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*J Interpers Violence* 2012 27: 344 originally published online 22 August 2011

DOI: 10.1177/0886260511416469

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# Racial Differences in the Prevalence of Intimate Partner Violence Against Women and Associated Factors

Journal of Interpersonal Violence

27(2) 344–363

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DOI: 10.1177/0886260511416469

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## Abstract

Intimate partner violence against women (IPV) affects all populations, but significant variations among these groups have been suggested. However, research results on racial differences in IPV are not only inconclusive, they are also limited—particularly with regard to racial minorities. As a result, it has been challenging for practitioners and service providers in many communities to serve an increasing number of racial minority clients. This study used the Collaborative Psychiatric Epidemiology Surveys (CPES) to examine differences in the prevalence of IPV, and associated factors, among major race groups in the U.S. Included variables were age, race, financial security, employment, education, social network, IPV perpetration and victimization, and severity of IPV. The results showed that Blacks were victimized the most, followed by Whites and Latinos, and Asians were victimized the least. Asians were the least likely to be victimized by IPV, even when controlling for sociodemographic variables. The odds of victimization for Blacks and Latinos were not significantly different from Whites. Financial security and age affected IPV victimization. Those who perceived themselves as financially secure were less likely to be victimized than those who did not. The older were less likely to be victimized than the younger. Employment, education, and social

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networks did not affect victimization. Race was not a significant predictor of perpetration, when controlling for other variables. Age was the only predictor of perpetration: the older were less likely to perpetrate IPV than the younger.

### **Keywords**

intimate partner violence, domestic violence, race, victimization, perpetration

Intimate partner violence (IPV)<sup>1</sup> against women is a major social problem. Although IPV affects all populations, regardless of race, education, and income, significant variations among these groups have been suggested (e.g., Catalano, 2008; Johnson & Ferraro, 2000; Tjaden & Thoennes, 2000). Racial differences are particularly critical for understanding and developing effective responses to IPV as the racial and ethnic composition of the U.S. population becomes more diversified than ever before (U.S. Census Bureau, 2009). However, research results on racial differences in IPV are not only inconclusive but also limited—particularly with regard to racial minorities. As they have been underrepresented in national data collections, many studies on racial differences in IPV have relied on community samples. The results of those community studies have provided invaluable insights into the nature of IPV among racial minorities, as distinguished from Whites. Their generalizability is limited, however, because of limitations in the samples. As a result, it has been challenging for practitioners and service providers in many communities to serve an increasing number of racial minority clients (Campbell, Masaki, & Torres, 1997; Grossman & Lundy, 2007). This study used nationally representative data to examine differences in the prevalence of IPV, and associated factors, among major race groups in the United States.

### **Race and IPV Prevalence**

Prevalence rates of IPV are not consistent across studies, ranging from .4% to 12%. In 1975 and 1985, the National Family Violence Survey (NFVS) collected the first national data in the United States; it reported annual victimization rates of IPV at 12% (Straus & Gelles, 1990). Other national studies have reported lower rates. The National Violence Against Women Survey (NVAWS), which was conducted from 1995 to 1996, reported victimization rates at 1.5% (Tjaden & Thoennes, 2000). The National Crime Victimization Survey (NCVS), which has collected data annually since 1973, reported even lower victimization rates, at 4.2 per 1,000 women, between 2001 and 2005

(Catalano, 2008). All of these national surveys reported racial differences in IPV, despite significant discrepancies among them. The NFVS showed that African and Latino<sup>2</sup> Americans perpetrated IPV more than Whites, although Asian Americans were excluded from the racial comparisons (Straus & Gelles, 1990). The NVAWS found that Native Americans experienced more IPV than other race groups, whereas Asians and Latinos experienced less IPV (Tjaden & Thoennes, 2000). The NCVS also found the highest IPV rates among Native Americans, but no difference between Latinos and non-Latinos (Catalano, 2008).

After reporting the NVAWS results, the authors suggested three potential reasons for discrepancies across the major national estimates: contexts of the survey administration, survey methodology, and counting methods (Tjaden & Thoennes, 2000). As the NCVS is administered in the context of a crime survey, it may only reflect violence that victims considered a crime. Whereas the NVAWS interviewed respondents only once, the NCVS interviewed respondents every 6 months for 3 years, which may result in the test-retest bias. In estimating the prevalence of IPV, the NVAWS and the NCVS only counted reports of victimization, whereas the NFVS counted reports of both perpetration and victimization. In addition to these differences in the study methodologies, different study populations (e.g., married or cohabiting persons of age 18 and above for the NFVS, persons of age 12 and above for the NCVS, and persons of age 18 and above for the NVAWS) and survey settings (e.g., telephone interview for the NFVS and the NVAWS and face-to-face interview for the NCVS) might affect the study results (Cho, 2009; Johnson, 1995; Straus & Gelles, 1990). Finally, measurement instruments, including the Conflict Tactics Scale (Straus, 1979; Straus, Hamby, Boney-McCoy, & Sugarman, 1996), one of the most frequently used instruments in the field of IPV research, might have yielded misleading results because of their limited ability to capture the context, frequency, and consequences of violence (Dobash, Dobash, Daly, & Wilson, 1992).

Aside from these methodological differences across the studies, underrepresentation of racial minorities in national data collections poses another challenge to our understanding of racial differences in IPV. African Americans were represented relatively well in many national data collections on IPV (Catalano, 2008; Straus & Gelles, 1990; Tjaden & Thoennes, 2000) but often not included in other national data (Pennell et al., 2004). Although IPV in the African American community has been reported to be higher than in the White community, the reasons for, and contexts of, the differences are not clear (Hampton, Oliver, & Magarian, 2003). Thus, further research is needed, focusing more on an in-depth examination of contextual factors for IPV

rather than simplistic and often decontextualized descriptions and comparisons. Underrepresentation in national data is especially problematic for other racial minorities, such as Asian Americans, who have typically been either excluded or combined with other racial minorities into “other races” due to their small group sizes (e.g., NCVS). As Asian Americans, even when combined all together (U.S. Census Bureau, 2009), constitute less than 10% of the U.S. population, it is often necessary for nationally representative studies to combine them into one group for meaningful statistical analyses. However, the aggregation of multiple groups into one group inevitably leads to ignoring differences among them; accordingly, IPV among racial minorities has been simplified, as though their experiences were identical. Similar problems have arisen when diverse ethnic groups within a racial group are lumped together and treated as though they are homogenous. Previous study results show that IPV experiences vary across ethnic subgroups within both Latino and Asian American populations (Chang, Shen, & Takeuchi, 2009; Kantor, Jasinski, & Aldarondo, 1994). As it is difficult, if not impossible, to include so many racial and ethnic minorities in a national data collection and still have meaningful results, community- and agency-based samples have been used to examine IPV among these minorities. These studies have provided crucial information for understanding and developing services for IPV among racial minorities (e.g., Campbell et al., 1997; Grossman & Lundy, 2007; Hurwitz, Gupta, Liu, Silverman, & Raj, 2006; Ingram, 2007). Nevertheless, their lack of comparability with other national data makes it vital to use advanced national data, which allows racial comparisons as well as in-depth analyses of each racial group. The Collaborative Psychiatric Epidemiology Surveys (CPES), which were recently made available for public use, satisfy those conditions, even if they do not allow comparisons of ethnic subgroups within a racial group, and thus were used for this study.

## Factors Affecting IPV

The literature review suggests that there are differences in IPV prevalence rates across race. Sociodemographic factors may account for some of those differences. Studies of the general U.S. population have shown that low socioeconomic status (SES)—for income, education, and employment—increase risk for IPV (Kessler, Molnar, Feurer, & Appelbaum, 2001; Sorenson, Upchurch, & Shen, 1996). Given that racial minorities are more likely to live in poverty than Whites (Browne & Bassuk, 1997), study results showing higher rates of IPV among racial minorities may be better explained by poverty than race. Indeed, several studies have shown that racial differences in the NFVS

and the NCVS disappear when SES, such as household income and occupation, were controlled (Lambert & Firestone, 2000; Rennison & Planty, 2003; Straus & Gelles, 1990). One study, which used a national sample of 1,970 families, also found no difference in IPV prevalence across race when controlling for age, income, employment, and attitudes toward violence (Kantor et al., 1994). These results suggest that racial minorities might not experience IPV more than Whites, as reported by some national studies (Catalano, 2008; Straus & Gelles, 1990). Instead, socioeconomic disadvantages might contribute to the higher reported rates of IPV among minorities. However, this conjecture needs to be tested further as some minority groups, such as Asian Americans, have rarely been included in the analyses of racial differences in IPV.

Racial differences in IPV across race also seem to be related to sociocultural issues. Some racial minorities may be reluctant to disclose IPV incidents. For instance, one community-based study found that Asian victims of IPV reported fewer IPV incidents to the police and service providers than non-Asian victims (Bhaumik, 1988). Their low rates of reporting are often attributed to their traditional values, which place the family and community over the individual and discourage victims from going beyond their family and community boundaries to seek outside help (Lee, 2002; Rimonte, 1989). Social networks may provide additional contexts that affect IPV. A social network is known to provide one with comfort and security (Hirsch, 1981; Lin & Peek, 1999). Thus, having little or no social network available tends to decrease levels of security, increasing the risk for victimization (Barnett, Martinez, & Keyson, 1996; Coohy, 2007). Social networks also seem to affect perpetration. The lack of a social network tends to lead to high levels of stress, which are often reported to increase the risk for IPV perpetration (Tolman & Bennett, 1990). This seems to be particularly true for immigrants, who experience the loss of the social networks they had in their home countries (Kim, Lau, & Chang, 2006). The results are limited and inconclusive, however, in part because some racial minority groups—including Asian Americans—were excluded from most of these racial comparisons.

## **Study Hypotheses**

Research has been done on racial differences in IPV, but the results are not only inconclusive but also limited in their generalizability. Various factors have been suggested as affecting IPV but information on racial minorities is scarce. This study seeks to fill this gap by using a nationally representative sample to examine racial differences in IPV. Specifically, this study has two major research hypotheses. Previous studies have suggested that racial

differences in IPV might have been accounted for by sociodemographic and cultural factors (Kaufman et al., 1994; Lambert & Firestone, 2000; Rennison & Planty, 2003; Straus & Gelles, 1990). This study expects to find similar results: IPV prevalence rates will not be different across race, when controlling for sociodemographic and sociocultural factors. Although these factors seem to affect IPV regardless of race, the nature of those effects may differ across race. For instance, income and occupation may affect IPV among nonimmigrants, but not among immigrants (e.g., Asians and Latinos) whose incomes and occupations may not differ much from each other. In a similar vein, a social network may affect IPV among immigrants, but not among nonimmigrants, who may have many other resources to deal with life stresses. Thus, the second hypothesis is that sociodemographic and sociocultural factors affecting IPV will vary across race.

## Method

### *Study Sample*

This study used the CPES, which collected nationally representative data from adults in the United States, aged 18 or older, regarding the prevalence of mental disorders and their treatment patterns (Heeringa et al., 2004; Pennell et al., 2004). While the CPES consists of three subsurveys, only two of them included variables related to IPV. These, therefore, were used in this study: the National Comorbidity Survey Replication (Kessler & Merikangas, 2004) and the National Latino and Asian American study (Alegría et al., 2004). The current study sample only included cases with women who were married or cohabiting; cases with missing values for the study variables were excluded. The final study sample size was 2,316: 644 Whites, 62 Blacks, 864 Latinas, and 746 Asians. The number of Blacks is smaller than for other race groups because IPV-related variables were not included in the National Survey of American Life (Pennell et al., 2004), which was one of the three CPES subsurveys to have collected data from Blacks; thus it was excluded from the current study.

### *Variables*

Sociodemographic variables included race, financial security, employment, education, and age. Race had four categories: Asians (Vietnamese, Filipino, Chinese, and all other Asians), Latinos (Cuban, Puerto Rican, Mexican, and all other Latinos), Blacks (Afro-Caribbean and non-Hispanic African Americans),

and Whites (reference category). The sizes of the ethnic subgroups within a racial group were, for the most part, evenly distributed—except for Blacks, which consisted mostly of African Americans. Financial security was assessed by asking, “In general, would you say you have more money than you need, just enough for your needs, or not enough to meet your needs?” Respondents who answered as having either “more than you need” or “just enough for your needs” were coded as being “financially secure,” with others being “financially not secure” (reference category). Employment, which was originally assessed by three categories, was recoded dichotomously for this study: “employed” was considered employed, and “unemployed” and “not in labor market” were coded as unemployed (reference category). Education was originally measured by years of education but was also recoded dichotomously for this study: 12 years and less (reference category) and 13 years and above. Age was the respondent’s age.

The social network was included as a sociocultural variable and was obtained as the mean of four item questions, which asked how much respondents relied on friends or relatives for help (e.g., how much can you rely on relatives who do not live with you for help if you have a serious problem?). The four responses were rated on a Likert-type scale ranging from 1 = *a lot* to 4 = *not at all*. The responses were reverse coded for this study so that higher scores would represent higher social network levels.

Both perpetration of and victimization by IPV were measured using the adapted subscales of the Conflict Tactics Scale (Straus, 1979). Respondents were asked how often their partner/spouse had perpetrated IPV on them and how often they had been victimized by IPV over the course of their relationship. The severity of IPV was measured by two categories: less severe (e.g., throwing something and hitting) and severe (e.g., kicking and threatening with a gun; Straus, 1979). Respondents who experienced only less severe IPV were coded as less severe IPV and those who experienced severe IPV, with or without less severe IPV, were coded as severe IPV.

## Analysis

The CPES data collections used a multistage area probability sample design, which requires researchers to compute unbiased estimates of population statistics and relationships by using weights and complex survey sample design measures (Heeringa et al., 2004). We conducted all analyses with SPSS version 13.0, using the Taylor series linearization method that was developed to estimate variances from complex sample data sets (Rust, 1985). Descriptive statistics were first obtained to examine racial differences among



**Table 1.** Sample Characteristics

	Asian		Latina		Black		White		Total %	p Value <sup>c</sup>
	N <sup>a</sup>	% <sup>b</sup>	N	%	N	%	N	%		
Employment										.041
Employed	447	57.8	493	52.7	37	60.2	392	61.3	58.8	
Unemployed	299	42.2	371	47.3	25	39.8	252	38.7	41.2	
Financial security										<.001
Secure	621	82.0	540	62.5	38	60.8	517	80.2	75.5	
Insecure	125	18.0	324	37.5	24	39.2	127	19.8	24.5	
Education										<.001
0~12 years	265	37.1	516	66.6	29	51.1	246	38.3	45.2	
13 years or more	481	62.9	348	33.4	33	48.9	398	61.7	54.8	
IPV victimization										.041
None	663	89.8	747	84.9	52	82.7	542	84.8	85.4	
Less severe IPV	68	8.5	76	9.6	8	13.3	85	12.6	11.4	
Severe IPV	15	1.8	41	5.6	2	4.0	17	2.6	3.2	
IPV perpetration										.471
None	607	80.1	701	79.0	47	73.5	494	77.3	77.9	
Less severe IPV	118	17.5	131	17.0	11	21.0	129	19.9	19.0	
Severe IPV	21	2.4	32	4.0	4	5.5	21	2.8	3.1	
Age (M, SE)	43.8, 0.70		38.0, 0.64		43.9, 1.45		45.8, 0.63		42.7, 0.70	<.001 <sup>d</sup>
Social network (M, SE)	2.8, 0.05		3.0, 0.03		3.1, 0.09		3.4, 0.03			<.001 <sup>d</sup>

Note: IPV = intimate partner violence.

a. Unweighted sample size.

b. Weighted percentage.

c. p values associated with chi-square tests.

d. p values associated with F tests.

all of the variables, including IPV. Weighted estimates are reported, along with unweighted sample sizes.

Two separate logistic regression analyses were conducted to examine racial differences in factors affecting IPV victimization and perpetration. The interaction effects of race on IPV were examined by including product terms for race and other variables, as suggested by Jaccard and Turrisi (2003). Complex-design-adjusted 95% confidence intervals are reported, along with population-weighted estimates.

**Table 2.** Factors Affecting Intimate Partner Violence Victimization

	Odds Ratio	95% Confidence Interval		<i>p</i> Value
		Lower	Upper	
<b>Race</b>				
Asian versus White	0.619	0.424	0.903	.013
Latina versus White	0.890	0.619	1.281	.528
Black versus White	1.066	0.496	2.293	.869
Employed versus unemployed	1.133	0.788	1.630	.498
Financially secure versus insecure	0.614	0.398	0.949	.028
13+ years versus 0~12 years of education	1.277	0.874	1.865	.204
Age (units of change: 10 years)	0.874	0.786	0.972	.014
Social network	0.973	0.770	1.231	.821

## Results

Sample characteristics show racial differences in the study variables (Table 1). Whites were the most likely to be employed, followed by Blacks and Asians, with Latinas the least employed. The vast majority of Asians and Whites perceived themselves as financially secure, whereas less than two thirds of Latinas and Blacks did. Asians showed the highest educational attainment, with Latinas being the lowest. The mean age was highest for Whites and lowest for Latinas. Whites had the highest levels of social network, followed by Blacks and Latinas, with Asians having the lowest. Average IPV victimization rates were 14.6%. Blacks were victimized the most (17.3%), followed by Whites and Latinas (both 15.2%), and Asians were victimized the least (10.3%). The majority of IPV victimization involved less severe IPV. Although overall IPV perpetration rates (22.1%) were higher than victimization rates, there was no significant difference across race in IPV perpetration ( $p = .471$ ). As seen with IPV victimization, the vast majority of IPV perpetration involved less severe IPV rather than severe.

Table 2 shows the results of a logistic regression analysis of factors that affected IPV victimization. As all of the interaction terms for race and other

**Table 3.** Factors Affecting Intimate Partner Violence Perpetration

	Odds Ratio	95% Confidence Interval		p Value
		Lower	Upper	
<b>Race</b>				
Asian versus White	0.799	0.577	1.106	.174
Latina versus White	0.820	0.594	1.131	.224
Black versus White	1.191	0.696	2.038	.521
Employed versus unemployed	1.017	0.786	1.316	.898
Financially secure versus insecure	0.929	0.631	1.369	.708
13+ years versus 0~12 years of education	1.166	0.906	1.501	.231
Age (units of change: 10 years)	0.858	0.790	0.933	.000
Social network	0.949	0.780	1.154	.595

variables were not significant, only the main effects were estimated. Asians were the least likely to be victimized by IPV, even when controlling for demographic variables and a social network. The odds of victimization for Blacks and Latinas were not significantly different from Whites. Financial security and age affected IPV victimization. Those who perceived themselves as financially secure were less likely to be victimized than those who did not. The older were less likely to be victimized than the younger. Employment, education, and social networks did not affect victimization.

Table 3 presents the results of a logistic regression analysis of factors that affected IPV perpetration. As with victimization, none of the interaction terms for race and other variables were significant. Thus, only the main effects were estimated. Race was not a significant predictor of perpetration, when controlling for other variables. Age was the only predictor of perpetration. As with IPV victimization, older people were less likely to perpetrate IPV than younger ones. Employment, financial security, education, and social networks did not affect IPV perpetration. As a result, one of the study hypotheses that predicted no racial differences in IPV prevalence was partially supported: there was no difference in IPV perpetration but there were some differences in victimization. The other hypothesis that predicted racial differences in factors affecting IPV was not supported.

## Discussion

Racial differences in the sample characteristics may seem to reflect differences between immigrants and nonimmigrants. For instance, Asian and Latino Americans, as immigrants, were shown to be employed less and to have lower levels of social networking than nonimmigrants, such as Whites. However, there are other things that appear in the data that cannot simply be attributed to immigration-related differences. Although Asians are immigrants, their perceived financial security and educational attainment were not only higher than nonimmigrants (e.g., Whites) but also much higher than other immigrants (e.g., Latinos). In the same vein, many Blacks may not be immigrants but they are much closer to Latinos in financial security and educational attainment than to Whites. Race and social class are known to be strongly correlated but intertwined in ways so complicated that their relationships and effects on major social problems (e.g., health disparity, poverty, and IPV) have been subject to continuous debates (Hwang, Fitzpatrick, & Helms, 1998; Lee & Bean, 2007; Lew, 2006; Williams & Collins, 1995). Still, immigration seems to add another dimension to the relationship between demographic characteristics and IPV (Grossman & Lundy, 2007). This study included race and some sociodemographic variables in the analyses, but they were not comprehensive. Moreover, the current study could not examine the effects of sociocultural and immigration-related factors because those variables were not available for all race groups. Future research is clearly needed to disentangle those complicated relationships by including comprehensive sets of variables related to race, social class, immigration, and IPV.

IPV victimization rates from this study appear to be higher than previous national surveys. However, it should be noted that the current study data measured IPV as being experienced over the course of a relationship, unlike previous studies that reported annual prevalence rates (Catalano, 2008; Straus & Gelles, 1990; Tjaden & Thoennes, 2000). Given that the mean length of the current relationships in the sample is 13 years (data not shown), it is not surprising that this study found higher IPV prevalence rates than in previous studies. Thus, the study results should not be compared directly with previous studies and need to be interpreted with caution. Interestingly, IPV perpetration rates were higher than victimization rates for all race groups. As the study data only included women, these results may seem to suggest that women perpetrate IPV more than they are victimized by IPV. However, additional analyses with men resulted in the same pattern as women (data not shown). These discrepancies between reported rates of victimization and perpetration

are different from previous studies, which had shown a reverse pattern: higher reported rates of victimization than perpetration (Kessler et al., 2001). It is not clear why IPV victimization was seemingly underreported when compared with perpetration rates in the CPES. The context of the survey's administration may be a factor. The CPES was administered as a mental health survey, in which respondents might have been willing to report perpetration, assuming that perpetration of IPV would have been interpreted as a mental health issue rather than as violent assaults on the partner. However, respondents to the CPES might have been reluctant to report victimization for fear of being seen as having mental health problems. In addition, various factors may affect the response pattern, such as gender, the type and nature of IPV, and sociocultural contexts. Although the current data do not allow further exploration of these possibilities, future research needs to examine patterns of reporting for victimization and perpetration as well as associated factors.

Sample characteristics seem to suggest racial differences in IPV victimization. However, some of these differences disappeared when controlling for sociodemographic variables: the odds of victimization were only significantly lower for Asians than for Whites, with no difference between Blacks and Whites and between Latinas and Whites. These results are consistent with previous studies, which found little difference in IPV across race and ethnicity when controlling for sociodemographic variables (Kantor et al., 1994; Lambert & Firestone, 2000; Rennison & Planty, 2003). Racial and ethnic minorities have often been depicted as having more problems with IPV as well as with other social problems (Catalano, 2008; Straus & Gelles, 1990). However, the current results clearly show that many of the problems that have been shown to be higher among minorities may be an artifact of a variety of social and structural factors rather than unique and inherent problems within minority groups.

Lower prevalence rates in Asian Americans also seem to be consistent with previous studies (e.g., Tjaden & Thoennes, 2000). It is, however, not conclusive whether the lower rates of IPV victimization in Asians reflect the reality. For instance, research has found that Asian victims are less likely to report IPV incidents than Whites, for a variety of reasons. Asians' strong family and community values may keep victims from reporting incidents to those outside their community (Lee, 2002). Asians, as immigrants, may also be reluctant to report incidents for fear of potential negative consequences from reporting, such as involvement with law enforcement and deportation. It seems to be particularly true when they are undocumented, in the process of immigration, or dependent on their husbands to stay in the United States legally (Bauer, Rodriguez, Szkupinski-Quiroga, & Flores-Ortiz, 2000). Cultural

differences may lead to differences in both the interpretation of interview questions regarding IPV and the identification of certain incidents as IPV. For instance, new immigrants may have difficulty in understanding survey questions because of language barriers (Bui, 2003; Tjaden & Thoennes, 2000; Yoshihama, 1999). The study data (CPES) was collected by multilingual interviewers who were fluent in both English and the other language (e.g., Spanish, Mandarin, Cantonese, Tagalog, and Vietnamese; Alegria et al., 2004), so the current study results are less likely to be biased by linguistic and cultural barriers than previous studies. However, it is still possible that the study results are biased either due to respondents' misinterpretation of words or due to cultural contexts.

It is not surprising that financial security and age affected IPV. Financially secure people were less likely to be victimized by IPV than those who were not financially secure. This result is consistent with previous studies that reported low SES to be a risk factor for IPV (Kessler et al., 2001; Sorenson et al., 1996). However, it is interesting that other indicators of SES, such as employment and education, did not affect IPV. Financial security may measure SES better than employment and education. The former may represent actual effects of SES, whereas the latter may reflect a part of SES and, accordingly, be limited in their ability to reveal relationships between SES and IPV. Indeed, researchers have been advised to be cautious in interpreting the effects of SES because they tend to be confounded by other unmeasured factors (Alegria et al., 2002; Lantz et al., 1998; McKinlay & Marceau, 1999). However, older people were less likely to be victimized than younger ones. Research results are consistent in showing the negative relationship between aging and IPV (Catalano, 2008; Cattaneo & Goodman, 2005). Age also had a similar effect on perpetration: of all variables, age was the only significant predictor of perpetration. It is well established in literature that involvement in virtually all crimes, including IPV, diminishes with age (Buzawa & Buzawa, 2003; Puffett & Gavin, 2004). Thus, prevention and intervention efforts need to pay close attention to those who are relatively young and are not financially secure.

A social network was not significantly associated with IPV, either in victimization or perpetration. Although having a small social network often leads to high levels of stress, it may not necessarily increase the risk for IPV perpetration. In other words, most of those who are stressed do not perpetrate IPV (Umberson, Williams, & Anderson, 2002), which implies that other factors moderate or mediate relationships between stress and IPV. For instance, strategies for coping with stress vary across individuals and depend on numerous factors such as personality, gender, and social norms (Almeida &

Kessler, 1998; Folkman, 1992). The current study data did not allow further examination of this possibility, requiring future research. Qualitative research seems to be appropriate for examining the nature of the relationship among the social network, stress, and IPV.

Our findings revealed that factors affecting IPV perpetration and victimization did not vary across race. Factors included in this study are mostly sociodemographic variables and may not have different effects on different race groups. For instance, the meaning and consequences of financial security and age may be universal, regardless of race. Sociocultural factors, however, may vary greatly across race and, thus, their effects on IPV may differ for different racial groups. For example, cultural perceptions and values of family, marriage, and community, which were not available from the study data, are likely to differ across race and, thus, their effects on IPV may differ across race as well. In addition, various individual and interpersonal contexts, such as previous life experiences, quality of relationship, and marital satisfaction, may interact with race and affect IPV more than sociodemographic variables. In-depth, qualitative research is clearly needed to better understand the complicated relationships among race, contextual factors, and IPV.

This study has limitations. First, the number of Blacks included in the sample was small ( $n = 62$ ) and, accordingly, the number of IPV victims among Blacks was very small ( $n = 10$ ), compared with other race groups. As a result, the predictive accuracy of individual factors was weakened, especially for Blacks. Although sampling weights were applied to all analyses for a better estimation of coefficients and standard errors, the analytical power is limited by the sample size. Thus, the odds ratios related to Blacks seem to be unstable. Nevertheless, this study kept Blacks as a separate group to explore potential differences in IPV between Blacks and other racial groups, expecting to provide implications for future research. Another limitation is that this study examined IPV experiences across race, without distinguishing individual ethnic subgroups within a racial group due to the small subgroup sizes. Given the previous study results suggesting different IPV experiences across ethnic subgroups, IPV prevalence and associated risk factors identified by this study may be incomplete in explaining unique characteristics of ethnic subgroups and potential differences across them. Finally, this study did not examine the nature of IPV, such as the type of IPV (e.g., rape, sexual assault, physical assault, etc.) and situational contexts. Although this study included less severe and severe IPV in its descriptive statistics, they were excluded from multivariate analyses because of the small size of some subgroups. Thus, it is unknown whether, or how, those differences in the nature of the IPV are associated with race and other factors.

## Conclusions

This study revealed that Asian Americans were less likely to be victimized by IPV than Whites, and Latino and Black Americans were victimized no more than Whites, when controlling for sociodemographic differences. Given that Asian Americans have been excluded from most national surveys, due to their relatively small population, the study results demonstrate that our knowledge may be limited and misleading, unless purposeful and conscientious efforts are made to include historically oppressed, unheard, underrepresented, or misrepresented populations in research. Nonetheless, it is encouraging that racial minorities do not experience IPV more than Whites, despite the enormous hardships they face in their lives as minorities and, for some, as immigrants. It is still possible that some minorities may not report IPV experiences due to cultural barriers that prevent them from actively dealing with IPV (Lee, 2002). Immigrants may have additional barriers to reporting IPV experiences due to their immigration status (Bauer et al., 2000). Therefore, outreach efforts are needed to hear the voices of racial minorities who may be hidden behind socioeconomic and cultural curtains. Those efforts can be developed in several areas: promoting community awareness of IPV and its negative consequences in minority communities, developing effective screening programs to identify IPV victims among those who visit health care and social service agencies, and supporting culturally sensitive services for racial minorities, in which various educational, prevention, and intervention programs and services are made available to minorities who are sensitive to cultural identity and values.

This study also found that sound financial conditions lowered the risk for IPV. Given that Latinas and Blacks had the lowest levels of financial security (see Table 1), these results seem to imply that improving socioeconomic conditions and reducing poverty among Latinos and Blacks can be an excellent approach to reducing IPV. Thus, practitioners serving IPV victims need to address socioeconomic issues in their assessment and intervention efforts, work together with other practitioners to build comprehensive service networks to address the social environmental aspects of IPV, and contribute to informing policies aimed at improving socioeconomic conditions and reducing poverty among minority communities.

## Declaration of Conflicting Interests

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



## Funding

The author received no financial support for the research, authorship, and/or publication of this article.

## Notes

1. The term *IPV* is used in this article to refer to IPV against women, unless it is specifically noted in other ways, such as IPV against men by women.
2. The term *Latinas* is used in this article to make reference to Latino women, whereas another term, *Latino*, is also used interchangeably as this term is widely used in the literature on IPV against women in Latino populations.

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