

Intimate Partner Violence Among Hispanic Men and Women: The Role of Drinking, Neighborhood Disorder, and Acculturation-Related Factors

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Using secondary data analysis, this study assessed the contribution of drinking, neighborhood disorder, and acculturation-related factors to past-year intimate partner violence (IPV) risk among a national sample of married or cohabiting Hispanic men ($n = 1,148$) and women ($n = 1,399$) who participated in the 2000 National Household Survey on Drug Abuse. Drinking measures were past-year alcohol abuse, past-month binge drinking, and number of past-year drinking days. Neighborhood disorder was measured by perceived level of neighborhood problems. Acculturation-related factors were nativity and survey interview language preference (Spanish vs. English). Similar proportions of men and women reported IPV perpetration (6.1% vs. 6.5%) and IPV victimization (8.8% vs. 7.8%). Logistic regression results indicated that for men, neighborhood disorder was associated with IPV perpetration (odds ratio [OR] = 1.55) and victimization (OR = 1.36). For women, neighborhood disorder (OR = 1.34) and their alcohol abuse (OR = 10.26) were associated with IPV victimization, but not IPV perpetration. Acculturation-related factors were not associated with IPV perpetration or victimization for men or women. The findings suggest that IPV prevention efforts should address deleterious neighborhood conditions in addition to individual-level factors that place couples at risk for IPV.

Keywords: intimate partner violence; Hispanic; neighborhoods; drinking; acculturation

Hispanics make up 13.3% of the U.S. population and are the fastest-growing ethnic group in the United States (Ramirez & de la Cruz, 2002). Between 1990 and 2000, the U.S. Hispanic population increased by 57.9%, compared to 13.2% growth for the total U.S. population (Guzman, 2001). The majority of Hispanics (66.9%) are of Mexican origin, followed by Central and South America (14.3%), Puerto Rico (8.6%), Cuba (3.7%), and 6.5% from other origins (Ramirez & de la Cruz, 2002). Of note, differences in prevalence rates for physical intimate partner violence (IPV) and its consequences among White, Black, and Hispanic populations suggest that there are significant IPV-related health disparities (Field & Caetano, 2004). For example, the National Family Violence Resurvey found that crude rates of male-to-female partner violence perpetration (MFPV) and female-to-male partner violence perpetration (FMPV) among Hispanic couples were 1.5 times and 2.4 times higher, respectively, than the rates for White couples (Straus & Smith, 1990). Alternatively, Sorenson, Upchurch, and Shen (1996), in

an analysis of the National Survey on Families and Households, found that Hispanics were significantly less likely than Whites to report physical violence in their marriage in the previous year (odds ratio [OR] = 0.53, 95% confidence interval [CI] 0.30, 0.92). In an ethnic-specific analysis of data based on a national household sample of married or cohabiting couples from the 1995 National Couples Study, Caetano, Cunradi, Schafer, and Clark (2000) found that rates of IPV were lower among Hispanic couples than Black couples but higher than rates among White couples. For example, the estimated past-year prevalence of MFPV was 11.5% among White couples, 17% among Hispanic couples, and 23% among Black couples. Regarding FMPV, the past-year prevalence was 15% among White couples, 21% among Hispanic couples, and 30% among Black couples (Caetano, Cunradi, et al., 2000). In comparison to White couples, however, Hispanic couples were not found to be at elevated risk for moderate or severe MFPV when substance use, demographic, and psychosocial factors were taken into account (Cunradi, Caetano, & Schafer, 2002).

Indices of heavy drinking have consistently been linked with increased IPV risk (see reviews in Leonard, 1993, 2001). In addition, drinking patterns that have resulted in alcohol-related problems, such as drinking-related social consequences and alcohol dependence symptoms, are associated with both MFPV and FMPV among couples in the general household population (Cunradi, Caetano, Clark, & Schafer, 1999; Cunradi et al., 2002). The magnitude of the association between drinking patterns, alcohol-related problems, and IPV, however, has varied across ethnic groups. For example, in an ethnic-specific analysis based on a national sample of couples, Cunradi et al. (1999) found that the males' and females' alcohol-related problems were significantly associated with MFPV or FMPV among Black couples. In contrast, there was no association between each partner's alcohol-related problems and IPV among Hispanic couples. Schaefer, Caetano, and Cunradi (2004) expanded on this work by developing separate path models of risk factors for IPV among White, Black, and Hispanic couples. Among Hispanic couples, male alcohol problems were significantly associated with MFPV and FMPV; female alcohol-related problems were associated with MFPV.

Regarding drinking patterns and IPV, Jasinski, Asdigian, and Kantor (1997), in an analysis of the 1992 National Alcohol and Family Violence survey, found that heavy drinking was significantly associated with MFPV among White and Hispanic husbands. Caetano, Schafer, Clark, Cunradi, and Raspberry (2000) examined the role of male and female drinking patterns in relation to the occurrence of past-year IPV among Hispanic couples while accounting for the couple's level of acculturation and other sociodemographic and psychosocial factors. Their findings indicated that the victim's drinking pattern increased the risk for both MFPV and FMPV, whereas the perpetrator's did not, suggesting that alcohol's role is inconsistent among Hispanics (Caetano, Schafer, et al., 2000). In a longitudinal follow-up study that also accounted for acculturation and acculturation stress among the same Hispanic couples, binge drinking by either partner did not predict IPV perpetration or victimization (Caetano, Ramisetty-Mikler, Caetano Vaeth, & Harris, 2007).

The role of acculturation in IPV among Hispanics has received considerable attention (e.g., Caetano, Ramisetty-Mikler, & McGrath, 2004; Caetano, Schafer, et al., 2000; Caetano et al., 2007; Harris, Fireston, & Vega, 2005; Jasinski, 1998; Lown & Vega, 2001b; Sanderson, Coker, Roberts, Tortolero, & Reininger, 2004). Broadly speaking, acculturation refers to the process in which an immigrant adapts to the values and culture of the host country. The research evidence concerning level of acculturation and IPV risk among Hispanics is mixed (Jasinski, 1998). Some studies, for example, have found increased acculturation to the United States to be associated with IPV perpetration (Kaufman Kantor, Jasinski, & Aldarondo, 1994; Sorenson & Telles, 1991). Moreover, Lown and Vega (2001b) found

that among a community sample of Mexican American women, those born in the United States were twice as likely to report IPV victimization compared to those born in Mexico. Caetano, Schafer, et al. (2000) found that couples with at least one medium acculturated partner were more than three times as likely to report MFPV compared to low-acculturated couples; high-acculturated couples were not at increased risk for MFPV. Interestingly, compared to low-acculturated couples, medium-acculturated couples were nearly 11 times more likely to report FMPV, and high-acculturated couples were at a more than fivefold risk. In a follow-up study with these couples, acculturation was found to increase the likelihood of IPV either directly or through acculturation stress (Caetano et al., 2007).

Environmental characteristics, such as neighborhood poverty and social disorganization, have also been linked with elevated IPV risk net of individual factors (Browning, 2002; Cunradi, 2007; Cunradi et al., 2002; Van Wyk, Benson, Litton Fox, & DeMaris, 2003). Deleterious neighborhood conditions may influence the likelihood of IPV occurrence through a number of pathways. For example, socially disorganized neighborhoods are characterized by low collective efficacy, weak informal local friendship networks, and low participation of residents in local organizations (Sampson & Groves, 1989). Neighborhood factors that inhibit community social organization include concentrated disadvantage, immigrant concentration, and residential instability. Weak or nonexistent social ties among residents of such neighborhoods may therefore help create an environment where residents are unlikely to intervene in problem behaviors, such as public drunkenness or family violence. Furthermore, the noxious social and physical conditions that residents of such neighborhoods are exposed to might directly or indirectly lead to heavier drinking and thereafter increased IPV.

Few studies, however, have specifically sought to investigate the influence of neighborhood factors on IPV among Hispanics. Cunradi, Caetano, Clark, and Schafer (2000), for example, examined the role of neighborhood poverty in relation to MFPV and FMPV in an ethnic-specific analysis of White, Black, and Hispanic couples. The results indicated that Hispanic couples who lived in impoverished neighborhoods were not at elevated risk for IPV compared to those living in nonimpoverished neighborhoods. In contrast, Black couples who lived in impoverished neighborhoods were at significantly elevated risk for IPV compared to those who did not live in impoverished neighborhoods. Understanding the role of neighborhood factors in relation to IPV among Hispanics is important for a number of reasons. First, Hispanics are more likely than non-Hispanic Whites to live in poverty (21.4% vs. 7.8%) (Ramirez & de la Cruz, 2002). Second, an environmental approach to IPV prevention and intervention that addresses the neighborhood context in which couples reside may be a promising strategy for reducing IPV occurrence (Cunradi, 2007). The purpose of this study is to determine the contribution of drinking, neighborhood social disorder, and acculturation-related factors to past-year IPV risk among married or cohabiting Hispanic men and women in the general population, thereby increasing our knowledge of the role that ethnicity and substance use behavior may play in IPV, and illuminating the role of community environment in IPV.

METHODS

Sample and Data Collection

A total of 71,764 individuals 12 years and older participated in the 2000 National Household Survey on Drug Abuse (NHSDA). Voluntary, confidential interviews conducted by a NHSDA field interviewer were held in a private area of the participant's home away from other household members. Interviews averaged about an hour and included a combination

of computer-assisted personal interviewing and audio computer-assisted self-interviewing. Detailed information on the multistage sampling frame is available elsewhere (Substance Abuse and Mental Health Services Administration, 2001). The weighted interview response rate was 73.9%. The sample for the study is based on married/cohabiting adults age 18 years and older who participated in the 2000 NHSDA and whose data are available through the NHSDA public use file ($n = 21,029$). The current secondary cross-sectional data analysis is confined to sample respondents who self-identified as Hispanic, including 1,148 men and 1,399 women.

MEASURES

IPV

To measure IPV victimization, participants were asked, "How many times during the past 12 months did your spouse or partner hit or threaten to hit you?" To measure IPV perpetration, participants were asked, "How many times during the past 12 months did you hit or threaten to hit your spouse or partner?" Respondents who reported that they had hit or threatened to hit their spouse/partner during the past year were coded positively for IPV perpetration; those who reported that their spouse/partner had hit or threatened to hit them during the past year were coded positively for IPV victimization.

Demographic Factors

Demographic factors included in the analyses were respondent age (18–25 years, 26–34 years, 35 years and older), education level (less than high school, high school graduate, some college or college degree), household income (less than \$10,000, \$10,000–19,999, \$20,000–29,000, \$30,000–39,000, \$40,000–49,000, \$50,000 or more), and employment status (employed full time, employed part time, unemployed, or other, which included those who reported being in school, disabled, retired, or homemakers).

Drinking

NHSDA participants were asked questions about the quantity and frequency of their alcoholic beverage consumption over the past 12 months. Respondents who reported that they drank five or more drinks on the same occasion on at least 1 day in the past 30 days were coded positively for past-month binge drinking. Respondents who met one or more of the four DSM-IV alcohol abuse criteria of the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.; *DSM-IV*; American Psychiatric Association, 1994) were coded positively for past-year alcohol abuse. The four abuse criteria are (a) serious problems at home, work, or school caused by alcohol use; (b) used alcohol regularly and then did something that might have put you in physical danger; (c) alcohol use caused you to do things that repeatedly got you in trouble with the law; and (d) problems with family or friends that were probably caused by alcohol use, and you continued to use alcohol even though you thought it was causing problems with family and friends. In addition, the number of past-12 month drinking days of each participant was measured and included as a variable in the analyses.

Neighborhood Disorder

Participants were asked to rate their level of agreement with each of the following statements about their current neighborhood: (a) There is a lot of crime in your neighborhood.

(b) A lot of drug selling goes on in your neighborhood. (c) There are lots of street fights in your neighborhood. (d) There are many empty or abandoned buildings in your neighborhood. (e) There is a lot of graffiti in your neighborhood. Reliability of this measure (Cronbach's alpha) was .80. The structure underlying this measure was explored using principal component factor analysis, which produced a one-factor solution. Bartlett factor scores were generated that were used for logistic regression modeling. The Bartlett method (Bartlett, 1937) uses least squares procedures to minimize the sum of squares of the unique factors over the range of variables and produces factor scores that have a mean of 0. Factor scores, like \hat{y} scores in regression, are estimates of latent constructs (Marsh, 2001), and can be entered as predictors in regression analyses (Grice, 2001).

Acculturation-Related Factors

The nativity of each respondent was categorized according to whether or not they reported being born in the United States. In addition, respondents whose survey interview was conducted in Spanish were compared to those whose interview was conducted in English. Language of interview is an indicator of acculturation and has been correlated with an English-language preference scale (Jasinski, 1998).

Analytic Strategy

Chi-square tests of independence (with Bonferroni correction) were used to assess bivariate associations between categorical variables and IPV. Gender-specific multivariate logistic regression models of IPV perpetration and victimization were developed to assess the contribution of drinking, neighborhood disorder, and acculturation-related factors after adjusting for individual sociodemographic characteristics. All analyses were conducted with SUDAAN 9.0.1 in order to account for the multistage, multicluster sampling frame.

RESULTS

Prevalence of IPV

Overall, there were no significant differences in the proportion of men and women reporting IPV perpetration (6.1% vs. 6.5%; $\chi^2 = .80$, 1 degree of freedom [*df*], $p = .37$) or IPV victimization (8.8% vs. 7.8%; $\chi^2 = .20$, 1 *df*, $p = .65$). Sample characteristics by IPV perpetration and victimization status are shown in Table 1. After Bonferroni correction, there were significant differences in rates of IPV victimization among men based on age-group ($\chi^2 = 13.03$, 2 *df*, $p < .01$) and employment status ($\chi^2 = 15.90$, 3 *df*, $p < .01$). Younger men reported greater rates of victimization than men ages 35 years and older. Likewise, men who were employed full time, part time, or unemployed reported greater rates of victimization compared to men in the "other" employment category (i.e., in school, disabled, or retired). Among women, there were significant differences in rates of IPV perpetration based on age-group ($\chi^2 = 26.62$, 2 *df*, $p < .001$), with younger women reporting significantly higher rates than older women.

Correlates of IPV Perpetration (Table 2)

For men, those with less than a high school diploma (OR = 0.31; 95% CI 0.10, 0.95) and those with a high school diploma (OR = 0.29; 95% CI 0.12, 0.69) were significantly less likely to perpetrate IPV compared to men with some college or higher. Neighborhood

TABLE 1. Sample Characteristics, Married/Cohabiting Hispanic Respondents, 2000 National Household Survey on Drug Abuse

	Men			Women		
	No.	% IPV Perpetration	% IPV Victimization	No.	% IPV Perpetration	% IPV Victimization
<i>Sociodemographic factors</i>						
Age						
18–25	459	7.0	10.9	643	9.0	9.2
26–34	396	6.6	9.3	443	6.1	8.8
35+	293	4.4	4.8	313	2.0	3.8
Highest level of education						
Less than high school diploma	529	6.6	8.9	575	6.1	8.7
High school diploma	337	5.3	8.0	432	9.7	9.7
Some college or BA+	282	6.0	9.6	392	3.6	4.6
Employment status						
Employed full time	983	6.0	9.2	638	5.5	8.5
Employed part time	56	7.1	9.1	170	10.0	10.6
Unemployed	35	11.4	8.6	67	9.0	6.0
Other	74	4.1	2.7	524	6.3	6.5
Household income						
≤\$9,999	93	7.5	10.8	147	10.2	7.5
\$10,000–\$19,999	260	5.4	9.6	377	7.4	9.5
\$20,000–29,999	224	8.0	9.4	279	7.2	9.0
\$30,000–39,999	199	6.5	9.0	202	7.4	8.4
\$40,000–49,999	145	6.9	9.0	168	4.2	5.9
\$50,000+	227	3.5	6.2	226	2.7	4.9
<i>Acculturation-related factors</i>						
Born in the United States						
No	704	5.8	7.7	779	5.0	7.3
Yes	444	6.5	10.6	618	8.4	8.6
Survey language preference						
Spanish	658	5.8	9.4	856	7.1	7.6
English	489	6.5	8.0	543	5.5	8.3

TABLE 1. (continued)

	Men			Women		
	No.	% IPV Perpetration	% IPV Victimization	No.	% IPV Perpetration	% IPV Victimization
<i>Drinking measures</i>						
Past-month binge drinking						
Yes	414	8.9	12.8	194	13.4	11.3
No	701	4.3	6.3	1,165	5.2	7.1
Past-year alcohol abuse						
Yes	94	17.0	23.4	16	31.3	31.3
No	1,054	5.1	7.5	1,383	6.2	7.6

disorder was significantly associated with IPV perpetration (OR = 1.55; 95% CI 1.16, 2.09). Past-month binge drinkers had elevated odds of IPV perpetration (OR = 2.68) compared to men who were not past-month binge drinkers, but the association was not statistically significant. Acculturation-related factors were not associated with IPV perpetration.

Among women, those who were 18 to 25 years old (OR = 5.19; 95% CI 1.62, 16.66) and those who were 26 to 34 years old (OR = 3.99; 95% CI 1.26, 12.61) were significantly more likely to perpetrate IPV compared to older women. In addition, women with lower household incomes (between \$10,000 and \$30,000) were at significantly elevated risk for IPV perpetration compared to women with household incomes greater than \$50,000. The drinking measures, acculturation-related factors, and neighborhood disorder were not associated with elevated risk of IPV perpetration.

Correlates of IPV Victimization (Table 3)

Among men, those ages 18 to 25 years old (OR = 2.57; 95% CI 1.06, 6.16) and those ages 26 to 34 years old (OR = 2.34; 95% CI 1.03, 5.31) were significantly more likely to report IPV victimization compared to men age 35 and older. Those with less than a high school diploma (OR = 0.32; 95% CI 0.11, 0.93) and those with a high school diploma (OR = 0.31; 95% CI 0.12, 0.78) were less likely to report IPV victimization compared to men with at least some college education. Men with household incomes under \$10,000 were nearly four times as likely to report IPV victimization compared to men with household incomes of \$50,000 or more (OR = 3.97; 95% CI 1.15, 13.77). None of the drinking measures or acculturation-related factors were associated with IPV victimization for men. Neighborhood disorder was significantly associated with elevated odds (OR = 1.36; 95% CI 1.04, 1.79) of men's IPV victimization.

For women, those ages 18 to 25 years old (OR = 2.15; 95% CI 1.08, 4.29) and those ages 26 to 34 years old (OR = 2.25; 95% CI 1.05, 4.82) were at significantly elevated risk for IPV victimization compared to women age 35 and older. Women who were unemployed were significantly less likely to report IPV victimization (OR = 0.19; 95% CI 0.04, 0.77) compared to the reference group, which included students and housewives. Neighborhood disorder (OR = 1.34; 95% CI 1.08, 1.67) and alcohol abuse (OR = 10.26;

TABLE 2. Multivariate Logistic Regression Models of Intimate Partner Violence (IPV) Perpetration Among Married/Cohabiting Hispanic Respondents, 2000 National Household Survey on Drug Abuse

	Men		Women	
	Odds Ratio	95% Confidence Interval	Odds Ratio	95% Confidence Interval
<i>Sociodemographic factors</i>				
Age				
18–25	1.79	0.73, 4.38	5.19**	1.62, 16.66
26–34	1.11	0.45, 2.71	3.99*	1.26, 12.61
35+ (reference group)	1.00	—	1.00	—
Highest level of education				
Less than high school diploma	0.31*	0.10, 0.95	0.99	0.26, 3.74
High school diploma	0.29**	0.12, 0.69	1.54	0.55, 4.29
Some college or BA+ (reference group)	1.00	—	1.00	—
Employment status				
Employed full time	0.58	0.13, 2.53	0.92	0.40, 2.12
Employed part time	0.26	0.02, 3.52	1.32	0.42, 4.18
Unemployed	1.19	0.11, 12.60	0.69	0.24, 2.00
Other (reference group)	1.00	—	1.00	—
Household income				
≤\$9,999	1.87	0.51, 6.94	2.86	0.76, 10.84
\$10,000–\$19,999	0.70	0.20, 2.45	4.03*	1.13, 14.43
\$20,000–29,999	2.81	0.89, 8.87	3.71*	1.21, 11.37
\$30,000–39,999	2.40	0.75, 7.72	3.62	0.90, 14.55
\$40,000–49,999	1.23	0.37, 4.11	1.02	0.25, 4.25
\$50,000+ (reference group)	1.00	—	1.00	—
<i>Acculturation-related factors</i>				
Born in the United States				
No	1.34	0.48, 3.75	0.74	0.31, 1.78
Yes (reference group)	1.00	—	1.00	—
Survey language preference				
Spanish	1.49	0.45, 4.94	0.64	0.26, 1.59
English (reference group)	1.00	—	1.00	—

TABLE 2. (continued)

	Men		Women	
	Odds Ratio	95% Confidence Interval	Odds Ratio	95% Confidence Interval
<i>Drinking measures</i>				
Past-month binge drinking				
Yes	2.68	0.94, 7.67	1.76	0.84, 3.67
No (reference group)	1.00	—	1.00	—
Past-year alcohol abuse				
Yes	1.51	0.52, 4.41	2.78	0.64, 12.15
No (reference group)	1.00	—	1.00	—
Past-year drinking days	0.9959	0.9905, 1.0014	1.0026	0.9977, 1.0075
<i>Neighborhood disorder</i>	1.55**	1.16, 2.09	1.09	0.77, 1.55

* $p < .05$. ** $p < .01$.

95% CI 2.42, 43.26) were significantly associated with IPV victimization. None of the acculturation-related factors were associated with women's IPV victimization.

DISCUSSION

Based on a general household population sample, this study found that Hispanic men and women reported similar rates of past-year IPV perpetration and victimization. None of the drinking measures were significantly associated with men's reports of IPV. Women who met the criteria for past-year *DSM-IV* alcohol abuse, however, were significantly more likely to report IPV victimization. One explanation for this finding is that women whose drinking patterns have resulted in alcohol abuse may incur the wrath of their partners, resulting in increased occurrence of IPV. Alternatively, women who experience IPV victimization may be more likely to meet alcohol abuse criteria by using alcohol as a self-medication response to the IPV. Lown and Vega (2001a) tested this hypothesis among a community-based sample of Mexican American women. Their multivariate analysis showed that women who reported being victimized by their partner were at elevated odds for alcohol abuse or dependence (OR = 2.6), although the association was not statistically significant. The lack of consistent association between drinking and IPV among Hispanics suggests that the nature of intimate relationships among Hispanics is such that IPV occurs in a way in which alcohol's role does not contribute to violence in the same way as it does among White or Black couples (Caetano et al., 2007). For instance, Hispanics do not seem to associate drinking with an expectancy of becoming aggressive as much as Blacks do (Field, Caetano, & Nelson, 2004). Other factors, such as level of impulsivity, may play a greater role in the occurrence of IPV among Hispanics (e.g., Cunradi et al., 1999, 2000, 2002). Because impulsivity is often characterized as an inability to regulate certain behaviors, such as aggression (Plutchik & van Praag, 1997), it can contribute to risk for IPV.

TABLE 3. Multivariate Logistic Regression Models of Intimate Partner Violence (IPV) Victimization Among Married/Cohabiting Hispanic Respondents, 2000 National Household Survey on Drug Abuse

	Men		Women	
	Odds Ratio	95% Confidence Interval	Odds Ratio	95% Confidence Interval
<i>Sociodemographic factors</i>				
Age				
18–25	2.57*	1.06, 6.16	2.15*	1.08, 4.29
26–34	2.34*	1.03, 5.31	2.25*	1.05, 4.82
35+ (reference group)	1.00	—	1.00	—
Highest level of education				
Less than high school diploma	0.32*	0.11, 0.93	1.30	0.49, 3.46
High school diploma	0.31*	0.12, 0.78	1.34	0.56, 3.19
Some college or BA+ (reference group)	1.00	—	1.00	—
Employment status				
Employed full time	6.66*	1.41, 31.45	1.06	0.49, 2.29
Employed part time	2.76	0.33, 23.29	1.45	0.67, 3.16
Unemployed	7.02	0.68, 71.90	0.19*	0.04, 0.77
Other (reference group)	1.00	—	1.00	—
Household income				
≤\$9,999	3.97*	1.15, 13.77	0.24	0.05, 1.14
\$10,000–\$19,999	1.57	0.60, 4.10	0.62	0.14, 2.80
\$20,000–29,999	2.70	0.89, 8.21	0.80	0.24, 2.69
\$30,000–39,999	1.97	0.70, 5.51	0.79	0.17, 3.63
\$40,000–49,999	1.57	0.49, 4.98	0.65	0.13, 3.22
\$50,000+ (reference group)	1.00	—	1.00	—
<i>Acculturation-related factors</i>				
Born in the United States				
No	1.24	0.53, 2.88	0.80	0.32, 1.98
Yes (reference group)	1.00	—	1.00	—
Survey language preference				
English	1.40	0.49, 4.00	0.51	0.20, 1.34
Spanish (reference group)	1.00	—	1.00	—

TABLE 3. (continued)

	Men		Women	
	Odds Ratio	95% Confidence Interval	Odds Ratio	95% Confidence Interval
<i>Drinking measures</i>				
Past-month binge drinking				
Yes	1.44	0.53, 3.95	0.99	0.43, 2.30
No (reference group)	1.00	—	1.00	—
Past-year alcohol abuse				
Yes	1.67	0.73, 3.81	10.26**	2.42, 43.26
No (reference group)	1.00	—	1.00	—
Past-year drinking days	1.0018	0.9967, 1.0069	0.9956	0.9980, 1.0033
<i>Neighborhood disorder</i>	1.36*	1.04, 1.79	1.34**	1.08, 1.67

* $p < .05$. ** $p < .01$.

While this personality disposition is not unique to any one racial/ethnic group, Schafer et al. (2004) found significant racial/ethnic differences among a sample of White, Black, and Hispanic couples regarding impulsivity and IPV. Specifically, Hispanic men's higher reported levels of impulsivity had a significantly stronger effect on higher reported levels of female-to-male IPV perpetration and victimization and on the Hispanic women's reports of male-to-female IPV compared to White and Black couples (Schafer et al., 2004).

Neither of the acculturation-related factors (nativity and survey language preference) was related to IPV perpetration or victimization among Hispanic men or women. It may be that more detailed scales of acculturation are needed to reliably measure the impact of acculturation on IPV. For example, Caetano, Schafer, et al. (2000) used an acculturation scale that assessed multiple dimensions, such as ability to speak English, use of English with family and others, ease of social relationships with Whites and Hispanics, and preference for Hispanic media and music. On the other hand, Lown and Vega (2001b) found that nativity was a significant predictor of IPV victimization among a sample of Mexican American women, with those born in the United States at more than twice the risk for IPV compared to those born in Mexico. Similarly, Sorenson and Telles (1991) found higher rates of IPV perpetration for U.S.-born Mexican Americans compared to those born in Mexico. Interestingly, although neither of the acculturation-related factors was associated with IPV among Hispanics in this sample, it is noteworthy that men who reported lower levels of education were at significantly lower risk of IPV perpetration and victimization compared to men who reported some college or a college degree. These results are in contrast to findings from national samples that indicate that lower education levels are associated with increased risk of IPV (Kessler, Molnar, Feurer, & Appelbaum, 2001; Sorenson et al., 1996). In an analysis based on a subset of the 1988 National Survey of Families and Households, however, Melzer (2002) found that couples in which the male held a high school degree were significantly less likely to report MFPV compared to those in which the male held a college degree. Cunradi et al. (2000) found that mean

years of couple education were inversely associated with risk of FMPV among White couples and Black couples but were positively associated with FMPV among Hispanic couples (OR = 1.21; 95% CI 1.06, 1.38). Given that Hispanics have lower educational attainment than non-Hispanic Whites (e.g., 43% of Hispanics aged 25 and older have not graduated from high school compared to 11% of non-Hispanic Whites) (Ramirez & de la Cruz, 2002), these seemingly contradictory findings regarding educational level and IPV require further explication, particularly through ethnographic methods.

In contrast to the null findings by Cunradi et al. (2000) concerning the role of neighborhood poverty as a predictor of IPV among Hispanic couples, the current study found that self-reported neighborhood social disorder was significantly associated with IPV victimization among men and women and with IPV perpetration among men. Social disorganization theory (Sampson & Groves, 1989) suggests that higher rates of “deviant” behaviors, such as public drunkenness and partner violence, will be found in neighborhoods that lack a structure to maintain social controls over these problem outcomes. In most previous studies that have examined the association between neighborhood context and IPV (e.g., Browning, 2002; Cunradi et al., 2000; Cunradi et al., 2002; Grisso et al., 1999; Miles-Doan & Kelly, 1997; O’Campo et al., 1995; Pearlman, Zierler, & Gjelsvik, 2003; Van Wyk et al., 2003), census-based measures were used to represent neighborhood socioeconomic characteristics (e.g., percentage below the federal poverty level). In the present study, a construct measuring perceived neighborhood disorder is shown to contribute to risk of IPV among married/cohabiting Hispanic adults. The visual cues of social disorganization (crime, drug selling, physical decay, and so on) may signal to neighborhood residents that the mechanisms of informal social control are not working (Bennett, Dilulio, & Walters, 1996; Gorman, Speer, Gruenewald, & Labouvie, 2001; Sampson & Raudenbush, 1999). Under such conditions, residents may be less likely to become involved if they witness or hear a couple involved in IPV, either through personal intervention, calling the police, or through any sort of public acknowledgment of the IPV behavior. Lack of informal social control could also lead residents of socially disorganized neighborhoods to be less concerned about social consequences of engaging in IPV (e.g., neighbor or police intervention) and therefore less constrained in their behavior toward their spouse or partner (Cunradi, 2007). Further research is warranted in order to investigate the social mechanisms that underlie the associations reported here between neighborhood social disorder and IPV among Hispanics.

Study Strengths and Limitations

This study has a number of limitations. First, the way in which IPV was measured in the NHSDA precludes disentangling threats of violence from acts of violence. It also excludes acts other than “hitting.” The IPV prevalence rates reported here are therefore likely to be underestimated. It is also not possible to determine from the NHSDA data whether the respondent initiated the aggression or whether the perpetration was a retaliatory or defensive response to the respondent’s victimization. Second, data were collected only from one partner per couple, and this may also result in biased prevalence estimates (Schafer, Caetano, & Clark, 1998; Szinovacz, 1983). Similarly, because of the study design of the NHSDA, it was not possible to account for the characteristics of both partners in each model. Third, length of neighborhood residence (exposure) is not accounted for. Fourth, because of the cross-sectional study design, it is not possible to infer causality or temporal sequence from these data. Longitudinal study designs are needed to assess the impact of drinking, acculturation-related factors, and residing in a socially disadvantaged

neighborhood over time in relation to IPV risk. Finally, because the sample in this study was drawn from the general household population, the findings may not necessarily be applicable to more severe manifestations of IPV typically found in clinical settings, such as battered women's shelters and hospital emergency departments. In accord with Johnson and Ferraro's (2000) conceptualization, the current findings are likely representative of common couple or situational violence but not intimate terrorism.

In terms of strengths, this study was able to utilize a subset of data from a large national survey in order to investigate the role of drinking, acculturation-related factors, and neighborhood disorder for risk of IPV among Hispanics in the general household population. In addition, separate models of IPV perpetration and victimization were constructed for men and women. Because women are more likely than men to sustain injuries as a result of IPV (Archer, 2000; Morse, 1995; Tjaden & Thoennes, 1998), most IPV studies focus on MFPV. Understanding the factors associated with MFPV and FMPV, however, is important for the prevention of all family violence (Straus, 2005). Finally, this study adds to the body of knowledge concerning risk and protective factors for IPV among Hispanics. The findings suggest that net of individual-level socioeconomic factors, Hispanics who reside in socially disordered neighborhoods are at elevated risk for IPV perpetration and victimization and that Hispanic women who met alcohol abuse criteria are at elevated risk for IPV victimization. Multilevel approaches to IPV prevention should address deleterious neighborhood conditions in addition to individual-level factors that place couples at risk for IPV.

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Acknowledgments. The project described was supported by grant R03 DA016626 from the National Institute on Drug Abuse; Carol Cunradi, MPH., PhD, principal investigator. The content is solely the responsibility of the author and does not necessarily represent the National Institute on Drug Abuse or the National Institutes of Health.

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