
Intimate Partner Violence in Latina and Non-Latina Women

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Background: No single study has delineated the prevalence of intimate partner violence (IPV) over multiple time periods for Latina versus non-Latina women and compared the health of abused Latina women to the health of abused non-Latina women using multiple health indicators. The objective of this study was to describe the prevalence of IPV over multiple time periods and the association between lifetime IPV exposure and current health in Latina and non-Latina women.

Methods: A total of 3429 women (mean age=47 years) were randomly sampled from a large U.S. healthcare system; 139 (4%) were Latina. During a telephone survey, past-5-year and past-year IPV prevalence was assessed using five questions on physical and psychological abuse from the Behavioral Risk Factor Surveillance System (BRFSS), and ten questions from the Women's Experience with Battering Scale; lifetime IPV prevalence was assessed using the BRFSS questions. Current physical, social, and mental health was assessed using well-validated questionnaires.

Results: Prevalence of IPV for Latina versus non-Latina women was, respectively: 44.6% vs 44% lifetime; 20.1% vs 14.5% for the past 5 years; and 11.5% vs 7.8% for the past year. In models adjusted for age and income, women with a lifetime IPV history had significantly worse health compared to non-abused women across many health indicators; for example, Latina women with a lifetime IPV history had Short Form-36 Health Survey (SF-36) subscale scores that were 5.62 (mental health) to 7.77 (vitality) points lower than those for non-abused Latina women; depression prevalence more than two times higher; and more physical symptoms. Adverse IPV-related health was significantly worse for Latina than non-Latina women for overall mental health functioning ($p<0.02$), vitality ($p<0.01$), and emotional functioning ($p<0.01$) according to SF-36.

Conclusions: This exploratory study showed that IPV is common in Latina and non-Latina women, and adverse IPV-related mental health was pronounced in Latina women.
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Introduction

A growing body of literature has shown a high prevalence of intimate partner violence (IPV) in Latina women (lifetime: 21%–35%^{1–3}; past year: 4%–33%^{2–7}) and increased prevalence of substance abuse,^{4,8} injury,⁹ HIV infection,⁶ depressive symptoms,^{10–12} post-traumatic stress disorder,^{2,11,13} and poor physical and mental health^{5,14} in Latina women with abuse histories. However, prior studies have not delin-

eated the prevalence of IPV over multiple time periods (lifetime, past 5 years, and past year) in a single population of Latina women. Moreover, with the exception of one study showing a higher likelihood of suicidal ideation in abused Latina compared to abused non-Latina women,¹⁴ studies have not compared the health of abused Latina women to the health of abused non-Latina women using multiple health indicators. The present investigation examined IPV prevalence in a given period (lifetime, past 5 years, and past year) and the association between lifetime IPV exposure and multiple health indicators among Latina and non-Latina women.

Methods and Measures

Study Sample and Data Collection

The study was approved by the IRB of Group Health Cooperative, a large healthcare delivery system in the Pacific

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Northwest U.S. The study population consisted of English-speaking women aged 18–64, randomly sampled from enrollment files for a telephone survey to assess IPV and health status.^{15,16} A letter was mailed to women describing the study's focus on women's health issues, followed by telephone contact to ascertain interest and consent to participate.^{15,16} Details of the study protocol, including safety procedures, were published previously.^{15,16}

Of 6666 women sampled, 345 were excluded because they either did not meet the sampling criteria (209), were deceased (3), were too ill (15), or did not speak English or had a hearing impairment (118). Of the 6321 remaining women, 1829 (28.9%) refused participation when initially contacted; 539 (8.5%) started but did not complete the interview; 385 (6.1%) could not be located; and 3568 (56.4%) completed the interview. A propensity score analysis showed that the probability of participation was similar for women with and without an IPV history.¹⁷

Of the 3568 survey respondents, 139 women were excluded because they never had an intimate partner, and three women were excluded for not responding to the question on Hispanic ethnicity, reducing the analytic sample to 3426. Consistent with the western Washington state metropolitan area,¹⁵ 4% ($n=139$) of the sample reported Hispanic ethnicity. Women were first asked about their health and then about their IPV history.¹⁶

General Health, and Physical, Social, and Psychological Functioning

Women reported on their physical, social, and psychological well-being by responding to 20 questions from the Short Form-36 Health Survey (SF-36), version 2.¹⁸ These 20 questions were used to create four of the eight SF-36 validated subscales (vitality, mental health, emotional functioning, and social functioning in the past 4 weeks) and two overall health component summaries (physical component and mental component).¹⁶ One question from the SF-36 was used to assess women's general health.¹⁶ The SF-36 subscale scores and the physical component summary (PCS) and mental component summary (MCS) continuous scores were standardized to have an M of 50 and an SD of 10, with higher scores indicating better functioning; these standardized scores allow for easy comparisons across subscales and clinical populations.¹⁸ The general health item was dichotomized (fair/poor versus good/very good/excellent).¹⁹

Depression. Women rated the frequency of depressive symptoms (range: 0=<1 day per week to 3= \geq 5 days per week) using five validated questions from the 20-item Center for Epidemiological Studies-Depression (CES-D) scale.^{20,21} Scores for each of the five items were summed, and the summary score was dichotomized to categorize women according to their depressive symptom status; a summary score of \geq 4 (range: 0–15) indicated minor depressive symptoms, and \geq 6 indicated severe depressive symptoms.²¹

Physical symptoms. Using questions from the National Institutes of Mental Health Diagnostic Interview Schedule,²² women indicated how frequently they were bothered by 14 common physical symptoms in the past 6 months (range:

1=none of the time to 5=all of the time). The mean number of symptoms experienced by women at least some of the time was estimated.

Sociodemographic Variables and Child Abuse History

Women were asked about their age, household income, employment status, educational level, and number of children living in the home using questions from the U.S. Census Bureau.²³ They were also asked about their history of childhood physical abuse (*Before you were 18, was there any time when you were punched, kicked, choked, or received more serious physical punishment from a parent or other adult guardian?*) and childhood sexual abuse (*Before you were 18, did anyone ever touch you in a sexual place or make you touch them when you did not want them to?*) using two questions from the Behavioral Risk Factor Surveillance System (BRFSS).¹⁵

Intimate partner violence. IPV victimization since age 18 was assessed using the Women's Experience with Battering Scale (WEB),^{24,25} and five questions from the BRFSS on physical (one question), sexual (two questions), and psychological (two questions) abuse (see Appendix online at: www.ajpm-online.net). The ten-item WEB was designed to ascertain women's experience of loss of power and control in relation to an abusive partner. To minimize respondent burden, the WEB questions were asked for women's three most recent heterosexual or homosexual intimate partners, including their current partner.¹⁵ Women who scored \geq 20 on the WEB (score range: 10–60) for any given partner were considered positive for abuse.²⁵ After women completed the WEB for each partner, they were asked what year and month they first started and stopped feeling this way about their partner; this information was used to construct past-year and past-5-year abuse exposure according to the WEB.

To establish prevalence in a given time period for each type of IPV assessed by the BRFSS questions, women were first asked if they had ever experienced each particular abuse type since age 18; if they had, they were asked if the abuse occurred during the past 5 years and during the past year. To further examine the type of abuse women reported, two categories of abuse were defined based on the BRFSS questions. Women were defined as having experienced physical IPV if they reported physical and/or sexual abuse; they were defined as having experienced psychological IPV if they reported threats and/or controlling behavior. The data were collapsed into these two broad abuse categories (physical and psychological) in order to provide meaningful estimates because of the small number of Latina women.

Analytic Methods

Chi-square tests were used to compare the demographic characteristics of Latina versus non-Latina women. IPV prevalence (including 95% CIs) was estimated for Latina and non-Latina women over lifetime, past 5 years, and past year. Lifetime prevalence was estimated using the BRFSS questions only (because the WEB questions were asked only in regard to the three most recent partners), and past-5-year and past-year IPV was estimated using both the BRFSS and WEB questions. Prevalence estimates with relative standard errors (RSEs) $>30\%$ are considered unstable. Although estimates with RSE

>30% are reported, they are noted as unstable estimates; caution should be exercised when referring to these estimates.

Multivariate models included indicator variables for the main effects of IPV exposure and Hispanic ethnicity and their interaction term to allow estimation of the relationship between lifetime IPV and current health separately for Latina and non-Latina women. In these models, the exposed group included women with any IPV since age 18 according to the BRFSS or WEB questions, and the unexposed (control) group consisted of women without such histories. Generalized linear models with a log link were used to obtain prevalence ratios for dichotomous health indicators for women with a lifetime IPV history compared to women without a lifetime IPV history. Multivariate ordinary least squares regression was used to estimate mean differences in SF-36 scores and number of symptoms. Models were adjusted for age and income, factors that could confound the relationship between IPV history and health.

Results

Characteristics of Participants

Compared to non-Latina women, Latina women tended to have lower household income (50.4% vs 38% reported annual income of <\$50,000), were less likely to have completed at least some college (77.7% vs 87.9%), were younger (30.2% vs 17.9% were aged <35), and were more likely to have experienced physical or sexual child abuse (47.8% vs 33.2%) (Table 1).

Prevalence of IPV

As ascertained by the BRFSS questions, lifetime IPV prevalence was comparable in Latina (44.6%) and non-Latina (44%) women (Table 2). Similar lifetime prevalence was observed for both physical IPV (38.8% vs 34%) and psychological IPV (37.4% vs 35.3%). According to the BRFSS and WEB questions, IPV prevalence tended to be higher for Latina versus non-Latina women in the past 5 years (20.1% vs 14.5%, $p=0.06$) and the past year (11.5% vs 7.8%, $p=0.11$), but the differences were not statistically significant. The exception was physical abuse within the past 5 years, which was significantly higher among Latina women (11.5% vs 4.9%, $p<0.05$).

Health Associated with IPV History

In adjusted models, women with any exposure to IPV (on lifetime BRFSS or WEB questions for any of the three most recent partners) reported worse health than non-abused women (Table 3). SF-36 subscale scores for abused Latina women were, on average, 5.62 (mental health) to 7.77 (vitality) points lower than those for non-abused Latina women, and the MCS score was 7.52 points lower for abused Latina women than for non-abused Latina women. Moreover, Latina women with a

Table 1. Characteristics of study participants

	Latina <i>n</i> = 139	Non-Latina <i>n</i> = 3287
	<i>n</i> (%)	<i>n</i> (%)
Age (years)*		
18–24	21 (15.1)	250 (7.6)
25–34	21 (15.1)	338 (10.3)
35–44	27 (19.4)	663 (20.2)
45–54	39 (28.1)	1116 (34.0)
55–64	31 (22.3)	920 (28.0)
Household income (\$)*		
<25,000	21 (16.0)	345 (10.8)
25,000–49,999	45 (34.4)	866 (27.2)
50,000–74,999	33 (25.2)	837 (26.3)
≥75,000	32 (24.4)	1136 (35.7)
Employed (at least part time)		
No	25 (18.0)	637 (19.4)
Yes	114 (82.0)	2648 (80.6)
Education*		
High school or less	31 (22.3)	397 (12.1)
At least some college	108 (77.7)	2889 (87.9)
Number in household (M, SD)	3.0 (1.5)	2.9 (1.5)
Children in home for whom respondent is guardian		
No	92 (66.2)	2187 (66.6)
Yes	47 (33.8)	1099 (33.4)
Intimate partner relationship status		
In past, but not current	22 (15.8)	584 (17.8)
Current	117 (84.2)	2703 (82.2)
History of abuse as a child		
Physically abused as a child**		
No	110 (79.7)	2823 (86.5)
Yes	28 (20.3)	442 (13.5)
Sexually abused as a child*		
No	82 (60.3)	2363 (73.0)
Yes	54 (39.7)	875 (27.0)
Physically or sexually abused as a child*		
No	72 (52.2)	2186 (66.8)
Yes	66 (47.8)	1087 (33.2)

Significance for differences between Latina and non-Latina women:
* $p<0.01$; ** $p<0.05$

lifetime IPV history had significantly more physical symptoms, depression prevalence more than twice that of non-abused Latina women, and were more likely to report distrust of people in their residential community (prevalence ratio=1.84).

Non-Latina women with IPV histories also had worse health than non-abused women across many indicators, but the differences were not as pronounced. For example, for non-Latina women, SF-36 scores were, on average, 0.96 (PCS) to 3.87 (MCS) points lower for abused women than for non-abused women.

The significance of the interaction term between Hispanic ethnicity and IPV exposure was tested to determine if the association between IPV and health differed according to ethnicity. Latina women suffered significantly more adverse IPV-related mental health issues than non-Latina women, both in their overall mental health functioning (MCS) ($p<0.02$) and in the

Table 2. Prevalence of IPV, by instrument of detection and time period^a

	Latina <i>n</i> = 139			Non-Latina <i>n</i> = 3287		
	<i>n</i>	% (95% CI)	RSE	<i>n</i>	% (95% CI)	RSE
Lifetime						
BRFSS	62	44.6 (36.2, 53.3)	9	1447	44.0 (42.3, 45.7)	2
BRFSS physical	54	38.8 (30.7, 47.5)	11	1116	34.0 (32.3, 35.6)	2
BRFSS psychological	52	37.4 (29.4, 46.0)	11	1160	35.3 (33.7, 37.0)	2
Past 5 years						
Any IPV (BRFSS and/or WEB)	28	20.1 (13.8, 27.8)	17	476	14.5 (13.3, 15.7)	4
BRFSS	24	17.3 (11.4, 24.6)	19	377	11.5 (10.4, 12.6)	5
BRFSS physical	16	11.5 (6.7, 18.0)	24	160	4.9 (4.2, 5.7)	8
BRFSS psychological	20	14.4 (9.0, 21.3)	21	330	10.0 (9.0, 11.1)	5
WEB	18	12.9 (7.9, 19.7)	22	260	7.9 (7.0, 8.9)	6
Past 1 year						
Any IPV (BRFSS and/or WEB)	16	11.5 (6.7, 18.0)	24	256	7.8 (6.9, 8.8)	6
BRFSS	10	7.2 ^b (3.5, 12.8)	30	187	5.7 (4.9, 6.5)	7
BRFSS physical	4	2.9 ^b (0.8, 7.2)	49	51	1.6 (1.2, 2.0)	14
BRFSS psychological	8	5.8 ^b (2.5, 11.0)	34	167	5.1 (4.4, 5.9)	8
WEB	8	5.8 ^b (2.5, 11.0)	34	130	4.0 (3.3, 4.7)	9

^aCategories of abuse are not mutually exclusive; for example, women who are positive for BRFSS psychological abuse may also have BRFSS physical abuse. Additionally, we could not measure lifetime exposure to abuse with the WEB. Thus, the Any IPV (BRFSS and/or WEB) and the WEB rows of the table are not included for lifetime exposure.

^bEstimates with RSE >30% are considered unstable and should be used with caution.

BRFSS, Behavioral Risk Factor Surveillance System; RSE, relative standard error; WEB, Women's Experience with Battering Scale

specific areas of vitality ($p < 0.01$) and role emotional functioning ($p < 0.01$) (Table 3, last column).

Discussion

In this population, the prevalence of lifetime, past-5-year, and past-year IPV was similar for Latina and

non-Latina women. In models adjusted for race/ethnicity, adverse IPV-related mental health issues were more pronounced in Latina women.

Intimate partner violence prevalence reports vary widely depending on how, where, and when women are asked about abuse, how abuse is categorized, and the characteristics of the women; these methodologic con-

Table 3. Health status, symptoms, and social connectedness by IPV exposure

	IPV exposure status							IPV effect Latina vs non-Latina <i>p</i> value
	Latina			Non-Latina				
	No IPV ever <i>n</i> =75	IPV ^a <i>n</i> =64	IPV vs no IPV ever	No IPV ever <i>n</i> =1760	IPV ^a <i>n</i> =1527	IPV vs no IPV ever		
SF-36 subscale scores^b	<i>M</i> (SD)	<i>M</i> (SD)	β^c (95% CI)	<i>M</i> (SD)	<i>M</i> (SD)	β^c (95% CI)		
Role emotional	51.3 (6.7)	44.1 (10.1)	-6.85 (-9.56, -4.15)	51.2 (7.0)	47.8 (9.0)	-3.07 (-3.63, -2.51)	<0.01	
Vitality	53.8 (8.4)	46.0 (10.9)	-7.77 (-10.91, -4.62)	52.9 (8.6)	49.1 (9.9)	-3.47 (-4.12, -2.83)	<0.01	
Mental health	52.7 (7.2)	46.7 (11.0)	-5.62 (-8.51, -2.74)	53.8 (7.6)	49.7 (9.5)	-3.68 (-4.28, -3.09)	0.20	
Social functioning	50.6 (8.9)	44.3 (12.6)	-5.90 (-8.99, -2.80)	51.5 (8.1)	47.6 (10.0)	-3.48 (-4.12, -2.84)	0.13	
PCS	50.4 (9.7)	48.4 (10.4)	-0.39 (-3.52, 2.74)	51.2 (8.8)	49.6 (9.9)	-0.96 (-1.60, -0.31)	0.73	
MCS	52.4 (7.9)	45.2 (11.6)	-7.52 (-10.56, -4.47)	52.8 (7.7)	48.7 (10.1)	-3.87 (-4.49, -3.24)	0.02	
Number of physical symptoms^d	2.5 (2.4)	3.7 (2.8)	0.91 (0.13, 1.68)	2.0 (2.1)	2.9 (2.5)	0.69 (0.53, 0.85)	0.60	
	%	%	PR ^c (95% CI)	%	%	PR ^c (95% CI)		
Fair/poor health	9.3	18.8	1.39 (0.57, 3.42)	6.8	10.4	1.30 (1.02, 1.66)	0.89	
Depressive symptoms	16.0	43.8	2.44 (1.35, 4.39)	13.6	26.6	1.85 (1.59, 2.15)	0.37	
Severe depressive symptoms	8.0	23.4	2.53 (1.07, 6.00)	6.3	15.4	2.18 (1.74, 2.73)	0.74	
Not active in group activities	44.0	53.1	1.11 (0.84, 1.45)	37.0	45.7	1.21 (1.11, 1.31)	0.74	
Do not trust people in community	30.7	51.6	1.84 (1.18, 2.89)	22.8	30.6	1.31 (1.17, 1.47)	0.15	

^aIPV exposure included women who reported any IPV since age 18 according to the BRFSS or WEB questions.

^bThe SF-36 scores were standardized to $M=50$ and $SD=10$, with higher scores indicating better functioning.

^cAdjusted for age and income

^dFourteen possible symptoms: joint pain, back pain, insomnia, fatigue, abdominal pain, severe headache, numbness in hands or feet, diarrhea, constipation, shortness of breath, facial or jaw pain, dizziness, nausea or vomiting, and chest pain

IPV, intimate partner violence; MCS, mental component summary; PCS, physical component summary; PR, prevalence ratios; SF-36, Short Form-36 Survey

siderations constrain cross-study comparisons. These limitations noted, the observed lifetime IPV level among Latina women (44.6%) was higher than the level reported for roughly 250 Latina women (35%) recruited from community hospital emergency departments³ and was within the range of lifetime IPV reported in a survey of 292 Latina women receiving community health services (33.9% for physical assault; 20.9% for sexual coercion; and 82.5% for psychological aggression).²⁶ The level of past-year IPV in Latina women (11.5%) was consistent with prior estimates (4%–33%),^{2–7} particularly in one study that showed a past-year physical or sexual IPV level of 10.8%.⁵

The results corroborate prior findings of higher rates of depression^{10–12} and poor mental health and somatic symptoms^{5,12} among Latina women with IPV histories. For example, a significant relationship was found between depression and physical assault and psychological maltreatment and between somatization and emotional abuse in Latina women.¹² The results also confirm that poor overall health is associated with IPV in women in general.^{16,25,27–29}

In addition, findings suggest that abused Latina women had more compromised mental health than abused non-Latina women, both in overall mental health functioning and in vitality and emotional functioning—an important addition to the sparse literature focused on IPV-related health in Latina compared to non-Latina women. In another study, suicidal ideation tended to be more common in abused Latinas than in other abused women.¹⁴ Although Latina participants had access to mental health services through their insurance, they may perceive greater barriers to accessing these services.^{30–32}

Caution should be used in generalizing the findings because of the small number of Latina women, the inability to assess subgroups and acculturation status of Latinas, the fact that the sampled women had health insurance, and the data-collection method. Although telephone surveys are widely used to assess violence and health,^{33–35} it is possible that the most severely abused women do not participate in such surveys because they are isolated.³⁶ The response rate was low; however, a propensity score analysis showed that the likelihood of response was similar for women with and without IPV histories.¹⁷ The cross-sectional nature of the study precludes statements about causality.

The present study provides information warranting broader investigations of abuse in Latina women and supports the ongoing case for screening and intervention development in women with abuse histories.³⁷ We recommend screening Latina women for abuse in healthcare settings, particularly those presenting with mental health concerns, and the development of abuse interventions that are sensitive to the cultural needs of Latinas.^{38–48}

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Appendix. Intimate partner violence questions

Measure	Response scale	Content
WEB ^a	Ten questions	My partner made me feel unsafe even in my own home. I felt ashamed of the things my partner did to me.
	1 (strongly disagree) to 6 (strongly agree)	I tried not to rock the boat because I was afraid of what my partner might do. I felt like I was programmed to react a certain way. I felt like my partner kept me a prisoner. My partner could scare me without laying a hand on me. I hid the truth from others because I was afraid not to. I felt owned and controlled by my partner. My partner made me feel like I had no control over my life. My partner had a look that went straight through me and terrified me.
BRFSS ^b	Five questions (yes/no)	Sexual Has an intimate partner ever forced you to participate in a sex act (e.g., oral, vaginal or anal penetration) against your will? Has an intimate partner ever threatened, coerced, or physically forced you into any sexual contact that did not result in intercourse or penetration?
		Physical Has an intimate partner ever hit, slapped, shoved, choked, kicked, shaken or otherwise physically hurt you? Psychological Have you ever been frightened for your safety, or that of your family or friends, because of anger or threats of an intimate partner? Has an intimate partner ever put you down, called you names repeatedly, or controlled your behavior?

^aWomen were asked to name their three most recent adult intimate (heterosexual or homosexual) partners. They answered the WEB questions for each partner and questions about the start and stop times of abuse in order to determine duration of abuse.

^bFor each BRFSS question, women were first asked if the IPV ever occurred, and then whether the IPV occurred in the past 5 years and the past year.

BRFSS, Behavioral Risk Factor Surveillance System; IPV, Intimate Partner Violence; WEB, Women's Experience with Battering Scale