This study examines racial/ethnic and sex differences in the prevalence of mutual intimate partner violence (IPV) and mental health symptoms. The authors asked 676 university students in heterosexual relationships if they had experienced IPV, coercive victimization, and/or perpetration as well as symptoms of depression, anxiety, hostility, and somatization. Analyses were conducted separately for female and male respondents in four racial/ethnic groups, totaling eight groups (female and male groups each for African Americans, Asian Americans, Latinos, and European Americans). Men, as compared to women, reported stronger correlations between IPV perpetration and IPV victimization, with Asian American men reporting the highest associations of any group. Additionally, experiencing higher partner and coercive violence was significantly related to increased mental health symptoms for all groups except Asian American men. Taken together, these findings suggest that the majority of couples experience mutual violence that elicits mental health problems for both members of the couple.

Keywords: mutual partner violence; gender; ethnicity; coercion; mental health

An accumulation of studies using a broad range of samples suggests that a large percentage of intimate partner violence (IPV) is bilateral or mutual (e.g., Cantos, Neidig, & O’Leary, 1994; Capaldi & Crosby, 1997; Graham-Kevan, 2006; Katz, Kuffel, & Coblentz, 2002; Straus & Gelles, 1990; Straus, Gelles, & Steinmetz, 1980). Studies have found that the rates of physical aggression from female to male partners are quite high and sometimes comparable to that of male-to-female aggression or higher (Archer, 2000; Brinkerhoff & Lupri, 1988; Fiebert, 2004). For example, one study found that more than half of domestic violence perpetrators also reported
being the victim of domestic partner violence (Anderson, 2002). Cantos et al. (1994) found that 84% of couples mandated to receive treatment for IPV were categorized as mutually violent.

Using data from Project HOW (Health Outcomes of Women), Weston, Temple, and Marshall (2005) investigated mutual violence among 835 ethnically diverse, low-income women. The researchers proposed three patterns of mutual IPV that were based on frequency and severity: male primary perpetrator, female primary perpetrator, and symmetrical and found that more relationships were classified as male primary perpetrator (54%) than symmetrical (35%) or female primary perpetrator (11%). Women in male-primary-perpetrator relationships were more likely to have experienced IPV and sustain injury. Fewer sex and racial/ethnic differences were found in the female-primary-perpetrator relationships. However, a significant limitation to the study was that the researchers only collected data from women and not men, and therefore men’s experiences of mutual violence was not included in the development of the patterns of mutual IPV. In another, national study, Williams and Frieze (2005) found that the most common form of violence was mutually mild violence, followed by mutually severe violence. Significantly more women reported severe mutual violence and mild perpetration, whereas men reported slightly more severe victimization than women did.

Several studies have found a significant relationship between physical aggression and controlling behavior (Follingstad, Bradley, Helff, & Laughlin, 2002; Graham-Kevan, & Archer, 2003; Timmons Fritz & O’Leary, 2004), which suggests that coercion may be best understood as falling on a continuum of abusiveness (Graham-Kevan, 2006). Controlling behaviors focuses on the motivation of the individual rather than the effect of the perpetrator’s overt aggressive behaviors on the victim. The actual effectiveness of controlling behaviors to influence the behaviors of others relies on coercive power, which is based on the perpetrator’s ability or perceived ability to punish the victim for not conforming to the perpetrator’s requests (Raven, 1992, 1993). The strength of coercive power depends on the magnitude of the perpetrator’s threatened punishment and the victim’s perceived probability of avoiding the punishment by conforming. Therefore, physical aggression, or the threat of physical aggression, may be a significant factor that is associated with a perpetrator’s use of coercive, controlling behaviors.

The relationship between physical aggression and controlling behavior has been found among adolescent (Molidor, 1995) and adult couples (Julian, Mckenry, Gavazzi, & Law, 1999). Past studies with male samples have found a strong relationship between physical aggression and controlling behaviors.
(Follingstad et al., 2002; Shepard & Campbell, 1992), but more recent studies found the same relationship in both female and male samples drawn from female shelters and male batterer programs (Baldry, 2003) as well as in college samples (Próspero, in press). A few studies suggest that race/ethnicity may be associated with both physical aggression and controlling behavior.

Sex differences have been found in different types of controlling behaviors. For example, one study found that men were more likely to experience psychological victimization, isolation, intimidation, threats, and/or economic abuse than were women (Harned, 2001). Another study found that women were more likely to report being subjected to emotional, threatening, intimidating, and economic control (Statistics Canada, 2000). The rates for isolating control were similar for men and women. Kasian and Painter (1992) found that men were more likely to experience frequent control, jealousy, verbal abuse, and withdrawal from their female intimate partners than women were from their male intimate partners.

Although both women and men are harmed by violence (Próspero & Vohra-Gupta, 2007; Tjaden & Thoennes, 2000), studies have found that women are more likely to be injured and less likely to cause injury than men are (Stets & Pirog-Good, 1990; Vivian & Langhinrichsen-Rohling, 1994). Studies have found that female IPV victims generally report significantly more severe physical injuries (Archer, 2000; Campbell, 2002) as well as more negative psychological consequences, such as posttraumatic stress disorder and depression (Holtzworth-Monroe, Smutzer, & Sandin, 1997), than do male IPV victims. For example, Williams and Frieze (2005) found that women’s victimization, regardless of severity, was more strongly related to psychological outcomes than men’s. Anderson (2002) also found that women who were involved in mutual violence were more likely to suffer from depression and substance abuse than men were.

In contrast, a recent study by Fergusson, Horwood, and Ridder (2005) did not find any significant differences in mental health problems (major depression and suicidal ideation) between male and female victims of domestic violence. Similarly, Próspero (2007) found that male victims of IPV were just as likely as female victims of IPV to report symptoms of depression and anxiety. Huang and Gunn (2001) also found that involvement in abusive relationships is likely to result in depression, stress, and alcohol abuse for African American men as well as women. However, some studies have found that the adverse effect of IPV and controlling behaviors on mental health may differ in magnitude between female and male victims. A national study found that both women and men were adversely affected by mutual violence but the relationships between IPV victimization and psychosocial outcomes were

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stronger among female victims than male victims (Williams & Frieze, 2005). This finding is supported by a recent study that found that coercion negatively affects both female and male victims, but the effect is slightly stronger among female victims and male victims (Próspero, in press). One study found that after controlling for childhood abuse coercive behaviors were associated with mental health problems for female victims but not for male victims (Hurtado & Próspero, 2007), which reveals the significant effect of child maltreatment on boys.

The literature on IPV has also found racial/ethnic differences. Among African American couples, prevalence studies have found rates of aggression against wives ranging from 7% for severe physical aggression (Hampton & Gelles, 1994) to more than 70% for verbal aggression (Straus & Sweet, 1992). Rates of partner violence against African American husbands were also relatively high, with violence rates of 30% female-to-male partner violence (Caetano, Cunradi, Schafer, & Clark, 2000) and severe assault rates of 7.6% wife-to-husband violence (Straus et al., 1980). Straus and Gelles (1990) found that Latina American women were significantly more likely than were European American women to abuse their husbands physically (16.8% vs. 11.5%, respectively) and to inflict severe physical abuse (7.8% vs. 4%, respectively). Physical aggression against a partner was reported more often by women than by men in a community sample of Vietnamese American couples (Segal, 2000). Sugihara and Warner (2002) found that women and men in a sample of Mexican American couples did not differ on possessiveness or the use of psychological aggression. One study found that both American Indian women and men reported physical aggression from their intimate partners, 30% and 11%, respectively (Tjaden & Thoennes, 2000). Other studies have found that rates of partner violence vary significantly across tribes (Greenfeld & Smith, 1999; Levinson, 1989). Although studies investigating racial/ethnic differences in IPV prevalence rates have found higher levels of partner violence among certain groups, these differences tend to become significantly reduced or disappear once socioeconomic variables are controlled (e.g., Coker, Smith, McKeown, & King, 2000).

The studies mentioned above suggest that mutual violence is prevalent and increases the risk of mental health problems such as depression and anxiety. However, few studies have investigated the effects of different types of partner violence and coercion on the mental health of female and male victims, such as sexual violence, physical violence, economic control, and isolation. Different types of partner violence and coercion may elicit different mental health symptoms for female victims as compared to male
victims. Additionally, these different forms of violence have not been explored across racial/ethnic groups, such as Latino Americans and Asian Americans.

This study investigated the effects of partner violence (psychological, physical, and sexual) and coercion (economic, threatening, intimidating, emotional, and isolation) on mental health (anxiety, depression, hostility, and somatic symptoms) among women and men in four different racial/ethnic groups (African American, Asian American, Latino American, and European American). This study’s research questions were as follows:

Is there a significant relationship between victimization and perpetration in partner violence (psychological, physical, and sexual) and partner coercion (economic, threatening, intimidating, emotional, and isolation)?

Are there sex differences (female and male) and racial/ethnic differences (African American, Asian American, Latino American, and European American) in the relationship between victimization and perpetration?

Is there a significant effect of partner violence victimization (psychological, physical, and sexual) and coercive victimization (economic, threatening, intimidating, emotional, and isolation) on mental health (anxiety, depression, hostility, and somatic symptoms)?

Are there sex differences (female and male) and racial/ethnic differences (African American, Asian American, Latino American, and European American) in the effect of partner violence and coercion victimization on mental health symptoms?

**Method**

**Participants and Procedure**

The sample consisted of 676 university students from diverse racial/ethnic backgrounds: 13% Asian American female, 12% Asian American male, 13% African American female, 3% African American male, 19% Latino American female, 9% Latino American male, 17% European American female, and 14% European American male (Table 1). The university is public and is a commuter campus where students generally attend courses and then leave campus to work in the community. Participants (mean age = 21.6) were required to have an intimate relationship within the past year that lasted at least 3 months. After a short description of the study, the researcher(s) administered the surveys to the students in the classrooms. Participants provided informed consent and then completed the surveys. Because the survey’s violent questions could elicit adverse affects from past
victimization, contact information for free mental health services at the university’s Counseling and Psychological Services was provided in the informed consent form. The university’s Institutional Committee for the Protection of Human Subjects approved this research study.

**Measures**

*Revised Conflict Tactics Scale (CTS2).* The CTS2 (Straus, Hamby, Boney-McCoy, & Sugarman, 1996) was used to measure specific behaviors involved in IPV: psychological, physical, and sexual. Using a 5-point scale (0 = never to 4 = always), respondents were asked to indicate how often during the past year had the partner used any of the listed behaviors against the respondent (34 victimization items) or the respondent against the partner (34 perpetration items). The reliability alpha coefficients for the three subscales in this study were as follows: perpetration IPV, $\alpha = .86$; physical IPV, $\alpha = .90$; and sexual IPV, $\alpha = .73$.

*Revised Controlling Behaviors Scale.* The Revised Controlling Behaviors Scale (Graham-Kevan & Archer, 2003) is based on the Domestic Abuse Intervention Project/Duluth Model (Pence & Paymar, 1993) and was

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Characteristics of Respondents</th>
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<tbody>
<tr>
<td>Variable</td>
<td></td>
</tr>
<tr>
<td>Total sample</td>
<td></td>
</tr>
<tr>
<td>Age of respondents ($M = 21.6; SD = 4.66$)</td>
<td></td>
</tr>
<tr>
<td>Race/ethnicity of respondents</td>
<td></td>
</tr>
<tr>
<td>Asian American</td>
<td></td>
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<td>Females</td>
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<td>Males</td>
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<td>African American</td>
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<td>Females</td>
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<td>Males</td>
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<td>Latino American</td>
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<td>European American</td>
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<td>Females</td>
<td></td>
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<tr>
<td>Males</td>
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used to measure five types of coercive behaviors (CB) (e.g., economic: controls partner’s money; threats: threatens to disclose damaging or embarrassing information; intimidation: uses nasty looks and gestures to make partner feel bad; emotional: put the other down in public; and isolation: restricts time partner spends with family or friends). Using a 5-point scale (0 = never to 4 = always), respondents were asked to indicate how often during the past year had the partner used any of the listed behaviors against the respondent (24 victimization items) or the respondent against the partner (24 perpetration items). For this study, the reliability alpha coefficients for the five subscales were as follows: economic, $\alpha = .56$; threats, $\alpha = .62$; intimidation, $\alpha = .64$; emotional, $\alpha = .74$; and isolation, $\alpha = .86$.

**Symptom Questionnaire.** The Symptom Questionnaire (Kellner, 1987) was used to measure four types of mental health symptoms of the participants: depression, anxiety, hostility, and somatization. The Symptom Questionnaire consisted of 17 yes-or-no items for each type of mental health symptom (depression: feel like crying, feeling a failure; anxiety: feeling nervous, cannot relax; hostility: feelings of rage, hot tempered; somatization: tight neck, pressure on head). To score the instrument, each subscale was summed to compose the respective mental health symptom (yes = 1; no = 0; scores ranging from 0 to 17). For this study, the reliability alpha coefficients for the four subscales were as follows: anxiety, $\alpha = .88$; depression, $\alpha = .88$; hostility, $\alpha = .91$; and somatic symptoms, $\alpha = .86$.

**Statistical Analysis**

Pearson’s correlations were conducted separately to analyze significant relationships between victimization and perpetration of IPV and CB for female and male participants in four racial/ethnic categories: Asian American, African American, Latino American, and European American. Additionally, binary logistic regressions were conducted separately for all eight groups to explore the effects of IPV (psychological, physical, and sexual) and CB (economic, threatening, intimidating, emotional, and isolation) on mental health symptoms (anxiety, depression, hostility, and somatization). The statistical software Statistical Package for the Social Sciences 15.0 was used in the analyses. To create a more practical dependent variable for the regression equations, a K-means cluster analysis was conducted to form two clusters that were as distinct as possible to differentiate between low and high groups on total mental health symptoms (range = 0 to 68 symptoms). The algorithm split the sample into two groups: low
mental health symptoms group ($M = 13$) and high mental health symptoms group ($M = 42$). That is, the low mental health group reported, on average, 13 mental health symptoms, whereas the high mental health group reported, on average, 42 mental health symptoms.

### Results

#### Correlation Analyses for Mutual Partner Violence

All correlations between IPV victimization and perpetration were statistically significant ($p < .001$), with correlations ranging between $r = .46$ and $r = .94$ (Tables 2 and 3). As compared to women, Asian American, Latino American, and European American men reported statistically stronger correlations (Fisher’s test; $z$ value $> 1.5$) for several types of mutual partner violence, specifically with sexual and physical IPV. Additionally, Asian American men reported the highest mutual violence in sexual IPV ($r = .89$), physical IPV ($r = .94$), and psychological IPV ($r = .92$).

#### Correlation Analyses for Mutual Partner Coercion

Again, all correlations between CB victimization and perpetration were statistically significant ($p < .001$), with correlations ranging between $r = .57$.
and $r = .91$ (Tables 2 and 3). As compared to women, Asian American and Latino American men reported statistically stronger correlations (Fisher’s test; $z$ value $> 1.5$) for several types of mutual partner coercion, specifically with threatening and isolation CB. Among males, Asian American participants generally reported the highest mutual coercion, such as economic CB ($r = .84$), threatening CB ($r = .84$), intimidating CB ($r = .84$), and emotional CB ($r = .92$). Interestingly, all female and male groups reported high mutuality in emotional CB, with correlations ranging between $r = .77$ and $r = .91$.

### Table 3

<table>
<thead>
<tr>
<th>Variable</th>
<th>Asian</th>
<th>African American</th>
<th>Latino</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex IPV</td>
<td>.894****b</td>
<td>.638***</td>
<td>.863****b</td>
<td>.735****b</td>
</tr>
<tr>
<td>Physical IPV</td>
<td>.939****b</td>
<td>.778***</td>
<td>.917****b</td>
<td>.814****b</td>
</tr>
<tr>
<td>Psychological IPV</td>
<td>.920***</td>
<td>.883***</td>
<td>.891***</td>
<td>.866***</td>
</tr>
<tr>
<td>Economic CB</td>
<td>.843***</td>
<td>.641***</td>
<td>.782****b</td>
<td>.767***</td>
</tr>
<tr>
<td>Threatening CB</td>
<td>.842****b</td>
<td>.772***</td>
<td>.799****b</td>
<td>.803***</td>
</tr>
<tr>
<td>Intimidating CB</td>
<td>.843****</td>
<td>.813***</td>
<td>.749***</td>
<td>.827***</td>
</tr>
<tr>
<td>Emotional CB</td>
<td>.889***</td>
<td>.879***</td>
<td>.889***</td>
<td>.888***</td>
</tr>
<tr>
<td>Isolation CB</td>
<td>.831****b</td>
<td>.739***</td>
<td>.848****b</td>
<td>.786***</td>
</tr>
</tbody>
</table>

Note: IPV = intimate partner violence; CB = coercive behaviors.

- a. Correlation between sexual IPV perpetration and sexual IPV victimization.
- b. Statistically significant: Fisher’s test; $z$ value $> 1.5$.
- c. Correlation between economic CB perpetration and economic CB victimization.

***$p < .001$.  

### Logistic Regression Analyses for Women

The binary logistic regression analyses (Table 4) revealed that the three types of IPV and five types of CB significantly contributed to reporting higher mental health symptoms for all four female racial/ethnic groups: Asian American women ($\chi^2 = 28.42, df = 8, p < .001; n = 89$), African American women ($\chi^2 = 16.24, df = 8, p < .05; n = 92$), Latina American women ($\chi^2 = 20.59, df = 8, p < .01; n = 124$), and European American women ($\chi^2 = 18.30, df = 8, p < .05; n = 111$). Among Asian American women, experiencing psychological IPV and emotional CB was associated with a 32% and 39% greater likelihood of being in the high mental health symptoms group. Similarly, European American women who reported experiencing higher psychological IPV were 30% more likely to be in the high mental health
symptoms group. For African American women, experiencing economic CB was associated with a 44% increased likelihood of high mental symptoms. The Nagelkerke $R^2$ for Asian American women indicated that the IPV and CB variables in the model accounted for approximately 37% of the variance in the dependent variable (mental health symptoms), which was the highest among the other racial/ethnic groups (African American = .22; Latina American = .21; European American = .20). The Hosmer and Lemeshow tests were not statistically significant for any of the analyses, which indicates that the models were good fits.

Logistic Regression Analyses for Males

The sample size for African American men was too small ($n = 23$) and, therefore, was left out of the regression analyses. The binary logistic regression analyses (Table 5) revealed that the three types of IPV and five types of CB significantly contributed to reporting higher mental health symptoms for two male racial/ethnic groups: Latino American men ($\chi^2 = 34.96$, $df = 8$, $p < .001$; $n = 60$) and European American men ($\chi^2 = 18.03$, $df = 8$, $p < .05$; $n = 111$).
This trend was not found among Asian American men ($\chi^2 = 3.97$, $df = 8$, $ns; n = 79$). Among Latino American men, experiencing threatening CB was associated with an 85% greater likelihood of being in the high mental health symptoms group. For European American men, experiencing sexual IPV was associated with a 51% greater likelihood of being in the high mental health symptoms group, whereas higher physical IPV was associated with an 45% increased likelihood of being in the low mental health symptoms group. The Nagelkerke $R^2$ for Latino American men was the highest among the racial/ethnic groups, which indicated that IPV and CB accounted for approximately 62% of the variance (mental health symptoms), as compared to 24% for European American men and 7% for Asian American men. The Hosmer and Lemeshow tests were not statistically significant for any of the analyses, which indicates that the models were good fits.

**Discussion**

This study examined the association between mental health symptoms (anxiety, depression, hostility, and somatic), three different types of IPV
(psychological, physical, and sexual) and five types of CB (economic, threatening, intimidating, emotional, and isolation) among female and male participants in four racial/ethnic categories (Asian American, African American, Latino American, and European American). Bivariate statistical analyses were used to address the first and second research questions: (a) Is there a significant relationship between victimization and perpetration in partner violence (psychological, physical, and sexual) and partner coercion (economic, threatening, intimidating, emotional, and isolation)? and (b) Are there sex differences (female and male) and racial/ethnic differences (African American, Asian American, Latino American, and European American) in the relationship between victimization and perpetration? Highly significant positive correlations were found, revealing high mutual partner violence and coercion in the participants’ relationships. For example, experiencing emotional controlling behavior as a victim was highly related to experiencing emotional controlling behavior as a perpetrator for both women and men in all four ethnic/racial groups.

There were some differences between male and female participants as well as between ethnic groups. In general, compared to female respondents, male respondents reported higher mutual violence in sexual, physical, and verbal IPV as well as economic, threatening, and isolation CB. Overall, male participants had 21 correlations above .800, as compared to only 10 correlations for female participants. Additionally, Asian American male participants reported higher mutual partner violence and coercion, as compared to the other racial/ethnic group, with all IPV and CB correlations above .800 and two above .900.

Multivariate analyses were used to address the third and fourth research questions: (c) Is there a significant effect of partner violence victimization (psychological, physical, and sexual) and coercive victimization (economic, threatening, intimidating, emotional, and isolation) on mental health (anxiety, depression, hostility, and somatic symptoms)? and (d) Are there sex differences (female and male) and racial/ethnic differences (African American, Asian American, Latino American, and European American) in the effect of partner violence and coercion victimization on mental health symptoms? In general, the multivariate analyses revealed a significant effect of the different types of partner violence and coercion victimization on mental health symptoms. All binary logistic regression models were significant, except for Asian American men, which reveal that experiencing more acts of IPV and CB victimization was significantly related to reporting more mental health symptoms among Asian American women, African American women, Latina American women and men, and European American women and men.
IPV and CB victimization had the strongest effect on the mental health of Latino American men and Asian American women, who had the highest variance explained of mental health symptoms ($r^2 = .62$ and $r^2 = .37$, respectively) for all groups. However, this association was not found among Asian American males. That is, Asian American men did not report higher mental health symptoms related to IPV and CB. This is especially surprising because Asian American participants (both female and male) generally reported the highest associations of mutual violence and Asian American women had the strongest effect on mental health symptoms among women. These sex differences among Asian American participants were not seen in the other racial/ethnic group.

Taken together, these findings clearly illustrate the interaction between sex and race/ethnicity in the relationship between partner violence, coercion, and mental health symptoms. The results did not reveal simple sex or racial/ethnic differences but rather a more complex phenomenon. For example, all groups revealed high levels of mutual violence and coercion but Asian American men (not women) reported the highest mutual violence among all eight groups for seven of the eight types of intimate partner violent and coercive behaviors (e.g., sexual, physical, economic, intimidating). However, Asian American women and Latino American men reported the highest effect of IPV and CB on mental health symptoms. To complicate matters more, IPV victimization most affected the mental health of European Americans, but psychological IPV for female participants and physical and sexual IPV for male participants. CB victimization affected the mental health of Asian American women, African American women, and Latino American men (isolation, economic, and threatening, respectively). These complex findings point out the shortcomings of focusing on sex differences without taking into affect the interaction effect of race/ethnicity. However, the general findings of this study were that mutual violence is prevalent and that IPV and CB victimization is associated with mental health symptoms of women and men among different racial/ethnic categories.

There are several limitations to this study. Cause and effect cannot be concluded, as the sequence of the findings cannot be determined because the study used a cross-sectional design. That is, IPV and CB victimization may not have increased mental health symptoms but rather mental health problems may have increased violence and coercive behaviors. There is evidence for the latter position from recent longitudinal studies that reveal that antisocial personality disorders and severe mental illness increases the likelihood of experiencing violence, either as a perpetrator or victim (Crocker et al., 2005;
Monahan et al., 2001; Odgers et al., 2008; Perez & Johnson, 2008). However, the findings from this study that reveal the prevalence of mutual violence support this literature in that there may be a bidirectional effect of mental health problems and violence. That is, mental health symptoms may be both a cause and a consequence of violence in couples that are perpetrating and victimizing each other and, therefore, increasing mental health symptomology, which in turn increases violent acts, and so forth. This pattern is similar to the conservation of resources theory (Hobfoll, 1989) that posits a bidirectional association between posttraumatic stress disorder and resources, in that persons with posttraumatic stress disorder may lose personal and social resources, and because they lose those resources the symptoms of posttraumatic stress disorder increase, and so on.

Another limitation to the study is generalizing findings to other populations. Although the sample was well represented by African American, Asian American, Latino American, and European American participants, they were all attending a university located in the southern region of the United States, and therefore, the findings may not generalize to other regions of the country and to other socioeconomic populations. These analyses also do not take into account patterns of mutual violence based on initiation and the motivation of violence. More generally, self-reports used in this study could underestimate or overestimate the extent to which violence was used in the relationships. Finally, as with all survey research, social desirability cannot be ruled out as affecting participants’ responses.

An additional limitation in generalizing this study’s findings to other samples is the use of the CTS2 (Straus et al., 1996) to measure IPV among university students. Family perspective researchers find that females are just as likely to be IPV perpetrators as males (e.g., Stets & Pirog-Good, 1990). However, a common critique of the family perspective is the use of the CTS2, which measures only frequencies of different types of violent tactics but not the context in which the violence occurred. Therefore, the CTS2 may find that both the woman and the man were physically violent toward each other, but it does not measure the motive. The woman may have been violent toward that man because she was trying to defend herself from his violent actions aimed at trying to control her. Therefore, the woman in this example is actually a victim and the man a perpetrator, but the CTS2 would conclude that they are equally violent toward each other. However, this study did find that men and women used controlling, coercive behaviors and physically and sexually violent behaviors toward intimate partners, which provides some contextual meaning to the violence behaviors reported. It may be that both women and men use violence to control their intimate partners.
Conclusion

This study addressed the gap in the literature regarding racial/ethnic and sex differences on the prevalence of mutual violence and the relationship between IPV, CB, and mental health symptoms. The findings of this study have several practical and conceptual implications. Professionals who work in primary prevention of dating violence in university campuses should be aware of the prevalence of mutual violence that couples are experiencing in at least four different racial/ethnic groups. Primary prevention programs should be targeted to both college women and men and high school boys and girls to significantly reduce the perpetration of violence. These programs should include topics of how to develop and maintain healthy relationships, appropriate methods of addressing conflict in relationships, and definitions and effects of coercive behaviors. Mental health practitioners should be aware that mental health symptoms could be present in both women and men that have been victimized by partner violence and coercion. According to this study’s findings, the mental health of Latino American men and Asian American women are especially affected by partner violence and coercion; therefore, mental health professionals should be more sensitive in assessing and treating the symptoms if victimization is found to be present in couples belonging to these two groups.

Finally, the study’s findings that Asian American men reported the highest mutual violence and coercive behaviors, yet they did not report higher levels of mental health symptoms. This suggests conceptual differences between Asian American men and the other groups (e.g., Latino American men, African American women). That is, IPV or CB may not affect Asian American men’s mental health as they do other groups. However, it may be that Asian American men did not perceive the adverse effects of IPV and CB on mental health and, therefore, did not report it. Social stigma may be especially strong among Asian American men and thereby lead to underreporting of mental health symptoms. It may be that the symptom questionnaire did not elicit mental health symptoms relevant to Asian American men. Qualitative research needs to be conducted to elicit narratives that may provide some clues to this phenomenon, or perhaps the use of scales that have been tested for found valid for Asian Americans is needed.

As this study suggests, the violent and/or coercive behaviors in intimate relationships are not simply unidirectional where males are the perpetrators and females are the victims. The findings of this study found that most violent relationships are explained by mutual violence. Therefore, it is important to understand that both members in a couple can be acting as perpetrator and victim at
any given time or situation, regardless of her or his race/ethnicity. Researchers
must explore how violent relationships develop over time, when and how they
change (for better or worse), and the factors that make these processes vary
between couples from a variety of diverse cultures.

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