

# Power, Control, and Intimate Partner Sexual Violence in Haiti

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This study sought to determine how power and control in intimate relationships influenced women's exposure to sexual violence. Multilevel modeling was used to determine the risk of partner sexual violence in the past 12 months among 2240 women aged 15–49 years who were currently married or cohabiting. The data were drawn from the 2000 Haiti Demographic and Health Survey. Strong positive effects on intimate partner sexual violence were found for husband's jealousy and perpetration of controlling behavior and women's endorsement of traditional norms concerning a husband's rights to beat his wife. Female dominance in decision making about purchases for daily household needs was positively associated with intimate partner sexual violence but its effects were mediated by relationship quality. The effect of wife's education on intimate partner violence was nonlinear. The analysis also showed that high community female headship rates were independently associated with higher risks of partner sexual violence. The findings highlight the importance of adopting a multidimensional approach to the measurement of power in sexual relationships and the need for programs to work at multiple levels to address gender-based norms and the structural factors that put women at increased risk of sexual violence.

**KEY WORDS:** Haiti; sexual violence; gender; relationship power.

## INTRODUCTION

Sexual violence by intimate partners is a public health concern. Due to the sensitivity of the subject, varying definitions, and the lack of comprehensive systematic data across countries, precise measures of the incidence of sexual violence are rare. However, available data suggest that sexual coercion, sexual assault, forced sexual initiation, rape, and other forms of sexual violence, including psychological intimidation, blackmail and other threats, are common occurrences worldwide. The proportion of women reporting forced sex and other forms of sexual violence by an intimate partner ranges from 20–25% in Bangladesh (Hadi, 2000),

Guadalajara, Mexico (Granados, 1996), Leon, Nicaragua (Ellsberg, Pena, Herrera, Liljestrand, & Winkvist, 2000), Lima, Peru (Cáceres, Vanoss Marín, & Sid Hues, 2000), Rakai District, Uganda (Koenig et al., 2004), and the Midlands Province in Zimbabwe (Watts, Keough, Ndlovu, & Kwaramba, 1998). The prevalence of marital rape has been reported to be as high as 58% in Bolivia and 46% in Colombia and Puerto Rico (Fischbach & Herbert, 1997). An increasing number of studies also show that forced sexual initiation and coercion are a common occurrence in adolescence. For example, in a multi-country study conducted in the Caribbean, nearly half of sexually active adolescent women reported that their first sexual experience was forced (Halcon et al., 2003).

The mental, physical, and reproductive health sequelae of sexual violence are well documented. Sexual violence has been linked with significantly higher risks of posttraumatic stress disorder, anxiety, depression, attempted and actual suicide, and psychological distress (Buzi et al., 2003; Campbell, 2002; Haj-Yahi & Tamish, 2001; Molnar, Berkman, & Buka, 2001; Romans, Belaise,

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Martin, Morris, & Raffi, 2002). Many studies also document adverse reproductive and physical health consequences for women who have experienced childhood and adult sexual abuse. These include injury, chronic pain, gastrointestinal, and gynecological problems, including sexually transmitted diseases, sex work, inconsistent condom use, fear of the perceived consequences of negotiating condom use, fear of talking with one's partner about pregnancy prevention, a higher perceived risk for acquiring a sexually transmitted disease, low perceived control over one's sexuality, and unwanted pregnancy (Braitstein et al., 2003; Campbell, 2002; Coker, Smith, Bethea, King, & McKeown, 2000; Heise, Ellsberg, & Gottmoeller, 2002; Jewkes, Vundule, Maforah, & Jordan, 2001; Wingwood, DiClemente, McCree, Harrington, & Davies, 2001). Females who had experienced sexual coercion have also been noted to have increased odds of alcohol use and substance abuse (Braitstein et al., 2003; Buzi et al., 2003; Liebeschutz et al., 2002). In addition, studies report a link between sexual violence and increased risk of HIV infection (Dunkle et al., 2004; Raj, Silverman, & Amaro, 2004; van der Straten et al., 1998).

Although it is commonly believed that power and control underlie sexual and other forms of violence by intimate partners (Jewkes, 2002; Johnson, 1995; Pence & Paymar, 1985), few empirical studies have tested the association between power and sexual violence in intimate relationships. Two factors account for this gap in the literature: (1) there is a lack of commonly accepted definitions of power in sexual relationships; (2) common behavioral models do not explicitly include the concept of power (Blanc, 2001; Jenkins, 2000; Pulerwitz, Amaro, De Jong, Gortmaker, & Rudd, 2002). Studies conducted in the United States have been valuable in illuminating how differential power in relationships bear on sexual decision-making and condom use (Pulerwitz et al., 2002). However, findings from this research may not necessarily be applicable to some international settings as the cultural context is important in determining power dynamics in intimate relationships and shaping how relationship power is related to the risk of intimate partner violence (Jejeebhoy, 1998; Koenig, Ahmed, Hossain, & Khorshed Alam Mozumder, 2003).

This study explored the degree to which power and control in intimate relationships influence women's exposure to sexual violence. Varying dimensions of power were examined, including women's education, final say on large household purchases, women's control over money for specific items, and women's adherence to cultural beliefs about men's rights and privileges in relationships. This approach takes into consideration that

power has multiple forms and sources in the individual and social context and that these manifestations of power can be interdependent. The study tested the hypotheses that power imbalances in the relationship and partner controlling behavior increase the risk of sexual violence, but that relationship quality plays an important mediating role. The analysis expands considerably the current state of knowledge about partner sexual abuse in Haiti and addresses many of the limitations of earlier studies (e.g., Centre Haitien des Recherches et d'Actions pour la Promotion Féminine, 1996) through the use of nationally representative data and rigorous analytical procedures. Identifying the role of power and control in intimate partner sexual violence in Haiti is important in order to inform efforts to prevent its occurrence and reduce its deleterious effects on women.

## Background

Haiti is the poorest country in the Americas. In 2003, the country's human development ranking was 150th out of 173 and life expectancy was on average 49.1 years. Over 70% of the population lives in extreme poverty (United Nations, 2000; United Nations Development Programme, 1999) and food insecurity affects 40% of households. More than 50% of adults are unemployed and over half of the population lacks access to safe drinking water, health, and sanitation facilities (United Nations, 2000). Violence and insecurity are endemic. Sexual violence, often in plain view of family members, was used as an instrument of political repression during the Duvalier regimes and more recently from 1991–1994 (United Nations, 2000).

The continuing civil conflict has helped to propagate widespread levels of sexual violence. A study of women accessing services at *Projet Sante Fanm* between June and March 2002 revealed that 54% had experienced forced sex in their life time (Smith Fawzi et al., 2005). Since 1981, Haiti has been a party to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and has ratified the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women (Convention of Belém do Para) in 1996. However, as of the year 2000, Haiti had not lived up to its commitment to make implementation progress reports to CEDAW (United Nations, 2000).

## Theoretical Perspectives and Empirical Research

There is little consensus on how to define power in intimate relationships and about the relationship of power to gender and culture (for a detailed discussion, see

Jenkins, 2000). It is generally acknowledged that power has multiple forms and sources and that personality traits, institutional roles, and culture may affect the balance of power in intimate relationships. Much of the literature on empowerment has focused on interpersonal power and the psychological dimension of power which is often associated with perceived control or self-efficacy (Gutiérrez, Oh, & Gillmore, 2000). In studies conducted in Africa and Asia, relationship power is commonly measured by who has the final say in decision making over specific household matters (Hogan, Berhanu, & Hailemariam, 1999; Mason & Smith, 2000), control over earnings, women's freedom of movement (Kishor, 2000), and proxy measures, such as the age and educational differences between spouses (Wolff, Blanc, & Gage, 2001).

Pulerwitz, Gortmaker, and DeJong (2000) have proposed a 23-item sexual relationship power scale consisting of two subscales: a decision making dominance subscale consisting of questions about who has more say in various decisions and a relationship control subscale containing questions about the characteristics of the relationship. However, this scale has not been extensively validated in international settings. One unifying thread across the varying definitions of power is the sense that power in intimate relationships is relative; that power is multidimensional; that culture confers power on individuals by defining the values and meanings associated with men's and women's roles and statuses; that power involves some degree of inequity in the distribution of resources; and that the concept of power embodies both a sense of personal control and the ability to influence the behaviors of others.

Two theoretical perspectives about the roles of gender inequality and power in intimate partner violence have emerged: feminist theory and resource theory. Feminist perspectives have focused mostly on men's perpetration of violence and have emphasized the roles of the patriarchy, constructions of masculinity and femininity, and structural constraints in wife abuse. These theories see violence against women as a function of economic and social processes that operate directly and indirectly to support a male-dominated social order and family structure and as motivated by a husband's need to be in control of his wife and dominate her based on internalized beliefs about male superiority (Dobash & Dobash, 1979, 1988; Steinmetz, 1987; Yllo & Straus, 1990). Patriarchal perspectives also argue that violence may be in response to a man's feeling of powerlessness and of being threatened by a loss of control over an independent spouse (Sugihara & Warner, 2002).

Resource perspectives contend that the relative resources of husbands and wives rather than social roles or

expectations determine the balance of power in marriage and influence the risk of partner violence. Goode (1971) proposed that the more resources—social, personal, and economic—that a person can command, the greater the force that he or she can muster. However, the fewer resources a person has, the more he or she will actually use force in an open manner to assert his or her position in a relationship. One variant of the resource perspective, social exchange theory, contends that violence against women is governed by the principle of costs and benefits and that violence is used when the rewards are greater than the costs (Gelles, 1974). According to this perspective, interpersonal dimensions of power can be expressed by decision-making dominance, the ability to engage in behaviors against a partner's wishes, and the ability to control a partner's actions (Emerson, 1981). Greater power is held by the partner who maintains control over decision making in the relationship and his/her partner's actions. Another variant of resource theory, the principle of least interest (Kuhn, 1964), states that the person who is less dependent on a relationship has the greater bargaining power. Thus, power is an inverse function of dependence: the more dependent one partner is on the other, the less power that partner has in a relationship and the more vulnerable to abuse is he or she.

Research on the relationship between values and beliefs regarding sex roles and domestic violence has generally been inconclusive. Smith (1990) found that husbands who believed that men are superior to women were more likely to be violent. Similarly, a positive association between attitudinal acceptance of wife beating and the actual occurrence of sexual violence has been reported by Simon et al. (2001) in the United States. Sugarman and Frankel (1996) found that men who endorsed beliefs legitimizing a husband's use of violence to discipline and control his wife were more physically aggressive than those who did not support such beliefs; however, their meta-analytic review showed that the link between traditional gender roles attitudes and violence was weak.

Regarding the relationship between resources and intimate partner violence, studies have produced mixed results. Some researchers have documented an inverse relationship between intimate partner violence and husband's income, husband's education, and wife's education (Hindin & Adair, 2002; Koenig et al., 2003; Rickert, Wiemann, Harrykissoo, Berenson, & Kolb, 2002). Jejeebhoy and Cook (1997) found a significant negative relationship between control over resources by wives and domestic violence. Hadi (2000) found that the risk of sexual abuse was lower among married women who participated in credit programs and financially contributed

to their families. These findings support Gelles' (1974) contention that individuals with a greater command of resources may engage in violent incidents because their partners are in positions of dependency and have fewer alternatives to the relationship.

There is some evidence to show that male-dominance in relationships is associated with a greater likelihood of violence towards wives, but female-dominance has been associated with an increased risk of partner violence as well (Anderson, 1997; Levinson, 1989; Straus, Gelles, & Steinmetz, 1980; Sugihara & Warner, 2002). In some studies, the lowest rates of marital conflict have been found among egalitarian couples (Babcock, Waltz, Jacobson, & Gottman, 1994; Coleman & Straus, 1986).

The negative association between intimate partner violence and a husband's socioeconomic status, occupational prestige, and resources (Hornung, McCullough, & Sugimoto, 1981) is sometimes considered to reflect the husbands' perceived lack of control over his immediate environment and his attempt to gain some control over it. Few studies have tried to measure the relationship between personal control or perceived control and domestic violence. A study by Umberson, Anderson, Glick, and Shapiro (1998) demonstrated that perpetrators have a reduced sense of personal control and high need for control, which tended to play a role in triggering violent incidents. Power dissatisfaction has also been associated with the use of violence in dating relationships (Kaura & Allen, 2004; Ronfeldt, Kimerling, & Arias, 1998).

Some researchers have examined how jealousy and possessiveness relate to dominance and intimate partner violence. For example, Dutton, van Ginkel, and Landolt (1996) and Ellsberg et al. (2000) found that jealousy was a major trigger of aggression in intimate relationships, lending credence to the argument that men with fearful attachment styles are more likely to use violence to try to keep their partner (Dutton & Stazomski, 1994; Sugihara & Warner, 2002). Sexual jealousy has also been found to interact with high female education and low male education levels in predicting the risk of violence among immigrant women from developing countries (Brownridge & Halli, 2002).

## Hypotheses

Six hypotheses guided the investigation:

- (1) The effects of female education will be two-fold. Higher levels of female education will increase economic opportunities and earnings potential, reduce dependency on husbands, and make women more economically viable in the household, thereby reducing the likelihood of sexual violence. On the other hand, women's completion of more years of schooling than their husbands will have the opposite effect, threatening traditional power relationships within the household, and increasing the likelihood of sexual violence.
- (2) Female control over financial resources will be negatively associated with the likelihood of sexual violence. Intimate partner violence is more likely to occur if women are in a position of dependency and have limited choices in terms of staying in or terminating the relationship (Gelles, 1974; Goode, 1971).
- (3) Women who endorse cultural beliefs about husbands' rights to use violence to control their wives' behavior will be more likely to experience sexual violence. This hypothesis is premised on the assumption that women who adhere to more traditional notions of a husband's rights and privileges are more likely to be married to men who were raised in families in which traditional gender roles were encouraged. Such men are more likely to be accepting of sexual scripts that view marriage as implying consent to sexual relations by wives and that warrant a husband's use of force to gain compliance.
- (4) Female-dominance in decision-making will increase the likelihood of sexual violence. In Haiti, endemic poverty, which has been exacerbated by political instability, inhibits the fulfillment of gender roles as prescribed by social norms. Deviations from cultural ideals that require men to be assertive and dominant may cause husbands to perceive themselves as less powerful than their wives and to resort to violence to maintain the dominant position (Kaura & Allen, 2004; Sugihara & Warner, 2002; Umberson et al., 1998; Yllo & Strauss, 1990).
- (5) Partner jealousy and controlling behavior will be associated with a significantly higher likelihood of sexual violence. This hypothesis is based on the premise that controlling behaviors reflect a power motive and on previous research showing that the need for power is linked with difficulties in relationships (see, for example, Dutton & Strachan, 1987; Jenkins, 2000).
- (6) Relationship quality, as measured by indicators of spousal communication, affection and respect, will ameliorate the effects of female dominance

in decision making and threats to traditional power norms, reducing the likelihood of sexual violence.

## METHOD

### Participants

Participants were 2266 currently married women aged 15–49 years who were interviewed on domestic violence in the Haiti Demographic and Health Survey (HDHS), which was conducted from February to July 2000 by the Institut Haïtien de l'Enfance, with technical assistance from Opinion Research Corporation (ORC), Macro International (Cayemittes, Placide, Barrère, Mariko, & Sévère, 2000). The survey was a nationally representative sample of households and used a multi-stage stratified cluster design. The Woman Questionnaire collected data on a broad range of reproductive health issues, including fertility, contraceptive use, HIV/AIDS, and domestic violence. In addition to the individual woman data, the survey included characteristics of each enumeration area. These enumeration areas were nested within townships or communes (hereafter called "communities").

The Institutional Review Board of ORC Macro International Incorporated approved the survey instruments and ethical and safety procedures. These included obtaining informed consent, selecting randomly one woman per household for interview on domestic violence, conducting the interview in a private setting, protecting respondents' confidentiality, giving interviewers specialized training on the issue of domestic violence and problems that could arise during the interview process, and referring women to domestic violence services where available. The logistics planning and survey budget also allowed for up to three visits per respondent to permit the interview to be rescheduled at the respondent's convenience. The domestic violence module was also designed with skip instructions to permit the interviewer to terminate the interview on domestic violence if it were not possible to conduct the interview in total privacy. These procedures were consistent with World Health Organization (2001) guidelines.

Questions on intimate partner violence were restricted to women who were ever-married, with marriage being defined in the survey to include both formal and cohabiting relationships. Twenty-six respondents were eliminated from the analysis because they had missing information on variables of interest, resulting in a sample size of 2240.

### Measures

The dependent variable, partner sexual abuse in the past 12 months, was dichotomous and operationalized as an affirmative response to questions asking whether the woman's partner had ever physically forced sex or other sexual acts when not wanted, combined with responses of one or more to a follow-up question asking about the number of times these acts occurred in the past 12 months. Measures of personal power included respondents' education, control over financial resources, and approval of wife-beating. Wife's level of education was a three-category variable consisting of no education (reference group), incomplete primary, and complete primary and higher levels of education. Wife's control over money was assessed for the following items: perishable foods, clothes, toiletries, and non-perishable foods. An additive index was created to reflect the number of areas in which the respondent exercised control over money. Approval of wife-beating was based on respondents' agreement with statements justifying wife beating under the following circumstances: (1) "she goes out without telling him" (her husband); (2) "she neglects the children"; (3) "she argues with him"; (4) "she refuses to have sex with him"; and (5) "she burns the food." "Don't know" responses were counted as "not agreeing." The Cronbach (alpha) coefficient for the resultant index of approval of wife beating was .77.

Measures of interpersonal power included partners' relative education and pattern of decision making over large purchases. Partners' relative education was constructed by calculating the difference in their completed years of schooling and dividing the sample into the following three categories to reflect whether the wife had: (a) fewer; (b) the same (reference group); or (c) more years of education than the husband. The relationship decision-making pattern was measured by who had the final say over decisions pertaining to large household purchases and was captured by three dummy variables: wife-dominated, husband-dominated, and other-dominated, with egalitarian decision-making as the reference group.

Control in the relationship was measured by husbands' jealousy, which was entered into the regression as a dichotomous variable, and controlling behavior. An additive controlling behavior index was constructed from assigning a "1" to each of the following partner behaviors reported by the respondent: (1) "he often accuses her of unfaithfulness"; (2) "he does not permit her to meet her girl friends"; (3) "he insists on knowing where she is"; and (4) "he does not trust her with money." The controlling behavior index ranged from 0 to 4, with 0 reflecting the

lowest and 4 indicating the highest level of controlling behavior.

Relationship quality was based on respondents' reports of the following partner behaviors: (1) "spends free time with her"; (2) "consults her/seeking her opinion on various household issues"; (3) "is affectionate; and (4) "respects her wishes/desires." Women who reported that their partners displayed all four behaviors "often" were defined as having a high quality relationship (considered as a proxy for the closeness between a husband and wife) and the variable was assigned the value "1"; otherwise, the variable was assigned "0."

Partners' level of communication was an additive index derived from responses to questions asking whether the respondent talked with her husband about events at home, events at work, money matters, and community happenings. The response categories for each of these questions were never, sometimes, and often, and were assigned the values 1, 2, and 3. The communication index ranged from 0 to 8. As the communication questions were restricted to currently married women, they formed the unit of analysis.

Other individual-level explanatory variables included wife's age and number of co-resident children, husband's history of alcohol abuse, and witnessing interparental violence in childhood. Information on partner's alcohol consumption was collected in the domestic violence module. Wife's age differentiated women under the age of 30 from those aged 30–49 (the reference group). The number of children living at home was entered in the regression as reported. In the domestic violence module, women were asked whether their husband/partner had ever drunk an alcohol-containing beverage, and if so, how often he got drunk: very often, only sometimes, or never. This information was used to create a dichotomous variable indicating whether the woman's partner had a history of drunkenness. Wife's exposure to parental violence as a child was categorized into three groups: those who reported witnessing their fathers committing acts of physical violence against their mothers, those who reported otherwise (reference group), and those who did not know or could not remember.

Three community-level variables based on the level of infrastructural development, the percentage of households in the community that were female-headed, and type of place of residence were included in the analysis. Eleven community variables were utilized to construct an index of infrastructural development and access to health services based on principal components analysis: availability of a primary school, junior secondary school, senior secondary school, daily market, weekly market, shop, public transportation, hospital, dispensary,

and pharmacy. For each of these components, values for corresponding communities were calculated over all enumeration areas in the township/commune. The index constructed from the first principal component described 49% of the total variance of the original 11 items and was used. Communities were divided into low (reference group), medium, and high categories of infrastructural development based on tiers to provide results that were more readily interpretable in the policy arena.

A similar categorization was used for female-headed household concentration. The low category represented the third of townships/communes with the lowest percentage of female-headed households, the medium category represented the second tier of communities, and the high category represented the third of communities with the highest values on the variable. Neighborhoods where a high proportion of households were headed by women may contribute to increased financial, physical, and emotional stress for individuals as well as communities in general, particularly if these households have dependent children. The percentage of households in a community that were headed by women indexes into stressful social obligations, role strain, resource deprivation, and low social capital (Le Clere, Rogers, & Peters, 1998). Type of place of residence identified whether the community was urban or rural (reference group). Justification for basing the community-level variables on the township or commune rather than the enumeration area is noted below.

### Statistical Analysis

As the survey was a multistage cluster sample of households, the data were hierarchical, with three levels: township/commune, enumeration area (EA), and individual. Therefore, a multi-level generalized model was employed for parameter estimation using procedures provided by the *MLwiN* software (Rasbash et al., 2000). The use of a one-level logistic regression model would have been inappropriate due to the multistage sampling design and would have resulted in an underestimation of the standard errors (SE) of the coefficients.

In a multilevel framework, communities should be defined as spatial units that are small enough to represent the immediate social context in which individuals and families interact with institutions and societal structures that govern access to opportunities and resources. Although the number of EAs in the survey was large ( $N = 317$ ), EA sizes were fairly small: more than 40% of EAs had 7 or fewer sampled women. Therefore, the township/commune provided a more statistically meaningful

geographical boundary for the definition of community characteristics. One limitation of this approach is that the measurement of community characteristics at the township/commune level may not truly reflect the theoretical concept of residential neighborhoods or functional communities if respondents are unevenly distributed within townships/communes (Coulton, Korbin, & Su, 1999; Duncan & Aber, 1997), but this could not be assessed from the survey data.

The number of respondents per township/commune ranged from 2 to 130, with a mean of 19.48 ( $SD = 16.80$ ). In order to reduce the impact of inaccuracies in any particular community with small sample size, community measures were defined categorically. Previous researchers have employed a similar approach (see, e.g., McNay, Ariokiasamy, & Cassen, 2003). The total number of townships/communes was 115, which were considered adequate for modeling reliable community-level measures (Raudenbush, 1998).

As the outcome variable, sexual violence in the past 12 months, was dichotomous, a two-level logit model was used, with parameter estimates adjusted for cluster-level correlation and unobserved heterogeneity. Factors hypothesized to explain differences among individuals were modeled at level 1 and the explanatory factors for between-community variation were modeled at level 2. The logit of the probability of sexual violence can be modeled as follows:

$$\begin{aligned} \text{logit}(\pi_{ij}) &= \text{log}[\pi_{ij}/(1 - \pi_{ij})] \\ &= \beta_0 + \beta_1 P_{ij} + \beta_2 I_{ij} + \beta_3 C_j + \mu_j \end{aligned}$$

where  $i$  and  $j$ , respectively, are the level 1 (individual) and level 2 (community) units;  $\pi_{ij}$  is the probability of the risk of sexual violence for the  $i$ th woman in the  $j$ th community; the  $\beta$ s are the fixed coefficients;  $\mu_j \sim N(0, \sigma_j^2)$  shows the random effects for the  $j$ th community; and  $P$ ,  $I$ , and  $C$  refer to power and control, other individual, and community variables, respectively. The estimates are based on a second order predictive quasi likelihood procedure.

The analytical strategy consisted of three regression models. The first model included the fixed effects of the variables measuring relationship power. The second model investigated the mediating effects of relationship quality and partner communication. In Model 3, variables were added to determine whether community characteristics were associated with sexual violence after relationship power and other confounding variables were taken into account.

## RESULTS

### General Characteristics

Table I presents the means and  $SD$ s of the power and control measures and other background characteristics of

**Table I.** Means and  $SD$ s of Selected Background Variables: Currently Married Women ( $N = 2240$ )

Variable	$M$	$SD$
Wife's education		
None	.44	.50
Primary, incomplete	.36	.48
Primary, complete	.20	.40
Wife's control over money index	3.50	1.41
Wife's approval of wife-beating index	.21	.20
Decision-making		
Both spouses	.36	.48
Respondent alone	.34	.47
Husband alone	.20	.40
Other	.10	.30
Spouses' relative education		
Wife has less	.33	.47
Wife has same	.53	.50
Wife has more	.09	.28
Husband jealous		
No/don't know	.42	.49
Yes	.58	.49
Husband's controlling behavior index	1.70	1.25
Relationship quality		
Low	.56	.50
High	.44	.50
Communication index	5.31	2.06
Wife's age		
15-29	.40	.49
30+	.60	.49
Number of children living at home	2.38	2.10
Husband ever drunk		
No	.87	.33
Yes	.13	.33
Wife witnessed parental violence		
No	.75	.43
Yes	.13	.33
Don't know	.12	.33
Residence		
Rural	.64	.48
Urban	.36	.48
Community development		
Low	.13	.34
Medium	.27	.45
High	.60	.49
Female-headed household concentration		
Low	.27	.45
Medium	.26	.44
High	.47	.50

women in the sample. Levels of education were low, with 40% of women having ever attended school and only 20% having completed primary school. About 9% of women were in a position of relatively higher educational status than their partners. Educational homogeneity was common—52% of women had identical years of schooling as their partners. Thirty-six percent of women were in unions characterized by egalitarian decision-making about large household purchases and an additional third were in unions characterized by female-dominant decision-making. Male dominant decision making was reported by about 20% of respondents.

Regarding controlling behaviors in marriage, 58% of women reported their partners as being jealous when they talked to other men. A mean of 1.70 ( $SD = 1.25$ ) was obtained for the controlling behavior index, which ranged from 0 to 4. The mean value of the partner communication index (which had a maximum value of 8) was 5.31 ( $SD = 2.06$ ). Forty-four percent of women were categorized as having a high quality relationship, 40% were less than 30 years of age, and the average number of children living at home was 2.38 ( $SD = 2.10$ ). About 13% of women reported their partners had a history of alcohol misuse and an equal proportion said they had witnessed inter-parental physical violence in childhood. The majority of women lived in rural areas. Thirteen percent lived in communities with relatively low levels of infrastructural development and 47% in communities characterized by relatively high proportions of households headed by women.

### Prevalence of Sexual Violence

Table II shows the prevalence and chronicity of intimate partner sexual violence in the past 12 months by selected background variables. The chronicity measures indicate how often acts of sexual violence occurred among women who experienced at least one act in the past 12 months (see Straus, Hamby, Boney-McCoy, & Sugarman, 1996). We focused on individual power dimensions, such as those related to education and control over money, and on interpersonal dimensions, such as those related to patterns of decision making and controlling behavior. Indices pertaining to wife's control over money and approval of wife-beating and husband's controlling behavior were categorized to facilitate interpretation of findings.

Sixteen percent of currently married women experienced intimate partner sexual violence in the past 12 months. The prevalence of intimate partner sexual violence was almost 20% among women who did not complete primary school compared to 13% among those

with no education and 15% among those who completed primary school. The propensity of sexual violence did not vary substantially by the educational level of the spouses. However, the chronicity of sexual violence was significantly higher among women with fewer years of schooling than their husbands compared to those with identical or more years of schooling. The mean number of occurrences of sexual violence in the past 12 months (with  $SD$ s in parentheses) for abused women with less, equal or more years of schooling than their partner was 7.68 (8.66), 5.72 (5.96) and 6.95 (6.90), respectively,  $\chi^2(2, N = 417) = 46.80, p < .001$ .

The prevalence of sexual violence declined with an increase in women's level of control over money: from 22% among those with no control over money for specific purchases to 13% among those scoring 5 (the highest value) on the control over money index. Similarly, abused women with no control over money reported a statistically greater frequency of sexual violence than did women with more control over money. The differentials in the chronicity of sexual violence by women's level of control over money reached the .01 significance level,  $\chi^2(3, N = 417) = 65.33, p < .001$ . A strong relationship was found between wife's approval of wife beating and the prevalence of sexual violence, the major distinction being between women who did not approve of wife beating under any circumstances and those who did. However, abused women at the upper end of the wife-beating approval scale experienced significantly fewer incidents of sexual violence in the past 12 months than those at the lower and middle section of the scale,  $\chi^2(5, N = 417) = 63.73, p < .001$ .

Compared with egalitarian decision-making, male and female dominant decision-making about large household purchases were associated with a higher prevalence of sexual violence. The chronicity of violence was also substantially higher among women in relationships characterized by male dominance in decision making ( $M = 9.31, SD = 7.95$ ) than among women with egalitarian ( $M = 5.30, SD = 4.72$ ) or female-dominant ( $M = 5.09, SD = 7.40$ ) decision making patterns. The differentials in the chronicity of sexual violence by decision-making pattern reached the .01 significance level,  $\chi^2(3, N = 417) = 88.56, p < .001$ .

The prevalence and chronicity of sexual violence were higher among women with jealous and controlling husbands. The mean number of incidents of sexual violence in the past 12 months was 6.79 ( $SD = 7.45$ ) among those with jealous husbands compared to 4.87 ( $SD = 5.10$ ) among those without jealous husbands,  $\chi^2(1, N = 417) = 35.34, p < .001$ . At the higher end of the controlling behavior index, 24–28% of women

**Table II.** Prevalence and Chronicity of Intimate Partner Sexual Violence in the Past 12 Months by Selected Indicators of Power and Control: Currently Married Women

	All women		Women experiencing intimate partner sexual violence in past 12 months		
	% Experiencing intimate partner sexual violence in past 12 months	Number of women	Chronicity of sexual violence	SD	Number of women
Wife's education			***		
None	13.10	997	7.52	8.80	165
Primary incomplete	19.58	792	5.48	4.50	171
Primary complete	14.63	451	6.15	7.82	81
Wife's control over money index			***		
0	21.85	133	12.96	10.23	31
1-2	14.78	255	4.53	4.04	48
3-4	16.23	1357	6.07	5.92	260
5	13.04	495	4.66	7.49	78
Wife's approval of wife beating index	**		***		
0	11.53	1262	6.23	6.64	181
1	21.66	293	8.71	8.38	65
2	19.59	326	5.51	7.96	74
3	25.98	182	7.46	5.95	53
4	15.92	91	3.46	2.60	23
5	24.26	85	2.58	2.71	21
Decision-making	***		***		
Both spouses	9.86	858	5.30	4.72	123
Wife alone	17.72	740	5.09	7.40	165
Husband alone	23.49	434	9.31	7.95	87
Other	15.14	208	4.67	3.82	42
Spouses' relative education			***		
Wife has less	16.29	692	7.68	8.66	120
Wife has same	16.55	1320	5.72	5.96	258
Wife has more	11.47	228	6.95	6.90	39
Husband jealous	***		***		
No/don't know	8.46	1004	4.87	5.10	114
Yes	21.02	1236	6.79	7.45	303
Husband's controlling behavior index	***		**		
0	7.44	414	5.64	6.02	49
1	9.96	677	4.23	4.52	90
2	16.86	610	5.60	5.48	113
3	27.75	385	7.43	5.56	110
4	23.51	154	8.27	12.72	55
Total	15.74	22.40	6.35	7.03	41.7

\*\*  $p < .01$ . \*\*\*  $p < .001$ .

experienced intimate partner sexual violence compared with 7% of women with non-controlling husbands. This differential was significant at the .01 level (design-based  $F(3.64, 1076.71) = 9.54, p < .01$ ).

**Multilevel Model**

Table III displays the results of the multilevel models of partner sexual violence. The null model (not shown) indicated that there was sizeable variance in the likelihood

of partner sexual violence at both the community and individual levels. The effect of women's educational attainment on the probability of sexual violence was non-linear. Women who did not complete primary school had significantly higher risks of sexual abuse than uneducated women, but women who completed primary school did not differ from uneducated women in their risk of experiencing sexual violence. In Model 1 to Model 3, neither educational incompatibility between partners nor women's control over money was predictive of the risk of

**Table III.** Parameter Estimates from Multilevel Models of the Likelihood of Intimate Partner Sexual Violence: Currently Married Women

	Model 1		Model 2		Model 3	
	<i>B</i>	<i>SE</i>	<i>B</i>	<i>SE</i>	<i>B</i>	<i>SE</i>
<b>Fixed effects</b>						
Intercept	-2.76***	0.24	-2.53***	0.29	-3.06***	0.36
<i>Power</i>						
Wife's education						
None <sup>a</sup>						
Primary incomplete	0.39**	0.14	0.41**	0.14	0.49***	0.15
Primary complete	0.13	0.17	0.22	0.18	0.38	0.20
Wife's control over money index	-0.06	0.05	-0.05	0.05	-0.07	0.05
Wife's approval of wife beating index	0.85***	0.20	0.86***	0.20	0.88***	0.20
Decision-making						
Both spouses <sup>a</sup>						
Wife alone	0.38**	0.14	0.28	0.15	0.27	0.15
Husband alone	0.22	0.17	0.18	0.17	0.19	0.17
Other	0.02	0.22	-0.12	0.23	-0.03	0.24
Spouses <sup>a</sup> relative education						
Wife has same/less <sup>a</sup>						
Wife has more	-0.36	0.21	-0.41	0.21	-0.42	0.22
<i>Control</i>						
Husband jealous						
No <sup>a</sup>						
Yes	0.60***	0.14	0.55***	0.14	0.55***	0.15
Husband's controlling behavior index	0.26***	0.06	0.27***	0.06	0.25***	0.06
<i>Other individual-level characteristics</i>						
Relationship quality						
Low <sup>a</sup>						
High			-0.73***	0.14	-0.69***	0.14
Communication index			0.02	0.03	0.02	0.03
Wife's age						
15-29 <sup>a</sup>						
30-49					-0.03	0.14
Number of children living at home					0.08*	0.03
Wife witnessed parental violence						
No <sup>a</sup>						
Yes					0.64***	0.17
Do not know					0.00	0.20
Husband ever drunk						
No <sup>a</sup>						
Yes					0.68***	0.16
<i>Community characteristics</i>						
Residence						
Rural <sup>a</sup>						
Urban					0.13	0.17
Community development						
Low <sup>a</sup>						
Medium					-0.43	0.23
High					-0.37	0.24
Female-headed household concentration						
Low <sup>a</sup>						
Medium					0.47*	0.23
High					0.59*	0.24
<b>Random effect</b>						
Community random effect	0.36***	0.10	0.38**	0.11	0.37**	0.11
<i>N</i>		2240		2240		2240

<sup>a</sup>Reference group.\*  $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ .

sexual violence. Internalized beliefs justifying a husband's use of physical violence under specific circumstances, which was equated with less power in the relationship, was linked to a significant increase in women's sexual violence exposure ( $B = 0.88, SE = 0.20$ ).

In Model 1, female dominance in decision making was associated with a significantly higher risk of sexual violence than egalitarian decision making ( $B = 0.38, SE = 0.14$ ) but, as Model 2 shows, this relationship was mediated by relationship quality. The coefficient for female dominance in decision-making was substantially reduced and lost its statistical significance when relationship quality and the partner communication index were entered in Model 2. Jealousy and partner controlling behavior were positively related to women's risks of experiencing sexual violence and were significant at the .001 level across all models. Relationship quality, which was considered a marker of a close relationship between partners, was associated with significantly lower risks of partner sexual abuse ( $B = -0.69, SE = 0.14$ ).

As depicted in Model 3, other risk factors for partner sexual abuse were witnessing inter-parental violence as a child and husband's history of alcohol abuse. Respondent's age was not independently associated with sexual violence after controlling for other demographic and relationship characteristics. The number of children living at home was positively associated with the risk of sexual violence. Women who resided in communities characterized by high proportions of female-headed households were significantly more likely to experience partner sexual abuse than were women living in communities with low concentrations of female-headed households ( $B = 0.59, SE = 0.24$ ). The level of infrastructural development in a community did not influence sexual violence. Note that the inclusion of community composition in Model 3 did not modify the effects of the level-one variables.

The bottom panel of Table III shows the changing size and significance of the community-level random effects terms as each set of factors was entered into the models. Substantial random effects were present at the community level for all Models. Even when all variables were included in Model 3, the probability of sexual violence still varied significantly between communities. The magnitude of the community random effect did not change much across models, suggesting that each set of factors did not contribute much to the explanation of the variation in the outcome between communities. Consistent with the hypothesis that community conditions could exacerbate or mitigate individual risk factors for partner sexual abuse, cross-level interaction terms were included in the models between women's personal and

interpersonal power and community factors. However, none of these factors were statistically significant.

## DISCUSSION

Levels of sexual violence are of concern not only because of the physical and psychological trauma inflicted on victims but also due to Haiti's high HIV/AIDS prevalence rate, which is estimated at 4.5%—the highest level in the Americas (Joint United Nations Programme on HIV/AIDS [UNAIDS], 2004). Intimate sexual violence can also lead to unwanted pregnancy and sexually transmitted infections. Sixteen percent of women who were currently married or in a cohabiting union experienced sexual violence in the twelve months preceding the survey. We assessed the effects of various dimensions of power and control on partner sexual violence in intimate relationships.

The results reinforce the importance of adopting a multidimensional approach to the measurement of power in sexual relationships. The strength of the effects of measures of personal power varied considerably. Women's education played an important role but was associated with increased risks of sexual violence at moderate levels. As hypothesized, the wife's endorsement of traditional norms concerning a husband's rights to beat his wife was one of the strongest risk factors for intimate partner sexual violence. Measures based on the relative dimensions of power (who has the final say over purchases for daily household needs and the educational differences between spouses) had no statistically significant effects on women's likelihood of being sexually violated by their partners. The effect of female dominance in decision-making was mediated by marital quality, and may be explained by the positive effects of egalitarian relationships on marital satisfaction (see also Raju & Leonard, 2000 for Maharashtra State, India).

Husband's jealousy and controlling behavior had strong positive effects on women's likelihood of experiencing sexual violence. These results are congruent with those of Dutton et al. (1996) and Ellsberg et al. (2000). While psychological abuse has received relatively little attention in the domestic violence literature, our findings suggest that it can have a disempowering effect on women's ability to negotiate sex with their partners and may ultimately have a detrimental effect on women's sexual health.

Our findings also showed increased risks of intimate partner sexual violence in communities characterized by a high proportion of female-headed households. A high concentration of female-headed households has also

been associated with other negative outcomes, such as school dropout and out-of-wedlock births (Brooks-Gunn, Duncan, Klebanov, & Sealand, 1993). This finding may be explained by the association of female-headed household concentration with community deprivation in economic terms as well as in networks of social support and value consensus.

The presence of large and significant random effects in our final model points out that the model did not fully capture the determinants of sexual violence. Random effects typically signify the omission of unobserved variables. In our study, these may include partner's history of childhood violence, the combined personalities of the two individuals who constitute the couple, and partners' developmental histories, including the effects of witnessing political/community violence. One limitation of the analysis stems from the difficulty in determining the degree to which prevalence estimates were affected by lack of disclosure about sexual violence. Restricting the analysis to currently married women may have led to an underrepresentation of shorter-term cohabiting relationships, which may involve more frequent or severe violence. The cross-sectional nature of the data also made it difficult to determine causal inference. For example, we could not establish whether women's endorsement of beliefs concerning a husband's right to beat his wife was influenced by their experience of intimate partner sexual violence. It was also difficult to establish whether the relationship between the number of children living at home and sexual violence was causal as women who had difficulties negotiating the occurrence of sexual intercourse may have been also unable to negotiate contraceptive use and fertility. Priorities for future research should include longitudinal studies to determine the causal effects of relationship power on sexual violence.

Implementing strategies for addressing sexual violence in Haiti face immense challenges due to extreme poverty, political instability, and little or no access to shelters and counseling services. Haiti's judicial system also suffers from corruption and a lack of resources, personnel, and training. In early 2004, civil conflict resulted in the destruction of at least eight court houses (Saint Marc, Gonaïves, Cap Haïtien, Hinche, Mirebalais, Fort-Liberté, Port de Paix, les Cayes), further affecting the capacity of the judicial system to provide legal redress for victims of sexual violence. The United Nations Population Fund, the United Nations Children's Fund, and the Pan American Health Organization have developed a joint communication strategy in Haiti to encourage use of health services, particularly by women who have suffered sexual violence. Our findings imply that a holistic

prevention approach and response to gender-based power differentials in relationships and sexual violence necessitate going beyond providing information and education to adopting multiple initiatives at multiple levels.

At the community level, it is important to address norms of masculinity and femininity that put women at risk of partner sexual violence and develop community-led support services for receiving complaints of sexual violations and providing medical, legal, and psychological assistance for victims as widespread political instability, extreme poverty, and a "failed" judicial system limit the amount of support that the government can provide. As of 2000, there was only one women's shelter in the entire country. It was run by KAY FANM, a non-governmental women's organization and provided up to three days of temporary shelter for women victims of violence (United Nations, 2000). Interventions that empower women through micro-credit or income generating programs may also help address situations of economic vulnerability and transform the balance of power in intimate relationships.

Working with men and boys is even more critical in order to create an enabling environment for reducing the burden of forced sex on women. Although nationally representative surveys have not focused on youth dating violence, sexual violence perpetration and victimization may start in childhood and early adolescence, making young people a crucial group for study and early intervention. Such interventions among youth could include school-based programs aimed at building healthy sexual relationships, self-esteem and self-efficacy, and preventing and reducing sexual violence victimization and perpetration. However, experience has shown that abject poverty, political violence, and oppression typically increase women's vulnerability to forced sex (Smith Fawzi et al., 2005); hence, macro-level interventions to promote political stability and economic growth will be necessary if community-level initiatives are to be sustainable.

## REFERENCES

- Anderson, K. L. (1997). Gender, status, and domestic violence: An integration of feminist and family violence approaches. *Journal of Marriage and the Family*, 59, 655–669.
- Babcock, J. C., Waltz, J., Jacobson, N. S., & Gottman, J. M. (1994). Power and violence: The relationship between communication patterns, power discrepancies, and domestic violence. *Journal of Counseling and Clinical Psychology*, 61, 40–50.
- Blanc, A. K. (2001). The effect of power in sexual relationships on sexual and reproductive health: An examination of the evidence. *Studies in Family Planning*, 32, 189–213.
- Braitstein, P., Li, K., Tyndall, M., Spittal, P., O'Shaughnessy, M. V., Schilder, A., et al. (2003). Sexual violence among a cohort of

- injection drug users. *Social Science and Medicine*, 57, 561–569.
- Brooks-Gunn, J., Duncan, G. J., Klebanov, P. K., & Sealander, N. (1993). Do neighborhoods influence child and adolescent development? *American Journal of Sociology*, 99, 353–395.
- Brownridge, D. A., & Halli, S. S. (2002). Double jeopardy?: Violence against immigrant women in Canada. *Violence and Victims*, 17, 455–471.
- Buzi, R. S., Tortolero, S. R., Roberts, R. E., Ross, M. W., Markham, C. M., & Fleschler, M. (2003). Gender differences in the consequences of coercive sexual experience among adolescents attending alternative schools. *Journal of School Health*, 73, 191–196.
- Cáceres, C. F., Vanoss Marín, B., & Sid Hues, E. (2000). Sexual coercion among youth and young adults in Lima, Peru. *Journal of Adolescent Health*, 27, 361–367.
- Campbell, J. C. (2002). Health consequences of intimate partner violence. *Lancet*, 359, 1331–1336.
- Cayemittes, M., Placide, M. F., Barrère, B., Mariko, S., & Sévère, B. (2000). *Enquête Mortalité, Morbidité et Utilisation des Services, Haïti 2000*. Calverton, MD: Ministère de la Santé Publique et de la Population, Institut Haïtien de l'Enfance and ORC Macro.
- Centre Haïtien des Recherches et d'Actions pour la Promotion Féminine. (1996). *Violence Exercées sur les Femmes et les Filles en Haïti*. Port-au-Prince, Haïti: Centres de Recherches et d'Actions Pour la Promotion Féminine.
- Coker, A. L., Smith, P. H., Bethea, L., King, M. R., & McKeown, R. E. (2000). Physical health consequences of physical and psychological intimate partner violence. *Archives of Family Medicine*, 9, 451–457.
- Coleman, D. H., & Straus, M. A. (1986). Marital power, conflict, and violence in a nationally representative sample of American couples. *Violence and Victims*, 1, 141–157.
- Coulton, C. J., Korbin, J. E., & Su, M. (1999). Neighborhoods and child maltreatment: A multi-level study. *Child Abuse and Neglect*, 23, 1019–1040.
- Dobash, E. R., & Dobash, R. P. (1979). *Violence against wives: A case against the patriarchy*. New York: The Free Press.
- Dobash, R. E., & Dobash, R. P. (1988). Research as social action: The struggle for battered women. In K. Yllö & M. Bograd (Eds.), *Feminist perspectives on wife abuse* (pp. 51–74). Newbury Park, CA: Sage.
- Duncan, G. J., & Aber, J. L. (1997). Neighborhood models and measures. In J. Brooks-Gunn, G. J. Duncan, & J. L. Aber (Eds.), *Neighborhood poverty: Context and consequences for children* (pp. 62–78). New York: Russell Sage Foundation.
- Dunkle, K. L., Jewkes, R. K., Brown, H. C., Gray, G. E., McIntyre, J. A., & Harlow, S. D. (2004). Transactional sex among women in Soweto, South Africa: Prevalence, risk factors and association with HIV infection. *Social Science and Medicine*, 59, 1581–1592.
- Dutton, D. G., & Stazomski, A. J. (1994). Psychological differences between court-referred and self-referred wife assaulters. *Criminal Justice and Behavior*, 21, 203–222.
- Dutton, D. G., & Strachan, C. E. (1987). Motivational needs for power and spouse-specific assertiveness in assaultive and nonassaultive men. *Violence and Victims*, 2, 145–156.
- Dutton, D. G., van Ginkel, C., & Landolt, M. A. (1996). Jealousy, intimate abusiveness, and intrusiveness. *Journal of Family Violence*, 11, 411–423.
- Ellsberg, M. C., Pena, R., Herrera, A., Liljestrand, J., & Winkvist, A. (2000). Candies in hell: Women's experiences of violence in Nicaragua. *Social Science and Medicine*, 51, 1595–1610.
- Emerson, R. M. (1981). Social exchange theory. In M. Rosenberg & R. H. Turner (Eds.), *Social psychology: Sociological perspectives* (pp. 30–65). New York: Basic Books.
- Fischbach, R. L., & Herbert, B. (1997). Domestic violence and mental health: Correlates and conundrums within and across cultures. *Social Science and Medicine*, 45, 1161–1171.
- Gelles, R. J. (1974). *The violent home*. Beverly Hills, CA: Sage.
- Goode, W. J. (1971). Force and violence in the family. *Journal of Marriage and the Family*, 33, 624–636.
- Granados, S. M. (1996). *Salud Reproductiva y Violencia Contra la Mujer: Un Análisis de la Perspectiva de Género*. Nuevo León: Asociación Mexicana de Población, Colegio de México.
- Gutiérrez, L., Oh, H. J., & Gillmore, M. R. (2000). Toward an understanding of (em)power(ment) for HIV/AIDS prevention with adolescent women. *Sex Roles*, 42, 581–611.
- Hadi, A. (2000). Prevalence and correlates of the risk of marital sexual violence in Bangladesh. *Journal of Interpersonal Violence*, 15, 787–805.
- Haj-Yahi, M. M., & Tamish, S. (2001). The rates of child sexual abuse and its psychological consequences as revealed by a study among Palestinian university students. *Child Abuse and Neglect*, 25, 1303–1327.
- Halcon, L., Blum, R. W., Beuhring, T., Pate, E., Campbell-Forrester, S., & Venema, A. (2003). Adolescent health in the Caribbean: A regional portrait. *American Journal of Public Health*, 93, 1851–1857.
- Heise, L., Ellsberg, M., & Gottmoeller, M. (2002). A global overview of gender-based violence. *International Journal of Gynaecology and Obstetrics*, 78(Suppl. 1), S5–S14.
- Hindin, M. J., & Adair, L. S. (2002). Who's at risk? Factors associated with intimate partner violence in the Philippines. *Social Science and Medicine*, 55, 1385–1399.
- Hogan, D. P., Berhanu, B., & Hailemariam, A. (1999). Household organization, women's autonomy, and contraceptive behavior in southern Ethiopia. *Studies in Family Planning*, 30, 302–314.
- Hornung, C. A., McCullough, B. C., & Sugimoto, T. (1981). Status relations in marriage: Risk factors in spouse abuse. *Journal of Marriage and the Family*, 3, 675–692.
- Jejeebhoy, S. J. (1998). Wife-beating in rural India: A husband's right? Evidence from survey data. *Economic and Political Weekly*, 33, 855–862.
- Jejeebhoy, S. J., & Cook, R. J. (1997). State accountability for wife-beating: The Indian challenge. *Lancet*, 349, S110–S112.
- Jenkins, S. R. (2000). Introduction to the special issue: Defining gender, relationships, and power. *Sex Roles*, 42, 467–493.
- Jewkes, R. (2002). Intimate partner violence: Causes and prevention. *Lancet*, 359, 1423–1429.
- Jewkes, R., Vundule, C., Maforah, F., & Jordan, E. (2001). Relationship dynamics and teen pregnancy in South Africa. *Social Science and Medicine*, 52, 733–744.
- Johnson, M. P. (1995). Patriarchal terrorism and common couple violence: Two forms of violence against women. *Journal of Marriage and the Family*, 57, 283–294.
- Kaura, S. A., & Allen, C. M. (2004). Dissatisfaction with relationship power and dating violence perpetration by men and women. *Journal of Interpersonal Violence*, 19, 576–588.
- Kishor, S. (2000). Empowerment of women in Egypt and links to the survival and health of their infants. In H. B. Presser & G. Sen (Eds.), *Women's empowerment and demographic processes: Moving beyond Cairo* (pp. 119–156). Oxford: Clarendon Press.
- Koenig, M. A., Lutalo, T., Zhao, F., Nalugoda, F., Kiwanuka, N., Wabwire-Mangen, F., et al. (2004). Coercive sex in rural Uganda: Prevalence and associated risk factors. *Social Science and Medicine*, 58, 787–798.
- Koenig, M. A., Ahmed, S., Hossain, M. B., & Khorshed Alam Mozumder, A. B. M. (2003). Women's status and domestic violence in rural Bangladesh: Individual- and community-level effects. *Demography*, 40, 269–288.
- Kuhn, A. (1964). *The study of society*. Homewood, IL: Dorsey Press.
- Le Clere, F. B., Rogers, R. G., & Peters, K. (1998). Neighborhood social context and racial differences in women's heart disease mortality. *Journal of Health and Social Behavior*, 39, 91–107.
- Levinson, D. (1989). *Family violence in cross-cultural perspective*. Newbury Park, CA: Sage.
- Liebeschutz, J., Savetsky, J. B., Saitz, R., Horton, N. J., Lloyd-Travaglini, C., & Samet, J. H. (2002). The relationship between sexual and

- physical abuse and substance abuse consequences. *Journal of Substance Abuse Treatment*, 22, 121–128.
- Mason, K. O., & Smith, H. L. (2000). Husbands' versus wives' fertility goals and use of contraception: The influence of gender context in five Asian countries. *Demography*, 37, 299–311.
- McNay, K., Ariokiasamy, P., & Cassen, R. H. (2003). Why are uneducated women in India using contraception? A multilevel analysis. *Population Studies*, 57, 21–40.
- Molnar, B. E., Berkman, L. F., & Buka, S. L. (2001). Psychopathology, childhood sexual abuse and other childhood adversities: Relative links to subsequent suicidal behavior in the US. *Psychological Medicine*, 31, 965–1077.
- Pence, E., & Paymar, M. (1985). *Power and control: Tactics of men who batter*. Duluth, MN: Domestic Abuse Intervention Project.
- Pulerwitz, J., Amaro, H., De Jong, W., Gortmaker, S. L., & Rudd, R. (2002). Relationship power, condom use and HIV risk among women in the USA. *AIDS Care*, 14, 789–800.
- Pulerwitz, J., Gortmaker, S. L., & DeJong, W. (2000). Measuring sexual relationship power in HIV/STD research. *Sex Roles*, 42, 637–660.
- Raj, A., Silverman, J. G., & Amaro, H. (2004). Abused women report greater male partner risk and gender-based risk for HIV: Findings from a community-based study with Hispanic women. *AIDS Care*, 16, 519–529.
- Raju, S., & Leonard, A. E. (2000). *Men as supportive partners in reproductive health: Moving from rhetoric to reality*. New Delhi, India: Population Council, South and East Asia Regional Office.
- Rasbash, J., Browne, W., Goldstein, H., Yang, M., Plewis, I., Healy, M., et al. (2000). *A user's guide to MLwiN, Version 2.1*. London: Multilevel Models Project, Institute of Education, University of London.
- Raudenbush, S. W. (1998). Educational applications of hierarchical linear models: A review. *Journal of Educational Statistics*, 13, 115–116.
- Rickert, V. I., Wiemann, C. M., Harrykissoon, S. D., Berenson, A. B., & Kolb, E. (2002). The relationship among demographics, reproductive characteristics, and intimate partner violence. *American Journal of Obstetrics and Gynecology*, 187, 1002–1007.
- Romans, S., Belaise, C., Martin, J., Morris, E., & Raffi, A. (2002). Childhood abuse and later medical disorders in women. An epidemiological study. *Psychotherapy and Psychosomatics*, 71, 141–150.
- Ronfeldt, H. M., Kimerling, R., & Arias, I. (1998). Satisfaction with relationship power and the perpetration of dating violence. *Journal of Marriage and the Family*, 60, 70–78.
- Simon, T. R., Anderson, M., Thompson, M. P., Crosby, A. E., Shelley, G., & Sacks, J. J. (2001). Attitudinal acceptance of intimate partner violence among U.S. adults. *Violence and Victims*, 16, 115–126.
- Smith, M. D. (1990). Patriarchal ideology and wife beating: A test of a feminist hypothesis. *Violence and Victims*, 5, 257–274.
- Smith Fawzi, M. C., Lambert, W., Singler, J. M., Tanagho, Y., Léandre, F., Nevil, P., et al. (2005). Factors associated with forced sex among women accessing health services in rural Haiti: Implications for the prevention of HIV infection and other sexually transmitted diseases. *Social Science and Medicine*, 60, 679–689.
- Steinmetz, S. K. (1987). Family violence: Past, present, and future. In M. B. Sussman (Ed.), *Handbook of marriage and the family* (pp. 725–765). New York: Plenum Press.
- Straus, M. A., Gelles, R. J., & Steinmetz, S. (1980). *Behind closed doors: Violence in the American family*. Garden City, NJ: Transaction Publisher.
- Straus, M. A., Hamby, S. L., Boney-McCoy, S., & Sugarman, D. B. (1996). The revised Conflict Tactics Scales (CTS2). *Journal of Family Issues*, 17, 283–316.
- Sugarman, D. B., & Frankel, S. L. (1996). Patriarchal ideology and wife-assault: A meta-analytic review. *Journal of Family Violence*, 11, 13–40.
- Sugihara, Y., & Warner, J. A. (2002). Dominance and domestic abuse among Mexican Americans: Gender differences in the etiology of violence in intimate relationships. *Journal of Family Violence*, 17, 315–245.
- Umberson, D., Anderson, K., Glick, J., & Shapiro, A. (1998). Domestic violence, personal control, and gender. *Journal of Marriage and the Family*, 60, 442–452.
- UNAIDS. (2004). UNAIDS/WHO epidemiological fact sheets on HIV/AIDS and Sexually Transmitted Infections, 2004 Update: Haiti. Geneva: UNAIDS.
- United Nations. (2000). *Integration of the human rights of women and the gender perspective: Violence against women. Report on the Mission to Haiti*. Geneva, Switzerland: Office of the United Nations High Commissioner for Human Rights.
- United Nations Development Programme. (1999). *Human development report*. New York: UNDP.
- van der Straten, A., King, R., Grinstead, E., Vittinghoff, E., Serufilira, A., & Allen, S. (1998). Sexual coercion, physical violence, and HIV infection among women in steady relationships in Kigali, Rwanda. *AIDS and Behavior*, 2, 61–73.
- Watts, C., Keough, E., Ndlovu, M., & Kwaramba, R. (1998). Withholding of sex and forced sex: Dimensions of violence against Zimbabwean women. *Reproductive Health Matters*, 6, 57–65.
- Wingwood, G. M., DiClemente, R. J., McCree, D. H., Harrington, K., & Davies, S. L. (2001). Dating violence and the sexual health of black adolescent females. *Pediatrics*, 107, E72.
- Wolff, B., Blanc, A. K., & Gage, A. J. (2001). Who decides? Women's status and negotiation of sex in Uganda. *Culture, Health and Sexuality*, 3, 303–322.
- World Health Organization. (2001). *Putting women first: Ethical and safety recommendations for research on domestic violence against women*. Geneva, Switzerland: World Health Organization.
- Yllo, K., & Straus, M. A. (1990). Patriarchy and violence against wives: The impact of structural and normative factors. In M. A. Strauss & R. J. Gelles (Eds.), *Physical violence in American families: Risk factors and adaptations to violence in 8145 families* (pp. 383–399). New Brunswick, NJ: Transaction Publisher.