

Intimate Partner Violence Among Asian Americans and Their Use of Mental Health Services: Comparisons with White, Black, and Latino Victims

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Abstract Studies have been conducted on intimate partner violence (IPV) among Asian Americans, but knowledge on their use of mental health services is limited. This study seeks to fill this gap by using a national sample to examine Asian victims' use of mental health services. We analyzed data from the Collaborative Psychiatric Epidemiology Surveys. The dependent variable was use of mental health services. The independent variables included race, employment, and the type of IPV. Results showed that Asian victims used the service less than other racial groups. The rates of use of mental health services were lower among older people and men. The lowest rate of mental health service use among Asian victims indicates a possible gap between their needs to be met and mental health services available to them. It is crucial to increase access to mental health services for ethnic minorities.

Keywords Domestic violence · Asian · Intimate partner violence · Mental health · Service use

Introduction

Intimate partner violence (IPV) is a major public health problem. Those who are exposed to IPV suffer numerous negative consequences from violence, particularly mental health sequelae associated with IPV [1, 2]. As a result, IPV victims use the health care system more often and have higher health care costs than non-victims [3, 4]. A substantial body of literature has examined relationships

between IPV and medical care for victims [5]. Research dealing with IPV within racial minorities has been limited, however, and studies on their use of mental health services are scarce. Racial minorities have been underrepresented in IPV literature and national data collection. Given that Asian Americans are one of the fastest growing populations in the US [6], this dearth of research on their IPV experiences and use of mental health services may present challenges to the mental health systems in many communities.

Literature suggests that many IPV victims actively seek help from a variety of resources [7, 8]. However, racial minorities may cope with IPV differently [9, 10]. Research also shows that IPV victims tend to utilize informal means (e.g., family and friends) for as long as possible before seeking formal help (e.g., shelters and health services) [11]. Asian victims, in particular, seem to utilize informal help more and formal services less than victims of other racial groups [12]. Literature has identified various barriers to seeking help by IPV victims. Victims may think that seeking help from formal services would increase the danger to themselves and their children [13]. Victims from low-income neighborhoods may have limited access to formal services because of their economic constraints and a scarcity of service agencies in their communities [14]. Victims from long-oppressed groups may be reluctant to seek help from formal service agencies they consider to be an institutionalized agent of the oppression [15]. If victims are from immigrant families, sociocultural factors may influence their use of formal services. Asian traditional values, which favor the family and community over individuals, may discourage victims from going beyond their family and community boundaries to seek outside help [16, 17]. Immigrant victims may not seek help for fear of deportation if they are either undocumented or dependent

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on their husbands to legally stay in the US [9]. Linguistic limitations, culturally insensitive services, a lack of knowledge of formal services and limited access to those services may also be contributing factors [18–20].

Researchers have suggested that IPV victims' help-seeking might be related to their perceived barriers to obtaining help. For example, Liang et al. [21] proposed a conceptual framework for understanding the cognitive processes of help-seeking among IPV victims, as affected by individual, interpersonal and sociocultural factors. According to this model, immigrant victims may not perceive IPV and associated mental health sequelae in the same way as non-immigrants, which may influence their decision to seek help. Indeed, Asian Americans do not tend to consider negative feelings and emotional difficulties as a mental disorder, nor do they tend to seek professional help unless they have dangerous or disruptive behavioral problems [18, 22, 23]. Even if they do try to seek outside help, they may be thwarted by a perceived lack of services able to understand and meet their needs in their communities.

Studies have been conducted on the experiences of Asian victims of IPV and their help-seeking behavior, but knowledge on their use of mental health services is limited. Most of the previous studies relied on non-random community samples, making it hard to generalize their results. This study seeks to fill this gap by using a nationally representative sample to examine Asian victims' use of mental health services, as compared to White, Black, and Latino victims. Specifically, this study has three research hypotheses. The first hypothesis is that Asian victims will use mental health services less than other racial groups. Second, Asian victims may not consider mental health symptoms associated with IPV as mental health problems as other racial groups do. Thus, it is hypothesized that Asian victims' perceived mental health status would be better than those from other racial groups. Finally, Asian victims may rely mostly on informal help, but will seek help from mental health services when IPV escalates to severe levels. It is hypothesized that Asian victims who use mental health services will report IPV of greater severity than victims from other racial groups.

Methods

Study Sample

This study used the Collaborative Psychiatric Epidemiology Surveys (CPES), which collected nationally representative data regarding the prevalence of mental disorders and their treatment patterns. The data was collected between 2001 and 2003 from adults in the U.S., aged 18 or older, through face-to-face interviews ($N = 20,013$) [24].

The CPES includes three surveys: the National Comorbidity Survey Replication (NCS-R); the National Survey of American Study (NSAL); and the National Latino and Asian American Study (NLAAS). The NSAL data was excluded from this study because it does not have variables related to IPV. Intimate partner violence (IPV) was measured using the adapted subscales of the Conflict Tactics Scale [25]. A total of 755 IPV victims were identified and included in this study.

Variables

Sociodemographic variables included race, gender, financial security, employment, education and age. Race consisted of four categories: Asian, Latino, Black and White, with Asians being the reference category. Financial security was assessed by asking "In general, would you say you have more money than you need, just enough for your needs, or not enough to meet your needs?" Respondents who answered as having either 'more than you need' or 'just enough for your needs' were coded as 'financially secure,' others were coded as 'financially not secure.' The type of IPV consisted of two categories: minor (e.g., pushing, slapping, spanking) and severe (e.g., kicking, hitting with a fist, threatening with a gun).

Two mental health-related variables were included: perceived mental health status and use of mental health services. Perceived mental health status was assessed with the question "How would you rate your overall mental health?" Responses were separated into 2 categories, 'excellent/good' or 'fair/poor.' The use of mental health services was measured by asking respondents if they had seen any mental health professionals for problems with their emotions, nerves, or their use of alcohol or drugs in the past 12 months. Those who responded as having seen at least one professional were coded as 'having used mental health services' and others as 'having not used.'

Analysis

CPES data collection used a multistage area probability sample design, which requires researchers to compute unbiased estimates of population statistics and relationships by using weights and complex survey sample design measures [24]. We conducted all analyses with SPSS version 13.0, using the Taylor series linearization method.

Descriptive statistics were obtained first to examine racial differences in the study variables. A logistic regression analysis assessed the effect of race on the use of mental health services among IPV victims. Another logistic regression analysis was conducted to examine whether IPV victims' perceived mental health status was different across race. Finally, a Chi-Square test was conducted to examine

the relationship between the type of IPV experienced and race among service users; only those who used mental health services were included ($n = 123$). The study was approved by the institutional review board at the Michigan State University.

Results

Table 1 presents sample characteristics. Asian Americans attained the highest education among all racial groups, whereas 66.2 % of Latino Americans and 41.1 % of Blacks had 12 years or less education. Asian Americans used mental health services less than Latino Americans, Blacks, and Whites. About one in five Asian victims had experienced severe IPV, whereas about one-third of Latino and Black victims had. There was no significant difference

across racial groups in perceived mental health; about 90 % of the respondents reported their mental health as being excellent or good.

Asian victims of IPV were less likely to use mental health services than any other racial groups (Table 2). The odds of other racial groups seeking mental health services were more than 4 times those for Asians. Aging was negatively associated with the use of mental health services. Females were more likely to use mental health services than males. As expected, those who perceived their mental health status as excellent or good were less likely to use mental health services. These results support the study hypothesis that expected Asian victims to use mental health services less than other racial groups.

An analysis of the factors affecting IPV victims' perceived mental health showed that of all the variables, only financial security was a significant predictor of perceived

Table 1 Sample characteristics

	Asian		Latino		Black		White		<i>p</i> value ^c
	N ^a	% ^b	N	%	N	%	N	%	
Gender									.521
Male	84	51.2	93	50.4	24	57.8	175	55.8	
Female	85	48.8	119	49.6	22	42.2	153	44.2	
Employment									.534
Employed	129	76.4	160	76.1	37	82.1	238	73.5	
Unemployed	40	23.6	52	23.9	9	17.9	90	26.5	
Financial security									.081
Secure	124	69.4	142	68.3	26	56.5	237	71.4	
Unsecure	45	30.6	70	31.7	20	43.5	91	28.6	
Education									<.001
0–11 years	13	7.5	64	33.2	8	16.6	115	8.1	
12 years	26	14.2	64	33.0	12	24.5	199	30.0	
13–15 years	45	26.9	69	29.0	17	37.6	239	33.5	
16 years or more	85	51.4	15	4.8	9	21.3	202	28.5	
Use of service									.023
Yes	12	5.4	36	15.9	9	18.0	67	19.9	
No	157	94.6	176	84.1	37	82.0	261	80.1	
IPV type									.017
Minor IPV	136	81.1	142	68.8	30	65.1	262	80.8	
Severe IPV	33	18.9	70	31.2	16	34.9	66	19.2	
Perceived mental health									.897
Excellent/good	149	90.6	172	91.4	16	91.2	81	89.1	
Fair/poor	18	9.4	17	8.6	1	8.8	9	10.9	
	Mean	SE	Mean	SE	Mean	SE	Mean	SE	
Age	42.26	1.40	36.88	.77	40.05	1.87	44.77	.90	

^a Unweighted sample size

^b Weighted percentage

^c *p* value associated with Chi-Square tests

Table 2 Factors affecting mental health service use among IPV victims

	Odds ratio	95 % confidence interval		<i>p</i> value
		Lower	Upper	
Race				.005
Latino versus Asian	4.805	1.612	14.325	
Black versus Asian	6.989	1.805	27.060	
White versus Asian	8.179	2.695	24.823	
Age	.985	.982	.988	<.001
Female versus male	1.975	1.173	3.324	.011
Education				.102
12 years versus 0–11 years	.757	.381	1.504	
13–15 years versus 0–11 years	.468	.184	1.190	
16 years or more versus 0–11 years	1.926	.715	5.187	
Financially secure versus unsecure	1.896	.973	3.695	.060
Employed versus unemployed	.962	.429	2.160	.925
Severe versus minor IPV	1.481	.856	2.561	.157
Excellent versus poor mental health	.122	.045	.329	<.001

mental health (data not shown). Financially secure victims were more likely to perceive their mental health as excellent or good. Race had no effect on perceived mental health. As a result, the second hypothesis, which predicted differences in perceived mental health status across race, was not supported.

A Chi-square analysis showed that of all Asian Americans who used mental health services, 35 % suffered severe IPV, while 16.6 % of Whites did (data not shown). The percentages of those who experienced severe IPV were higher among Latino Americans (43.3 %) and Blacks (52 %) than Asians and Whites. Thus, the study hypothesis, which expected more severe IPV among Asian users of mental health services than other racial groups, was not supported.

Discussion

Sample characteristics show racial differences among IPV victims. First, the type of IPV seems to differ across race. The percentage of victims suffering severe IPV was smallest for Asian victims, followed by White, Latino, and Black victims. While lower prevalence rates of IPV among Asian Americans, compared to other racial groups, have often been reported by national studies [26], results showing whether African and Latino Americans experience more or less IPV have not been conclusive [27, 28]. The current results seem to add positive evidence regarding Asian Americans' low prevalence rates, while they may imply that Latino and Black perpetrators use severe IPV more often than Asians and Whites. There may be other contextual factors influencing IPV, however, which could not be explored further with the current data. Future

research is needed to examine the factors that affect the severity of IPV, as well as those that contribute to racial differences in the type of IPV reported. For instance, there may be different reporting patterns of IPV across race. Asian and White victims may try to protect perpetrators from social and legal ramifications more than Latino Americans and Blacks, by minimizing the scope of severe IPV in their reports. While research shows that some victims do not report IPV incidents, in order to protect the perpetrators [27], it is unclear whether the reasons for not reporting incidents vary across race. Higher rates of severe IPV among Latino and Black victims may be because they are more active in reporting severe IPV, to seek better protection.

The study results also show that there were as many men exposed to IPV as women. Gender differences in IPV have been a consistent controversy in the IPV literature; various aspects of gender differences in IPV, including the prevalence, nature and context, are still being debated [26, 29–31]. While many research results demonstrate that women are disproportionately victimized by IPV, this study is not the first to report similar perpetration rates between men and women [28, 32, 33]. A variety of methodological differences have been suggested to contribute to the discrepancies across the studies, including the contexts of the survey administration, survey methods, study populations, and survey settings [26, 34]. Future research is needed to confirm the current findings, using different samples and taking many factors influencing IPV into consideration. Another interesting finding of this study is the racial difference in the use of mental health services among IPV victims. Asian victims use these services less than other racial groups, controlling for education, socioeconomic status, the type of IPV, and perceived mental health status.

This may be because Asian victims tend to rely on informal sources of help, including family members and friends, rather than using formal services [12]. This study hypothesized that if Asian victims relied on informal help for as long as possible, delaying the seeking of formal help until IPV had escalated to severe levels, Asian service users would report more severe IPV than other racial groups. Our findings did not support that assumption. Help-seeking may involve victims using cognitive processes to make a series of decisions regarding whether and how to seek help; these are affected by individual, interpersonal and sociocultural factors [21]. Thus, it might have been an oversimplification to expect to find direct relationships between race and the severity of IPV among service users. Even though those relationships may indeed exist, it might have not been easy to detect them unless the many factors affecting relationships were taken into simultaneous consideration.

However, it is interesting that there are racial differences in the type of IPV reported among victims who used mental health services. The percentage of severe IPV reported among White service users was not different from that among all White victims, including non-service users. However, Asian, Latino, and Black service users showed higher percentages of severe IPV, when compared with all IPV victims, including non-service users. These results may mean that victims from the Asian community and other racial minorities initially rely more on informal sources of help, and are less likely to seek formal help unless the IPV reaches severe levels. Another possible explanation for Asian victims' lower use of these services is that they may not consider mental health problems to be as serious as people from other racial groups do, choosing to deal with mental health problems in their own ways, rather than seeking help from mental health services. It is unlikely, however, that Asian victims' low use of the services resulted from their low recognition of mental health problems, because race had no effect on perceived mental health status.

Other factors that affected victims' use of mental health services included age and gender. The lower rate of service use found among older people is consistent with previous research [35, 36]. This may be because older people tend to perceive having mental health problems as a stigma more than younger people do [37]. The fact that men use mental health services less than women is also consistent with previous research [38, 39]. This may be due to traditional gender values that make men perceive having mental health problems as shameful and discourage them from seeking help [40]. A decreased ability in men (compared with women) to identify feelings of distress as mental health problems may be another factor [41]. However, as gender had no effect on perceived mental health status, it is unlikely that men's inability to recognize mental health problems resulted in their low use of mental health

services. Mental health consequences associated with IPV may be different between men and women. If IPV resulted in less serious consequences on the mental health of male victims than of females, men's use of those services would be less than women. Research results are mixed on gender differences in the mental health consequences of IPV; some found more serious consequences to female victims' mental health than males, but others reported no difference [33, 42, 43]. As our findings indicate that gender and the type of IPV did not affect perceived mental health status, it is unlikely that men use the services less than women because the men suffer less serious mental health consequences. On the other hand, other differences in the nature of IPV may affect the victims' mental health in different ways. For instance, the mental health consequences of severe violence, which is typically used to intimidate and control a victim, will be different from those of minor violence, which tend to be mutual and are not frequently used between partners [31]. This possibility could not be explored because the study data does not provide detailed information of IPV incidents. Therefore, future study is clearly needed to examine the factors that interact with gender to affect victims' mental health and service use differently.

The results of this study should be viewed within the study limitations. First, the number of IPV victims included in this study was relatively small for some subgroups (e.g., Black service users). The small subgroup size might have weakened the predictive accuracy of individual factors, resulting in limited analytic power, despite the sampling weights that were applied to all of the analyses for better estimation. Future research needs to use a bigger sample that can better represent these smaller subgroups and reexamine the relationships found through this study. In addition, the study assumed an association between the type of IPV and the severity of mental health consequences—severe IPV would result in severe negative consequences on victims' mental health. It is possible, however, that other unmeasured factors impacted the relationship. Although this study included a perceived mental health status to reduce potential biases, the nature and magnitude of those biases are unknown. Future research is needed to include additional factors (including individual and sociocultural factors) in the analysis model and examine the effects of these factors on the relationship between the type of IPV and the mental health consequences.

Conclusions

The study results show racial differences in the use of mental health services among IPV victims. The lowest rate

of mental health service use was among Asian victims when controlled for sociodemographic factors, the severity of IPV, and perceived mental health. As IPV victims' help-seeking behaviors reflect their varying needs, Asian victims not seeking formal help (e.g., mental health services) may not be problematic, as long as they can cope with problems in their own ways and their needs are met. However, if some victims cannot use the services due to barriers, such as economic constraints, a scarcity of service agencies in their community, family values placed over individual well-being, linguistic limitations, and culturally insensitive services, then a problem certainly exists [14, 16–20]. While future research is needed to further examine the reasons for Asian victims' low use of mental health services, efforts need to be made to make the existing IPV services and programs more visible and accessible to Asian victims of IPV. This study also revealed that, among IPV victims, Asian, Latino and Black service users showed higher percentages of severe IPV than White service users. Although the reasons for this difference are not known from the current results, victims of severe IPV are more likely to need more health services and other resources than those of less severe IPV. Thus, healthcare providers—especially those located in communities populated by racial minorities—need to be equipped with information and resources for adequately addressing the needs of victims of severe IPV among racial minorities.

As with racial minorities, old people and men reported a lower rate of mental health service use. As the current study results showed that age and gender did not affect perceived mental health, it is unlikely that the reason older and male victims do not use mental health services is because they do not have a need for mental healthcare. While future research is needed to explore the reasons for such differences in service use among IPV victims, service providers for IPV victims need to be aware of such differences and be prepared to adequately assess the needs for mental health services among older and male victims, who may not be as active in seeking mental healthcare as younger and female victims. Service providers of IPV victims may be challenged, in a busy and competitive service environment, to consider the unique needs of the diverse range of IPV victims from racial minorities, and to develop and provide services that can adequately address those needs. However, the rapidly increasing Asian population, combined with the lowest rate of service use among Asian victims of IPV, demonstrates an urgent need for those services. The results of this study, together with recent public health efforts addressing IPV among racial minorities [44–46], will contribute to the development of social policies, programs and services to provide both greater access to healthcare services and a greater availability of services for victims from racial minorities.

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