

# ETHNIC DIFFERENCES IN INTIMATE PARTNER VIOLENCE IN THE U.S. GENERAL POPULATION

## The Role of Alcohol Use and Socioeconomic Status

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*This article reviews cross-sectional and longitudinal research on ethnic differences related to intimate partner violence (IPV) in the U.S. general population and the role of alcohol use and socioeconomic characteristics. Evidence indicates that significant ethnic differences exist in the prevalence of IPV. Although ethnic minorities report higher rates of IPV, differences in crude rates are reduced after controlling for socioeconomic circumstances and alcohol use. However, Black couples appear to be at greater risk of IPV than their White or Hispanic counterparts even after controlling for such risk factors. Overall, socioeconomic characteristics, demographic characteristics, and alcohol use appear to play important roles in the occurrence of IPV. These findings suggest that IPV continues to be a significant public health problem and represents an area of health disparity for ethnic minorities.*

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**Key words:** *intimate partner violence, general population surveys, ethnic differences, health disparities, alcohol*

INTIMATE PARTNER VIOLENCE (IPV) is a serious public health problem in the United States (Schafer, Caetano, & Clark, 1998; Straus & Gelles, 1990a). In general, survey research during the past quarter century reveals that a range of violent behaviors are prevalent among couples in the United States. For example, the National Family Violence Survey (NFVS) of 1975 and the National Family Violence Resurvey (NFVR) of 1985 estimate that nearly 1 in 6 couples experienced one or more episodes of IPV in the past year (Straus & Gelles, 1990b). More re-

cently, the 1995 National Longitudinal Couples Survey (NLCS) indicates that more than 1 in 5 couples in the United States experienced at least one episode of IPV during the past 12 months (Schafer et al., 1998). The current article reviews survey research pertaining to IPV in the U.S. general population. It considers a large body of cross-sectional research as well as recent longitudinal findings. Furthermore, it takes into account the role of risk factors commonly associated with IPV. In particular, this review examines the critical role that alcohol and socio-

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economic characteristics appear to play in accounting for ethnic differences of IPV in the U.S. general population. Findings regarding ethnic differences and risk factors from numerous U.S. general population surveys are consolidated to offer a concise summary of findings to date and recommendations for prevention and intervention.

### ETHNIC DIFFERENCES IN IPV

Although IPV is present among all ethnic groups in the United States, some groups have higher rates than others. The NFVS and NFVR provide some initial insights into ethnic differences in IPV, and oversampling in the NLCS in 1995 and 2000 allows for further examination of

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ethnic differences in the prevalence of IPV. The NFVS indicates that crude rates of male-to-female partner violence (MFPV) and female-to-male partner violence (FMPV) among Blacks were 2 to 2.7 times higher than the rates among Whites (Cazenave & Straus, 1990). Similarly, the NFVR indicates that crude rates of MFPV and

FMPV were 1.5 to 2.4 times higher among Hispanic couples than White couples (Straus & Smith, 1990). The NLCS conducted in 1995 indicates that 17% of Hispanics, 23% of Blacks, and 11.5% of Whites reported an incident of MFPV in the past year, and that 15% of Whites, 21% of Hispanics, and 30% of Blacks reported FMPV (Caetano, Cunradi, Clark, & Schafer, 2000). The National Violence Against Women Survey (NVAWS) indicates that White and Hispanic women and men reported similar lifetime prevalence of physical assault by intimate partners, whereas Black respondents both women and men, reported higher rates of lifetime IPV, (Tjaden & Thoennes, 2000). Finally, the National Survey of Families and Households (NSFH) also provides some insight into ethnic differences (Sorenson, Upchurch, & Shen, 1996). Blacks were 1.58 times more likely and Hispan-

### KEY POINTS OF THE RESEARCH REVIEW

- Ethnic differences in the prevalence of IPV and its consequences currently suggest significant health disparities in the occurrence of IPV among White, Black, and Hispanic populations.
- The risk factors associated with IPV vary by ethnicity and type of violence and appear to have greater explanatory value for the higher rates of IPV in Hispanic couples than Black couples.
- Ethnic differences in the occurrence of IPV may be partially mitigated by socioeconomic characteristics.
- IPV is related to several indicators of alcohol use as well as alcohol-related problems. This association varies by ethnicity and although sociodemographic characteristics may partially account for this variation, alcohol is a risk factor associated with IPV that warrants further attention.
- Current longitudinal findings support cross-sectional findings indicating ethnic differences in partner violence and its associated risk factors.

ics were 0.53 times less likely than Whites to report that physical violence occurred in their marital relationships during the past year. This brief summary of findings related to ethnic differences suggests that higher crude rates of IPV can generally be found among ethnic minorities, and that the highest rates are found among Black couples. Table 1 presents crude rates of IPV among different ethnic groups across these studies.

### MUTUAL VIOLENCE ACROSS ETHNIC GROUPS

Although a majority of the sample from the NSFH were White (86%), it provided some initial insight into ethnic differences related to the occurrence of mutual violence across ethnic groups (Sorenson et al., 1996). The NSFH found that Blacks were 1.58 times more likely and Hispanics were 0.53 times less likely than Whites to report that physical violence occurred in their marital relationships during the past year. However, among those who reported some physical violence during the past year, Blacks and Hispanics were equally likely as Whites to report that both spouses were hit or injured. This is in contrast to recent findings from the NLCS, which oversampled Blacks and Hispanic

TABLE 1: Ethnic Differences in Intimate Partner Violence

|                                             | Whites     |            | Blacks  |      | Hispanics  |            |
|---------------------------------------------|------------|------------|---------|------|------------|------------|
|                                             | MFPV       | FMPV       | MFPV    | FMPV | MFPV       | FMPV       |
| National Longitudinal Couples Survey 1995*  | 11.5       | 15.5       | 22.9    | 30.4 | 17.0       | 21.2       |
| National Longitudinal Couples Survey 2000** | 7.8        | 9.8        | 19.9    | 22.2 | 20.6       | 19.5       |
| National Violence Against Women Survey***   | 21.3       | 7.2        | 26.3    | 10.8 | 21.2       | 6.5        |
| National Family Violence Survey****         | 5 (3)      | 3 (4)      | 12 (11) | 6    | (8)        |            |
| National Family Violence Resurvey*****      | 10.8 (3.0) | 11.5 (4.0) |         |      | 17.3 (7.3) | 16.8 (7.8) |

SOURCE: \*Caetano, Cunradi, Clark, & Schafer (2000); \*\*Field & Caetano (2003); \*\*\*Tjaden & Thoennes (2000), lifetime rates; \*\*\*\*Cazenave & Straus (1990), slapped (beat); \*\*\*\*\*Straus & Smith (1990), any violence (severe violence)

NOTE: MFPV = male-to-female partner violence; FMPV = female-to-male partner violence.

couples and examined the extent to which White, Black, and Hispanic couples engage in either unidirectional violence in which only one partner perpetrates the violence (i.e., either MFPV or FMPV alone) or in mutual violence in which both partners perpetrate violence (i.e., MFPV and FMPV together). The results indicate that although rates of unidirectional MFPV and FMPV are relatively similar across Whites, Blacks, and Hispanics, rates of mutual partner violence are higher among Blacks (Caetano, Ramisetty-Mikler, & Field, in press). Namely, the violence among Black couples is more likely to be mutual violence in which both partners are committing and being exposed to partner violence. Multivariate analyses controlling for amount of alcohol consumed, alcohol problems, observation of parental violence, childhood abuse, and sociodemographic characteristics indicate that Blacks are 2 times more likely than Whites to report mutual partner violence. However, structural characteristics of Black communities, such as neighborhood poverty level (Cunradi, Caetano, Clark, & Schafer, 2000), which were not considered in that analysis, may help explain the increased rate of mutual violence and other forms of partner violence among Blacks. Other characteristics may also be associated with the increased rate of IPV in this ethnic group, especially the higher rate of mutual partner violence. For instance, because Black women have historically made substantial contributions to the economic well-being of Black households, they may be less likely to tolerate relationships with violent partners without retaliating or engaging in defensive violence, thereby increasing the likelihood of

situations where both members of the couple commit violence against one another (Caetano, Ramisetty-Mikler, et al., in press; Hampton, Gelles, & Harrop, 1989; West, 1998).

### CRIME VICTIMIZATION AND HOMICIDES

Results from the National Crime Victimization Survey (NCVS) and FBI reports of intimate partner homicides

(IPHs) suggest that severe forms of IPV also vary across ethnic groups. The FBI homicide data represent police-reported homicides among intimate partners and indicate that IPH rates overall have decreased, and this decrease was seen among Whites as well as Blacks. More specific, from 1981 to 1998, rates among Black females decreased 47.6%, and rates among Black males decreased 76.4%. In contrast, rates among White females and White males decreased slightly less at 23% and 61.9%, respectively. As a result of the greater decrease in rates among Black males versus Black females, Black females, as of 1998, had the highest rates among Black and White males or females. Rates among females exceeded rates among males for

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all races except Blacks, where IPH rates among males were greater than IPH rates among females (Paulozzi, Saltzman, Thompson, & Holmgreen, 2001). The highest overall and sex-specific rates were reported among Blacks.

With regard to ethnic differences in crime victimization, Blacks were victimized by intimate partners at significantly higher rates than persons of any other race between 1993 and 1998 (Rennison & Welchans, 2000). Based on reported and unreported crimes among intimate partners, Black females experienced IPV at a rate 35% higher than that of White females and about 2 times the rate of women of other races. Black males experienced IPV at a rate about 62% higher than that of White males and about 2 times the rate of men of other races. In contrast, no difference in intimate partner victimization rates between Hispanic and non-Hispanic persons emerged, irrespective of gender.

Bachman and Coker (1995) reported an analysis of NCVS data that indicates that Black victims were more likely to report IPV to the police,

and that the police were more likely to arrest Black perpetrators. Higher rates of mutual violence and homicides among Black couples may be a function of socioeconomic factors that impede a woman from terminating an abusive relationship (Ford, Bachman, Friend, & Meloy, 2002; Paulozzi et al., 2001). For example, Browne and Williams (1989) determined that states with greater resources available to women in abusive relationships had significantly lower rates of female-perpetrated partner homicide. It may be that Blacks have less

access to resources other than police that facilitate the safe termination of violent relationships. However, the individual and social factors that explain higher rates of most forms of

partner violence among Blacks are not fully understood.

Findings from the NCVS and FBI reports of IPH indicate the grave effect that severe forms of partner violence has on ethnic minorities, particularly Blacks. In an attempt to explain disparate findings between studies based predominately on the Conflict Tactics Scale and studies based on crime victimization and homicides, Johnson (1995) proposed two distinct types of physically aggressive relationships: "common couple violence" and "patriarchal terrorism" (or "intimate terrorism"; Johnson & Ferraro, 2000). Common couple violence was characterized by the occasional use of minor forms of physical violence, whereas intimate terrorism was viewed as one of many methods men use to foster and maintain control over partners. How well these theories explain patterns of IPV, and its more serious forms including homicide and crime victimization, across different ethnic groups is not well known. However, it is important to realize that different types of studies with varying sampling strategies and subjects may focus on different types of IPV and yield different patterns of abuse. For example, this is observed in the differences between the NFVS and NLCS, which assess moderate forms of IPV, and the NCVS and FBI homicide data, which assess more severe forms of IPV. This highlights the importance of distinguishing between different types of studies with varying sampling strategies and subjects that may focus on different types of IPV, leading to different types of results.

## THE ROLE OF ALCOHOL USE AND SOCIOECONOMIC CHARACTERISTICS

Although crude rates of IPV vary across ethnic groups, adjusted rates suggest that various factors may account for these higher crude rates. The NFVS compares adjusted rates of IPV among Black and White couples while independently controlling for various risk factors associated with socioeconomic status. Results indicate that Blacks in the U.S.\$6,000 to U.S.\$11,999 income group, which included 40% of the Black respondents and represented the largest income group for Blacks, were more

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likely to "slap" their spouses in the past year (Cazenave & Straus, 1990). In addition, higher rates of slapping a spouse occurred among Black couples in comparison to White couples regardless of the husband's occupational status. A similar trend is notable with respect to rates of severe MFPV among Black couples. The most dramatic difference among Black and White couples was the association between the numbers of nonnuclear family adults present in the home. For White couples, the presence of nonnuclear family members was associated with an increased risk of spousal violence. In contrast, the risk of IPV among couples with nonnuclear family members living in the household decreased among Black couples. These findings suggest that social embeddedness may be a protective factor among Black couples, which is an explanation that has been proposed in other research (Sampson, Raudenbush, & Earls, 1997). Together, these findings present mixed results regarding the influence of social class and income on the prevalence of IPV across ethnic groups. Although controlling for only one risk factor at a time, the results tend to suggest that Blacks may be at greater risk of partner violence independent of occupational status or income.

In contrast to the NVFS comparison of Black and White couples, the NFVR compared rates of IPV among Hispanic and White couples while adjusting for various sociodemographic characteristics both independently and in conjunction with one another (Straus & Smith, 1990). Crude rates of partner violence were consistently higher among Hispanics in comparison to non-Hispanic couples (e.g., 1.6 to 2.4 times higher). When the influence of socioeconomic indicators is examined independently, adjusted rates of partner violence among Hispanics are still higher. Although higher rates of IPV are observed in Hispanic couples regardless of urbanicity, income, employment status, or occupational status, these findings do not rule out the possibility that Hispanic couples may exhibit higher rates of partner violence due to the combined effects of these socioeconomic risk factors. When the combined effects of these risk factors are considered, Hispanic couples do not exhibit higher rates of partner violence than

White couples. However, multivariate results indicate that the risk factors that appear to contribute to higher rates of partner violence among Hispanic couples are urban residence, income, and age (Straus & Smith, 1990). Straus and Smith (1990) concluded that the combined effects of these structural risk factors may account for the differences in rates of spousal violence between Hispanic and non-Hispanic couples.

The findings of the NFVS and NFVR comparing different ethnic groups highlight the importance of examining the influence of various risk factors in conjunction with one another when attempting to understand the higher crude rates of partner violence typically observed in ethnic minority groups. The comparisons of crude rates of IPV among White, Black, and Hispanic couples must be understood taking into consideration the complexity of potential factors involved in the occurrence of IPV. Crude rates of IPV among Blacks and Hispanics, in comparison to Whites, indicate that the prevalence of IPV is typically higher in these ethnic minorities. However, the comparison of crude rates across ethnic groups that differ substantially in socioeconomic status and other risk factors related to IPV may result in misleading conclusions about the association between ethnicity and IPV. Higher crude rates among ethnic minorities may be related to lower levels of education, lower income, a higher level of stress due to lack of economic opportunities for advancement, family history of violence, and drug or alcohol abuse (Cunradi, Caetano, Clark, & Schafer, 1999; Straus & Gelles, 1990a). Stressors associated with lack of opportunities for advancement, unemployment, racial discrimination,

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and familial factors such as lack of a social network likely increase the likelihood of IPV among ethnic minorities (Cazenave & Straus, 1990; Cunradi et al., 2000; Straus & Smith, 1990). In addition, environmental factors such as neighborhood poverty probably play a key role in the higher rates of partner violence observed among Black and Hispanic couples. Therefore, it is imperative to compare rates of different forms of IPV across ethnic groups while controlling for other factors of risk including alcohol use and socioeconomic characteristics.

### ***Alcohol and IPV***

As with other forms of violence, alcohol is thought to play an important role in IPV (Caetano, Schafer, Cunradi, 2001; Leonard, 1993; Leonard & Jacob, 1988). The risk of IPV may increase as a result of acute or chronic alcohol use. For example, an overview of studies examining alcohol consumption at the time when IPV took place indicates that men were drinking in about 45% (range across all studies = 6%

**For example, an overview of studies examining alcohol consumption at the time when IPV took place indicates that men were drinking in about 45% (range across all studies = 6% to 57%) and women were drinking in about 20% of the events (range = 10% to 27%).**

to 57%) and women were drinking in about 20% of the events (range = 10% to 27%; Roizen, 1993). Various models have been hypothesized to explain the relationship of alcohol and IPV (Leonard & Quigley, 1999). The spurious model hypothesizes that the relationship between alcohol use and partner violence is the result of a third factor (i.e., personality characteristics or socioeconomic circumstances)

that influences both drinking and aggression. The indirect effects model proposes that marital conflict, including partner violence, develops as a result of chronic alcohol abuse by one or both partners. Finally, the proximal effects model argues that alcohol use facilitates violence perhaps as a result of the disinhibiting effects of alcohol on behavior and cognition or alcohol expectancies. Thus, according to these theories, IPV may be associated with drinking

at the time that IPV occurs, with alcohol-related problems, or with a third factor that is related to both drinking and IPV.

General population studies have provided substantial evidence linking IPV to alcohol use and drinking patterns, alcohol problems, and abuse or dependence. It is estimated that one fourth to one third of IPV incidents involve alcohol use, with males more often drinking at the time of the event than females (Caetano et al., 2000; Greenfield et al., 1998; Kantor & Asdigian, 1997). Caetano, Schafer, et al. (2001) reported that between 30% and 40% of the men sampled in the 1995 NLCS were more likely than women (4% to 24%) to have been drinking during IPV events. Although not statistically significant, male drinking during an MFPV event was more common among Black men (41%) compared with White (29%) or Hispanic (29%) men (Caetano et al., 2000). In addition, between one quarter and one third of all men reported drinking during FMPV incidents, with Black males reporting drinking during the event (34%) more frequently than White (27%) or Hispanic (28%) men (Caetano et al., 2000). However, nearly one quarter of Black women reported drinking during both types of violence, a rate that was 4 times higher than the percentage of Hispanic women and about 2 times higher than that of White women (Caetano et al., 2000). Thus, there are gender and ethnic differences with regard to drinking during the event. Independent of ethnicity, males were more likely than females to have been drinking during both forms of violence. Although Black males frequently reported drinking during both types of violence, Black females were significantly more likely than White or Hispanic females to be drinking during both forms of violence.

In addition to drinking during the event, drinking patterns may influence the occurrence of IPV. In the NFVS, the rate of MFPV was about 3 times higher among frequent binge drinkers than it was among men who abstained from alcohol (Kantor & Straus, 1987). Caetano, Schafer, et al. (2001) reported that rates of MFPV were higher among men who had five or more drinks on occasion, at least once a week, than among those who did not report this drinking pattern. This was especially true among Black men, but

differences were also large for White and Hispanic men. Similarly, Black women who drank at least once a week were twice as likely to report FMPV than abstainers (Caetano, Schafer, et al., 2001). However, these differences in drinking patterns associated with IPV were not significant. Moreover, after controlling for sociodemographic factors, there was no consistent linear association between drinking patterns and the occurrence of partner violence (Caetano et al., 2000; Cunradi et al., 1999). Thus, both drinking at the time that IPV occurs and drinking patterns appear to contribute to the risk of IPV; however, the relationships vary by gender, ethnicity, and type of violence and may be strongly influenced by socioeconomic characteristics.

Problems related to excessive alcohol consumption are varied and can be measured in terms of dependence symptoms such as withdrawal, drinking-related social consequences (e.g., divorce, separation), financial, legal (e.g., drinking and driving, driving under the influence arrests, causing accidents or physical damage), or health-related problems caused by drinking. Research findings indicate that individuals who report these problems are at greater risk for IPV than those who do not report these problems. However, the relationship varies depending on sociodemographic characteristics, ethnicity, and whether the violence is perpetrated by the male or female. Caetano, Schafer, et al. (2001) reported that rates of MFPV were from 2 to 4 times higher among couples in which men reported alcohol problems than couples in which men did not report these problems. Similarly, rates of FMPV were more than 2 times as likely among couples in which men reported alcohol problems compared with couples in which men did not report these problems (Caetano, Schafer, et al., 2001). Moreover, MFPV was 2 to 3 times more likely among couples in which the woman reported alcohol problems, regardless of ethnicity, and FMPV was from 2 to 4 times higher among White and Black couples in which women reported alcohol problems than couples in which they did not (Caetano, Schafer, et al., 2001). After controlling for sociodemographic characteristics and psychosocial factors, Cunradi et al. (1999) found

that male and female alcohol problems were strongly associated with IPV only among Black couples; alcohol-related problems among women, but not among men, were associated with IPV among White couples. Among Hispanic couples, no significant relationship was found between alcohol problems and IPV.

When symptoms of alcohol dependence and social consequences are considered separately, however, a different picture emerges. Symptoms of alcohol dependence include problems such as tolerance, withdrawal, and loss of control. Social consequences include drinking and driving, public intoxication, and problems at work. Caetano, Nelson, and Cunradi (2001) examined the differential impact of these types of problems after controlling for socioeconomic and psychosocial factors. They determined that among Whites, men who reported social consequences were about 3 times more likely to perpetrate MFPV. Among Blacks, men who reported symptoms of dependence or social consequences, and women who reported social consequences, were more likely to report MFPV (Caetano, Nelson, et al., 2001). Similarly, among Whites, male social consequences were predictive of FMPV and among Blacks, male and female symptoms of alcohol dependence were predictive of FMPV. Among Hispanics, these factors were not predictive of MFPV or FMPV (Caetano, Nelson, et al., 2001). Thus, different types of alcohol problems may differentially influence the occurrence of IPV among different ethnic groups. After controlling for other factors, alcohol use and its associated problems appear to have a greater explanatory value for both types of violence among Black couples and less explanatory value for partner violence among Hispanic couples.

Although much of the data pertaining to the relationship of alcohol and IPV in the general population are drawn from the NLCS, some general conclusions can be drawn from these findings. First, a considerable proportion of IPV occurs when at least one partner has been drinking, and men are more likely to be drinking prior to the violent episode than women. Across ethnic groups, drinking prior to IPV is more common among Blacks than among Whites or Hispanics. Second, rates of MFPV are higher

among men who had five or more drinks on occasion at least once a month than among abstainers and other drinkers. Although differences among Whites and Hispanics are substantial, this is especially true among Black men. Similarly, the greatest differences in rates of FMPV between abstainers and women who consume alcohol at least once a week are found among Black women. Third, male and female alcohol problems are strongly associated with IPV, but their influence varies by gender of the perpetrator and ethnicity. Alcohol dependence also has a strong influence on IPV among Blacks, whereas social consequences from drinking have a strong influence on IPV among both Whites and Blacks. In comparison, alcohol problems seem less associated with IPV among Hispanics. Thus, although alcohol use and its associated problems are clearly related to IPV, the relationship is complex and varies by gender and ethnicity. Drinking prior to the occurrence of IPV and the association of drinking patterns and IPV may provide support for the proximal effects model of alcohol. In contrast, the association of alcohol problems including alcohol dependence and social consequences may provide support for the indirect effects model of alcohol. Research regarding the relationship of alcohol use and IPV in the general population should more closely evaluate the potential indirect and proximal effects of alcohol use on the occurrence and frequency of IPV.

### ***Socioeconomic Characteristics***

As described above, research indicates that IPV and its associated risk factors, including alcohol use, vary by ethnicity (Caetano, Schafer, et al., 2001). Several studies show that socioeconomic status is an important factor that should be accounted for when examining ethnic differences in the association between alcohol and IPV. For example, Straus and Smith (1990) found that the combined effects of socioeconomic factors and age largely explained differences in severe violence between Hispanics and Whites. Kantor (1993) and colleagues reported that differences in severe MFPV among Hispanics (7.3%) and Whites (3%) were due to socioeconomic factors and drinking. However, dif-

ferences between Blacks (11%) and Whites (3%) on severe MFPV cannot be attributed to the effect of socioeconomic factors alone (Cazenave & Straus, 1990) or to the combined effect of socioeconomic factors and drinking (Kantor, Jasinski, & Aldarondo, 1993). As described above, the contribution of alcohol use and its associated problems to the risk of IPV among Whites, Blacks, and Hispanics was also addressed in the NLCS with adjustments for sociodemographic factors, psychosocial variables, and alcohol consumption (Caetano et al., 2000; Caetano, Nelson, et al., 2001; Cunradi et al., 1999). Moreover, as indicated throughout this article, research findings suggest that socioeconomic characteristics, independent of alcohol use and its associated problems, are important risk factors associated with higher rates of IPV among ethnic minority couples (Caetano et al., 2000; Cunradi et al., 2000). Therefore, the association of socioeconomic characteristics and IPV warrants further attention.

In an examination of the role of income, education, and employment, Cunradi, Caetano, and Schafer (2002) reported that although the relative influence of these indicators varied across ethnicity, lower socioeconomic status was associated with an increased risk of IPV overall. Bivariate and multivariate findings indicated that socioeconomic status, particularly as measured by annual household income, was related to MFPV and FMPV. The relative influence of income on the occurrence of partner violence varied by ethnicity but was particularly influential among Black couples. In another analysis of the same sample, Cunradi et al. (2000) showed a strong relationship between IPV and residence in an impoverished neighborhood. Again, this association was particularly robust among Black couples. In both bivariate and multivariate analyses, Black couples living in impoverished neighborhoods were more likely to be involved in MFPV and FMPV (Cunradi et al., 2000). Multivariate analyses indicated that Black couples residing in impoverished neighborhoods were 3 times more likely to report MFPV and more than twice as likely to report FMPV. In addition, multivariate analysis indicated that White couples in impoverished areas were nearly 4 times as likely to re-

port an incident of FMPV than White couples in nonimpoverished neighborhoods. Thus, the contribution of neighborhood poverty to the risk of partner violence varies by ethnicity. For White couples, the influence of neighborhood poverty as a predictor of partner violence may be differential and depends on the gender of the perpetrator. Among Black couples, residence in an impoverished neighborhood was significantly associated with the occurrence of partner violence regardless of which spouse perpetrated the violence. In contrast, neighborhood poverty was not a significant predictor of partner violence among Hispanic couples, despite the fact that they were more likely to report lower levels of income and residence in an impoverished neighborhood. These findings suggest that the characteristics of the environment, such as neighborhood poverty, are associated with the occurrence of partner violence, but the strength of the association may vary across ethnic groups. The positive association between residence in an impoverished area and the occurrence of IPV suggests that independent of the characteristics of the couple and their use of alcohol or its associated problems, life in a poverty stricken area influences behavior, including IPV. This may represent a link between poverty, increased stress, increased disharmony between couples, and violence. Although further examination of the socioeconomic circumstances that contribute to IPV across ethnic groups is required, these findings suggest that a closer examination of the contextual risk factors at multiple levels, including both individual (i.e., annual household income) and community level factors (i.e., neighborhood poverty), would be beneficial for purposes of understanding the occurrence of IPV.

There are a number of theories that attempt to explain why some minority couples have higher rates of IPV than White couples. Two essential theories are the subculture of violence theory and the social-structural theory (Caetano, Schafer, et al., 2001; Gelles, 1985). The first theory proposes that certain cultural groups accept violence as a means of conflict resolution more than others. Such an acceptance is seen as normative by the group and can be considered as part of the culture of that group.

Although not a direct evaluation of the theory of the subculture of violence or the focus of study, the NLCS included assessment of approval of marital aggression as a risk factor for IPV. In five articles examining the occurrence of both MFPV and FMPV as outcomes across ethnic groups, approval of marital aggression was included as a risk factor of interest (Caetano, Nelson, et al., 2001; Caetano et al., 2000; Cunradi et al., 1999, 2000, 2002). Female approval of partner aggression was a significant risk factor for the occurrence of MFPV and FMPV among White couples. White couples in which the female approved of partner aggression were from 4 to 6 times more likely to report both forms of partner violence. Among Black couples, male approval of partner aggression was a significant predictor of MFPV, with 4 to 5 times greater risk in couples where the male approved of partner violence. Male approval of partner aggression was also a significant predictor of FMPV among Black couples in two of the five studies (Caetano et al., 2000; Cunradi et al., 2000). In contrast, female approval and male approval of partner aggression were not significant predictors of MFPV and FMPV among Hispanic couples. Although not a direct evaluation of the subculture of violence theory, these studies do suggest that approval of marital aggression, especially female approval among White couples and male approval among Black couples, may be risk factors associated with the occurrence of partner violence.

Beyond attitudes or behaviors of the couple, lack of opportunities and social inequalities can create stress, which may result in higher rates of IPV (Gelles & Straus, 1988; Jasinski, 1996). The social-structural theory proposes that IPV is not associated with the prevailing cultural characteristics of a group but instead, with the societal structural conditions (e.g., poverty, undereducation, high unemployment, and racial discrim-

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ination) that characterize the lives of members of a particular minority group. The sociocultural theory holds that IPV, and other forms of violence, arise from institutionalized inequalities between groups, with those holding lower positions in the social hierarchy experiencing a greater number or intensity of stressors than those from higher positions in the social hierarchy (Gelles & Straus, 1979; Gil, 1986). This discrepancy in social standing and the associated stressors may result in violence (Gelles, 1985). Moreover, ethnic minorities are at a disadvantage in a society in which race and ethnicity determine access to community and economic resources. Thus, individuals from lower socioeconomic circumstances may experience a greater number of stressors, be more severely affected by them, and have fewer resources available to them (MacEwen & Barling, 1988). Given the findings of the influence of sociodemographic and neighborhood characteristics on the occurrence of partner violence previously described, the social-structural theory of violence appears to be better substantiated than the subculture of violence theory; however, neither has been directly evaluated or thoroughly assessed. Therefore, greater attention to these risk factors in future surveys of the general population are recommended.

## RECENT LONGITUDINAL FINDINGS

Few studies examine the nature of IPV and its associated risk factors among White, Black, and Hispanic couples across time in the general population. However, Jasinski's (2001) findings from a longitudinal analysis of NSFH data regarding the initiation, cessation, and persistence of MFPV include an examination of ethnic differences. Bivariate analysis indicated that Hispanic men were nearly 10 times more likely than either White or Black men to initiate violence at follow-up. In contrast, Black men were 11 times more likely than the other two groups of men to have stopped using violence. In a multivariate analysis controlling for sociodemographic characteristics, Black men were both more likely to initiate and cease the perpetration of MFPV. In addition, younger age was associated with each of the violent categories. Eth-

nic-specific analyses indicated that socioeconomic risk factors associated with the initiation, cessation, and persistence of MFPV varied across ethnic groups. Although this study does not examine FMPV, it does address the complex nature of different patterns of MFPV across time and among different ethnic groups. This study highlights the importance of considering ethnic differences in the examination of the longitudinal course of IPV.

Recent longitudinal findings from the NLCS follow-up survey conducted in 2000 were also recently reported (Caetano, Field, Ramisetty-Mikler, & McGrath, *in press*; Caetano, McGrath, Ramisetty-Mikler, & Field, 2004; Field & Caetano, 2003). These findings examine the course of different patterns of IPV across ethnic groups. In addition to controlling for sociodemographic characteristics, these analyses controlled for psychosocial variables such as childhood physical abuse, alcohol consumption patterns, and its associated problems. Field and Caetano (2003) examined the longitudinal predictors of MFPV and FMPV among White, Black, and Hispanic couples. Black and Hispanic couples were at approximately 3 times greater risk of MFPV and 2 times greater risk of FMPV at follow-up in comparison to White couples. Two additional studies examine the incidence, prevalence, and recurrence of different forms of IPV among White, Black, and Hispanic couples. The first of these determines the ethnic differences in the course of IPV (Caetano, Field, et al., *in press*). A multinomial analysis of IPV, which controlled for sociodemographic, psychosocial, and drinking-related variables, indicated that Hispanics were 2 times more likely to initiate IPV between baseline and follow-up. In addition, Blacks and Hispanics were more than 3 times and 2 times, respectively, more likely than Whites to report IPV at both baseline and follow-up. These results indicate that Black and Hispanic couples report higher rates of IPV recurrence and incidence and lower rates of remission than Whites. The second study examines ethnic differences in the course of MFPV and FMPV (Caetano et al., 2004). After controlling for sociodemographic, psychosocial, and drinking-related risk factors, recurrence of both forms of partner violence

were approximately 3 times higher among Black couples, and the incidence of MFPV among Hispanics was 3 times higher. Although preliminary, these findings control for a broad array of risk factors and examine the occurrence of both MFPV and FMPV among different ethnic groups across time. Together, these recent longitudinal findings suggest that health disparities exist with regard to various forms of IPV, and that different patterns of risk may emerge across ethnic groups and across different forms or patterns of IPV. More longitudinal assessment of the risk factors associated with different patterns of IPV among the various ethnic groups is recommended.

## CONCLUSIONS AND IMPLICATIONS

IPV continues to be a significant public health problem, which varies by ethnicity. The risk factors associated with IPV tend to vary by ethnicity and type of violence. Crude rates indicate that ethnic minorities are at greater risk for both forms of partner violence (i.e., MFPV and FMPV). However, findings from national surveys related to ethnic differences suggest that a comparison of crude rates of IPV across ethnic groups may be inappropriate, and that controlling for socioeconomic indicators and other risk factors, such as alcohol use, are critically important to better understanding IPV across ethnic groups. The various national studies that have made comparisons across ethnic groups differ substantially in the degree to which they control for risk factors associated with partner violence, but socioeconomic circumstances are the most consistently studied and identified risk factor for partner violence. In general, socioeconomic characteristics and other risk factors, including alcohol use, appear to have greater explanatory value for the higher crude rates observed among Hispanics than the higher crude rates observed among Black couples. Thus, bivariate and multivariate findings controlling for various risk factors differ significantly from findings and conclusions based on crude rates. Nevertheless, the fact that socioeconomic status and neighborhood characteristics may partially explain higher rates of partner violence among ethnic minorities does not eliminate the need to

address this significant health disparity. Rather, it suggests that further efforts to target these communities are needed. Interventions targeted at individual risk factors, such as alcohol use, should take into account the social circumstances in which IPV occurs. Community characteristics may be used to identify neighborhoods at risk and should influence the allocation of resources. Neighborhoods experiencing higher levels of economic deprivation might be targeted for individual and community level interventions.

Government policies at the local, state, and federal levels that are aimed at reducing poverty in inner-city communities may also contribute to decreasing the risk of partner violence. Policies and programs aiming to increase social cohesion and organization may also help reduce the risk of partner violence. Primary prevention strategies for partner violence may include programs that foster full employment and reduce income inequalities. Renewed funding for urban schools and other public institutions may also be an effective primary prevention for IPV. Although greater understanding of the contextual factors contributing to the risk of IPV and the interaction of contextual factors with individual-level risk factors, such as alcohol use, would be beneficial, the observation that controlling for such factors potentially accounts for higher crude rates of IPV among Blacks and Hispanics should not reduce the need to address this significant health disparity. In contrast, it should be a call to bolster our efforts to further understand this

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public health problem and take measures to successfully address it through individual and community level interventions.

## STRENGTHS AND LIMITATIONS

In conclusion, the current article provides a qualitative review of national surveys of IPV among Black, White, and Hispanic couples in the U.S. general population. The ethnic minority groups examined herein were limited to Black, White, and Hispanic couples because of the relative paucity of comparative information pertaining to other minority groups. Limited information is currently available at the national level regarding Native Americans, Asian Americans, and Pacific Islanders. However, some evidence suggests that Native Americans may be at greater risk, and Asian Americans and Pacific Islanders may be at reduced risk (Tjaden & Thoennes, 2000). With the exclusion of the NCVS and FBI reports regarding homicide among intimate partners, the national surveys used a modified version of the Conflict Tactics Scale, which is not without limitations. These limitations have been discussed elsewhere (e.g., DeKeseredy, 2000; Gordon, 2000). However, the reliance on the Conflict Tactics Scale as an indicator of partner violence may influence the observed rates of partner violence in the general population and across ethnic groups, particu-

larly with regard to mutual violence (Kimmel, 2002). Finally, although results from the NFVS, NFVR, NSFH, and NVAWS are examined herein, a majority of the evidence reviewed is from the National Longitudinal Couples Survey (NLCS). Although these other surveys offer insights into ethnic differences related to the occurrence of IPV across ethnic groups, the NLCS was conducted to determine ethnic differences in IPV as well as its associated risk factors and therefore, included an oversample of Black and Hispanic couples. As a result, the NLCS provides sufficient power to conduct multivariate analyses controlling for a wide range of risk factors. Of particular interest in the NLCS is the role of alcohol use and its associated problems in the occurrence of IPV across ethnic groups. Therefore, the NLCS provides the most comprehensive examination of the role of alcohol-related risk factors that, as with other forms of violence, appear to play an important yet complex role in the occurrence of IPV. Finally, aside from Jasinski (2001), the NLCS provides the only available longitudinal data regarding IPV among the various ethnic groups in the U.S. general population. Although not without limitations, the current qualitative review provides an overview of the occurrence of IPV and its associated risk factors, including alcohol use and sociodemographic characteristics, across ethnic groups.

## IMPLICATIONS FOR PRACTICE, POLICY, AND RESEARCH

- Comprehensive public health measures, including targeted intervention and prevention programs in high-risk communities, are warranted to reduce the health disparities in IPV across ethnic groups.
- Further studies are needed to determine why the prevalence of IPV varies significantly among different racial and ethnic groups. The available evidence suggests that it is important to take ethnic differences into account, and continued investigation is required to help explain why these differences emerge and what approaches might be helpful for reducing the increased risk seen among ethnic minority groups. These studies should further investigate the impact of individual-level risk factors, including alcohol and sociodemographic characteristics, as well as community-level risk factors, such as neighborhood characteristics.
- The utility of theories developed to explain partner violence in the general population, such as the distinction between common couple violence and intimate terrorism, the subculture of violence and sociocultural theory of violence, or the proximal, distal, and indirect effects of alcohol, should be more thoroughly evaluated across ethnic groups.
- Additional research regarding the cross-sectional and longitudinal relationship between IPV and alcohol use, abuse, and its associated problems of both the victim and perpetrator are warranted. This research should investigate the influence of both the

chronic and acute effects of alcohol use on IPV and its consequences. In addition, a greater understanding of the impact of alcohol use, abuse, and related problems on the course (i.e., prevalence, incidence, and stability) of IPV should be established from longitudinal data.

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## SUGGESTED FUTURE READINGS

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