Type and severity of intimate partner violence, exposure to childhood physical punishment and IPV help-seeking in Colombia[1]

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[1] "Trabajo presentado en el VI Congreso de la Asociación Latinoamericana de Población, realizado en Lima- Perú, del 12 al 15 de agosto de 2014

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Background: Violence against women by their male intimate partners is a global public health problem and human rights issue. Outside of the United States, little is known about women's responses to intimate partner violence, including help-seeking from informal networks or formal legal and medical sources. Most US-based studies utilize samples of women in domestic violence shelters or who have engaged in the criminal justice system rather than community-based samples. **Methods:** This study analyzed help-seeking behavior and associated factors utilizing data from the 2010 Colombia Demographic and Health Survey. A sample of ever-married/partnered women who reported physical or sexual IPV (n=7,655) were asked whether they had sought help from any informal (family, friends, neighbors), legal (police, court, judge) or medical (medical facility, doctor) sources. This study assessed associations between informal, legal and medical help-seeking and the type and severity of IPV experienced and exposure to violence in childhood, while controlling for other factors. **Results**: In the adjusted model, the odds of informal, legal, and medical help-seeking were higher among women who reported experiencing any severe physical IPV, more forms of emotional IPV, and any IPV-related physical injury. Women who reported experiencing sexual IPV had increased odds of legal help-seeking compared to women who did not. There was no association between sexual IPV and informal or medical help-seeking. The odds of the three forms of help-seeking were lower for women reported experiencing more forms of childhood physical punishment. No differences in help-seeking were detected by childhood exposure to parental IPV. **Conclusion:** These findings underscore the potential effect of IPV type and severity on help-seeking behavior among a large national sample of female IPV survivors. It also begins to uncover the potential contribution of experiences of physical violence during to the understanding of help-seeking behavior in adulthood.

Background

Violence against women by their male intimate partners is a global public health problem and human rights issue (Garcia-Moreno et al., 2006, Heise et al., 2002b, Heise et al., 2002a). Physical and sexual intimate partner violence (IPV) is widespread, with lifetime prevalence ranging from 15% (Japan) to 71% (Ethiopia) worldwide (Garcia-Moreno et al., 2005). A broad array of negative mental and physical health outcomes is associated with IPV victimization, including poorer self-reported health and increased emotional stress and suicidal ideation (Jewkes and Morrell, 2010, Uthman et al., 2011, Devries et al., 2011, Silverman et al., 2007, Decker et al., 2009, Ellsberg et al., 2008). Outside of the United States, little is known about women's responses to IPV, including help-seeking from informal networks, such friends and family, or formal sources, such as the police, and medical services. The goal of this study is to describe the factors associated IPV-related informal, legal and medical help-seeking among a large national sample of IPV survivors in Colombia, South America.

Survivor theory posits that women experiencing IPV actively engage in a range of strategies to cope with and eventually escape abuse (Gondolf and Fisher, 1988). Mounting evidence from the United States indicates that women employ both private and public strategies to manage IPV (Henning and Klesges, 2002, Rizo and J., 2011, Brabeck and Guzman, 2009). Feelings of fear for the safety of themselves or their children, self-blame, shame or denial may result in the initial utilization of private strategies, such as avoidance or placating (Ansara and Hindin, 2010, Cattaneo et al., 2007, Rizo and J., 2011, R. et al., 2005). As partner violence becomes more severe, IPV survivors may employ more public actions, such as accessing informal and formal sources of help (Garcia-Moreno et al., 2005). Similarly,

Liang et al. describe IPV help-seeking as a multi-stepped decision making process that result in the use of a variety of strategies in the face of IPV (Liang et al., 2005). Factors at the individual, interpersonal, and socio-cultural levels influence each step in this process and lead IPV survivors to use a variety of strategies throughout the course of the abusive relationship.

Consistent with survivor theory, there is ample evidence that IPV severity is a key individual-level factor associated with help-seeking from both informal (Flicker et al., 2011, Ergöçmen et al., 2013, Barrett and Pierre, 2011) and formal sources, including legal (Cattaneo et al., 2008, Duterte et al., 2008, Cattaneo et al., 2007, Bonomi et al., 2006, Leone et al., Kim and Lee, 2011) and medical (Henning and Klesges, 2002, Flicker et al., 2011, Barrett and Pierre, 2011, Ergöçmen et al., 2013, Duterte et al., 2008, Leone et al., Kim and Lee, 2011). The physical and mental health consequences of IPV victimization have also been positively correlated with help-seeking behavior (Leone et al., Bonomi et al., 2006, Henning and Klesges, 2002). For example among a population-based sample of Nicaraguan women who experienced physical IPV, the likelihood of seeking outside help or separating temporarily from their partner was greater for women reporting more severe forms of physical abuse and injury (Ellsberg et al., 2001).

Although not deterministic, multiple forms of family violence, such as childhood exposure to parental IPV and childhood physical abuse, have been linked to IPV victimization and negative physical and mental health outcomes in adulthood (Springer et al., 2003, Bensley et al., 2003, McKinney et al., 2009). The effects of childhood exposure to family violence on IPV help-seeking behavior during adulthood, however, have been understudied. Research on coping processes, or the cognitive and behavioral strategies employed to manage stressful

situations, may elucidate this potential relationship (Lazarus and Folkman, 1984). Mounting evidence suggests that exposure to childhood physical abuse and other trauma is related to maladaptive forms of adult coping, including disengagement strategies, such as denial, cognitive and behavioral avoidance, and self-blame (Leitenberg et al., 2004) . Disengagement strategies are more private in nature and may represent a barrier to using public IPV help-seeking strategies by female IPV survivors.

Several demographic factors have been linked to help-seeking behaviors among female IPV survivors (Rizo and J., 2011). Liang et al. theorize that components of socioeconomic status, such as education level or income, may affect the problem appraisal, decision making and experiences involved with with seeking informal and formal sources of help (Cattaneo and DeLoveh, 2008, Liang et al., 2005). Multiple studies have demonstrated a positive association between household income and formal help-seeking (Ergöçmen et al., 2013, Barrett and Pierre, 2011, Kim and Lee, 2011, Cattaneo and DeLoveh, 2008). Henning and Klesges (2002) hold that lower SES women are more economically dependent on their abusive partners and less willing to engage in public strategies that threaten the financial security for themselves or their children The effects of SES on informal help-seeking, however, are less clear.

Little information exists on IPV-related help-seeking behavior outside of the United States. Importantly, most US-based studies use samples of women in from domestic violence shelters or from police records, rather than population-based surveys. The purpose of this study is to describe IPV-related help-seeking in Colombia among a large national sample of women who experienced either physical or sexual IPV. Additionally the study examines the

role that IPV severity and family violence play on informal, legal and medical IPV help-seeking behavior.

Context of Study

IPV represents an important social problem in Latin America (Flake and Forste, 2006, Flake, 2005). In 2010, over 37% of ever-married or partnered women in Colombia reported lifetime physical or sexual IPV victimization (Ojeda et al., 2010). While few studies have assessed IPV risk factors in Colombia, an analysis of the 1995 national Demographic and Health Survey (DHS) found that larger family size and cohabitating partnerships (versus formal marriages) were positively associated with physical IPV victimization (Flake and Forste, 2006). An analysis of the 2005 Colombia DHS found that the probability of physical IPV victimization was higher for women who lived in wealthier households, had fewer years of education, did not have blood relatives living in the home, and had experienced maltreatment during childhood (Friedemann-Sanchez, 2012).

Although little is known about the IPV help-seeking behaviors in Colombia, a growing awareness of the prevalence and consequences of IPV and other forms of family violence has strengthened the legal framework and institutions to address the issue nationally. In 1991 changes to the national constitution explicitly recognized the destructive nature of family violence (Alfaro et al., 2008). In 1995, Colombia passed legislation ratifying the Interamerican Convention on the Prevention, Punishment and Eradication of Violence against Women, which obligated the state to take actions to reduce and eliminate IPV. Law 294 was passed in 1996, declaring family violence a crime and allowing public authorities to protect

victims from physical and emotional abuse. By 2000 the *Comisaría de la* Familia (Family Police) was established as the competent authority to handle family violence cases

This study utilizes a large probability sample of ever-married/partnered women in Colombia who reported any physical/sexual IPV to assess the individual level factors associated with different forms of IPV help-seeking. Specifically, IPV type and severity and childhood exposure to violence are considered in relation to informal, legal, and medical help-seeking behaviors among these IPV victims.

Methods

Data and Sample

This analysis used secondary data from the 2010 Colombia DHS, which collected information on domestic violence, sexual activity, family planning, marriage, and other health-related issues among a nationally representative sample of women aged 15-49. The Colombia DHS utilized a three stage cluster design. All survey instruments and procedures were approved by the Institutional Review Board of ICF Macro and Colombia's Ministry of Health. Ethical and safety procedures included informed consent, the provision of specialized interviewer training to ensure privacy and on domestic violence, and termination of the domestic violence module if the interview was interrupted by a third party.

A total of 49,818 individual questionnaires were completed, with a response rate of 94% (Ojeda et al., 2010). The survey's domestic violence module was applied to ever-married/partnered women. Sufficient privacy was not secured for 500 women (1.4% of the ever married/partnered women) and IPV-related questions were asked of the remaining

34,623 ever-married/partnered women. This analysis of help-seeking behaviors was restricted to 7,566 ever-married or partnered women who reported lifetime physical/sexual IPV.

Measures

The outcome of interest for this study was IPV help-seeking behavior, measured by three dichotomous variables: informal, legal, and medical help-seeking. Women could choose more than one type of help-seeking behavior. Informal help-seeking was defined has having sought help from the parents, other relatives, friends, neighbors, or employers. Legal help-seeking was defined as having sought help for IPV from the police, the family police (C*omisaría de la Familia),* the Colombian Institute of Family Welfare, a judge, court, or public prosecutor. Women who reported going to a doctor, a medical facility or a PROFAMILIA reproductive health clinic for IPV were defined as engaging in medical help-seeking.

Independent variables included socio-demographic characteristics, type and severity of IPV experienced, IPV-related physical and mental health consequences, and childhood history of family violence. Socio-demographic characteristics included age (continuous), ethnicity (non-indigenous, indigenous, Afro-Colombian), education level (none or primary, secondary, post-secondary), rural/urban residence, partnership type (married, cohabitating partnership, and separated/divorced/widowed), ever having worked for cash and partner's education level. Wealth quintile was based on a relative index of interviewer-observed assets, including dwelling characteristics and ownership of consumer items and was developed and included in the dataset (Ojeda et al., 2010).

The definition of severe physical IPV victimization was based on the WHO Multi-country Women's Health and Domestic Violence Study (Garcia-Moreno et al., 2005), and determined by five items. A respondent experienced severe physical IPV if she reported that her partner ever committed any of the following acts: hit her with an object; kicked or dragged her; threatened her with a knife, fire arm or other weapon; attacked her with a knife, fire arm or other weapon; or tried to strangle or burn her. Women responding affirmatively to any of the five items were classified as having experienced severe physical IPV. A positive response to the following question indicated exposure to sexual IPV: "Has your husband/partner ever physically forced you to have sex when you didn't want to?"

The number of types of emotional IPV experienced was assessed by five binary questions. Three questions asked whether their partners had ever threatened to abandon them, to take away their children, or to remove economic support. An additional single item asked: "Tell me if your current or last husband/partner told you that "you are useless", "you do not do anything right", "you are stupid" or "my mother does things better". Finally women were asked if their partners ignored them. The dichotomous variables were summed and divided into tertiles to assess high, medium and low levels of emotional IPV.

IPV-related physical injury was measured with two items. Women reporting any physical/sexual IPV were asked whether they experienced the following consequences of partner violence: bruises or body pain; wounds or broken bones; terminated pregnancy; and temporary or permanent loss of organ or body part function. Answering affirmatively to any of these questions was classified as experiencing an IPV-related physical injury. Women

who reported ever wanting to commit suicide as a result of physical or sexual IPV were classified as reporting IPV-related suicidal ideation.

Two separate variables measured the respondents' childhood experiences of family violence. Number of types of childhood physical punishment experienced was measured by four dichotomous questions. Respondents were asked if parents used any of the following punitive acts: slapping, pushing, hitting them with objects, or throwing water on them. Responses were summed and divided into tertiles. Women who answered affirmatively when asked if their father ever beat their mother were classified as being exposed to parental IPV in childhood.

Statistical Analysis

Statistical analyses were conducted in Stata SE version 12.0. To account for the sampling design the analysis was adjusted for differential probabilities of selection, the lack of independence of individuals sampled from the same clusters, and the sampling stratification using *svy* commands. Bivariate analyses were used to assess the crude associations between informal, legal, or medical IPV help-seeking and respondent characteristics. Three multivariate logistic regression models were employed to examine associations between the three help-seeking behaviors and IPV type and severity, childhood exposure to violence, and socio-demographic factors.

Results

Sample Characteristics

Descriptive information on type and severity of IPV, history of family violence and socio-demographic characteristics is presented in Table 1. Of the 7,566 ever-married/partnered women who reported any physical/sexual IPV, 45.0% and 24.3% experienced severe physical IPV or sexual IPV respectively. Over half of the women (58.4%) reported at least one type of emotional IPV. Physical and mental health consequences of IPV were high, with 57.1% and 20.6% reporting any IPV-related physical injury or suicidal ideation respectively. Over two-fifths (42.8%) of the respondents reported exposure to parental IPV and 78.4% reported experiencing any form of childhood physical punishment.

On average, the IPV survivors were 35 years old and over two thirds of them (67.8%) had a secondary or university-level education. Nearly 40% of the women were currently in an informal cohabitating partnership, 26.5% were married and 34.1% were separated, widowed or divorced. The majority of women lived in urban areas (78.3%) and reported ever having been employed for cash (88.5%)

Table 1. Percentage of ever married/partnered women who experienced any physical or sexual IPV by selected background characteristics, Colombia 2010 (n=7,566)

	%
Type and Severity of IP	
Any severe physical IPV	45.0
Any sexual IPV	24.3
Types of emotional IPV	
0	41.6
1-2	35.4
3-5	23.0
Any IPV-related physical injury	57.1
Any IPV-related suicidal ideation	20.6
Childhood History of Family Violence	
Respondent's father beat mother	42.8
Types of Childhood Physical Punishment Experienced	
0	21.6
1	59.9
2-4	18.5
Socio-Demographic Variables	
Age – mean (SE)	34.8 (.134)
Education level	
None/Primary	32.2
Secondary	50.4
University/higher education	17.4
Residence	
Urban	78.3
Rural	21.7
Marital status	
Married	26.5
Co-habitating partners	39.5
Divorced/Separated/Widowed	34.1
At least 1 child in household	72.9
Ever employed for cash	88.5

Bivariate Analysis

Table 2 presents the results of bivariate analyses for the association of IPV-type and childhood exposure to violence with the three outcome variables. Over one-third (38.9%) of the IPV survivors sought at least one form of informal help. Just over one quarter of the women reported any legal help-seeking. Medical help-seeking was reported by 17.7% of the IPV survivors.

In bivariate analysis, women who experienced any severe physical IPV and any sexual IPV reported significantly higher percentage of informal, legal, and medical help-seeking than

women without these IPV experiences. Emotional IPV was positively associated with all three help-seeking outcomes. Women experiencing any IPV-related physical injury reported more informal, legal, and medical help-seeking (51.6%, 36.5% and 26.6% respectively) compared to women who did not suffer physical injuries (26.2%, 10.1% and 5.9% respectively). Similarly, IPV-related suicidal ideation showed a strong positive association with all three help-seeking outcomes in the bivariate analysis.

Exposure to parental IPV during childhood was not associated with any of the help-seeking behaviors. The number of types of childhood physical punishment experienced was negatively associated with informal help-seeking in bivariate analysis; however it was not associated with either legal or medical IPV help-seeking.

Table 2. Percentage of currently married/partnered women who experienced any physical or sexual IPV by helping seeking behavior and by female empowerment variables and types of violence experienced (n=7,566)

	Any Informal Sources	Any Legal Sources	Any Medical Sources
Total	38.9	25.1	17.7
Intimate Partner Violence			
Any severe physical IPV			
No	30.1***	13.9***	9.9***
Yes	49.6	38.8	27.3
Any sexual IPV			
No	36.3***	20.6***	14.8***
Yes	46.8	39.3	27.0
Types of emotional IPV			
0-1	31.0***	16.2***	11.1***
2-3	41.6	26.3	19.4
3-4	49.0	39.3	27.1
Any IPV-related physical injury			
No	26.2***	10.1***	5.9***
Yes	51.6	36.5	26.6
Any IPV-related suicidal ideation			
No	36.1***	21.1***	14.2***
Yes	49.5	40.7	31.4
Childhood History of Family Violence			
Respondent's father beat mother			
No	38.3	24.8	17.1
Yes	39.7	25.5	18.6
Types of childhood physical punishment experienced			
0	42.8*	25.3	18.3
1	38.1	25.1	17.4
2-4	37.0	24.9	18.1

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

Multivariate Analysis

Table 3 shows the adjusted odds ratios for separate multivariate logistic regression models for each IPV help-seeking outcome. The odds of informal help-seeking were 1.51 (95% CI: 1.30-1.76) times higher for women who experienced any severe physical IPV compared to women who did not. Similarly, a positive association between the number of emotional IPV types experienced and informal help-seeking remained in the adjusted model. IPV-related physical injury was also associated with increased odds of informal help-seeking (AOR: 2.05; 95% CI: 1.77-2.36). In the adjusted model, sexual IPV and IPV-related suicidal ideation were not associated with informal help-seeking. The odds of seeking help from an informal source was 0.68 (95% CI 0.56-0.83) and 0.79 (95% CI 0.68-0.92) for women who

experienced 2 to 4 types and 1 type of physical punishment during childhood respectively, compared to none.

The odds of IPV-related legal help-seeking were 1.99 (95% CI: 1.67-2.38) and 1.44 (95% CI: 1.22-1.71) times higher for women reporting any severe physical IPV and any sexual IPV respectively, compared to women who did not experience those forms of violence. There was a significant positive association between the number of emotional IPV types experienced and legal help-seeking. Both IPV-related physical injury (AOR: 3.27; 95% CI: 2.67-3.99) and suicidal ideation (AOR: 1.31; 95% CI 1.09-1.57) were also positively associated with legal help-seeking. The odds of legal help-seeking were significantly lower for women reporting the most (2-4) types of childhood physical punishment (AOR: 0.74; 95% CI 0.59-0.93) compared to women experiencing no physical punishment.

Table 3. Results of logistic regression of help-seeking behaviors of ever married/partnered women who experienced any physical or sexual IPV by source of help, Colombia 2010 (n=7,566)

	Any Informal Sources		Any Legal Sources		Any Medical Sources	
	AOR	**(95% CI)**	**AOR**	**(95% CI)**	**AOR**	**(95% CI)**
Socio-Demographics						
Age	0.99**	(0.98-0.99)	1.02**	(1.01-1.03)	1.01**	(1.01-1.02)
Education level						
None/Primary (R)						
Secondary	1.18*	(1.01-1.40)	1.03	(0.85-1.25)	1.00	(0.82-1.22)
Univ./Higher Education	1.37**	(1.08-1.75)	1.40*	(1.06-1.83)	1.11	(0.82-1.51)
Residence						
Urban (R)						
Rural	0.96	(0.78-1.17)	0.74*	(0.57-0.95)	1.03	(0.78-1.35)
Marital status						
Married (R)						
Co-habitating partners	0.88	(0.75-1.04)	0.93	(0.75-1.15)	1.00	(0.79-1.25)
Div./Sep./Wid.	0.96	(0.81-1.14)	1.13	(0.93-1.39)	1.24	(0.99-1.55)
Household wealth						
1 (Lowest) (R)						
2	0.95	(0.76-1.16)	1.60***	(1.23-2.10)	1.06	(0.81-1.40)
3	0.88	(0.68-1.12)	1.43*	(1.05-1.94)	1.07	(0.77-1.49)
4	0.81	(0.61-1.05)	1.54**	(1.11-2.14)	1.12	(0.79-1.61)
5 (Highest)	0.71*	(0.53-0.95)	1.43*	(1.01-2.02)	1.15	(0.78-1.68)
Ever employed for cash						
No (R)						
Yes	1.09	(0.91-1.32)	1.44*	(1.10-1.88)	1.05	(0.80-1.37)
IPV Type and Severity						
Any severe physical IPV						
No (R)						
Yes	1.51***	(1.30-1.76)	1.99***	(1.67-2.38)	1.65***	(1.36-2.00)
Any sexual IPV						
No (R)						
Yes	1.09	(0.93-1.26)	1.44***	(1.22-1.71)	1.19	(0.99-1.44)
Types of emotional IPV						
0-1 (R)						
2-3	1.31***	(1.13-1.52)	1.20*	(1.00-1.46)	1.24*	(1.01-1.52)
4-5	1.44***	(1.21-1.73)	1.55***	(1.26-1.91)	1.38**	(1.10-1.73)
IPV-related physical injury						
No (R)						
Yes	2.05***	(1.77-2.36)	3.27***	(2.67-3.99)	3.82***	(3.01-4.77)
IPV-related suicidal ideation						
No (R)						
Yes	1.12	(0.96-1.32)	1.31**	(1.09-1.57)	1.52***	(1.25-1.85)
History of Family Violence						
Father beat mother						
No (R)						
Yes	1.03	(0.91-1.17)	0.99	(0.85-1.15)	1.06	(0.90-1.25)
Types of childhood physical punishment						
None (R)						
1 type	0.79**	(0.68-0.92)	0.97	(0.81-1.17)	0.90	(0.73-1.11)
2-4 types	0.68***	(0.56-0.83)	0.74**	(0.59-0.93)	0.76*	(0.58-0.98)

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

The odds of IPV-related medical help-seeking were 1.65 (95% CI:1.36-2.00) times higher for women reporting any severe physical IPV compared to none. The number of emotional IPV types experienced was also positively associated with medical help-seeking. The odds of medical help-seeking were 3.82 (95% CI: 3.01-4.77) times for women who reported at least one IPV-related physical injury compared to reporting none. Similar suicidal ideation was positively associated with medical help-seeking. Sexual IPV, however, was not associated medical help-seeking. As with informal and legal help-seeking, women who experienced two to four types of childhood physical punishment had lower odds of seeking medical (AOR: 0.76; 95% CI 0.58-0.98) help compared to women reporting no physical punishment.

Demographic correlates differed by type of help-seeking behavior. While age was negatively associated with informal help-seeking, it was positively associated with both legal and medical help-seeking. The odds of both informal and legal help-seeking were greater for women with university and secondary education respectively, compared to women with primary or no education. Rural residence was associated with lower odds of legal help-seeking versus to women living in urban areas. Area of residence was not related to either medical or informal help-seeking. Women who ever worked for cash had a higher odds of legal help-seeking (AOR: 1.44; 95% CI: 1.10-1.88) compared to women who never worked for cash.

Household wealth had inconsistent effects on help-seeking behaviors. The odds of informal help-seeking were lower for women in the highest quintile (AOR: 0.71; 95% CI:0.53-0.95) compared to women in the lowest wealth quintile. However, in comparison to women in the lowest wealth quintile, the odds of legal help-seeking ranged from 1.43-1.60 times greater for

the other quintiles. No association was found between medical help-seeking and wealth quintile.

Discussion

Using data from a national household survey, the current study found that a minority of Colombian women who experienced physical or sexual IPV sought help from informal (38.9%), legal (25.1), or medical (17.7%) sources. In line with survivor theory and consistent with studies in other contexts, women who experienced severe forms of physical IPV and IPV-related physical injury were more likely to report informal, legal, or medical help-seeking (Barrett and Pierre, 2011, Ergöçmen et al., 2013, Leone et al., Bonomi et al., 2006, Duterte et al., 2008, Henning and Klesges, 2002, Ansara and Hindin, 2010, Flicker et al., 2011).

This study also showed that women who reported more forms of emotional IPV were more likely to report all three forms of help-seeking. The effects of emotional IPV on help-seeking have not been thoroughly examined in the literature. Most studies looking at this association have used of samples assembled from shelters or police records and have shown inconsistent findings. Whereas Bonomi et al. (Bonomi et al., 2006) found a negative association between legal help-seeking and emotional IPV, Cattaneo et al. (Cattaneo et al., 2008) found a strong positive association. These inconsistencies may be due in large part due to differences in how both emotional IPV and the help-seeking outcomes are measured in the literature (Rizo and J., 2011).

The findings of this study, however, are consistent with the work of Ansara and Hindin (Ansara and Hindin, 2010), who examined help-seeking behaviors among distinct latent classes of IPV victims. Women experiencing "intimate terrorism" or concomitant forms of severe physical IPV and emotional IPV were more likely to seek help from informal and formal sources compared to women facing less chronic and severe forms of IPV.

In this study, having ever experienced sexual IPV was only associated with legal help-seeking. The role that sexual IPV plays in help-seeking behavior is less clear and may depend more heavily on the socio-cultural context in which the abuse has taken place (Liang et al., 2005). For example, among a large national sample of women in the US, Flicker et al. (2011), however, found that the odds of informal help-seeking were significantly lower for women who experienced sexual IPV compared to women who did not. The authors posited that in specific socio-cultural contexts sexual IPV may be associated with barriers to help-seeking, such as fearing blame from others, and feelings of shame and embarrassment.

To the authors' knowledge this study is the first to examine explicitly the association between childhood exposure to family violence and adult IPV help-seeking. Specifically, the odds of informal, legal, and medical help-seeking were lower for women who reported experiencing more forms of physical punishment during childhood after controlling for type of IPV and IPV-related consequences. This finding may be explained by studies addressing the influence of childhood trauma, including physical abuse, on adult coping strategies (Lazarus and Folkman, 1984). IPV survivors who experienced childhood trauma are more likely to report disengagement coping strategies, such as avoidance (Leitenberg et al., 2004, Gibson and Leitenberg, 2001, Coffey et al., 1996, Taft et al., 2007b, Taft et al., 2007a). Such

strategies may lead to women to minimize the seriousness of the physical or sexual IPV, limiting help-seeking. Fugate et al.'s (2005) study on barriers to IPV help-seeking behavior showed that a common reason for not seeking help from formal or informal sources was the survivor's view that the abuse was not serious enough to engage others.)

This study did not demonstrate an association between exposure to parental IPV and informal, legal, or medical help-seeking. Among a sample of women in a domestic violence shelters, Taft et al. (2007) found that witnessing parental IPV in childhood was associated with more IPV-related disengagement coping strategies in adulthood. However, the authors measured exposure to repeated use of violence between parents, suggesting that disengagement strategies are associated with more chronic exposure to parental IPV, which was not specifically measured in the Colombia DHS.

SES variables, such as education level and household wealth were not associated with medical help-seeking, suggesting that this behavior is related more closely to the IPV severity and physical and mental health consequences. Both education level and household wealth were associated with informal and legal help-seeking, yet inconsistently. Higher levels of education were associated with higher odds of informal and legal help-seeking, as shown in other studies (Barrett and Pierre, 2011). Household wealth had contrasting effects. Women in the highest wealth quintile were less likely to seek informal help compared to the lowest quintile. This finding may be due to greater IPV-related stigma facing women at higher socio-economic classes. Such stigma may inhibit wealthier women from reaching out to their family or peers. Compared to women in the lowest quintile, those women in wealthier households were more likely to seek legal services, consistent with other studies (Henning

and Klesges, 2002, Barrett and Pierre, 2011, Cattaneo and DeLoveh, 2008). Similarly women who had ever worked for cash had higher odds of help-seeking. These results suggest that access to resources and financial independence may be important to forms of help-seeking, such as contacting the police or a government agency, which may lead to the partner's incarceration and potential dissolution of the partnership (Henning and Klesges, 2002).

Limitations

The study results should be interpreted in light of limitations. The study's cross-sectional design prohibits conclusions about the temporality of the relationships uncovered. Further longitudinal research should be conducted to identify help-seeking patterns in the context of specific acts of IPV and socio-economic conditions (Cattaneo et al., 2007, Duterte et al., 2008). The data is based on self-report and therefore subject to social desirability and recall biases, leading to a possible under-reporting of IPV. Measures of physical, emotional, and sexual IPV did not include information on frequency and duration of abuse. Such nuanced information has been shown to be important in understanding IPV help-seeking in other contexts (Duterte et al., 2008). Similarly the survey items used to create the childhood physical punishment variable were limited and did not include information on frequency of physical punishment or more severe forms abuse which have been associated with adult coping behaviors (Taft et al., 2007b).

This analysis was restricted to ever-married or partnered women aged 15 to 49 years who ever experienced physical or sexual IPV. Questions related to help-seeking behaviors were asked of all women who reported any physical or sexual violence victimization, regardless of

the perpetrator, including neighbors, strangers, etc. Among women who reported violence from both an intimate partner and another type of perpetrator, it was impossible to determine whether help was sought for the IPV or for the other type(s) of violence they experienced. To isolate the reported IPV-related help-seeking behaviors, women who reported both IPV and physical or sexual violence perpetrated by someone who was not their intimate partners (stranger, neighbor, friend, etc.) were excluded from this analysis.

Women reporting IPV only and women reporting both types of violence victimization did not differ statistically on demographic variables (results not shown). However, women reporting both forms of violence were more likely to have been exposed to family violence in childhood and all forms IPV and IPV-related consequences measured in this study. To explore the influence of these differences on help-seeking behaviors, the multivariate analysis was re-run to include women reporting both types of violence victimization. The results were virtually identical suggesting that the exclusion of women reporting both types of violence did not impact the analysis reported here.

Conclusions

These limitations notwithstanding, this study contributes to the understanding of distinct IPV help-seeking behaviors in Colombia, a country experiencing high rates of partner violence (Ojeda et al., 2010). The findings support IPV help-seeking theory (Gondolf and Fisher, 1988, Liang et al., 2005) and have important implications. In particular, the study provides evidence that IPV help-seeking may be influenced by multiple internal and external factors,

including history of childhood physical punishment and the type and severity of IPV experienced (Liang et al., 2005). Sexual IPV has been related to a number of negative sexual and reproductive health outcomes, including increased risk for HIV and sexually transmitted infections (STI) (Jewkes and Morrell, 2010, Silverman, 2010, Decker et al., 2009, Campbell et al., 2008, Stockman et al., 2013). HIV/STI testing , prevention and reproductive health services are critical for sexual IPV survivors (Nasrullah et al., 2013). Importantly, while the odds of legal help-seeking are higher for women reporting sexual IPV, this study found no association between medical help-seeking and this form of violence. Stronger linkages and referral systems between the police, *Comisaría de la Familia*, ICBF and other legal sources of help and medical services may be needed to promote medical help-seeking among this vulnerable group.

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