

THE RELATIONSHIP BETWEEN NEIGHBORHOOD DISADVANTAGE AND
INTIMATE PARTNER VIOLENCE OF MINORITY WOMEN AND THE
IMPLICATIONS FOR THEIR HEALTH

A DISSERTATION

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

IN THE GRADUATE SCHOOL OF
TEXAS WOMAN'S UNIVERSITY

SCHOOL OF HEALTH PROMOTION AND KINESIOLOGY
COLLEGE OF HEALTH SCIENCES

BY

REBECCA ROUSE, B.S., M.S.

DENTON, TEXAS
MAY 2020

Copyright © 2020 by Rebecca Rouse

DEDICATION

This dissertation is dedicated to the keepers of my heart, my sons, Paul and John.

ACKNOWLEDGMENTS

Over the last seven years, I received encouragement and support from many individuals who provided thoughtful advice and motivation both large and small. I would like to express my deepest appreciation to my committee chair, Dr. Mandy Golman for your many hours of hard work, dedication, and commitment. I'm deeply indebted to you for your professional guidance and direction. Thanks also to the members of my dissertation committee, Dr. Kristin Wiginton and Dr. David Nichols, for your valuable and constructive suggestions during development of this research work; your willingness to give your time so generously has been very much appreciated.

Thanks, should also go to Dr. Luis Espinoza for your many hours of technical advice and guidance of this research. Completing this work would have not been possible were it not for your hours of assistance. I would be remiss if I failed to thank Dr. Kimberly Parker for your patient guidance, encouragement, and advice during this process. The loss of my son, Paul was devastating, and remains; a battle, but I continue to heed your advice to practice mindful meditation by moving forward one day at time. I would have never made it to the end of this journey without your immediate guidance and empathetic understanding.

I would also like to thank Dr. Quynh Dang, Dr. Tara Teigen-Smith, and Dr. Henry Ross at Texas A&M University-Commerce who encouraged and started me on this

path. I cannot express enough how much your support throughout this entire process has meant to me.

I would also like to express my appreciation to the students of Texas Woman's University Department of Health Studies 2012 Doctoral Cohort: Dr. Dominique Guinn, Dr. Elizabeth Wachira, Dr. Rahmatu Kassimu, Megan Johnson Gibbs, Sharon Johnson-Harris, Ahondju Umadjela Holmes, and Brenda Cobb for your inspiration, encouragement, and most of all, your friendship during this adventure from beginning to end.

I would like to gratefully acknowledge and thank the Commerce Housing Authority Board of Commissioners: Robert Clark, J. Eddie Smith, J.K. Smith, Gerald Thomas, and Joe Green; the Executive Director, Dennis L. Wilson, and my many colleagues who have been supportive of my educational goals and who worked actively to provide me with the time to pursue those goals. I would not have been able to complete my dissertation without you.

Last, but not least, I want to thank the members of my family who repeatedly pardoned my absence in body and mind and allowed me the time to focus, gave a sympathetic ear to my frustration, but most importantly, provided unending encouragement throughout my years of study and through the process of researching and writing this dissertation.

ABSTRACT

REBECCA ROUSE, B.S., M.S.

THE RELATIONSHIP BETWEEN NEIGHBORHOOD DISADVANTAGE AND INTIMATE PARTNER VIOLENCE OF MINORITY WOMEN AND THE IMPLICATIONS FOR THEIR HEALTH

MAY 2020

Intimate partner violence (IPV) is a serious public health issue in the United States affecting over 4 million women annually. While IPV cuts across all races and socioeconomic levels, empirical research indicates that minority women are disproportionately affected. Thus far, research has highlighted the significance of individual factors to explain IPV, but there is a notable absence of the role that the neighborhood environment has in influencing the occurrence of IPV. The purpose of this study was to identify potential factors that drive the relationship between neighborhood disadvantage and IPV among minority women. Data from the National Crime Victimization Survey 2012–2016 public use file was used to investigate the association of neighborhood disadvantage and IPV. Data from the survey were obtained from the U.S. Census Bureau and exported to IBM Statistical Package for the Social Sciences (SPSS) version 24 for analysis. Using multilevel logistic regression, the results of this study revealed that minority women who lived in a gated community or building with restricted access were more likely to have reported experiencing an IPV crime than White only

households ($aOR = 1.01$; $aOR = 1.19$). In addition, for each unit increase on the neighborhood advantage scale, the odds of IPV increased by 10% ($aOR = 1.10$). The most prominent policy implications stemming from the study include the need to reduce the prevalence of IPV and to tailor prevention and intervention services within the cultural identity of the neighborhood landscape. Health educators must understand and acknowledge the challenges minority women confront by adapting interventions and providing accessible services in a way that is beneficial to and supports minority women and their families.

TABLE OF CONTENTS

	Page
DEDICATION	ii
ACKNOWLEDGMENTS	iii
ABSTRACT.....	v
LIST OF TABLES.....	x
 Chapter	
I. INTRODUCTION	1
Statement of Purpose	3
Research Questions	3
Hypotheses	3
Delimitations	4
Limitations	4
Assumptions	4
Definitions of Terms	5
Importance of Study	6
II. REVIEW OF LITERATURE.....	8
Theoretical Foundations	9
Social Disorganization Theory	9
Application to Intimate Partner Violence	10
Intimate Partner Violence Definition	12
Intimate Partner Violence Among Women	13
Intimate Partner Violence and Minority Women	17
Prevalence	17
Consequences of IPV	18

Economic Effects	18
Health Effects	22
Intimate Personal Violence, Intersectionality, and the Neighborhood Environment	27
Intersectionality.....	30
Neighborhood Effects	30
Residential Segregation	32
Concentrated Disadvantage	34
Residential Stability	35
III. METHODS	37
Research Design and Study Rationale	37
Protection of Human Subjects	37
Method	38
Population.....	38
Sample and Data Collection	38
Instrumentation.....	40
NCVS-500 Control Card	40
NCVS-1 Basic Screen Questionnaire	40
NCVS-2 Crime Incident Report	41
Variables	42
Dependent Variable	42
Independent Variables.....	43
Control Variables.....	44
Data Analysis.....	46
Multilevel Logistic Regression	47
Summary.....	48
IV. RESULTS	49
Descriptive Statistics	49
IPV Crimes in All Households	56
IPV Crimes in Minority Households	60
Summary.....	61
V. CONCLUSIONS AND RECOMMENDATIONS	63
Testing of Hypotheses	66
Discussion.....	66
Implications	74
Implications for Policy and Practice	75
Limitations.....	78
Recommendations for Future Research	80

Conclusion	83
REFERENCES	85
APPENDICES	
A. Institutional Review Board Approval Letter.....	113
B. Modification Of Institutional Review Board Approval Letter.....	115
C. National Crime Victimization Survey.....	117

LIST OF TABLES

Table	Page
1. Descriptive Statistics of All Households by Intimate Partner Violence (IPV) Crime Status, 2012–2016 National Crime and Victimization Study (n = 12944).....	50
2. Descriptive Statistics of Minority Households by Intimate Partner Violence (IPV) Crime Status, 2012–2016 National Crime and Victimization Study (n = 4250).....	53
3. Multilevel Logistic Regression Predicting Intimate Partner Violence (IPV) Crimes in All Households, 2012–2016 National Crime and Victimization Study (n = 12944).....	59
4. Multilevel Logistic Regression Predicting Intimate Partner Violence (IPV) Crimes in Minority Households, 2012–2016 National Crime and Victimization Study (n = 4250).	62
5. Hypothesis Testing Breakdown	66

CHAPTER I

INTRODUCTION

Intimate partner violence (IPV) is a serious public health problem in the United States that affects people no matter their racial/ethnic background or socioeconomic status. IPV is categorized as acts of physical violence, sexual violence, or psychological abuse committed by a current or former partner with whom an individual has or had an intimate relationship (Dillon, Hussain, Loxton, & Rahman, 2013). IPV crosses all social, racial, and ethnic backgrounds and affects over 4 million U.S. women annually (Black et al., 2011; Breiding, Basile, Smith, Black, & Mahendra, 2015; Smith & Holmes, 2018). According to the National Intimate Partner and Sexual Violence Survey (NISVS), more than 35% of American women have reported an incident of IPV including rape, physical violence, or stalking (Fincher et al., 2015; Mugoya et al., 2017). Moreover, Black et al. (2011) found that prevalence rates of IPV vary across racial and ethnic groups; specifically, prevalence of IPV among African American women were consistently higher compared to other racial and ethnic groups.

A large body of evidence exists that defines IPV, the consequences of IPV, and the theoretical explanations for IPV; however, much of this research examines IPV from the individual level (Beyer, Wallis, & Hamberger, 2015; Black et al., 2011; Bonomi, Trabert, Anderson, Kernic, & Holt, 2014; Caetano, Ramisetty-Mikler, & Harris, 2010; Capaldi, Knoble, Shortt, & Kim, 2012; Cunradi, Mair, Ponicki, & Remer, 2011; Cunradi,

Mair, & Todd, 2014; Emery, Jolley, & Wu, 2011; Frye et al., 2012; Gracia, Lopez-Quílez, Marco, Lladosa, & Lila, 2015; Gracia, López-Quílez, Marco, & Lila, 2018; Hill, Woodson, Ferguson, & Parks, 2012; Jackson, 2016; Kirst, Lazgare, Zhang, & O'Campo, 2015; Pinchevsky & Wright, 2012; VanderEnde, Yount, Dynes, & Sibley, 2012; Wright, 2015; Wright & Benson, 2010, 2011; Wright, Pinchevsky, Benson, & Radatz, 2015).

Other areas of research examining multiple health behaviors (e.g., obesity, medication adherence, etc.) have moved beyond the individual level risk factor and taken a broader approach that centers the focus on the external environment's role as a protective factor or barrier (de Vries-McClintock et al., 2015; Suglia et al., 2016). These studies identified that when an absence of order and social cohesion exists within the residential environment, negative health behaviors existed, but when order, social cohesion, and affluence were prominent, positive health behaviors were the norm (de Vries-McClintock et al., 2015; Suglia et al., 2016). Similarly, Pinchevsky and Wright's (2012) empirical review of several studies on IPV found that risk and prevalence of IPV can vary across neighborhoods. Specifically, these studies revealed that the act of violence between intimate partners is embedded in structural characteristics (e.g., concentrated disadvantage, residential instability, and racial and ethnic heterogeneity) that exists within certain spatial environments. Therefore, further exploration is necessary of these spatially interdependent factors that impact the incidence of IPV and differentially affect minority women at the neighborhood level (Landor et al., 2017; Sampson, 2019).

Statement of Purpose

The purpose of this study is to identify potential factors that drive the relationship between neighborhood disadvantage and IPV among minority women. Identifying the mechanism of interaction between neighborhoods and IPV will provide direction for neighborhood-level interventions.

Research Questions

RQ1: What is the relationship between living in a gated or walled community and intimate partner violence among minority women?

RQ2: What is the relationship between living in a building with restricted access and intimate partner violence among minority women?

RQ3: What is the relationship between neighborhood disadvantage and intimate partner violence among minority women?

Hypotheses

H_o 1: Living in a gated or walled community has no significant relationship to IPV crimes among minority women.

H_o 2: Living in a building with restricted access has no significant relationship to IPV crimes among minority women.

H_o 3: Neighborhood disadvantage has no significant relationship to IPV crimes among minority women.

Delimitations

The delimitations of this study are as follows:

1. Participants are only those who met the eligibility requirements are established by the NCVS.
2. This sample is delimited to all women who answered the type of crime they experienced question in the United States in the NCVS.
3. The data for this dissertation includes data solely from years 2012–2016.

Limitations

The limitations of the study are:

1. The survey is based on self-report and may be subject to recall bias and prevarication bias.
2. The variables used to determine incidences of intimate partner violence were only included within the final survey.
3. The survey does not define gated or walled communities or a building with restricted access, which fails to account for neighborhood characteristics (e.g., exclusive residential complexes and/or public housing projects).

Assumptions

This research assumes:

1. All the participants were English speaking and willingly participated in the study.
2. The survey instrument constructed for this study was appropriate for the design of the study and the purpose for which it was used.

Definitions of Terms

Social Disorganization: Inability to maintain social control to resolve collective community problems.

Social Determinants of Health: The social condition in which people are born, live, work, and age.

Neighborhood Disadvantage: Neighborhood disadvantage is the level of neighborhood poverty (i.e., percent of low income) and associated conditions (e.g., female-headed households). For the purpose of this study, neighborhood disadvantage was operationalized through a composite of two variables: living in a gated or walled community and living in a building with restricted access.

Residential Stability: Average length of residence over a consecutive time period.

Collective Efficacy: The level of social cohesion among neighborhood members and their willingness to mediate on the part of the common good of the neighborhood.

Concentrated Disadvantage: A reflection of the level of neighborhood economic hardship, lack of opportunities and resources.

Neighborhood Disorder: The lack of order and social control within the neighborhood.

Intimate Partner Violence: The physical violence, sexual violence, stalking, and psychological aggression (including coercive tactics) by a current or former male intimate partner.

Importance of Study

IPV is a recognized public health problem that impacts thousands of women every year with consequences ranging from severe injury to death. IPV leads to harmful long-term effects impacting physical, emotional, and mental health (Black et al., 2011; Breiding et al., 2015; Hill & Maimon, 2013; Hill et al., 2012; Karakurt, Smith, & Whiting, 2014). These health effects impede a woman's ability to maintain economic security through employment and housing not only during the time that she is victimized, but long after she has escaped the abuser (Beyer et al., 2014; Black et al., 2011; Bonomi et al., 2014; Caetano et al., 2010; Capaldi et al., 2012; Cunradi et al., 2011, 2014; Emery et al., 2011; Frye et al., 2012; Gracia et al., 2015, 2018; Hill et al., 2012; Jackson, 2016; Kirst et al., 2015; Pinchevsky & Wright, 2012; VanderEnde et al., 2012; Wright, 2015; Wright & Benson, 2010, 2011; Wright et al., 2015). Moreover, the health costs associated with the effects of IPV exposure increase the economic burden to society. Nearly half of women who experience IPV are physically injured; thus, healthcare usage is increased while workforce productivity is decreased (Peterson & Krivo, 2010). Consequently, IPV affects how women invest in their future by altering the mutual relationship between health and education as well as the accrual of workforce skills.

Researchers have consistently examined IPV from the individual level. However, the literature is limited in its consideration of key factors that impact IPV, like neighborhood, the role of culture, and environmental risk factors. Moreover, the literature examining the neighborhood, IPV, and minority women is in its infancy (Al'Uqdah, Maxwell, & Hill, 2016; Benson, Fox, DeMaris, & Van Wyk, 2003; Benson, Wooldredge,

Thistlethwaite, & Fox, 2004; Beyer et al., 2015; Bonomi et al., 2014; Caetano et al., 2010; Capaldi et al., 2012; Cunradi et al., 2011, 2014; Emery et al., 2011; Frye et al., 2012; Gracia et al., 2015, 2018; Hill et al., 2012; Jackson, 2016; Kirst et al., 2015; Pinchevsky & Wright, 2012; VanderEnde et al., 2012; Voith, 2017; Wright, 2015; Wright & Benson, 2010, 2011; Wright et al., 2015). Thus, it is important to recognize that although IPV affects all levels of socioeconomic status and racial and ethnic backgrounds, IPV disproportionately affects some racial and ethnic groups. Researchers have asserted that minority populations are subject to more violence due, in part, to historical social injustice and oppression, resulting in disproportionate rates of IPV among minorities rather than individual characteristics (Baciu, Negussie, Geller, & Weinstein, 2017; DuMonthier, Childers, & Milli, 2017; Wilson & Webb, 2018). Accordingly, there is considerable room for additional IPV research by looking through a theoretical lens, which moves past the individual level factor as the only mechanism for IPV. Moreover, the analysis of the relationship between IPV and the neighborhood should not be limited to a set geographical context (i.e., urban and rural settings), but should include atypical settings like military units, military bases, college campuses, and others. Therefore, this research highlights the important role the neighborhood has on the occurrence of IPV and suggests that environmental factors are a powerful predictor of IPV.

CHAPTER II

REVIEW OF LITERATURE

The review of the literature includes examination of the neighborhood effects on the occurrence of IPV among minority women. Specifically, this chapter presents a discussion of the structural influences on IPV within the broader scope of the community and neighborhood. The first section includes a definition of key terms and concepts used in IPV research. The second and third sections provide a discussion of the prevalence and consequences of IPV among low income women. The fourth and final section presents an overview of neighborhood segregation and the impact of neighborhood effects on IPV.

A search was conducted for this literature review from January 2017 to January 2018, and included the following databases: (a) Medline/PubMed, (b) CINAHL, (c) Nursing-ProQuest Database, (d) SocIndex, (e) SAGE Journals, (f) Springerlink, (g) JSTOR Arts & Science VII, (h) Project Muse, and (i) Google Scholar. Search terms included: intimate partner violence, domestic violence, partner violence, wife battering, domestic abuse, minority women, neighborhood, community, National Crime Victims Survey, social determinants of health, and social disorganization theory. Inclusion criteria included the English language, peer-reviewed journal research articles, websites, books, book chapters, and government documents from January 2000 to January 2019, and focusing on minority women and IPV.

Theoretical Foundations

Social Disorganization Theory

Social disorganization theory (SDT) is the most frequently used theory to explore the relation between neighborhood predictors and IPV. One of the most influential sociological approaches from the Chicago School of Social Research, Shaw and McKay (1942) pioneered SDT in 1942. The SDT focuses on crime within the context of the neighborhood or community, which asserts that an individual's physical and social environments are primarily responsible for behavioral choices that lead to criminality (Beyer et al., 2015; Bonomi et al., 2014; Caetano et al., 2010; Daoud, Sergienko, O'Campo, & Shoham-Vardi, 2017; Edwards, Mattingly, Dixon, & Banyard, 2014; Felker-Kantor, Wallace, & Theall, 2017; Gracia et al., 2015, 2018; Pinchevsky & Wright, 2012; Voith, 2017; Wright & Benson, 2011). Shaw and McKay (1942) applied SDT to crime and delinquency and found that neighborhoods plagued with concentrated poverty, residential instability, and ethnic heterogeneity had higher rates of both crime and delinquency.

Relying on the same methodology used by John Snow during the 1854 cholera outbreak in London, England, Shaw and McKay (1942) used geographic maps to plot the residences of juveniles involved in Chicago court appearances. Based on the geographic locations of the juvenile offenders, Shaw and McKay (1942) found that juvenile crime was higher and relatively stable in certain neighborhoods despite the change in minority populations. Shaw and McKay (1942) noted that when minority populations moved from high- to low-crime neighborhoods, the level of criminal activity decreased. This finding

suggested that criminal activity had more to do with the environmental factors rather than the individuals themselves. Shaw and McKay (1942) did not find a connection between crime and lower socioeconomic status, but rather, low income neighborhoods were less desirable places to live. Therefore, low income neighborhoods had a lower residential stability rate because residents would move as soon as they had the ability to do so. Moreover, Shaw and McKay (1942) determined these neighborhoods had a high degree of ethnic heterogeneity due to the limited availability of affordable housing for newly arriving immigrant populations. Thus, these neighborhoods were described as socially disorganized due to the inability of community members to bond over shared common values; therefore, common problems went unresolved.

Application to Intimate Partner Violence

Studies conducted using SDT constructs associated with IPV have shown relatively consistent results. Edwards et al. (2014) enhanced the understanding of neighborhood-level characteristics (i.e., neighborhood-level poverty and collective efficacy) associated with IPV victimization, IPV perpetration, and IPV bystander intervention by testing the SDT using self-reported data from a sample of young adults residing in rural counties across the eastern United States. Findings indicated that neighborhood-level poverty was positively associated with IPV victimization and perpetration for both men and women. However, neighborhood collective efficacy was positively associated with IPV victimization and perpetration for men only (Edwards et al., 2014).

Guided by the SDT, Gracia et al. (2015) examined the link between spatial variations and neighborhood-level characteristics on the risk of IPV in Valencia, Spain. Results suggested that the risk of IPV was significantly higher within neighborhoods characterized by poverty, crime, disorder, and decay. A subsequent investigation examined the spatial distribution and overlap of child maltreatment (CM) and IPV, and if the risk for both CM and IPV were impacted by the exact neighborhood-level characteristics. As in the prior study, distressed neighborhoods contained features of SDT (i.e., concentrated poverty, immigrant concentration and residential instability); in addition, low educational attainment and criminal activity indicated a positive relationship between neighborhood-level characteristics, CM, and IPV (Gracia et al., 2018).

These studies support Shaw and McKay's (1942) research in which they theorized that crime is not caused at an individual level, but rather, the normal response to an abnormal environmental condition. Keeping in mind that place matters when it comes to predicting criminal outcomes, the SDT is useful in investigating the pathways related to violent behaviors such as IPV (Stewart & Simons, 2010). Shaw and McKay (1942) observed that social disorganization is an imbalance in the social cohesion of the community. This imbalance is a mix of three structural factors: low economic status (poverty), ethnic heterogeneity, and residential instability. These interacting structural factors result in social disorganization: the inability to maintain formal and informal social control to resolve collective community problems. Advancing SDT, Sampson, Raudenbush, and Earls (1997) revised the theory to include collective efficacy. Collective

efficacy is an extension of self-efficacy and is the shared ability of a neighborhood to build cohesive networks and maintain social controls. Additionally, collective efficacy describes the willingness of the community residents to agree on and enforce acceptable behavior (Higgins & Hunt, 2016). In other words, residents living in neighborhoods composed of low collective efficacy are less likely to contact police or attempt to intercede during a dispute between intimate partners due to weak social bonds with other members of the community (Benson et al., 2003; Wright & Benson, 2010, 2011). Conversely, studies have shown that men living in communities with high collective efficacy were approximately four times less likely to demonstrate behaviors of IPV (Emery et al., 2011; Wright & Benson, 2011).

SDT, and additional revisions (Anderson, 1999; Sampson et al., 1997; Wilson, 1987), proposes that neighborhood conditions have an impact on the behaviors of community members, which are not merely the result of aberrant individual characteristics. Rather, it is the collective components, such as concentrated disadvantage, residential instability, and social cohesiveness of the neighborhood, that perpetuate delinquent behaviors. Neighborhoods characterized by these collective components are prone to an increase in delinquent and oftentimes violent behaviors, and when violent attributes of a neighborhood evolve and are dispersed, the resulting environmental effect can contribute to the experience of IPV (Voith, 2017).

Intimate Partner Violence Definition

Violence between individuals, a spouse or partner (same sex or opposite sex), siblings, parents, or other close relatives, is sometimes described as domestic or family

violence. The Centers for Disease Control and Prevention (CDC) describes such violence as IPV. An intimate partner is a person with whom one has had an intimate relationship, but the word intimate does not necessarily include a sexual relationship. Even though a sexual relationship does not need to be present to be an intimate relationship, the relationship must be, at least at one point, a close and personal relationship. According to the CDC (2018), IPV is "physical violence, sexual violence, stalking, and psychological aggression (including coercive acts) by a current or former intimate partner," and occurs in both opposite sex and same-sex couples with or without sexual intimacy (para. 1). Accordingly, the CDC's term of IPV is more explicit in describing violence perpetrated by a partner in a romantic or dating relationship. Therefore, for the purpose of this dissertation, the term IPV based on the CDC definition, will be used with one caveat; this dissertation will only examine male to female IPV (Breiding et al., 2015).

Intimate Partner Violence Among Women

Throughout the course of history, humans have engaged, interacted, and formed relationships with one another. These relationships have a varied context depending on factors associated with culture, socioeconomic status, geography, and the needs of society at large. Although humans were created to form intimate relationships, these types of relationships sometimes give rise to conflict resulting from external stressors and strains. Often, domestic conflicts are poorly managed through acts of violence.

IPV against women is ubiquitous in practically every society (Cho, 2011; Do, Weiss, & Pollack, 2013; Hess & Del Rosario, 2018; Reuter, Newcomb, Whitton, & Mustanski, 2017; World Health Organization, 2017). Even though IPV has been

recognized as a social issue of the poor, uneducated, and immigrant individuals since the 1600s, it was generally considered a private matter and was primarily disregarded as a significant social problem in subsequent centuries (Erez, 2002; Pleck, 1987; Rakovec-Felser, 2014). Households were systematized within the patriarchal tradition. Men held sole controlling interest of their property, which stretched beyond real estate and livestock and included their wives, children, servants, and slaves. Management and discipline of the household by any means necessary, including corporal punishment to maintain order, was at the discretion of the patriarch (Rakovec-Felser, 2014; Ruggles, 2015). Thus, women did not have the latitude to separate, divorce, and take their children from their abusive husbands. It was also theorized that IPV was a symptom of deviant behaviors and alcohol dependency. Politically active women who had been influential in the abolition of slavery began “addressing other ills in society that required correction” by focusing on temperance activities and protecting children (Chamberlain, Yanus, & Pyeatt, 2016, p. 1). While a noble activity, this focus did not go far enough to disentangle IPV as a distinct social issue (Barner & Carney, 2011; Chamberlain et al., 2016; Pleck, 1987).

Albeit slow, the women’s movement progressed during the 1970s and 1980s brought much needed attention to the issue of IPV. The women’s movement reframed the issue of “wife beating” as a social problem and conceptualized the image of the battered woman who was deserving of not only sympathy and understanding, but legal protection (Lehrner & Allen, 2009). According to Lehrner and Allen (2009), the women’s movement was not only instrumental in the sociopolitical examination of IPV, but also,

“how social movements can construct social problems and successfully mobilize resources” (Renzetti & Bengen, 2005, p. 246). The mobilization of resources, such as women’s shelters, advocacy, and support groups, became an avenue for women to leave their abusers. In addition to legal reforms that provided victims a modicum of relief, two landmark cases changed the way the legal system viewed victims of IPV (Fleck-Henderson, 2017; Lehrner & Allen, 2009). Tracy Thurman, a Connecticut resident, was awarded a multimillion-dollar settlement after reporting her abusive husband to the local police, who while in the presence of a local police officer, failed to intercede and protect her (Goodmark, 2018). In 1996, the California Supreme Court overturned the manslaughter conviction of Fresno resident Evelyn Humphrey after it was determined that evidence of battered women’s syndrome was ignored during the trial phase (Duivent, 2013). Because of these cases and others like them, IPV was provided a vocal platform that allowed for its recognition as a separate entity from other types of violence.

Despite the social progress made in the latter 20th century highlighting the pervasiveness of violence against women, IPV is not always taken as seriously as other types of violent crime. One explanation is the way society views and marginalizes women as unequal to men, thus, allegations of IPV are sometimes viewed as of little consequence (Kalra & Bhugra, 2013). Moreover, the media can circulate messages of victim-blaming and victim-responsibility, which can hinder victims from getting help (Carlyle, Orr, Savage, & Babin, 2014; Carlyle, Slater, & Chakroff, 2008). Specifically, in the 2009 dating abuse case of the recording artist Rhianna, Rothman et al. (2012) concluded that the media perpetuated Rhianna’s re-victimization by sending “....*mixed*

messages about dating abuse, and many minimized the seriousness of partner abuse perpetration,” in addition to suggesting Rhianna was culpable in the violence (p. 733). Again in 2016, another high-profile IPV case involving actor, Johnny Depp and his then-wife, Amber Heard, illustrated the way cultural and society norms can encourage violence between intimates through victim blaming (WHO, 2019). Ms. Heard has stated publicly that the public would have been on her side if a stranger had abused her, but since it was her celebrity husband, the court of public opinion was against her (Easteal, Holland, & Judd, 2015). Ms. Heard’s statement demonstrates the cultural backlash that victims of IPV can face through victim blaming. In his efforts to deny and diminish the allegations against him, Mr. Depp filed a \$5 million dollar lawsuit against Ms. Heard for defamation of character. Mr. Depp’s lawsuit claimed that the abuse allegations were an elaborate hoax by Ms. Heard, which he says he had evidence of, and suggested he was the victim of abuse at the hands of Ms. Heard, which resulted in a loss of film roles and income (Puente, 2019).

Evidenced by the discussed celebrity accounts, IPV is not limited to women of a certain socioeconomic status or racial and ethnic background (Breiding et al., 2015). However, these accounts illustrate the illusory role the media plays in not only desensitizing public opinion, but how violence is framed within the broader context of society. In a recent study, perceptions of IPV can be the result of living in violent neighborhoods. Specifically, black male church members participating in a focus group spoke of the conditioning effect of living in violent neighborhoods (Bent-Goodley, Henderson, Youmans, & St. Vil, 2015). According to Bent-Goodley et al. (2015), focus

group participants stated that the conditioning had impacted their beliefs system, in particular, their sense of right and wrong. For example, IPV is an acceptable way to resolve issues or exert dominance because it is condoned by the neighborhood, and then reinforced by the media's erroneous representation (Lindsay-Brisbin, DePrince, & Welton-Mitchell, 2014).

Intimate Partner Violence and Minority Women

Prevalence

As reported by Brosius (2015), IPV is “the largest single category of violent crime in the United States,” and is the number one cause of injury and death to women (para. 19). According to the National Intimate Partner and Sexual Violence Survey (NIPSVS), more than 35% of American women have reported an incident of IPV, including rape, physical violence, or stalking, in their lifetime (Black et al., 2011; Fincher et al., 2015; Mugoya et al., 2017). While it is important to recognize that perpetrators and victims of IPV can be of either sex, overall, women have the larger incidence of victimization and remain the principal targets of IPV. For example, Beyer et al. (2015) found that in the United States, 36% of women, compared to 29% of men, have experienced some form of IPV. However, as important as it is to recognize gender differences in rates of IPV, it is equally important to recognize racial differences in rates of IPV (Beyer et al., 2015). A general consensus among researchers is the prevalence of IPV is significantly higher among minority women (Benson et al., 2004; Beyer et al., 2015; Fox & Benson, 2006; Golden, Perreira, & Durrance, 2013; Lacey et al., 2015; Slabbert, 2017; Taft, Bryant-Davis, Woodward, Tillman, & Torres, 2009; Tolman & Raphael, 2000; Tolman & Rosen,

2001). For instance, the lifetime rate of physical violence by an intimate partner is approximately 32% for European American women, whereas, African American and Hispanic women experience lifetime rates of approximately 41% and 35%, respectively. Yet, it is suggested that when controlling for socioeconomic status, racial differences are less significant (Breiding et al., 2017).

Additionally, over the course of a lifespan, IPV survivors may experience one or more forms of IPV from not only a single, but multiple, offenders (Breiding et al., 2017). IPV incidence and prevalence is only accurate if it is reported, and unfortunately, IPV not resulting in death often remains unreported for fear of some form of retribution (Beyer et al., 2015; Kiss, Schraiber, Hossain, Watts, & Zimmerman, 2015; Reaves, 2017). Specifically, Reaves (2017) reported that 24% of females do not report IPV because of fear of retaliation from their intimate partner, loss of economic security, and lack of trust in the police; further, illustrating the complexity of IPV.

Correspondingly, the stigma of IPV creates challenges for survivors to report or discuss their experiences. Several scholars have indicated that IPV survivors often experience feelings of self-blame, guilt, and “secrecy, separation, shame, social exclusion, and stereotyping,” (Murray, Crowe, & Brinkley, 2015, p. 333) which may all converge to influence their negative feelings about how others view or perceive them (Kennedy & Prock, 2018; McCleary-Sills et al., 2015).

Consequences of IPV

Economic Effects

There is a wide range of explanations for the link between IPV and minority women. One explanation suggests that IPV is the result of dominance/control, sexism, and power dynamics within a non-egalitarian relationship (Karakurt & Cumbie, 2012). Additionally, it is theorized that IPV is the unfortunate side effect of living on the lower end of the social structure (Miles-Doan, 1998). Since limited economic resources and living in poverty can act as a trigger for domestic conflicts, a number of scholars suggest that higher rates of IPV for women, and minority women in particular, are related to one specific factor: income (Al'Uqdah et al., 2016; Baker, Billhardt, Warren, Rollins, & Glass, 2010; Benson et al., 2003, 2004; Beyer et al., 2015; Bonomi et al., 2014; Caetano et al., 2010; Capaldi et al., 2012; Cunradi et al., 2011, 2014; Emery et al., 2011; Frye et al., 2012; Golden et al., 2013; Goodman, Smyth, Borges, & Singer, 2009; Gracia et al., 2015; Hill et al., 2012; Jackson, 2016; Kirst et al., 2015; Lacey et al., 2015; Matjasko, Niolon, & Valle, 2013; Pinchevsky & Wright, 2012; Slabbert, 2017; Taft et al., 2009; VanderEnde et al., 2012; Voith, 2017; Wright, 2015; Wright & Benson, 2010, 2011; Wright et al., 2015). Accordingly, IPV impacts every aspect of a woman's financial autonomy and economic stability by way of missed educational opportunities, finding employment, and subsequently, retaining employment, in addition to controlling their own reproductive choices (Hess & Del Rosario, 2018; Hodder, Spiegel, Soto-Torres, & Haley, 2017).

Abusive partners use various tools and tactics to control a woman's economic security, including harassing and stalking them at their place of employment either in person or by phone (Adams, Bybee, Tolman, Sullivan, & Kennedy, 2013). These tactics

cause poor job performance due to lack of concentration or physical injury, which result in absenteeism and, ultimately, job loss (Adams et al., 2013; Hess & Del Rosario, 2018; Postmus, Plummer, McMahon, Murshid, & Kim, 2012). Hess and Del Rosario (2018) examined the economic toll IPV has on women and found that over 80% of women reported that their abuser caused disruptions and problems for them at work, which resulted in loss of income. Over 60% of women reported their abuser used multiple tactics like isolating them from friends and family and controlling money in order to prevent access to education, in addition to tracking their whereabouts to prevent or disrupt school or work attendance. Therefore, due to a lack of financial security, over 70% of the women surveyed continued living with their abuser or, in some cases, returned to their abuser and were unable to initiate or continue educational goals (Hess & Del Rosario, 2018).

Postmus et al. (2012) concluded that economic hardships due to IPV extends beyond just prohibiting or disrupting a woman's work or school environment but can include other forms of financial terrorism. Hsu (2016) asserted that since women typically prioritize investments (e.g., food, clothing, shelter, etc.) in their children, IPV is used to seize financial control by means of theft or fraudulent debt (Hess & Del Rosario, 2018; Hsu, 2016). Loss of credit exerts considerable damage to women's long-term economic security (e.g., inability to obtain housing, loans, or employment) leaving them vulnerable and often reliant on government assistance programs (Adams et al., 2013; Cheng, 2013; Thomas, Collier-Tenison, Maxwell, & Cheek, 2017). Women utilizing government welfare programs, such as temporary assistance for needy families (TANF),

have a higher IPV incident rate of approximately 30 to 74% compared to the normative population (Thomas et al., 2017; Tolman & Raphael, 2000). Consequently, IPV creates vulnerability to persistent poverty where choices are limited and women are more dependent on the minimal support received from welfare, and above all else, “.... keeps women imprisoned in their violent circumstances where there is no escape” from their abusive partner (Slabbert, 2017, p. 226). Correspondingly, Taft et al. (2009), asserted that when comparing the rate of women living in persistent poverty, European American women account for 11% as compared to 25% of African American women. Specifically, African American women experience higher rates of unemployment and, for those employed, lower wages due to workplace discrimination compared with African American men and non-Hispanic women (Hodder et al., 2017). Therefore, the economic divide experienced by minority women restricts their ability to amass assets, like owning a home, and in turn, their ability to accumulate wealth (Hodder et al., 2017).

Living in persistent poverty increases dependency on sub-standard housing or federal housing assistance often located in economically depressed and high crime neighborhoods (Hodder et al., 2017). found evidence showing that African Americans have more than three times a greater chance of living in an economically depressed neighborhood than European Americans. Economically depressed neighborhoods can increase the risks for IPV by various mechanisms like greater exposure to crime and violence and social acceptance of violence as a means of conflict resolution (Yonas et al., 2011). Community acceptance of violence facilitates isolation due to distrust and fear, which then, depletes the health of the neighborhood by impairing both social and

economic conditions of the neighborhood. Moreover, Cohen, Davis, Lee, and Valdovinos (2010) argued that companies are less likely to invest in neighborhoods plagued with violence and crime, thereby creating little opportunity for economic growth and advancement in those areas. Limited economic opportunities contribute to social and economic disadvantage, which nurtures violence like IPV (Cohen et al., 2010).

Health Effects

Besides the obvious impact of IPV, research has examined and documented the long-term human costs of IPV. Studies have demonstrated that apart from the physical scars that remain from years of IPV, victims report a wide range of acute and chronic physical and mental health conditions (e.g., injuries, disordered eating, depression, and post-traumatic stress disorder (Adams et al., 2013; Bonomi et al., 2014; Beyer et al., 2015; Edwards, 2015; Hill et al., 2012; Pinchevsky & Wright, 2012; Stockman, Hayashi, & Campbell, 2015). Victims of IPV have higher rates of stress and depression as well as may engage in behavioral choices (i.e., drug and alcohol use) that impact their overall health (Breiding et al., 2015; Golden et al., 2013).

Early childhood exposure to violence is shown to have a deleterious effect and can be a predictor of future IPV either as the perpetrator or victim (Capaldi et al., 2012; Sapra, Jubinski, Tanaka, & Gershon, 2014; Wilson & Webb, 2018). Children and adolescents model the relationships they see; thus, growth and development are impacted by both positive and negative socialization processes (Howell, Barnes, Miller, & Graham-Bermann, 2016). Researchers have found that minority women's aggression and victimization is correlated with prolonged exposure and socialization to violence (Landor

et al., 2017; Mitchell et al., 2010). In their research, Mitchell et al. (2010) found a positive association between exposure to community and contextual violence and increased general aggression among young, urban African American mothers. Research conducted by Neighbors et al. (2010) coincided with Mitchell et al. (2010) and emphasized that prolonged exposure to disadvantage and violence acts as a social process can become normative within an individual's life. Therefore, violence can become accepted as a normal form of communication and conflict resolution, which furthers the subjugation of women and their children (Hill et al., 2012; Landor et al., 2017; Neighbors et al., 2010; Prather, Fuller, Marshall, & Jeffries, 2016). A study conducted by Landor et al. (2017) examined the sources of IPV socialization of 22 economically disadvantaged African American adolescents. Data from this study revealed the normative nature of IPV and that many of the youth interviewed perceive IPV only in the context of severity; for example, youth reported that unless the violence was painful, it was not harmful.

Overlapping forms of stressors produce a formula for negative health effects. Research has demonstrated that women facing multiple life stressors are at risk for mental health problems (Mitchell, Richardson, Shortt, & Pearce, 2015). Post-traumatic stress disorder (PTSD), while often linked with members of the military after experiencing trauma and death of war, can impact individuals that experience an instance of trauma or periods of prolonged trauma (Hill et al., 2012). According to Dillon et al. (2013), PTSD has a strong association with incidences of IPV and, in particular, for women experiencing one or more forms of violence and abuse. Rollins et al. (2012) found that the rate of reported PTSD was higher for women living in extreme violence

compared to that of returning military members engaged in war. Furthermore, access to adequate housing (i.e., housing instability and homelessness) is a risk factor for a variety of mental health issues. Women who are frequently transitioning from one place to another exhibit symptoms of PTSD and other mental health issues as a direct result of living in a hyper state of stress (Rollins et al., 2012). Under extreme stress, individuals seek out means to cope or release stress. Goodman et al. (2009) offered a unique perspective on coping strategies for victims of IPV and proposed that women utilize a survival strategy called survival-focused coping. The main objective of survival-focused coping is to survive in the short term, or one day at a time, by focusing on the basic needs of their loved ones and keeping them safe. This form of coping is often viewed as passive or enabling a woman's current situation. However, this view only adds to the burden the victim is presently facing.

Women living in a violent relationship face myriad stressors that can impact health. Persistent victimization reduces a woman's ability to maintain optimum daily functioning and effectively reduces her quality of life. While it has been noted that IPV is experienced by all racial groups and socioeconomic statuses, the sequelae of IPV for minority women is partly encapsulated within aspects of "historical trauma" (Sapra et al. 2014, p. 2; Taft et al., 2009). For example, the stereotype that suggests African American women are oversexed and encourage aggressive behavior is rooted in racism and discrimination (Hill et al., 2012; Prather et al., 2016; Stockman et al., 2015). Therefore, any acts of violence toward them is not viewed as victimization, but wanted and deserved (Hill et al., 2012; Prather et al., 2016; Stockman et al., 2015). Moreover, the isolation of

the American Indian on reservations and the resulting concentration of poverty provided a pathway for certain gender norms to emerge (Sapra et al., 2014). Specifically, Benavides, León, Etesse, Espezua, and Stuart (2018) argued that male gender norms are activated by the lack of economic opportunities, which weakens a man's role as the family provider; thus, they exercise their strength at home through IPV. Prather et al. (2016) argued these norms increase vulnerability for HIV and other sexually transmitted diseases, unintended pregnancies, small-for-gestational-age births (SGA), and death for minority women, in particular, African American women.

Hill et al. (2012) argued that minority women experience trauma and violence more often than their white counterparts. Minority females are frequently exposed to physical and sexual trauma over their lifespan. The implications of traumatic exposure are great, as survivors experience mental health issues such as anxiety, depression, and PTSD (Brondolo, Eftekharzadeh, Clifton, Schwartz, & Delahanty, 2018; Cimino et al., 2019; Haag, Jones, Joseph, & Colantonio, 2019; Hill et al., 2012; Mugoya et al., 2017; O'Donnell, Agronick, Duran, Myint-U, & Stueve, 2009; Smith & Holmes, 2018). Taken from a nationwide sample of 9,000 women, Black et al. (2011) found that more than 60% who experienced IPV reported indications of PTSD. Additionally, Smith and Holmes (2018) reported that traumatic brain injury (TBI) resulting from a blow to the head or asphyxiation was found in over 95% of women who sustained injuries to their face or head. Because TBI has similar characteristics as PTSD, such as depression, memory loss, confusion, and aggression, it is often misdiagnosed, leading to poor treatment and long-term health effects (Haag et al., 2019). In addition, a study conducted by Cimino et al.

(2019) of African American IPV victims found that approximately one-third of those sampled had suffered a TBI and were at a significant risk for PTSD and depression.

Unfortunately, in some cases, women living with IPV will abuse substances like drugs and alcohol. For some, substance use or abuse is a coping mechanism, while others are coerced into substance use by their partner. Abusers may use tactics such as threatening the victim with reports to the police, immigration, or child protective services to engage them in continued substance abuse (Warshaw, Lyon, Bland, Phillips, & Hooper, 2014). Evidence suggests that alone, substance and alcohol abuse have negative physical effects. However, Dillon et al. (2013) found that substance and alcohol abuse have a reciprocal influence as a risk factor for and effect of mental health conditions. Moreover, Casciano and Massey (2012) observed that living in a constant state of arousal due to extended contact with environmental violence (e.g., IPV or neighborhood disorder) launches the body's self-preservation mechanism (i.e., flight or fight) through the release of stress hormones. Over time, the steady exposure to stress may result in engaging in self-medication, which then exacerbates mental health conditions like depression and PTSD (Rivera et al., 2015).

A study conducted by Lacey et al. (2015) examined incidences of mental health disorders in African American and Caribbean Black women living in the USA. Using data from the 2001–2003 National Survey of American Life (NSAL), Lacy et al. examined 3,277 U.S. Black women, their environmental characteristics, and experiences of discrimination and IPV. Evidence from this research found that mental health disorders were prevalent within the study sample; specifically, over 22% of the

respondents reported anxiety disorders, 15% reported mood disorders, and over 11% of respondents revealed suicide ideation. These disorders were associated with high levels of intimate physical violence, perceived discrimination, violent crimes, and socioeconomic status. However, age, education, and income were a critical mediator for mental health. Younger women between 18–34 years old were reported to have greater odds for mood disorders, anxiety, depression, and suicide ideation. Additionally, the likelihood of a substance abuse disorder increased by three and half times for younger Black women with less than a high school education and lower incomes who resided in disadvantaged neighborhoods and experienced extreme physical violence (Lacey et al., 2015).

IPV is a serious issue that leads to long-term physical, emotional, and mental health effects (Brondolo et al., 2018; Cimino et al., 2019; Daoud et al., 2015; Haag et al., 2019; Hill et al., 2012; Matheson et al., 2015; Smith & Holmes, 2018; Watson-Singleton et al., 2019). These effects on health are shown to have far-reaching economic impacts that limit not only basic existence but impair the ability to escape from the control of IPV.

Intimate Personal Violence, Intersectionality, and the Neighborhood Environment

Individuals with low income thresholds do not have the luxury to choose where they live and often struggle to find affordable housing in safe neighborhoods. Living in a dangerous neighborhood is associated with many personal costs. Research indicates that facing the possibility of becoming a victim of crime or simply living in fear of crime produces a wide range of physical and emotional side effects, such as injury or death,

stress and isolation, and weakened school progress and work performance (Edwards et al., 2014; Lauritsen, Rosenfield, Rezey, & Heimer, 2014).

Explanations from an established body of research suggest that IPV stems from individual-level factors; however, research taking macro-level effects into consideration has platted the intersection between neighborhood disadvantage, stress, and IPV (Bonomi et al., 2014; Gracia et al., 2015, 2018). These studies found that neighborhood disadvantage and stress was correlated with increased incidence of IPV (Bonomi et al., 2014). Furthermore, there is an indication that periods of economic downturn place women at greater risk for IPV (Lauritsen et al., 2014).

Even though there is an extensive body of research examining violence from various standpoints, previous research has neglected the interacting characteristics of the neighborhood that have an effect on intimate relationships, such as collective efficacy, disorder, employment opportunities, immigration, residential instability, home foreclosures, and evictions. Evidence has shown that the incidence of violent crime occurring in certain neighborhoods is directly connected to concentrated poverty and disadvantaged neighborhoods (Peterson & Krivo, 2010). Nevertheless, IPV is not typically viewed in the same context as other crimes like robbery, murder, and theft, but as a private matter. Benson et al. (2003) found that because of erroneous assumptions, the “potential neighborhood or contextual effects on intimate violence have largely been ignored, because it has been assumed that these effects do not penetrate into family settings” (p. 209). As Benson et al. (2003) noted, people do not exist in seclusion, but

interact within their social environments, and therefore are influenced by the set of norms and behaviors within the boundaries of their social setting.

Studies conducted within the framework of the Shaw and McKay's (1942) SDT are reliant on the evidence that behavioral choices and actions are rooted in neighborhood dynamics. Specifically, living in disorganized neighborhood environments, or those with a high concentration of poverty and negligible community cohesion, limits social controls and prevents the community from dealing with these issues. As a result, the community collapses and social disorganization persists, culminating in crime that is situated by space.

According to Shaw and McKay (1942), areas of low socioeconomic status have higher concentrated poverty, which is a thoroughfare to increased rates of crime, specifically, violent crime that includes aggravated assault and homicides. Studies examining the residential environment and its influence on the level of violence and crime often explore elements of residential instability. Like concentrated disadvantage, residential instability is associated with property crimes and violent crime, such as assaults upon strangers, robbery, and murder (Bonomi et al., 2014; Edwards et al., 2014; Frye et al., 2012).

An additional element of a disorganized neighborhood is limited collective efficacy. As the research affirms, social controls mediate the connection between collective efficacy and violence; therefore, low collective efficacy may provide explanations for the violence that occurs between intimate partners (Edwards et al., 2014). However, Edwards et al. (2014) noted that some communities, like those in rural

areas, with high levels of social cohesion serve to form the basis for the acceptance of certain behaviors. Rather than act as a protective factor, Edwards et al. (2014) noted that the expected cohesiveness could enhance the incidence of IPV from offenders who hold a great breadth of social resources and influence within the community.

Intersectionality

Expanding the understanding the role of neighborhoods and residential environments have on IPV, it is important to explore the intersecting factors attributable to IPV. Crenshaw (1991) initially proposed the concept of intersectionality to demonstrate how race and gender outline the employment experiences of African American women. Using this outline, Crenshaw framed the intersection of IPV with race and gender with this aim: "...the intersection of racism and sexism factors into black women's lives in ways that cannot be captured wholly by looking at the race or gender dimensions of those experiences separately" (Crenshaw, 1991, p. 1242). Though intersectionality may seem like an intangible concept, the basis of intersectionality conveys palpable realities for victims of IPV (Brown, 2012; Gillum, 2019; O'Neal & Beckman, 2017). Intersectionality permits researchers to peel back the social processes of IPV, thereby providing a more thoughtful investigation that intersects race, gender, and social class, as well as the interplay of structural impediments that lead to IPV (Bauer, 2014).

Neighborhood Effects

During the last four decades, research has advanced the knowledge and understanding of society's views regarding IPV. Among varying fields of study, a broad range of researchers have examined the associated risk factors that increase the risk of IPV for women (Widom, Czaja, & Dutton, 2008). These risks factors are identified as two distinct classifications of IPV, individual-level and neighborhood structural-level, which have theoretical underpinnings (Bonomi et al., 2014).

A complex link occurs when individual-level and structural-level factors intersect. SDT posits that impoverished neighborhoods are associated with reduced social control, which limits the level of neighborhood social cohesion (Gracia et al., 2014, 2018). According to Neighbors et al. (2010), diminished social cohesion and neighborhood isolation contradict conventional values. Thus, observed neighborhood violence is internalized and, subsequently, accepted as a regular form of conflict resolution (Cunradi et al., 2011; Gracia et al., 2015, 2018; Neighbors et al., 2010; Nix, Wolfe, Rojek, & Kaminski, 2014; Sampson & Bartusch, 1998). Correspondingly, Sampson and Lauritsen (1994) noted that over time, spatial influences shape individual attitudes, thereby forming the cognitive landscape. The cognitive landscape emerges through developed, “ecologically structured norms (normative ecologies) regarding appropriate standards and expectations of conduct” (Sampson & Lauritsen, 1994, p. 63). That is, in a structurally disorganized neighborhood, a system of normative misperceptions emerges within the community whereby crime and violence are less than eagerly denounced and, therefore, are part of day-to-day life, which then impacts the propensity for IPV.

The SDT demonstrates that disorganized neighborhoods are at greater risk for delinquency, violence, and crime due to their lack of ability to exercise certain mechanisms of social control. Thus, social bonds are weakened and social cohesion by means of collective efficacy is hindered (Beyer et al., 2015; Bonomi et al., 2014; Edwards, 2015; Pinchevsky & Wright, 2012). Understandably, a single set of risk factors is not a sufficient explanation for IPV. What is known is that prolonged exposure to risk factors have both direct and indirect effects on individual vulnerability to IPV (Beyer et al., 2015; Gracia et al., 2015, 2018).

Residential Segregation

Research has suggested that factors like poverty, weakened social cohesion, and physical incivilities (e.g., graffiti and abandoned or dilapidated buildings) are a manifestation of residential segregation and play an integral role in neighborhood crime and violence (Krivo et al., 2015; Sudano, Perzynski, Wong, Colabianchi, & Litaker, 2013; Williams & Sternthal, 2010; Yonas et al., 2011). The practice of residential neighborhood segregation did not occur in a vacuum or by happenstance but emerged through a system of government policies and procedures designed to block minority populations from equal opportunities (Al'Uqdah et al., 2016; O'Leary & Frew, 2017; Krivo et al., 2015; Quillian, 2012). During the early part of the 20th century, the practice of systemic segregation used exclusionary tactics like zoning ordinances, restrictive covenants, and redlining to limit where minority populations could reside (Al'Uqdah et al., 2016; Herring & Henderson, 2016; Ortiz & Zimmerman, 2013). Restrictive covenants and redlining were particularly harsh as they resulted not only in the limiting the choice

of neighborhood, but in homeownership. Another mechanism of segregation was the Federal Highway Act of 1956, which introduced the nation's highway system. Long distance travel was the intended purpose of the highway system. However, a destructive byproduct of this plan was the partitioning of communities by using the highway system to distinguish good neighborhoods from the bad (Greene, Turner, & Gourevitch, 2017). The highway system was responsible for an additional negative impact, which was progress of public transportation. Obstructing the progress of public transportation contributed to what is known as the spatial mismatch or what Greene et al. (2017) called, "the disparity that prevails when low-skill jobs are located away from the urban core in areas that are difficult to access via public transportation" (p. 2), and in effect, tethered minority populations to declining urban areas.

Wilson (1987) asserted that the social and economic evolution of the 1970s changed the landscape of the inner-city neighborhood from the one Shaw and McKay originally observed. Wilson (1987) suggested that the sweeping departure of the manufacturing industry, along with working black men from the inner cities, led to increased neighborhood disadvantage. Wilson (1987) reasoned that the industrial abandonment of the inner city, which left a poor and jobless population, created the condition of *concentrated disadvantage*. In effect, this concentration of poverty created two conditions: residential stability and residential mobility. Poverty overload stabilized the residents of the community who could not afford to leave but prompted the mobility of those who could afford to move out of the inner city. Oishi, Miao, Koo, Kisling, and Ratliff (2012) contended that people look for uniformity in where they live, and

concluded that, “residential mobility fosters familiarity-seeking and familiarity-liking” (p. 149). Residential familiarity implies the spatial nature of behavior, as individuals are formed by their residential environments and the characteristics of that environment, such as high unemployment, violence and crime, inadequate housing, and lack of role models. Therefore, in the absence of characteristics that represent mainstream ideals, residents are left without any definition of acceptable behavior that facilitates upward mobility. Rather, they look for the familiarity of their present residential landscape and the collective destructive and unacceptable behaviors that bind them together (Turney & Harknett, 2010). Consequently, the concentration of poverty in neighborhoods acts as a catalyst where violence is normalized as an appropriate way to resolve conflict and exert control over women through IPV (Beyer et al., 2015).

Concentrated Disadvantage

Concentrated disadvantage, poverty, and socioeconomic position are all comparable indicators; however, concentrated disadvantage is the most commonly used indicator when examining the relationship between neighborhoods and IPV (Benson & Fox, 2002; Bonomi et al., 2014; Caetano et al., 2010; Gracia et al., 2015). The components of concentrated disadvantage are often indicated as poverty, use of public assistance, female-headed households, unemployment, and children. Sampson et al. (1997) found each of these factors to be correlated with the others and, together, these collectively represent a neighborhood disadvantage. A significant number of researchers agreed with Sampson et al.’s conclusion, also finding an association between

concentrated disadvantage and IPV (Beyer et al., 2015; Fox & Benson, 2006; Gracia et al., 2015; Pinchevsky & Wright, 2012).

Irrespective of the disadvantage measurement, the consensus of the research reviewed has found IPV and concentrated disadvantage to have a positive association (Beyer et al., 2015; Fox & Benson, 2006; Gracia et al., 2015, 2018; Pinchevsky & Wright, 2012; Wright & Benson, 2010, 2011). Even after controlling for concentrated disadvantage, researchers found that the direct association between IPV and disadvantage existed (Wright & Benson, 2010, 2011). In an analysis of the literature, Pinchevsky and Wright (2012) discovered that the greater disadvantage existing within a neighborhood increases the probability that IPV will occur.

Residential Stability

Researchers have also included residential instability as a characteristic of disadvantaged neighborhoods and social isolation. Residential stability is an important measure when considering the significance of the neighborhood on IPV. Residential stability refers to the “degree to which individuals in the community live in the same residence over a consecutive period of time” (Turney & Harknett, 2010, p. 125). A common measure of residential stability is the percentage of residents residing in their present household for five or more years (Li et al., 2009; Wright & Benson, 2010). The length of residence and the exposure to the residential environment demonstrates the level of connection one has to the community and its members.

Schieman (2005) found that residential stability interacts with neighborhood disadvantage in predicting community support. Minority women living in disadvantaged

neighborhoods receive more social support only in neighborhoods with high residential stability. Thus, neighborhoods with strong residential stability have greater social cohesion and bonds which act as a safety net when confronted with hardships, such as IPV (Yonas et al., 2011). However, consensus on the residential stability effect is varied. Li et al. (2009) and Wright and Benson (2010) found a positive association between IPV and residential stability, while other scholars found a null effect or a negative association (Beyer, Layde, Hamberger, & Laud, 2013). Nonetheless, these findings suggest that the measure of residential stability requires further assessment.

The above literature review has included a discussion of the neighborhood effect on occurrences of IPV among minority women. This review enhances the scholarly understanding of the unique interplay of predictors and potential mechanisms driving the association between neighborhoods and IPV by employing the SDT.

CHAPTER III

METHODS

The purpose of this study was to explore and identify potential factors that drive the relationship between neighborhood disadvantage and IPV among minority women. In this chapter, the data used in this research, the methods used to answer each research question including the study design, sampling methods, instrumentation, data collection procedures, data analysis, and protection of human subjects are discussed.

Research Design and Study Rationale

This study was a quantitative analysis of secondary survey data to determine whether neighborhood variables were associated with female IPV victimization. The research design was a quantitative secondary analysis of a cross-sectional sample using the concatenated National Crime Victimization Survey (NCVS) incident level (personal level) data for the years 2012–2016. A subset of characteristics was used to create the independent variable of neighborhood disadvantage, which was used for a comparison against IPV victimization as the dependent variable.

Protection of Human Subjects

A public use data set from the NCVS 2012–2016 formed the basis of this research. Public use data sets are not identifiable; any identifying information is stripped away, preventing the exposure of participants' identities. By doing so, public use data sets are accessible to the public for secondary analysis research. The data contained in the

NCVS 2012–2016 public use file is not individually identifiable, and therefore, did not involve vulnerable population groups. Since this study employed public use data, it did not fall within the regulatory definition of research involving human subjects. Thus, the Institutional Review Board (IRB) at Texas Woman’s University (TWU) exempted this study (see Appendix A).

Method

Population

The target population for this study was female respondents who were 12 years and older, included in the NCVS 2012–2016 stratified multistage cluster sample, and who participated in a phone or in person interview every 6 months for a 3-year period (BJS, 2016). The NCVS collects data on personal crimes such as rape or sexual assault, robbery, aggravated and simple assault, and personal larceny, in addition to household crimes, which include burglary, theft, and motor vehicle theft. However, this study examined personal crimes associated with IPV (e.g., rape or sexual assault, and aggravated or simple assault) and excluded household crimes and personal larceny.

Sample and Data Collection

The NCVS survey is composed of an estimated 240,000 sample housing units sourced from the most recent decennial census using a stratified multistage cluster sampling (United States Department of Justice [USDJ], 2016). The U.S. Census Bureau employs a rotating panel sample design for the random selection of respondents 12 years old and older to participate in the NCVS. Age-eligible respondents form the basis of the panel sample, and this set of selected respondents participates in interviews every 6

months, which equates to seven interviews over the course of a 3-year period. The initial interview is an in-person interview, with subsequent interviews conducted by telephone. The final interview concludes each individual household's participation in the panel and initiates the rotation of households into the new panel sample (USDOJ, 2016).

The NCVS cluster sampling process is a two-phase process. In the first stage, the NCVS splits the US into over 1,900 primary sampling units (PSUs), which include counties, groups of bordering counties, and large metropolitan areas. These areas undergo a further categorization using data gathered in the 2010 census, which includes characteristics such as current and projected population, large metro areas, and available land area. The PSU's population size is set at a minimum of 7,500 persons (USDOJ, 2016).

The second phase divides PSUs into a sampling stratum, which consists of self-representing (SR) PSUs. An SR is a PSUs that, because of its size, is included in every sample, and represents themselves and no other PSUs. An SR PSUs represents its own sampling strata. Non-self-representing (NSR) are the remaining PSUs grouped within a state with other similar NSR PSUs. Data used in the NSR PSUs grouping is collected from various U.S. Census Bureau sources, such as demographic data from the decennial census and the American Community Survey. Similar to SR PSUs, the NSR PSUs form their own strata (USDOJ, 2016). Subsequently, these SR PSUs and NSR PSUs function as the household and participant units for interviews over a 3-year period.

The NCVS is designed to interview households for a period of three years using a rotation scheme, which divides the housing units into six rotation groups. These groups

are interviewed every 6 months for a period of 3 years. Employing this rotation pattern avoids interviewing the same household beyond the 3-year period (USDOJ, 2016).

Instrumentation

The primary survey instrument for this secondary analysis was the concatenated NCVS 2012–2016 public use file administered by the DOJ. Access to this instrument is located at <https://www.icpsr.umich.edu/icpsrweb/NACJD/studies/36828>. The NCVS 2012–2016 data provided access to the information used for analysis of both the independent and dependent variables. The NCVS uses three basic formats to survey respondents: the NCVS-500 Control Card, NCVS-1 Basic Screen Questionnaire, and the NCVS-2 Crime Incident Report (USDOJ, 2016).

NCVS-500 Control Card

The NCVS-500 Control Card contains the basic household tracking information for each sample unit through each enumeration period, specifically, the control number, household address, and type of housing unit, and family roster data like name, age, sex, race, marital status, and education level (USDOJ, 2016).

NCVS-1 Basic Screen Questionnaire

The NCVS-1 Basic Screen Questionnaire (BSQ) contains questions designed to ascertain if crimes were committed against the household or if crimes were committed against individual household members within the 6-month period. Each member of the household is interviewed using short cue questions, which are designed to prompt or cue the respondent's memory about certain type of incidents. Additional socio-demographic questions were added in 2016 to include employment and household income, veteran

status, citizenship, gender identity and sexual orientation, and disability status (USDOJ, 2016).

NCVS-2 Crime Incident Report

The NCVS-2 Crime Incident Report (CIR) is the third step to the NCVS, which provides detailed information on property or personal crimes reported in the NCVS-1 BSQ. Each crime incident reported in the NCVS-BSQ is then reported on a separate NCVS-2 CIR. A series crime is the exception to this rule. A series crime is a specific crime that has happened more than five times within the last 6 months and the respondent does not remember details for each time the incident happened. The incident is then recorded as a series crime and only one CIR is used.

Moreover, specific topical questions related to the incident are asked within the CIR, for example, the location of the incident, who was present, medical assistance, any psychological or emotional toll, any type of action taken against the offender, offender characteristics, police involvement, activity at time of incident, hate crime, and summarization of the incident (USDOJ, 2016). The current study focused on IPV crime such as completed rape, attempted rape, and sexual assault with simple assault, sexual assault with minor assault, sexual assault without injury, unwanted sex without force, verbal threat of rape, and verbal threat of sexual assault. Violent crimes of robbery with injury simple assault, robbery with injury minor assault, attempted robbery with injury simple assault, attempted robbery with injury minor assault, aggressive assault with injury, and attempted aggressive assault with weapon were included as a comparison, in addition to non-violent crimes.

The NCVS research instrument asks respondents about incidents of crime occurring in the past 6 months. However, for this study, the data file generated included annual crime and demographic information for the concatenated years of 2012-2016 and served as the quantitative material for this secondary analysis. Listwise deletion was used on missing data on all variables in the analysis, as this dataset met sufficient power based on the large sample size.

Variables

Dependent Variable

The dependent variable is based on the question that asked respondents what type of crime they experienced [V4529], if the offender was male or female [V4236], and the known relationship to the offender [V4265].

- IPV crime was categorized as: completed rape [1], attempted rape [2], sexual attack with serious assault [3], sexual attack with minor assault [4], sexual assault completed with injury [14], sexual assault without injury [15], unwanted sexual contact without force [16], verbal threat of rape [18], and verbal threat of sexual assault [19].
- Violent crimes were categorized as: completed robbery with injury from simple assault [5], completed robbery with injury from minor assault [6], completed robbery without injury from minor assault [7], attempted robbery with injury from serious assault [8], attempted robbery with injury from minor assault [9], attempted robbery without injury [10], completed aggravated assault with injury [11], attempted aggravated assault with weapon [12],

threatened assault with weapon [13], assault without weapon without injury [17], and verbal threat of assault [20].

- Non-violent crimes were categorized as: purse snatching/pocket picking [21], completed purse snatching [22], attempted purse snatching [23], pocket picking (completed only).
- Property crimes were categorized as: completed burglary [31], forcible entry [32], completed burglary, unlawful entry without force, attempted forcible entry [33], completed motor vehicle theft [40], attempted motor vehicle [41], completed theft less than \$10 [54], completed theft \$10 to \$49 [55], completed theft \$50 to \$249 [56], completed theft \$250 or greater [57], completed theft value NA [58], attempted theft [59].

For multilevel logistic regression, IPV crimes were dummy coded to reflect = 1 and all other crimes = 0.

Independent Variables

The independent variables were composed of neighborhood variables within the NCVS incident file coded as living in a gated or walled community [V2025A] and living in a building with restricted access [V2025B].

- Live in a gated or walled community was dummy coded to:
 - Do not live in a gated or walled community = 0
 - Yes, live in a gated or walled community = 1
- Live in a building with restricted access was dummy coded to:
 - Do not live in a building with restricted access = 0

- Yes, live in a building with restricted access = 1
- An ordinal scale measure based on the two variables (living in gated or walled community and living in a building with restricted access) was created with values from 0–2 that was called neighborhood advantage. The larger the value on the scale indicated the less neighborhood disadvantage that was present.

The results for multilevel logistic regression were stratified by race and ethnicity [V3023A and V3024] in order to adequately account for the variation of IPV among women by: White only, Black only, Hispanic, Asian only, and other minority groups (this includes multiracial individuals).

Control Variables

The study employed two levels of control variables.

- The first level control variables were:
 - Age [V2033] – Respondents were asked their age at their last birthday in years. Missing/not answered responses were indicated as 8 and 9 in the dataset.
 - Marital status [V3015] – Respondents were asked their marital status with responses including married, widow, divorced, separated, never married, and missing/not answered. Responses were recoded to ever married and never married.
 - Educational attainment [V3020]- Respondents were asked what their highest level of school completed was or the highest degree received.

Responses included: never attended/kindergarten, elementary, high school, high school graduate (diploma or equivalent), some college (no degree), associate degree, bachelor's degree, master's degree, professional school degree, doctorate degree, and missing/not answered. Responses were recoded to less than high school, high school graduate, some college (no degree), associate's degree, bachelor's degree, master's degree, and professional degree or doctorate.

- Employment status [V3072] – Respondents were asked if they had a job or work at a business during the last 6 months. Responses included: yes, no, and missing/not answered. Responses were dummy coded as yes and no.
- The second level control variables were:
 - Live in metropolitan statistical area (MSA) [V2129] – Respondents were asked if they lived in an MSA. Responses included: central city of an MSA, in MSA but not in central city, not in an MSA, and missing/not answered. Responses were dummy coded as yes and no.
 - Region [V2127B] – Respondents were asked what region of the USA they lived in Responses included: Northeast, Midwest, South, and West.
 - Household income [V2026] – Respondents were asked what their household income was. The question was a 14-point ordinal variable

with responses: less than \$5000, \$5000 to \$7499, \$7500 to \$9999, \$10000 to \$12499, \$12500 to \$14999, \$15000 to \$17499, \$17500 to \$19999, \$20000 to \$24999, \$25000 to \$29999, \$30000 to \$34999, \$35000 to \$39999, \$40000 to \$49999, \$50000 to \$74999, \$75000 and over, and missing/not answered.

- Residency status [V2125] – Respondents were asked what their land use status was. Responses included: urban and rural.

Data Analysis

Due to the prevalence of male to female IPV, this study examined IPV in which the male is the offender and the female is the victim. This study presents an analysis of the data extracted from the NCVS 2012-2016 and uploaded into SPSS version 24.0 for Windows. The data was reduced to include only adult women 18 years or older who have experienced an IPV-related crime, in addition to a comparison group consisting of women who have been involved in other violent and non-violent crimes. A Chi square test of independence for nominal variables against the dependent variable and an independent t-test for continuous variables against the dependent variable was used to evaluate the relationship between the variables. The analyses used weighting based on the household weight variable [V2116] which was created by the U.S. Census to be representative of national households at the time of interview.

Multilevel Logistic Regression

As the dependent variable was dichotomous, logistic regression was originally going to be used, however, as this study contains multilevel structured data for control variables, the use of multilevel logistic regression was necessitated.

Two sample sizes were used for analyses. The first multilevel logistic regression sample included all women ($N = 12994$) who answered the type of crime experienced question and was categorized as experienced IPV crime vs. did not experience IPV crime, and by minority women (by each ethnic group: Hispanic, Black only, Asian only, other minority group) vs. White only. Model 1 included the two independent variables: living in a gated or walled community and living in a building with restricted access. Model 2 included the two independent variables plus all control variables. Model 3 included the ordinal scale independent variable. Model 4 included the ordinal scale independent variable plus all control variables.

The second multilevel logistic regression sample only included minority women ($n = 4250$) and examined experienced IPV crime vs. did not experience IPV crime. The multilevel logistic regression analyses included minority groups (each separate ethnic group) vs. Hispanic women. Model 1 included the two independent variables living in a gated or walled community, and a living in a building with restricted access. Model 2 included the two independent variables plus all control variables. Model 3 included the ordinal scale independent variable. Model 4 included the ordinal scale independent variable plus all control variables.

Summary

The goal of this chapter was to outline the research methods to answer the three hypotheses using the 2012-2016 NCVS dataset. The chapter discussed and outlined the procedures, participants, and data collection methods used in conducting this study.

Multilevel logistic regression was used to estimate the probability of IPV based on living in a walled or gated community, living in a building with restricted access, controlling for individual and neighborhood disadvantage. Additionally, stratification was completed to identify potential racial heterogeneity in the association between those participants experiencing IPV crimes and those that did not experience IPV crimes.

CHAPTER IV

RESULTS

Descriptive Statistics

Table 1 presents the descriptive statistics of all households by IPV crime status. Approximately 4.0% of the participants experienced IPV. Respondents who experienced IPV were mostly white, lived in a gated community and lived in a building with restricted access. Additionally, the average age of respondents who experienced IPV was approximately 42 years old. There were significant associations between IPV crime status and all study variables (see Table 1). Table 2 presents the descriptive statistics of minority households by IPV crime status. Approximately 4% of minority respondents experienced IPV. Minority adults who experienced IPV were mostly black, an average of 43 years old, and reported living in a gated and restricted access building. There were significant associations between IPV crime status and all minority study variables (see Table 2).

Table 1

Descriptive Statistics of All Households by Intimate Partner Violence (IPV) Crime Status, 2012-2016 National Crime and Victimization Study (n = 12944).

Predictors	Experienced Non-IPV crime (<i>n</i> = 12444)		Experienced IPV crime (<i>n</i> = 500)		χ^2 or <i>t</i> test	<i>p</i>
	Unweighted <i>n</i>	(Weighted %)	Unweighted <i>n</i>	(Weighted %)		
Independent variables						
Live in a gated community					$\chi^2 =$ 9585.84	< .001
No	1149	9.4	58	12.0		
Yes	11295	90.6	442	88.0		
Live in a building with restricted access					$\chi^2 =$ 2425.27	< .001
No	1260	10.1	77	14.5		
Yes	11184	89.9	423	85.5		
Stratification variable						
Race/ethnicity					$\chi^2 =$ 16535.88	< .001
White only	8359	64.5	335	66.2		
Black only	1637	14.7	74	15.8		
Hispanic	1692	14.2	52	10.3	.	
Asian only	289	2.5	12	2.8		
Other minority groups	467	4.	27	4.9		

(continued)

Table 1 (continued)

Predictors	Experienced Non-IPV crime (<i>n</i> = 12444)		Experienced IPV crime (<i>n</i> = 500)		χ^2 or <i>t</i> test	<i>p</i>
	Unweighted <i>n</i>	(Weighted %)	Unweighted <i>n</i>	(Weighted %)		
Control variables						
1st-level						
age in years	48.69 ^a	17.45 ^b	42.47 ^a	15.24 ^b	<i>t</i> = 440.89	< .001
marital status					$\chi^2 =$ 176412.14	< .001
never married	3878	33.2	254	51.5		
ever married	8566	66.8	246	48.5		
educational attainment					$\chi^2 =$ 29386.74	< .001
less than high school	2865	23.1	136	26.5		
high school grad	3222	25.7	146	28.6		
some college (no degree)	3214	26.4	129	26.2		
associate's degree	970	7.5	31	6.4		
bachelor's degree	1397	11.3	39	8.3		
master's degree	586	4.5	15	3.1		
professional degree or doctorate	190	1.5	4	0.9		

(continued)

Table 1 (continued)

	Experienced Non-IPV crime (<i>n</i> = 12444)		Experienced IPV crime (<i>n</i> = 500)		χ^2 or <i>t</i> test
	Unweighted <i>n</i>	(Weighted %)	Unweighted <i>n</i>	(Weighted %)	
Predictors					
employment status (in last 6 months)					$\chi^2 = 31842.58$ < .001
No	10540	84.1	395	78.1	
Yes	1904	15.9	105	21.9	
2nd-level					
live in MSA					$\chi^2 = 4138.56$ < .001
No	2353	17.9	101	20.2	
Yes	10091	82.1	399	79.8	
Region					$\chi^2 = 24012.71$ < .001
Northeast	1419	12.5	73	16.3	
Midwest	30226	21.7	137	23.9	
South	4393	36.2	166	34.2	
West	3606	29.6	124	25.5	
residency status					$\chi^2 = 1362.50$ < .001
Rural	2190	15.9	87	17.1	
Urban	10254	84.1	413	82.9	

Note. MSA = metropolitan statistical area, ^aweighted mean, ^bweighted standard deviation

Table 2

Descriptive Statistics of Minority Households by Intimate Partner Violence (IPV) Crime Status, 2012-2016 National Crime and Victimization Study (n = 4250)

Predictors	Experienced Non-IPV crime (<i>n</i> = 4085)		Experienced IPV crime (<i>n</i> = 165)		χ^2 or <i>t</i> test	<i>p</i>
	Unweighted <i>n</i>	(Weighted %)	Unweighted <i>n</i>	(Weighted %)		
Independent variables						
Live in a gated community					$\chi^2 = 15096.68$	< .001
No	485	12.0	28	18.3		
Yes	3600	88.0	137	81.7		
Live in a building with restricted access					$\chi^2 = 11038.63$	< .001
No	506	12.1	29	17.5		
Yes	3579	87.9	136	82.5		
Stratification variable						
Race/ethnicity					$\chi^2 = 15785.75$	< .001
Black only	1637	41.6	74	46.9		
Hispanic	1692	40.0	52	30.5		
Asian only	289	7.1	12	8.2		
Other minority groups	467	11.3	27	14.4		
Control variables						
1st-level						

(continued)

Table 2 (continued)

Predictors	Experienced Non-IPV crime (<i>n</i> = 4085)		Experienced IPV crime (<i>n</i> = 165)		χ^2 or <i>t</i> test	<i>p</i>
	Unweighted <i>n</i>	(Weighted %)	Unweighted <i>n</i>	(Weighted %)		
age in years	44.62 ^a	16.61 ^b	43.17 ^a	13.89 ^b	<i>t</i> = 65.79	< .001
marital status					χ^2 = 27908.50	< .001
never married	1689	43.4	75	56.5		
ever married	2396	56.5	90	43.4		
educational attainment					χ^2 = 44136.88	< .001
less than high school	1310	31.8	47	28.3		
high school grad	992	24.8	55	33.1		
some college (no degree)	1014	25.2	49	29.4		
associate's degree	272	6.5	9	5.8		
bachelor's degree	334	7.9	1	0.7		
master's degree	129	3.0	3	2.1		
professional degree or doctorate	34	0.8	1	0.6		
employment status (in last 6 months)					χ^2 = 1216.77	< .001
No	3337	81.2	131	79.0		
Yes	748	18.8	34	21.0		
2nd-level						

(continued)

Table 2 (continued)

Predictors	Experienced Non-IPV crime (<i>n</i> = 4085)		Experienced IPV crime (<i>n</i> = 165)		χ^2 or <i>t</i> test	<i>p</i>
	Unweighted <i>n</i>	(Weighted %)	Unweighted <i>n</i>	(Weighted %)		
live in MSA					$\chi^2 = 956.64$	< .001
No	424	9.7	15	8.3		
Yes	3661	90.3	150	91.7		
Region					$\chi^2 = 9038.56$	< .001
Northeast	402	10.2	17	10.7		
Midwest	742	16.9	41	21.1		
South	1613	40.5	55	33.9		
West	1328	32.4	52	34.4		
residency status					$\chi^2 = 394.53$	< .001
Rural	299	6.6	11	7.3		
Urban	3786	93.4	154	92.7		

Note. MSA = metropolitan statistical area

^aweighted mean

^bweighted standard deviation

IPV Crimes in All Households

After controlling for all first level and second level control variables (see Table 3 Model 2), all minority households who lived in a gated community were more likely to have reported experiencing an IPV crime than White-only households, $aOR = 1.01$, 95% CI (1.01, 1.02), $p < .001$. All minority households who lived in a building with restricted access were more likely to have reported experiencing an IPV crime than White-only households, $aOR = 1.19$, 95% CI (1.18, 1.20), $p < .001$. For each unit increase on the neighborhood advantage scale, the odds of IPV increases by 10%, $OR = 1.10$, 95% CI (1.09, 1.11), $p < .001$.

In the adjusted model, when stratified by race/ethnicity, there is a relationship between living in a gated community and predicting IPV crimes in all households (see Table 3 Model 2). Black households who lived in a gated community were more likely to have reported experiencing an IPV crime than White-only households, $aOR = 1.34$, 95% CI [1.32, 1.36], $p < .001$. Hispanic households who lived in a gated community were more likely to have reported experiencing an IPV crime than White-only households, $aOR = 1.38$, 95% CI [1.36, 1.40], $p < .001$. Asian-only households who lived in a gated community were more likely to have reported experiencing an IPV crime than White-only households $aOR = 1.52$, 95% CI [1.47, 1.57], $p < .001$. Other minority group households who lived in a gated community were less likely to have reported experiencing an IPV crime than White-only households, $aOR = 0.49$, 95% CI [0.46, 0.51], $p < .001$.

In the adjusted model, when stratified by race/ethnicity, there is a relationship between living in a building with restricted access and predicting IPV crimes in all households (see Table 3 Model 2). Black households who lived in a building with restricted access were less likely to have reported experiencing an IPV crime than White-only households, $aOR = 0.89$, 95% CI [0.88, 0.91], $p < .001$. Hispanic households who lived in a building with restricted access were less likely to have reported experiencing an IPV crime than White-only households $aOR = 0.70$, 95% CI [0.69, 0.72], $p < .001$. Asian-only households who lived in a building with restricted access were more likely to have reported experiencing an IPV crime than White-only households, $aOR = 1.10$, 95% CI [1.07, 1.14], $p < .001$. There is no statistical association between other minority group households who lived in a building with restricted access and White-only households in predicting IPV crime, $aOR = 1.04$, 95% CI [1.00, 1.08], $p > 0.05$.

In the adjusted model, when stratified by race/ethnicity, there is a relationship between the neighborhood advantage scale and predicting IPV crimes in all households (see Table 3 Model 4). For each unit increase on the neighborhood advantage scale for Black-only households, the odds of IPV will increase by 9% compared to White-only households, $OR = 1.09$, 95% CI [1.08, 1.10], $p < .001$. There is not a significant association for Hispanics on the neighborhood advantage scale, $OR = 1.00$, 95% CI [0.99, 1.00], $p > 0.05$. For each unit increase on the neighborhood advantage scale for Asian-only households, the odds of IPV will increase by 29% compared to White-only households, $OR = 1.29$, 95% CI [1.28, 1.31], $p < .001$. For each unit increase on the neighborhood advantage scale for other minority group households, the odds of IPV will

decrease by 26% compared to White-only households, $OR = 0.74$, 95% CI $[0.73, 0.76]$, $p < .001$.

Table 3

Multilevel Logistic Regression Predicting Intimate Partner Violence Crimes in All Households, 2012-2016 National Crime and Victimization Study (n = 12944)

Stratification (ref. = White only)	Predictors	Unadjusted OR (95% CI) Model 1	Adjusted OR ^a (95% CI) Model 2	Unadjusted OR (95% CI) Model 3	Adjusted OR ^a (95% CI) Model 4
All minorities	Live in a gated community	1.01 (1.001, 1.02)*	1.01 (1.01, 1.02)***		
	Live in a building with restricted access	1.51 (1.50, 1.52)***	1.19 (1.18, 1.20)***		
	Neighborhood advantage (2-point scale)			1.24 (1.24, 1.24)***	1.10 (1.10, 1.10)***
Black only	Live in a gated community	1.38 (1.36, 1.41)***	1.34 (1.32, 1.36)***		
	Live in a building with restricted access	1.17 (1.15, 1.19)***	.89 (.88, .91)***		
	Neighborhood advantage (2-point scale)			1.27 (1.27, 1.28)***	1.09 (1.08, 1.10)***
Hispanic	Live in a gated community	1.42 (1.40, 1.45)***	1.38 (1.36, 1.40)***		
	Live in a building with restricted access	.85 (.84, .87)***	.70 (.69, .72)***		
	Neighborhood advantage (2-point scale)			1.12 (1.11, 1.12)***	1.00 (.99, 1.00)
Asian only	Live in a gated community	2.07 (2.00, 2.13)***	1.52 (1.47, 1.57)***		
	Live in a building with restricted access	1.28 (1.24, 1.32)***	1.10 (1.07, 1.14)***		
	Neighborhood advantage (2-point scale)			1.62 (1.61, 1.64)***	1.29 (1.28, 1.31)***
Other minority group	Live in a gated community	.41 (.39, .43)***	.49 (.46, .51)***		
	Live in a building with restricted access	1.66 (1.60, 1.73)***	1.04 (1.00, 1.08)		
	Neighborhood advantage (2-point scale)			.88 (.86, .89)***	.74 (.73, .76)***

Note. OR = odds ratio; CI = confidence intervals

^acontrolling for age, marital status, educational attainment, employment status, living in metropolitan statistical area, region, household income and residency type.

IPV Crimes in Minority Households

In the adjusted model, when stratified by race/ethnicity, there is a relationship between living in a gated community and predicting IPV crimes in minority households (see Table 4 Model 2). Hispanic households who lived in a gated community were more likely to have reported experiencing an IPV crime than Black-only households, $aOR = 1.49$, 95% CI [1.46, 1.52], $p < .001$. Asian-only households who lived in a gated community were more likely to have reported experiencing an IPV crime than Black-only households, $aOR = 1.81$, 95% CI [1.75, 1.86], $p < .001$. Other minority group households who lived in a gated community were less likely to have reported experiencing an IPV crime than Black-only households, $aOR = 0.45$, 95% CI [0.42, 0.47], $p < .001$.

In the adjusted model, when stratified by race/ethnicity, there is a relationship between living in a building with restricted access and predicting IPV crimes in minority households (see Table 4 Model 2). Hispanic households who lived in a building with restricted access were less likely to have reported experiencing an IPV crime than Black-only households, $aOR = 0.79$, 95% CI [0.77, 0.81], $p < .001$. Asian-only households who lived in a building with restricted access were more likely to have reported experiencing an IPV crime than Black-only households, $aOR = 1.39$, 95% CI [1.35, 1.43], $p < .001$. Other minority group households who lived in a building with restricted access were more likely to have reported experiencing an IPV crime than Black-only households, $aOR = 1.50$, 95% CI [1.44, 1.56], $p < .001$.

In the adjusted model, when stratifying by race/ethnicity, there is a relationship between the neighborhood advantage scale and predicting IPV crimes in minority

households (see Table 4 Model 4). For each unit increase on the neighborhood advantage scale for Hispanic households, the odds of IPV will increase by 10% compared to Black-only households, $OR = 1.10$, 95% CI [1.09, 1.11], $p < .001$. For each additional increase on the neighborhood advantage scale, the predicted logged odds of IPV crime will increase by 0.58 for other minority group households compared to Black-only households, $OR = 1.58$, 95% CI [1.57, 1.60], $p < .001$. For each unit increase on the neighborhood advantage scale for other minority group households, the odds of IPV will decrease by 13% compared to Black-only households, $OR = 0.87$, 95% CI [0.85, 0.88], $p < .001$.

Summary

This secondary quantitative study results in an informed analysis of the potential factors that drive the relationship between neighborhood disadvantage and IPV among minority women. The major findings and corresponding implications of this study; in addition to the study's limitations and recommendations for future research and practice are discussed in Chapter V.

Table 4

*Multilevel Logistic Regression Predicting Intimate Partner Violence (IPV) Crimes in Minority Households, 2012-2016
National Crime and Victimization Study (n = 4250)*

Stratification (ref. = Black only)	Predictors	Unadjusted OR (95% CI) Model 1	Adjusted OR ^a (95% CI) Model 2	Unadjusted OR (95% CI) Model 3	Adjusted OR ^a (95% CI) Model 4
Hispanic	Live in a gated community	1.49 (1.47, 1.52)***	1.49 (1.46, 1.52)***		
	Live in a building with restricted access	.88 (.86, .90)***	.79 (.77, .81)***		
	neighborhood advantage (2- point scale)			1.16 (1.15, 1.17)***	1.10 (1.09, 1.11)***
Asian only	Live in a gated community	2.14 (2.07, 2.21)***	1.81 (1.75, 1.86)***		
	Live in a building with restricted access	1.33 (1.29, 1.37)***	1.39 (1.35, 1.43)***		
	neighborhood advantage (2- point scale)			1.68 (1.67, 1.70)***	1.58 (1.57, 1.60)***
other minority group	Live in a gated community	.42 (.40, .44)***	.45 (.42, .47)***		

Note. OR = odds ratio; CI = confidence intervals

^acontrolling for age, marital status, educational attainment, employment status, living in metropolitan statistical area, region, household income and residency type.

CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

The primary purpose of this study was to determine the expected factors that drive the relationship between neighborhood disadvantage and IPV among minority women. Although research has primarily focused on individual level risk factors (e.g., age, race, gender, and drug use) for IPV, limited research concentrates on the direct and indirect factors that the neighborhood variables at large contribute to IPV (Beyer et al., 2014; Capaldi et al., 2012; Edwards et al., 2014).

The literature indicates that neighborhood factors can influence the occurrence of IPV (Beyer et al., 2015; Black et al., 2011; Bonomi et al., 2014; Capaldi et al., 2012; Copp, Kuhl, Giordano, Longmore, & Manning, 2015; Cunradi et al., 2011, 2014; Emery et al., 2011; Frye et al., 2012; Gracia et al., 2015, 2018; Hill et al., 2012; Jackson, 2016; Kirst et al., 2015; Pinchevsky & Wright, 2012; VanderEnde, Yount et al., 2012; Wright, 2015; Wright & Benson, 2010, 2011; Wright, 2015). Therefore, it is necessary to consider the significance of ecological systems when investigating the diverse influences that travel beyond the individual. The SDT was used to predict the interactions between the neighborhood and IPV among minority women. There are a few conclusions that may be drawn from this study, as well as recommendations for future research in this area.

This study sought to answer three research questions:

1. What is the relationship between living in a gated or walled community and intimate partner violence among minority women?

2. What is the relationship between living in a building with restricted access and intimate partner violence among minority women?

3. What is the relationship between neighborhood disadvantage and intimate partner violence among minority women?

Independent variables measured for research questions one, two and three were: living in a gated or walled community, living in a building with restricted access, and neighborhood advantage. These variables were coded within the NCVS incident (personal level) file and were used for comparison to the dependent variable (crime victimization: IPV crime, violent crime and non-violent crime). In order to detect relationships between the independent variables and the dependent variable, data were stratified by race and two levels of control variables. The first level included age, marital status, educational attainment, and employment status. The second level included MSA, region, household income, and residency status. The sample data were reduced to examine IPV victimizations occurring among women 18 years and older by male offenders only.

A multilevel logistic regression modeling approach was conducted to answer the study's three research questions. The choice of this statistical test was appropriate due to the predictive relationship between the group of independent variables and the dichotomous outcome variable. In addition, this strategy was employed to account for the multilevel structure of the control variables. Prior to beginning the multilevel logistic

regression data analysis, descriptive statistics were completed on all households by IPV crime.

A series of multilevel logistic regression models were estimated on two samples. The first sample included all women who did or did not experience crime (IPV crime vs. no IPV crime) by minority women, categorized by ethnicity vs. White only. The first model included two independent variables: living in a gated or walled community and living in a building with restricted access. The second model included the independent variables along with all control variables. The third model included an ordinal scale independent variable (neighborhood advantage) created from the two independent variables. The fourth model included the ordinal scale independent variable along with all control variables.

The same estimation process was done for the second sample, which included minority women only categorized by ethnicity vs. Hispanic women who did or did not experience crime (IPV crime vs. no IPV crime). As indicated in Chapter IV, a significant association was found between neighborhood disadvantage and IPV among minority women. Minority women who live in disadvantaged neighborhoods were less likely to experience IPV crime. Although White women proportionally report more IPV, when controlling for the control variables and stratifying by race/ethnicity, minority women experience more IPV crime. Thus, neighborhood advantage is not a protective factor for IPV crime.

Testing of Hypotheses

The present study tested three statistical (null) hypotheses formulated to address the research questions of this study.

H₀ 1: Living in a gated or walled community has no significant relationship on IPV crimes among minority women.

H₀ 2: Living in a building with restricted access has no significant relationship on IPV crimes among minority women.

H₀ 3: Neighborhood disadvantage has no significant relationship on IPV crimes among minority women.

Concerning the null hypotheses, the collective impact of the multilevel regression models was statistically significant; moreover, the predictor variables were significantly related to IPV experience. Thus, there is sufficient evidence to warrant rejection of the null hypotheses (see Table 5).

Table 5

Hypothesis Testing Breakdown

Null Hypothesis	Reject or Fail to Reject
Living in a gated or walled community has no significant relationship on IPV crimes among minority women.	Reject
Living in a building with restricted access has no significant relationship on IPV crimes among minority women.	Reject
Neighborhood disadvantage has no significant relationship on IPV crimes among minority women.	Reject

Discussion

The three hypotheses tested in this study suggested that a relationship exists between disadvantaged neighborhoods and IPV crimes among minority women. In order

to elucidate the link between neighborhood disadvantage and IPV crimes among minority women, a subset of variables taken from the NCVS 2012–2016 were analyzed using quantitative methods. Results from this present study indicated that White women proportionally report experiencing more IPV crime than minority women; however, after adjusting for the control variables and stratifying by race and ethnicity, minority women experience more IPV crimes.

These findings can be interpreted in a couple of ways. One possible explanation is that all participants surveyed experienced some type of crime. Thus, the different types of crime may be associated with the others, which explains why neighborhood advantage is a protective factor. However, if people who did not experience IPV crime were examined compared to people who experienced no crime, the expected outcome may have been found (Barcelona de Mendoza, Harville, Savage, & Giarratano, 2018).

Second, the neighborhood advantage variable demonstrated that living in areas that would afford a modicum of protection was not a protective factor for IPV crime. Rather, these living arrangements may act as a conduit for IPV, as research has suggested, because the victim is in an enclosed and controlled environment with their abuser (Addington & Rennison, 2015; Rakovec-Felser, 2014). However, it should be noted that these results contradict prior research. For example, using data from the Project on Human Development in Chicago Neighborhoods, Wright and Benson (2011) explored the relationship between neighborhood disadvantage, collective efficacy, and IPV. The study examined 343 neighborhood clusters (NC) composed of approximately 8,000 residents. From this, over 4,000 female respondents in an exclusive relationship,

married, or cohabitating were included in the study. A neighborhood disadvantage scale was created by linking the NC to 1990 census tract data percentages including households below the federal poverty level, receiving public assistance, unemployed, female households, younger than 18 years of age, and racially identified as African American. Results from the analysis indicated that neighborhood disadvantage was a strong predictor of IPV even after controlling for individual-level factors (e.g., age, education, race/ethnicity, employment status, substance abuse, patriarchal views).

In their recent work, Gracia et al. (2018) examined the likelihood of related spatial patterns of IPV and child maltreatment (CM), and if so, if these spatial patterns were influenced by the same neighborhood characteristics in the city of Valencia, Spain. Researchers geocoded over 1,400 IPV and more than 580 CM cases obtained from local law enforcement using neighborhood proxies compiled from approximately 550 census block groups. Consistent with SDT constructs, neighborhood characteristics like neighborhood disadvantage, immigrant concentration, and residential instability were evaluated by pulling aggregated data from the census block groups. Results revealed that poverty-dense neighborhoods with diminished levels of education, increased police presence, a substantial immigrant population, and overwhelmed with residential instability were at an increased risk for IPV and CM. Moreover, results demonstrated a shared spatial component risk above 95% for CM and above 75% for IPV. These results are a strong indication that increased personal violence, irrespective of the type (IPV or CM), is spatially influenced by environmental characteristics.

Third, it may be that a greater relationship exists between neighborhood disadvantage and IPV crimes among minority women, but the present study's design was not sensitive enough to uncover the relationship. The abovementioned studies have explored the relationship between neighborhoods and IPV crime by utilizing census tract data in conjunction with community or national survey data. Neighborhood disadvantage (i.e., percent of low income and the number of female headed households) is measured at the census tract level, which is shown to be an important predictor of male to female IPV (Benson et al., 2003, 2004; Beyer et al., 2013, 2015; Bonomi et al., 2014; Copp et al., 2015; Felker-Kantor et al., 2017; Fox & Benson, 2006; Frye et al., 2012; Gracia et al., 2015, 2018; Li et al., 2009; Miles-Doan, 1998; Pickover et al., 2018; Wright & Benson, 2010, 2011; Wu, 2009). These respective findings report that neighborhoods overwhelmed with concentrated disadvantage have greater levels of IPV compared to advantaged neighborhoods. Thus, it would be premature to discount the role that neighborhood disadvantage plays as predictor of IPV among minority women.

Economic wealth corresponds to the socioeconomic status of the neighborhood. Research using elements of SDT, for example, the level of concentrated disadvantage (i.e., percent of people living below the poverty line, receiving public assistance, unemployed, etc.) as a measure of neighborhood wealth, have indicated a positive association between IPV and the neighborhood (Wright & Benson, 2011). Fox and Benson (2006) considered whether household economic condition and neighborhood disadvantage were predictors of IPV and found that when compared to economically advantaged couples living in advantaged neighborhoods, rates of IPV were significantly

higher for economically disadvantaged minority couples living in disadvantaged neighborhoods. Likewise, results from Bonomi et al.'s (2014) investigation of neighborhood income and IPV indicated that neighborhood disadvantage did influence the occurrence of IPV among minority couples. Moreover, Li et al.'s (2009) exploration of IPV correlates (i.e., individual, household, and neighborhood) among low income minority women before and after pregnancy were positively associated with IPV.

Consequently, the results of this study should not detract from prior studies which indicate that the interplay of neighborhood disadvantage and IPV are highly associated. Why? Numerous psychosocial processes can provide an explanation as to why neighborhood characteristics indicative of SDT (e.g., concentrated disadvantage, residential instability and low social cohesion) influence the occurrence of IPV (Beyer et al., 2015; Campbell, 2016; Wright & Benson, 2011). Specifically, neighborhood disadvantage from the standpoint of the SDT is connected to a decrease in neighborhood social cohesion. In light of the present study's results, it is important, however, to consider the context of social cohesion within the gated or walled and restricted-access communities, which simply based on the perception of safety and security, assumes a measure of cohesiveness. Branich and Kubrin (2017) observed that often residents of gated communities engage in social and community activities, yet in some gated communities, the exact opposite is true, noting, "some residents remain consciously isolated from their gated peers" (p. 410). Thus, a lack of social cohesion limits social controls placed on individuals within neighborhoods, thereby acting as a catalyst for IPV (Gracia et al., 2018). Limited social cohesion breeds uncertainty and an unwillingness to exert social

controls. A culture of apathy emerges as a dominant feature of the neighborhood where residents are less likely to become involved in lives of their neighbors (e.g., challenging or reporting abusive behaviors), thus partially explaining the relationship between neighborhoods and IPV (Do et al., 2013).

Another important implication of prior research expands on the connection between neighborhood segregation and IPV. Segregated neighborhoods were systematically cut off from the dominant culture which, over time, has resulted in a disconnection from mainstream values. Thus, behaviors that support the use of violence between intimates is accepted as a normal mechanism to resolve conflict and exert control in these neighborhoods. Sampson and Lauritsen (1994) described this as “cognitive landscapes or ecologically structured norms (normative ecologies) regarding appropriate standards and expectations of conduct,” which does not view violence between intimates as immoral, but normalizes and accepts the behavior (p. 63). Therefore, violence that is sanctioned by the residents is not considered a social problem, but rather a cultural component that is woven into the fabric of the neighborhood (Tsai, 2017). Due to these multiple layers of stress (i.e., generational racism, segregation, poverty, violent crime, and lack of mobility), residents living within disadvantaged neighborhoods not only must cope with their own stress, but the collective stress of the neighborhood, which exacerbates their sense of powerlessness and confinement leading to higher incidences of IPV (Li et al., 2009).

An additional key finding from this study highlights the importance of racial and ethnic differences among minority women. Unfortunately, minority groups are often

analyzed from a homogenous perspective, thereby excluding essential racial and ethnic differences (Campbell, 2016). In this study results were mixed, but differences between the minority women emerged when examining IPV crimes among minority households. A significant relationship was identified between living in a gated community and predicting IPV crimes in minority households. Both Hispanic and Asian women experience more IPV crimes, whereas women from other minority groups (e.g., American Indian/Alaska Native and Native Hawaiian/Pacific Islander) were less likely to experience IPV crimes than their Black counterparts. Again, a significant relationship was identified between living in a building with restricted access and predicting IPV crimes in minority households. However, unlike those living in a gated community, Hispanic women reported that they were less likely to have experienced IPV crimes, whereas Asian women and women from other minority groups experience more IPV crimes than their Black counterparts. Because there is not a clear indication where these properties are located (e.g., rural, urban, or suburban) and how they are defined beyond how it was asked in the question, these variations may be attributed to the unknown geographic identifier for gated communities and buildings with restricted access (Branic & Kubrin, 2017). Additionally, Campbell (2016) found that cultural differences exist between racial and ethnic groups, which regulates the group's views of what constitutes violence between partners. Therefore, a sociocultural perspective is a possible explanation for these differences between racial and ethnic groups.

Cultural values and beliefs strongly effect how women respond and ultimately report incidences of IPV. Shame can act as a code of silence for many minority women

for fear of bringing disgrace to the family. According to Do et al. (2013), Asian families place a high value on the family structure and the needs of the family are placed above the individual. As a result, Asian women will refrain from bringing any dishonor to the family by reporting IPV. Holding to traditional values is another strong factor that prevents minority women from reporting IPV. Hispanic women are expected to hold certain qualities within their culture, like, “Marianismo,” or the act of worshipping the Virgin Mary. As Campbell (2016) noted, Hispanic women should behave in a way that reflect “behaviors of servility and modesty” (p. 72). Like that of Asian women, Hispanic women have certain cultural beliefs that, on one hand supports a strong family unit, but also becomes a cultural burden that enables a pathway for IPV to occur.

As stated earlier, results of this study were mixed; however, results indicated that Black women do not report experiencing IPV as frequently compared to other minority women. In addition to cultural values and beliefs, for Black women, societal views and distrust are important factors that may impact their decision to report IPV. Historical discrimination, distrust of the police, and mistrust of traditional medicine have been named as reasons that Black women do not report IPV (Campbell, 2016; Novisky & Peralta, 2015). Another explanation is the societal view of the strong black woman, which suggests that Black women are strong, resilient, and self-reliant, and are not vulnerable to physical and emotional challenges (Campbell, 2016). Adding to this unrealistic expectation is the responsibility to protect the wellbeing of the family. Because Black males are the subject of police scrutiny, Black women have a loyalty to protect their male counterparts even at their own emotional and physical expense; thus,

reporting IPV would be viewed as a betrayal (Wells-Wilbon, McPhatter, & Vakalahi, 2015).

Implications

IPV is a multifaceted and complex problem that requires a comprehensive understanding of the interaction between the neighborhood environment and the occurrence of IPV in order to assist prevention, but also to accelerate appropriate interventions. The aim of this study was to examine IPV crimes among minority women from the assessment of selected independent variables. The finding that regardless of the type of neighborhood, minority women experience IPV crimes more than their White counterparts is important for several reasons. First, the current research found that minority women who live in disadvantaged neighborhoods were less likely to experience IPV crime; however, other studies have reported finding a significant link between neighborhood disadvantage and IPV among minority women (Benson et al., 2003, 2004; Beyer et al., 2013, 2015; Bonomi et al., 2014; Copp et al., 2015; Felker-Kantor et al., 2017; Fox & Benson, 2006; Frye et al., 2012; Gracia et al., 2015; Li et al., 2009; Miles-Doan, 1998; Pickover et al., 2018; Wright & Benson, 2010, 2011; Wu, 2009). Second, the results of this study illustrate a shift in the way IPV is scrutinized in the context of the advantaged and disadvantaged neighborhood. IPV has long been considered a side effect of poverty. However, this study highlights that SES of the neighborhood does not prevent IPV from happening, it only limits and hinders the help-seeking options of the IPV victims who are on the lower end of the socioeconomic scale. Third, given the evidence of prior research indicating neighborhood disadvantage is an important predictor of IPV,

consideration is needed for a redesign and refinement of the NCVS. For example, adding a public use file that includes census tract and neighborhood level indicators could improve a researcher's capacity to examine the relationship between neighborhood disadvantage and IPV. Moreover, these indicators could be added within the public use files that would protect the confidentiality of the respondents (Berzofsky, Smiley-McDonald, Moore, & Krebs, 2014). These reasons suggest a need for continued research and further examination of the neighborhood processes that drive occurrence of IPV crimes.

Implications for Policy and Practice

Considering the results of this study, there are important implications for future policy and practice. This study establishes that minority women are at increased risk for IPV victimization regardless of their community SES. Furthermore, this study's findings highlight the significance of understanding and evaluating IPV from a cultural identity perspective. All neighborhoods have a cultural identity, which is influenced by the, "specific and often unique ways that people think and act within the norms of their group" (Perez & Luquis, 2014, p. 202). Therefore, perhaps the most prominent policy implication is the need to tailor prevention and intervention services within the culture identity of the neighborhood landscape.

As established, IPV affects women from every race and ethnicity and socioeconomic status, but as this study has shown, minority women are more adversely affected by IPV than their White counterparts (Black et al., 2011; Breiding et al., 2015; Petrosky et al., 2017; Stockman et al., 2015). Historically, IPV services and interventions

have been tailored specifically for the needs of White women and largely ignored the concerns and views of minority women (Lee, Thompson, & Mechanic, 2002). Therefore, health professionals require culturally competent training and education that addresses the needs of minority women within the context of their cultural identity; in addition to how that identity can be shaped by the norms and shared values of the neighborhood (Watson-Singleton et al., 2019). For example, Watson-Singleton et al. (2019) noted that African American women experience more incidences of IPV than any other racial group and often reside in neighborhoods with limited access to resources. As mentioned earlier, African American women are socialized to not only take care of and protect their family, but that of the African American community (Saleem et al., 2016; Watson-Singleton et al., 2019). Consequently, IPV intervention measures should include culturally competent considerations such as using minority practitioners who are not only sensitive to the needs of abused women, but to their community as well. Additionally, not all women seek traditional IPV services. Thus, screening measures should not be limited to emergency room care, but include all services minority women may regularly use (e.g., primary care, OBGYN, and family planning) as a part of a culturally responsive health assessment interview (Ghandour, Campbell, & Lloyd, 2015; Miller-Graff & Graham-Bermann, 2016).

As discussed above, results from this study indicate differences exist between minority women and the neighborhoods where they reside; therefore, health practitioners should design interventions that promote IPV awareness, but also, emphasize IPV as a community issue (Loya, 2014). Perez and Luquis (2014) suggested an approach that

focuses on the, “cultural values, beliefs, and practices of various groups,” within their own communities by linking their past and present experiences (p. 43). For example, due to their past experiences (e.g., Tuskegee syphilis study), some African Americans may have distrust for medical treatments; therefore, community-based IPV interventions should consider outreaching the community through the use of community health workers (CHWs) or promotoras who can serve as a cultural bridge between the community and victims of IPV (Gatuguta et al., 2017; Wennerstrom et al., 2018).

Unquestionably, efforts to address IPV entail a community response approach that necessitates cooperation from community members and leaders such as government officials, law enforcement, healthcare system, and victim advocates. Policymakers should support investing in policies and strategies that address crime reduction and encourage economic development and revitalization of impoverished and distressed communities. Additionally, stakeholders must understand and acknowledge the challenges that minority women confront by adapting interventions and providing services to their specific needs (Loya, 2014; Shorey, Tirone, & Stuart, 2014). Availability of these services does not always mean they are accessible. Services must be accessible in a way that is beneficial and supports minority women and their families, for example, through strategically placing shelters or other safe zones in distressed communities. Furthermore, as trusted members of the community, CHWs can increase service accessibility through early identification of IPV victims and by providing community resource information and referrals to other services like legal services, substance abuse, and mental health centers. In addition, CHWs can provide education to key community members like law

enforcement, to assist in their understanding of IPV (Gatuguta et al., 2017; Ghandour et al., 2015; Loya, 2014; Miller-Graff & Graham-Bermann, 2016).

Results of this study do not illuminate direct effects of neighborhood disadvantage on the occurrence of IPV among minority women. It did, however, indicate minority women experience more IPV than their White counterparts. Besides the implications for policy and practice, further study is needed to inform the development of policies and practices targeting neighborhood factors that influence IPV.

Limitations

While this study contributes to the literature regarding neighborhood disadvantage and IPV among minority women, there were several limitations. One of the primary limitations of this research was the use of secondary data. Although the use of secondary data has its benefits, such as access and availability, there is no control over how the original study was done. The NCVS employs a self-report study design, which denies the researcher the ability to make causal arguments due to threats of internal validity. An added limitation to this self-reporting data is perception; specifically, some respondents may not perceive IPV as a crime, which inhibits their response. Moreover, if the offender is present when the respondent is interviewed, the respondent may be hesitant to answer affirmatively.

Another limitation is the NCVS assumes respondents are English speaking, which may obscure accurate responses. For instance, the NCVS questionnaire does not provide cues to what the terms rape or sexual assault means. Thus, the ambiguity of the terms

may be problematic for non-English speaking minority groups (Kruttschnitt, Kalsbeek, & House, 2014).

Highlighted earlier, a limitation to the NCVS public use files is the lack of access to specific geographic locations; however, it is possible to create a generic area from the public use file (Langton, Planty, & Lynch, 2017). According to Langton et al. (2017), the use of generic areas from the available geographic identifiers within the public use file (i.e., rural, urban, suburban) is suitable to estimate variances in crime in specific locations, like urban and rural. Unlike the geographic data contained within the restricted use file, creating a generic or proxy area does not provide detailed geographic information available at the census block and tract level. Access to the geographic identifier would allow the researcher to link neighborhood and household characteristics contained in other surveys, like the American Community Survey to determine the level of neighborhood disadvantage (Langton et al., 2017). Nevertheless, the researcher created a proxy neighborhood variable using three variables: live in a gated or walled community, live in a building with restricted access, and number of units in a structure. However, number of units in a structure was removed due to its reduced reliability so the neighborhood variable was restructured to include only two variables: live in a gated or walled community and live in a building with restricted access. Again, lacking access to restricted use files limited the researcher's ability to obtain proximity measures to neighborhood characteristics (Addington & Rennison, 2015).

A captivating finding from this study was that neighborhood advantage is not a protective factor for IPV as one might expect. While this is a compelling finding, there is

a possible limitation to this finding, which is the perception that living in a gated or walled community is exclusively for those of higher SES. However, Addington and Rennison (2015) advised that consideration should be given to what constitutes a gated community, which can be broad in its classification. According to their study, Addington and Rennison (2015) found that depending on the type of survey used, a gated community can be anything from an exclusive, high income community to public housing or a trailer park (Dinzey-Flores, 2013). Also, gated communities are frequently a mixture of owner-occupied units and long- to short-term rentals (Addington & Rennison, 2015). Thus, the neighborhood advantage finding may not adequately reflect the actual diversity of the community or neighborhood location.

The last limitation of this study is the selection of control variables. Originally, the researcher wanted to include both public housing and homeownership status as first level control variables. However, the decision was made to not use these variables since too many of the respondents were removed by listwise deletion. Maintaining the variables would likely create missing data resulting in potential bias and weakened the generalizability of the results (Dong & Peng, 2013). Aside from these limitations, this study makes important contributions to the literature and furthering the advancement of neighborhood effects and IPV among minority women.

Recommendations for Future Research

Based on the findings of this study, there are recommendations that should be considered for future studies. Since its inception, the NCVS has proven a useful tool for estimating and predicting criminal victimization, yet it lacks contextual features and

historical details, such as the neighborhood social environment, residential movement, and a woman's IPV history. Thus, a refinement of the NCVS including these elements would illuminate an understanding of IPV beyond individual processes. For instance, researchers using survey data in conjunction with a geographic location indicator can characterize the neighborhood using demographic data from the U.S. Census tracts (Bonomi et al., 2014). Discussed as a limitation, the NCVS does not provide access to a geographic locator, which limits the ability to isolate neighborhood boundaries through census tracts. Therefore, access to a geographic location within the NCVS public-use files would enable researchers to identify neighborhood boundaries and neighborhood-level variations that contribute to IPV. Additionally, a revised NCVS survey would enable future research to expand IPV studies beyond the urban setting and include the less examined rural areas (Pinchevsky & Wright, 2012).

Second, this study opens the door for future research to explore the multiple pathways that intersect to increase IPV, such as race, ethnicity, and culture, within the realm of the community. Culture influences views on IPV in several ways from how IPV is defined and ultimately perceived. The cultural perception of IPV may explain the lack of reporting or willingness to answer screening questionnaires (Campbell, 2016). Therefore, future studies should include not only neighborhood variables, but include variables that measure cultural influences within various environments, such as military installations, public housing, and prison systems.

Third, this present study's findings demonstrate the need for a comprehensive approach, which is not limited by a theoretical framework, but rather, strengthens the

investigation of IPV and the neighborhood environment. Goldman et al. (2012) argued that a single theory or model does not sufficiently explain the underlying mechanisms that cause IPV to occur, and even though the SDT has proven to be a valuable framework for studying other forms of neighborhood crime, not all theorized associations operate in the same manner and prevent the collection of IPV-specific factors (Goldman et al., 2012; Pinchevsky & Wright, 2012; Voith, 2017).

Furthermore, Voith (2017) recommended an “integrative model,” which combines elements of SDT and the Social Determinants of Health (SDOH; Beyer et al., 2015; Voith, 2017, p. 2; Voith & Brondino, 2017). The SDOH as a conceptual framework postulates that overall health is shaped by the, “the distribution of money, power, and resources at the global, national, and local levels” (Jesmin, 2017, p. 3227). The SDOH establishes that health inequities are derived from, “social, economic, environmental, and structural disparities,” and further differences in population health outcomes (Baciu et al., 2017, p. 99). The constructs of SDOH include the social environment (e.g., income and education); physical environment, including neighborhood and physical spaces; and health services, like access to healthcare and insurance. These constructs are influenced by the stratification of resources at various levels, such as government policy and social and cultural norms which subsequently exert gradients in population health (WHO, 2019). The SDT focuses on structural factors, such as concentrated poverty, physical dilapidation, and racial and cultural mixing, that intersect to produce disadvantage and disorder. Unlike SDOH, SDT directs primary accountability for behavior change on community members (Voith, 2017). Yet when elements of SDT and SDOH are merged, a

more comprehensive ecological model emerges. According to Voith (2017), macro-level factors (e.g., discriminatory practices) affect exo-level factors (e.g., criminal activity, physical incivilities, vacant lots, and overcrowding). These factors, in turn, affect meso-level factors (e.g., social capital and collective efficacy). Collectively, these synchronized interactions converge and provide a gateway for health disparities like IPV to exist (Baciu et al., 2017; DeKeseredy, Rennison, & Hall-Sanchez, 2019; Voith, 2017; Voith & Brondino, 2017).

Based on the results of this study, the author recommends that future research should consider a unified theoretical orientation with adequate predictors to address the relationship between neighborhood factors and IPV. Moreover, applying a proactive versus reactive approach that targets IPV prevention and intervention resources on multiple levels (i.e., macro, exo, meso, and micro) will produce stronger outcomes than at the individual level only (Baciu et al., 2017; Voith, 2017; Voith & Brodino, 2017). Targeting multiple levels enables practitioners to enhance screening measures to include the neighborhood context, which is not only beneficial for surveillance, but provides a focus for placement of prevention and intervention resources rather than concentrating solely on the aftermath of violence (Baciu et al., 2017; Pickover et al., 2018; Pinchevsky & Wright, 2012; Voith, 2017).

Conclusion

A major objective of this secondary data analysis was to address gaps in the literature concerning the relationship between neighborhood disadvantage and IPV among minority women. Limitations notwithstanding, this study suggests that while

minority women experienced more IPV crime than White women, neighborhood disadvantage was not a protective factor for IPV. Although, this finding opens other avenues to explore concerning the impact of neighborhoods on IPV, it should not dissuade future research and intervention efforts from focusing on the ways more disadvantaged neighborhoods impact IPV.

This study also draws attention to the need to examine racial and ethnic groups separately. In this study, regardless of the type of neighborhood they lived in, minority women experienced more IPV crimes than White women. However, more research should examine the racial and ethnic sub-groups separately to determine the additional barriers, like cultural, that might prevent from reporting IPV crimes, in addition to informing IPV prevention and intervention programs.

Finally, while this study had some unexpected results, it does indicate that IPV among minority women could be related to neighborhood disadvantage and that neighborhood-level indicators supported by SDT are indicators of IPV. However, this study's results emphasize the complex and intersecting nature of IPV, which necessitates the need to examine IPV using a broader ecological lens, one that encompasses the bidirectional relationship of individual characteristics and the neighborhood environment. These conclusions notwithstanding, it is this author's belief that important progress has been made in recognizing the importance of the neighborhood effect on IPV.

REFERENCES

- Addington, L. A., & Rennison, C. M. (2015). Keeping the barbarians outside the gate? Comparing burglary victimization in gated and non-gated communities. *Justice Quarterly*, 32(1), 168–192. doi:10.1080/07418825.2012.760644
- Al’Uqdah, S. N., Maxwell, C., & Hill, N. (2016). Intimate partner violence in the African American community: Risk, theory, and interventions. *Journal of family violence*, 31(7), 877–884. doi: 10.1007/s10896-009-9239-2
- Anderson, E. (1999). *Code of the street: Decency, violence, and the moral life of the inner city* (1st ed.). New York, NY: W. W. Norton.
- Baciu, A., Negussie, Y., Geller, A., & Weinstein, J. N. (Eds). (2017). *The root causes of health inequity*. National Academies of Sciences, Engineering, and Medicine, Health and Medicine Division Communities in Action: Pathways to Health Equity. Washington (DC): National Academies Press (US). Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK425845/>
- Baker, C. K., Billhardt, K. A., Warren, J., Rollins, C., & Glass, N. E. (2010). Domestic violence, housing instability, and homelessness: A review of housing policies and program practices for meeting the needs of survivors. *Aggression and Violent Behavior*, 15(6), 430–439. doi:10.1016/j.avb.2010.07.005
- Barcelona de Mendoza, V., Harville, E. W., Savage, J., & Giarratano, G. (2018). Experiences of intimate partner and neighborhood violence and their association

- with mental health in pregnant women. *Journal of Interpersonal Violence*, 33(6), 938959. doi:10.1177/0886260515613346
- Barner, J., & Carney, M. (2011). Interventions for intimate partner violence: A historical review. *Journal of Family Violence*, 26(3), 235–244. doi:10.1007/s10896-011-9359-3
- Bauer, G. R. (2014). Incorporating intersectionality theory into population health research methodology: Challenges and the potential to advance health equity. *Social Science & Medicine*, 110, 1017.
- Benavides, M., León, J., Etesse, M., Espezúa, L., & Stuart, J. (2018). Exploring the association between segregation and physical intimate partner violence in Lima, Peru: The mediating role of gender norms and social capital. *SSM - Population Health*, 7, 1–9. doi:10.1016/j.ssmph.2018.100338
- Benson, M. L. & Fox, G. L. (2002). *Economic distress, community context and intimate violence: an application and extension of social disorganization theory, final report*. United States Department of Justice. Retrieved from <https://www.ncjrs.gov/pdffiles1/nij/grants/193434.pdf>
- Benson, M., Fox, G., DeMaris, A., & Van Wyk, J. (2003). Neighborhood disadvantage, individual economic distress and violence against women in intimate relationships. *Journal of Quantitative Criminology*, 19(3), 207–235. doi:10.1023/A:1024930208331

- Benson, M. L., Wooldredge, J., Thistlethwaite, A. B., & Fox, G. L. (2004). The correlation between race and domestic violence is confounded with community context. *Social Problems*, 51(3), 326–342. doi:10.1525/sp.2004.51.3.326
- Bent-Goodley, T., Henderson, Z., & Youmans, L., & St. Vil, C. (2015). The role of men of faith in responding to domestic violence: Focus group themes. *Journal of the North American Association of Christians in Social Work*, 42(30), 280–295.
- Berzofsky, M., Smiley-McDonald, H., Krebs, C., & Moore, A. (2014). *Measuring Socioeconomic Status (SES) in the NCVS: Background, Options, and Recommendations*. Bureau of Justice Statistics, U.S. Department of Justice.
- Beyer, K. M., Kaltenbach, A., Szabo, A., Bogar, S., Nieto, F. J., & Malecki, K. M. (2014). Exposure to neighborhood green space and mental health: Evidence from the survey of the health of Wisconsin. *International Journal of Environmental Research and Public Health*, 11(3), 3453–3472.
- Beyer, K. M., Layde, P. M., Hamberger, L. K., & Laud, P. W. (2013). Characteristics of the residential neighborhood environment differentiate intimate partner femicide in urban versus rural settings. *The Journal of Rural Health*, 29(3), 281–293.
- Beyer, K., Wallis, A. B., & Hamberger, L. K. (2015). Neighborhood environment and intimate partner violence: A systematic review. *Trauma, Violence, & Abuse*, 16(1), 16–47.
- Black, M. C., Basile, K. C., Breiding, M. J., Smith, S. G., Walters, M. L., Merrick, M. T....Stevens, M. R. (2011). The National Intimate Partner and Sexual Violence

- Survey (NISVS): 2010 Summary Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Bonomi, A. E., Trabert, B., Anderson, M. L., Kernic, M. A., & Holt, V. L. (2014). Intimate partner violence and neighborhood income: A longitudinal analysis. *Violence Against Women*, 20(1), 42–58.
- Branic, N., & Kubrin, C. (2017). Gated communities and crime in the United States. In G. Bruinsma & S. Johnson (Eds.), *Oxford Handbook of Environmental Criminology* (pp. 401-423). Retrieved from <https://ssrn.com/abstract=3074678>
- Breiding, M. J., Basile, K. C., Klevens, J., & Smith, S. G. (2017). Economic insecurity and intimate partner and sexual violence victimization. *American Journal of Preventive Medicine*, 53(4), 457–464. doi:10.1016/j.amepre.2017.03.021
- Breiding, M. J., Basile, K. C., Smith, S. G., Black, M. C., & Mahendra, R. R. (2015). *Intimate Partner Violence Surveillance: Uniform Definitions and Recommended Data Elements* (Version 2.0). Retrieved from Centers for Disease Control and Prevention website:
<https://www.cdc.gov/violenceprevention/pdf/ipv/intimatepartnerviolence.pdf>
- Brondolo, E., Eftekharzadeh, P., Clifton, C., Schwartz, J. E., & Delahanty, D. (2018). Work-related trauma, alienation, and posttraumatic and depressive symptoms in medical examiner employees. *Psychological Trauma: Theory, Research, Practice, and Policy*, 10(6), 689–697. doi:10.1037/tra0000323

- Brosius, A. D. (2015). Review an Iowa law in need of imminent change: Redefining the temporal proximity of force to account for victims of intimate partner violence who kill in non-confrontational self-defense. *Iowa Law Review*, 100(2), 775–802.
- Brown, T. (2012). The intersection and accumulation of racial and gender inequality: Black Women's wealth trajectories. *The Review of Black Political Economy*, 39(2), 239–258. doi:10.1007/s12114-011-9100-8
- Caetano, R., Ramisetty-Mikler, S., & Harris, T. R. (2010). Neighborhood characteristics as predictors of male to female and female to male partner violence. *Journal of Interpersonal Violence*, 25(11), 1986–2009. doi:10.1177/0886260509354497
- Capaldi, D. M., Knoble, N. B., Shortt, J. W., & Kim, H. K. (2012). A systematic review of risk factors for intimate partner violence. *Partner Abuse*, 3(2), 231–280. doi:10.1891/1946-6560.3.2.231
- Carlyle, K. E., Orr, C., Savage, M. W., & Babin, E. A. (2014). News coverage of intimate partner violence: Impact on prosocial responses. *Media Psychology*, 17(4), 451–471. doi:10.1080/15213269.2014.931812
- Carlyle, K. E., Slater, M. D., & Chakroff, J. L. (2008). Newspaper coverage of intimate partner violence: Skewing representations of risk. *Journal of Communication*, 58(1), 168–186. doi:10.1111/j.1460-2466.2007.00379.x
- Casciano, R., & Massey, D. S. (2012). Neighborhood disorder and anxiety symptoms: new evidence from a quasi-experimental study. *Health & Place*, 18(2), 180–190. doi:10.1016/j.healthplace.2011.09.002

- Centers for Disease Control and Prevention. (2018). Intimate partner violence. National Center for Injury Prevention and Control, Division of Violence Prevention. Retrieved from <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html>
- Chamberlain, A., Yanus, A. B., & Pyeatt, N. (2016). The connection between the Woman's Christian Temperance Union and the Prohibition Party. *SAGE Open*, 6(4), 1–8. doi:10.1177/2158244016684373
- Cheng, T. C. (2013). Intimate partner violence and welfare participation: A longitudinal causal analysis. *Journal of Interpersonal Violence*, 28(4), 808–830. doi:10.1177/0886260512455863
- Cho, H. (2011). Racial differences in the prevalence of intimate partner violence against women and associated factors. *Journal of Interpersonal Violence*, 27(2), 344–363. doi: 10.1177/0886260511416469
- Cimino, A. N., Yi, G., Patch, M., Alter, Y., Campbell, J. C., Gundersen, K. K., . . . Stockman, J. K. (2019). The effect of intimate partner violence and probable traumatic brain injury on mental health outcomes for black women. *Journal of Aggression, Maltreatment, & Trauma*, 28(6), 714–731. doi:10.1080/10926771.2019.1587657
- Cohen, L., Davis, R., Lee, V., & Valdovinos, E. (2010) *Addressing the intersection: Preventing violence and promoting healthy eating and active living*. Oakland, CA: Prevention Institute.

- Copp, J. E., Kuhl, D. C., Giordano, P. C., Longmore, M. A., & Manning, W. D. (2015). Intimate partner violence in neighborhood context: The roles of structural disadvantage, subjective disorder, and emotional distress. *Social Science Research, 53*, 59–72. doi:10.1016/j.ssresearch.2015.05.001
- Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review, 43*(6), 1241–1299. doi:10.2307/1229039
- Cunradi, C. B., Mair, C., Ponicki, W., & Remer, L. (2011). Alcohol outlets, neighborhood characteristics, and intimate partner violence: Ecological analysis of a California city. *Journal of Urban Health: Bulletin of the New York Academy of Medicine, 88*(2), 191–200. doi:10.1007/s11524-011-9549-6
- Cunradi, C. B., Mair, C., & Todd, M. (2014). Alcohol outlet density, drinking contexts and intimate partner violence: A review of environmental risk factors. *Journal of Drug Education, 44*(1–2), 19–33. doi:10.1177/0047237915573527
- Daoud, N., Matheson, F. I., Pedersen, C., Hamilton-Wright, S., Minh, A., Zhang, J., & O'Campo, P. (2015). Pathways and trajectories linking housing instability and poor health among low-income women experiencing intimate partner violence (IPV): Toward a conceptual framework. *Women & Health, 56*(2), 208–225. doi:10.1080/03630242.2015.1086465
- Daoud, N., Sergienko, R., O'Campo, P., & Shoham-Vardi, I. (2017). Disorganization theory, neighborhood social capital, and ethnic inequalities in intimate partner

- violence between Arab and Jewish women citizens of Israel. *Journal of Urban Health*, 94(5), 648–665. doi:10.1007/s11524-017-0196-4
- DeKeseredy, W. S., Rennison, C. M., & Hall-Sanchez, A. K. (2019). *The Routledge International handbook of violence studies*. New York, NY: Taylor and Francis.
- de Vries-McClintock, H. F., Wiebe, D. J., O'Donnell, A. J., Morales, K. H., Small, D. S., & Bogner, H. R. (2015). Neighborhood social environment and patterns of adherence to oral hypoglycemic agents among patients with type 2 diabetes mellitus. *Family & Community Health*, 38(2), 169–179. doi:10.1097/FCH.0000000000000069
- Dillon, G., Hussain, R., Loxton, D., & Rahman, S. (2013). Mental and physical health and intimate partner violence against women: A review of the literature. *International Journal of Family Medicine*, 2013(1), 1–15. doi:org/10.1155/2013/313909
- Dinzey-Flores, Z. (2013). *Locked in, locked out: Gated communities in a Puerto Rican City*. Philadelphia, PA: University of Pennsylvania Press.
- Do, K. N., Weiss, B., & Pollack, A. (2013). Cultural beliefs, intimate partner violence, and mental health functioning among Vietnamese women. *International Perspectives in Psychology: Research, Practice, Consultation*, 2(3), 149–163. doi:10.1037/ipp0000004
- Dong, Y., & Peng, C. (2013). Principled missing data methods for researchers. *Springerplus*, 2(1), 1–17. doi:10.1186/2193-1801-2-222

- Duivent, S. (2013). Battered women and the full benefit of self-defense laws. *Berkeley Journal of Gender, Law & Justice*, 12(1), 1–10.
- DuMonthier, A., Childers, C., & Milli, J. (2017). *The status of black women in the United States*. Institute for Women's Policy Research. Retrieved from <https://iwpr.org/publications/status-black-women-united-states-report/>
- Easteal, P., Holland, K., & Judd, K. (2015). Enduring themes and silences in media portrayals of violence against women. *Women's Studies International Forum*, 48, 103–113. doi:10.1016/j.wsif.2014.10.015
- Edwards, K. M. (2015). Intimate partner violence and the rural- urban- suburban divide: Myth or reality? A critical review of the literature. *Trauma, Violence & Abuse*, 16(3), 359. doi:10.1177/1524838014557289
- Edwards, K. M., Mattingly, M. J., Dixon, K. J., & Banyard, V. L. (2014). Community matters: Intimate partner violence among rural young adults. *American Journal of Community Psychology*, 53(1–2), 198–207.
- Emery, C. R., Jolley, J. M., & Wu, S. (2011). Desistance from intimate partner violence: The role of legal cynicism, collective efficacy, and social disorganization in Chicago neighborhoods. *American Journal of Community Psychology*, 48(3–4), 373–383. doi:10.1007/s10464-010-9362-5
- Erez, E. (2002). Domestic violence and the criminal justice system: An overview. *Online Journal of Issues in Nursing*, 7(1), 1–18.

- Felker-Kantor, E., Wallace, M., & Theall, K. (2017). Living in violence: Neighborhood domestic violence and small for gestational age births. *Health and Place*, 46, 130–136. doi:10.1016/j.healthplace.2017.05.011
- Fincher, D., VanderEnde, K., Colbert, K., Houry, D., Smith, L. S., & Yount, K. M. (2015). Effect of face-to-face interview versus computer-assisted self-interview on disclosure of intimate partner violence among African American women in WIC clinics. *Journal of Interpersonal Violence*, 30(5), 818–838. doi:10.1177/0886260514536280
- Fleck-Henderson, A. (2017). From movement to mainstream: A battered women's shelter evolves (1976–2017). *Affilia*, 32(4), 476–490. doi:10.1177/0886109917718230
- Fox, G. L., & Benson, M. L. (2006). Household and neighborhood contexts of intimate partner violence. *Public Health Reports*, 121(4), 419–427. doi:10.1177/003335490612100410
- Frye, V., Paul, M. M., Todd, M., Lewis, V., Cupid, M., Coleman, J., . . . O'Campo, P. (2012). Informal social control of intimate partner violence against women: Results from a concept mapping study of urban neighborhoods. *Journal of Community Psychology*, 40(7), 828–844. doi:10.1002/jcop.21493
- Gatuguta, A., Katusiime, B., Seeley, J., Colombini, M., Mwanzo, I., & Devries, K. (2017). Should community health workers offer support healthcare services to survivors of sexual violence? A systematic review. *BMC International Health and Human Rights*, 17(1), 1–15.

- Ghandour, R. M., Campbell, J. C., & Lloyd, J. (2015). Screening and counseling for intimate partner violence: A vision for the future. *Journal of Women's Health* (2002), 24(1), 57–61. doi:10.1089/jwh.2014.4885
- Gillum, T. L. (2019). The intersection of intimate partner violence and poverty in black communities. *Aggression and Violent Behavior*, 46, 37–44. doi:10.1016/j.avb.2019.01.008
- Golden, S. D., Perreira, K. M., & Durrance, C. P. (2013). Troubled times, troubled relationships: How economic resources, gender beliefs, and neighborhood disadvantage influence intimate partner violence. *Journal of Interpersonal Violence*, 28(10), 2134–2155. doi.org/10.1177/0886260512471083
- Goodman, L. A., Smyth, K. F., Borges, A. M., & Singer, R. (2009). When crises collide: How intimate partner violence and poverty intersect to shape women's mental health and coping? *Trauma, Violence & Abuse*, 10(4), 306–329. doi:10.1177/1524838009339754
- Goodmark, L. (2018). Innovative criminal justice responses to intimate partner violence. In C. M. Renzetti, J. L. Edelson, & R. K. Bergen (Eds), *Sourcebook on violence against women*. (3rd ed.). Thousand Oaks, CA. Sage.
- Gracia, E., Lopez-Quilez, A., Marco, M., & Lila, M. (2018). Neighborhood characteristics and violence behind closed doors: The spatial overlap of child maltreatment and intimate partner violence *Plos One*, 13(6), 1–13, e0198684. doi:10.1371/journal.pone.0198684

- Gracia, E., López-Quílez, A., Marco, M., Lladosa, S., & Lila, M. (2015). The spatial epidemiology of intimate partner violence: Do neighborhoods matter? *American Journal of Epidemiology*, 182(1), 58–66. doi:10.1093/aje/kwv016
- Greene, S., Turner, M. A., & Gourevitch, R. (2017). *Racial residential segregation and neighborhood disparities*. Washington, DC: U.S. Partnership on Mobility from Poverty, Urban Institute. Retrieved from <https://www.mobilitypartnership.org/publications/racial-residential-segregation-and-neighborhood-disparities>
- Haag, H. L., Jones, D., Joseph, T., & Colantonio, A. (2018). Battered and brain injured: Traumatic brain injury among women survivors of intimate partner violence - A scoping review. *Trauma, Violence, & Abuse*. Advance online publication. doi:10.1089/jwh.2018.7299
- Herring, C., & Henderson, L. (2016). Wealth inequality in black and white: Cultural and structural sources of the racial wealth gap. *Race and Social Problems*, 8(1), 4–17. doi:10.1007/s12552-016-9159-8
- Hess, C., & Del Rosario, A. (2018). Dreams deferred: A survey on the impact of intimate partner violence on survivors' education, careers, and economic security. *Institute of for Women's Policy Research*. Retrieved from <https://iwpr.org/publications/dreams-deferred-domestic-violence-survey-2018/>
- Higgins, B. R., & Hunt, J (2016). Collective efficacy: Taking action to improve neighborhoods. *National Institute of Justice*, 277, 18–21. Retrieved from <http://nij.gov/journals/277/Pages/collective-efficacy.aspx>.

- Hill, N., Woodson, K., Ferguson, A., & Parks, C. (2012). Intimate partner abuse among African American lesbians: Prevalence, risk factors, theory, and resilience. *Journal of Family Violence*, 27(5), 401–413. doi:10.1007/s10896-012-9439-z
- Hill, T. D., & Maimon, D. (2013). Neighborhood context and mental health. In C. S. Aneshensel, J. C. Phelan, & A. Bierman (Eds.), *Handbooks of sociology and social research* (pp. 479–501). Springer Science & Business Media. doi:10.1007/978-94-007-4276-5_23
- Hodder, S., Spiegel, H., Soto-Torres, L., Haley, D. F. (2017). Women and poverty in the USA. In A. O'Leary, & P. Frew (Eds.), *Poverty in the United States* (pp. 1234). New York, NY: Springer International.
- Howell, K. H., Barnes, S. E., Miller, L. E., & Graham-Bermann, S. A. (2016). Developmental variations in the impact of intimate partner violence exposure during childhood. *Journal of Injury & Violence Research*, 8(1), 43–57. doi:10.5249/jivr.v8i1.663
- Hsu, L. (2016). The timing of welfare payments and intimate partner violence. *Economic Inquiry*, 55(2), 1017–1031. doi:10.1111/ecin.12413
- Hussein, M., Diez Roux, A. V., & Field, R. I. (2016). Neighborhood socioeconomic status and primary health care: Usual points of access and temporal trends in a major US urban area. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 93(6), 10271045. doi:10.1007/s11524-016-0085-2

- Jackson, A. L. (2016). The combined effect of women's neighborhood resources and collective efficacy on IPV. *Journal of Marriage and Family*, 78(4), 890–907.
doi:10.1111/jomf.12294
- Jesmin, S. S. (2017). Social determinants of married Women's attitudinal acceptance of intimate partner violence. *Journal of Interpersonal Violence*, 32(21), 3226–3244.
doi:10.1177/0886260515597436
- Kalra, G., & Bhugra, D. (2013). Sexual violence against women: Understanding cross-cultural intersections. *Indian Journal of Psychiatry*, 55(3), 244–249.
doi:10.4103/0019-5545.117139
- Karakurt, G., & Cumbie, T. (2012). The relationship between egalitarianism, dominance, and violence in intimate relationships. *Journal of Family Violence*, 27(2), 115–122. doi:10.1007/s10896-011-9408-y
- Karakurt, G., Smith, D., & Whiting, J. (2014). Impact of intimate partner violence on women's mental health. *Journal of Family Violence*, 29(7), 693–702.
doi:10.1007/s10896-014-9633-2
- Kennedy, A. C., & Prock, K. A. (2018). "I still feel like I am not normal": A review of the role of stigma and stigmatization among female survivors of child sexual abuse, sexual assault, and intimate partner violence. *Trauma, Violence, & Abuse*, 19(5), 512–527. doi:10.1177/1524838016673601
- Kirst, M., Lazgare, L. P., Zhang, Y. J., & O'Campo, P. (2015). The effects of social capital and neighborhood characteristics on intimate partner violence: A

- consideration of social resources and risks. *American Journal of Community Psychology*, 55(3–4), 314–325.
- Kiss, L., Schraiber, L., Hossain, M., Watts, C., & Zimmerman, C. (2015). The link between community- based violence and intimate partner violence: The effect of crime and male aggression on intimate partner violence against women. *Prevention Science*, 16(6), 881–889. doi:10.1007/s11121-015-0567-6
- Krivo, L. J., Byron, R. A., Calder, C. A., Peterson, R. D., Browning, C. R., Kwan, M., & Lee, J. Y. (2015). Patterns of local segregation: Do they matter for neighborhood crime? *Social Science Research*, 54, 303–318. doi:10.1016/j.ssresearch.2015.08.005
- Kruttschnitt, C., Kalsbeek, W. D., & House, C. C. (Eds.). (2014). *Estimating the incidence of rape and sexual assault*. Washington, D.C.: National Academies Press.
- Lacey, K. K., Parnell, R., Mouzon, D. M., Matusko, N., Head, D., Abelson, J. M., & Jackson, J. S. (2015). The mental health of US black women: The roles of social context and severe intimate partner violence. *BMJ Open*, 5(10), 1-13. doi:10.1136/bmjopen-2015-008415
- Landor, A., Hurt, T., Futris, T., Barton, A., McElroy, S., & Sheats, K. (2017). Relationship contexts as sources of socialization: An exploration of intimate partner violence experiences of economically disadvantaged African American adolescents. *Journal of Child and Family Studies*, 26(5), 1274–1284. doi:10.1007/s10826-016-0650-z

- Langton, L., Planty, M., & Lynch, J. P. (2017). Second major redesign of the national crime victimization survey (NCVS). *Criminology & Public Policy*, 16(4), 1049–1074.
- Lauritsen, J. L., Rezey, M. L., & Heimer, K. (2014). Violence and economic conditions in the United States, 1973–2011: Gender, race, and ethnicity patterns in the national crime victimization survey. *Journal of Contemporary Criminal Justice*, 30(1), 7–28. doi:10.1177/1043986213509024
- Lee, R. K., Thompson, V. L., & Mechanic, M. B. (2002). Intimate partner violence and women of color: A call for innovations. *American Journal of Public Health*, 92(4), 530–534. doi:10.2105/ajph.92.4.530
- Lehrner, A., & Allen, N. E. (2009). Still a movement after all these years?: Current tensions in the domestic violence movement. *Violence Against Women*, 15(6), 656–677. doi:10.1177/1077801209332185
- Li, Q., Kirby, R. S., Sigler, R. T., Hwang, S. S., Lagory, M. E., & Goldenberg, R. L. (2009). A multilevel analysis of individual, household, and neighborhood correlates of intimate partner violence among low-income pregnant women in Jefferson County, Alabama. *American Journal of Public Health*, 100(3), 531–539.
- Lindsay-Brisbin, J., DePrince, A. P., & Welton-Mitchell, C. (2014). Missed opportunities: Newspaper reports of domestic violence. *Journal of Aggression, Maltreatment & Trauma*, 23(4), 383–399. doi:10.1080/10926771.2014.896839

- Loya, R. M. (2014). The role of sexual violence in creating and maintaining economic insecurity among asset-poor women of color. *Violence Against Women*, 20(11), 1299–1320. doi:10.1177/1077801214552912
- Matheson, F. I., Daoud, N., Hamilton-Wright, S., Borenstein, H., Pedersen, C., & O'Campo, P. (2015). Where did she go? The transformation of self-esteem, self-identity, and mental well-being among women who have experienced intimate partner violence. *Women's Health Issues*, 25(5), 561–569. doi:10.1016/j.whi.2015.04.006
- Matjasko, J. L., Niolon, P. H., & Valle, L. A. (2013). The role of economic factors and economic support in preventing and escaping from intimate partner violence. *Journal of Policy Analysis and Management*, 32(1), 122–128. doi:10.1002/pam.21666
- McCleary-Sills, J., Namy, S., Nyoni, J., Rweyemamu, D., Salvatory, A., & Steven, E. (2015). Stigma, shame and women's limited agency in help-seeking for intimate partner violence. *Global Public Health*, 11(1–2), 1–12. doi:10.1080/17441692.2015.1047391
- Miles-Doan, R. (1998). Violence between spouses and intimates: Does neighborhood context matter? *Social Forces*, 77(2), 623–645. doi:10.1093/sf/77.2.623
- Miller-Graff, L. E., & Graham-Bermann, S. A. (2016). Individual- and community-level predictors of victimization frequency in a sample of women exposed to IPV. *Psychology of Violence*, 6(1), 172–181. doi:10.1037/a0038176

- Mitchell, R. J., Richardson, E. A., Shortt, N. K., & Pearce, J. R. (2015). Neighborhood environments and socioeconomic inequalities in mental well-being. *American Journal of Preventive Medicine*, 49(1), 80–84.
- Mitchell, S. J., Lewin, A., Horn, I. B., Valentine, D., Sanders-Phillips, K., & Joseph, J. G. (2010). How does violence exposure affect the psychological health and parenting of young African-American mothers? *Social Science & Medicine*, 70(4), 526–533. doi:10.1016/j.socscimed.2009.10.048
- Mugoya, G. C. T., Witte, T., Bolland, A., Tomek, S., Hooper, L. M., Bolland, J., & Dalmida, S. G. (2017). Depression and intimate partner violence among African American women living in impoverished inner-city neighborhoods. *Journal of Interpersonal Violence*, 35, 3–4, 899–923. doi:10.1177/0886260517691519
- Murray, C. E., Crowe, A., & Brinkley, J. (2015). The stigma surrounding intimate partner violence: A cluster analysis study. *Partner Abuse*, 6(3), 320–336. doi:10.1891/1946-6560.6.3.320
- Neighbors, C., Walker, D. D., Mbilinyi, L. F., O'Rourke, A., Edleson, J. L., Zegree, J., & Roffman, R. A. (2010). Normative misperceptions of abuse among perpetrators of intimate partner violence. *Violence Against Women*, 16(4), 370–386. doi:10.1177/1077801210363608
- Nix, J., Wolfe, S. E., Rojek, J., & Kaminski, R. J. (2014). Trust in the police: The influence of procedural justice and perceived collective efficacy. *Crime & Delinquency*, 61(4), 610–640. doi:10.1177/0011128714530548

- Novisky, M. A., & Peralta, R. L. (2015). When women tell: Intimate partner violence and the factors related to police notification. *Violence Against Women, 21*(1), 65–86.
doi:10.1177/1077801214564078
- O'Donnell, L., Agronick, G., Duran, R., Myint-U, A., & Stueve, A. (2009). Intimate partner violence among economically disadvantaged young adult women: Associations with adolescent risk-taking and pregnancy experiences. *Perspectives on Sexual and Reproductive Health, 41*, 84–91. 10.1363/4108409.
- Oishi, S., Miao, F. F., Koo, M., Kisling, J., & Ratliff, K. A. (2012). Residential mobility breeds familiarity- seeking. *Journal of Personality and Social Psychology, 102*(1), 149–162. doi:10.1037/a0024949
- O'Leary, A., & Frew, P. M. (2017). *Poverty in the United States: Women's voices*. Switzerland: Springer International.
- O'Neal, E. N., & Beckman, L. O. (2017). Intersections of race, ethnicity, and gender: Reframing knowledge surrounding barriers to social services among Latina intimate partner violence victims. *Violence Against Women, 23*(5), 643–665.
doi:10.1177/1077801216646223
- Ortiz, S., & Zimmerman, F. (2013). Race/Ethnicity and the relationship between homeownership and health. *American Journal of Public Health, 103*(4), E122–E129. doi:10.2105/AJPH.2012.300944
- Perez, M. A., & Luquis, R. R. (2014). *Cultural competence in health education and health promotion*. San Francisco, CA: Jossey-Bass.

- Peterson, R. D., & Krivo, L. J. (2010). *Divergent social worlds: Neighborhood crime and the racial-spatial divide*. New York, NY: Russell Sage Foundation.
- Petrosky, E., Blair, J. M., Betz, C. J., Fowler, K. A., Jack, S. P., & Lyons, B. H. (2017). Racial and ethnic differences in homicides of adult women and the role of intimate partner violence — United States, 2003–2014. *MMWR Morbidity and Mortality Weekly Report*, 66, 741–746. doi:10.15585/mmwr.mm6628a1
- Pickover, A. M., Bhimji, J., Sun, S., Evans, A., Allbaugh, L. J., Dunn, S. E., & Kaslow, N. J. (2018). Neighborhood disorder, social support, and outcomes among violence-exposed African American women. *Journal of Interpersonal Violence*. Advance online publication. doi:10.1177/0886260518779599
- Pinchevsky, G. M., & Wright, E. M. (2012). The impact of neighborhoods on intimate partner violence and victimization. *Trauma, Violence, & Abuse*, 13(2), 112–132. doi:10.1177/1524838012445641
- Pleck, E. H. (1987). *Domestic tyranny: The making of social policy against family violence from colonial times to the present*. New York, NY: Oxford University Press.
- Postmus, J. L., Plummer, S., McMahon, S., Murshid, N. S., & Kim, M. S. (2012). Understanding economic abuse in the lives of survivors. *Journal of Interpersonal Violence*, 27(3), 411–430. doi:10.1177/0886260511421669
- Prather, C., Fuller, T. R., Marshall, K. J., & Jeffries, W. L. (2016). The impact of racism on the sexual and reproductive health of African American women. *Journal of Women's Health* (2002), 25(7), 664. doi:10.1089/jwh.2015.5637

Puente, M. (2019). Johnny Depp sues Amber Heard for defamation seeking \$50 million.

Retrieved from <https://www.usatoday.com/story/life/2019/03/01/johnny-depp-sues-amber-heard-defamation-seeking-50-million/3034593002/>

Quillian, L. (2012). Segregation and poverty concentration. *American Sociological Review*, 77(3), 354–379. doi:10.1177/0003122412447793

Rakovec-Felser, Z. (2014). Domestic violence and abuse in intimate relationship from public health perspective. *Health Psychology Research*, 2(3), 62–67.

doi:10.4081/hpr.2014.1821

Reaves, B. A. (2017). *Police response to domestic violence, 2006–2015*. U.S. Department of Justice. Retrieved from <https://www.bjs.gov/content/pub/pdf/prdv0615.pdf>

Renzetti, C. M., & Bergen, R. K. (2005). *Violence against women*. Lanham, MD: Rowman & Littlefield Publishing.

Reuter, T. R., Newcomb, M. E., Whitton, S. W., & Mustanski, B. (2017). Intimate partner violence victimization in LGBT young adults: Demographic differences and associations with health behaviors. *Psychology of Violence*, 7(1), 101–109. doi:10.1037/vio0000031

Rivera, E. A., Phillips, H., Warshaw, C., Lyon, E., Bland, P. J., & Kaewken, O. (2015). *An applied research paper on the relationship between intimate partner violence and substance use*. National Center on Domestic Violence, Trauma & Mental

Health. Retrieved from

<http://www.nationalcenterdvtraumamh.org/wpcontent/uploads/2014/09/IPV-SAB-Final202.29.1620NO20LOGO-1.pdf>

- Rollins, C., Glass, N. E., Perrin, N. A., Billhardt, K. A., Clough, A., Barnes, J., . . . Bloom, T. L. (2012). Housing instability is as strong a predictor of poor health outcomes as level of danger in an abusive relationship. *Journal of Interpersonal Violence*, 27(4), 623–643. doi:10.1177/0886260511423241
- Rothman, E. F., Nagaswaran, A., Johnson, R. M., Adams, K. M., Scrivens, J., & Baughman, A. (2012). U.S. tabloid magazine coverage of a celebrity dating abuse incident: Rihanna and Chris Brown. *Journal of Health Communication*, 17(6), 733–744. doi:10.1080/10810730.2011.635778
- Ruggles, S. (2015). Patriarchy, power, and pay: The transformation of American families, 1800–2015. *Demography*, 52(6), 1797–1823. doi:10.1007/s13524-015-0440-z
- Saleem, F. T., English, D., Busby, D. R., Lambert, S. F., Harrison, A., Stock, M. L., & Gibbons, F. X. (2016). The impact of African American parents' racial discrimination experiences and perceived neighborhood cohesion on their racial socialization practices. *Journal of Youth and Adolescence*, 45(7), 1338–1349. doi:10.1007/s10964-016-0499-x
- Sampson, R. J. (2019). Neighbourhood effects and beyond: Explaining the paradoxes of inequality in the changing American metropolis. *Urban Studies*, 56(1), 3–32. doi:10.1177/0042098018795363
- Sampson, R. J., & Bartusch, D. J. (1998). Legal cynicism and (subcultural?) tolerance of deviance: The neighborhood context of racial differences. *Law and Society Review*, 32(4), 777–804.

- Sampson, R., & Lauritsen, J. L. (1994). Violent victimization and offending: individual-, situational-, and community-level risk factors. *Understanding and Preventing Violence, Vol. 3, Social Influences*. National Research Council, National Academy Press, Washington, DC.
- Sampson, R. J., Raudenbush, S. W., & Earls, F. (1997). Neighborhoods and violent crime: A multilevel study of collective efficacy. *Science*, 277(5328), 918.
doi:10.1126/science.277.5328.918
- Sapra, K., Jubinski, S., Tanaka, M., & Gershon, R. (2014). Family and partner interpersonal violence among American Indians/Alaska natives. *Injury Epidemiology*, 1(1), 1–14. doi:10.1186/2197-1714-1-7
- Schieman, S. (2005). Residential stability and the social impact of neighborhood disadvantage: A study of gender and race contingent effects, *Social Forces*, 83(3), 1031–1064.
- Shaw, C. R., & McKay, H. D. (1942). *Juvenile delinquency in urban areas*. Chicago, IL: University of Chicago Press.
- Shorey, R. C., Tirone, V., & Stuart, G. L. (2014). Coordinated community response components for victims of intimate partner violence: A review of the literature. *Aggression and Violent Behavior*, 19(4), 363–371. doi:10.1016/j.avb.2014.06.001
- Slabbert, I. (2017). Domestic violence and poverty: Some women's experiences. *Research on Social Work Practice*, 27(2), 223–230.
doi:10.1177/1049731516662321

- Smith, T. J., & Holmes, C. M. (2018). Assessment and treatment of brain injury in women impacted by intimate partner violence and post-traumatic stress disorder. *The Professional Counselor*, 8(1), 1. doi:10.15241/tjs.8.1.1
- Stewart, E. A., & Simons, R. L. (2010). Race, code of the street, and violent delinquency: A multilevel investigation of neighborhood street culture and individual norms of violence. *Criminology: An Interdisciplinary Journal*, 48(2), 569–605. <https://doi.org/10.1111/j.1745-9125.2010.00196.x>
- Stockman, J. K., Hayashi, H., & Campbell, J. C. (2015). Intimate partner violence and its health impact on ethnic minority women corrected. *Journal of Women's Health*, 24(1), 62. doi:10.1089/jwh.2014.4879
- Sudano, J. J., Perzynski, A., Wong, D. W., Colabianchi, N., & Litaker, D. (2013). Neighborhood racial residential segregation and changes in health or death among older adults. *Health & Place*, 19, 80-88.
- Suglia, S., Shelton, R., Hsiao, A., Wang, Y., Rundle, A., & Link, B. (2016). Why the neighborhood social environment is critical in obesity prevention. *Journal of Urban Health*, 93(1), 206–212. doi:10.1007/s11524-015-0017-6
- Taft, C. T., Bryant-Davis, T., Woodward, H. E., Tillman, S., & Torres, S. E. (2009). Intimate partner violence against African American women: An examination of the socio-cultural context. *Aggression and Violent Behavior*, 14(1), 50–58. doi:10.1016/j.avb.2008.10.001

- Thomas, J., Collier-Tenison, S., Maxwell, D., & Cheek, C. (2017). TANF participation and intimate partner violence: Exploring barriers to self-sufficiency. *International Journal of Social Science Studies*, 5(12), 2031. doi:10.11114/ijsss.v5i12.2749
- Tolman, R. M., & Raphael, J. (2000). A review of research on welfare and domestic violence. *Journal of Social Issues*, 56(4), 655–682. doi:10.1111/0022-4537.00190
- Tolman, R. M., & Rosen, D. (2001). Domestic violence in the lives of women receiving welfare: Mental health, substance dependence, and economic well-being. *Violence Against Women*, 7(2), 141–158. doi:10.1177/1077801201007002003
- Tsai, L. C. (2017). Household financial management and women’s experiences of intimate partner violence in the Philippines: A study using propensity score methods. *Violence against women*, 23(3), 330–350.
doi.org/10.1177/1077801216642869
- Turney, K., & Harknett, K. (2010). Neighborhood disadvantage, residential stability, and perceptions of instrumental support among new mothers. *Journal of Family Issues*, 31(4), 499–524. doi:10.1177/0192513X09347992
- U. S. Department of Justice, Bureau of Justice Statistics. (2016). *National Crime Victimization Survey*. Retrieved from
<https://www.icpsr.umich.edu/icpsrweb/NACJD/studies/36828>
- VanderEnde, K. E., Yount, K. M., Dynes, M. M., & Sibley, L. M. (2012). Community-level correlates of intimate partner violence against women globally: A systematic review. *Social Science & Medicine*, 75(7), 1143–1155.
doi:10.1016/j.socscimed.2012.05.027

- Voith, L. A. (Ed.). (2017). Understanding the relation between neighborhoods and intimate partner violence: An integrative review. *Trauma, Violence, & Abuse*, 20(3), 385–397. doi:10.1177/1524838017717744
- Voith, L. A., & Brondino, M. J. (2017). Neighborhood predictors of intimate partner violence: A theory-informed analysis using hierarchical linear modeling. *American Journal of Community Psychology*, 60(1–2), 187–198. doi:10.1002/ajcp.12163
- Warshaw, C., Lyon, E., Bland, P. J., Phillips, H., & Hooper, M. (2014). *Mental Health and Substance Use Coercion Surveys*. Report from the National Center on Domestic Violence, Trauma & Mental Health and the National Domestic Violence Hotline. National Center on Domestic Violence, Trauma and Mental Health. Retrieved from http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2014/10/NCDVTMH_NDVH_MHSUCoercionSurveyReport_2014-2.pdf
- Watson-Singleton, N., Florez, I. A., Clunie, A. M., Silverman, A. L., Dunn, S. E., & Kaslow, N. J. (2019). Psychosocial mediators between intimate partner violence and alcohol abuse in low-income African American women. *Violence Against Women*, 2019, 1–20. doi:10.1177/1077801219850331
- Wells-Wilbon, R., McPhatter, A., & Vakalahi, H. (2015) *Social work practice with African Americans in urban environments*. New York, NY: Springer.
- Wennerstrom, A., Haywood, C., Wallace, M., Sugarman, M., Walker, A., Bonner, T., . . . Theall, K. (2018). Creating safe spaces: A community health worker-academic

- partnered approach to addressing intimate partner violence. *Ethnicity & Disease*, 28, 317–324. doi:10.18865/ed.28.S2.317
- Widom, C. S., Czaja, S. J., & Dutton, M. A. (2008). Childhood victimization and lifetime revictimization. *Child Abuse & Neglect: The International Journal*, 32(8), 785–796. doi:10.1016/j.chiabu.2007.12.006
- Williams, D. R., & Sternthal, M. (2010). Understanding racial-ethnic disparities in health: sociological contributions. *Journal of Health and Social Behavior*, 51, S15–S27. doi:10.1177/0022146510383838
- Wilson, M. H., & Webb, R. (2018). *Social work's role in responding to intimate partner violence*. Retrieved from Social Justice Briefs, National Association of Social Workers website:
<https://www.socialworkers.org/LinkClick.aspx?fileticket=WTrDbQ6CHxI%3D&portalid=0>
- Wilson, W. J. (1987). *The truly disadvantaged: The inner city, the underclass, and public policy*. Chicago, IL: University of Chicago Press.
- World Health Organization. (2017). *Violence against women*. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>
- World Health Organization. (2019). *Social determinants of health*. Retrieved from https://www.who.int/social_determinants/sdh_definition/en/
- Wright, E. M. (2015). The relationship between social support and intimate partner violence in neighborhood context. *Crime & Delinquency*, 61(10), 1333–1359. doi:10.1177/0011128712466890

- Wright, E. M., & Benson, M. L. (2010). Immigration and intimate partner violence: Exploring the immigrant paradox. *Social Problems*, 57(3), 480–503.
doi:10.1525/sp.2010.57.3.480
- Wright, E. M., & Benson, M. L. (2011). Clarifying the effects of neighborhood context on violence “Behind closed doors”. *Justice Quarterly*, 28(5), 775–798.
doi:10.1080/07418825.2010.533687
- Wright, E. M., Pinchevsky, G. M., Benson, M. L., & Radatz, D. L. (2015). Intimate partner violence and subsequent depression: Examining the roles of neighborhood supportive mechanisms. *American Journal of Community Psychology*, 56(3–4), 342–356. doi:10.1007/s10464-015-9753-8
- Wu, B. (2009). Intimate homicide between Asians and Non-Asians: The impact of community context. *Journal of Interpersonal Violence*, 24, 1148–1164.
- Yonas, M., Akers, A., Burke, J., Chang, J., Thomas, A., & O’Campo, P. (2011). Perceptions of prominent neighborhood individuals regarding neighborhood factors and intimate partner violence. *Journal of Urban Health*, 88(2), 214–224.
doi:10.1007/s11524-011-9544-y

APPENDIX A

INSTITUTIONAL REVIEW BOARD APPROVAL LETTER



Institutional Review Board

Office of Research and
Sponsored Programs
P.O. Box 425619,
Denton, TX 76204-
5619

940-898-3378

email: IRB@twu.edu

<http://www.twu.edu/irb.html>

DATE: May 16, 2018

TO: Ms. Rebecca Rouse Health Studies

FROM: Institutional Review Board (IRB) – Denton

Re: Exemption for The Intersection of Neighborhood Disadvantage and Intimate Partner Violence and the Implications for Health of Minority (Protocol #: 20130)

The above referenced study has been reviewed by the TWU IRB (operating under FWA00000178) and was determined to be exempt from further review.

If applicable, agency approval letters must be submitted to the IRB upon receipt PRIOR to any data collection at that agency. Because a signed consent form is not required for exempt studies, the filing of signatures of participants with the TWU IRB is not necessary.

Although your protocol has been exempted from further IRB review and your protocol file has been closed, any modifications to this study must be submitted for review to the IRB using the Modification Request Form. Additionally, the IRB must be notified immediately of any adverse events or unanticipated problems. All forms are located on the IRB website. If you have any questions, please contact the TWU IRB.

cc.

Dr. George King, Health Studies

Dr. Kimberly Parker, Health
Studies Graduate School

APPENDIX B
MODIFICATION OF INSTITUTIONAL REVIEW BOARD
APPROVAL LETTER



Institutional Review Board

Office of Research
and Sponsored
Programs P.O. Box
425619, Denton,
TX 76204-5619
940-898-3378
email: IRB@twu.edu
<https://www.twu.edu/institutional-review-board-irb/>

DATE: August 8, 2019

TO: Ms. Rebecca Rouse
Health Promotion & Kinesiology

FROM: Institutional Review Board - Denton

Re: Notification of Approval for Modification for The Intersection of Neighborhood

Disadvantage and Intimate Partner Violence and the Implications for Health of Minority

(Protocol #: 20130)

The following modification(s) have been approved by the IRB:

Dr. Mandy Golman has replaced Dr. Kimberly Parker as the faculty advisor on this protocol.

cc. Dr. Mandy Golman, Health Promotion & Kinesiology

APPENDIX C
NATIONAL CRIME VICTIMIZATION SURVEY

NATIONAL CRIME VICTIMIZATION SURVEY

NCVS-1 BASIC SCREEN QUESTIONNAIRE

NOTE: Questions are listed in the order asked. Skips in question numbering are due to questionnaire changes over time.

MOBILITY QUESTIONS

33a. TIMEATADDRESS		(508)	_____ Years (Round to nearest whole year)	
Before we get to the crime questions, I have some questions that are helpful in studying where and why crimes occur.				If = 0 ASK 33b
Ask or verify				If = DK or RF SKIP to 33c
How long have you lived at this address?				Else SKIP to 33d
(Enter 0 if less than 1 year)				
33b. MONTHSATADDRESS		(508)	_____ Months (1-11) - SKIP to 33c	
How many months?				
33c. TIMEADDRESSPROBE				
Have you lived here...				1 <input type="checkbox"/> more than 5 years - If HHD Respondent ASK 34, else SKIP to 36a
Read categories 1-4:				2 <input type="checkbox"/> Less than 5 years, but more than 1 year
				3 <input type="checkbox"/> Less than 1 year, but more than 6 months : SKIP
				4 <input type="checkbox"/> 6 months or less : to 33d
				5 <input type="checkbox"/> Don't know
33d. CHECK ITEM A				
How many years are entered in 33a?				<input type="checkbox"/> 5 years or more - If HHD Respondent SKIP to 34, else SKIP to 36a
				<input type="checkbox"/> Less than 5 years - ASK 33a
33e. TIMEMOVEDINYEARS		(508)	_____ Number of times -	If HHD Respondent ASK 34, Else SKIP to 36a
All together, how many times have you moved in the last 5 years, that is, since _____, 20__?				
Enter number of times				
BUSINESS OPERATED FROM SAMPLE				
34. BUSINESS (Asked of Household Respondent Only)		(530)		1 <input type="checkbox"/> Yes - ASK 35
Does anyone in this household operate a business from this address?				2 <input type="checkbox"/> No - SKIP to 36a
35. BUSINESSSIGN (Asked of Household Respondent Only)		(591)		1 <input type="checkbox"/> Yes (Recognizable business)
If this is a PERSONAL visit - Fill by observation.				2 <input type="checkbox"/> No (Unrecognizable business)
If this is a TELEPHONE contact - Ask:				
Is there a sign on the premises or some other indication to the general public that a business is operated from this address?				

RESPONDENT'S SCREEN QUESTIONS

36a. SQTHEFT

I'm going to read some examples that will give you an idea of the kinds of crimes this study covers.

As I go through them, tell me if any of these happened to you in the last 6 months, that is since _____, 20_____.

Was something belonging to YOU stolen, such as -

Read each category.

- (a) Things that you carry, like luggage, a wallet, purse, briefcase, book, etc. -
- (b) Clothing, jewelry, or cellphone -
- (c) Bicycle or sports equipment -
- (d) Things in your home - like a TV, stereo, or tools -
- (e) Things outside your home such as a garden hose or lawn furniture - (Asked of Household Respondent Only)
- (f) Things belonging to children in the household - (Asked of Household Respondent Only)
- (g) Things from a vehicle, such as a package, groceries, camera, or CDs -

OR

(h) Did anyone ATTEMPT to steal anything belonging to you?

Ask only if necessary

508

- 1 ☐ Yes - ASK 36b
- 2 ☐ No - If Household Respondent ASK to 37a; Else SRP to 40a

Did any incidents of this type happen to you?

36b. SQTHEFTTIMES

533

How many times?

Number of times (36b)

36c. SQTHEFTSPEC

What happened?

Briefly describe incident(s)

If Household Respondent ASK 37c; else SRP to 40a

37a. SQBREAKIN (Asked of Household Respondent Only)

(Other than any incidents already mentioned,) has anyone -

Read each category.

- (a) Broken in or ATTEMPTED to break into your home by forcing a door or window, pushing past someone, jimmieing a lock, cutting a screen, or entering through an open door or window?
- (b) Has anyone illegally gotten in or tried to get into a garage, shed, or storage room?

OR

(c) Illegally gotten in or tried to get into a hotel or motel room or vacation home where you were staying?

Ask only if necessary

554

- 1 ☐ Yes - ASK 37b
- 2 ☐ No - SRP to 38

Did any incidents of this type happen to you?

37b. SQBREAKINTIMES (Asked of Household Respondent Only)

559

How many times?

Number of times (37b)

37c. SQBREAKINSPEC (Asked of Household Respondent Only)

What happened?

Briefly describe incident(s)

RESPONDENT'S SCREEN QUESTIONS

38. SQTOTALVEHICLES (Asked of Household Respondent Only)

What was the TOTAL number of cars, vans, trucks, motorcycles, or other motor vehicles owned by you or any other member of this household during the last 6 months? Include those you no longer own.

S38

- 0 ☐ None - SKIP to 40a
1 ☐ 1
2 ☐ 2
3 ☐ 3
4 ☐ 4 or more

39a. SQMVTHEFT (Asked of Household Respondent Only)

During the last 6 months, (other than any incidents already mentioned,) was the vehicle/were any of the vehicles -

Read each category.

- (a) Stolen or used without permission?
(b) Did anyone steal any parts such as a tire, car stereo, hubcap, or battery?
(c) Did anyone steal any gas from (it/them)?
OR
(d) Did anyone ATTEMPT to steal any vehicle or parts attached to (it/them)?

Ask only if necessary

S39

- 1 ☐ Yes - ASK 39b
2 ☐ No - SKIP to 40a

Did any incidents of this type happen to you?

39b. SQMVTHEFTTIMES (Asked of Household Respondent Only)

S39b

How many times?

Number of times (39b)

39c. SQMVTHEFTSPEC (Asked of Household Respondent Only)

What happened?

Briefly describe incident(s)

40a. SQATTACKWHERE

(Other than any incidents already mentioned,) since _____, 20____, were you attacked or threatened OR did you have something stolen from you -

Read each category.

- (a) At home including the porch or yard -
(b) At or near a friend's, relative's, or neighbor's home -
(c) At work or school -
(d) In places such as a storage shed or laundry room, a shopping mall, restaurant, bank, or airport -
(e) While riding in any vehicle -
(f) On the street or in a parking lot -
(g) At such places as a party, theater, gym, picnic area, bowling lanes, or while fishing or hunting -

OR

- (h) Did anyone ATTEMPT to attack or ATTEMPT to steal anything belonging to you from any of these places?

S39a

- 1 ☐ Yes - ASK 40b
2 ☐ No - SKIP to 41a

Ask only if necessary

Did any incidents of this type happen to you?

40b. SQATTACKWHERTIMES

S40

How many times?

Number of times (40b)

40c. SQATTACKWHERSPEC

What happened?

Briefly describe incident(s)

RESPONDENT'S SCREEN QUESTIONS

41a. SQATTACKHOW

(Other than any incidents already mentioned,) has anyone attacked or threatened you in any of these ways -

(Exclude telephone threats) -

Read each category.

- (a) With any weapon, for instance, a gun or knife -
- (b) With anything like a baseball bat, frying pan, scissors, or stick -
- (c) By something thrown, such as a rock or bottle -
- (d) Include any grabbing, punching, or choking.
- (e) Any rape, attempted rape or other type of sexual attack -
- (f) Any face to face threats -

OR

- (g) Any attack or threat or use of force by anyone at all? Please mention it even if you are not certain it was a crime.

Ask only if necessary

541

- 1 ☐ Yes - ASK 41b
- 2 ☐ No - SKIP to 42a

Did any incidents of this type happen to you?

41b. SQATTACKHOWTIMES

How many times?

542

Number of times (41b)

41c. SQATTACKHOWSPEC

What happened?

Briefly describe incident(s)

42a. SQTHEFTATTACKKNOWNOFF

People often don't think of incidents committed by someone they know. (Other than any incidents already mentioned,) did you have something stolen from you OR were you attacked or threatened by -

(Exclude telephone threats)

Read each category.

- (a) Someone at work or school -
- (b) A neighbor or friend -
- (c) A relative or family member -
- (d) Any other person you've met or known?

Ask only if necessary

543

- 1 ☐ Yes - ASK 42b
- 2 ☐ No - SKIP to 43a

Did any incidents of this type happen to you?

42b. SQTHEFTATTACKKNOWNOFFTIMES

How many times?

544

Number of times (42b)

42c. SQTHEFTATTACKKNOWNOFFSPEC

What happened?

Briefly describe incident(s)

RESPONDENT'S SCREEN QUESTIONS

43a. SQSEXUAL

Incidents involving forced or unwanted sexual acts are often difficult to talk about. (Other than any incidents already mentioned,) have you been forced or coerced to engage in unwanted sexual activity by -

Read each category.

(a) Someone you didn't know -

(b) A casual acquaintance -

OR

(c) Someone you know well?

S46

1 ☐ Yes - ASK 43b

2 ☐ No - SKIP to 44a

Ask only if necessary

Did any incidents of this type happen to you?

43b. SQSEXUALTIMES

S46

How many times?

Number of times (43b)

43c. SQSEXUALSPEC

What happened?

Briefly describe incident(s)

44a. SQCALLPOLICECRIME

S47

1 ☐ Yes - ASK 44b

2 ☐ No - SKIP to 45a

During the last 6 months, (other than any incidents already mentioned,) did you call the police to report something that happened to YOU which you thought was a crime?

44b. SQCALLPOLICESPEC

What happened?

Briefly describe incident(s)

44c.

CHECK
ITEM 8

SQCALLPOLICEATTACKTHREAT

S48

1 ☐ Yes - ASK 44d

2 ☐ No - SKIP to 45a

If not sure ask:

Were you attacked or threatened, or was something stolen or an attempt made to steal something that belonged to you or another household member?

44d. SQCALLPOLICEATTACKTHREATTIMES

S48

How many times?

Number of times (44d)

RESPONDENT'S SCREEN QUESTIONS	
45a. SQNOCALLPOLICECRIME 833 During the last 6 months, (other than any incidents already mentioned,) did anything which you thought was a crime happen to YOU, but you did NOT report to the police?	1 <input type="checkbox"/> Yes - ASK 45b 2 <input type="checkbox"/> No - SKIP to 71
45b. SQNOCALLPOLICESPEC What happened?	Briefly describe incident(s) _____ _____ _____
45c. CHECK ITEM C SQNOCALLPOLICEATTACKTHREAT 833 If not sure ask: Were you attacked or threatened, or was something stolen or an attempt made to steal something that belonged to you or another household member?	1 <input type="checkbox"/> Yes - ASK 45d 2 <input type="checkbox"/> No - SKIP to 71
45d. SQNOCALLPOLICEATTACKTHREATTIMES 834 How many times?	_____ Number of times (45d) - SKIP to 71
RESPONDENT'S CHECK ITEMS D, E, AND G	
71. CHECK ITEM D PRESENTFORSQS 835 Who besides the respondent was present when the screen questions were asked? (If telephone interview, mark box 1 only.)	1 <input type="checkbox"/> Telephone Interview - SKIP to 73 * Personal Interview - Mark all that apply. 2 <input type="checkbox"/> No one besides respondent present 3 <input type="checkbox"/> Respondent's spouse 4 <input type="checkbox"/> HHLD member(s) 12+, not spouse 5 <input type="checkbox"/> HHLD member(s) under 12 6 <input type="checkbox"/> Nonhousehold member(s) 7 <input type="checkbox"/> Someone was present - Can't say who 8 <input type="checkbox"/> Don't know if someone else present } If a Proxy Interview, ASK 72, also SKIP to 73
72. CHECK ITEM E PROXYHELP 836 Did the person for whom this interview was taken help the proxy respondent answer any screen questions?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Person for whom interview taken not present
73. CHECK ITEM G Is one or more crimes reported in 36b, 37b, 39b, 40b, 41b, 42b, 43b, 44d, or 45d?	<input type="checkbox"/> Yes - SKIP to Crime Incident Report (Item 2a on the NCVS-2) <input type="checkbox"/> No - SKIP to 81 (ASK INTRO_SOCIO_DEMO)

RESPONDENT'S SOCIO-DEMOGRAPHIC QUESTIONS

All incident reports must be completed before asking this series of questions.

81. INTRO_SOCIO_DEMO

Now we have some questions about your demographic characteristics.

169a. DIS_HEARING

(Asked at 1st, 3rd, 5th, and 7th interview, or if never asked before.)

Are you deaf or do you have serious difficulty hearing?

- 1 ☐ Yes
2 ☐ No

169b. DIS_VISION

(Asked at 1st, 3rd, 5th, and 7th interview, or if never asked before.)

Are you blind or do you have serious difficulty seeing even when wearing glasses?

- 1 ☐ Yes
2 ☐ No

170a. Because of a physical, mental, or emotional condition, do you have serious difficulty:

(1) DIS_LEARN_CONCENTRATE

(Asked at 1st, 3rd, 5th, and 7th interview, or if never asked before.)

Concentrating, remembering or making decisions?

- 1 ☐ Yes
2 ☐ No

(2) DIS_PHYSICAL_LIMIT

(Asked at 1st, 3rd, 5th, and 7th interview, or if never asked before.)

Walking or climbing stairs?

- 1 ☐ Yes
2 ☐ No

(3) DIS_DRESS_BATH

(Asked at 1st, 3rd, 5th, and 7th interview, or if never asked before.)

Dressing or bathing?

- 1 ☐ Yes
2 ☐ No

170b. DIS_LEAVING_HOME

(Asked at 1st, 3rd, 5th, and 7th interview, or if never asked before.
Asked only of persons age 15 or older.)

Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- 1 ☐ Yes
2 ☐ No

82. CITIZENSHIP

(Asked at 1st interview or if never asked before.)

Asked at subsequent interviews if no or Don't Know/Refused at prior interview.)

Are you a citizen of the United States? That is, were you born in the United States, born in a U.S. territory, born of U.S. citizen parent(s), or become a citizen of the U.S. through naturalization?

- 1 ☐ Yes, born in the United States
2 ☐ Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or North Marianas
3 ☐ Yes, born abroad of U.S. citizen parent or parents
4 ☐ Yes, U.S. citizen by naturalization
5 ☐ No, not a U.S. citizen

83. ORIENTATION_MALE

(Asked of persons age 16 or older.)

Asked at 1st, 3rd, 5th, and 7th interview, or if never asked before.

Asked if NCVS-500 roster SEX question = Male)

Which of the following best represents how you think of yourself?

- 1 ☐ Gay
2 ☐ Straight, that is, not gay
3 ☐ Bisexual
4 ☐ Something else
5 ☐ I don't know the answer
6 ☐ Refused

} SKIP to B5

84. ORIENTATION_FEMALE

(Asked of persons age 16 or older.
Asked at 1st, 3rd, 5th, and 7th interview, or if never asked before.
Asked if NCVS-500 roster SEX question = Female or Unknown)

Which of the following best represents how you think of yourself?

- 1 ☐ Lesbian or gay
- 2 ☐ Straight, that is, not lesbian or gay
- 3 ☐ Bisexual
- 4 ☐ Something else
- 5 ☐ I don't know the answer
- 6 ☐ Refused

85. GENID_BIRTH

(Asked of persons age 16 or older.
Asked at 1st, 3rd, 5th, and 7th interview, or if never asked before.)

What sex were you assigned at birth, on your original birth certificate?

- 1 ☐ Male
- 2 ☐ Female
- 3 ☐ Refused
- 4 ☐ Don't know

86. GENID_DESCRIBE

(Asked of persons age 16 or older.
Asked at 1st, 3rd, 5th, and 7th interview, or if never asked before.)

Do you currently describe yourself as male, female or transgender?

- 1 ☐ Male
- 2 ☐ Female
- 3 ☐ Transgender
- 4 ☐ None of these

87. GENID_CONFIRM

(Asked of persons age 16 or older.
Asked at 1st, 3rd, 5th, and 7th interview, or if never asked before.
Asked if GENID_BIRTH and GENID_DESCRIBE do not match.)

Just to confirm, you were assigned (male/female) at birth and now (describe yourself as male/ describe yourself as female/ describe yourself as transgender/ do not describe yourself male, female, or transgender). Is that correct?

- 1 ☐ Yes
- 2 ☐ No - SKIP back to 85 and/or 86 to correct
- 3 ☐ Refused
- 4 ☐ Don't know

The instrument prefills the question wording based on responses to GENID_BIRTH and GENID_DESCRIBE.

88. ACTIVE_DUTY

(Asked of persons age 18 or older.
Asked at 1st interview or if never asked before. Asked at subsequent interviews if Never served in the military or Don't Know/Refused at prior interview.
Do not ask if age 40 or older and valid response prior interview.)

Have you ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?

Mark one box.

- 1 ☐ Never served in the military
- 2 ☐ Only on active duty for training in the Reserves or National Guard - SKIP to 74
- 3 ☐ Now on active duty
- 4 ☐ On active duty in the past, but not now - ASK 89

89. ACTIVE_DUTYWHEN

(Asked of persons age 18 or older.
Asked at 1st interview or if never asked before. Asked at subsequent interviews if no or Don't Know/Refused at prior interview.
Do not ask if age 40 or older and valid response prior interview.)

When did you serve on active duty in the U.S. Armed Forces?

Mark a box for each period in which the person served, even if just for part of the period.

- 1 ☐ September 2001 or later
- 2 ☐ August 1990 to August 2001 (including Persian Gulf War)
- 3 ☐ May 1975 to July 1990
- 4 ☐ Vietnam era (August 1964 to April 1975)
- 5 ☐ February 1955 to July 1964
- 6 ☐ Korean War (July 1950 to January 1955)
- 7 ☐ January 1947 to June 1950
- 8 ☐ World War II (December 1941 to December 1946)
- 9 ☐ November 1941 or earlier

84. ORIENTATION_FEMALE

(Asked of persons age 16 or older.
Asked at 1st, 3rd, 5th, and 7th interview, or if never asked before.
Asked if NCVS-500 roster SEX question = Female or Unknown)

Which of the following best represents how you think of yourself?

- 1 ☐ Lesbian or gay
- 2 ☐ Straight, that is, not lesbian or gay
- 3 ☐ Bisexual
- 4 ☐ Something else
- 5 ☐ I don't know the answer
- 6 ☐ Refused

85. GENID_BIRTH

(Asked of persons age 16 or older.
Asked at 1st, 3rd, 5th, and 7th interview, or if never asked before.)

What sex were you assigned at birth, on your original birth certificate?

- 1 ☐ Male
- 2 ☐ Female
- 3 ☐ Refused
- 4 ☐ Don't know

86. GENID_DESCRIBE

(Asked of persons age 16 or older.
Asked at 1st, 3rd, 5th, and 7th interview, or if never asked before.)

Do you currently describe yourself as male, female or transgender?

- 1 ☐ Male
- 2 ☐ Female
- 3 ☐ Transgender
- 4 ☐ None of these

87. GENID_CONFIRM

(Asked of persons age 16 or older.
Asked at 1st, 3rd, 5th, and 7th interview, or if never asked before.
Asked if GENID_BIRTH and GENID_DESCRIBE do not match.)

Just to confirm, you were assigned (male/female) at birth and now (describe yourself as male/ describe yourself as female/ describe yourself as transgender/ do not describe yourself male, female, or transgender). Is that correct?

- 1 ☐ Yes
- 2 ☐ No - SKIP back to 85 and/or 86 to correct
- 3 ☐ Refused
- 4 ☐ Don't know

The instrument prefills the question wording based on responses to GENID_BIRTH and GENID_DESCRIBE.

88. ACTIVE_DUTY

(Asked of persons age 18 or older.
Asked at 1st interview or if never asked before. Asked at subsequent interviews if Never served in the military or Don't Know/Refused at prior interview.
Do not ask if age 40 or older and valid response prior interview.)

Have you ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?

Mark one box.

- 1 ☐ Never served in the military
- 2 ☐ Only on active duty for training in the Reserves or National Guard - SKIP to 74
- 3 ☐ Now on active duty
- 4 ☐ On active duty in the past, but not now - ASK 89

89. ACTIVE_DUTYWHEN

(Asked of persons age 18 or older.
Asked at 1st interview or if never asked before. Asked at subsequent interviews if no or Don't Know/Refused at prior interview.
Do not ask if age 40 or older and valid response prior interview.)

When did you serve on active duty in the U.S. Armed Forces?

Mark a box for each period in which the person served, even if just for part of the period.

- 1 ☐ September 2001 or later
- 2 ☐ August 1990 to August 2001 (including Persian Gulf War)
- 3 ☐ May 1975 to July 1990
- 4 ☐ Vietnam era (August 1964 to April 1975)
- 5 ☐ February 1955 to July 1964
- 6 ☐ Korean War (July 1950 to January 1955)
- 7 ☐ January 1947 to June 1950
- 8 ☐ World War II (December 1941 to December 1946)
- 9 ☐ November 1941 or earlier

RESPONDENT'S EMPLOYMENT QUESTIONS

74. CHECK ITEM H1 Is the respondent 16 years or older? 1 ☐ Yes - ASK 75a
2 ☐ No - SKIP to 80

75a. JOBLASTWEEK **B7b** 1 ☐ Yes - SKIP to 76a
2 ☐ No - ASK 75b

Did you have a job or work at a business LAST WEEK? (Do not include volunteer work or work around the house.)

(If farm or business operator in household, ask about unpaid work.)

75b. JOBDURINGPERIOD **B7c** 1 ☐ Yes - ASK 75c
2 ☐ No - SKIP to 80

Ask or verify -

Did you have a job or work at a business DURING THE LAST 6 MONTHS?

75c. JOBLAST2WEEKS **B7b** 1 ☐ Yes - ASK 76a
2 ☐ No - SKIP to 80

Did that (job/work) last 2 consecutive weeks or more?

76a. JOBDESCRIPTION 1 ☐ Medical Profession? - SKIP 76c
2 ☐ Mental Health Services Field? - SKIP to 76e
3 ☐ Teaching Profession? - SKIP to 76g
4 ☐ Law Enforcement or Security Field? - SKIP to 76i
5 ☐ Retail Sales? - SKIP to 76k
6 ☐ Transportation Field? - SKIP to 76m
7 ☐ Something else? - Specify - ASK 76b

Ask or verify -

Which of the following best describes your job?

Were you employed in the ...

Read each category until respondent says "yes", then enter appropriate precode.

76b. JOBDESCRIPTIONSPEC Specify - SKIP to 76o
Please specify the job not covered in answer categories 1-6 in 76a.

76c. MEDICALJOB **Medical Profession**
Employed in the Medical Profession:
As a - 1 ☐ Physician? -
2 ☐ Nurse? - SKIP to 76o
3 ☐ Technician? -
4 ☐ Other medical profession? - Specify - ASK 76d

Read each category.

76d. MEDICALJOBSPEC Specify - SKIP to 76o
Please specify employed in the medical profession as a -

76e. MENTALHEALTHJOB **Mental Health Services Field**
Employed in the Mental Health Services Field:
Are YOUR duties - 5 ☐ Professional (social worker/psychiatrist)? - SKIP to 76o
6 ☐ Custodial care?
7 ☐ Some other mental health services profession? - Specify
Read each category. ASK 76f

76f. MENTALHEALTHJOBSPEC Specify - SKIP to 76o
Please specify duties in the mental health services field.

RESPONDENT'S EMPLOYMENT QUESTIONS

76g. TEACHINGJOB

Employed in the Teaching Profession:

Were you employed in a -

Read each category.

Teaching Profession

- 8 ☐ Preschool? }
9 ☐ Elementary school? }
10 ☐ Junior high or middle school? } - SKIP to 76o
11 ☐ High school? }
12 ☐ College or university? }
13 ☐ Technical or industrial school? }
14 ☐ Special education facility? }
15 ☐ Other teaching profession? - Specify - ASK 76h

76h. TEACHINGJOBSPEC

Please specify employed in the teaching profession as a -

Specify - SKIP to 76o

76i. LAWENFORCEJOB

Employed in the Law Enforcement or Security Field:

Were you employed as a -

Read each category.

Law Enforcement or Security Field

- 16 ☐ Law enforcement officer? }
17 ☐ Prison or jail guard? } - SKIP to 76o
18 ☐ Security guard? }
19 ☐ Law enforcement profession? - Specify - ASK 76j

76j. LAWENFORCEJOBSPEC

Please specify employed in the law enforcement or security field as a -

Specify - SKIP to 76o

76k. RETAILSALESJOB

Employed in Retail Sales:

Were you employed as a -

Read each category.

Retail Sales -

- 20 ☐ Convenience or liquor store clerk? }
21 ☐ Gas station attendant? } - SKIP to 76o
22 ☐ Bartender? }
23 ☐ Other retail sales profession? - Specify - ASK 76l

76l. RETAILSALESJOBSPEC

Please specify employed in retail sales as a -

Specify - SKIP to 76o

76m. TRANSPORTJOB

Employed in the Transportation Field:

Were you employed as a -

Read each category.

Transportation Field -

- 24 ☐ Bus driver? }
25 ☐ Taxi cab driver? } - SKIP to 76o
26 ☐ Other transportation field profession? - Specify - ASK 76n

76n. TRANSPORTJOBSPEC

Please specify employed in the transportation field as a -

Specify

76o. CHECK ITEM H2

879

If 76a equals 7, enter 27 here; otherwise enter the number of the employment code entered in item 76c, 76d, 76g, 76i, 76k, or 76m.

77. EMPLOYERTYPECURRENT

Ask or verify -

Is your job with -

Read each category.

880

- 1 ☐ A private company, business, or individual for wages? }
2 ☐ The Federal government? } If 76o = 22
3 ☐ A State, county, or local government? } SKIP to 79,
4 ☐ Yourself (Self-employed) in your own business, professional practice, or farm? } Else ASK 78.

78. COLLEGEEMPLOYER

Are you employed by a college or university?

881

- 1 ☐ Yes
2 ☐ No

79. CURRENTJOBSATYPE

While working at your job, do you work mostly in -

Read each category.

882

- 1 ☐ A city?
2 ☐ Suburban area?
3 ☐ Rural area?
4 ☐ Combination of any of these?

RESPONDENT'S CHECK ITEM I

88.**CHECK
ITEM I**

Is this the last household member to be interviewed?

- ☐ Yes - If Household Respondent finish collecting income and telephone information, then END interview. Otherwise END interview.
- ☐ No - GO TO question 33a for the next respondent. See note below before interviewing next household member.

FIELD REPRESENTATIVE --

(Read to the Household Respondent Only) If there are any household members under 18, tell the Household Respondent that you will be asking the **same** questions you just asked him/her.**90. HOUSEHOLD INCOME** (Asked of Household Respondent Only)

(Asked of household respondent.)

Asked at 1st, 3rd, 5th, and 7th interview, or if never asked before. Asked at subsequent interviews if no or Don't Know/Refused at prior interview.)

Which category represents the TOTAL combined income of all members of this HOUSEHOLD during the past 12 months? This includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, Social Security payments, and any other money income received by members of this HOUSEHOLD who are 14 years of age or older.

B14

- 1 ☐ Less than \$5,000
- 2 ☐ \$5,000 to \$7,499
- 3 ☐ \$7,500 to \$9,999
- 4 ☐ \$10,000 to \$12,499
- 5 ☐ \$12,500 to \$14,999
- 6 ☐ \$15,000 to \$17,499
- 7 ☐ \$17,500 to \$19,999
- 8 ☐ \$20,000 to \$24,999
- 9 ☐ \$25,000 to \$29,999
- 10 ☐ \$30,000 to \$34,999
- 11 ☐ \$35,000 to \$39,999
- 12 ☐ \$40,000 to \$49,999
- 13 ☐ \$50,000 to \$74,999
- 14 ☐ \$75,000 to \$99,999
- 15 ☐ \$100,000 to \$149,999
- 16 ☐ \$150,000 to \$199,999
- 17 ☐ \$200,000 or more
-