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Trauma Exposure Among Women in the Pacific Rim

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Abstract

Purpose

Healthcare professionals who provide services in the immediate or long-term aftermath of traumatic events need to understand the nature and frequency of traumatic events in the lives of women. However, research on trauma exposure in women has only recently begun to assess events other than intimate partner and sexual violence and has not supported direct statistical comparison of cross-national and cross-cultural data. The purpose of this descriptive, correlational study was to describe and compare trauma exposure prevalence and type in community-based samples of women in the United States, Colombia, and Hong Kong.

Design

Women were recruited through posted notices at community health sites, snowball sampling, and online advertisements ($N = 576$). The Life Stressor Checklist-Revised (total score range 0 to 30) was used to determine the type and prevalence of trauma exposure. Data were collected by native language members of the research team.

Methods

Descriptive statistics were used to summarize demographic characteristics and trauma exposure for the total sample and each community-based sample (location). Between-location differences were tested using Fisher's exact tests for categorical measures and general linear models with pairwise a posteriori least squares t-test for continuous measures. Responses to open-ended questions were translated and categorized.

Findings

Over 99% of women in the total sample reported at least one traumatic life event. The mean number of traumatic life events per participant was 7, ranging from 0 to 24. Although there was consistency in the most commonly reported trauma exposures across locations, the rates of specific events often differed.

Conclusions

Historical, political, geographic, and cultural factors may explain differences in trauma exposure among women in the four locations studied.

Clinical Relevance

This study offers relevant knowledge for providers in diverse locations who provide services to women who have experienced traumatic events and provides evidence for the need for future research to further enhance knowledge of trauma exposure among women, and on the effects of trauma in women's lives.

Trauma is defined as experiencing or witnessing an event of actual or threatened death, serious injury, or physical, sexual, or emotional violence (American Psychiatric Association, [2013](#)). Traumatic life events encompass diverse situations such as natural disasters, combat, childhood sexual abuse, intimate partner violence (IPV), unexpected deaths, motor vehicle accidents, and muggings. Research on trauma in the lives of women has only recently begun to assess events other than intimate partner and sexual violence. Healthcare professionals provide services to women in the immediate aftermath of traumatic events as well as long-term counseling and other services. Understanding the nature and frequency of the traumatic life events women are exposed to is an important first step in helping survivors heal from trauma.

Though less is known about the full scope of trauma exposure among women, existing research has explored the individual, social, and economic consequences of some traumatic life events. The World Health Organization ([2013](#)) reported that women who have experienced intimate partner or sexual violence also experience long-lasting and adverse health effects that negatively impacted their daily lives. Trauma also presents social and economic costs to communities, including health care, counseling and legal expenses, social service utilization, missed work, and unemployment. For instance, a 2013 study conducted in Ecuador estimated the total economic burden of IPV against women at approximately 109 million U.S. dollars (Roldos & Corso, [2013](#)). However, the depth, diversity, and complexity of trauma and its consequences render the true costs incalculable. Further, understanding trauma in the lives of women without first considering trauma exposure more broadly and the ways in which culture defines perceptions, attributed meanings, and responses to trauma (Schnyder et al., [2016](#)) is impossible.

The current body of trauma exposure research with women has evolved beyond the initial focus on IPV and sexual violence to begin documenting the role of culture in responses to trauma and to include a more expansive definition of what constitutes trauma. For instance, recent studies have documented exposure to a range of traumatic life events among diverse samples, including rural Australians (Handley et al., [2015](#)); community-based adults in Detroit, Michigan (Horesh, Lowe, Galea, Uddin, & Koenen, [2015](#)) and the Central African Republic (Vinck & Pham, [2013](#)); displaced persons in Uganda (Vinck, Pham, Stover, & Weinstein, [2007](#)); and Middle Eastern and South Asian refugees living in Australia (Haldane & Nickerson, [2016](#)).

Though these studies contribute data on diverse traumatic events among persons belonging to specific groups or living in specific locations, their findings do not facilitate between-group comparisons. There is still little cross-national data using shared instrumentation, which might enhance understanding of the differences in trauma exposure among diverse populations of women. Therefore, this article will describe and compare lifetime trauma exposure among community-based women from Colombia, Hong Kong, and the United States.

Trauma Exposure and Location

Variation in types and patterns of trauma exposure can result from diversity in geography, climate, government, politics, and social structures. The Pacific Rim, defined as the lands surrounding the Pacific Ocean, encompasses diverse nations, geographies, and cultures. Though the nations represented in the Pacific Rim have unique characteristics, the region is also connected by trade routes, commerce, and geography. The simultaneous diversity and connectivity of the Pacific Rim make this region a valuable starting place for comparing trauma exposure among diverse women. This study analyzes traumatic life experiences among women in four locations on three continents in the Pacific Rim—Medellín and Calí, Colombia; Hong Kong; and San Francisco, California—each with unique cultures, histories, and characteristics (Table S1).

Colombia has endured more than 50 years of armed internal conflict between the government and various rebel organizations in which both sides have engaged in innumerable acts of human rights abuse and violence, including kidnappings, forced disappearances, harassment of citizen groups, unjust and unlawful arrests, and violence against women (British Broadcasting Corporation, [2012](#)). Likewise, women in Hong Kong have experienced varying degrees of political and civil unrest due to long-standing political and social conflict with Mainland China. Though border policies between Hong Kong and China are more relaxed, many migrant women from China are subject to violence and lack healthcare and legal service access (Wong, Holroyd, Chan, Griffiths, & Bingham, [2008](#)). Finally, women in San Francisco are exposed to characteristics of large Western, urban centers such as increasing population density, crime, and poverty. Each of these unique contexts for trauma exposure also exists in a larger global context of economic inequality and pervasive violence against women, underscoring the importance of understanding both global and location-based trauma exposure in the lives of women.

Literature on Trauma Exposure

Many estimates of trauma exposure use informal *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.; DSM-IV)-based checklists, rather than validated instruments (e.g., Roberts, Gilman, Breslau, Breslau, & Koenen, [2011](#); Sartor et al., [2012](#)), and the types of traumatic events included in these assessments are often limited to experiences of bereavement, disaster, and violence. Some studies that include less-studied traumatic events do not provide detailed prevalence data. Rather, prevalence is reported for categories of traumatic events,

such as “other child trauma” and “other adult trauma” (Myers et al., [2015](#), p. 247), limiting understanding on the full spectrum of women's traumatic experiences and their effects on health. Further, only a few studies (e.g., Horesh et al., [2015](#); Roberts et al., [2011](#)) assess trauma exposure among community-based samples, that is, in the locations where participants perform the normal activities of their daily lives. Most measure trauma exposure among specific populations—women attending court for drug offenses (Sartor et al., [2012](#)), women who are incarcerated (Briere, Agee, & Dietrich, [2016](#)), or refugees seeking asylum (Haldane & Nickerson, [2016](#))—which restricts the diversity of women included in research.

Finally, we were unable to locate studies that compare women's trauma exposure across national and cultural groups. Though the effects of political and cultural contexts on trauma in the lives of women have been acknowledged (Schnyder et al., [2016](#)), understanding differences in trauma exposure across these diverse contexts is difficult without the ability to draw direct comparisons. This study is the first to collect cross-national data from community-based women using the same, validated instrument to allow for comparisons of trauma exposure. The purpose of this article is to describe and compare trauma exposure by type and prevalence among community-based women in the three Pacific Rim nations. Data reported were collected from 2006 to 2010 in Medellín and Cali, Colombia; Hong Kong; and San Francisco, in the USA.

Methods

Samples

This descriptive research study is part of a long-term collaboration between faculty at the University of California at San Francisco (UCSF) School of Nursing; La Universidad de Antioquia School of Nursing in Medellín, Colombia; Instituto Nacional de Perinatología in Mexico City, Mexico; and the University of Hong Kong Department of Nursing Studies. Samples recruited in Colombia, Hong Kong, and San Francisco provided data for women on three of the four continents that comprise the Pacific Rim. Convenience sampling through posted notices at community health sites and snowball sampling was used to recruit community-based women. Snowball sampling is a recruitment technique in which one participant encourages a friend or family member to also participate in a study. Researchers at UCSF also used advertisements posted on [Craigstlist.org](#) and in newspapers for recruitment.

Measures

The Life Stressor Checklist-Revised (LSC-R; Wolfe, Kimerling, Brown, Chrestman, & Levin, [1996](#)), composed of 30 items, was used to determine the prevalence and type of trauma exposure. Two open-ended questions were added to the instrument: “Are there any events we did not include that you would like to mention?” and “Have any of the events mentioned above ever happened to someone close to you so that even though you didn't see it yourself, you were seriously upset by it?” The LSC-R fills an important niche in trauma research because it is an index tailored for women that includes life events not typically recognized in clinical settings or included in trauma-exposure research, such as abortion or miscarriage or being arrested and

taken to jail or prison. The authors of the LSC-R recognized sex-based disparities in trauma exposure, and developed the LSC-R for use with women, beginning with focus group discussions with older women to learn about trauma across the lifespan to inform the content of the instrument (McHugo et al., [2005](#)). A recent study found using a single, open-ended question resulted in underestimation of trauma exposure among women, as compared to a comprehensive multi-item assessment (Monson, Lonergan, Caron, & Brunet, [2016](#)).

For each item, the LSC-R inquires whether a woman has experienced the event, her age at that time, the duration of the event, the extent to which the event affected her life, and the extent of associated distress. The LSC-R is scored by summing the number of events endorsed (range 0 to 30; Wolfe et al., [1996](#)) and does not have a cut-off score for trauma exposure. The content validity of the LSC-R was established through a review of literature (Wolfe et al., [1996](#)), and test-retest reliability ranging from 0.52 to 0.95 was established for each item, exceeding acceptability criteria ($k \geq 0.40$; McHugo et al., [2005](#)). The LSC-R was translated into Spanish and Mandarin using forward and backward translation by bilingual nurse researchers in Colombia and Hong Kong who were knowledgeable about the instrument and cultural variations in language; this process has been described in detail by Humphreys and colleagues ([2011](#)).

Procedures

Ethical approval was obtained at each of the involved institutions. Members of the research team who spoke the primary language at each location followed the approved protocol to collect verbal consent and data from interested women who wished to enroll. Each participant independently completed the LSC-R.

Data Analysis

Statistical analyses were performed using SAS 9.4 software (SAS Institute Inc., Cary, NC, USA). Nondirectional statistical tests were conducted with significance set at .05 for all tests. The level of significance was not adjusted for multiple outcomes due to the exploratory nature of this study. Descriptive statistics were used to summarize the demographic characteristics, number of traumatic events, and type of trauma exposure for the entire sample as well as each community-based sample (location).

Fisher's exact tests were performed to test for between-location differences in proportion for categorical measures, followed by a posteriori pairwise comparisons when the overall test result was statistically significant. Fisher's exact tests were applied rather than chi-square tests due to the low expected cell counts for several traumatic events and sample characteristics. Analysis of variance procedures using general linear models (GLM) due to unequal sample sizes were conducted to test for between-location differences in continuous measures, followed by a posteriori pairwise comparisons using least-squares *t*-tests when the overall test result was statistically significant. Each completed LSC-R questionnaire was scanned for responses to the two open-ended questions, and responses were translated and categorized. For example, "brother's cancer" and "brother has epilepsy" were categorized as "Illness of family member."

Results

Sample Characteristics

A total of 576 women were recruited, including 217 women from Medellín, 159 women from Cali, and 100 women each from Hong Kong and San Francisco; samples are described in Table S2. A posteriori comparisons indicated that, on average, women in Cali were significantly older than women in Medellín, San Francisco, and Hong Kong ($p \leq .05$); mean age did not significantly differ between the latter locations. Women in San Francisco reported significantly higher mean levels of education, followed in descending order by women in Cali, Medellín, and Hong Kong ($p \leq .05$). Rates of employment did not differ significantly among women in Medellín, Cali, and San Francisco, but were significantly lower in Hong Kong ($p \leq .05$).

Trauma Exposure

Only 4 women (0.7%) in the total sample reported no traumatic events of any kind, while 169 women (29%) in the total sample reported nine or more traumatic events (Medellin: 71 [33%]; Cali: 40 [25%]; San Francisco: 43 [43%]; Hong Kong: 15 [15%]). The mean number of traumatic life events per person for the entire sample was 7.0 ($SD = 4.0$; Table S2), with a median of 6.0 and range between 0 and 24. The GLM overall results indicated location differences in mean number of traumatic experiences per person ($p < .0001$), with the women in San Francisco reporting a significantly higher mean number of traumatic events when compared to women in each of the other locations (all $p \leq .009$). Women in Hong Kong reported, on average, significantly fewer events than women in any other location ($p < .009$). There was no significant difference in the mean number of traumatic events reported by women in Medellín and Cali ($p > .05$). The analysis did not adjust for differences in demographic characteristics of the four cities.

Trauma exposure was further analyzed by comparing endorsement of individual LSC-R items by location (Table S3) and the rank order of reported traumatic events by location (Table S4). The four locations differed in the percentage of women reporting on 24 of the 30 traumatic events (Table S3). The six events for which the locations did not differ were (a) having someone close to you die, not suddenly; (b) physical abuse and/or neglect; (c) being divorced or separated; (d) being in foster care or adopted; (e) having a child with a severe handicap; and (f) other events happening to someone close.

The 10 most frequently reported traumatic events among the total sample are reported in descending order in Table S5. Having someone close die suddenly or not suddenly are the two most common events among three of the four locations. Having someone close die not suddenly and having an abortion or miscarriage are the two most commonly reported events by women in the Hong Kong. Among the five most frequently mentioned traumatic events, only the women in San Francisco reported emotional abuse or neglect. The five most frequently reported events were identical in rank order for women in Medellín and Cali, Colombia.

Open-Ended Questions

Among the locations, 7% to 27% of women reported at least one traumatic life event not included in the LSC-R and 19% to 30% of women reported at least one event that they had not witnessed, but were still affected by (summarized in Table S6). Drug or alcohol addiction is not an LSC-R item, but 30% of women in Medellín reported experiencing and 16% of women in Medellín reported witnessing this event. Other notable traumatic life events not assessed by existing LSC-R items included illness of family member, violence by armed groups or guerillas, infidelity, break-ups, and marital problems. Physical, sexual, and emotional violence or abuse and illness or deaths of family members were notable events that women reported that they did not witness, but were still affected by.

Discussion

The findings of this study document the pervasiveness of trauma in the lives of women; only 1% or fewer of women in each sample reported no traumatic life events of any kind. Another noteworthy finding is that despite cultural, geographic, and national differences, trauma exposure among women in different locations is more similar than different—for instance, having someone close to you die suddenly was commonly endorsed across locations. As might be expected, the 10 most commonly endorsed events were most similar between Medellín and Cali. Women in San Francisco reported being taken to jail or being abused (LSC-R items 5, 22–26, and 28; Table S3) more frequently than women in other locations. These findings are aligned with previous findings that trauma is defined by political and cultural contexts (Schnyder et al., [2016](#)).

Historical, political, geographic, and cultural factors may explain some differences in trauma exposure among women in Columbia, Hong Kong, and San Francisco. For example, 44% of women in San Francisco reported being in a serious disaster, which may reflect the frequency of earthquakes in the Bay Area. Fifty-three percent and 54% of women in Medellín and Cali, respectively, reported being robbed, mugged, or attacked, which may be an effect of ongoing political conflict. Finally, 52% of women in Hong Kong reported having an abortion or miscarriage; this could be attributed to China's One Child Policy for respondents who were immigrants from the mainland.

Other differences in reported trauma exposure might be attributable to varying cultural norms of disclosure. For instance, qualitative literature indicates that Chinese cultural beliefs that privilege collective identity over individual identity contribute to barriers to disclosing IPV and help-seeking among women in Hong Kong (Yuen-Tsang & Sung, [2005](#)). In a review of cultural differences in IPV disclosure, Montalvo-Liendo ([2009](#)) reported that desire to protect family honor and fear of shame, criticism, or disappointing family members were barriers to IPV disclosure among Asian and Chinese women. Cultural barriers to disclosing violence and familial events may partially explain why women in Hong Kong reported lower exposure to parental divorce, violence between parents, being abused at any age, being sexually touched at any age,

and being forced sex at any age, and differences in the 10 most prevalent traumatic events reported by women in Hong Kong versus other locations. Research indicates that immigrant Latina and Asian women did not disclose or seek help for IPV due to beliefs that IPV was a private matter and that keeping their family together was important for their children (Bauer, Rodriguez, Quiroga, & Flores-Ortiz, [2000](#); Bent-Goodley, [2007](#)). Latina women in a qualitative study reported that embarrassment, worry about children, and a cultural tradition against disclosure were barriers to discussing IPV with healthcare and service providers (Silva-Martinez, [2015](#)). These cultural beliefs may partially explain why women in Colombia reported significantly less exposure to being abused, being sexually touched, and being forced sex than women in some of the other locations.

Women in San Francisco were likely more racially diverse than women in the other locations, and differences in trauma exposure across racial groups have been reported in other studies (e.g., Roberts et al., [2011](#)). Research indicates that among women in racially diverse samples, fear for their personal safety and children, fear of legal or immigration consequences, mistrust, and perceived discrimination can act as barriers to disclosing IPV (Montalvo-Liendo, [2009](#); Stockman, Hayashi, & Campbell, [2015](#)). However, rates of physical and sexual violence or abuse at any age among women in the San Francisco sample are consistent with estimates of prevalence for these traumatic events in the U.S. population (Centers for Disease Control & Prevention, [2013](#)).

Different cultural beliefs and values or rates of racial and ethnic diversity may help explain differences in the reported prevalence of certain traumatic events between locations, but it is impossible to know whether differences in the frequency with which women in different locations reported these events are due to cultural or demographic differences. However, if cultural or racial or ethnic diversity did account for these differences, similarities in actual trauma exposure across samples might be even more substantial. Further, though prevalence of many traumatic events is comparable across diverse locations, trauma is culturally (Schnyder et al., [2016](#)) and personally defined; traumatic events experienced with identical frequency will likely have different significance, meaning, and consequence for women in different locations and cultures and even between women in the same community-based sample.

Limitations and Strengths

One limitation of this study is that data on race and ethnicity were only collected for the San Francisco women, making it impossible to interpret within- and between-sample differences in trauma exposure that could be related to these factors in the other locations. For example, being a member of a race or ethnicity that experiences discrimination may increase the likelihood that a woman has experienced violence or arrest and incarceration. Collecting more data on race, ethnicity, and religion might have allowed for exploration of within-location differences in trauma exposure. Study samples provided data for women on three of the four Pacific Rim continents, and therefore, knowledge contributed by this study about trauma

exposure does not represent the entire Pacific Rim region. Another possible limitation of this study is the use of snowball sampling, which may have limited the diversity of the sample in events where friends or family were referred to the study by participants were demographically similar to those participants. This nonprobability sampling method was applied due to the exploratory nature of the study, and samples in this study are limited in their representativeness and generalizability to all women in the Pacific Rim. Thus, future confirmatory studies should be based on probability samples, such as random sampling of all regions of the Pacific Rim, to ensure the findings are based in nonbiased, representative samples of women. Though consistency may have been compromised by the fact that researchers collecting data varied by site, all researchers followed the same approved protocol, and the fact that these researchers were native citizens or residents of each site was beneficial to recruitment and the data collection process. Finally, this study is limited because it is impossible to know whether differences in reported exposure to traumatic events are differences in interpretation of instrument items, differences based in cultural beliefs and values, or actual differences in prevalence. Recruiting community-based women in four diverse locations, collecting data on less-researched traumatic events, and adding open-ended questions to the original instrument are study strengths that support the novel contributions of this research to the existing literature on trauma exposure.

Implications for Practice

The results of this study indicate that trauma is pervasive in the lives of women and that many similarities in trauma exposure exist between women in diverse locations. Healthcare providers in each of the locations studied are more likely to encounter women who have experienced traumatic events than not, but many of the traumatic life events most commonly reported are not among the events routinely assessed by healthcare providers. For instance, the Patient Protection and Affordable Care Act provides guidelines for screening for violence or abuse and providing brief counseling to all women (Centers for Medicare and Medicaid Services, [2014](#)). However, no such guidelines currently exist to support screening or providing counseling for other traumatic life events that women experience. Crosby ([2013](#)) and Felitti ([2002](#)) provide helpful examples of such open-ended questions: What traumatic events have happened? How are your body and mind repairing the injuries from those events? What have you done in your daily life to help yourself recover? (Crosby, [2013](#), p. 522), and How is what happened to you in the past affecting you now? (Felitti, [2002](#), p. 47). Including more open questions about trauma exposure beyond IPV or sexual violence could benefit women by giving them opportunities to discuss significant life events and by enabling providers to tailor counseling and resource referrals. Further, the results of this study indicate that most women do not experience a singular traumatic life event, but rather a multiplicity of events. Broadening screening questions can help providers assess the intertwined effects of multiple traumatic life events, and the enhanced needs of women who experience them.

Future Research

Future research on trauma exposure among women should continue to use validated instruments among diverse samples to generate further knowledge on how trauma exposure varies across location, culture, and geography. Using longitudinal designs in future research would enhance understandings of trauma exposure throughout the lives of women, rather than at a singular point of assessment. Once a better understanding of trauma exposure is established, future research can more effectively move to understand the multilevel, short- and long-term effects of trauma in women's lives. There is evidence of a long-lasting association between trauma exposure and symptoms (e.g., Dunn, Nishimi, Powers, & Bradley, [2017](#); Handley et al., [2015](#); Horesh et al., [2015](#)), but these studies are still limited by assessing only specific symptoms or disorders (e.g., depression, addiction) or the inability to compare data across national and cultural groups. Globalization, migration, and other factors that contribute to within- and between-sample differences in trauma exposure beg further inquiry into cultural perceptions of traumatic life events, the significance and meaning assigned to these experiences, and the relationships between culture, location, trauma exposure, and symptoms. Future research aimed at improving how we inquire about trauma and fosters collaboration across locations for this research will be instrumental to understanding trauma in the lives of women and its consequences.

Conclusions

Trauma pervasively affects women across diverse nations in the Pacific Rim. The vast majority of women surveyed in Colombia, Hong Kong, and San Francisco had experienced at least one traumatic life event, and most women reported multiple events. Further, extensive similarities were found in the types of traumatic events most commonly reported by women; however, most of these common traumatic events are not those included in routine screening by healthcare providers. This study offers relevant knowledge on trauma exposure among women that providers in diverse locations can use to enhance practice, and supports future research to enhance knowledge on trauma exposure among women, and on the effects of trauma in the lives of women.

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Clinical Resources

- National Coalition Against Domestic Violence: <http://www.ncadv.org/>
- National Domestic Violence Hotline: <http://www.thehotline.org/>
- Futures Without Violence: <https://www.futureswithoutviolence.org/>
- Substance Abuse and Mental Health: <https://www.samhsa.gov>
- Nursing Network on Violence Against Women International: <http://www.nnvawi.org/>

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Supporting Information

Filename	Description
inu12291-sup-0001-text.docx 61.7 KB	<p>Table S1. Significant Historical Events Across Locations Studied, 1927-2010*</p> <p>Table S2. Demographic Characteristics and Trauma Exposure</p> <p>Table S3. Type of Trauma Exposure, <i>n</i> (%)</p> <p>Table S4. Rank Order of Trauma Exposures, Based on Percent of Women Reporting Trauma¹</p> <p>Table S5. Top 10 Traumas Reported by Location, <i>n</i> (%)</p> <p>Table S6. Other Traumatic Events Experienced or Events Experienced by Someone Close but Not Witnessed Reported in Open Questions</p>

Table 1 *Significant Historical Events Across Locations Studied, 1927-2010**

Time	Colombia ¹	Hong Kong ²	San Francisco ³
1927-1930			U.S. stock market crash (1929), beginning of Great Depression.
1931-1935			Maritime strike begins, battles between police and unionists ensue; violence culminates on July 5 “Bloody Thursday” (1934).
1936-1940		Great Hong Kong Typhoon kills 11,000 people (1937). Beginning of Sino-Japanese War, thousands of refugees from mainland China flee to Hong Kong (1937).	70,000 Dustbowl refugees overwhelm California services and infrastructure (1937). European refugees fleeing WWII begin arriving in San Francisco; U.S. military

			conscription goes into effect for WWII (1940).
1941-1945		Hong Kong occupied by Japanese forces; residents flee to mainland China due to food shortages (1941). Population of Hong Kong decreases by almost 60% by end of WWII.	Japanese attacks on Pearl Harbor, HI; Japanese war planes fly over San Francisco; Germany declares war on the U.S. (1941). President Roosevelt signs executive order for removal and interment of persons of Japanese descent; blackouts and air raids affect San Francisco; U.S. Navy seizes control of Treasure Island and Hunters Point neighborhoods (1942). German and Japanese forces surrender to Western Allies; “peace riots” in San Francisco result in 11 deaths and 1,000 injuries (1945).
1946-1950	Riots in response to assassination of left-wing mayor of Bogota; Civil war begins (1948).	British rule reestablished (1946). Hundreds of thousands of former residents return, joined by refugees fleeing civil war in China.	
1951-1955	Civil war resulting in 250,000-300,000 casualties (1948-57).		
1956-1960	Civil war ends (1958).		Daly City Earthquake—largest since 1906 (1957).
1961-1965	Guerilla war begins-- Maoist People's Liberation Army (EPL) and Leftist National Liberation Army (ELN) are founded (1965).	Labor disputes and social struggle among poorly-paid workers.	
1966-1970	Revolutionary Armed Forces of Colombia, largest guerilla group, founded (1966).	Severe rioting, allegedly instigated by followers of China's Cultural Revolution (1966).	Native Americans occupy Alcatraz Island; 19-month occupation forcibly ended by U.S. government (1969)
1971-1975	M-19 guerrilla group founded (1971).		

1976-1980	President Turbay initiates fight against drug trafficking (1978).	One-Child Policy instituted in mainland China (1979).	Harvey Milk assassinated (1978).
1981-1985	President Betancur grants amnesty to guerrillas and frees political prisoners (1982). Assassination of justice minister (1984) and massacre of 11 judges and 90 others by M-19 guerrillas (1985). Nevado del Ruiz volcano erupts, killing ~23,000 people (1985).		
1986-1990	Continued violence by guerillas and drug cartels. Presidential candidates murdered during campaign (1989).	Pro-democracy demonstrators massacred in Beijing's Tiananmen Square (1989). Beijing formally ratifies Hong Kong's Basic Law (1990).	Loma Prieta Earthquake collapses portion of San Francisco-Oakland Bay Bridge, starts fires across city, kills 62, injures 3,757, and leaves 12,000 homeless (1989).
1991-1995		Unrest due to British-Chinese talks about Hong Kong "handover" and democratization; Hong Kong stock market crashes (1992).	Oakland-Berkley Hills Conflagration kills 25 and injures 150 people (1991).
1996-2000	President Pastrana Arango begins peace talks with guerrillas (1998). Powerful earthquake kills ~1,000 people (1999).	Hong Kong reverts to Chinese rule under the "one country, two systems" formula (1997). First elections held (1998).	
2001-2005	President and Farc rebels engage in unsuccessful peace talks (2001-02). Government declares war zone in south in response to increased guerilla attacks (2002). Suspected Farc explosions in Bogota kill 20 people (2002). Exploratory peace talks with ELN begin (2005).	Government releases proposals for anti-subversion law known as Article 23 (2002). Large protests against Article 23 (2003). SARS outbreak; strict quarantine measures enforced (2003). Large protests against Chinese rejection of universal suffrage in Hong Kong (2004).	

2006-2010	Colombia and U.S. agree to free trade deal (2006). Government releases jailed Farc guerrillas, but Farc refuses to release hostages until government sets up demilitarized zone; Hundreds of thousands of citizens protest conflict and kidnappings (2007). Pyramid investment schemes suddenly collapse, triggering violent protests (2008). Venezuela freezes relations with Colombia; Pres. Chavez orders 15,000 Venez. Troops to Colombian border; Guerilla groups organize to attack Colombian armed forces (2009). Violence by guerillas increases (2010).	Restrictions placed on number of pregnant women from mainland China coming to Hong Kong to give birth, evading one-child policy and drawn by the prospect of Hong Kong residency (2007). Struggles for full democratization and suffrage continue.	
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*Period of 1927-2010 reflects time from the earliest possible birth of study participant to the end of data collection.

1. British Broadcasting Corporation, 2012
2. British Broadcasting Corporation, 2016
3. Virtual Museum of the City of San Francisco

Table 2 *Demographic characteristics and trauma exposure*

Variable	Total Sample (N = 576)	Medellín (N = 217)	Cali (N = 159)	Hong Kong (N = 100)	San Francisco (N = 100)	Statistics	Pairwise Comparisons
Age ¹ Mean (SD) Min, Max	36.3 (13.9) 18 – 79	37.5 (15.5) 18 – 79	31.0 (13.4) 18 – 74	40.2 (7.1) 27 – 59	38.0 (13.9) 18 – 75	F _{3, 570} = 12.3, p < .0001	C > M = F = HK
Last Grade in School ¹ Mean (SD) Min, Max	12.5 (3.8) 0 – 22	12.1 (3.9) 5 – 18	13.3 (3.3) 5 – 18	9.7 (3.1) 0 – 17	14.6 (2.7) 8 – 22	F _{3, 565} = 38.8, p < .0001	SF > C > M > HK
Employed ² Number (%)	304 (54.0)	129 (61.7)	95 (61.7)	28 (28.0)	52 (52.0)	X ² ₃ = 36.1, p < .0001	M = C = SF > HK
Number of Traumas Per Person ¹							

Mean (SD) Min, Max	7.0 (4.0) 0 – 24	7.2 (3.8) 0 – 20	6.5 (3.2) 1 – 15	5.2 (3.1) 0 – 15	9.2 (5.0) 0 – 24	$F_{3, 572} = 20.1,$ $p < .0001$	SF > M = C > HK
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Min = minimum value; Max = maximum value; ¹ One-way analysis of variance using a General Linear Model with *a posteriori* pairwise comparisons using least squares means t-tests; ² 4 x 2 chi-square test with *a posteriori* pairwise comparisons using 2 x 2 chi-square tests. Level of significance of 0.05 set for overall test and *a posteriori* pairwise comparisons. Greater than (>) symbol indicates pairwise statistically significant differences between locations.

Table 3 Type of trauma exposure, n (%)

Event	Total Sample (N = 576)	Medellín (N = 217)	Cali (N = 159)	Hong Kong (N = 100)	San Francisco (N = 100)	Pairwise Comparisons, Fisher's Exact Test* $p \leq 0.05$
1. Been in serious disaster	150 (26)	40 (18.4)	45 (28.3)	21 (21.0)	44 (44.0)	C>M, SF>M, SF>C, SF>HK
2. Seen serious disaster	240 (41.7)	100 (46.1)	82 (51.6)	15 (15.0)	43 (43.0)	M>HK, C>HK, SF>HK
3. Had serious accident	130 (22.6)	52 (24.1)	34 (21.4)	8 (8.0)	36 (36.0)	M>HK, C>SF, C>HK, SF>M, SF>HK
4. Close family member sent to jail	135 (23.5)	58 (26.9)	35 (22.0)	7 (7.0)	35 (35.0)	M>HK, C>HK, SF>C, SF>HK
5. Sent to jail	38 (6.7)	12 (5.7)	3 (1.9)	1 (1.0)	22 (22.0)	SF>M, SF>C, SF>HK
6. In foster care or adopted	24 (4.2)	9 (4.2)	2 (1.3)	6 (6.0)	7 (7.0)	
7. Parents divorced/ separated	163 (28.4)	58 (26.9)	55 (34.6)	11 (11.0)	39 (39.0)	M>HK, C>HK, SF>M, SF>HK
8. Divorced or separated	136 (23.7)	48 (22.2)	34 (21.4)	25 (25.0)	29 (29.0)	
9. Serious money problems	211 (36.7)	85 (39.4)	42 (26.4)	39 (39.0)	45 (45.0)	M>C, SF>C, HK>C

10. Serious physical or mental illness	146 (25.4)	59 (27.4)	(23) 14.5	23 (23.0)	41 (41.0)	M>C, SF>M, SF>C, SF>HK
11. Emotionally abused or neglected	196 (34.2)	76 (35.3)	47 (29.6)	25 (25.0)	48 (48.0)	SF>M, SF>C, SF>HK
12. Physically abused or neglected	52 (9.1)	27 (12.3)	8 (5.0)	9 (9.0)	8 (8.0)	
13. Had abortion or miscarriage	157 (27.4)	42 (19.5)	27 (17.0)	52 (52.0)	36 (36.0)	SF>M, HK>M, SF>C, HK>C, HK>SF
14. Forcefully separated from child	35 (6.1)	5 (2.3)	6 (3.8)	14 (14.0)	10 (10.0)	SF>M, HK>M, HK>C
15. Child with severe handicap	20 (3.5)	9 (4.2)	2 (1.3)	5 (5.0)	4 (4.0)	
16. Caregiver to other with severe handicap	139 (24.2)	55 (25.1)	43 (27.0)	14 (14.0)	28 (28.0)	M>HK, HK>C, SF>HK
17. Someone close to you died suddenly	307 (53.3)	129 (59.4)	88 (55.3)	34 (34.0)	56 (56.0)	M>HK, C>HK, SF>HK
18. Someone close to you died not suddenly	370 (64.4)	143 (65.9)	100 (63.3)	65 (65.0)	62 (62.0)	
19. Before age 16, violence between parents	179 (31.3)	59 (27.3)	59 (37.1)	20 (20.0)	41 (41.0)	C>M, SF>M, C>HK, SF>HK
20. Seen a robbery/mugging/attack	231 (40.1)	92 (42.4)	80 (50.3)	26 (26.0)	33 (33.0)	M>HK, C>SF, C>HK

21. Robbed/ mugged/ attacked	256 (44.5)	115 (53.2)	85 (53.5)	29 (29.0)	27 (27.0)	M>SF, M>HK, C>SF, C>HK
22. Before age 16, abused	86 (15.0)	40 (18.8)	17 (10.7)	5 (5.0)	24 (24.0)	M>C, M>HK, SF>C, SF>HK
23. After age 16, abused	91 (15.9)	38 (17.8)	20 (12.6)	7 (7.0)	26 (26.0)	M>HK, SF>C, SF>HK
24. Sexually harassed	88 (15.4)	25 (11.7)	17 (10.7)	8 (8.0)	38 (38.0)	SF>M, SF>C, SF>HK
25. Before age 16, sexually touched	72 (12.6)	28 (13.1)	18 (11.3)	2 (2.0)	24 (24.0)	M>HK, C>HK, SF>M, SF>C, SF>HK
26. After age 16, sexually touched	47 (8.2)	13 (6.1)	7 (4.4)	5 (5.0)	22 (22.0)	SF>M, SF>C, SF>HK
27. Before aged 16, forced sex	27 (4.7)	9 (4.2)	2 (1.3)	0 (0.0)	16 (16.0)	SF>M, SF>C, SF>HK
28. After age 16, forced sex	37 (6.5)	7 (3.3)	5 (3.1)	3 (3.0)	22 (22.0)	SF>M, SF>C, SF>HK
29. Other not mentioned	114 (19.9)	53 (24.8)	11 (6.9)	23 (23.0)	27 (27.0)	M>C, SF>C, HK>C
30. Other not mentioned to someone close	(139) 24.2	56 (25.9)	34 (21.4)	19 (19.0)	30 (30.0)	

A posteriori pairwise comparisons presented only if the overall 2 x 4 Fisher's Exact Test was statistically significant at the 0.05 level. *Greater than (>) symbol indicates pairwise statistically significant differences.

Table 4 Rank order of trauma exposures, based on percent of women reporting trauma¹

	Total Sample (N = 576)	Medellín (N = 217)	Cali (N = 159)	Hong Kong (N = 100)	San Francisco (N = 100)
1. Been in serious disaster	11	19.5	9	11	5
2. Seen serious disaster	4	4	4	14	6
3. Had serious accident	17	15	14	19.5	11.5
4. Family member sent to jail	15.4	9.5	12	21.5	13
5. Sent to jail	25	24.5	27	29	24
6. In foster care or adopted	29	27	29	23	29
7. Parents divorced or separated	9	9.5	7	17	9
8. Divorced or separated	15.5	16	14	7.5	16
9. Serious money problems	6	6	11	3	4
10. Serious physical or mental illness	12	9.5	17	9.5	7.5
11. Emotionally abused or neglected	7	7	8	7.5	3
12. Physically abused or neglected	23	21.5	23	18	28
13. Had abortion or miscarriage	10	17	16	2	11.5
14. Forcefully separated from child	27	30	25	15.5	27
15. Child with severe handicap	30	27	29	25	30
16. Caregiver to other with severe handicap	13.5	13.5	10	15.5	17
17. Someone close to you died suddenly	2	2	2	4	2
18. Someone close to you died not suddenly	1	1	1	1	1
19. Before age 16, violence between parents	8	9.5	6	12	7.5
20. Seen a robbery/ mugging/ attack	5	5	5	6	14

21. Robbed/ mugged/ attacked	3	3	3	5	18.5
22. Before age 16, abused	21	18	21	25	21.5
23. After age 16, abused	19	19,5	18	21.5	20
24. Sexually harassed	20	23	20	19.5	10
25. Before age 16, sexually touched	22	21.5	20	28	21.5
26. After age 16, sexually touched	24	24.5	24	25	24
27. Before aged 16, forced sex	28	27	29	30	26
28. After age 16, forced sex	26	29	26	27	24
29. Other not mentioned	18	13.5	22	9.5	18.5
30. Other not mentioned to someone close	13.5	12	14	13	15

¹Rank coding: 1= highest percent reported, 30=lowest percent reported. Mean rank is reported for ties.

Table 5

Rank	Total Sample (N = 576)	Medellín (N = 217)	Cali (N = 159)	Hong Kong (N = 100)	San Francisco (N = 100)
1	Someone close to you died, not suddenly 370 (64%)	Someone close to you died, not suddenly 143 (66%)	Someone close to you died, not suddenly 100 (63%)	Someone close to you died, not suddenly 65 (65%)	Someone close to you died, not suddenly 62 (62%)
2	Someone close to you died, suddenly 307 (53%)	Someone close to you died, suddenly 129 (59%)	Someone close to you died, suddenly 88 (55%)	Abortion or miscarriage 52 (52%)	Someone close to you died, suddenly 56 (56%)
3	Robbed, mugged, or attacked 256 (45%)	Robbed, mugged, or attacked 115 (53%)	Robbed, mugged, or attacked 85 (54%)	Serious money problems 39 (39%)	Emotional abuse or neglect 48 (48%)
4	Seen a serious disaster 240 (42%)	Seen a serious disaster 100 (46%)	Seen a serious disaster 82 (52%)	Someone close to you died, suddenly 34 (34%)	Serious money problems 45 (45%)
5	Seen someone robbed, mugged, or attacked 231 (40%)	Seen someone robbed, mugged, or attacked 92 (42%)	Seen someone robbed, mugged, or attacked 80 (50%)	Robbed, mugged, or attacked 29 (29%)	Been in a serious disaster 44 (44%)
6	Serious money problems 211 (37%)	Serious money problems 85 (39%)	Violence between parents before age 16 59 (37%)	Seen someone robbed, mugged, or attacked 26 (26%)	Seen a serious disaster 43 (43%)
7	Emotional abuse or neglect 196 (34%)	Emotional abuse or neglect 76 (35%)	Parents divorced or separated 55 (35%)	Emotional abuse or neglect 25 (25%)	Had a serious illness 41 (41%)
8	Violence between parents before age 16 179 (31%)	Violence between parents before age 16 59 (27%)	Emotional abuse or neglect 47 (30%)	Been divorced or separated 25 (25%)	Violence between parents before age 16 41 (41%)

9	Parents divorced or separated 163 (28%)	Family member put in jail 58 (27%)	Been in a serious disaster 45 (28%)	Had a serious mental or physical illness 23 (23%)	Parents divorced or separated 39 (39%)
10	Abortion or miscarriage 157 (27%)	Parents divorced or separated 58 (27%)	Cared for someone with a serious handicap 43 (27%)	Other events 23 (23%)	Sexually harassed 38 (38%)

Table 6 *Other Traumatic Events Experienced or Events Experienced by Someone Close but Not Witnessed Reported in Open Questions*

	Other Events Experienced (N = 56) ¹	#	%*	Events Not Witnessed (N = 51)	#	%*
Medellín	Drug or alcohol addiction	17	30%	Sexually assaulted/ tortured/ murdered	10	20%
	Saw murder or suicide	7	13%	Abuse/maltreatment	10	20%
	Work/work-related stress/harassment	4	7%	Drugs/alcohol	8	16%
	Child sexual abuse	3	5%	Death of someone close	3	6%
	Attempted kidnapping	2	4%	Family member assassinated	2	4%
	Threatened by guerilla fighters	2	4%	Mother-sister/mother-daughter conflict	2	4%
	Violence/related displacement from home	2	4%	Disasters	2	4%
	Death of relative due to illness	2	4%	Sexual abuse of daughter by father	2	4%
	Family conflict, not IPV	2	4%	Father abused/threatened mother	2	4%
	Other	14	28%	Other	8	16%
	Other Events Experienced (N = 21)	#	%*	Events Not Witnessed (N = 35)	#	%*
Cali	Witnessed murder	3	14%	Sexual assault/rape	10	29%
	Work/violence/harassment in work place	3	14%	Child sexual abuse	6	17%
	Childhood sexual abuse	2	10%	Someone close died, not suddenly	6	17%
	Relationship problems/infidelity	2	10%	Physical abuse	5	14%
	Other	9	45%	Motor vehicle accident	3	9%
				Emotional abuse	2	6%
				Being punched or cut with a weapon	2	6%
				Other	6	17%
	Other Events Experienced (N = 21)	#	%*	Events Not Witnessed (N = 19)	#	%*
Hong	Marital problems/infidelity	6	29%	Illness of family member	6	32%
Kong	Bad relationship with in-laws	2	9%	Physical abuse	2	10%
	Failure of business/investment	2	8%	Financial problems	2	10%
	Kidnap	11	44%	Infidelity of husband/partner	2	10%
				Other	7	35%
	Other Events Experienced (N = 26)	#	%*	Events Not Witnessed (N = 29)	#	%*
San	Break up	4	15%	Sexual assault/rape	13	45%
Francisco	Sexual harassment	3	12%	Child sexual abuse	8	28%
	Illness/injury of family member	3	12%	Attack/Robbery	2	7%
	Disabled, had to stop work	2	8%	Motor vehicle accident	2	7%

	Death of friend(s)	2	8%	Other	7	21%
	Other	13	52%			

¹ N indicates the total number of responses to open questions for each sample.

* % reported exceeds because some women reported multiple events for each question.

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