical features, activity, participant, and role constitute the elements of a setting (Bronfenbrenner, 1977, p.514)

The microsystem that is closest and have the most meaning to the individual will have the most power to influence the risk or outcome of intimate partner violence (Strong et al., 2005). For example, a victim being in a relationship with an abusive partner.

A limitation of the ecological systems theory is that it is not always clear which system accounts for the behavior of research interest (Strong et al., 2005). Also, more information is needed on how the different systems impact on each other. However, the ecological framework is still ideal to allow for an examination of how the various systems interact and influence intimate partner violence.

Ecological Theory and IPV

A few scholars have looked at intimate partner violence from an Ecological lens. Dutton (1995), Heise (1998), and Stith et al. (2004) are the main researchers who have applied Bronfenbrenner's model to understanding intimate partner violence. Dutton, a Social Psychologist has spent his research focus on intimate partner violence. He has written over 100 papers and published several books such as the *Domestic Assault of women* and The Batterer and the Abusive Personality (Dutton, 2007). He also serves as an expert witness in criminal trials involving domestic violence (Dutton, 2007). While Sandra Stith is a Marriage and Family Therapy professor who has written over 100 papers and a few books on family violence such as *Violence Hits Home* (Stith, Williams, & Rosen, 1990). Lori Heise is "an internationally recognized expert on the dimensions, causes and prevention of intimate partner violence and served on the core research team

of the WHO Multi-country study on Women's Health and Domestic Violence" (London School of Hygiene and Tropical Medicine, 2012, paragraph 1). These researchers have made important contributions to research on intimate partner violence.

These researchers agree that violence is conceptualized as a multifaceted phenomenon determined by the interplay of the individual, family, and socio-cultural factors. Stith, Williams, & Rosen (1990) conceptualized violence as "multicausal" from an interactive framework that included individual and family (vulnerabilities, resources and stressors) and sociocultural context (p.4). Heise (1998) conceptualized violence as a "multifaceted phenomenon grounded in an interplay among personal, situational, and sociocultural factors" (p.262). While, Dutton (1985) conceptualized violence as determined by multiple "forces in the individual, the family, the community, the culture, and the species" (p.404).

Dutton (1985) proposed a model of violence called the nested ecological theory, based on the ecological assumptions of Bronfenbrenner. Nested is defined as "one factor operates only within limits set by another factor" (Dutton, 1985, p.404). In Dutton's nested ecological theory, the macrosystem, exosystem and microsystem were used from Bronfenbrenner's model but Dutton added ontogenetic factors. In Dutton (1985) nested ecological theory (see Table 1), the *macrosystem* factors are where gender inequalities and norms of societal aggression emerge from the socio-cultural background. At the *exosystem*, are the connections between the family and the cultures in their community, for example, the economic opportunities, contact between the genders and integration into the community. At the *microsystem*, the likelihood of violence may be heightened by the individual and family characteristics. Dutton added the *ontogenetic* factors that was

developed by Tinbergen (1951). The ontogenetic factors describe the "physiological, cognitive, affective, and behavioral experiences of individuals that make violence more or less likely" (Woodin & O'Leary, 2009, p.54). This also includes the abuser's developmental history or past experiences that are brought into the current relationship (Stith et al., 2004).

Similar to Dutton (1985), Heise (1998) used the macrosystem, exosystem and microsystem as a research focus but highlighted personal history instead of ontogenetic factors. While, Stith et al. (2004) used the ontogenetic (e.g., fear, depression, and alcohol use), microsystem (e.g., violent to partner and number or presence of children) and exosystem (e.g., employment, education, age, and income) but did not include the macrosystem. No one has yet to address the mesosystem and chronosystem. While there are many similarities between the researchers, there are significant and notable differences. One difference is that the researchers varied on whether they focused on perpetrators and/or victims in their research. Dutton (1985) focused more on male perpetrators, except Heise (1998) and Stith et al. (2004) who looked at perpetrators, as well as, victims. Heise (1998) had the advantage of using findings from diverse disciplines, international, and cross-cultural research to theorize possible predictors against men and women at each level of the ecological system but was limited to physical and emotional abuse. Another limitation is that the risk factors that Stith et al. (2004) used for victims of physical abuse were based on the "basic premises utilized for offenders" (p.69). Despite, these limitations, Stith et al. (2004) and Heise's (1998) understanding of IPV will be more useful in developing a framework for this study. This

present study will focus on the predictive factors of victims that include emotional/verbal abuse and, incorporate more current research.

Another difference is that the authors varied on which risk factors were used in the systems (Strong et al., 2005). Table 1 is a summary of the various risk factors used by Dutton (1985), Stith et al. (2004), and Heise (1998) based on the systems level. For example, Stith et al. (2004) suggested the following as possible risk factors for victims (see Table 1). The *exosystem* factors included the social support, income, age, education, and employment. The *microsystem*, factors were violence to partner, marital separation, marital satisfaction, number/presence of children. The *ontogenetic* factors were fear, pregnancy, anger or hostility, attitudes condoning violence, depression, alcohol use, and illicit drug use. While, Dutton (1985) included the following factors in his nested ecological theory: The *macrosystem* (gender inequalities and societal aggression norms); the *exosystem* (economic opportunities, contact between genders, and integration into community); the *microsystem* (family and individual characteristics) and *ontogentic* (physiology, cognitions, affect, and behavior). Conversely, Heise (1998) included the following in her framework of violence: *macrosystem* (male entitilement/ownership of women, masculinity linked to aggression and dominance, rigid gender roles, acceptance of interpersonal violence, and acceptance of physical chastisement); *exosystem* (low socioeconomic status/unemployment, isolation of woman and family, delinquent peer associations), *microsystem* (male dominance in the family, male control of wealth in the family, delinquent peer associations); *personal history* (witnessing marital violence as a child, being abused oneself as a child, absent or rejecting father).

Table 1. Risk Factors Used in IPV Research

	Definitions	Male Offender (Dutton, 1985)	Male offender & victim (Stith et al, 2004)	Male offender (& Victim) Heise,1998)
Chronosystem	Consistency or change over the life course	None reported	None reported	None reported
Macrosystem	Sociocultural background or Broader society and culture	Gender inequalities, societal aggression norms	None reported	Male entitlement or ownership of women, Masculinity linked to aggression and dominance, Rigid gender roles, Acceptance of interpersonal violence, Acceptance of physical chastisement; lack of economic rights and entitlements for women, discriminatory family law, ease of divorce for women; women's access to formal wage development;
Exosystem	Connections between families and cultures in which they live or settings or interactions that do not directly affect the individual but that influence the microsystem	Economic opportunities, contact between genders, integration into community	Employment, education, age, income, social support	Low socioeconomic status or unemployment, Isolation of woman and family, Delinquent peer associations; High educational attainment (protective); young age (for current violence); low social support

Mesosystem	Link between or interconnections among 2 or more microsystem	None reported	None reported	None reported
Microsystem	Characteristics of families and individuals that may heighten IPV	Family characteristics, individual characteristics	Violent to partner, number/presence of children, marital satisfaction, marital separation	Male dominance in the family, male control of wealth in the family, use of alcohol, marital or verbal conflict; female challenge male authority; failure to meet gender role expectations; assertions of female autonomy
Ontogenetic or Personal History	Physiological, cognitive, and behavioral experience of individuals that make IPV more or less likely	Physiology, cognition, affect behavior	Fear, pregnancy, anger/hostility, attitudes condoning violence, depression, alcohol use, illicit drug use	Witnessing mother being beaten or marital violence as a child, being abused oneself as a child, absent or rejecting father

Based on the contribution of Dutton (1985), Heise (1998), and Stith et al. (2004), and other current researchers (Cummings et al., 2013; Gonzalez-Guarda et al., 2010, 2011; Hines & Malley-Morrison, 2005; Kishor & Johnson, 2004; WHO, 2002) these will be the list of the multiple predictive risk or protective factors that could influence intimate partner violence (see Table 2).

Table 2. Victim Protective/Risk Factors of Intimate Partner Violence

LEVELS/ SYSTEMS	PROTECTIVE/RISK FACTORS
Chronosytem (consistency or change over the life course)	• Change in societal laws and policies regarding IPV
Macrosystem (Societal)	• Gender Inequalities (Dutton, 1985; Heise, 1998) • Societal aggression norms (Dutton, 1985)
Exosystem	• Low socioeconomic status (SES) (Heise, 1998) • Social isolation or integration into the community (Dutton, 1985; Heise, 1998; Hines & Malley-Morrison , 2005)
Mesosystem	• Religious, school and family influence
Microsystem	• Female violence toward male partners (Stith et al., 2004) • Presence or number of children (Kishor & Johnson, 2004; Stith et al., 2004) • Marital or Relationship conflict (Gonzalez-Guarda, Ortega, Vasquez, & De Santis, 2010; Gonzalez-Guarda, Vasquez, Urrutia, Villarruel, & Peragallo, 2011; Heise, 1998; Hines & Malley-Morrison, 2005)
Individual	• Alcohol or substance use (WHO, 2002) • Age, gender, and education level, marital status, and self-esteem (WHO, 2002) • Depression and fear of partner violence (Stith et al., 2004) • History of abuse (Cummings et al., 2013)

The individual level was added as a more inclusive term of the ontogenetic and personal history level as used by Dutton (1985), Heise (1998), and Stith et al. (2004).

The cause of intimate partner violence is complex (Jewkes, 2002) and appears to be ecological rather than individual. An ecological framework was used to help understand the complexity and multilevels of influence that can impact a person. A major research challenge in understanding a woman's risk of intimate partner is the lack of clear definitions of violence. The World Health Organization (2002) definition and

classification of violence provides a useful framework for understanding the prevalence and predictors of violence. Application of Bronfenbrenner's theory of ecology with the contribution of Dutton (1985), Heise (1998), Stith et al. (2004), and other current researchers (Cummings et al., 2013; Gonzalez-Guarda et al., 2010, 2011; Hines & Malley-Morrison, 2005; Kishor & Johnson, 2004; WHO, 2002) was used to help organize the reciprocal relationships between systems that influence the potential for, and effect from intimate partner violence**.**

CHAPTER THREE

REVIEW OF THE LITERATURE

Intimate partner violence (IPV) affects women across cultural, socio-economic, and religious groups (Popescu & Drumm, 2009). About 1 in 3 women are abused in her lifetime and most often by a family member (Heise, Ellsberg & Gottemoeller, 1999). Although, "the research on intimate partner violence is still in its early stage," (Heise et al., 1999, p.93), the literature will be reviewed to determine the current research on the prevalence of intimate partner violence among women, especially SDAs, in the Caribbean, South America, and Latin America. The literature will also be reviewed to determine whether common predictors and outcome effects of intimate partner violence, that have been identified in other studies, can be used to identify different types and levels of intimate partner violence in the IAD data set. The national studies vary in the prevalence and type of IPV experienced by women in abusive relationships. No one study can fully capture the full picture of victimization in any given population. However, several studies will be explored to determine the prevalence of the different types of IPV in the national (Kishor & Johnson, 2004; WHO, 2005, 2013) and SDA studies (Drumm et al., 2006; Drumm, Popescu & Riggs, 2009) which will be used to compare with the current study results.

Prevalence of IPV Nationally

Physical and Sexual Violence

The World Health Organization sees the prevention of violence, especially against women, as top priority (WHO, 1996, 2002, 2005). The WHO established in 1948, as a

special unit of the United Nations raised the problem of violence as a global issue and an important goal to be addressed in the WHO (2002) report. A recent report by WHO (2013) highlighted the "first global and regional prevalence estimates of physical and sexual intimate partner violence against women" by using global population data (p.31). The WHO recent study found that "intimate partner violence is the most common type of violence against women, affecting 30% of women worldwide" for physical and/or sexual violence (WHO, 2013a, p.1). However, this study was limited by the lack of data on intimate partner violence from Central Sub-Saharan Africa, East Asia, Caribbean, and Central Asia. Another limitation is that the prevalence for physical and sexual violence were combined and mainly lifetime experience was reported. Despite these limitations, this study will be used in comparison.

There was another internationally representative study, *Profiling Domestic Violence: A Multi-Country Study* done by Kishor & Johnson (2004). This study is part of the Demographic and Health Survey (DHS) program that provides "internationally comparable body of data on the demographic and health characteristics of populations in developing countries" (Kishor & Johnson, 2004, p.xi). Kishor & Johnson (2004) study is useful in providing prevalence of the different types of IPV including lifetime and current experience. This international study included data from women aged 15 to 49 years since 2003. Several of the countries studied were from the Caribbean, South America, and Latin America including: Colombia, the Dominican Republic, Haiti, and Nicaragua. An advantage is that these Caribbean, South America, and Latin America countries previously mentioned in Kishor & Johnson (2004) study, specifically included physical and sexual measures in their spousal violence measures, which is applicable to this

current study. Also, a modified Conflict tactics Scale (CTS) was used with multiple questions regarding violent acts that is an advantage in comparison across cultures. By using discrete behavior measures, it is more likely to capture women's diverse experience of violence, to have the same meaning in all cultural contexts, and to provide better estimate of the prevalence of violence (Kishor & Johnson, 2004).

A true picture of the prevalence of intimate partner violence against women may be limited by underreporting (UN Women Caribbean Office, 2007). Women may be reluctant to report domestic violence to the police or researchers because they lack confidence in the security of the justice system, feel shame, or fear retaliation from their spouse (UN Women Caribbean Office, 2007). To minimize underreporting of violence due to shame, Kishor and Johnson, 2004 adapted several techniques such as using nonjudgmental tones when asking questions about violence; building rapport with the respondent by placing the questions about IPV at the end of the questionnaire; and ensuring privacy (if privacy was not established, one had the option to discontinue the interview). Based on the results, the percentage of married women who ever experienced specific acts of physical violence ranged from 17.3 to 40% and those who experienced physical violence in the past 12 months ranged from 9.8 to 12.5% (Kishor & Johnson, 2004, see Table 3). While the percentage of women who ever reported experiencing sexual violence ranged from 6.4 to 17% and those who experienced sexual violence in the past 12 months ranged from 3.9 to 14.8% (Kishor & Johnson, 2004; see Table 3). Now, the national prevalence of emotional violence will be determined.

Emotional Violence

WHO (2005) study on violence against women by male intimate is one of the first studies to examine the cross-cultural patterns of IPV. The WHO (2005) is a "landmark research" that used "standardized and robust methodology" (p.1). The WHO (2005) studied over 24,000 women from 15 sites in 10 countries including Bangladesh, Brazil, Ethiopia, Japan, Peru, Namibia, Samoa, Serbia and Montenegro, Thailand, and the United Republic of Tanzania. The specific emotional abuse acts used by a partner in the WHO (2002) study included:

- Being insulted or made to feel bad about oneself;
- Being humiliated or belittled in front of others;
- Being intimidated or scared on purpose (for example by a partner yelling and smashing things);
- Being threatened with harm (directly or indirectly in the form of a threat to hurt someone the respondent cared about) (p.9).

This WHO study found across all countries, between 20 to 75% of women had experienced emotional abuse in the past 12 months. The respondents frequently reported experiencing insults, belittling, and intimidation by intimate partners. This study faced the challenge of defining and measuring emotional abuse in a way that was relevant and meaningful across cultures, a process that can be complex. So the measure of emotional abuse cannot be considered a comprehensive measure for all forms of emotional abuse. Another limitation is that the countries in the WHO (2005) study did not include the countries in the IAD data set. However, the WHO (2005) study will still be helpful and will be used in comparison.

However, Kishor & Johnson (2004) found women who experienced at least one of the specific acts of emotional violence (i.e., being humiliated or threatened) ranged from 11.5 to 29%. (Kishor & Johnson, 2004). This is much lower than the WHO (2005)

probably because there were more global countries that were part of the WHO study while the Kishor & Johnson (2004) data was specific to the Caribbean, South America and Latin America. Also, the WHO (2005) study used about four specific acts of emotional abuse while Kishor and Johnson (2004) used two emotional "behavior questions that were common to the modified CTS used across countries" (p.16). Although the WHO (2005, 2013) provided prevalence estimates for physical, sexual and emotional violence, due to their limitations as discussed, the results of the Kishor & Johnson (2004) will be used in comparison with national studies for this study (see Table 3). Now the prevalence of IPV among SDA women in the literature will be explored.

Prevalence of IPV among the SDA Population

Most of the research done on SDA families were conducted in the United States. These studies were mainly surveys of church members that were reported in books and other Adventist literature (Crider & Kistler, 1979; Sahlin & Sahlin, 1997). Very little research has been published on IPV among SDA's in the United States, except the work done by Rene Drumm, Marciana Popescu and other associates (Drumm et al, 2006; Drumm, Popescu, & Riggs, 2009; ; Drumm et al, 2013; Drumm, Popescu, & Kirsting, 2006; Drumm, Popescu, & Wrenn, 2003; Popescu & Drumm, 2009; Popescu et al, 2009; Popescu, Drumm, Dewan, & Rusu, 2010). The research done by Drumm, Popescu, and associates will be used to determine the lifetime prevalence of the different types of IPV among SDA's in the United States.

Table 3. Prevalence of IPV Nationally (Caribbean, South America & Latin America) and among SDAs (US)

Type of IPV	National (Caribbean, South America & Latin America)	SDA(US)
Physical (lifetime)	17.3-40% (Kishor & Johnson, 2004)	33.8% (Drumm, Popescu, & Riggs, 2009)
Sexual (lifetime)	6.4-17% (Kishor & Johnson, 2004)	29% (Drumm et al., 2006)
Emotional/verbal (lifetime)	11.5-29% (Kishor & Johnson, 2004)	28-44% ("Emotional abuse," n.d.)
Physical (in the past 12 months)	9.8-12.5% (Kishor & Johnson, 2004)	Unknown
Sexual (in the past 12 months)	3.9-14.8% (Kishor & Johnson, 2004)	Unknown
Emotional/verbal (in the past 12 months)	10.8-15.9% (Kishor & Johnson, 2004)	Unknown

Drumm, Popescu, & Riggs (2009) used a stratified random sampling from 49 churches in the Northwest region of the United States. This sampling resulted in 1431 responses, a 49% participation rate based on the original 100 churches that were targeted for participation. Based on this study, lifetime prevalence rate for physical violence by an intimate partner was 33.8% (see Table 3). Drumm et al. (2006) found the percentage of respondents (both male and female) who experienced sexual victimization in their lifetime was 29% (see Table 3). Based on this sample, the prevalence of emotional abuse that respondent (both male and female) experienced in their lifetime was in the range of

28-44% (“emotional abuse,” n.d., see Table 3). Unfortunately, the prevalence rates for sexual and emotional abuse was not separated for men and women in Drumm et al., (2006) study. Also, the research by Rene Drumm, Marciana Popescu and other associates focused mainly on lifetime prevalence and not on current prevalence. However, this information will still be useful for comparison with this present study.

Predictors

Research has consistently linked the following factors to increased chances of IPV: young age, unemployment, low social status, stress in daily life, jealousy, and alcohol assumption (Cummings et al., 2013; Parish et al., 2004; Heise, Ellsberg, & Gottemoeller, 1999; Jewkes, 2002; Summers & Hoffman, 2002; Kishor & Johnson, 2004; Le Franc et al., 2008; van Wijk & de Bruijn, 2012). Other studies found that income, race, education, and marital status to be important in contributing to marital violence (Pan, Neidig, & O’Leary, 1994; Gelles, 1987; Straus, Gelles, & Steinmetz, 1980). Torres and Han (2003) in their study found that the demographic variables (e.g., partner’s age, education level, and income) accounted for more of the variance (19.1%) in violent scores than the behavioral indicators (e.g., alcohol use before a violent episode, history of arrests, and the generality of the violence) explaining 4.6% of the variance. Factors that are consistently found to be associated with protection from IPV included being employed, older age, and higher income (Caetano, Cunradi, Clark, & Schafer, 2000; Caetano, Ramisetty-Miller, & McGrath, 2004). Below I will briefly outline the risk factors at the various ecological levels in the IPV literature.

Chronosystem

The chronosystem level looks at the changes or consistencies (e.g., historical or life events) in the individual and the environment over the course of life (Hong et al., 2012). There have been changes in societal laws and policies over the course of life in the Caribbean, South America, and Latin America that impact on intimate partner violence. According to Cain (1995, 2001), there were legal practices that sustained the ideologies around rape and domestic violence. According to the Caribbean Community Secretariat (CARICOM, 2011), in the 1980's there was a study initiative conducted by the Women's Bureaux of the Region that investigated the legal status of women and found there was a lack of provision in the law to deal with domestic violence. As a result, the weaknesses in the national laws were identified and a model legislation prepared for use by the Caribbean countries.

Domestic violence moved from being seen as a private issue to an epidemic public health issue (Jackson, 1993). Laws began to be put into place such as, The Domestic Act, developed to combat against intimate partner violence (Haniff, 1998). It made it easier for women to seek protection against domestic violence and made it easier for offenders to be prosecuted. Trinidad and Tobago was the first English-speaking Caribbean country to pass the Domestic Violence Act in 1991 (Spooner, 2004). Intimate partner violence can be traced back to 1845-1917 in Trinidad and Tobago but only twenty years ago was legal legislation put into place to protect women from abuse (Spooner, 2004). According to Haniff (1998), only a few Caribbean countries have passed the Domestic Violence Act, for example, Bahamas, Belize, Trinidad and Tobago, Suriname, Jamaica, and Barbados. These changes in the domestic laws and policies "make it easier

for victims to apply for protection orders and for the criminal justice system to prosecute offenders" (Joseph, Henriques, & Ekeh, 1998, p.175). The enactment of these laws and policies communicate to society that IPV is unacceptable and these crimes will be punished (Joseph et al., 1998). There have also been changes in societal laws and policies over the course of life among the Seventh-day Adventist church that impact on intimate partner violence.

The Seventh-day Adventist church's commitment to address abuse only began officially in the early 1990's. At a conference in the Netherlands, the church leaders indicated abuse was one of the six major issues facing the world church (Drumm, Popescu, Hopkins, & Spady, 2007). Between 1995 and 1996, the Family Ministries department of the General Conference developed an Abuse and Family Violence Task Force to review the global research (e.g., population statistics, denominational data, materials, and programs) on abuse and to develop strategies to address violence within the churches. In 1996, a statement on family violence was voted by the delegates at a General Conference Annual Council meeting. In the church statement, it declared that family violence is not condoned and is a violation of the church's standards. Reports of abuse will be taken seriously. On September 26, 2001, the Annual Council also voted to designate the fourth Saturday or Sabbath in August to deal with preventing abuse in the churches. Since 2009, the initiative to prevent domestic violence has continued as the "EndItNow" campaign (IAD, 2013, 2014). 'EndItNow' is a global campaign, with the purpose of increasing awareness and advocating for violence against women and girls around the world to stop (Flowers & Flowers, 1997). The aim is to mobilize other Adventist in the world and community groups to collaborate and resolve this world-wide

issue. Some initiatives taken in the Inter-American Division, to prevent violence toward women, included a parade throughout the south central region in Guatemala and South America (IAD 2012, 2013). Also, in May 2014, the Seventh-day Adventist church in Panama signed a special agreement with the University of Panama in Panama City to develop initiatives to counter the rising violence in Central America (IAD, 2014b). In May 2014, leaders were also trained on how to be a first-responder to promote world-wide response to abuse in the churches (IAD, 2014). The changes in laws and policy in the SDA church have mobilized the leaders to increase awareness of domestic violence in the churches and community in the Caribbean, South America, and Latin America.

Macrosystem

The macrosystem level is the broader societal and cultural factors that influence the interaction of the individual with the environment, at all levels. Gender inequalities, societal aggression norms and poverty impact intimate partner violence at the macrosystem level (Dutton, 1985; Heise, 1998; Hines & Malley-Morrison, 2005; & WHO, 2002). Le Franc et.al. (2008) study suggested the high levels of intimate partner violence may indicate "high levels of tolerance among victims" and "a culture of violence" that may be entrenched in the Caribbean countries (p.409). Two major studies in the Caribbean done by Pryce and Figueira (1978) on rape in Trinidad; and Danns and Parsad (1989), on violence against female spouses in Guyana attribute the high levels of violence to colonialism. Colonialism with the abolition of slavery followed by bringing in East Indian laborers has been "characterized by violence and greatly impacts gender inequities and relations" (Morgan, 2000; Zellerer, 2000, p.210). It has been found that

"the performance of violence, especially against women, acts as an expression of maleness among peers" (Sukhu, 2012, p.77). Violence may emerge as a response to any perceived challenge to authority, such as, changes in economic arrangements. Women are being employed more and finding jobs easier than men (Brown & Chevannes, 1998), and more boys are dropping out of school (Reddock, 2004) thus decreasing men's earning potential and their ability to provide for the family. Struggles over who is in charge of the relationship may occur between the couple. In contrast, the rates of employment for men and women are similar in Latin America (Centraal Bureau voor de Statistiek Nederlandse Antillen, 2009). A steady job seems to offer women protection against emotional violence (van Wijk & de Bruijn, 2004). In Latin America, the presence of sexism and machismo have been associated with greater rates of victimization for women (Archer, 2006; Marscha & Verweel, 2005).

Exosystem

The exosystem consists of the larger community where the individual does not actively engage in but impacts on the individual's development (Strong, DeVault, & Cohen, 2005). Low socioeconomic status and social isolation impact on the exosystem level (Dutton, 1985; Heise, 1998; Hines & Malley-Morrison, 2005). A high socioeconomic status and social support are generally considered to be protective against IPV risk (Barnish, 2004; Cummings et al, 2013; WHO, 2002). Gage (2005) also found that women who were economically independent provided a protective factor from physical and emotional violence. However, social isolation linked with poverty may increase the risk of IPV (Walby & Myhill, 2001). This may reduce the likelihood that a

woman can escape from an abusive relationship. “Cross-culturally, one of the strongest predictors of low levels of domestic violence in a community is whether others would intervene if they were aware of abuse” (Barnish, 2004, p.30). A community would be less likely to intervene if they saw what happened in a home as private and families were more isolated (Heise, 1998).

Mesosystem

The mesosystem consists of the interconnections between two or more microsystems such as the impact of family, friends or church experiences on a person experiencing IPV. Most of the research looked at mesosystem from the perspective of an adolescent (Erdem, Wilkinson, & Collins, 2007; Fehler-Cabral & Campbell, 2013) or male batterer (Hong, 1997; Stone, 1995). Only one study was found that looked at mesosystem from the perspective of older adult women over the age of 45 years (Weeks & LeBlanc, 2011). It was found that the social network greatly influenced an older woman’s experience with IPV (Weeks & LeBlanc, 2011). Although abuse is not often disclosed to family and friends, evidence suggest that family members can be supportive to older women when abuse is disclosed by changing the abusive situation or supporting them when dealing with abuse (Beaulaurier, Seff, Newman, & Dunlop, 2005; Mears, 2003; Montminy, 2005). Hightower, Smith, & Hightower (2006) found that adult daughters can be especially helpful to older women who experience IPV. There was another study done that looked at the mesosytem from the perspective of adolescent females. Fehler-Cabral & Campbell (2013) found adolescent females who experienced sexual assault were more likely to seek support from peers and family. The interactions

between peers, family, school personnel influenced whether a survivor would disclose to formal systems.

In a study looking at the impact of the church, when victims sought help from clergy, very few felt they received any help from their spiritual leaders (Drumm, Popescu, & Wren, 2003). About two thirds of the women in abusive relationships reported that beliefs promoted by their church about marriage or divorce kept them from seeking safety (Popescu et al., 2009). For examples beliefs such as "marriage is for life; divorce is not an option" or "divorce for any reason other than adultery is a sin" (Popescu et al., 2009, p.400-401).

Microsystem

The microsystem refers to the most immediate influences with whom a victim of IPV has the most frequent contact (Strong et al., 2005). A variety of microsystem factors have been shown to increase the likelihood of IPV which includes: female violence toward male partners (Stith et al., 2004); presence or number of children (Stith et al., 2004; Walby & Allen, 2004); marital or relationship conflict (Gonzales-Guarda et al., 2010, 2011; WHO, 2002). Relationship quality was a protective risk factors for all forms of IPV (Gage, 2005). Stith et al. (2004) found only female violence toward male partners as a strong risk factor for a female being a victim of IPV while the presence or number of children was a small risk factor. Studies found that the woman's risk of experiencing intimate partner violence, increased by having children (Cummings et al., 2013; Kishor & Johnson, 2004; Richardson, 2002). Having four or more children in a current relationship and children living in the house were associated with an increased risk for IPV

victimization (Cummings et al., 2013). Walby and Allen (2004) found that a woman's risk of IPV doubled with the presence of children in the household. Gage (2005) found the number of children was a risk factor for sexual violence in Haiti. Women with children are more at risk for continued abuse as they are less likely to leave and more likely to return to the violent relationship because they do not want to break up the family and home (Walby & Allen, 2004; Gage, 2005; WHO, 2002). In the literature, marital conflict emerges as highly predictive of IPV (Hotaling & Sugarman, 1986; Stets, 1990). Vives-Cases, Gil-Gonzalez & Carrasco-Potino (2009) found a positive association between verbal marital conflict and risk of IPV. Among Hispanic couples, relationship conflict and infidelity were found to increase the risk of IPV (Gonzalez-Guarda et al., 2010, 2011).

Individual

The individual factors are the biological and personal history that an individual brings that makes violence more likely to occur (WHO, 2002). A variety of individual factors have been shown to increase the likelihood of IPV which includes: gender, age, educational level, marital status, alcohol use, depression and fear of partner violence, history of abuse, and self-esteem (Cummings et al., 2013; Heise, 1998; Heise, Ellsberg, & Gottemoeller, 1999; Hines & Malley-Morrison, 2005; Stith et al., 2004).

Gender: According to the recent report from the World Health Organization (2013), "physical violence… is a public health problem that affects more than one third of all women globally" (para. 1). Women are more likely than men to be victimized by an intimate partner (Greenfeld et al., 1998). In the United States "from 1994 to 2010 about

4 in 5 victims of intimate partner violence were female (Catalano, 2012, p.1). Domestic violence tends to be perpetuated more by males (Catalano, 2012). In 1994, it was found that "85% of intimate partner violence were female and the remaining 15% were male" and these "distributions remained relatively stable over time" (Catalano, 2012, p.1). According to Tjaden & Thoennes (2000), nearly 22.1 percent of women compared with 7.4 percent of men reported that they were physically assaulted by an intimate partner in their lifetime. In Curacao, "one out of three people (25% men, 38% of women) have experienced some form of domestic violence at some point in their adult lives." (van Wijk & de Bruijn, 2012, p.3032). While in Barbados, Jamaica, and Trinidad and Tobago, 63.1 to 72.5% of men and 65.1 to 83.1% of women reported being a victim of some form of violence that commonly occurred in a relationship (Le Franc et al., 2008).

Age: Domestic violence is the leading cause of injury to women between fifteen and forty-four years in the United States (Bonta, 2001). Richardson (2002) found the rate of abuse was significantly lower for women above 45 years old, when compared to younger women. Furthermore, the Bureau of Justice special report on intimate violence found that women aged 20-24 were the most frequently abused age group (Rennison & Welchans, 2000). Additionally, using the National Crime Victimization Survey (NCVS), 1993-1999, Rennison & Rand (2001) found that of this age group, 45% of all female who experienced IPV died from this IPV exposure. The WHO study (2005) found women between 15 to 19 years old in most countries to be at a higher risk of physical and sexual violence in current relationship (WHO, 2005). In the Caribbean, LeFranc et al. (2008) found that "the levels of any violence decreased as the victim's ages increased, falling from 72.4% for 15-18 year olds to 67.3% for the 27-30 years old " (p.414). Although it is

clear that younger females are more likely to experience physical abuse, there is still not enough information to determine whether emotional abuse follows this same trend.

Education Level: Less education level is a risk factor for women being victimized (Drumm et al., 2006; Schumacher, Feldbau-Kohn, Slep, & Heyman, 2001). In general, higher education level has been found to be a protective factor against IPV for females (Dick, 2000; Jeyaseelan et al., 2004; van Wijk & de Bruijn, 2012; WHO, 2005). The WHO study (2005) found that higher education was associated with less IPV in most countries. However, in some countries such as Peru, *urban* Brazil, Namibia, Thailand, and the United Republic of Tanzania, "the protective effect of education appears to start only when women's education goes beyond secondary school" (p.9). It is possible that women with higher education have more control over resources in the marriage and have greater choice of partners (WHO, 2005). Among SDA's in North America, Drumm et al. (2006) found that lower education level was significantly associated with IPV.

Marital Status: Overall, single individuals were more likely to experience IPV in comparison to married females (Rennison & Welchans, 2000; Rodriguez, 1999). However, divorced or separated individuals reported the highest rate of domestic violence, followed by non-married individuals (Rennison & Welchans, 2000). In the WHO study (2002), it was also found that separated or divorced women reported more IPV during their lifetime than women currently married. Among SDA's in North America, being separated or divorced was significantly associated with all types of IPV (Drumm et al., 2006).

Depression and fear of violence: Women who are abused tend to suffer more depression, anxiety, and phobias than other women who have not been abused (Cascardi,

O'Leary, Lawrence, & Schlee, 1995; Danielson, Moffitt, Caspi, & Silva, 1998; Roberts, Williams, Lawrence, & Raphael, 1998). Stith et al. (2004) found female depression and fear of partner violence as moderate risk factors for being an IPV victim. These factors may be outcome effects of IPV (Stith et al., 2004). While, Browne (1987) found depression to be a consequence of continued spousal abuse. Women, more than men, "report being more fearful, experience problems sleeping, suffer from depression, anxiety attacks and low self-esteem" (Jiwami, 2000, p.34). Psychological disorders are more likely to occur when sexual abuse occurred before a child was seven or eight years old, when abuse was done by more than one perpetrator, abuse included genital or anal penetration, and abuse that continued for a long period of time (Briggs & Joyce, 1997; Cheasty, Clare, & Collins, 1998; Nash, Zivney, & Hulsey, 1993).

History of abuse: History of abuse in childhood has been associated with IPV (Drumm et al., 2006; Gage, 2005; Hotaling & Sugarman, 1986). Among SDA's in the United States, having experienced physical or sexual abuse as a child was significantly associated with IPV (Drumm et al., 2006). Hotaling & Sugarman (1986) found among female victims that out of 42 risk factors, only one factor, having witnessed violence between caregivers or parents in childhood was consistently correlated with being a victim of IPV. Gage (2005) found among women from Haiti that there was a significant positive association for all forms of violence with being exposed to a history of violence in a woman's family of origin or experiencing physical abuse directly from a family member. Abramsky et al. (2011) found that the risk of IPV was highest when both the women and her partner were abused as a child.

Alcohol & Substance use: Victims of IPV and women who were sexually abused as a child are more likely to use alcohol and drugs, even when other factors were controlled such as prior use, family environment, or alcoholism by parents (Kilpatrick, Acierno, Resnick, Saunders, & Best, 1997; Langeland & Hartgers, 1998; Miller, Downs & Testa, 1993; Moncrieff & Farmer, 1998). However, there are conflictual findings on whether alcohol use among victims increases the likelihood of IPV. Foran (2008) found there was a "small to moderate effect size for the association between alcohol use or abuse and intimate violence." While, Stith et al. (2004) found only a small effect size for the association between females using alcohol and risk of being an IPV victim. In contrast, Hotaling and Sugarman (1986), did not find alcohol use to be consistently correlated to women as victims.

Self-Esteem: Domestic violence knows no boundaries of class, color, or religious persuasion. Low self-esteem was associated with women who were victims of IPV (Gonzales-Guarda et al., 2011). In one study focusing on Latinas women who had been abused, they showed lower self-esteem and higher acculturation levels compared to non-abused women (Rodriguez, 1999). It is difficult to determine if low self-esteem occurs before or as a result of intimate partner violence. Browne (1987) found self-esteem to be a consequence of continued spousal abuse. Women who choose to stay in a violent relationship and not report are likely to experience low self-esteem and poor physical health (Spooner, 2004). While, Huang and Gunn (2001) also found respondent's self-esteem was negatively affected by the parent's previous experience with violence in their families. So, subjects with parents who experienced family violence tend to have lower self-esteem scores while social support helped to increase a person's self-esteem. In

another study, negative paternal involvement and self-esteem were predictors of violence against women (Dick, 2000). It suggests that fathers who are involved with their children and who are emotionally connected may contribute to the child's self-esteem.

Religion/Spirituality and IPV Most of the studies on IPV tend to look more at the prevalence and risk factors (socidemographic and psychosocial) for IPV (Drumm, Popescu, & Kirsting, 2006; Sullivan, 2013). However, very few studies have looked at the relationship between religion and IPV, and these studies have had varied results (Cundari, Caetatno, & Schafer, 2002; Ellison & Anderson, 2001; Ellison, Bartowski, & Anderson, 1999). For example, some researchers have found that weekly church attendance was associated with lower rates of IPV perpetration (Cundari et al., 2002; Ellison & Anderson, 2001; Ellison et al., 1999; Katerndahl & Obregon, 2007; Nason-Clark, 1996). In contrast, Drumm et al. (2006) found that church attendance and religious conservatism were not significantly associated with physical and sexual abuse. Todhunter and Deaton (2010) also found that physical violence perpetration could not be predicted adequately by using religious and spiritual factors. However, these studies did not consistently focus on all three types of abuse, they focused more on perpetration of abuse, and very few studies focused on church members (Annis & Rice, 2001; Drumm et al., 2006; Drumm, Popescu, & Riggs, 2009). One study looked at IPV among Haitians in the Caribbean who practice Vodou (Wiley, 2003). To date, no studies have been found that looked at IPV in a Christian denomination in the Caribbean, South America, and Latin America. Little is known on how church members from these countries experience

victimization from IPV. This study will examine IPV within the Seventh-day Adventist (SDA) church.

The current research has been reviewed to determine the prevalence of the different types of IPV (current and lifetime) among women in the Caribbean, South America, and Latin America. There has been no published research found on prevalence of IPV among SDA adult women in the Caribbean, South America, and Latin America. Only the work done by Rene Drumm, Popescu and associates in the United States provided information on the prevalence of IPV among SDA (lifetime only). The research was also reviewed to determine whether common predictors and outcome effects of intimate partner violence, that have been identified in other studies, could be used to identify different types and levels of intimate partner violence in the IAD data set. The risk factors of IPV among women at the various ecological levels were outlined and discussed. Based on the limitations of the IAD (2004) survey questions that are available for this study, the following predictor variables will be included for analysis: Age, gender, education level, marital status, depression, substance use, marital conflict, self-esteem, number of children, spirituality and conservative.

CHAPTER FOUR

METHOD

For this dissertation, a publishable paper format will be completed. The main focus of this study is to delineate common associated characteristics of intimate partner violence among the Caribbean, South America, and Latin American women and to determine whether intimate partner violence in this population is comparable to the vast body of knowledge of intimate partner violence in the broader population. A Discriminant function analysis (DFA) will be used to identify specific independent variables that serve as the best predictors of the different types of Intimate partner violence (Mertler & Vannatta, 2010). To accomplish this goal, this study will use secondary data from the Inter-American Division (IAD) of Seventh-day Adventist (SDA) study which was collected in 2002. The Inter-American Division is comprised of the Caribbean, Mexico, Central America, and five of the countries in the northern part of South America. The original study sampled 7,000 individuals from all the churches in the Inter-American Division but for this current study all women will be sampled. The study used stratified random sample based on churches as the unit of sampling.

Secondary Analysis

Secondary analysis involves using existing data that was collected from a previous study, in order to study a research interest that is distinctly different from the original study (Heaton, 1998). Use of secondary data analysis in quantitative research is common and widely accepted (Hinds, Vogel, & Clarke-Steffen, 1997; Szabo & Strang,

1997). Although, the use of secondary data analysis is increasing in research (Frederick, Barnard-Brak, & Sulak, 2012), one must consider the pros and cons in its use.

The data is easily accessible, cost-effective, and may expedite approval from the IRB since any concerns regarding data collection has already been approved (Rubin & Babbie, 2008; Whiteside, Mills, & McCalm, 2012). The advantages afforded by secondary data analysis make this a more convenient approach especially for students with limited resources (Szabo & Strang, 1997). To ensure accuracy, it will be important for the student to consult with the primary researcher(s) to learn more about how the original data was collected and analyzed (Heaton, 1998). In addition, use of secondary data limits replicating datasets, saves money and prevents overloading participants in populations of research interest.

An ethical concern, is to ensure that the use of the data is in line with (or follows) the original contract (Whiteside et al., 2012). Because if the use of the data is contrary to the original contract, then additional consent will be needed from the previous researchers which may not always be feasible (Heaton, 1998).

Another challenge is finding a research question that can be answered by the data set that may be limited by the research focus of the previous researcher. For example, all the variables needed for one's research question may not be present in the data set or the question asked may be too broad or too narrow in its focus. On the other hand, one does not want to use a research question too similar to the previous research, as it will be a mere duplication that would not be beneficial in its contribution.

The quality of the data is also an area of concern for several reasons. The secondary data may be outdated or missing some data (Alston & Bowles, 2003; Marlow, 2007; Rubin & Babbie, 2008). There may be weaknesses in the way the data was collected or the design of the research (Alston & Bowles, 2003; Birks & Mills, 2011; Rubin & Babbie, 2008; Szabo & Strang, 1997). At times, it may be difficult to assess the quality of the data set procedures in collection and analysis of the data, if the research process was not well documented (Rubin & Babbie, 2008). However, despite these limitations, secondary data analysis is a useful approach for this study because research has been done among SDA's in the Caribbean, South America, and Latin America that has not been studied before.

Aims and Objectives:

The various findings and Social ecological theory suggest the following:

Aim I

1) Determine the prevalence (frequency) of intimate partner violence among and across SDA populations within the Caribbean, South America, and Latin American Countries. As well as the prevalence within subpopulations (e.g., single versus married women, various age categories, etc.).

   Data from the IAD study will be compared with the National study (Kishor & Johnson, 2004), World Health Organization (2005, 2013a), and North American SDA studies (Drumm et al., 2006; Drumm, Popescu, & Riggs, 2009) to determine if the prevalence is higher or lower.

Aim II

2) Determine whether common predictors (e.g., SES, age, education level) and outcome effects (e.g., self-esteem) of intimate partner violence, that have been identified in other studies, can be used to identify different types and levels of intimate partner level in the IAD data set.

All predictors will be used as independent variables in the Discriminant analysis, to see if it helps to discriminate different types or frequency of intimate partner violence.

Sample

Original Study

This study was originally conducted by the Family Ministries department of the Inter-American Division (IAD) of Seventh-day Adventist. The focus of the original study was to evaluate the nature and quality of family relations among the adult membership within the SDA churches of IAD. This study sampled 7,000 individuals (across 120 variables) from all the churches in the Inter-American Division.

The data collection phase of the study was completed towards the end of 2002. During that period, the Inter-American Division (IAD), which was one of 13 world divisions of the Seventh-day Adventist church, had a total of approximately 2,166,457 members. There were 13 unions or geographic sectors into which the division was organized representing 6,820 local churches. The goal of the sample design was to obtain a representative sample of respondents eighteen years and older who attended Seventh-day Adventist churches in the IAD.

Given the logistical difficulties associated with using the individual church member (or attendee) as the basis for final sample selection, the researchers decided to use the church as the sampling unit. The researchers were interested in randomly selecting 10% of the churches in each local conference (see Figure 1).

Figure 1. List of all the conferences in the Inter-American Division (2014c).

All churches in each conference were placed into one of three groups (small, medium, and large). Once churches were grouped into these three categories, each church was assigned a probability based on actual membership to decide on the 10% of churches that will be represented. This was a type of multistage cluster sample used in which clusters or groups are selected based on the probabilities proportionate to their

sizes. The number of units to be subsampled usually defines the size of the group. This selection procedure led to the final list of churches that were identified to participate in the study. All attending members of the churches selected were asked to complete a self-administered questionnaire. Membership was not consistently defined as baptized members of the Seventh-day-Adventist church across the division. As a result, while the sampling unit was the church, the unit of analysis in the study was individual "members" of churches. It is typical in social research to use individuals as the unit of analysis.

Participants

Our Sample

The participants included in this study will be all women. Women tend to be more at risk of experiencing intimate partner violence. According to WHO (2005) report "International research has signaled that violence against women is a much more serious and widespread problem than previously suspected" (p.1).

> In light of these data, in which more than one in three women (35.6%) globally report having experienced physical and/or sexual partner violence, or sexual violence by a non-partner, the evidence is incontrovertible – violence against women is a public health problem of epidemic proportions. It pervades all corners of the globe, puts women's health at risk, limits their participation in society, and causes great human (WHO, 2013, p.35)

Measures

Description of the Questionnaire

The questionnaire was organized into three main sections (see Appendix A). The only exception to these sections was question one which was used both as a measure of the marital status of respondents and as screen for participation in section one of the

questionnaire. The first included questions for married respondents only. There were twenty-six items in this section that covered areas such as marital conflict, marital satisfaction, communication, gender roles, decision making, physical and verbal expression of affection, relationship with in-laws, and the practice of religious beliefs. The second section, which was designed for parents only, included 19 items that assessed parental discipline styles and attitudes, expression of physical affection, parent/child conflict, and parent/child communication. In the final section of the survey, everyone was asked to complete questions in seven different areas.

First, 6 items measured self-esteem and 2 questions were used to capture levels of hopelessness among respondents. Second, there were 11 items that measured religious beliefs and practices such as daily prayer and Bible study, motivation for prayer, Bible study and witnessing, problem with smoking, and help overcoming the use of alcohol. Third, 10 measures of beliefs and values with a focus on issues related to sexuality. For example, abortion, homosexuality, premarital and extramarital sexual relations, birth control and family planning, sexual act for procreation and intimacy, sex education and promiscuity among youths. Additionally, questions were asked about divorce and remarriage and church discipline and the role of Ellen G. White's writings for present day family relations.

Four, 14 items that examine recent and lifetime measures of a varied list of personal experiences: depression, marital conflict, cohabitation, physical and verbal and emotional abuse, premarital and extramarital sexual experiences, sexual abuse, substance use, homosexual activities, divorce, and teen conflicts. Five, 3 items that capture whether the local church has a family life director, a functioning family ministries committee and

an assessment of the overall impact on family ministries on the families. Next, the questionnaire proffered an evaluation of the importance of a list of 14 programs and services, such as premarital counseling, coping with widowhood, grief recovery, divorce recovery, and singles ministry. Finally, there were 5 items that captured levels of religious involvement (i.e., attendance, number of years baptized, financial contribution, church officer, and frequency of family worship). One question examined whether parents were Seventh-day Adventists during the first 12 years of the respondent's life. Moreover, the following areas were also assessed: level of participation in the SDA educational system, demographic information (i.e., gender, age, number of children and ages of children), socioeconomic status (i.e., highest level of education completed and occupational type), and union and local conference affiliation.

Dependent Variables

Physical abuse will be measured via a four-item index. Respondents were asked to indicate whether "physical abuse by my partner or another family member" has ever been an issue in their lives, and if so, when. Answers were "Yes-During the last year" (1), "Yes-During the last three years" (2), "Yes-At an earlier time in my life" (3), and "No-Never" (4). The missing values will be coded as system missing.

Emotional Abuse will be measured via a four-item index. Respondents were asked to indicate whether "emotional abuse by my partner or another family member" has ever been an issue in their lives, and if so, when. Answers were "Yes-During the last year" (1), "Yes-During the last three years" (2), "Yes-At an earlier time in my life" (3), and "No-Never" (4). The missing values will be coded as system missing.

Sexual abuse will be measured via a four-item index. Respondents were asked to indicate whether "personally experiencing sexual abuse or incest" has ever been an issue in their lives, and if so, when. Answers were "Yes-During the last year" (1), "Yes-During the last three years" (2), "Yes-At an earlier time in my life" (3), and "No-Never" (4). The missing values will be coded as system missing.

Predictor Variables

This analysis would include the following predictor variables: self-esteem, age, marital status, education level which measured the highest grade of formal school completed, depression, substance use, marital conflict, number of children, spirituality and conservative measure.

Self-esteem will be measured via a composite of scores from six survey items. Based from the Rosenberg Self Esteem Scale. The Rosenberg Self-Esteem Scale (Rosenberg, 1979) is a 10-item Guttman instrument with one dimension. Developed by assessing the self-esteem of 5,000 high school students of various ethnic backgrounds, the measure has since has been used with a number of other groups including adults. One of its greatest strengths is its wide range of use among diverse populations, particularly those of low-income, ethnic minority families (Eshbaugh, 2010). The original standardization of this tool reports inter-item reliability of $\alpha = .92$ and test retest of $\alpha = .88$.

Respondents were asked to indicate according to how they usually think about the following philosophy of life: "Generally speaking, I am inclined to feel that I am a failure," "I have little control over the things that happen to me," and "I often feel

helpless in dealing with the problems of life," These responses ranged from "strongly agree" (1) to "strongly disagree (5). "I take a positive attitude towards myself," "I can do just about anything I really set my mind to do," and "on the whole, I am satisfied with myself," Items will be all coded to ensure the lower scores reflecting "very low self-esteem" and the higher scores reflecting "very high self-esteem."

Age will be measured by asking respondents, "When were you born? Month____ Year_____" Age will be calculated from the birth year to 2002 (the conclusion of the study).

Marital status will be measured via an eight-item index. Respondents were asked "What is your present marital status. Their choices were: (1) Single and never married; (2) Married for the first time; (3) Remarried after divorce; (4) Remarried after being widowed; (5) Separated but not legally divorced; (6) Living together but not married; (7) Divorced but not remarried; (8) Widowed but not remarried. This study will access only those that are single, never married as well as those that are married for the first time.

Education variable will be measured via a 6 item-index. The respondents were asked "What is your highest level of formal education you have received thus far? Choices were: (1) Primary school, (2) some high school, (3) completed high school, (4), some college, (5) college graduate, (6) graduate degree (MA, PHD, etc.).

Depression variable will be measured via a four-item index. Respondents were asked to indicate whether "personal depression" has ever been an issue in their lives, and if so, when. Answers were "Yes-During the last year" (1), "Yes-During the last three years" (2), "Yes-At an earlier time in my life" (3), and "No-Never" (4). Prior to analysis, depression variable will be recoded as dichotomous to indicate whether a person had (1-

3=1) or had not (4=0) experienced depression. The missing values will be coded as system missing.

Substance use variable will be measured via a four-item index. Respondents were asked to indicate whether "substance use. Use of illegal, drugs" has ever been an issue in their lives, and if so, when. Answers were "Yes-During the last year" (1), "Yes-During the last three years" (2), "Yes-At an earlier time in my life" (3), and "No-Never" (4). Prior to analysis, substance use variable will be recoded as dichotomous to indicate whether a person had (1-3=1) or had not (4=0) experienced substance use. The missing values will be coded as system missing.

Marital conflict variable will be measured via a four-item index. Respondents were asked to indicate whether "marital conflict with my partner" has ever been an issue in their lives, and if so, when. Answers were "Yes-During the last year" (1), "Yes-During the last three years" (2), "Yes-At an earlier time in my life" (3), and "No-Never" (4). Prior to analysis, marital conflict variable will be recoded as dichotomous to indicate whether a person had (1-3=1) or had not (4=0) experienced substance use. The missing values will be coded as system missing.

Number of children will be measured via a one item asking respondents to list the ages of their children. The number of entries will indicate the number of children.

A *conservative* variable will be measured via three items. Respondents were asked "How long have you been a baptized Adventist?" The choices were: (1) less than 1 year, (2) 1-5 years, (3) 6-10 years, (4) 11-20 years, and (5) over 20 years. Respondents were also asked "How often do you attend services at church?" Choices were: (1) more than once a week, (2) at least once a week, (3) two or three times a month, (4) once every

month, and (5) less than once a month. Respondents were asked: "Were your parents Adventists sometime during the first twelve years of your life?" Choices were: (1) neither parent was an Adventist, (2) one parent was an Adventist, and (3) both parents were Adventists.

Spirituality was measured via a five-item index. Respondents were asked to indicate how each item described them. For example, "I make a habit to spend time each day in prayer," or "I share my faith because I would like others to love God as I do." These responses ranged from "strongly agree" (1) to "strongly disagree" (5). Items were coded to ensure the lower scores reflected "very low spirituality" and the higher scores reflected "very high spirituality." To create the spirituality scale, a factor analysis was performed to examine the relatedness between the eight items. This process identified two factors. After examination, the second factor appeared to be more directly related to guilt and was removed. Cronbach alpha was .781.

Data Analysis

The quantitative data will be analyzed using the Statistical Package for the Social Sciences (SPSS). Before analysis is done, the data will be cleaned and analyzed to deal with outliers, missing values and other screening procedures such as normality or homogeneity of variance (Mertler & Vannatta, 2010). In preparation for analysis, variables will be recoded and composite variables created from the raw score (i.e., original data).

Aim I:

The goal of analysis is to determine the prevalence (frequency) of intimate partner violence among and across SDA populations within the Caribbean, South America, and Latin American Countries, as well as, the prevalence within subpopulations (e.g., single versus married women, various age categories, etc.). In the first series of analysis, descriptive statistics (e.g., frequency, mean, standard deviation) will be conducted to make sense of the data. Various statistical analysis will be applied (e.g., one sample t-test, chi-square etc.). Then the frequency for each of the various types of IPV in this study will be compared to the SDA and national frequency to determine if the prevalence is higher or lower. The frequency for the different types of IPV will be compared to the prevalence determined by Kishor & Johnson (2004) study (see Table 3). While the frequency for the different types of IPV among SDA women will be compared to the prevalence determined by Drumm et al. (2006), Drumm, Popoescu, & Riggs (2009), and "Emotional abuse" (n.d.).

Aim II:

The goal of analysis is to determine whether common predictors (e.g., age, marital status, education level) and outcome effects (e.g., self-esteem) of intimate partner violence, that have been identified in other studies, can be used to identify different types and levels of intimate partner level in the IAD data set. A Discriminant function analysis (DFA) will be used to identify specific independent variables that serve as the best predictors of the different types of abuse or Intimate partner violence (Mertler & Vannatta, 2010).

A Discriminant function analysis has two main purposes: 1) to describe the major difference among the groups after a MANOVA analysis or 2) to classify subjects into groups based on a combination of measures (Mertler & Vannatta, 2010; Stevens, 2002). DFA is the "appropriate statistical technique to use when the dependent variable is categorical (nominal or nonmetric) and the independent variables are metric" (Hair, Anderson, Tatham, & Black, 1995, p.181).

DFA and Regression analysis are similar in application and interpretation but the main difference is that DFA is used in research when the dependent variable is categorical (nominal or nonmetric), while regression is used when the dependent variable is metric (Hair et al., 1995). Logistic regression has the advantage of being less affected when basic assumptions, especially normality are not met than DFA (Hair et al., 1995). Both regression and DFA accommodate nonmetric variables by converting into dummy codes (Hair et al., 1995). Regression can only do predictions of a dependent measure with two groups while DFA can do predictions with three of more groups for the dependent measure (Hair et al., 1995). Hence, the DFA is a more appropriate analysis for this study as the dependent measure has three or more groups.

DFA is also similar to multivariate analysis of variance (MANOVA) and is seen as the reverse of MANOVA. In MANOVA, the independent variables are the grouping variables and the dependent variables are the predictors, while, in DFA, the dependent variables are the grouping variable and the independent variables are the predictors (Tabachnick & Fidell, 2013).

Prior to analysis, the assumptions of the DFA will be tested. To test for linearity of predictors and normal distribution, scatterplots and Pearson r correlations will be

examined. Homoscedasticity will be accessed by analyzing the scatterplots of scores on the *first two* discriminant functions produced for each group. Outliers will be identified by using the Mahalanbois distance within regression. According to Stevens (2002), the total sample size needs to be large in relation to the variables, about a 20:1 ratio with variables. Because the discriminant analysis is sensitive to sample size (Mertler & Vannatta, 2010).

In standard or direct, DFA, each predictor variables (IV) will be entered into the equation/SPSS analysis simultaneously to be compared to the actual grouping for abuse or Intimate partner violence. (Mertler & Vannatta, 2010). One DFA will need to be done for each outcome variable (i.e., physical, sexual, and emotional violence).

Limitations

The strength of this study is that the dynamics of the particular domestic violence encounter (i.e., physical, sexual, or emotional abuse) could be identified, except that it was measured by using only a single measure. The use of self-report instruments can also lead to biases such as demand characteristics and social desirability (Buelow, Lyddon, & Johnson, 2002). Although, self-reports are the only reasonable options for obtaining measures of domestic violence among couples, each concept (i.e., physical and emotional abuse) can be defined by more dimensions.

There is limitation of measurement, this issue of too few cases of the "single, never married" variable relative to the "married" variable may limit the research findings. Only 22% of the participants were single and the majority were married (60%). In addition, the small sample and large missing data for divorced, cohabitating and widowed

individuals in this IAD study, made it difficult to directly study the impact of separation on the risk of domestic violence.

This study did not include income, alcohol use and race as these were not areas covered in the IAD (2004) survey. The literature has found relationship between these additional demographic variables and domestic violence (Gelles, 1987; Heise, Ellsberg, & Gottemoeller, 1999; Jewkes, 2002; Kishor & Johnson, 2004; Pan, Neidig, & O'Leary, 1994; Parish et al., 2004; Straus et al., 1980; Summers & Hoffman, 2002), so future studies should consider these variables to be included in analysis.

Despite these limitations, it is believed that this study could contribute to an increased understanding of the prevalence and possible predictors of intimate partner violence among Seventh-Day Adventists. Most studies on intimate partner violence have used college student samples or court-ordered groups (Schwartz, Waldo, & Daniel, 2005) but this study used a fairly large sample of over 7,000 respondents from the Caribbean, South America, and Latin America countries. This sample came from a fairly general group as opposed to selected groups (e.g., college student samples, court-ordered groups, or the judicial system) thus increasing generalizability of the results of Intimate partner violence experienced by women.

Implications

Clinical Work

This information will add to the field of Marriage and Family Therapy, by contributing to an increased understanding of the prevalence and possible predictors of IPV among Seventh-day Adventists females. It can assist Counselors to be more alert to

SDA female clients who potentially are more at risk for experiencing IPV. Because of the shame involved, many abuse women may be reluctant to share about domestic problems. It is also possible that religious beliefs could be a barrier to admitting domestic violence (Drumm, Popescu, & Wrenn, 2003; Sullivan, 2013). It will be important for counselors to assess and address potential abuse, even when IPV may not be the initial reason for the female seeking counsel. A counselor or Pastor must be discerning to know how to assess a person's risk for IPV in an empathetic, tactful manner, thus encouraging the victim of IPV to open up. It will be also important for the Counselor to address safety issues; factors that are barriers to resolving the abuse in the relationship; develop safety plans; help to build resilience and support for those presently in abusive relationship. Preventative measures can be put in place, such as, having brochures and posters available at the office or church, so SDA members can educate themselves about signs of abuse, know who is at risk, and learn how to break the silence- whether one is the abuser, victim, concerned family member, or friend. Increasing awareness of potential members who may be at risk for abuse may be helpful way to begin addressing intimate partner violence in the SDA church.

The information from this study can be useful to Christian Counselors and Pastors who may be the primary source SDA women are likely to use when in crisis (Popescu & Drumm, 2009). It was found that among SDA members, "there is clear preference for pastoral intervention when the pastor has some expertise in domestic violence" (Drumm, Popescu, & Wrenn, 2003, p.12). Similarly, Weaver, Koenig, & Larson (1997) found that Conservative Christians were more likely to seek the clergy for help related to their domestic problems. Confiding in clergy was associated with increased self-esteem

(Neergaard, 2009, p.iv). However, Drumm, Popescu, & Wrenn (2003) found that only 35% found seeing the Pastor as effective and 12% found that the Pastor was not helpful. While, seeking a professional counselor was ranked as the second most effective. This raises the issue and the need for Christian Counselors and Pastors to collaborate to more effectively address domestic violence (Weaver, Koenig, & Larson, 1997). In addressing this pervasive societal problem of intimate partner violence among SDAs in the Caribbean, South America, and Latin America, Marriage and Family Therapists are in a unique position to train clergy to more effectively address this issue in their churches. Thus, in collaboration, develop strategies to effectively deal with IPV. Some of these strategies can include developing denomination shelters for domestic violence (Drumm, Popescu, & Wrenn, 2003); and developing programs to effectively treat victims and couples in abusive relationships.

Future Research

This study would help to contribute to the gap in knowledge, pertaining to IPV in the Caribbean, South America, and Latin America. For the purpose of this study, the data will be applicable to SDA women in the Caribbean, South America, and Latin America. The present understanding about the prevalence and risk factors of intimate partner violence is based on studies conducted in North America, and the results may not be relevant to areas, such as, the Caribbean, South America, and Latin America (WHO, 2002). Internationally, research started about 25-30 years ago and has mainly been done in the developed countries. Research on IPV in the Caribbean, South America, and Latin America is developing. The studies are mainly cross-sectional. More advanced research

is needed, for example, longitudinal and qualitative research. There is also very little research on domestic violence among SDA in the Caribbean, South America, and Latin America. Qualitative research is needed to learn more about the mesosystem impact on women in IPV relationships, as well as, the unique experience of the SDA women in an IPV relationship.

Policy Level

The information from this study can be useful for policy development in the government regarding prevention of IPV in the Caribbean, South America, and Latin America. The information from this present study can also be used to guide the Seventh-day Adventist denomination, on how they might be able to better predict those who may be more at risk for experiencing physical, sexual, and emotional abuse. The women at greater risk can be targeted for preventative programs and interventions. The information from this study can also add to the information that is disseminated to the public and may help to increase collaboration with other community organizations, especially in the Caribbean, South America, and Latin America.

CHAPTER FIVE

INTIMATE PARTNER VIOLENCE IN A CONSERVATIVE CHRISTIAN DENOMINATION: PREVALENCE AND RISK FACTORS

By

Carolyn Sallion-Love

A formal publishable paper submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy Marital and Family Therapy

The school of Behavioral Health

Dr. Brian Distelberg, Chairperson

Loma Linda University

Loma Linda, CA

June 2016

Abstract

This study examines the prevalence and risk factors of intimate partner violence (IPV) in a Christian denomination. To date, no studies have been found in the literature that looked at IPV in a Christian denomination in the Caribbean, South America, and Latin America. Little is known regarding how church members from these countries experience victimization from IPV. One 2002 Inter-American Division (IAD) data set provides some insight into IPV; and the Seventh-day Adventist (SDA) Church has analyzed cross-sectional data of over 7,000 SDA respondents from the study area of interest. Discriminant function analysis (DFA) was used to determine if reports of physical, emotional, and/or sexual abuse could be correctly predicted based on knowledge of age, education, marital status, number of children, marital conflict, depression, substance abuse, self-esteem, spirituality, and/or conservatism. The study findings suggest that the prevalence of IPV among SDA women is comparable to the prevalence in another international study. Marital conflict was the most pervasive predictor for physical and emotional violence, while substance abuse was the strongest indicator of sexual violence. These results have implications for future programs, and research.

Keywords (3-5):

Risk factors, intimate partner violence, Seventh-day Adventist, prevalence

Introduction

Violence among intimate partners is a pervasive societal problem in the world, affecting women across cultural, socio-economic, and religious groups (WHO, 2002). According to a 2002 World Health Organization (WHO) report, "One of the most common forms of violence against women is that performed by a husband or intimate male partner" (p. 89). Based on surveys conducted between 1982 and 1999 among 48 populations around the world, 10% to 69% of women reported being physically assaulted by an intimate male partner at some point in their lives (WHO, 2002).Cross-cultural comparison between individual studies is limited, as demonstrated by these studies. The frequency of abuse varied greatly, and was influenced by the way abuse was defined, the nature of the population being studied, the way the questions were asked, and the privacy afforded during interviews (WHO, 2002).

Specific to intimate partner violence (IPV) in the Caribbean, South America, and Latin America, 28 studies based on comparable developing countries have noted that the median prevalence of lifetime partner violence against women is 21% (Heise, Ellsberg, & Gottemoeller, 1999; WHO, 2002). In Latin America and the Caribbean, van Wijk, and de Bruijn (2012) reported that the prevalence of physical violence is about 20% to 30% of all women. The study authors noted that on the island of Curacao "one out of every three people (25% of men, 38% of women) have experienced some form of domestic violence at some point in their adult lives" (van Wijk & de Bruijn, 2012, p. 3047). Le Franc, Samms-Vaughan, Hambleton, Fox, and Brown (2008) reported that in Barbados, Jamaica, and Trinidad and Tobago, about 70.9% of participants aged 15-30 years old experienced "victimization by some form of violence, which was most commonly

perpetrated by a relationship partner (62.8%)" (p. 409). These data confirm that IPV is a widespread problem that cuts across all classes, colors, and religious persuasions (Drumm, Popescu, & Wrenn, 2003). However, in the Caribbean, South America, and Latin America, little is known on the risk factors for becoming a victim of intimate partner violence

Risk Factors

Ecological Theory

Most violent behavior appears to be caused by multi-systemic influences between the individual and the environment (social context), rather than individual factors alone (Jewkes, 2002; McAdams & Foster, 1999). Although individual factors such as marital status, substance abuse, mental illness, and violent history have been associated with an increased probability of violence, these factors alone or in combination do not seem to explain the occurrence of violence (Harris & Rice, 1997; Newhill, 1992). An ecological framework developed by Urie Bronfenbrenner (1977, 1979, 1986) is helpful in organizing the reciprocal relationships between systems that influence the potential for and effect of IPV. The strength of the ecological theory is that it is a multi-systemic theory designed to incorporate sociocultural, interpersonal, and intrapersonal factors into a cohesive and multifaceted framework. A limitation of the ecological systems theory is that it is not always clear, which accounts for the behavior of research interest (Strong, DeVault, & Cohen, 2005). Also, more information is needed on how the different systems impact on each other. Nonetheless, the ecological framework is still ideal in that it allows for examination of how the various systems interact and influence IPV.

According to Bronfenbrenner (1979), this ecology of human development is influenced by the biological, psychological, and social sciences–where the interplay of genetics, biological factors and the environment contribute to human development and experiences throughout life. It is assumed that there is interdependence between the various systems or levels of ecology surrounding an individual. These levels of ecology have been defined as the microsystem, mesosystem, exosystem, and macrosystem. The chronosystem was added later.

Beginning with the outermost system, the *chronosystem* level, the changes or consistencies (e.g., historical or life events) impact on the individual and the environment over the course of a lifetime (Hong, Kral, Espelage, & Allen-Meares, 2012). The next inner system, known or labeled as the *macrosystem* level, includes the broader societal and cultural factors that influence the interaction of the individual with the environment at all levels. Le Franc et al. (2008) suggested that high levels of IPV may indicate "high levels of tolerance among victims" and "a culture of violence" that may be entrenched in the Caribbean countries (p. 409). In Latin America, the presence of sexism and machismo has been associated with greater rates of victimization for women (Archer, 2006; Marscha & Verweel, 2005).

The next inner system is the *exosystem* or larger societal or community level, where the individual's family interacts with the larger community (e.g., government, mass media, communication, and transportation facilities). Low socioeconomic status and social isolation impact the exosystem level (Dutton, 1985; Heise, 1998; Hines & Malley-Morrison, 2005).

Next is the *mesosystem*, which "comprises the interrelations among two or more settings in which the developing person actively participates" (Bronfenbrenner, 1979, p. 25). The influence of religion, work, and family on an adult is one such example. The innermost system is the *microsystem.* This system addresses the direct dyadic relations of an individual. For example, a household that has four or more children living there is associated with an increased risk of IPV victimization (Cummings, Gonzalez-Guarda, & Sandoval, 2013). In the literature, marital conflict, including verbal conflict, emerged as highly predictive of IPV (Hotaling & Sugarman, 1986; Stets, 1990; Vives-Cases, Gil-Gonzalez, & Carrasco-Portino, 2009).

The individual factors are the biological and personal history an individual brings that makes violence more likely to occur (WHO, 2002). Some individual factors that have been shown to increase the likelihood of IPV include being female (Greenfeld et al., 1998), being young (Le Franc et al., 2008; WHO, 2005), having low educational levels (Drumm et al., 2006; Schumacher, Feldbau-Kohn, Smith Slep, & Heyman, 2001), and being single, separated or divorced (Rennison & Welchans, 2000; Rodriguez, 1999). Possible outcome factors include self-esteem, depression, and substance use. Low self-esteem was associated with women who were victims of IPV (Gonzalez-Guarda, Vermeesch, Florom-Smith, McCae, & Peragallo, 2013), but it is difficult to determine if low self-esteem occurs before or as a result of IPV. Depression was found to be a consequence of continued spousal abuse (Browne, 1987; Stith, Smith, Penn, Ward, & Tritt, 2004). Both victims of IPV and women who were sexually abused during childhood are more likely to use alcohol and drugs, even when other factors such as prior use, family environment, and alcoholic parents are controlled (Miller, Downs, & Testa, 1993;

Moncrieff & Farmer, 1998). The following list identifying multiple predictive risk or protective factors that could influence IPV is based on the contribution of Dutton (1985), Heise (1998), and Stith et al. (2004), and other current researchers (see Table 1).

Table 1. Victim Protective/Risk Factors of Intimate Partner Violence

LEVELS/ SYSTEMS	PROTECTIVE/RISK FACTORS
Chronosystem (consistency or change over the life course)	• Change in societal laws and policies regarding IPV
Macrosystem (Societal)	• Gender inequalities (Dutton, 1985; Heise, 1998) • Societal aggression norms (Dutton, 1985)
Exosystem	• Low socioeconomic status (SES) (Heise, 1998) • Social isolation/integration into the community (Dutton, 1985; Heise, 1998; Hines & Malley-Morrison, 2005)
Mesosystem	• Religious, school, and family influence
Microsystem	• Female violence toward male partners (Stith et al., 2004) • Presence/number of children (Kishor & Johnson, 2004; Stith et al., 2004) • Marital or Relationship conflict (Gonzalez-Guarda, Ortega, Vasquez, & De Santis, 2010; Gonzalez-Guarda, Vasquez, Urrutia, Villarruel, & Peragallo, 2011; Heise, 1998; Hines & Malley-Morrison, 2005)
Individual	• Alcohol or substance use (WHO, 2002) • Age, gender, education level, marital status, and self-esteem (WHO, 2002) • Depression and fear of partner violence (Stith et al., 2004) • History of abuse (Cummings et al., 2013)

Religion/Spirituality and IPV

Most of the studies on IPV tend to look more at the prevalence and risk factors (sociodemographic and psychosocial) for IPV (Drumm, Popescu, & Kirsting, 2006;

Sullivan, 2013). However, very few studies have looked at the relationship between religion and IPV, and these studies have had varied results (Cundari, Caetatno, & Schafer, 2002; Ellison & Anderson, 2001). For example, some researchers have found that weekly church attendance was associated with lower rates of IPV perpetration (Cundari et al., 2002; Ellison & Anderson, 2001; Ellison, Bartowski, & Anderson, 1999; Katerndahl & Obregon, 2007; Nason-Clark, 1996). In contrast, Drumm et al. (2006) found that church attendance and religious conservatism were not significantly associated with physical and sexual abuse. Todhunter and Deaton (2010) also found that physical violence perpetration could not be predicted adequately by using religious and spiritual factors. However, these studies did not consistently focus on all three types of abuse: they focused more on perpetration of abuse, and very few studies focused on church members (Annis & Rice, 2001; Drumm et al., 2006; Drumm, Popescu, & Riggs, 2009). One study looked at IPV among Haitians in the Caribbean who practice Vodou (Wiley, 2003). To date, studies have not been found that looked at IPV in a Christian denomination in the Caribbean, South America, and Latin America. Little is known on how church members from these countries experience victimization from IPV. This study examined IPV within the Seventh-day Adventist (SDA) church.

Purpose of the Study

This study looked at the prevalence (frequency) of IPV among and across the SDA populations with the Caribbean, South America, and Latin America. It also looked at the prevalence within subpopulations (e.g., single versus married women, various age categories) to determine whether IPV in this population is comparable to IPV in the

broader population (Latin America, South America, the Caribbean, and the United States). This study also looked at whether common predictors of IPV identified in other studies (e.g., age or education level) and outcome effects (e.g., self-esteem) can be used to identify different types and levels of IPV in the International American Division (IAD) SDA study data set. This study used secondary data from the Family Life Ministries Department of the IAD of the SDA Church.

Method

Sample

The focus of this IAD study was to evaluate the nature and quality of familial relationships among the adult membership of SDA churches within IAD. The study sampled 7,000 individuals (across 120 variables) with representatives from every IAD SDA Church. The data-collection phase of the study was completed towards the end of 2002. During that period, IAD, one of 13 world divisions of the SDA church, had a total of 2,166,457 members. The division's 13 unions or geographic sectors represented some 6,820 local churches. IAD is comprised of the Caribbean, Mexico, Central America, and five of South America's northern countries (see Figure 1). The goal was to obtain a representative sample of respondents 18 years and older who attended SDA churches within the IAD.

A stratified sample was used. The researchers randomly selected 10% of the churches in each local conference. Each church in each conference was placed into one of three categories (small, medium, or large). After categorization, each church was assigned a probability score based on actual membership. This was used to decide the

churches that took part in the study. All attending members of the churches selected were asked to complete a self-administered questionnaire. Membership was defined by self-identification as a member of a local SDA church. As a result, while the sampling unit was the church, the unit of analysis was individual members of churches. It is typical in social research to use individuals as the unit of analysis.

For this current study, only women between 13 and 82 years of age were selected from the larger dataset. The majority of these women fell into the 18-29 age group (25.6%) and 30-59 age group (25.4%) respectively. A few of the women were in the under 17 age group (4.9%) and 60 years and older (5.5%). The average age was 36 years old (SD = 13.49). Table 2 highlights the demographic characteristics of this sample, as well as the prevalence of different forms of abuse (physical, emotional, and sexual).

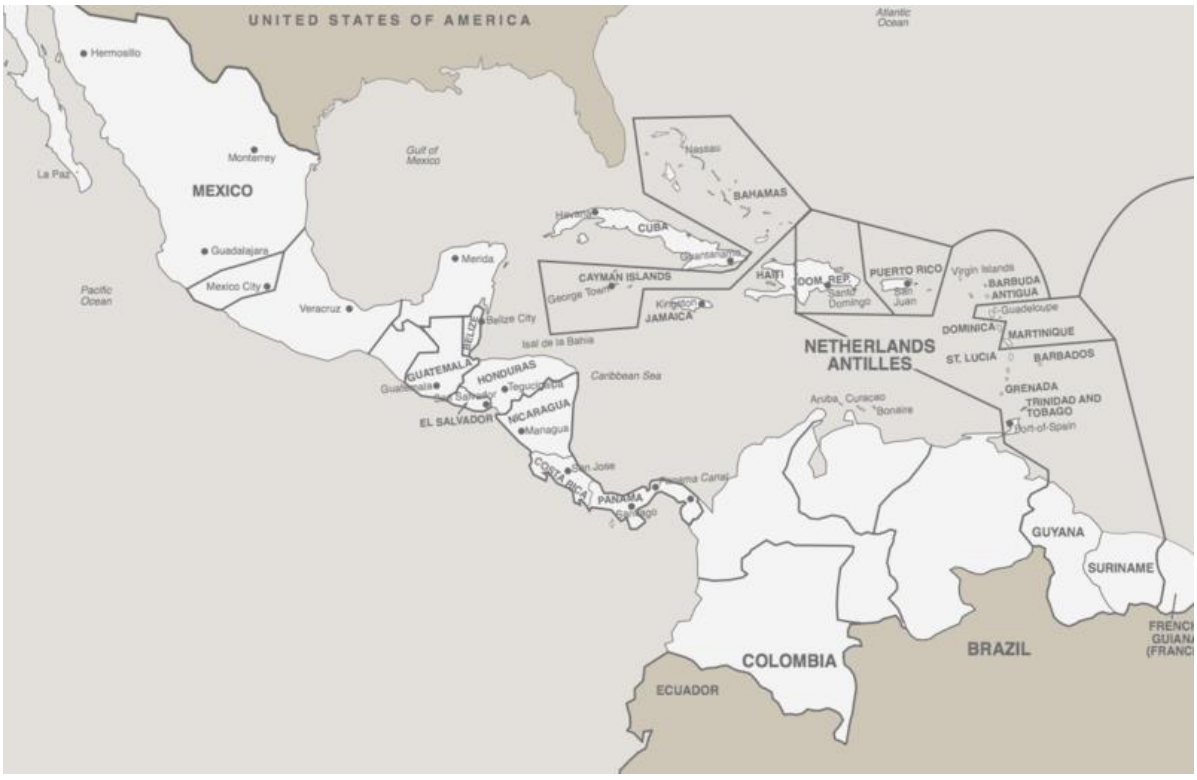

Figure 1. List of all the conferences in the Inter-American Division

Table 2. Sample Demographics [n (%)]

	Physical Abuse n(%)			Emotional Abuse n(%)			Sexual Abuse n(%)		
Characteristic	Recent	Past	Never	Recent	Past	Never	Recent	Past	Never
AGE									
13-17	7 (5.3)	11 (8.3)	115 (86.5)	21 (14)	17 (11.3)	112 (74.7)	7 (4.3)	13 (8)	143 (87.7)
18-29	69 (8.6)	94 (11.7)	640 (79.7)	168 (19.7)	130 (15.2)	556 (65.1)	32 (3.6)	74 (8.4)	776 (88)
30-39	100 (11.7)	149 (17.4)	607 (70.9)	159 (18.7)	210 (24.7)	480 (56.5)	23 (2.7)	83 (9.7)	754 (87.7)
40-49	69 (10.3)	135 (20.2)	465 (69.5)	132 (19.4)	167 (24.6)	381 (56)	25 (3.6)	55 (7.9)	615 (88.5)
50-59	31 (9.4)	57 (17.3)	241 (73.3)	46 (13.6)	86 (25.4)	206 (60.9)	13 (3.7)	36 (10.4)	298 (85.9)
60+	17 (9.9)	25 (14.6)	129 (75.4)	26 (14.1)	43 (23.4)	115 (62.5)	6 (3.3)	9 (5.0)	166 (91.7)
EDUCATION									
Primary only (n=532)	96 (14.4)	118 (17.7)	454 (68)	131 (19.6)	119 (17.8)	419 (62.6)	35 (5.2)	32 (4.8)	606 (90)
Some High school only (n=562)	74 (9.9)	117 (15.6)	558 (74.5)	123 (16)	176 (22.8)	472 (61.2)	30 (3.8)	66 (8.3)	695 (87.9)
High school only (n=562)	66 (10.3)	103 (16.1)	471 (73.6)	127 (19.2)	140 (21.2)	394 (59.6)	20 (3)	78 (11.7)	571 (85.4)
Some college only (n=233)	33 (7)	73 (15.4)	367 (77.6)	75 (14.8)	131 (25.8)	301 (59.4)	14 (2.7)	43 (8.2)	466 (89.1)
College grad (n=88)	26 (5.3)	67 (13.6)	400 (81.1)	111 (22.1)	106 (21.1)	285 (56.8)	11 (2.1)	56 (10.5)	464 (87.4)
MARITAL STATUS									
Single and never married (n=798)	44 (8.1)	76 (13.9)	425 (78)	111 (18.6)	126 (21.1)	361 (60.4)	21 (3.3)	81 (12.9)	527 (83.8)
Married for the first time (n=1926)	175 (10)	246 (14)	1336 (76)	323 (18.8)	367 (21.3)	1031 (59.9)	65 (3.8)	112 (6.5)	1554 (89.8)

Definition of Abuse

One major challenge in understanding a woman's risk of IPV is the lack of a clear and agreed upon definition of IPV, as well as, the existence of varied typologies of violence (Cousineau & Rondeau, 2004; Crowell & Burgess, 1996; Emery, 1989; Gelles, 1987). This inconsistency in the current research leads to discrepancies regarding prevalence, predictors, and outcomes associated with IPV (Centers for Disease Control and Prevention, 2013; Hines & Malley-Morrison, 2005). Heise, Pitanguy, and Germain (1994) found that the 35 prevalence studies were each valid, but that the findings could not be compared because each study used different questions to define abuse. For example, respondents were asked in most of the studies whether they had been "beaten," "abused," or "involved in a violent relationship" (Heise et al., 1994, p. 5). By contrast, some studies from Chile and Barbados defined abuse based on list of "acts" that a person may or may not have experienced (being hit with a fist or object). The varied methodologies used in the research made it difficult for results to be compared cross-culturally, thus limiting the understanding of the prevalence of IPV.

While there are numerous potential definitions of IPV, the WHO's (2002) definition is seen as the most robust. This is due to a more comprehensive definition that includes all three types of abuse and controlling behaviors. Controlling behaviors also seem to increase the risk of IPV for both men and women (Cho, 2012). The WHO definition of IPV is:

> Any behavior within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship. Such behaviors include:
>
> - Acts of physical aggression-such as slapping, hitting, kicking and beating

- Psychological abuse–such as intimidation, constant belittling and humiliating
- Forced intercourse and other forms of sexual coercion
- Various controlling behaviors–such as isolating a person from their family and friends, monitoring their movements and restricting their access to information or assistance. (Krug, Mercy, Dahlberg, & Zwi, 2002, p. 89)

While we prefer the WHO's definition of IPV, this study accessed secondary data. As such, this study used a definition of IPV based on a four-item index for each of the abuse types. Physical abuse was measured by asking respondents to indicate whether "physical abuse by my partner or another family member" has ever been an issue in their lives, and if so, when. Answers were "Yes–During the last year" (1), "Yes–During the last three years" (2), "Yes–At an earlier time in my life" (3), and "No–Never" (4). Emotional abuse was measured by asking whether "emotional abuse by my partner or another family member" has ever been an issue in their lives, and if so, when. Sexual abuse was measured by asking whether "personally experiencing sexual abuse or incest" has ever been an issue in their lives, and if so, when.

Measures

The IAD offered English, Spanish, and French versions of the survey. The survey comprised 106 questions and was administered by research coordinators who administered the questionnaires at the church. This study accessed the measures below.

Demographic measures for marital status, education level, number of children, and age were assessed first. The survey asked respondents for their marital status, education level (the highest grade of formal school completed), number of children, and date of birth (month and year). Age was calculated from the birth year to 2002 (the

conclusion of the study). Number of children was determined by asking respondents to list the ages of all their children. The number of entries indicated the number of children. Dummy variables were created for marital status (single for the first time and married for the first time) and for each education level.

Predictor measures for depression, substance use, marital conflict, self-esteem, conservative, and spirituality were also assessed. *Depression w*as measured via a four-item index. Respondents were asked to indicate whether "personal depression" has ever been an issue in their lives, and if so, when. Answers were "Yes–During the last year" (1), "Yes–During the last three years" (2), "Yes–At an earlier time in my life" (3), and "No–Never" (4). Prior to analysis, the depression variable was recoded as dichotomous to indicate whether a person had (1-3 = 1) or had not (4 = 0) experienced depression. The missing values were coded as system missing.

Substance use was measured via a similar four-item index. Respondents were asked to indicate whether "substance use. Use of illegal, drugs" has ever been an issue in their lives, and if so, when. Prior to analysis, the substance use variable was recoded as dichotomous to indicate whether a person had (1-3 = 1) or had not (4 = 0) experienced substance use.

Marital conflict was measured via a similar four-item index. Respondents were asked to indicate whether "marital conflict with my partner" has ever been an issue in their lives, and if so, when. Prior to analysis, the marital conflict variable was recoded as dichotomous to indicate whether a person had (1-3 = 1) or had not (4 = 0) experienced marital conflict.

Self-esteem was measured via a composite of scores based on two items from the Rosenberg Self Esteem Scale (Rosenberg, 1979), which is a 10-item Guttman scale instrument developed to measure the self-esteem of 5,000 subjects. The original standardization of this tool reported inter-item reliability of $\alpha = .92$ and test retest of $\alpha = .88$. For this study, respondents were asked to indicate their thoughts about the following life philosophy: "I take a positive attitude towards myself" and "on the whole, I am satisfied with myself." These responses ranged from "strongly agree" (1) to "strongly disagree" (5). Responses were reverse coded so that lower scores represented lower self-esteem and higher scores represented higher self-esteem.

A *conservative* variable was measured based on three items. The purpose of this measure was to assess the levels of religious conservatism. In this case respondents were asked "How long have you been a baptized Adventist?" The choices were: (1) less than 1 year, (2) 1-5 years, (3) 6-10 years, (4) 11-20 years, and (5) over 20 years. Respondents were also asked "How often do you attend services at church?" Choices were: (1) more than once a week, (2) at least once a week, (3) two or three times a month, (4) once every month, and (5) less than once a month. Respondents were also asked: "Were your parents Adventists sometime during the first twelve years of your life?" Choices were: (1) neither parent was an Adventist, (2) one parent was an Adventist, and (3) both parents were Adventists.

Spirituality was measured via a five-item index. Respondents were asked to indicate how each item described them. For example, "I make a habit to spend time each day in prayer," or "I share my faith because I would like others to love God as I do." These responses ranged from "strongly agree" (1) to "strongly disagree" (5). Items were

coded to ensure the lower scores reflected "very low spirituality" and the higher scores reflected "very high spirituality." To create the spirituality scale, a factor analysis was performed to examine the relatedness between the eight items. This process identified two factors. After examination, the second factor appeared to be more directly related to guilt and was removed. Cronbach alpha was .781.

Procedures

Prior to analysis, univariate and multivariate assumptions associated with DFA were assessed. In this case, kurtosis and skewness were within the normal range for all continuous variables. Also, missing data ranged from 5.8% to 10.5% among the outcome variables. Statistical examination of the missing data for all the variables using a *t* test (for scaled variables) and chi-square (for nominal variables) suggested that the single women (χ^2 = (3, n = 4007) = 275.62, $p < .001$) with depression, (χ^2 = (1, n = 4007) = 23.14, $p > .001$), some education (χ^2 = (1, n = 4007) = 6.99, $p < .05$) and those experiencing marital conflict (χ^2 = (1, n = 4007) = 19.38, $p > .001$) were less likely to report on all three types of abuse. While women with increased number of children (t (3578) = 7.49, $p < .001$) and having parents Adventist as a child (χ^2 = (2, n = 4007) = 7.17, $p < .05$) were likely to underreport on physical and emotional abuse. Women dealing with substance abuse (χ^2 = (1, n = 4007) = 6.467, $p < .05$) and based on their age (t (3370) = 3.178, $p < .001$) were more likely to have a missing value on sexual abuse.

After the data had been screened for univariate and multivariate assumptions, the analysis proceeded to evaluate the prevalence of abuse and compare these proportions of other existing prevalence rates. Then we examined the measures noted above as risk

factors in DFA. This process used three separate DFA models: one for each of the abuse variables (physical, emotional, and sexual abuse).

Results

Prevalence

Data from the IAD study was compared with the international study (Kishor & Johnson, 2004), World Health Organization (2005, 2013), and North American SDA studies (Drumm et al., 2006; Drumm et al., 2009) to determine if the prevalence was higher or lower. These studies were chosen for several reasons. Kishor and Johnson's (2004) international study is useful in providing prevalence of the different types of IPV, including lifetime and current experience from the Caribbean, South America, and Latin America (Colombia, the Dominican Republic, Haiti, and Nicaragua). Kishor and Johnson specifically included physical and sexual abuse in their spousal violence measures. They adapted several techniques to minimize underreporting of violence due to shame, such as using nonjudgmental tones when asking questions about violence. Prevalence of IPV among SDA was compared to the American findings from Drumm et al. (2009), who used a stratified random sampling from 49 churches in the Northwest region of the United States. The WHO study (2005) is seen as a landmark study on prevalence of IPV that first examined the cross-cultural examinations of patterns of IPV. Although the WHO (2013) study lacked data from the Caribbean, it still provides useful information on the prevalence of IPV worldwide, including in Latin America.

Table 3 illustrates the prevalence rates for this study in comparison to the existing studies. Two major points are evident. First the IAD SDA sample offered similar

prevalence rates to the international study by Kishor and Johnson (2004), which sampled mainly the Caribbean, South American, and Latin American women. Secondly, like the international study, prevalence of abuse from the IAD study was lower than the prevalence from the WHO (2005, 2013) and the SDA population studies in North America by Drumm et al. (2006) and Drumm et al. (2009). This suggests that the rates for IPV are likely similar for SDA and non-SDA (specific) Caribbean, South American and Latin American samples. And the SDA and Non-SDA Caribbean, South American and Latin American populations have lower IPV rates than the SDA and Non-SDA (specific) Western populations.

Table 3. Comparison of Prevalence (%)

	Physical Abuse			**Emotional Abuse**			**Sexual Abuse**		
	Recent	Past	Never	Recent	Past	Never	Recent	Past	Never
IAD Sample	9.9	15.8	74.3	18.2	21.4	60.4	3.7	8.7	87.6
International (South America, Caribbean & Latin America)	9.8-12.5	17.3-40		10.8-15.9	11.5-29		3.9-14.8	6.4-17	
WHO (2005, 2013)		30 (2013)		20-75 (2005)				30 (2013)	
SDA (United States)		33.8			28-44			29	

Risk Factors of IPV

Physical Abuse The DFA model with physical abuse as the dependent variable generated two functions, both of which were considered significant. For the first function, $\Lambda = .859$, $\chi^2(10, n= 3580) = 259.05$, $p < .001$ and for the second function, $\Lambda = .993$, $\chi^2(4, n = 3580)$

= 11.409, $p < .05$. Classification results (see Table 4) revealed that the original grouped cases were classified with 52.7% overall accuracy; accuracy by each group was 56% for recent abuse, 32.6% for past abuse, and 34.1% for no abuse. The cross-validated results supported original accuracy levels with 52.4% overall accuracy. Evaluation of the placement of centroids (see Table 4) for each abuse category on the two functions suggest that higher scores on the first function indicated abuse (e.g., any abuse versus no abuse) while higher scores on the second function indicated *recent* (versus previous) abuse. Therefore, low scores on the first function indicated that an individual has never experienced abuse, whereas high scores on the first function and low scores on the second function indicated a history of past abuse. A high score on the first function and the second function indicated a woman who is currently in a physical abusive relationship.

Table 4. Accuracy of Classification of Participants into Groups by the Discriminant Function

	Physical Abuse		**Emotional Abuse**		**Sexual Abuse**	
Centroids	1	2	1	2	1	2
Recent	.732	.211	.637	-.217	2.268	.378
Past	.635	-.126	.485	.188	.538	-.509
Never	-.232	.003	-.425	-.012	-.138	.036

Classification (%)	**Original Classi-fication**	**Cross-Vali-dated**	**Original Classi-fication**	**Cross-Vali-dated**	**Original Classi-fication**	**Cross-Vali-dated**
Recent	56	54.4	48.3	47	50.4	49.6
Past	32.6	31.8	41.5	38.4	46.9	46.2
Never	34.1	56.6	57.6	57.4	70.7	70.5
Correctly classified (%)	52.7	52.4	52.4	51.4	67.9	67.6

Table 5 presents the correlation coefficients, which indicate the relative contribution of each variable to the function. All of the measures were significant predictors of either Function 1 or Function 2. The correlation coefficients revealed that the marital conflict variable (.820) was most associated with the first function and therefore the largest risk factor for current or past abuse. In addition, other significant variables were self-esteem, depression, spirituality, and being baptized (conservative). Furthermore for Function 2, first time marriages (.666), having less than a college education (-.502) and presence of substance abuse (.479) increased the probability that the woman was in a current physically abusive relationship.

Table 5. Correlations between Variable and Discriminant Functions

	Physical Abuse		**Emotional Abuse**		**Sexual Abuse**	
	Discriminant	Function	Discriminant Function		Discriminant Function	
Variable	1	2	1	2	1	2
Marital conflict	.820		.774		.274	
Self esteem	-.277			.486		.368
Depression	.206		.465			-.182
Spiritual scale	-.111			.326	-.362	
Conservative (been baptized)	-.083			.273	-.102	
Married for the first time		.666	-.193			.624
College graduate		-.502		.141		-.102
Substance abuse		.479	.318		.894	
Single never married		-.425		-.131		-.338
Primary educ only		.170		-.304		.536
Number of children		.163		-.119		.060
Some high school		.155		.064		-.123
Conservative (parents Adventist)		-.124		-.090		-.075
Age		.120		.640		.173
High school only		.101	.049			-.164
Conservative (service attendance)		.053	-.056			.080
Some college only		.035		.104		-.147

NOTE: Included only the largest absolute correlation between each variable and any discriminant function.

Emotional Abuse The model for emotional abuse generated two functions. Both functions were significant; first function, $\Lambda = .795$, $\chi^2(14, n = 3580) = 386.15$, $p < .001$; second function, $\Lambda = .983$, $\chi^2(6, n = 3580) = 29.56$, $p < .05$. Classification results (see Table 4) revealed that the original grouped cases were classified with 52.4% overall accuracy; accuracy by each group was 48.3% for recent abuse, 41.5% for past abuse, and 57.6% for no abuse. The cross-validated results supported original accuracy levels with 51.4% overall accuracy. Evaluation of the placement of centroids (see Table 4) suggest that high scores on the first function indicated abuse, while high scores on the second function indicated *past* abuse. Therefore, high scores on the first function and low scores on the second function indicated *recent* abuse. Low scores on the first and second function indicated that the women had never experienced abuse. Table 5 presents the correlation coefficients, which indicate the relative contribution of each variable to the function. Correlation coefficients revealed that the variables of marital conflict (.774) and depression (.465) were the biggest contributors to the first function, while variables age in years (.640) and self-esteem (.486) were most associated with the second function.

Sexual Abuse The model with sexual abuse as the outcome variable generated two functions. Both were significant (the first function, $\Lambda = .802$, $\chi^2(12, n = 3580) = 373$, $p < .001$ and the second function, $\Lambda = .972$, $\chi^2(5, n = 3580) = 47.48$, $p < .001$). Classification results (see Table 4) reveal that the original grouped cases were classified with 67.9% overall accuracy. Accuracy per each group was 50.4% for recent abuse, 46.9% for past abuse, and 70.7% for no abuse. The cross-validated results supported original accuracy levels with 67.6% overall accuracy. Evaluation of the placement of centroids (see Table

4) for each abuse category on the two functions thus revealed that high scores on the first function indicated abuse, while high scores on the second function indicated recent abuse. For example, high scores on the first function and low scores on the second function indicated past abuse. Table 5 presents the correlation coefficients, which indicate the relative contribution of each variable to the function. Correlation coefficients revealed that the substance abuse variable (.894) was most associated with the first function, while variables married for the first time (.624) and primary only education (.536) were most associated with the second function.

Discussion

The overall goal of this study was to determine the prevalence and possible predictors of IPV among SDA women in the Caribbean, South America, and Latin America. The prevalence rates for IPV in this study were comparable to the international study by Kishor and Johnson (2004), but were lower than the WHO (2005, 2013) and the North American SDA studies (Drumm et al., 2006; Drumm et al., 2009). The North American SDA (Drumm et al., 2009) prevalence rates for physical abuse (33.8%) and sexual abuse (29%) were similar to the WHO (2013) prevalence rate of 30% for physical and sexual abuse (see Table 3). This suggests that the prevalence of IPV may be more related to geographical culture than religious affiliation, as the SDA Caribbean sample from this study was more similar to the Caribbean sample of the international study (Kishor & Johnson, 2004) than the SDA sample from the North American study (Drumm et al., 2006; Drumm et al., 2009).

In consideration of the risk factors associated with IPV in the Caribbean, South America, and Latin American countries, marital conflict seemed to be the most significant factor in this sample that was associated with all three types of IPV and loaded in Function 1. As in other studies, marital conflict also emerged as highly predictive of IPV (Hotaling & Sugarman, 1986; Stets, 1990; Vives-Cases et al., 2009). This suggests that if marital conflict is present in this population, there is a high probability that abuse is either currently happening or that it happened in the past. Either way, when marital conflict is present it is highly relevant to assess for abuse.

While marital conflict was a consistent predictor of abuse, substance abuse was highly associated with sexual abuse. This finding is also consistent with the literature, which indicates that victims of IPV and women who were sexually abused as children are more likely to use alcohol and drugs, even when other factors were controlled such as prior use, family environment, or alcoholic parents (Miller et al., 1993; Moncrieff & Farmer, 1998). Although, substance use was only a moderate contributor to emotional abuse, yet, it was significant for physical violence on Function 2. This suggests that women cope with recent physical abuse through substance use. The findings from this sample also suggest that the presence of substance abuse in this population is a red flag and signals the need for further assessment by either a therapist or clergy member. Further assessment would be necessary due to the fact that abuse may be currently occurring (sexual and/or physical) or may have occurred in the past (for emotional abuse).

Additionally, self-esteem and depression were significantly associated with abuse. Although both were relatively weaker predictors than marital conflict and substance use,

they both played a role in predicting the presence of physical, emotional, and sexual abuse. Findings consistently show that women in abusive relationships tend to report more depression (Cascardi, O'Leary, Lawrence & Schlee, 1995; Danielson, Moffitt, Caspi, & Silva, 1998; Roberts, Williams, Lawrence, & Raphael, 1998). While, low self-esteem was associated with women who were victims of IPV (Gonzales-Guarda et al., 2011).

Spirituality and conservative measures were significant but weak predictors in this study. This suggests that a high degree of spirituality and being baptized as a SDA for a long time may buffer against both physical and sexual abuse. While increased church attendance may offer some protective buffering against emotional abuse, it was also found that increased church attendance was associated with recent physical and sexual abuse. This may suggest that church attendance is used as a coping mechanism by women experiencing IPV relationships. In contrast, Drumm et al. (2009) found that church attendance and religious conservatism was not significantly associated with any of their models that examined physical or sexual abuse. This lack of significance may be due to the limitations of the logistic regression within their study. In this case, logistic regression only assessed the presence of abuse, but did not account for recent and past abuse. Therefore, using a DFA allowed for more subtle significance to be found.

Demographic variables (age, marital status, education and number of children) were also significant predictors in this study, but were mostly weak, except for a few that were highly associated with abuse. Being older was highly associated with past emotional abuse. This suggest that abuse occurs at an early age. However, the research found younger women between 15 to 19 years in most countries to be at higher risk for physical

and sexual violence (WHO, 2005). An implication for the under 18 age group, is that abuse could also be considered child abuse. It may be difficult to distinguish between child abuse and IPV for the under 18 age group, as these categories may not be mutually exclusive. Caution should be used in interpretation of results for the participants under 18 years old.

Married for the first time was highly associated with recent physical and emotional abuse. In contrast, studies found single females were more likely to experience IPV than married females (Kishor & Johnson, 2004; Rennison & Welchans, 2000; Rodriguez, 1999). Primary education only was highly associated with current sexual abuse, while college graduate was highly associated with never experiencing physical abuse. The findings in this study regarding demographics differed from other research findings. The difference in findings may be due to the missing data concerning single women in the IAD data set that could not be examined more fully.

Limitations

The strength of the study was the discriminant function analysis results, which revealed the predictors of women likely to be classified as recent, past, or never experienced IPV. However, the depth of understanding of IPV was limited by the cross-sectional nature of this study and by the survey questions available in the study. Causation of risk factors could not be established and it would be difficult to determine, for example, if low self-esteem or depression occurred before or as a result of IPV.

This study could not test all of the systems that comprise the ecological theory, because they were not all present in the IAD study data. So the multifaceted phenomenon

of IPV and the interplay of the levels were limited to the individual and microsystem level in this study. Also, this study did not include income, alcohol use, or race, since these areas were not covered in the IAD survey (Kishor & Johnson, 2004). The literature has found relationships between these additional demographic variables and domestic violence (Gelles, 1987; Heise et al., 1999; Jewkes, 2002; Pan, Neidig, & O'Leary, 1994; Summers & Hoffman, 2002). Future studies should consider these variables for further analysis to help broaden the understanding of IPV within a SDA denomination.

This study was also limited by the unequal distribution across the abuse categories and marital status. For example, those in the never group ranged from 55%-82%, while those in the recent groups ranged from 3.5%-16.8%, and those in the past group ranged from 8%-20%. There were also fewer cases of the "single, never married" variable (18.7%) than the "married" variable (51.4%). The unequal distribution of the samples could limit the generalizability of the findings among the SDA population (Stevens, 2002; Tabachnick & Fidell, 2013). In addition, the small sample for divorced, cohabitating, and widowed individuals in this study made it difficult to study the impact of separation on the risk of domestic violence directly. Studies have found that singles, especially divorced or separated, have the highest rates of IPV (Rennison & Welchans, 2000; WHO, 2002). Oversampling singles (including separated and divorced women) and the recent and past groups in future studies may help to address this issue.

Finally, it was found that the missing data for the three outcome variables of IPV were associated with single women with depression, marital conflict and education. In addition, missing data for physical and emotional abuse were associated with women with increased number of children and having parents Adventist as a child. Similarly,

missing data for sexual abuse was associated with women dealing with substance abuse and based on their age. Because of these non-random missing patterns in the data, the findings may not fully reflect women who have higher levels of depression, substance use, marital conflict, and more children. Despite these limitations, it is believed that this study could contribute to an increased understanding of the prevalence and possible predictors of IPV among Seventh-day Adventists in the IAD countries that has not previously been available.

Future Research

This study helps to fill the gap in knowledge pertaining to IPV in the Caribbean, South American, and Latin American countries. For the purpose of this study, the data are applicable to SDA women in the IAD countries. Research on IPV in the Caribbean, South American, and Latin American countries is developing, but it is mostly cross-sectional in nature, and therefore causation in risk factors has been difficult to assess. So one is unable to tell if the predictor variable predicts abuse (dependent variable) or abuse predicts the predictor variable. Therefore, future research might consider longitudinal or qualitative research among the SDA population to understand the impact of religion and IPV fully. In addition, most of the research tends to focus on demographic variables (e.g., age, race, or ethnicity) at the individual level that cannot be changed. Future research should consider including variables that are more modifiable, such as family resiliency, social support, and emotion regulation (Jasinski, 2005; Sullivan, 2013). Studies rarely assess the dynamic relations between couples and the social context at the mesosystem. For example, the ways religious experiences, work, and home influence each other

(Abramsky et al., 2011). Future studies should consider looking at the ecological systems beyond the individual and microsystem.

Clinical Practice

This study can help counselors to treat female SDA clients who are at a potentially increased risk for experiencing IPV better. There are implications for counselors to assess and address potential abuse, even when IPV may not be the initial reason for the female seeking therapy. Marital conflict and substance abuse are the biggest contributors to IPV among SDA women in IAD countries. Consequently, they can both be addressed by counselors potentially to reduce the prevalence and risk of IPV. Weaver, Koenig, and Larson's (1997) study found that conservative Christians are more likely to seek out clergy first for help related to domestic abuse problems. However, in another study, the effectiveness of the Pastor was rated low (35%) by SDA members (Drumm et al., 2003). This points to a need for more meaningful collaboration between counselors and clergy.

CHAPTER SIX

CONCLUSION

Summary of the Project

For this dissertation, a publishable paper format was completed. This study looked at the prevalence (frequency) of IPV among and across the SDA populations within the Caribbean, South America, and Latin America. As well as, the prevalence within subpopulations (e.g., single versus married women, various age categories), to determine whether IPV in this population is comparable to the vast body of knowledge of IPV in the broader population. This study also sought to determine whether common predictors (e.g., age or education level) and outcome effects (e.g., self-esteem) of intimate partner violence, that have been identified in other studies, can be used to identify different types and levels of intimate partner level in the IAD data set.

A Discriminant function analysis (DFA) was used to identify specific independent variables that serve as the best predictors of the different types of Intimate partner violence (Mertler & Vannatta, 2010). To accomplish this goal, this study used secondary data from the International American Division (IAD) of Seventh-day Adventist (SDA) study which was collected in 2002. The Inter-American Division (IAD) is comprised of the Caribbean, Mexico, Central America, and five of the countries in the northern part of South America. The original study sampled 7,000 individuals from all the churches in the Inter-American Division but for this current study all women (n=3580) were sampled. The study used stratified random sample based on churches as the unit of sampling.

Differences between the Project and the Final Report

There were a few differences between the project and the final report. Initially in the proposal, Standard/Direct DFA was to be used. But on reflection, the Stepwise DFA was chosen because it selects the best set of predictors (Stevens, 2002) that can be used to identify the different types and levels of intimate partner in the IAD data. Unlike the Standard/Direct DFA where the "variance shared among predictors contributes to the total relationship but not to any one predictor" (Tabachnick & Fidell, 2013, p.398). Also, statistical analysis was not applied (e.g., one sample t-test, chi-square etc.) to the prevalence data because the sample results were similar to the results of the international study done by Kishor & Johnson (2004).

Limitations

The strength of the study was the discriminant analysis results, which revealed the predictors of women likely to be classified as recent, past, or never experienced IPV. However, the depth of understanding of IPV was limited by the cross-sectional nature of this study and by the survey questions available in the study. Causation of risk factors could not be established and it would be difficult to determine, for example, if low self-esteem or depression occurred before or as a result of IPV.

This study could not test all of the systems that comprise the ecological theory, because they were not all present in the IAD study data. So the multifaceted phenomenon of IPV and the interplay of the levels were limited to the individual and microsystem level in this study. Also, this study did not include income, alcohol use, or race, since these areas were not covered in the IAD survey (Kishor & Johnson, 2004). The literature has found relationships between these additional demographic variables and domestic

violence (Gelles, 1987; Heise et al., 1999; Jewkes, 2002; Kishor & Johnson, 2004; Pan, Neidig, & O'Leary, 1994; Parish, Wang, Laumann, Pan, & Luo, 2004; Straus, Gelles, & Steinmetz, 1980; Summers & Hoffman, 2002). Future studies should consider these variables for further analysis to help broaden the understanding of IPV within a SDA denomination.

This study was also limited by the unequal distribution across the abuse categories and marital status. For example, those in the never group ranged from 55%-82%, while those in the recent groups ranged from 3.5%-16.8%, and those in the past group ranged from 8%-20%. There were also fewer cases of the "single, never married" variable (18.7%) than the "married" variable (51.4%). The unequal distribution of the samples could limit the generalizability of the findings among the SDA population (Stevens, 2002; Tabachnick & Fidell, 2013). In addition, the small sample for divorced, cohabitating, and widowed individuals in this study made it difficult to study the impact of separation on the risk of domestic violence directly. Studies have found that singles, especially divorced or separated, have the highest rates of IPV (Rennison & Welchans, 2000; WHO, 2002). Oversampling singles (including separated and divorced women) and the recent and past groups in future studies may help to address this issue.

Finally, it was found that the missing data for the three outcome variables of IPV were associated with single women with depression, marital conflict and education. In addition, missing data for physical and emotional abuse were associated with women with increased number of children and having parents Adventist as a child. Similarly, missing data for sexual abuse was associated with women dealing with substance abuse and based on their age. Because of these non-random missing patterns in the data, the

findings may not fully reflect women who have higher levels of depression, substance use, marital conflict, and more children. Despite these limitations, it is believed that this study could contribute to an increased understanding of the prevalence and possible predictors of IPV among Seventh-day Adventists in the IAD countries that has not previously been available.

Future Steps

As a Christian Counselor, I would like to work with SDA churches to address Intimate partner violence. It will be an opportunity for me to integrate my unique background of Christian Counseling, Public Health and Nursing to address this challenging, complex and multifaceted issue impacting Christian families. I believe that this is God's calling for my life:

> I the Lord, have called you to demonstrate my Righteousness. I will guard and support you, for I have given you to my people as the personal confirmation of my covenant with them. And you will be a light to guide all nations to me. You will open the eyes of the blind and free the captives from prison. You will release those who sit in dark dungeons (Is 42:6 &7, NLT).

This study is one way I hope to open the eyes of the blind (the church leaders and church members) who may be blind to the pain of those women trapped in abusive homes. I hope to share my study findings in SDA churches and conferences that will hopefully start discussions on how IPV can be addressed in their churches. Thus, help move the churches toward the next step of intervening and stopping violence against women in the church and community. I plan to contribute at the research and clinical practice level.

Research

I would like to pursue future research among SDA in the Caribbean, South America, and Latin America, to further understand the relationship between religion and IPV. According to Jewkes (2002) studying socio-demography factors is not enough to fully understand the cause of IPV and understanding the dynamics between variables will be more useful. This view is similar to tenets of the ecological theory (Bronfenbrenner, 1977, 1979, 1986). Using mixed methods will assist in a more in-depth understanding (Jasinski, 2005; Straus & Gelles, 2008; Teddlie & Tashakkori, 2009). I would conduct qualitative studies in the Caribbean, South America, and Latin America, to understand the lived experiences of couples in IPV relationships. This may help to increase understanding of gender disparities, culture of violence, and other important risk factors that influence IPV. Quantitative studies (e.g., questionnaire and focus groups) that will use the dyad as analysis to fully understand the dynamic relationship between male-to-female relationship and inter-relationship between other variables (e.g., gender disparities, culture of violence or norms, religious beliefs incompatibility) that may increase or decrease the risk of IPV. Once, there is a clearer understanding of the risk factors of IPV in the Caribbean, South America, and Latin America, I believe that a Path analysis will be helpful to provide explanation of possible causal relationships and estimate the direct and indirect causal effects (Mertler & Vannatta, 2010). Long-term studies will also be helpful to establish causal relationships between variables and to determine the effectiveness of interventions to stop the violence against women. Understanding the causal relationships and risk factors will assist in developing more effective interventions to stop violence against women.

Clinical Practice

I would like to collaborate more with the church leaders, local counselors and other key, influential persons to increase effectiveness in working with individuals or couples in abusive relationships. I would also like to explore the various domestic violence intervention programs used in North America (e.g., Duluth Model Domestic Abuse Intervention Program DAIP; and Domestic Violence Focused Couples Treatment DVFCT) to address IPV and choose the ones that will best adapt to the study area of interest, as informed by the research findings. Then, I would like to collaborate with the Pastors and church leaders (e.g., family Ministry, women and men ministry departments) to start programs that target women at risk for current abuse (e.g., first marriage, increase number of children, less education) and programs to bring healing to those who have experienced abuse in the past, so they can have healthier relationships. In addition, I would like to develop programs that will work with perpetrators of abuse. Ultimately, I would like to be that vessel God can use to bring healing into Christian homes and families in the Caribbean, South America, and Latin America.

REFERENCES

Abramsky, T., Watts, C. H., Garcia-Moreno, C., Devries, K., Kiss, L., Ellsberg, M., & ... Heise, L. (2011). What factors are associated with recent intimate partner violence? Findings from the WHO multi-country study on women's health and domestic violence. *BMC Public Health, 11*(1), 109-125. doi:10.1186/1471-2458-11-109

Archer, J. (2006). Cross-cultural differences in physical aggression between partners: A social role analysis. *Personality and Social Psychology Review,* 10, 133-153.

Alston, M., & Bowles, W. (2003). Research for social workers: An introduction to methods (2nd ed.). St. Leonards: Allen & Unwin.

Annis, A.W., & Rice, R.R. (2001). A survey of abuse prevalence in the Christian Reformed church. *Journal of Religion & Abuse, 3 (3/4),* 7-40.

Barnish, M. (2004). Domestic violence: A literature review. *Domestic Violence: A Literature Review,* 147. doi:10.1037/e443012008-001

Beaulaurier, R.L., Seff, L.R., Newman, F.L., & Dunlop, B. (2005). Internal barriers to help seeking for middle-aged and older women who experience intimate partner violence. *Journal of Elder Abuse & Neglect, 17(3),* 53-74

Berry, D.B. (2000). *The domestic violence sourcebook* (3rd edition). Los Angeles: Lowell House NTC Contemporary Publishing Group. (p.64 in article)

Birks, M., & Mills, J. (2011). Grounded theory: A practical guide. Los Angeles: Sage.

Bonta, D.M. (2001). Data Points: Results from the California Women's Health Survey. California Department of Public Health Services, Office of Women's Health. Retrieved from www.dhcs.ca.gov/dataandstats/reports/.../OWH-DP18.98.pdf

Brendtro, L. K. (2006). The Vision of Urie Bronfenbrenner: Adults Who Are Crazy About Kids.*Reclaiming Children & Youth*, *15*(3), 162-166.

Briggs, L., & Joyce, P.R. (1997).What determines post-traumatic stress disorder symptomatology for survivors of childhood sexual abuse? *Child Abuse and Neglect, 21(6),* 575-582

Brinkerhoff, M. B., Grandin, E., & Lupri, E. (1992). Religious involvement and spousal violence: The Canadian case. *Journal for The Scientific Study of Religion*, *31*(1), 15-31. doi:10.2307/1386829.

Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American Psychologist*, *32*(7), 513-531. doi:10.1037/0003-066X.32.7.513

Bronfenbrenner, U. (1979). *The ecology of human development*. Cambridge, MA: Harvard University.

Bronfenbrenner, U. (1986). Ecology of the family as a context for human development: Research perspectives. *Developmental Psychology*, *22*(6), 723-742. doi:10.1037/0012-1649.22.6.723

Bronfenbrenner, U. (1992). Ecological systems theory. In R. Vasta (Ed.), Annals of child development. Six theories of child development: Revised formulations and current issues (pp. 187-249). London: Jessica Kingsley

Bronfenbrenner, U. & Morris, P.A. (1998). The ecology of developmental processes. In Lerner, R.M. (Ed.), *Handbook of Child Psychology* (5th edition, Volume 1): (series editor: W. Damon). Pp 993-1028. New York: Wiley.

Brown, J., & Chevannes, B. (1998). '*Why men stay so:' Tie the hefer, loose the bull. An examination of gender socialization in the Caribbean by the University of the West Indies.* Kingston, Jamaica: University of the West Indies

Browne, A. (1987). *When battered women kill*. New York: Free Press

Buelow, S., Lyddon, W., & Johnson, J. (2002). Client attachment and coping resources. *Counseling Psychology Quarterly, 15(2),* 145-152.

Butler, T.L., Fraser, G.E, Beeson, W.L., Knutsen, S.F., Herring, R,P., Chan, J., Sabate, J., Montgomery, S., Haddad, E., Preston-Martin, S., Bennett, H., & Jaceldo-Siegl, K. (2008). Cohort profile: The Adventist Health Studey-2 (AHS-2). *International Journal of Epidemiology*, 37, 260-265

Caetano, R., Cunradi, C.B., Clark, C.L., & Schafer, J. (2000). Intimate partner violence and drinking patterns among White, Black and Hispanic couples. *Journal of Substance Abuse, 11(2),* 123-138.10.1016/S0899-3289(00)00015-8

Caetano, R., Ramisetty-Mikler, S., & McGrath,C. (2004). Acculturation, drinking, and intimate partner violence among Hispanic couples in the United States: A longitudinal study. *Hispanic Journal of Behavioral Sciences, 26(1),* 60-78.10.1177/0739986303261812

Cain, M. (1995). Introduction to the specificity of violence against women. *In Crime and Punishment in Trinidad and Tobago: A collection of papers by Maureen Cain*, edited by Maureen Cain. St Augustine, Trinidad: Alma Jordan Library of the University of West Indies Campbell, J. (2002). Health consequences of intimate partner violence. *Lancet,359 (9314)*: 1331-1336.

Cain, M. (2001).The specificity of violence against women. In C. Barrow & R. Reddock (Eds.), *Caribbean sociology: Introductory readings* (pp. 503-511). Kingston, Jamaica: Ian Randle

Caribbean Community (CARICOM) Secretariat (2011). *Address by Dr. Carla Barnett, Deputy Secretary General, Caribbean Community, to the opening session of the meeting of experts of the Caribbean sub-region on violence against women, 20-21 June 2002, Georgetown, Guyana.* Retrieved from: http://www.caricom.org/jsp/speeches/violence_against_women_barnett.jsp?prnf=1

Cascardi, M., O'Leary, K.D., Lawrence, E.E., & Schlee, K.A. (1995). Characteristics of women physically abused by their spouses and who seek treatment regarding marital conflict. *Journal of Consulting and Clinical Psychology, 63(4),* 616-623

Catalano, S. (2012). Intimate Partner Violence, 1993-2010. (No. NCJRS 239203). Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.

Ceci, S. J. (2006). Urie Bronfenbrenner (1917-2005). *American Psychologist, 61*(2), 173-174. doi:10.1037/0003-066X.61.2.173

Centers for Disease Control and Prevention (2013). *Intimate partner violence: Definitions*. Retrieved from http://www.cdc.gov/violenceprevention/intimatepartnerviolence/definitions.html

Centraal Bureau voor de Statistiek Nederlandse Antillen. (2009). *Resultaten arbeidsk-rachtenonderzoek Curacao 2009* [Labor research results, Curacao 2009] Willemstad, Netherlands Antilles: Author.

Cheasty, M., Claire, A.W., & Collins, C. (1998). Relation between sexual abuse in childhood and adult depression: Case-control study. *British Medical Journal, 316(7126),* 198-201

Cho, H. (2012). Examining gender differences in the nature and context of intimate partner violence. *Journal of Interpersonal Violence, 27*(13), 2665-2684.

Cousineau, M.M. & Rondeau, G. (2004). Toward a transnational and Cross-cultural analysis of family violence. Violence Against Women, 10(8), 935-949. doi: 10.1177/1077801204266456

Crider, C.C. & Kistler, R.C. (1979). *The Seventh-Day Adventist Family: An empirical study.* Berrien Springs, MI: Andrew University. Retrieved from https://archive.org/details/cu31924009151394

Crowell, N. A., & Burgess, A. W. (1996). *Understanding violence against women*. Washington, DC US: American Psychological Association. doi:10.1037/10204-000.

Cummings, A. M., Gonzalez-Guarda, R. M., & Sandoval, M. F. (2013). Intimate Partner Violence Among Hispanics: A Review of the Literature. *Journal of Family Violence, 28*(2), 153-171. doi:10.1007/s10896-012-9478-5

Cundari, C. B., Caetano, R., & Schafer, J. (2002). Religious affiliation, denominational homogamy, and intimate partner violence among U.S. couples. *Journal of the Scientific Study of Religion, 41*(1), 139-151.

Danielson, K.K., Moffitt, T.E., Caspi, A., & Silva, P.A. (1998). Comorbidity between abuse of an adult and DSM-III-R mental disorders: Evidence from an epidemiological study. *American Journal of Psychiatry, 155(1),* 131-133.

Danns, G., & Parsad, B.S. (1989). *Domestic violence in the Caribbean: A Guyana case study*. Turkeyen: University of Guyana.

Dick, G. (2000). The role of paternal involvement in male violence against female intimates. *Dissertation Abstracts International: Section A: Humanities and Social Sciences, 61(2-A),* 767.

Drumm, R. (2005, September 20), "*Religiosity and Childhood Violence: The Impacts on Intimate Partner Abuse."* Paper presented at the Tenth International Conference on Family Violence, San Diego, California.

Drumm, R., McBride, D., Hopkins, G., Thayer, J., Popescu, M., & Wrenn, J. (2006). Intimate partner violence in a conservative Christian denomination: Prevalence and types. *Social Work & Christianity*, *33*(3), 233-251

Drumm, R., & Popescu, M. (2005a, June 14), "Domestic Violence in a Conservative Christian Denomination: Challenges and Barriers for Women of Faith." Paper presented at the 2005 Hawaii International Conference on Social Sciences, Honolulu, Hawaii.

Drumm, R., & Popescu, M. (2005b, October 28), "Pursuing Excellence in Social Ministry: Preferred Domestic Violence Services." Paper presented at the Fifty-fifth Convention and Training Conference of the North American Association of Christians in Social Work, Grand Rapids, Michigan.

Drumm, R., & Popescu, M. (2005c, November 4), "Resources to Strengthen Children and Families: Domestic Violence Intervention in Faith Communities." Paper presented at the Twenty-third Annual Conference of the Association of Baccalaureate Social Work Program Directors, Austin, Texas.

Drumm, R., Popescu, M., Cooper, L., Trecartin, S., Seifert, M., Foster, T., & Kilcher, C. (2013). "god just brought me through it": Spiritual coping strategies for resilience among intimate partner violence survivors. *Clinical Social Work Journal*, doi:10.1007/s10615-013-0449-y.

Drumm, R.; Popescu, M.; & Kirsting, R. (2006, July 10), "The Effects of Intimate Partner Violence Among Seventh-day Adventists." Paper presented at International Family Violence and Child Victimization Research Conference, Portsmouth, N.H.

Drumm, R. D., Popescu, M., & Riggs, M. L. (2009). Gender Variation in Partner Abuse: Findings from a Conservative Christian Denomination. *Affilia: Journal of Women & Social Work, 24*(1), 56-68.

Drumm, R., Popescu, M., & Wrenn, J. (2003). Connecting church and calling: Conducting domestic violence research in conservative Christian denominations. *NACSW Convention Proceedings*, 1-19.

Drumm,R., Popescu,M., Hopkins, G., & Spady, L. (2007, October). Abuse in the Adventist Church. Adventist Review. Retrieved from http://www.adventistreview.org/article/1401/archives/issue-2007-1528/abuse-in-the-adventist-church

Drumm, R. D., & Stevenson, S. R. (2005, January), "Domestic Violence in Religious Congregations: Implications for Social Work Practice." Paper presented at the annual meeting of the Society for Social Work and Research, Miami, Florida.

Dutton, D. G. (1985). An ecologically nested theory of male violence toward intimates. *International Journal of Women's Studies, 8*(4), 404-413.

Dutton, D. (1995). Intimate abusiveness. *Clinical Psychology: Science and Practice, 2*, 207-224.

Dutton, D. (2007). *The abusive personality* (2nd ed.). New York: The Guilford

Ellison, C. G., & Anderson, K. L. (2001). Religious involvement and domestic violence among U.S. couples. *Journal of the Scientific Study of Religion, 40*(2), 269-286.

Ellison, C. G., Bartkowski, J., & Anderson, K. L. (1999). Are there religious variations in domestic violence? *Journal of Family Issues, 20*(1), 87-113.

Emery, R.E. (1989). Family violence. *American Psychologist*, 44, 321-328

Emotional abuse (n.d.). Retrieved from http://sdaabuseresponse.org/research/emotional-abuse

Erdem, G., Wilkinson, D., & Collins, T. (2007). Understanding the life experiences of violent young males from a Bronfrenbrenner's Ecological System Theory. *Conference Papers -- American Society of Criminology*, 1.

Eshbaugh, E.M. (2010). Brief report: Does mastery buffer the impact of stress on depression among low-income mothers? *Journal of Poverty, 14(2),* 237-244. doi:10.1080/10875541003712225.

Fehler-Cabral, G., & Campbell, R. (2013). Adolescent sexual assault disclosure: The impact of peers, families, and schools. *American Journal of Community Psychology*, *52*(1-2), 73-83. doi:10.1007/s10464-013-9577-3

Flowers, K., & Flowers, R. (1997). *Resources for Family Ministries-Ministry resources on abuse and family violence-An appropriate church response to family violence and child sexual abuse*. Retrieved from http://family.adventist.org/mtlogin/mt-search.cgi?search=domestic+violence&IncludeBlogs=28&limit=20.

Foran, H. (2008). Alcohol and intimate partner violence: A meta-analytic review: Clinical Psychology Review, 28, 1222-1234.

Frederick, K., Barnard-Brak, L., & Sulak, T. (2012). Under-Representation in Nationally Representative Secondary Data. *International Journal of Research & Method In Education*, *35*(1), 31-40

Gage, A. (2005). Women's experience of intimate partner violence in Haiti. *Social Science & Medicine, 61(2),* 343-364

Gelles, R. (1987). *Family violence*. Newbury Park, CA: Sage.

Glossop, R. G. (1988). Bronfenbrenner's ecology of human development: A reappreciation. In A.R. Pence (Ed.) , *Ecological research with children and families: From concepts to methodology* (pp. 1-15). New York, NY US: Teachers College Press

Gonzales-Guarda, R.M., Ortega, J., Vasquez, E.P., & DeSantis, J. (2010). La Mancha negra: Substance abuse, violence and sexual risks among Hispanic males. *Western Journal of Nursing Research, 32(1),* 128-148.10.1177/0193945909343594.

Gonzales-Guarda, R.M., Vasquez, E.P., Urrutia, M.T., Villarruel, A.M. Peragallo, N. (2011). Hispanic woman's experiences with substance abuse, intimate partner violence, and risk for HIV. *Transcultural Nursing, 22(11),* 46-54.

Gonzales-Guarda, R.M., Vermeesch, A.L., Florom-Smith, A.L., McCabe, B.E., & Peragallo, N.P. (2013). Birthplace, culture, self-esteem, and intimate partner violence among community-dwelling Hispanic women. *Violence Against Women, 19(1),* 6-23

Greenfeld, L.A., Rand, M.R., Craven, D., Klaus, P., Perkins, C., Ringel, C., Warchol, G., Maston, C., & Fox, J.A. (1998). *Violence by intimates: Analysis of Data on*

Crimes by Current or former Spouses, boyfriends, and girlfriends. (No. NCJ-167237). Washington, DC: US Department of Justice, Bureau of Justice Statistics

Hair, J.F., Anderson, R.E., Tatham, R.L., & Black, W.C. (1995). *Mutltivariate data analysis with readings* (4th ed.). Englewood Cliffs, NJ: Prentice Hall.

Haniff, N. Z. (1998). Male violence against men and women in the Caribbean: The case of Jamaica. *Journal of Comparative Family Studies, 29*(2), 361-369.

Harris, G. T., & Rice, M. E. (1997). Risk appraisal and management of violent behavior. *Psychiatric Services, 48(9*), 1168-1176.

Heaton, J. (1998). Secondary analysis of qualitative data. *Social Research Update,* 22. Retrieved From: http://sru.soc.surrey.ac.uk/SRU22.html

Hegarty, K., Sheehan, M., & Schonfeld, C. (1999). A Multidimensional Definition of Partner Abuse: Development and Preliminary Validation of the Composite Abuse Scale. *Journal Of Family Violence*, *14*(4), 399-415.

Heise, L. L. (1998). Violence against women: An integrated, ecological framework. *Violence Against Women*, *4*(3), 262-290

Heise L., Ellsberg M. & Gottemoeller, M. (1999). Ending violence against women, *Population Reports, L (1).*

Heise, L., Pitanguy, J., & Germain, A. (1994). *Violence against women: The hidden health burden.* Washington, DC: World Bank.

Hernandez, B. C., & Wilson, C. M. (2007). Another Kind of Ambiguous Loss: Seventh-day Adventist Women in Mixed-Orientation Marriages. *Family Relations: An Interdisciplinary Journal Of Applied Family Studies*, *56*(2), 184-195. doi:10.1111/j.1741-3729.2007.00451.x

Hightower, J., Smith, M.J.G., & Hightower, H.C. (2006). Hearing the voices of abused older women. *Journal of Gerontological Social Work, 46(3/4),* 205-227

Hinds, P.S., Vogel, R.J., Clarke-Steffen, L. (1997) 'The possibilities and pitfalls of doing a secondary analysis of a qualitative data set', *Qualitative Health Research,* vol. 7(3): 408-24.

Hines, D.A., & Malley-Morrison, K. (2005). *Family violence in the United States: Defining, understanding, and combating abuse.* Thousand Oaks, CA: Sage.

Hong, I. (1997, June). Male batterers: An ecosystemic analysis of conjugal violence in the Korean immigrant family. *Dissertation Abstracts International*, *57*, 7776.

Hong, J., Kral, M., Espelage, D., & Allen-Meares, P. (2012). The Social Ecology of Adolescent-Initiated Parent Abuse: A Review of the Literature. *Child Psychiatry & Human Development, 43*(3), 431-454. doi:10.1007/s10578-011-0273-y

Hotaling, G.T., & Sugarman, D.B. (1986). An analysis of risk markers in husband to wife violence: The current state of knowledge. *Violence and Victims*, 1, 101-124.

Huang, C. & Gunn, T. (2001). An examination of domestic violence in an African American community in North Carolina: Causes and Consequences. *Journal of Black Studies, 31(6),* 790-811).

Imbusch, P., Misse, M., & Carrión, F. (2011). Violence Research in Latin America and the Caribbean: A Literature Review. *International Journal Of Conflict & Violence*, *5*(1), 87-154.

Inter-American Division (2004). *Inter-American Division Adventist family survey 2002 - 2004:Strategic Issue consolidation of family unit*. Miami, FL: Author

Inter-American Division (2012). *Guatemala: Adventists march in support of EndItNow*. Retrieved from **http://www.interamerica.org/?p=3714#axzz38rIw2b5e**

Inter-American Division (2013). *Adventists stage anti-abuse campaigns throughout South America.* Retrieved from **http://www.interamerica.org/?p=9209#axzz38rIw2b5e**

Inter-American Division (2014). *Adventist leaders promoting first-responder training for domestic violence.* Retrieved from http://www.interamerica.org/?p=11429#axzz38rIw2b5e

Inter-American Division (2014b). *Panama: Church and national university leaders sign agreement to counter growing violence*. Retrieved from **http://www.interamerica.org/?p=12222#axzz38rIw2b5e**

Inter-American Division (2014c). *About IAD: Inter-American Division Territory Map*. Retrieved from http://www.interamerica.org/?page_id=41#axzz38jpCpXFM

Jackson, J. M. (1993). *Double-jeopardy: Women's lives in Guyana*. London: CHANGE

Jasinski, J. (2005). Trauma and violence research: taking stock in the 21st Century. *Journal of Interpersonal Violence, 20(4),* 412-417.

Jewkes, R. (2002). Intimate partner violence: causes and prevention. *Lancet, 359(9315)*:1423-1429.

Jeyaseelan, L., Sadowski, L., Kumar, S., Hassan, F., Ramiro, L., Vizcarra, B. (2004). World studies of abuse in the family environment- risk factors for physical intimate partner violence. *Injury Control & Safety Promotion, 11(2),* 117-125.

Jiwani, Y. (2000). The 1999 General Social Survey on Spousal Violence: An analysis. *Canadian Woman Studies, 20(3),* 34.

Johnson, M. P., & Ferraro, K. J. (2000). Research on Domestic Violence in the 1990s: Making Distinctions. *Journal of Marriage & Family, 62*(4), 948-963.

Joseph, J., Henriques, Z., & Ekeh, K. (1998). The legal response to domestic violence in the English-speaking Caribbean countries. *Caribbean Journal of Criminology & Social Psychology*, *3*(1-2), 174-187.

Katerndahl, D., & Obregon, M. (2007). An exploration of the spiritual and psychosocial variables associated with husband-to-wife abuse and its effect on women in abusive relationships. *International Journal of Psychiatry in Medicine, 37*(2), 113-128.

Kilpatrick, D.G., Acierno, R., Resnick, H.S., Saunders, B.E. & Best, C.L. (1997). A two-year longitudinal analysis of the relationships between violence assault and substance use in women. *Journal of Consulting and Clinical Psychology, 65(5),* 834-847

Kishor, S. & Johnson, M. (2004). *Profiling Domestic Violence: A Multi-Country Study*. Calverton, MD: ORC Macro.

Krug, E. G., Mercy, J., Dahlberg, L., & Zwi, A. (2002). Violence by intimate partners. World report on violence and health (pp. 87– 122). Geneva: World Health Organization.

Langeland, W. & Hartgers, C. (1998). Child sexual and physical abuse and alcoholism: A review. *Journal of Studies on Alcohol, 59(3),* 336-348

Le Franc, E., Samms-Vaughan, M., Hambleton, I., Fox, K., & Brown, D. (2008). Interpersonal violence in three Caribbean countries: Barbados, Jamaica, and Trinidad and Tobago. *Revista Panamericana De Salud Publica*, *24*(6), 409-421.

Lindsted, K., & Daher, N. (2002). #79 Life expectancy free from cardiovascular heart disease in Seventh-Day Adventists. *Annals of Epidemiology, 12*(7), 519.

London School of Hygiene and Tropical Medicine (2012). *Dr. Lori Heise, PhD.* Retrieved from **http://www.lshtm.ac.uk/aboutus/people/heise.lori**

Mackie, M. & Brinkerhoff, M.B. (1986). Blessings and burdens: The reward cost calculus of religious involvement. *Canadian Journal of Sociology, 11(*2), 157-181.

Marlow, C.R.(2007).Researchmethodsforgeneralistsocialwork(5thed.). Belmont, CA: Brooks/Col

Marscha, V., & en Verweel, P. (2005). *De Curacaose man. Vrouwen over de sociale identiteit van Curacaose mannen* [The Curacao man. Women on the social identity of Curacao men] Amsterdam, Netherlands: SWP.

McAdams, C.R. & Foster, V.A. (1999). A conceptual framework for understanding client violence in residential treatment. *Child and Youth Care Forum, 28(5),* 307-328.

Mears, J. (2003). Survival is not enough: Violence against older women in Australia. *Violence Against Women, 9(12),* 1478-1489.

Mertler, C.A., & Vannatta, R.A. (2010). *Advanced and Multivariate Statistical Methods, 3rd Edition.* Glendale, CA: Pyrczak.

Miller, B.A., Downs, W.R., & Testa, M. (1993). Interrelationships between victimization Experiences and women's alcohol use. *Journal of Studies on Alcohol 11*(Suppl), 109-177.

Moncrieff, J. & Farmer, R. (1998). Sexual abuse and the subsequent development of alcohol problems. *Alcohol and Alcoholism, 33(6),* 592-601.

Montminy, L. (2005). Older women's experiences of psychological violence in their marital relationships. *Journal of Gerontological Social Work, 46(2),* 3-22.

Morgan, P. (2000). *Writing rage, literary representations of violence*. Presentation at the Conference on Gender and Domestic Violence, University of the West Indies, Trinidad.

Nash, M.R., Zivney, O.A., & Hulsey, T. (1993). Characteristics of sexual abuse associated with greater psychological impairment among children. *Child Abuse and Neglect, 17(3),* 401-408.

Nason-Clark, N. (1996). Religion and violence against women. Exploring the rhetoric and the response of Evangelical churches in Canada. *Social Compass, 43*(4), 515-536.

Nason-Clark, N. (2004). When terror strikes at home: the interface between religion and domestic violence. *Journal for The Scientific Study of Religion*, *43*(3), 303-310.

Neergaard, J. (2009). Intimate partner violence: Do attendance at religious services and confiding in clergy make a difference in women's psychological indicators?. *Dissertation Abstracts International*, *69*,

Newhill, C. (1992). Assessing danger to others in clinical social work practice. *Social Service Review,* 66, 64-84.

Pan, H., Neidig, P. & O'Leary, D. (1994). Predicting mild and severe husband-to-wife physical aggression. *Journal of Consulting and Clinical Psychology, 62(5),* 975-981.

Parish, W. L., Wang, T., Laumann, E. O., Pan, S., & Luo, Y. (2004). Intimate partner violence in China: National prevalence, risk factors and associated health problems. *International Family Planning Perspectives, 30*(4), 174+. Retrieved from Questia database, http://www.questia.com.

Pence, A. R. (1988). *Ecological research with children and families: From concepts to methodology*. New York, NY US: Teachers College Press

Popescu, M., & Drumm, R. (2009). Religion, Faith Communities, and Intimate partner Violence. *Social Work & Christianity*, *36*(4), 375-378.

Popescu, M. L., Drumm, R., Dewan, S., & Rusu, C. (2010). Childhood victimization and its impact on coping behaviors for victims of intimate partner violence. *Journal of Family Violence*, *25*(6), 575-585. doi:10.1007/s10896-010-9317-5

Popescu, M., Drumm, R., Mayer, S., Cooper, L., Foster, T., Seifert, M., & ... Dewan, S. (2009). "Because of my beliefs that I had acquired from the church…": Religious belief-based barriers for Adventist women in domestic violence relationships. *Social Work & Christianity*, *36*(4), 394-414.

Pryce, K, & Figueira, D. (1978). *Rape and socio-economic conditions in Trinidad and Tobago.* St Augustine, Trinidad & Tobago: Department of Sociology, U.W.I.

Reddock, R. (Ed.). (2004). *Interrogating Caribbean Masculinities*. Kingston, Jamaica: University of the West Indies

Renner, L. M., & Whitney, S. D. (2012). Risk Factors for Unidirectional and Bidirectional Intimate Partner Violence among Young Adults. *Child Abuse & Neglect: The International Journal*, *36*(1), 40-52.

Rennison, C. & Rand, M. (2001). *Bureau of Justice Statistics special report: Intimate partner violence and age of victim,* 1993-1999 (NCJ 187635). Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.

Rennison, C. & Welchans, S. (2000). *Bureau of Justice Statistics special report: Intimate partner violence* (NCJ 178247). Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.

Richardson, J. (2002). Identifying domestic violence: Cross sectional study in primary care. *British Medical Journal*, 324, 274-277.

Roberts, G.L. Williams, G.M., Lawrence, J.M., & Raphael, B. (1998). How does domestic violence affect women's mental health? *Women's health, 28(1),* 117-129.

Rodriguez, E. (1999). *Embarazadas y maltratadas (Pregnant and Abused): Domestic violence among Latinas.* (JSRI Occasional Paper No. 44). East Lansing, MI: Julian SAMORA Research Institute. (ERIC Document Reproduction Service No ED438963).

Rosenberg, M. (1979). *Conceiving the self*. New York: Basic Books.

Rubin, A., & Babbie, E. (2008). Research methods for social work (7th ed.). Belmont, CA: Brooks/Cole.

Sahlin, M.& Sahlin, N. (1997). *A new generation of Adventist families: what it means to you and your church.* Portland, OR: Center for Creative Ministry.

Schumacher, J. A., Feldbau-Kohn, S., Smith Slep, A. A., & Heyman, R. (2001). Risk factors for male-to-female partner physical abuse. *Aggression and Violent Behavior*, 6, 281-352

Schwartz, J., Waldo, M. & Daniel, D. (2005). Gender-role conflict and self-esteem: factors associated with partner abuse in court-referred men. *Psychology of Men & Masculinity, 6(2),* 109-113.

Spooner, M. (2004). Protecting Victims of Domestic Violence in Caribbean Communities. *Journal of Immigrant & Refugee Services*, *2*(3/4), 117-134. doi:10.1300/J191v02n03_08

Stets, J.E. (1990). Verbal and physical aggression in marriage. *Journal of Marriage and the Family,* 52, 501-514.

Stevens, J. (2002). Applied multivariate statistics for the social sciences (4th ed.). Hillsdale, NJ: Lawrence Erlbaum Associates.

Stith, S. M., Smith, D. B., Penn, C. E., Ward, D. B., & Tritt, D. (2004). Intimate partner physical abuse perpetration and victimization risk factors: A meta-analytic review. *Aggression And Violent Behavior*, *10*(1), 65-98. doi:10.1016/j.avb.2003.09.001

Stith, S.M., Williams, M., & Rosen, K. (1990). *Violence hits home: Comprehensive treatment approaches to domestic violence*. New York: Springer

Stone, M. (1995). Review of 'Intervention for men who batter'. *Psychotherapy: Theory, Research, Practice, Training*, *32*(3), 506-507. doi:10.1037/h0092352

Straus, M. A., & Gelles, R. J. (2008). *Physical Violence in American Families: Risk Factors and Adaptations to Violence in 8,145 Families*. Transaction Pub.

Straus, M., Gelles, R. & Steinmetz, S. (1980). *Behind closed doors: Violence in the American family*. New York: Anchor books.

Strong, B., DeVault, C. & Cohen, T.F. (2005). *The marriage and family experience: Intimate relationships in a changing society*. Belmont, CA: Wadsworth Cengage Learning

Sukhu, R. M. (2012). Masculinity and men's violence against known women in Trinidad—Whose responsibility? *Men and Masculinities, 16*(1), 71-92. doi:10.1177/1097184X12468102

Sullivan, T. P. (2013). Think outside: Advancing risk and protective factor research beyond the intimate-partner-violence box. *Psychology Of Violence, 3*(2), 121-125. doi:10.1037/a0032125

Summers, R. & Hoffman, A. (2002). *Domestic violence: A global view*. Westport, CT: Greenwood.

Szabo, V. and Strang, V.R. (1997) 'Secondary analysis of qualitative data', *Advances in Nursing Science*, vol. 20(2): 66-74

Tabachnick, B.G., & Fidell, L.S. (2013). *Using multivariate statistics* (6th ed.). Boston: Pearson.

Teddlie, C., & Tashakkori, A. (2009). *Foundations of mixed methods research: Integrating quantitative and qualitative approaches in the Social and Behavioral Sciences.* Thousand Oaks, CA: Sage.

Tinbergen, N. (1951). *The study of instinct*. Oxford, London: University.

Tjaden, P. & Thoennes, N. (2000). *Full report of the prevalence, incidence and consequence of violence against women: Findings from the National Violence Against Women Survey* (No. NCJ 183781). Washington, DC: U.S. Department of Justice Office of Justice Programs National Institute of Justice (as cited in van Wijk & de Bruijn, 2012, p.3052

Todhunter, R., & Deaton, J. (2010). The relationship between religious and spiritual factors and the perpetration of intimate personal violence. *Journal of Family Violence, 25*(8), 745-753. doi:10.1007/s10896-010-9332-6

Torres, S. & Han, H. (2003). Women's perceptions of their male batterer's characteristics and level of violence. *Issues in Mental Health Nursing, 24*, 667-679.

United Nations General Assembly (1993, December). *Declaration on the elimination of violence against women.* Proceedings of the 85th Plenary Meeting, Geneva.

UN Women Caribbean Office (2007). *Advocacy briefs: Ending violence against women.* Retrieved from: http://www.unifemcar.org/ge_iss.cfm?SubID=169&link_=12

van Wijk, N. L., & de Bruijn, J. M. (2012). Risk factors for domestic violence in Curacao. *Journal of Interpersonal Violence*, *27*(15), 3032-3053. doi:10.1177/0886260512441074

Vears, D.P., & Visher, C.A. (2005). Trends in understanding and addressing domestic violence. *Journal of Interpersonal Violence, 20(2),* 204-2

Vives-Cases, C., Gil-Gonzalez, D., & Carrasco-Portino, M. (2009). Verbal marital conflict and male domination in the family as risk factors of intimate partner violence. *Trauma, Violence & Abuse*, *10*(2), 171-180

Walby, S., & Allen, J. (2004). *Domestic violence, sexual assault and stalking: Findings from the British Crime Survey.* Home Office Research Study 276. London: Home Office Research, Development and Statistics Directorate.

Walby, S., & Myhill, A. (2001). Assessing and managing risk. In J. Taylor-Browne (Ed.), *What works in reducing domestic violence? A comprehensive guide for professionals*. London: Whiting & Birch Waldo, M. (1987). Also victims: Understanding and treating men arrested for spousal abuse. *Journal of Counseling and Development, 65*, 385-388.

Weaver, A.J., Koenig, H.G., & Larson, D.B. (1997). Marriage and family therapist and the clergy: A need for clinical collaboration, training, and research. *Journal of Marital and Family Therapy,* 23:13-25

Webb, A.P., Ellison, C.G., McFarland, M.J., Lee, J. W., Morton, K., & Walter, J. (2010). Divorce, religious coping, and depressive symptoms in a conservative protestant religious group. *Family Relations, 59 (5)*, 544-557

Weeks, L. E., & LeBlanc, K. (2011). An Ecological Synthesis of Research on Older Women's Experiences of Intimate Partner Violence. *Journal of Women & Aging*, *23*(4), 283-304. doi:10.1080/08952841.2011.611043

Whiteside, M. M., Mills, J. J., & McCalm, J. J. (2012). Using secondary data for grounded theory analysis. *Australian Social Work, 65*(4), 504-516

Wiley, S. (2003). A grassroots religious response to domestic violence in Haiti. *Journal of Religion & Abuse, 5*(1), 22-33.

Woodin, E. M., & O'Leary, K. (2009). Theoretical approaches to the etiology of partner violence. In D. J. Whitaker, J. R. Lutzker (Eds.) , *Preventing partner violence: Research and evidence-based intervention strategies* (pp. 41-65). Washington, DC US: American Psychological Association. doi:10.1037/11873-003

World Health Organisation (1996*). WHO global consultation on violence and health. Violence: a public health priority.* Geneva, Switzerland: Author

World Health Organization (2002). Violence by intimate partners. In E.G. Krug, L.L.Dahlberg, J.A. Mercy, A.B. Zwi, & R. Lozano (Eds.), *World report on violence and health* (pp.87-122). Geneva, Switzerland; Author

World Health Organization (2004). *Handbook for the documentation of interpersonal violence prevention Programmes (pp.1-52).* Geneva, Switzerland: author.

World Health Organization. (2005). *WHO multi-country study on women's health and domestic violence against women*. Geneva, Switzerland: Author

World Health Organization (2013). *Global and regional estimates of violence against women; Prevalence and health effects of intimate partner and non-partner sexual violence*. Geneva, World Health organization, 2013

World Health Organization. (2013a). *WHO report highlights violence against women as a'global health problem of epidemic proportions.*' Geneva, Switzerland: Author. http://www.who.int/mediacentre/news/releases/2013/violence_against_women_20130620/en/index.html

Wynder E, Lemon F, Bross I. (1959). Cancer and coronary artery disease among Seventh-day Adventists. *Cancer*, 12, 1016–28.

Zellerer, E. (2000). Domestic violence in Trinidad and Tobago: Some Comments. *Caribbean. Journal of Criminology and Social Psychology*, 5, 209-225

APPENDIX A

ADVENTIST FAMILY SURVEY

Instructions
Please do not write your name on the survey. Your response will remain anonymous and confidential.

Kindly answer all questions as honestly as possible. We want to know your feelings, your beliefs, and your opinion – not what should be, but what actually is.

Do not spend too much time on any one question. Give each question your best and first reaction, then move on to the next one.

Enjoy the survey. And thank you very much for your help!

Marking directions
Draw a circle around the answer that you choose
Your answer should look like this: 1 2 3 4 5 ⑥ 7
Please do not use **x** or √
Rub out clearly any answer you change
If a question does not apply to your present situation, please move to the next question.

Please circle the number of the answer you choose for each question of fill in the blank as instructed.

1. What is your present marital status?
    i. Singe and never married
    ii. Married for the first time
    iii. Remarried after divorce
    iv. Remarried after being widowed
    v. Separated but not legally divorced
    vi. Living together but not married
    vii. Divorced but not remarried
    viii. Widowed but not remarried

Part One: For Married Persons

2. How many times have you been married to your present spouse? _____

3. When I married my present spouse, I was:
    i. A Seventh-day Adventist

ii. A member of another Christian denomination
iii. A member of a non-Christian religion
iv. Not affiliated with any religion

4. When I married my present spouse, he/she was:
   i. A Seventh-day Adventist
   ii. A member of another Christian denomination
   iii. A member of a non-Christian religion
   iv. Not affiliated with any religion

Regarding your present marriage relationship, please rate the degree to which you agree or disagree with the following items by circling the number which best represents your view.

Choose one of these responses
1 = Strongly agree
2 = Agree
3 = Neither Agree nor Disagree
4 = Disagree
5 = Strongly disagree

5. My spouse and I understand each other perfectly. 1 2 3 4 5

6. I go out of my way to avoid conflict with my partner. 1 2 3 4 5

7. I am not pleased with the personal habits of my partner. 1 2 3 4 5

8. I am very happy with how we handle out roles as husband and wife. 1 2 3 4 5

9. I believe a wife should trust and accept the husband's judgments on important issues. 1 2 3 4 5

10. In order to end an argument, I usually give in too quickly. 1 2 3 4 5

11. I am happy about or communication. 1 2 3 4 5

12. Sometimes I feel my partner does not understand me. 1 2 3 4 5

13. I think that a husband should trust and accept his wife's ideas on vital issues. 1 2 3 4 5

14. I am very happy about the way we resolve conflicts. 1 2 3 4 5

15. I am happy about the way we make financial decisions. 1 2 3 4 5

16. I have some needs that are not being met in our relationship. 1 2 3 4 5

17. I believe that when both partners are working, the husband should do the same amount of household chores as the wife. 1 2 3 4 5

18. I am very happy with how we manage the time we spend together. 1 2 3 4 5

19. I am very pleased about how we express affection. 1 2 3 4 5

20. I am very pleased about how we relate sexually. 1 2 3 4 5

21. I am satisfied with the way we handle our responsibilities. 1 2 3 4 5

22. I have never regretted my relationship with my partner. 1 2 3 4 5

23. When we are having a problem, I can always tell my partner what is bothering me. 1 2 3 4 5

24. I am satisfied with the way my spouse relates to my parents. 1 2 3 4 5

25. I am satisfied with the way I relate to my in-laws. 1 2 3 4 5

26. I feel very good about how we practice our religious belief(s). 1 2 3 4 5

27. I believe a woman's place is basically in the home. 1 2 3 4 5

Part Two: For Parents

Below is a list of behaviors and attitudes expressed by parents towards their children. Please rate each to the following items in terms of how well the statement describes the way generally respond to your child/children at the present time.

Choose one of these responses

1 = Strongly agree
2 = Agree
3 = Neither Agree nor Disagree
4 = Disagree
5 = Strongly disagree

28. I respect my children's opinion when they express them. 1 2 3 4 5

29. I often feel angry with my children. 1 2 3 4 5

30. I punish my children by putting them somewhere by themselves. 1 2 3 4 5

31. I believe physical punishment to be the best way of disciplining. 1 2 3 4 5

32. I express affection by hugging, kissing, and holding my children. 1 2 3 4 5

33. I let my children make decisions for themselves. 1 2 3 4 5

34. I talk it over and reason with my children when they misbehave. 1 2 3 4 5

35. I joke and play with my children. 1 2 3 4 5

36. My children and I have warm, intimate times together. 1 2 3 4 5

37. I have well-established rules for my children. 1 2 3 4 5

38. I believe that praising children gets better results than punishing them. 1 2 3 4 5

39. I make sure my children know that I appreciate when they try or accomplish. 1 2 3 4 5

40. I punish my children by taking away a privilege they otherwise would have had. 1 2 3 4 5

41. I teach each of my children that they are responsible for what happens to them. 1 2 3 4 5

42. There is a good deal of conflict between my children and me. 1 2 3 4 5

43. I do not allow my children to question my decisions. 1 2 3 4 5

44. I let my children know how ashamed and disappointed I am when they misbehave. 1 2 3 4 5

45. Teaching my children to be independent is important to me. 1 2 3 4 5

46. I expect my children to help with household tasks. 1 2 3 4 5

Part Three: For Everyone

This section has statements about philosophy of life. Please answer according to how you usually think.

Choose one of these responses

1 = Strongly agree
2 = Agree
3 = Neither Agree nor Disagree
4 = Disagree
5 = Strongly disagree

47. I take a positive attitude towards myself. 1 2 3 4 5

48. Generally speaking, I am inclined to feel that I am a failure. 1 2 3 4 5

49. I can do just about anything I really set my mind to do. 1 2 3 4 5

50. I have little control over the things that happen to me. 1 2 3 4 5

51. I often feel helpless in dealing with the problems of life. 1 2 3 4 5

52. On a whole, I am satisfied with myself. 1 2 3 4 5

53. The future seems hopeless to me, and I can't believe that things are getting better. 1 2 3 4 5

54. I feel it is impossible to reach the goals I would like to strive for. 1 2 3 4 5

This section contains statements about religious beliefs and practices. Please respond according to how each item describes you.

Choose one of these responses
1 = Strongly agree
2 = Agree
3 = Neither Agree nor Disagree
4 = Disagree
5 = Strongly disagree

55. I make it a habit to spend time each day in prayer. 1 2 3 4 5

56. I share my faith because I would like others to love God as I do. 1 2 3 4 5

57. The main purpose of my prayers is for God's help and protection. 1 2 3 4 5

58. I seldom find the time for daily Bible Study. 1 2 3 4 5

59. I often experience the joy and peace which comes from knowing I am right with God. 1 2 3 4 5

60. I share my faith because I feel guilty when I don't. 1 2 3 4 5

61. I find that smoking is a problem for me. 1 2 3 4 5

62. I pray and read my Bible because I would feel guilty if I did not. 1 2 3 4 5

63. I can do with help in overcoming my use of alcohol. 1 2 3 4 5

64. I commune with God because I enjoy spending time with Him. 1 2 3 4 5

65. I attend church because I receive spiritual strength. 1 2 3 4 5

This section deals with beliefs and values. Please indicate the strength of your agreement or disagreement with each statement using the following scale:

Choose one of these responses
1 = Strongly agree
2 = Agree
3 = Neither Agree nor Disagree
4 = Disagree
5 = Strongly disagree

66. Abortion is never an option for Christians. 1 2 3 4 5

67. Persons with homosexual tendencies but who do not engage in sexual practices with same-sex partners should be accepted into full church fellowship. 1 2 3 4 5

68. Sexual intercourse between two unmarried persons is not wrong if they really love each other. 1 2 3 4 5

69. Divorced and remarried persons whose former spouses did not commit adultery should be disciplined by the church. 1 2 3 4 5

70. Husbands and wives should be encouraged to plan their families through birth control. 1 2 3 4 5

71. The sexual act in marriage was designed by God not only for procreation but also as an intimate experience which unites a married couple physically, emotionally, and spiritually. 1 2 3 4 5

72. Homosexual relations are not necessarily wrong if two consenting adults of the same sex enter into a lifetime commitment with each other. 1 2 3 4 5

73. Sex education encourages promiscuity among youth. 1 2 3 4 5

74. The writings of Ellen G. White are a sufficient guide for Adventists in their family relations today. 1 2 3 4 5

75. Abortion is wrong except in cases of rape, incest, and when the mother's life is in danger. 1 2 3 4 5

This section deals with personal experiences. Use the following scale to indicate whether each of the following has ever been an issue in your own life, and if so, when.

Choose one of these responses

1 = Yes – During the last year
2 = Yes – During the last three years
3 = Yes – At an earlier time in my life
4 = No – Never

76. Personal depression. 1 2 3 4

77. Marital conflict with my partner. 1 2 3 4

78. Physical abuse by my partner or another family member. 1 2 3 4

79. Personal involvement in an extramarital affair(s). 1 2 3 4

80. Sexual activity prior to marriage. 1 2 3 4

81. Living together in a sexual relationship with a person without being married to that person. 1 2 3 4

82. Having an abortion. 1 2 3 4

83. Divorce from my spouse. 1 2 3 4

84. Personal involvement in homosexual activities. 1 2 3 4

85. Emotional or verbal abuse by my partner or another family member. 1 2 3 4

86. Personally experiencing sexual abuse or incest. 1 2 3 4

87. Substance abuse. Use of illegal, drugs. 1 2 3 4

88. Conflict with a teenager within the family which damaged relationships. 1 2 3 4

89. The divorce of my parents. 1 2 3 4

This section deals with ministry to families in your local church.

90. Does your congregation have an elected or appointed Family Ministries Director/Coordinator?
    i. Yes
    ii. No

91. Does your church have a functioning Family Ministries Committee?
    i. Yes
    ii. No

92. Overall, what effect have Families Ministries programs had on your family?
    i. Made my family life much better
    ii. Made it a little better
    iii. Had no effect
    iv. Made my family life a little worse
    v. Made it much worse

This section deals with planning for your church. For each of the following items, indicate how important you feel it is for the local church to provide these programs or services.

1 = Very important
2 = Fairly important
3 = Not too important
4 = Not at all important

93. Premarital counseling. 1 2 3 4

94. Marriage strengthening programs. 1 2 3 4

95. Parent education. 1 2 3 4

96. Education regarding sexuality. 1 2 3 4

97. Singles ministry. 1 2 3 4

98. Communication skills seminar. 1 2 3 4

99. Divorce recovery. 1 2 3 4

100. Resolving family conflicts 1 2 3 4

101. Coping with widowhood. 1 2 3 4

102. Managing family finance. 1 2 3 4

103. Grief recovery. 1 2 3 4

104. Addiction recovery support groups. 1 2 3 4

105. A referral list of Christian family counselors. 1 2 3 4

106. A family counseling center open to church members. 1 2 3 4

This final section has some general information.

107. How long have you been a baptized Adventist?
   i. Less than 1 year
   ii. 1-5 years
   iii. 6-10 years
   iv. 11-20 years
   v. Over 20 years

108. How often do you attend services at church?
   i. More than once a week
   ii. At least once a week
   iii. Two or three times a month
   iv. Once every month
   v. Less than once a month

109. Approximately what percent of your gross income for last year did you contribute to the church?
   i. 20% or more
   ii. 15% - 19%
   iii. 10% - 14%
   iv. 5% - 9%
   v. Less than 5%

110. Do you hold an office or other service position in your local congregation?
   i. Yes
   ii. No

111. How often does your family have family worship?
   i. Twice daily
   ii. Once daily
   iii. At least once a week
   iv. Less than weekly
   v. Seldom

112. Were your parents Adventists sometime during the first twelve years of your life?
   i. Neither parent was an Adventist
   ii. One parent was an Adventist
   iii. Both of my parents were Adventist

113. When were you born? Month _____ Year _____

114. What are the ages of your children?

1. _____	4. _____	7._____	10._____
2._____	5. _____	8. _____	11._____
3. _____	6. _____	9. _____	12. _____

115. What is the highest level of formal education you have received thus far?
   i. Primary school
   ii. Some high school
   iii. Completed high school
   iv. Some college
   v. College graduate
   vi. Graduate degree (MA, PhD, etc.)

116. How many years have you attended Adventist school at each level?
   i. _____ Primary school
   ii. _____ High school
   iii. _____ College
   iv. _____ Graduate school
   v. _____ Never attended

117. What is your occupation?
   i. Clerical worker
   ii. Homemaker
   iii. Laborer
   iv. Professional
   v. Self-employed business person
   vi. Tradesman
   vii. University/College student

118. What is your gender?
   i. Male
   ii. Female

119. Which is your Conference/Mission? _____

120. Today's date: Month _____ Year _____

You have now completed the survey.

Family Ministries, Inter-American Division of SDA says **Thank you very much for your help.**

We also want to express our appreciation to the Family Ministries Department of the South Pacific Division and the General Conference for providing the original document which we have modified for our use.