

Intimate Partner Violence Against Indigenous Women in Sololá, Guatemala: Qualitative Insights Into Perspectives of Service Providers

Violence Against Women
2022, Vol. 28(1) 150–168
© The Author(s) 2021



Article reuse guidelines:
sagepub.com/journals-permissions
DOI: 10.1177/1077801220981145
journals.sagepub.com/home/vaw



Zoë Elspeth Wands¹  and Tolib Mirzoev¹

Abstract

Over a third of women in Guatemala are subjected to intimate partner violence (IPV). Indigenous Mayan women are particularly vulnerable, due to the intersection of race, gender, and poverty. However, no research exists into the causes of IPV among this group. Our pioneering study addresses this knowledge gap. Our results from in-depth interviews with service providers in Sololá highlight four interlinked causes of IPV: rigid gender roles, lack of awareness of women’s rights, use of alcohol by men, and poor reproductive health. From these, we draw implications for service provision to victims of IPV.

Keywords

intimate partner violence, Guatemala, indigenous

Introduction

Intimate partner violence (IPV) is defined as “behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm” (World Health Organization [WHO], 2017, p. 1). This may consist of physical, sexual, or psychological violence or controlling behaviors (WHO, 2012). IPV can have a serious effect on the physical and mental health of victims, either directly from injury or in the form of chronic health

¹University of Leeds, UK

Corresponding Author:

Zoë Elspeth Wands, Nuffield Centre for International Health and Development, Worsley Building, University of Leeds, Woodhouse, Leeds LS2 9JT, UK.
Email: zoe.wands@nhs.net

problems resulting from prolonged stress exposure (Campbell, 2002). Sexual IPV is also associated with a number of negative sexual and reproductive health outcomes, including unwanted pregnancy, sexually transmitted infection, and pregnancy complications (WHO, 2012). Furthermore, the children of mothers experiencing IPV are at greater risk of physical and mental health problems and poor school performance (WHO, 2012).

No national surveys have been carried out to establish the prevalence of IPV in Guatemala (WHO, 2014). While it is estimated that 36% of Guatemalan women living with male partners are subjected to IPV (Inter-American Development Bank, 2003), this is likely an underestimation due to underreporting (Ertürk, 2005). In 2009, Guatemala's death rate from violence against women (VAW) was the highest in Latin America (Ogrodnik & Borzutzky, 2011), and a culture of state-cultivated impunity means that 98% of femicides go unpunished (United Nations Women, 2019). It is estimated that 80% of VAW is in the form of domestic violence; 80% of this is perpetrated by the husband (Ertürk, 2005).

Despite the severity of this burden, little research has been carried out to explain why IPV presents such a major problem in Guatemala. At the time of this study, only one English-language paper (Duffy, 2008) was found on the causes of IPV in Guatemala. Duffy (2008) identifies alcohol consumption, poverty, traditional female gender norms, and a lack of access to education as contributing to IPV in Chimaltenango, Guatemala, and establishes that gaps exist in support services.

More widely, cultural drivers of IPV in Central America include traditional values of *machismo* and *marianismo*. *Machismo* is a subculture of patriarchal society specific to Latin America, in which men are viewed as having rightful dominance over women. The associated male gender norm of the *machista* encompasses characteristics of hyper-masculinity such as virility, strength, and hegemony (McIlwaine, 2010). The requirement to prove these qualities is often expressed through physical and sexual aggression (Cortez, 2020). The *machismo* entrenched in Central American society provides men with a strong position of power within the family, facilitating IPV (Sukhera et al., 2012). IPV also operates as a means of resolving a male identity crisis when men feel unable to meet the social expectations of *machismo*, enabling an expression of power that is otherwise denied (Jewkes, 2002). Furthermore, *machismo* propagates the belief that male sexual impulses are uncontrollable, acquitting men of responsibility for sexual abuse (Salazar et al., 2016; Sternberg, 2000).

Marianismo is a form of traditional emphasized femininity specific to Latin America, in which selflessness and motherhood are highlighted as key feminine traits (Cummings et al., 2012). The values of *simpatía*, that women should be agreeable and non-confrontational, and *familismo*, that a woman's primary consideration should be the wellbeing of her family, are also encompassed by the term (Alvarez & Fedock, 2018). Such beliefs are augmentative of a man's power over his female partner; for example, by preventing her from seeking work he makes her reliant on his income (Laughon et al., 2017). Latina women who ascribe to these cultural values have been found to be more accepting of IPV, not wanting to

risk disruption of the family or appear confrontational by resisting abuse (Alvarez & Fedock, 2018). A lack of education and understanding of IPV and women's rights, combined with a high tolerance for violent behavior, further contribute to high rates of IPV and a lack of judicial response in Central America (Beske, 2009; Laughon et al., 2017; McNaughton Reyes et al., 2012; Salazar et al., 2016; Shakya et al., 2016).

The Context

Indigenous Mayans account for 39% of the Guatemalan population. Indigenous inhabitants of the Department of Sololá, predominantly Kaqchikel and K'iche Mayans, constitute 96.5% of the population (Instituto Nacional de Estadística [INE], 2003). Mayan communities have long been discriminated against in Guatemala, most notably in the 36-year-long Civil War, since relabelled a "Mayan genocide" by the United Nations (Navarro, 1999). Despite substantial progress in indigenous rights since the war ended in 1996, Mayan people continue to face social, economic, and political discrimination (Morales, 2012).

A study by Burnette (2015) on the causes of IPV within indigenous communities in the United States illustrates that historical oppression may create a context in which IPV is more widely perpetrated and tolerated. Multiple studies have linked higher rates of IPV among indigenous populations to "colonization theory," which proposes that the tools of subjugation and oppression used to control indigenous people by colonial powers propagate the utilization of these same tools by perpetrators of IPV (Burnette, 2013; Daoude et al., 2013). Many of the racial and economic injustices perpetrated against indigenous populations by colonialism continue to this day, with the majority of indigenous populations holding a lower socio-economic status than their non-indigenous counterparts (World Bank, 2020). Four in five indigenous Guatemalans live in poverty (Morales, 2012). Poverty has been linked to increased rates of IPV through a number of factors, including increased levels of stress and conflict, financial dependency and social support, and drug and alcohol abuse (Daoude et al., 2013; Gibbs et al., 2018; Heise, 2011).

The vulnerability of Mayan women to IPV is thus compounded by the triple discrimination of race, gender, and poverty. Language also presents a barrier to education and accessing support, with 7% of the Guatemalan population unable to speak the official language of Spanish (INE, 2003). Women who speak a language other than Spanish at home in Spanish-speaking countries have been found to be twice as likely to experience IPV during pregnancy (Han & Stewart, 2014).

This study is the first of its kind to specifically research the causes of IPV among indigenous Guatemalans. It does so through in-depth interviews with service providers to victims of IPV, specifically social workers, a victim support worker, and a psychologist. Despite its small scale, it provides invaluable insights into how IPV occurs in these vulnerable communities, paving the way for a better understanding of the complex causes of IPV within this social context to inform more effective prevention (Jewkes, 2002).

Method

We report results from a cross-sectional qualitative study which explored views and experiences of professionals providing human services to the victims of IPV from Mayan communities in Sololá, Guatemala.

A coordinator at a local nongovernmental organization (NGO) acted as a gatekeeper for recruiting participants. Purposive sampling was used; the gatekeeper used her knowledge of her colleagues and employees of other local organizations to select “*information-rich cases for the most effective use of limited resources*” (Palinkas et al., 2015, p. 533). She spoke with professionals who worked closely with victims of IPV, giving them an information sheet explaining the research and what the interviews would involve. If willing to participate, they were told to contact the researcher using the number given on the sheet to arrange an interview. The inclusion criteria were as follows: (a) aged above 18 years, (b) employee of an organization providing support to indigenous women experiencing IPV in Sololá, and (c) works regularly with women experiencing IPV.

Several challenges were encountered in recruiting participants. Many individuals were unwilling to participate because they had experienced IPV personally and did not feel comfortable discussing a topic so evocative of their own experiences with a researcher. The close-knit nature of the communities in which the NGOs work also meant that some professionals were concerned that their clients would be identifiable despite anonymization. A recent scandal at one of the organizations, in which a journalist had posed as a researcher and persuaded employees to recount personal information relating to themselves and their clients before publishing it unanonymized, contextualized these fears. As a result, the study size was much smaller than originally anticipated.

Human service professionals from two local NGOs and Sololá branches of two government agencies (GAs) participated in the research; the anonymized details of the participants and their organizations are given in Table 1. All participants were female and aged between 24 and 48 years. Four participants identified as indigenous, and one described herself as *mestizo* (mixed race indigenous/white). Of the solely indigenous women, all described themselves as Kaqchikel Mayan. All participants were fluent in Spanish and Kaqchikel, and two were also proficient in K’iche.

A cross-sectional qualitative approach was used to capture in-depth data on the perceptions and experiences of a specific population at a single point in time. Semi-structured in-depth interviews (SSII) were used to allow optimum exploration of planned subjects, while allowing for further investigation of emergent themes (Gill et al., 2008). The interview guide was developed following themes identified from the subject’s critical literature, which included Beske (2009), Duffy (2008), Laughon et al., (2017), McNaughton Reyes et al. (2012), Salazar et al. (2016), and Shakya et al. (2016).

Five SSII were carried out over 2 weeks in June 2019. Participants were briefed by the gatekeeper at least 24 hr prior to the interview, and written consent to the interview and consequent recording was obtained before it began. All interviews took place in

Table 1. Summary of Participants and Their Organizations.

Participant pseudonym	Job title	Organization	Summary of organization's work
Ximena	Social worker	NGO1 (gatekeeper organization)	Work toward the education and empowerment of indigenous communities by facilitating sustainable development programs
Sayra	Social worker		
Elena	Women's support co-ordinator	NGO2	Work with indigenous women to further their participation within society and reduce VAW
Ana	Psychologist	GA1	Work toward furthering participation of indigenous women, primarily by defending their rights and supporting those experiencing discrimination or who are particularly vulnerable
María Luisa	Victim support worker	GA2	Deal with the prosecution of VAW with the aim of widening access to justice for victims

Note. NGO = nongovernmental organization; VAW = violence against women; GA = government agency.

the participant's office at their workplace within working hours (with the consent of their employers). Only the researcher and the interviewee were present, and interviews were conducted in Spanish.

Thematic analysis was used to analyze the data (Braun & Clarke, 2006). Interviews were transcribed verbatim and then translated into English by the researcher. Each interview was re-read before coding using *a-priori* codes identified from Heise's (1998) integrated ecological framework, which categorizes factors empirically shown to affect rates of VAW in North America into individual, relationship, community, and sociocultural causes. Inductive codes were elicited from reading the transcripts. The codes were collated into potential themes and subthemes, and the data relevant to each theme gathered using a "cut and paste" technique. While the original intention was to collate the data according to Heise's framework, many of the codes identified could not be confined to separate ecological levels and were strongly interlinked, making cross-ecological themes (i.e., rigid gender roles, lack of awareness of women's rights, use of alcohol, and poor reproductive health) more appropriate. The collated data for each theme were organized to allow for identification of a consistent account within each theme. Triangulation of data and emerging results was performed across the different respondents and different themes. Despite the relatively small sample size, this allowed deeper engagement with the emerging contents and then the testing of themes in further rounds of transcript analysis. Finally, a thematic map (Figure 1) was devised to inform the interpretation of the results and the writing of this manuscript.

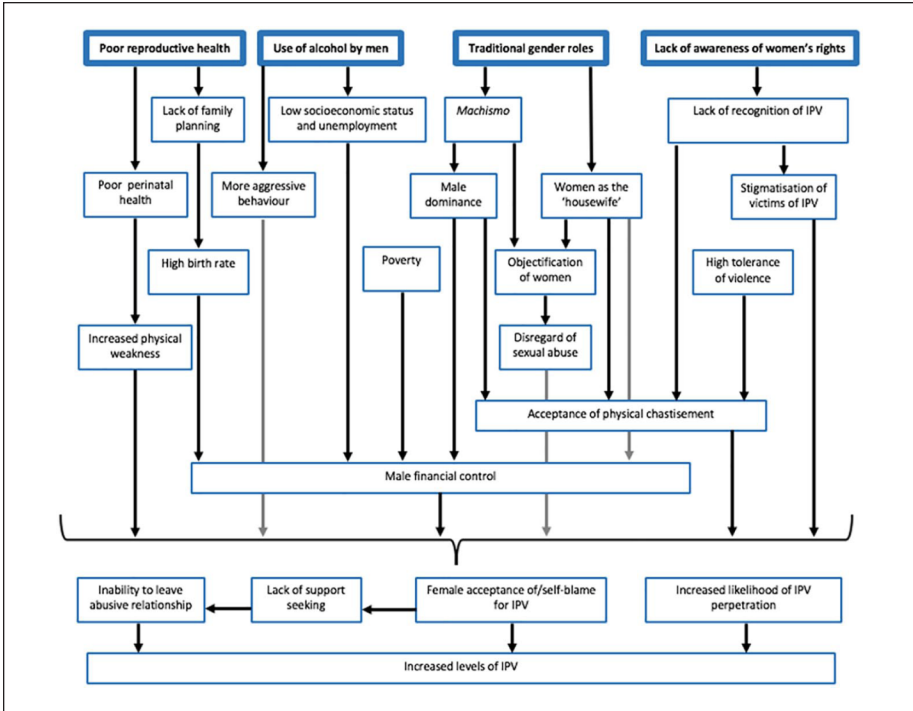


Figure 1. Provider perspectives of IPV etiology in Sololá
Note. IPV = intimate partner violence

Ethics approvals for this study were obtained from the Leeds Institute of Health Sciences Research Ethics Sub-Committee (FMHREC-18-2.3).

Results

Key factors contributing to IPV, and the links between these, are summarized in Figure 1. Next, we explain each in more detail, with reflection by service providers on the current quality, appropriateness, and ways of improving current services for victims of IPV.

Traditional Gender Roles

Most participants cited *machismo* as the primary cause of IPV. They described a perceived superiority of men and societal expectation for them to be dominant. Compared to the rigid female gender norms described by participants, this provides a perfect storm for the use of IPV to maintain dominance within relationships, ensuring the continuation of these gendered roles.

The traditional role of women within society was encapsulated by the role of the “housewife”: women are deemed responsible for housework and caring for the children, pets, and their husband. If a woman is not perceived to be performing her role correctly, then physical violence is justified as an appropriate punishment to improve her behavior. The use of violence as chastisement in this way results in victims blaming their own actions for their experiences, exacerbated by the *machismo* belief that the man is always right. As such, women are ashamed of their experiences of IPV, making them unwilling to seek support.

Sayra: The woman takes on the blame as her own – [in her mind] she becomes the perpetrator rather than the victim. And so she tells no one about what is happening to her, because she sees it as a personal failure.

Participants explained that women are unable to obtain well-paid jobs due to the enforcement of the “housewife” gender stereotype. This is largely because they do not have sufficient time alongside managing the household. However, gender pay gaps and the belief that women are incapable of performing more complex tasks also contribute. In childhood, women also generally receive a lower level of education, having been more likely to be required to stay at home and assist their mothers around the house (Duffy, 2008). As a result, most women rely on their male partners financially. This is instrumental in facilitating abuse and is a major barrier to leaving abusive relationships. The man’s financial control strengthens his position of dominance within the relationship, allowing him to withhold resources in acts of economic abuse to control his partner’s behavior. Furthermore, women are unable to leave abusive relationships as they do not have the economic resources to survive without their partner’s support. This is particularly pertinent when the women have children, as more is felt to be at stake from risking financial ruin. This illustrates the societal role of *familismo*: women place the wellbeing of their children above their own safety.

Ximena: The woman thinks, “I cannot leave him, because then how will I feed my children?”

Women who are permitted to work by their partners are generally still subjugated to this same financial control. Participants described men taking their partner’s earnings in order to maintain dominance, suggesting that this provides an additional trigger for acts of IPV by creating a “constant dynamic of jealousy and insecurity.” Such issues are amplified by poverty, with increased limitation of resources allowing men further control. Women who come from impoverished backgrounds are also less likely to be able to access practical support from friends and families if attempting to leave abusive relationships (e.g., to have somewhere to stay, help buying food).

Another element of this strict gender dichotomy is that of sex. *Machismo* values perpetuate the belief that a man’s instinctive need for sex makes him “deserving” of sexual intercourse, making the provision of sexual pleasure a requirement in relationships (Salazar et al., 2016). As such, the role of the “housewife” also encompasses the

expectation that a woman must have sex with her partner. One participant identified that the stigmatization of discussing sex and a lack of sex education perpetuates these beliefs by limiting female enjoyment of sexual relations. This enforces the idea that sex is for the benefit of the man and that women are merely the “providers” of this service. Such beliefs underpin the view that sexual abuse cannot occur within relationships; participants stated that it is commonly believed that rape within marriage does not exist, and that many men view their partners as “objects for sex.”

The low status of women within indigenous Guatemalan communities is thus compounded by their domestic role, financial dependence on men, and sexual objectification. This increases acceptance of violence toward them by both society and the victims themselves. One participant recounted a case that she had attended where a child had accidentally broken the radio while playing. Upon returning home, the father was so angry that his wife had allowed this to happen that he violently beat her, splitting her head open. This encapsulates women’s position as low-status property within society and intimate relationships.

María Luisa: It showed how a man gives more value to material objects than to his partner.

Awareness of Women’s Rights

The participants highlighted a lack of awareness of women’s rights as increasing acceptance of IPV, both by victims and within the community. Combined with the societal endorsement of violence as a tool for maintaining gender roles, this creates an environment for perpetrators in which they are able to validate their actions, further limiting victims’ ability to seek help. By viewing IPV as the norm, its discussion as a problem within society is stigmatized. As a result, IPV often goes completely unrecognized by both its victims and their communities; there is a lack of understanding that incidents of abuse are, in fact, abuse. Participants explained that this is particularly the case for psychological IPV, primarily because it is often less explicit. This augments the feelings of shame and self-blame felt by victims, and further limits their willingness to access support.

Ximena: Some communities don’t even know what [IPV] is. They think that because their husband loves them they must let him beat them.

Sayra: With psychological violence—lots of people here don’t pay attention . . . it can’t kill someone so they don’t see it as a problem.

Several participants highlighted an association between tolerance of IPV by older family members in particular and normalization of IPV. They described a sentiment among older women that younger generations should put up with the abuse that they themselves endured as younger women, in an attempt to validate their own experiences.

María Luisa: Older generations remember when the law endorsed violence against women, and they want to justify it because that is what they lived through. Lots of women tell us, “My mother-in-law tells me that I have to put up with it, because she had to put up with the same.”

Use of Alcohol by Men

Male alcohol consumption was cited by all participants as provoking IPV, both directly and indirectly. Participants described a culture of irregular heavy drinking, in which men binge drink with friends. When a man is intoxicated, participants described his reduced inhibitions as making him more aggressive and sexually voracious. Research has shown that alcohol consumption is used by men as a “free pass” for violent behavior across a number of cultures, ensuring a lack of repercussions for their actions when drunk (Gelles, 1974). As a result, men are more likely to perpetrate IPV when drunk. Participants described a number of common scenarios in which a desire for sexual gratification by the man when intoxicated led to their partner having to make a choice between being raped or beaten:

Ana: When a man drinks, he comes home and he wants to have penetrative sex. If the woman tries not to, he beats her because he is drunk. So the woman must have sex . . . or be beaten.

In addition to aggression resulting directly from alcohol use, some participants described heavy alcohol consumption as creating an environment of financial abuse in which women and their children are deprived of basic necessities as a result of the man’s income being spent on drink. The money spent on drink may also give rise to marital disputes, which may trigger IPV incidents.

Poor Reproductive Health

Two participants mentioned the detrimental effect of limited availability of contraceptives. Both explained that women, particularly in rural areas, may have up to 15 children due to lack of contraception. This increases the woman’s financial reliance on her partner, rendering her unable to leave an abusive relationship without risking starving her children. The practical burdens of looking after so many children may also make the physical action of seeking formal support impossible. These two factors further indicate the impact of traditional female gender roles aligning with *marianismo*, and the resulting re-prioritization of family over self, on help-seeking behaviors.

Ana: When a woman has lots of children, if she wants to get help, who is going to look after them? If she wants to leave, who is going to feed them?

Poor perinatal health was cited by one participant as increasing vulnerability to IPV. She explained that pregnant and breastfeeding women often become vitamin deficient

due to poor diet and a lack of antenatal care, weakening them physically and thus making them less able to defend themselves against violence. While other participants did not identify this as a factor, it is worth noting that this participant was the only individual interviewed with a background in health care and therefore may have been more aware of the issue.

Service Provider Responses

Each participant explained their organization's role in responding to IPV.

A single social worker at NGO1 is assigned to all suspected cases of intrafamilial violence. Participants stated that most cases of IPV are identified via the education program, where physical injury or withdrawal in children is noted. This is then investigated by the social worker, who generally finds that the child is being abused by the mother as a coping mechanism for abuse inflicted on her by her partner. The social worker works closely with the mother to gain her trust, then begins discussing options for further support (e.g., legal intervention or medical aid). The case worker accompanies and assists their client through this process.

NGO2 places greater emphasis on prevention. Their focus is education and empowerment, working with indigenous women to educate them on their rights and help them gain financial and psychological independence. This is achieved primarily through working with leaders of local women's organizations. When required, they also provide IPV victims with support through the legal process.

GA1 offers support services for victims of IPV. These operate under three departments: psychological, financial, and legal. Psychologists work with clients to help them understand that the violence is not their fault, and to develop coping mechanisms. Financially, the organization can help women look for work and refer them for food vouchers. In regards to legal assistance, legal specialists educate victims on their rights and act as advocates, working alongside the legal team to ensure decisions are made in the woman's best interests.

GA2 prosecutes perpetrators of VAW, including IPV. Support officers work alongside psychologists and social workers to educate victims on their rights and the legal process ahead, providing both practical and psychological support. The participant stated that a key aspect of her role is coordinating with other services, such as medical centers and Child Support, to fulfill the victim and her family's complex needs.

All participants were aware of the existence of other organizations working against IPV in Sololá, though were unable to provide specifics. Several participants highlighted the existence of "women's empowerment" groups and their role in helping women fight gender norms and seek financial independence. Considering these women's role as specialists within the community, their lack of awareness of other programs suggests a severe lack of publicization.

All participants were confident that their work was beneficial to their clients. They were able to help women leave abusive relationships and/or establish a safer life for themselves and their children, when they would otherwise have been unable to do so.

The act of accompanying women through legal proceedings was cited as being particularly important in terms of emotional and practical support.

Ana: Getting legal support would be too scary otherwise for many women, and they wouldn't understand what was happening.

The participants highlighted their indigenous heritage as fundamental in allowing them to deliver culturally sensitive services in the victims' first language.

Regarding victim support, all identified capacity as the primary limit to success, stating that they could only reach a small percentage of women experiencing IPV. Four participants stated the primary reason for this was women feeling unable to seek support due to self-blame and stigmatization of IPV, while one participant cited the normalization of violence. Two participants also mentioned a lack of awareness of available support services.

Lack of resources was given as the primary barrier to provision of preventative services. Employees of NGO1 and NGO2 stated that they provide as many preventative services as their budgets permit, whereas participants from both governmental agencies explained that prevention is not within their remit due to specific budget allocations. When asked who was responsible for providing governmental preventative services they replied they were not aware of any, suggesting that such services may not currently exist.

All participants stated that greater community engagement to raise awareness of IPV and women's rights is essential to eliminate IPV. Three participants suggested implementing this via workshops in communal settings (e.g., schools and churches), whereas the remaining two said it was necessary to work directly with families to educate them within the home. All participants emphasized the importance of including men as well as women in these discussions, expressing concerns that female-only education may act to increase conflict and exacerbate the divide between genders.

Sayra: If you only educate the women . . . you wouldn't achieve equality—instead you'd start a war, a conflict, so you have to educate both [genders].

All women spoke about the complexity of IPV prevention but suggested that some causes, such as financial dependence and gender norms, could be targeted by promoting gender equity throughout society. They recommended that this should begin with promoting and facilitating the education of girls, helping empower them and providing them with the basis to achieve financial independence in adulthood.

Participants were reluctant to recommend improvements to victim support services. They suggested that the actions of their organizations were far superior to the services that had previously existed in Sololá and still existed in other parts of the country. This comparison seemingly limited their desire to be critical of the services. Two participants spoke of the need for residential refuge for victims; Sololá currently has an "emergency hostel" where women can stay for up to 24 hr, yet both agreed that this was not generally long enough to be useful. The process of leaving an abusive

partner is often lengthy, and women are most at risk of being killed by their abuser during this time period (Krug et al., 2002), making the provision of secure accommodation essential.

Discussion

IPV Etiology

The majority of causes identified by participants were consistent with those identified in the literature on Central America. Ogrodnik and Borzutzky (2011) recognize the social stigma of IPV in Guatemala and the mechanisms by which this prevents women from seeking support. Alcohol use among men was also identified as a catalyst of IPV in Guatemala by Duffy (2008). Lack of education and awareness of women's rights has been identified as increasing tolerance of IPV among women in Nicaragua and Honduras (Laughon et al., 2017; Sukhera et al., 2012).

The values of *machismo* and traditional female gender roles aligning with *marianismo* pervaded all factors listed by participants as predisposing to IPV. *Machismo* and the resulting acceptance of violence to maintain male dominance is frequently cited as a leading cause of IPV throughout Latin America (Rodriguez et al., 2012; Salazar et al., 2016; Sternberg, 2000). Our research confirms this to be the case among indigenous populations in Guatemala. While the identification of men's strong position within the family as an enabler of IPV was consistent with existing literature (Jewkes, 2002), our research further recognized the acceptance of violence as a form of physical chastisement to reinforce the divide between *machismo* and female gender roles. The participants' depiction of IPV as a tool for maintaining male dominance highlights its significance as a mode of female oppression, and thus the wider importance of pursuing IPV prevention within Guatemalan society.

Interestingly, no participants directly cited the concept *marianismo* as a cause of IPV, despite its prominence within the literature (Alvarez & Fedock, 2018; Cadena, 2012). However, many of the values of *marianismo* can be seen within the themes identified, in particular, in the woman's role as the "housewife," and the priority given to family above the woman's own wellbeing (*familismo*). It is therefore possible that these values stem from traditional indigenous beliefs rather than the Latin concept of *marianismo*, though they seemingly affect a similar outcome on IPV propagation.

The impacts of poor reproductive health were the only causes of IPV highlighted by the participants not encountered in existing literature within Central America, unearthing a previously unreported factor and gap in previous knowledge. Research within other contexts support our findings regarding family planning. For example, number of children correlates with IPV prevalence in the United States (Straus et al., 1980). Although it is worth noting that poor family planning can also be a consequence of IPV stemming from the limited negotiation of condom use (WHO, 2012), a New Zealand study also found that women with a higher number of children were less likely to attempt to leave abusive relationships (Fanslow & Robinson, 2010).

Indigenous Guatemalan women have the highest fertility rates in Latin America (3.7), and a third have no access to family planning (WINGS, 2017). If patterns of abuse follow a similar pattern regarding the number of children in other contexts, as our research suggests, this would support the lack of access to contraception as a key risk factor for IPV among indigenous Guatemalan women. To consolidate this, further research is needed to examine the implications of limited family planning on IPV prevalence across Central America.

Our research also suggests that poor perinatal health may increase risk of IPV. While rates of IPV have been found to be higher among pregnant women compared to non-pregnant women in a number of other contexts (Deveci et al., 2007; Fikree et al., 2006; Salazar et al., 2009), no links have previously been found between poor health in the perinatal period and increased IPV victimization. Perinatal malnutrition is common in Guatemala (Lechtig et al., 2010), though further research is required to determine whether this is a true risk factor for IPV.

Service Provider Responses

The participants described a comprehensive and holistic approach to victim support, in particular from both GAs. Social and psychological support are vital in reducing negative outcomes in IPV victims (Coker et al., 2002; Meadows et al., 2005). Assistance with legal tools such as restraining orders, divorce, and child support enable women to leave abusive relationships (Bott et al., 2004), and criminal sanctioning of perpetrators is associated with reducing levels of IPV (Ayers-Counts et al., 1992). The benefits of delivering services in a person's first language are also supported by the literature; for example, Alvarez and Fedock (2018) found that IPV disclosure doubled when interviews were carried out in the interviewees' native language. The services in place for those experiencing IPV who seek help are therefore, in theory, both appropriate and valuable.

However, with the exception of NGO1's delivery of an informal screening program, no screening was carried out for IPV, meaning victims were required to actively seek support. Victims' reluctance to access formal support is well documented (Liang et al., 2005); it is therefore highly likely that women seeking support constitute only the tip of the iceberg. This suggests that a large proportion of those experiencing IPV in Sololá go without any form of formal support, increasing their acceptance of abuse and limiting their ability to leave abusive relationships (Bott et al., 2004). Self-reporting IPV assessment instruments have been found to increase rates of IPV detection by up to 18-fold in health care settings (Ernst et al., 2002). We recommend that an IPV screening initiative be developed in conjunction with the Ministry of Health in Sololá to alert health care staff that a patient is experiencing IPV, allowing them to refer patients to the relevant services. A system adapted from an existing model is recommended; the Minnesota Tool (Basile et al., 2007) is suggested for its simplicity and subtlety. However, this has not previously been trialed in any Latin American communities and would require further research and consequent adaptation to account for linguistic difference and cultural sensitivities.

In contrast with the literature, participants did not perceive a need for further civil and legal reform in response to IPV. The culture of impunity around VAW in Guatemala, characterized by police inaction, judicial delay, and discretionary sentencing (Davis & Parker, 2012), went unmentioned by all participants. However, all four organizations have worked closely with these bodies for a number of years. It is therefore likely that these relationships have cultivated more positive liaisons with victims of IPV that may help reduce inaction within Sololá. Judicial engagement by IPV services may represent a key factor in effectively targeting IPV within the rest of Guatemala.

Our research highlighted a lack of available information on IPV prevention in Guatemala, which is reflected by a paucity of literature on the subject. The existence of women's empowerment groups, which have been proven to be instrumental in IPV reduction in other contexts (Kim et al., 2007) was established; however, participants were unable to provide information on the success of these programs locally. Participants also highlighted the need to target men as well as women in education on IPV and gender equity; this is important as research has shown educational programs to be more effective at reducing perpetration and willingness to report abuse compared to facilitating women to escape abusive relationships (Bott et al., 2004). Furthermore, Jewkes (2002) argues that female empowerment without male engagement may increase risk of IPV by making men feel threatened and creating domestic conflict. This highlights the importance of further research into IPV prevention in Guatemala, with the aim of evaluating and increasing the impact of women's empowerment groups and implementing future IPV prevention initiatives aimed at men.

Study Limitations

We acknowledge three limitations. The main limitation of this study was its small sample size, reflecting the stigma surrounding IPV and resulting difficulty in recruiting further participants. Although this sample may not have been sufficient to achieve full saturation (Guest et al., 2006), it allowed for in-depth exploration of the views of these five participants which, given the pioneering nature of this study, provides a useful contribution to addressing the current knowledge gap on the subject.

The study was unable to hire an interpreter. While the researcher spoke sufficient Spanish to conduct and translate interviews, she had no formal experience of translating, limiting accuracy (Squires, 2009). The use of an interpreter to conduct the interviews in the participants' indigenous languages might also have made participants feel more comfortable and aided disclosure (Alvarez & Fedock, 2018). However, the use of interpreters may also result in the loss of intricacies and details that might be better understood directly by the researcher (Larkin et al., 2007).

The study was further limited by the lack of identification of individual influencers of IPV; this is key to fully understand the context in which IPV occurs. Interview questions on the causes of IPV were asked generally so participants did not feel pressured to share details about individual clients. Furthermore, all participants worked with victims of IPV, having limited professional contact with IPV

perpetrators. Previous research illustrates that individual influencers of IPV generally pertain to the perpetrator rather than the victim (Heise, 1998), limiting participants' understanding of these factors.

Conclusion

This research is the first of its kind to investigate the causes of, and service responses to, IPV among indigenous Guatemalan populations. The causes identified are similar to those recognized in existing literature on Central America, suggesting that IPV among indigenous Guatemalan populations follows an etiology similar to wider populations throughout Central America. In particular, *machismo* and traditional female gender roles aligning with *marianismo* were found to presuppose many of the factors identified in participant responses. In addition, reproductive health was identified for the first time in Central America as playing a significant role in preventing help-seeking behaviors among victims of IPV.

The service responses provided by the organizations represented in the interviews were recognized to be appropriate and valuable in regard to victim support. However, a need for IPV screening, increased emergency-refuge provision, and community-based prevention services in Sololá were identified by our research. Due to the similarities with existing literature, we propose that the service response needs identified by this research may also reflect wider needs throughout Central America. Whether or not these needs have been met by local organizations, and if so, whether they have been effective, is unclear due to a paucity of research on the subject. It is therefore recommended that further research be carried out to examine service responses to IPV in Guatemala and other Central American countries to allow appropriate evaluation and improvement.

Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: The corresponding author's travel expenses were partially funded by the Lord Mayor's 800th Anniversary Awards Trust.

ORCID iD

Zoë Elspeth Wands  <https://orcid.org/0000-0001-9070-472X>

References

- Alvarez, C., & Fedock, G. (2018). Addressing intimate partner violence with Latina women: A call for research. *Trauma, Violence, & Abuse, 19*(4), 488–493. <https://doi.org/10.1177/1524838016669508>

- Ayers-Counts, D., Brown, J. K., & Campbell, J. C. (1992). *Sanctions and sanctuary: Cultural perspectives on the beating of wives*. Westview Press.
- Basile, K. C., Hertz, M. F., & Back, S. E. (2007). *Intimate partner violence and sexual violence victimization assessment instruments for use in healthcare settings* (Version 1). Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.
- Beske, M. A. (2009). Applying international human rights laws to promote wellness within the community: On diminishing intimate partner violence in the context of western Belize. *Global Public Health, 4*(5), 490–499. <https://doi.org/10.1080/17441690902815447>
- Bott, S., Morrison, A., & Ellsberg, E. (2004). *Preventing and responding to gender-based violence in middle and low-income countries: A multi-sectoral literature review and analysis*. World Bank, Poverty Reduction and Economic Management Sector Unit, Gender and Development Group.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. <https://doi.org/10.1191/1478088706qp0630a>
- Burnette, C. (2013). *Unravelling the web of intimate partner violence (IPV) with women from one southeastern tribe: A critical ethnography*. Unpublished doctoral dissertation, University of Iowa, Iowa, US.
- Burnette, C. (2015). Historical oppression and intimate partner violence experienced by indigenous women in the United States: Understanding connections. *Social Service Review, 89*(3), 531–536. <https://doi.org/10.1086/683336>
- Cadena, S. J. (2012). Intimate partner violence and alcohol use among the Ngöbe and Buglé indigenous population of Panama, Central America. *Revista Colombiana de Enfermería, 7*(7), 54–67.
- Campbell, J. C. (2002). Health consequences of intimate partner violence. *Lancet, 359*(9314), 1331–1336. [https://doi.org/10.1016/S0140-6736\(02\)08336-8](https://doi.org/10.1016/S0140-6736(02)08336-8)
- Coker, A. L., Smith, P. H., Thompson, M. P., McKeown, R. E., Bethea, L., & Davis, K. E. (2002). Social support protects against the negative effects of partner violence on mental health. *Journal of Women's Health & Gender-Based Medicine, 11*(5), 1–5. <https://doi.org/10.1089/15246090260137644>
- Cortez, E. (2020). *The effects of machismo and assimilation in second generation males in their use of peers for social support*. Unpublished doctoral dissertation, California State University, California, US.
- Cummings, A. M., Gonzalez-Guarda, R. M., & Sandoval, M. F. (2012). Intimate partner violence among Hispanics: A review of the literature. *Journal of Family Violence, 28*, 153–171. <https://doi.org/10.1007/s10896-012-9478-5>
- Daoude, N., Smylie, J., Urquia, M., Allan, B., & O'Campo, P. (2013). The contribution of socio-economic position to the excesses of violence and intimate partner violence among aboriginal versus non-aboriginal women in Canada. *Canadian Journal of Public Health, 104*(4), 278–283. <https://doi.org/10.17269/cjph.104.3724>
- Davis, L., & Parker, B. (2012). *Report on violations of women's human rights in Guatemala*. MADRE.
- Deveci, S. E., Acik, Y., Gulbayrak, C., Tokdemir, M., & Ayar, A. (2007). Prevalence of domestic violence during pregnancy in a Turkish community. *Southeast Asian Journal of Tropical Medicine and Public Health, 38*(4), 754–760.
- Duffy, L. (2008). Viewing gendered violence in Guatemala through photovoice. *Violence Against Women, 24*(4), 421–451. <https://doi.org/10.1177/1077801217708058>

- Ernst, A. A., Weiss, S. J., Cham, E., & Marquez, M. (2002). Comparison of three instruments for assessing ongoing intimate partner violence. *Medical Science Monitor, 8*(3), 197–201.
- Ertürk, Y. (2005). *Mission to Guatemala: Report of the Special Rapporteur on violence against women, its causes and consequences*. United Nations.
- Fanslow, J. L., & Robinson, E. M. (2010). Help-seeking behaviors and reasons for help seeking reported by a representative sample of women victims of intimate partner violence in New Zealand. *Journal of Interpersonal Violence, 25*(5), 925–951. <https://doi.org/10.1177/0886260509336963>
- Fikree, F. F., Jafarey, S. N., Korejo, R., Afshan, A., & Durocher, J. M. (2006). Intimate partner violence before and during pregnancy: Experiences of postpartum women in Karachi, Pakistan. *Journal of Pakistan Medical Association, 56*(6), 252–257.
- Gelles, R. J. (1974). *The violent home*. Sage.
- Gibbs, A., Jewkes, R., Willan, S., & Washington, L. (2018). Associations between poverty, mental health and substance use, gender power, and intimate partner violence amongst young (18-30) women and men in urban informal settlements in South Africa: A cross-sectional study and structural equation model. *PLOS ONE, 13*(10), Article e0204956. <https://doi.org/10.1371/journal.pone.0204956>
- Gill, P., Stewart, K., Treasure, E., & Chadwick, B. (2008). Methods of data collection in qualitative research: Interviews and focus groups. *British Dental Journal, 204*, 291–295. <https://doi.org/10.1038/bdj.2008.192>
- Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field Methods, 18*(1), 59–82. <https://doi.org/10.1177/1525822X05279903>
- Han, A., & Stewart, D. E. (2014). Maternal and fetal outcomes of intimate partner violence associated with pregnancy in the Latin American and Caribbean region. *International Journal of Gynecology & Obstetrics, 124*(1), 6–11. <https://doi.org/10.1016/j.ijgo.2013.06.037>
- Heise, L. L. (1998). Violence against women: An integrated, ecological framework. *Violence Against Women, 4*, 262–290. <https://doi.org/10.1177/1077801298004003002>
- Heise, L. L. (2011). *What works to prevent partner violence: An evidence overview*. STRIVE. Instituto Nacional de Estadística [National Institute of Statistics]. (2003). *XI Censo Nacional de Población y VI de Habitación 2002*. <https://inec.gov.gt/sistema/uploads/2014/02/20/jZqeGe1H9WdUDngYXkWt3GIhUUQCukcg.pdf>
- Inter-American Development Bank. (2003). *Guatemala: Supporting poverty reduction and sustainable development*. Inter-American Development Bank.
- Jewkes, R. (2002). Intimate partner violence: Causes and prevention. *Lancet, 359*, 1423–1429. [https://doi.org/10.1016/S0140-6736\(02\)08357-5](https://doi.org/10.1016/S0140-6736(02)08357-5)
- Kim, J. C., Watts, C. H., Hargreaves, J. R., Ndhlovu, L. X., Phetla, G., Morison, L. A. Busza, J., Porter, J. D., & Pronyk, P. (2007). Understanding the impact of a microfinance-based intervention on women's empowerment and the reduction of intimate partner violence in South Africa. *American Journal of Public Health, 97*, 1794–1802. <https://doi.org/10.2105/AJPH.2006.095521>
- Krug, E. G., Dahlberg, L. L., Mercy, J. A., Zwi, A. B., & Lozano, R. (2002). *World report on violence and health*. World Health Organization.
- Larkin, P. J., Dierckx, de Casterlé, B., & Schotsmans, P. (2007). Multilingual translation issues in qualitative research: Reflections on a metaphorical process. *Qualitative Health Research, 17*(4), 468–476. <https://doi.org/10.1177/1049732307299258>

- Laughon, K., Mitchell, E., & Price, J. (2017). Provider perspectives on intimate partner violence in Bluefields, Nicaragua. *Issues in Mental Health Nursing, 38*(10), 852–857. <https://doi.org/10.1080/01612840.2017.1346011>
- Lechtig, A., Martorell, R., Delgado, H., Yarbrough, C., & Klein, R. E. (2010). Effect of morbidity during pregnancy on birth weight in a rural Guatemalan population. *Ecology of Food and Nutrition, 5*(4), 225–233. <https://doi.org/10.1080/03670244.1976.9990468>
- Liang, B., Goodman, L., Tummala-Narra, P., & Weintraub, S. (2005). A theoretical framework for understanding help-seeking processes among survivors of intimate partner violence. *American Journal of Community Psychology, 36*, 71–84. <https://doi.org/10.1007/s10464-005-6233-6>
- McIlwaine, C. (2010). Migrant machismos: Exploring gender ideologies and practices among Latin American migrants in London from a multi-scalar perspective. *Gender, Place, & Culture, 17*(3), 281–300. <https://doi.org/10.1080/09663691003737579>
- McNaughton Reyes, H. L., Billings, D. L., Paredes-Gaitan, Y., & Zuniga, K. P. (2012). An assessment of health sector guidelines and services for treatment of sexual violence in El Salvador, Guatemala, Honduras and Nicaragua. *Reproductive Health Matters, 20*(40), 83–93. [https://doi.org/10.1016/S0968-8080\(12\)40656-5](https://doi.org/10.1016/S0968-8080(12)40656-5)
- Meadows, L. A., Kaslow, N. J., Thompson, M. P., & Jurkovic, G. J. (2005). Protective factors against suicide attempt risk among African American women experiencing intimate partner violence. *American Journal of Community Psychology, 36*(1-2), 109–121. <https://doi.org/10.1007/s10464-005-6236-3>
- Morales, H. (2012). *Meanwhile, Maya descendants face discrimination and poverty*. <https://www.businessinsider.com/maya-descendants-face-discrimination-2012-12?r=US&IR=T>
- Navarro, M. (1999). *Guatemalan army waged "genocide," new report finds*. <https://www.nytimes.com/1999/02/26/world/guatemalan-army-waged-genocide-new-report-finds.html>
- Ogrodnik, C., & Borzutzky, S. (2011). Women under attack: Violence and poverty in Guatemala. *Journal of International Women's Studies, 12*(1), 55–60.
- Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposive sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and Policy in Mental Health and Mental Health Services, 42*(5), 533–544. <https://doi.org/10.1007/s10488-013-0528-y>
- Rodriguez, G., Sandoval, I., & Solano, A. (2012). *Percepciones de la población costarricense sobre la violencia contra las mujeres* [Perceptions of the Costa Rican public on violence against women]. Universidad Nacional, Instituto de Estudios Sociales en Población [Institute of Social Studies on Population, National University].
- Salazar, M., Goicolea, I., & Öhman, A. (2016). Respectable, disreputable or rightful? Young Nicaraguan women's discourse on femininity, intimate partner violence, and sexual abuse: A grounded theory situational analysis. *Journal of Aggression, Maltreatment, & Trauma, 25*(3), 315–332. <https://doi.org/10.1080/10926771.2015.1081662>
- Salazar, M., Valladares, E., Öhman, A., & Hogberg, U. (2009). Ending intimate partner violence after pregnancy: Findings from a community-based longitudinal study in Nicaragua. *BMC Public Health, 9*, Article 350. <https://doi.org/10.1186/1471-2458-9-350>
- Shakya, H. B., Hughes, D. A., Stafford, D., Christakis, N. A., Fowler, J. H., & Silverman, J. G. (2016). Intimate partner violence norms cluster within households: An observational social network study in rural Honduras. *BMC Public Health, 16*, Article 233. <https://doi.org/10.1186/s12889-016-2893-4>

- Squires, A. (2009). Methodological challenges in cross-language qualitative research: A research review. *International Journal of Nursing Studies*, 46(2), 277–287. <https://doi.org/10.1016/j.ijnurstu.2008.08.006>
- Sternberg, P. (2000). Challenging machismo: Promoting sexual and reproductive health with Nicaraguan men. *Gender & Development*, 8(1), 89–99. <https://doi.org/10.1080/741923418>
- Straus, M. A., Gelles, R. J., & Steinmetz, S. K. (1980). *Behind closed doors: Violence in the American family*. Anchor Press.
- Sukhera, J., Cerulli, C., Gawinski, B. A., & Morse, D. (2012). Bridging prevention and health: Exploring community perceptions of intimate partner violence in rural Honduras. *Journal of Family Violence*, 27(7), 707–714. <https://doi.org/10.1007/s10896-012-9454-0>
- United Nations Women. (2019). *Guatemala*. <http://lac.unwomen.org/en/donde-estamos/guatemala>
- WINGS. (2017). *It all begins with reproductive rights*. [Leaflet obtained in Antigua, Guatemala], 2 June 2020.
- World Bank. (2020). *Indigenous peoples*. <https://www.worldbank.org/en/topic/indigenouspeoples>
- World Health Organisation. (2012). *Understanding and addressing violence against women: Intimate partner violence*. https://apps.who.int/iris/bitstream/handle/10665/77432/WHO_RHR_12.36_eng.pdf;sequence=1
- World Health Organisation. (2014). *Guatemala*. https://www.who.int/violence_injury_prevention/violence/status_report/2014/coutry_profiles/GUATEMALA.pdf
- World Health Organization. (2017). *Violence against women*. <http://www.who.int/en/news-room/fact-sheets/detail/violence-against-women>

Author Biographies

Zoë Elspeth Wands is in her final year of studying Medicine and Surgery at the University of Leeds, UK. She was awarded a 1st class intercalated degree in International Health BSc from the University of Leeds in 2019, as part of which she traveled to Guatemala to carry out this research. Her academic interests include violence against women, women's health, and reproductive health.

Dr Tolib Mirzoev is Head of the Nuffield Center for International Health and Development and Associate Professor of International Health Policy and Systems at University of Leeds, UK. He has over 20 years of experience with governments, donors, and academia. His research includes health policy analysis and health systems assessments and strengthening in South Asia and sub-Saharan Africa. He is an elected member of the Board of the Health Systems Global and a Fellow of the UK Higher Education Academy with substantial experience in teaching, student supervision and mentoring, guest lecturing and external examining.