

# Risk Factors for Hispanic Male Intimate Partner Violence Perpetration

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## Abstract

The literature review analyzed 24 studies that explored male intimate partner violence (IPV) perpetration risk factors among men, in particular Hispanics, using the socioecological model framework composed of four socioecological levels for violence prevention. Six databases were reviewed within the EBSCO search engine for articles published from 2000 to 2014. Articles reviewed were specific to risk factors for IPV perpetration among Hispanic men, focusing particularly on Mexican American men. Many key factors have previously been associated with risk for IPV perpetration; however, certain determinants are unique to Hispanics such as acculturation, acculturation stress, and delineated gender roles that include *Machismo* and *Marianismo*. These risk factors should be incorporated in future targeted prevention strategies and efforts and capitalize on the positive aspects of each to serve as protective factors.

## Keywords

acculturation, acculturation stress, intimate partner violence, abuse, gender roles, risk factors, males, Hispanics, *Machismo*, *Marianismo*, Mexican Americans

Recent media attention of domestic disputes among National Football League (NFL) players and their spouses or partners has brought public awareness to the problem of intimate partner violence (IPV). As a result of negative press coverage and public outcry, in 2014, the NFL issued and implemented a new Personal Conduct Policy, to all NFL owners, coaches, players, and affiliated employees, establishing clear standards of conduct and the process for violations (NFL, 2014a, 2014b).

A worldwide epidemic for women is IPV as between 15% and 71% of women experience IPV victimization globally in their lifetime, contributing to serious short- and long-term injuries (World Health Organization, 2014). IPV is aggression classified as physical, sexual, or psychological (Whiting, Parker, & Houghtaling, 2014) and accordingly can result in sexual, physical, psychological, and reproductive injuries (World Health Organization, 2014). Such injuries can include miscarriages, mental health disorders, permanent dysfunctions, chronic disease, and even death (Black, 2011; Campbell, 2002; McFarlane, Nava, Gilroy, Paulson, & Maddoux, 2012). IPV is not only a major public health problem but a human rights violation as well (Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006). Women who experience IPV are also at greater risk for HIV/AIDS and sexually transmitted infections (Gonzalez-Guarda, Vasquez, Urrutia, Villarruel, & Peragallo, 2011; Maman, Campbell, Sweat, & Gielen, 2000). IPV is a health issue that

traverses all races, cultures, and socioeconomic levels, with some populations being affected more than others (Gonzalez-Guarda, Peragallo, Vasquez, Urrutia, & Mitrani, 2009; Johnson, 2008). Male IPV perpetration risk factors must be better understood to facilitate appropriate interventions.

Breiding et al., d (2014) estimate that 27.3% of women, in the United States alone, have suffered from stalking, or abuse at the hands of their intimate partner. It is further estimated that in the United States, one in four women and one in seven men experience severe physical violence by an intimate partner in their lifetime (Black et al., 2011). For victims of IPV, long-term physical and mental health problems due to incidents of abuse may require treatment for up to 15 years (Rivara et al., 2007). In the United States, direct medical and mental health cost associated with IPV exceeds \$5.8 billion annually and may be an underreported estimate that does not include legal costs within the criminal justice system (CDC, 2003; Max, Rice, Finkelstein, Bardwell, & Leadbetter, 2004). IPV is also associated with a loss of

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productivity, causing an estimated \$1.8 billion in economic damage and nearly 8 million paid work days or 32,000 full-time jobs lost (CDC, 2003). Moreover, women who experience IPV have health problems, may be unemployed, and require public assistance, thus negatively affecting the overall economy (Lloyd & Taluc, 1999).

Numerous research studies have explored IPV victimization risk factors among females (Campbell, 2002; Campbell et al., 2002; Jewkes, 2002; Stith, Smith, Penn, Ward, & Tritt, 2004), and some specific to Hispanic or Latina women (Gonzalez-Guarda, Peragallo, et al., 2009; Gonzalez-Guarda et al., 2011; Klevens, 2007). There is a need to synthesize and consolidate male risk factors for IPV perpetration across social-ecological levels to fully understand the causes and contributing factors of IPV. Although several recent literature reviews exist relevant to the topic (Capaldi, Knoble, Shortt, & Kim, 2012; Cummings, Gonzalez-Guarda, & Sandoval, 2013), additional reviews are needed to address IPV risk factors among male perpetrators, particularly among Mexican American males. Considering the 2013 U.S. Census Bureau data, it was estimated that there were approximately 54 million Hispanics living in the United States (CDC, 2015b; U.S. Census Bureau, 2014), with that number expected to reach 106 million by 2050 (Gonzalez-Barrera & Lopez, 2013; U.S. Census Bureau, 2014). In 2012, Mexicans accounted for the largest percentage (64%) of the total Hispanic-origin population (CDC, 2015b; Gonzalez-Barrera, & Lopez, 2013). More important, Mexicans accounted for (11%) of the entire U.S. population (Gonzalez-Barrera & Lopez, 2013; U.S. Census Bureau, 2013). The continued growth of the Hispanic population requires a better understanding of the determinants that place Hispanic men at risk for IPV perpetration.

Certainly, common social and behavioral characteristics and risk factors may be identified among perpetrating men; however, there may be unique characteristics among American men of Mexican origin that contribute to the increasing rates of IPV within this population. With reported increases of IPV among Hispanic couples (14%) as compared with non-Hispanic White couples (6%; Cummings et al., 2013), and the expansion the Patient Protection and Affordable Care Act (2010) to include screening and counseling for interpersonal and domestic violence, the characteristics of perpetration among Mexican American men must be further explored to create culturally and linguistically tailored interventions. The purpose of this article is to review the literature published to date to elucidate risk factors among men, with an emphasis on Mexican American men at various socio-ecological levels that may contribute to becoming a perpetrator of IPV. The ultimate aim of this review is to

**Table 1.** Keyword Search Combinations.

Databases in EBSCO	Academic Complete, CINAHL, Health Source Nursing Academic, JSTOR, Medline, and ProQuest
Keywords	Intimate partner violence, domestic violence, Hispanic, Latino, Mexican-American, gender roles, men, males, culture, acculturation, literature, meta-analysis, synthesis, men who batter, characteristics, risk factors

**Table 2.** Inclusion and Exclusion Criteria.

Inclusion	Exclusion
Qualitative studies about men and IPV	High school aged students
Men as perpetrators of IPV	Females only and IPV
Hispanic, Latino, or Mexican American men and IPV	Coping and service strategies
Couples of color and IPV	Men who have sex with men and IPV
Risk factors and characteristics of male perpetrators	Publication date prior to 2000

Note. IPV = intimate partner violence.

inform health care practitioners and social workers about male IPV perpetration risk factors.

## Method

This literature review focused on identifying the risk factors among male perpetrators. The analysis of the selected articles followed the structure proposed by Dahlberg and Krug (2002) to classify the determinants for male IPV perpetration at various levels. Literature for this review was identified in six databases within the Elton B. Stephens Company (EBSCO) search engine, using the list of keywords summarized in Table 1.

The inclusion and exclusion criteria for article selection were based on the various factors that would enhance the review regarding risk factors among men. The cutoff date of 2000 was selected to review the most recent articles. Inclusion and exclusion criteria are listed in Table 2.

The literature review was conducted in September and October of 2014 using 14 different keyword combinations. Academic Search Complete was searched first and yielded numerous articles from 31 keyword combinations. After reviewing abstracts, 70 articles were retrieved. PubMed was searched next and led to the retrieval of 19 additional articles. A Journal Storage (JSTOR) search followed and yielded 11 possible articles, but later none of these were included. The next was a simultaneous database search and included the following: Academic Complete, Cumulative Index to Nursing and Allied

Health Literature (CINAHL), Health Source Nursing Academic, and Medline, generating 54 hits but later contributing five articles to the inclusion list. Last, ProQuest was searched and yielded seven additional dissertations, which were added to the list of possible articles for inclusion in this review. In total, 53 articles were identified as possible studies to review, but on further examination only 24 articles satisfied the inclusion criteria.

The socioecological model (SEM; Stokols, 1996) has been widely used within health promotion to understand the relationship between health and illness and sociological and environmental factors. More recently, the SEM has been adopted as a violence prevention framework. Dahlberg and Krug (2002) used the four SEM levels (biological, personal, close relationships, and community) to demonstrate the complexity of violence. The SEM framework has been used in IPV research to identify and categorize multiple risk factors for perpetration and protective factors that affect behavior (Dahlberg & Krug, 2002). In this review, the SEM was used as a framework to assess male IPV risk factors. The four-level SEM is also used by the CDC and includes (a) individual, which includes personal factors such as age, education, income, substance use, or substance use history; (b) relationship, examining the impact of family and social networks on behavior that can either lead to being a victim or perpetrator; (c) community, assessing the setting where social relationships occur such as schools, neighborhoods, and workplaces; and (d) societal, which is the climate that either inhibits or prohibits social inequalities within groups affected by economic, educational, health, social policies (Dahlberg & Krug, 2002). This literature review used these four factors of the SEM framework to explore risk factors for IPV perpetration among men.

## Results

The articles were synthesized according to the findings presented and categorized by the SEM framework. Table 3 presents the characteristics of the articles according to selected sections such as sample size, methods, and findings.

A total of 24 studies were included in this literature review. Eighteen studies were quantitative and one article was a meta-analysis, which reviewed 85 studies and explored perpetration and victimization (Stith et al., 2004). Three studies were qualitative, one explored views of the perpetrators about abuse, themselves, and their partner (Whiting et al., 2014). The second qualitative study reviewed and assessed findings from five national surveys regarding ethnic differences in IPV (Field & Caetano, 2003). The third qualitative study used a mixed-methods approach and analyzed qualitative interview data and survey data (Peralta & Tuttle, 2013). In addition,

two literature reviews were identified. The first reviewed five studies about Latinos and assessed the magnitude and severity, as well as beliefs and perceptions regarding IPV (Klevens, 2007). The other literature review examined 29 studies that explored risk and protective factors among Hispanic men and women (Cummings et al., 2013). Of the 24 studies, 16 included Hispanics and only 2 specifically explored risk factors among Mexican Americans.

### *Individual Factors*

Risk factors for IPV at the individual level include personal characteristics such as age, educational level, and income; biological factors such as cognitive disorders; personal experience, such as witnessing IPV as a child; and behavior such as alcohol or substance misuse, or attitudes and personality traits.

*Age.* Age has been correlated with IPV, with an increased risk for perpetration among younger Latinos (Ingram, 2007; Lown & Vega, 2001; Straus, 1995).

*Alcohol and Substance Use.* The consumption of alcohol has often been cited as a risk factor for IPV (Kantor, 1997; Neff, Holamon, & Schluter, 1995; Perilla, Bakeman, & Norris, 1994; West, Kantor, & Jasinski, 1998; Kyriacou, et al., 1999). The link between alcohol and aggression has been identified as a risk factor for IPV (Bushman, 1993; Schafer et al., 2004), although Caetano and Cunradi (2003) reported that alcohol may not necessarily be the cause of reported IPV incidents, but rather the lack of restraint on behavior with the use of alcohol. It is also possible that alcohol is used as an excuse to perpetrate violence or that violence and heavy alcohol consumption is exacerbated by impulsivity (Caetano & Cunradi, 2001). However, binge drinking—five or more drinks for males during one setting—was identified as a risk factor for physical IPV perpetration (Basile et al., 2013; Cunradi, Ames, & Moore, 2008). Alcohol and substance abuse were correlated to physical IPV perpetration in a meta-analysis by Stith et al. (2004). Moreover, the use of illicit drugs such as cocaine also increased IPV perpetration risks (Coker, Smith, McKeown, & King, 2000; Parrott, Drobos, Saladin, Coffey, & Dansky, 2003).

*Educational Level.* The association between education and health has been well established. Previous findings indicated that lower levels of education were associated with IPV perpetration (Kessler, Molnar, Feurer, & Appelbaum, 2001; Sorenson, Upchurch, and Haikang, (1996)). Risk for IPV perpetration also increased among men with less education than their partners (Anderson, 1997; Brown & Bulanda, 2008; Chen & White, 2004; Lambert &

**Table 3.** Results of Literature Review.

Study author(s)	Sample size and characteristics	Methods	Results
Aldarondo, Kantor, and Jasinski (2002)	(N = 846) Married or cohabitating Hispanic couples. Subsample from the National Alcohol and Family Violence Survey (NAFVS).	Quantitative, cross-sectional study. Measures explored: <ul style="list-style-type: none"> <li>Individual risk markers: age, violence approval, alcohol consumption, verbal aggression, and violence in family of origin</li> <li>Social risk markers: family income, employment, and occupation</li> <li>Relationship risk markers: marital status and relationship conflict</li> </ul>	Conflict and violence in family of origin increased risk for IPV perpetration among Mexican-origin men. Increased IPV perpetration risk for Mexican American men with relationship conflict and lack of economic resources.
Basile, Hall, and Walters (2013)	(N = 340) Men arrested for physical assault of their partner.	Quantitative study using path analysis. Measures explored: <ul style="list-style-type: none"> <li>Education</li> <li>Income</li> <li>Respondent or partner unemployed</li> <li>Respondent and partner unemployed</li> <li>Respondent job strain</li> <li>Partner job strain</li> <li>Respondent's income lower than partners</li> <li>Respondent's occupation less prestigious than partners</li> <li>Number of children under 18</li> <li>Respondent less educated than partner</li> </ul>	Stalking correlated with lower incomes. Psychological and physical abuse associated with job strain. Male dominance, ineffective arguing and communication skills correlated with violence. Psychological abuse associated with unemployed males, partner employed, ineffective communication skills, substance abuse, or partner with job strain. Physical abuse associated with less prestigious job, lower income, substance use, both unemployed and substance abuse.
Bell, Harford, Fuchs, McCarroll, and Schwartz (2006)	(N = 24,999) Sample of convenience, enlisted active duty abusive soldiers (controls, N = 64,442) registered in the Army's Central Registry database, who completed the Army Health Risk Assessment taken between 1991 and 1998.	Quantitative, cross-sectional, questionnaire and data from the Total Army Injury and Health Outcomes Database. Measured explored: <ul style="list-style-type: none"> <li>Alcohol problems</li> <li>Alcohol consumption patterns</li> <li>Psychological factors</li> <li>Demographic factors</li> <li>Perpetrator drinking during the spouse abuse incident</li> </ul>	Weekly drinking 15+ drinks, young age, lower rank, and more dependents increased risk for IPV perpetration.
Caetano and Cunradi (2003)	(N = 1,585), Household probability sample. Whites (n = 616), Blacks (n = 377), and Hispanics (n = 592).	Quantitative study. Measures explored: <ul style="list-style-type: none"> <li>IPV</li> <li>Depression</li> <li>Alcohol consumption</li> <li>Alcohol problems</li> <li>Sociodemographic</li> <li>Neighborhood characteristics</li> <li>Psychological</li> </ul>	Depression highest among perpetrating men. Risk factor for depression, living in a neighborhood with high unemployment.
Caetano, Field, Ramisetty-Mikler, and McGrath (2005)	(N = 1,025) Multistage household probability sample of couples 18 and older, Whites (n = 406), Hispanic (n = 387), Black (n = 323).	Quantitative study. Measures explored: <ul style="list-style-type: none"> <li>IPV</li> <li>Alcohol consumption</li> <li>Alcohol problems</li> <li>Frequency of five or more drinks on occasion</li> <li>Childhood physical abuse</li> <li>Childhood exposure to parental violence</li> <li>Approval of marital aggression</li> <li>Ethnic identity</li> <li>Couple mean age</li> <li>Income</li> <li>Marital status</li> <li>Employment</li> </ul>	IPV higher among Blacks and Hispanics. IPV recurrence common among younger couples, Black couples, and couples with unemployed male, couples in which the female drinks five or more drinks per occasion in a month. Couples in which either experienced severe physical violence as children.
Caetano, Nelson, and Cunradi (2001)	(N = 1,440) Couples, Whites (n = 555), Blacks (n = 358), Hispanics (n = 527).	Quantitative, multistage, cross-sectional, probability study. Measures explored: <ul style="list-style-type: none"> <li>IPV</li> <li>Alcohol consumption</li> <li>Alcohol problems</li> <li>Drug use</li> <li>Sociodemographic psychological/psychosocial</li> </ul>	Perpetration risk increased with reported drug use, lower income, aggression approved by female partners for conflict resolution, male unemployed and impulsive female.
Caetano, Ramisetty-Mikler, and Harris (2010)	(N = 387), Random household probability sample of cohabitating or married couples age 18 and older.	Quantitative, cross-sectional study. Measures explored: <ul style="list-style-type: none"> <li>IPV</li> <li>Perceived social cohesion</li> </ul>	IPV correlated with neighborhood poverty IPV not correlated with social control or social cohesion.

(continued)

**Table 3. (continued)**

Study author(s)	Sample size and characteristics	Methods	Results
		<ul style="list-style-type: none"> <li>• Perceived social control</li> <li>• Weekly alcohol consumption</li> <li>• Binge drinking</li> <li>• Ethnic identity</li> <li>• Age</li> <li>• Income</li> </ul>	
Caetano, Schafer, and Cunradi (2001)	(N = 1,440) Married and cohabitating couples, Whites (n = 555), Blacks (n = 358), and Hispanics (n = 527). Data obtained from both partners.	Quantitative, random, probability sample. Measures explored: <ul style="list-style-type: none"> <li>• Definition of IPV</li> <li>• Alcohol consumption</li> <li>• Alcohol problem</li> </ul>	Alcohol problem markers increased risk for perpetration but not the cause of IPV. Living in poor neighborhood increased IPV risk.
Caetano, Ramisetty-Mikler, Vaeth, and Harris (2007)	(N = 387) Hispanic couples 18 and older.	Quantitative, cross-sectional, second wave (2000), of a two-wave longitudinal study. Measures explored: <ul style="list-style-type: none"> <li>• IPV</li> <li>• Ethnic identification</li> <li>• Acculturation level</li> <li>• Acculturation stress</li> <li>• Average alcohol consumption</li> <li>• Binge drinking</li> <li>• Sociodemographic variables</li> </ul>	Acculturation and acculturation stress, stress of living in a new country, males more stressed about different acculturation levels between partners, and if both partners high in acculturation stress increased IPV risk. Alcohol not associated with IPV.
Caetano, Vaeth, and Ramisetty-Mikler (2008)	(N = 1,392) Married and cohabitating couples 18 and older.	Quantitative, multistage, probability sampling study. Measures explored: <ul style="list-style-type: none"> <li>• IPV status</li> <li>• Weekly drinking</li> <li>• Alcohol problems</li> <li>• Feelings of powerlessness</li> <li>• Impulsivity</li> <li>• Ethnicity</li> <li>• Age</li> <li>• Marital status</li> <li>• Length of relationship</li> <li>• Education</li> <li>• Employment</li> </ul>	Ethnicity of couple and length of relationship, and impulsivity associated with IPV perpetration risks. Hispanic men five times more likely to perpetrate violence than White men.
Cummings et al. (2013)	(N = 29) Nine studies explored IPV perpetration and victimization risk factors; 17 examined only risk factors, and three assessed predictive IPV variables. Three articles, used quantitative analysis.	Literature review of 29 studies synthesized IPV perpetration and risk factors among U.S. Hispanics. <ul style="list-style-type: none"> <li>• Keyword search in databases</li> <li>• The Socio-Ecological Model: A Framework for Violence Prevention (Krug et al., 2002) was used to categorize risk and protective factors.</li> <li>• Measures explored: Across studies, age, acculturation, and socioeconomic status were controlled.</li> </ul>	IPV perpetration risk factors at the various SEM levels. Individual level included: childhood abuse, a history of violent or aggressive behavior, young age, unemployment, marital status, low educational levels, impulsivity and substance abuse. At relationship level: infidelity and conflict between the couple. At the community level: living in urban areas, poverty, and living in a violent or poor community, and lack of church attendance.
Cunradi (2009)	(N = 2,547) Hispanic married or cohabitating couples	Quantitative study. Measures explored: <ul style="list-style-type: none"> <li>• IPV</li> <li>• Demographic factors</li> <li>• Drinking</li> <li>• Neighborhood disorder</li> <li>• Acculturation factors</li> <li>• Analytic strategy</li> </ul>	IPV perpetrating risk factors for men included: having some college education or higher, and neighborhood disorder.
Cunradi, Caetano, and Schafer (2002)	(N = 1,440) Married and cohabitating couples, Whites (n = 555), Blacks (n = 358), and Hispanics (n = 527).	Quantitative study. Measures explored: <ul style="list-style-type: none"> <li>• IPV</li> <li>• Socioeconomic status</li> </ul>	IPV was correlated with annual household income.
Dietrich and Schuett (2013)	(N = 72) Latinos, (n = 45) women and (n = 27), men	Quantitative study, utilized a 2 × 2 between subject factorial designs. Measures explored: <ul style="list-style-type: none"> <li>• Demographic and culture adherence</li> <li>• Damage to honor</li> <li>• IPV approval perpetrator and victim perception</li> <li>• Approval of seeking help</li> </ul>	Condoning IPV and the perpetrator more prevalent among individuals with high honor (social image related to family reputation) adherence. Men perceived more honor damage than women given a high reputation threat.

(continued)

Table 3. (continued)

Study author(s)	Sample size and characteristics	Methods	Results
DeWall et al. (2014)	(N = 93) College undergraduates, 47 males and 46 females. Participants divided by relationship status, into oxytocin or placebo group.	Quantitative, double-blind, placebo-controlled, between-subject experiment utilized: <ul style="list-style-type: none"> <li>Aggression Questionnaire physical aggression subscale</li> <li>Explored: aggression by manipulating the amount availability of oxytocin</li> </ul>	IPV risk increased with higher levels of oxytocin, only if participant predisposed to physical aggression.
Field and Caetano (2003)	(N = 5) National surveys assessed IPV among Black, Hispanic, and White couples. (a) National Family Violence Survey, (b) National Family Violence Resurvey, (c) National Survey Family Households, (d) National Violence Against Women Survey, (e) National Longitudinal Couple Survey.	Qualitative review of cross-sectional and longitudinal studies examining IPV and ethnic differences.	IPV perpetration risk factors varied by ethnicity and type. Socioeconomics contributed to IPV perpetration risk among Hispanics. Disinhibiting effects of alcohol on behavior and cognition correlated to violence.
Klevens (2007)	(N = 5) Included: three, cross-sectional studies, a qualitative study, and a description of the development and implementation of a culturally appropriate intervention.	Literature review of five IPV studies about Latinos utilized CDC's four steps to public health. Measures explored: <ul style="list-style-type: none"> <li>Magnitude and severity factors associated with IPV distribution</li> <li>Beliefs and perceptions about IPV</li> <li>Development and evaluation of interventions</li> <li>Barriers to interventions</li> </ul>	Plausible factors for IPV perpetration among Latinos were immigration status, acculturation and lower socioeconomic status.
Lown and Vega (2001)	(N = 1,155) Women of Mexican origin.	Quantitative study utilized a subsample from a stratified randomized household survey. Measures explored: <ul style="list-style-type: none"> <li>Physical abuse by a current male partner</li> <li>Demographic information</li> <li>Income</li> <li>Alcohol use</li> <li>Unemployment</li> <li>Social support</li> </ul>	Living in rural area, little or no church attendance, young age, lack of social support, U.S. birthplace, and higher acculturation increased IPV risk.
Peralta and Tuttle (2013)	(N = 11) Men, Black (n = 8), Hispanic (n = 1), White (n = 1), Native American (n = 1), previously convicted of IPV, participating in batterer's intervention program.	Qualitative study utilized a mixed method approach. Analysis of qualitative interview data and survey data. Questions posed: <ol style="list-style-type: none"> <li>What impact does violence have on your career/work, family, friendships, emotions, and health?</li> <li>What is the significance of IPV in your life?</li> <li>What if any changes in your life have you made as a result of violence?</li> </ol>	Economic stress linked to IPV due to harmful masculine behavior to compensate for not feeling like a "real man" or "fully respectable." IPV correlated to male's perceived relationship control, thus maintaining masculinity and respect.
Ross (2011)	(N = 86) Women (n = 30) and men (n = 56).	Quantitative study. Measures explored: <ul style="list-style-type: none"> <li>Reason for IPV</li> <li>Personality disorder traits</li> <li>IPV</li> <li>Intimate partner control</li> </ul>	Retaliation, emotional dysfunction, and defense cited as reasons for IPV perpetration among men.
Schafer, Caetano, and Cunradi (2004)	(N = 1,635) Black, Hispanic, and White married or cohabitating couples.	Quantitative, multistage, probability sampling design study. Measure explored: <ul style="list-style-type: none"> <li>Drinking problems</li> <li>Impulsivity</li> <li>History of childhood physical abuse on male to female IPV (MFIPV) and female to male IPV (FMIPV)</li> </ul>	IPV associated with history of childhood physical abuse, impulsivity, and drinking problems. Differed among ethnicities. Impulsivity associated with higher risk for alcohol abuse and MFIPV and FMIPV.
Stith et al. (2004)	Meta-analysis (N = 85), studies related to IPV perpetration and victimization.	Quantitative study. Measures explored: <ul style="list-style-type: none"> <li>Employment</li> <li>Education</li> <li>Career/life stress</li> <li>Income</li> <li>Age</li> <li>History of partner abuse</li> <li>Emotional/verbal abuse</li> <li>Jealousy</li> <li>Marital satisfaction</li> <li>Forced sex</li> <li>Illicit drug use</li> </ul>	Large effect sizes reported between physical IPV perpetration and risk factors: emotional abuse, forced sex, drug use, marital satisfaction, and condoning violence in marriage. Moderate effect sizes between physical IPV perpetration and risk factors: ideas of traditional sex-roles, anger/hostility, partner abuse history, alcohol use, depression, and career/life stress.

(continued)

**Table 3. (continued)**

Study author(s)	Sample size and characteristics	Methods	Results
Sugihara and Warner (2002)	(N = 316) Mexican Americans (N = 161, males), (N = 155 females). Mean age of men was 34 years and of women 32 years.	<ul style="list-style-type: none"> <li>• Anger/hostility</li> <li>• Attitudes condoning violence</li> <li>• Traditional sex role ideology</li> <li>• Depression alcohol use</li> </ul> Quantitative, cross-sectional study data. Measures explored: <ul style="list-style-type: none"> <li>• Domineering behavior and negotiation</li> <li>• Psychological aggression</li> <li>• Physical assault</li> <li>• Sexual coercion</li> <li>• Injury</li> </ul>	Risk factors for IPV: lower income; high scores on the <i>Dominance scale</i> (psychological aggression, physical assault, and injury); high scores on the <i>Power and Possessiveness scale</i> (physical assault).
Whiting et al. (2014)	(N = 13) 11 Caucasians and two African American men. Median age 32.	Qualitative, secondary data analysis of cross-sectional data, from semistructured interviews. Measures explored: <ul style="list-style-type: none"> <li>• Views about abuse</li> <li>• Themselves and their partners</li> </ul>	Seven key themes: anger, control, emotional threshold, justification, relapse, triggers, and remorse. Cognitive distortions used by men to rationalize IPV.

Note. IPV = intimate partner violence.

Firestone, 2000; Schumacher, Feldbau-Kohn, Smith Slep, & Heyman, 2001; Stith et al., 2004). Interestingly, Cunradi (2009) identified lower levels of education among Hispanics was associated with less risk for IPV perpetration, although the findings require further exploration.

**Income.** Low income is another risk factor associated with IPV among Hispanics and Blacks (Cunradi et al., 2002; Pearlman, Zierler, Gjelsvik, & Verhoek-Oftedahl, 2003; Straus, Hamby, Boney-McCoy, & Sugarman, 1996; Sugihara & Warner, 2002). Yllo and Straus (1990) reported that Mexican American men with low income were at risk for injuring their intimate partner. Similarly, Sugihara and Warner (2002) concluded that low income and thinking they are better than their intimate partners was a risk factor for inflicting injury on their intimate partner. People who earn more are able to live in healthier and safer neighborhoods (Telfair & Shelton, 2012).

**Witnessing IPV as a Child or Having Been Abused as a Child.** The risk for IPV perpetration in adulthood increases with having witnessed it as a child (Perilla, 1999; Rouse, Breen, & Howell, 1988). Men who were abused as children are also more likely to perpetrate acts of violence against their partners (Fagan, 2005; Fang & Corso, 2008; Gil-González, Vives-Cases, Ruiz, Carrasco-Portiño, & Álvarez-Dardet, 2008; Martin, Taft, & Resick, 2007; McKinney, Caetano, Ramisetty-Mikler, & Nelson, 2009; Riggs, Caulfield, & Street, 2000; Rosenbaum & Leisring, 2003; Schumacher, Feldbau-Kohn, Smith Slep, & Heyman, 2001; H. R. White & Widom, 2003; J. W. White, McMullin, Swartout, Sechrist, & Gollehon, 2008; Whitfield, Anda, Dube, & Felitti, 2003) because of the cycle of

generational violence (Aldarondo et al., 2002; Field & Caetano, 2003; Gonzalez-Guarda et al., 2011; Gonzalez-Guarda, Ortega, Vasquez, & De Santis, 2010; Gonzalez-Guarda, Peragallo, Urrutia, Vasquez, & Mitrani, 2008).

**Cognitive Disorders.** Mental conditions that impede clear and precise thinking have been linked to the rationalization of violence through the distortions used to justify the violence (Eisikovits & Enosh, 1997; Sorenson & Telles, 1991; Whiting et al., 2014). Similarly, Ross (2011) reported the lack of emotional control was associated with IPV especially in the presence of borderline personality disorder (BPD) symptoms. BPD is a mental disorder characterized by unstable and turbulent emotions and relationships (National Institute of Mental Health, 2014). Retaliation was also associated with BPD symptomology and seen as a character reflection as opposed to a relationship dynamic (Ross, 2011).

**Personality Traits, Attitudes, and Behaviors.** Anger was a personality trait associated with IPV perpetration (Holtzworth-Monroe & Hutchinson, 1993; Whiting et al., 2014), as was impulsivity (Cunradi, Caetano, Clark, & Schafer, 1999, 2000, 2002), not being able to control impulses, emotions (Caetano, Ramisetty-Mikler, Caetano-Vaeth & Harris, 2007), and behaviors such as aggression (Plutchik & van Praag, 1997). Psychopathic personality traits, characterized by impulsivity, insensitivity, and a lack of remorse have also been identified as risk factors for IPV perpetration (Hare, 2003; Sullivan & Kosson, 2006). Swogger, Walsh, and Kosson. (2007) reported the lack of emotions and responsibility along with decreased impulsivity were IPV perpetration risk factors. Increased levels of oxytocin were reported to mediate an increased

risk for IPV among males who were predisposed to physical aggression (DeWall et al., 2014). Oxytocin, a hormone produced in the hypothalamus, is associated with maternal bonding, lactation, selective social bonding, and sexual pleasure (American Psychological Association, 2014). Oxytocin had the potential to increase aggressive behavior especially among people who used dominance and intimidation to control their partners (DeWall et al., 2014). Among Hispanic men, Schafer et al. (2004) identified impulsivity as a risk factor for IPV perpetration, more so if a history of childhood physical abuse was present. Similarly, feeling superior and possessive led to an inclination to use psychological aggressive tactics and physical assault (Sugihara & Warner, 2002).

Control was another behavior reported as a risk factor for IPV because it involves various forms of abuse and uses tactics such as lying, deceit, intimidation, and violence to influence and dominate their partners (Próspero, 2008; Whiting et al., 2014). On the contrary, Schumacher, Smith Slep, and Heyman (2001) reported no significant correlation between psychological abuse and IPV perpetration and a man's perception of relationship power. Other risk factors for IPV perpetration included the following: being the sole decision maker (Sugihara & Warner, 2002) and having a domineering personality (Dobash & Dobash, 1981) and hostile attitudes toward women (Malamuth, Heavy, Linz, Barnes, & Aker, 1995). Similarly, Anderson and Anderson (2008) discovered that hostile attitudes toward women were also a risk factor for IPV perpetration. Moreover, Holtzworth-Munroe, Meehan, Herron, Rehman, and Stewart, (2000) concluded that IPV perpetrating men with borderline-dysphoric (mental suffering) and violent antisocial personalities held more hostile attitudes toward women.

### Relationship Factors

The interactions between people, in particularly intimate partners, communication skills, how individuals respond to conflict, and adherence to traditional gender roles have been reported as IPV risk factors.

**Communication Skills and Relationship Satisfaction.** Basile et al. (2013) reported the correlation between IPV perpetration and communication skills and styles, which in turn effected relationship satisfaction. Similarly, Scott and Straus (2007) identified that physical, psychological, and sexual IPV perpetration increased among men who avoided discussing their contributions to relationship difficulties and/or blaming relationship problems on their partners.

**Gender Roles.** Traditional gender roles have been cited as risk factors for IPV perpetration by feminist theorists because of their role in socializing men and endorsing certain norms, attitudes, and behaviors such as the

acceptance of violence in relationships (Basile et al., 2013). Moreover, enacting masculinity (displays of aggression and physical strength, domination in physical, sexual, and social contexts) is associated with IPV perpetration because violence against women is an accepted norm (Connell, 2005; Messerschmidt, 1993; Peralta & Tuttle, 2013; Poteat, Kimmel, & Wilchins, 2011). Within the Latino culture, *Machismo* and *Marianismo* have been used to describe the positive and negative aspects of gender roles. Positive aspects of *Machismo* include strength, courage, and responsibility, while aggression, male dominance, and infidelity are the negative aspects (Torres, Solberg, & Carlstrom, 2002). *Marianismo*, inspired by the Virgin Mary, is the polar opposite gender role for women and sees them as pure, humble, loyal, self-sacrificing, faithful, submissive, unassertive, and devoted to the family (Dietrich & Schuett, 2013; Galanti, 2003). IPV among Latinos has often cited *Machismo* and *Marianismo* as risk factors due to their strict gender roles and difference in power within a relationship (Campbell, Masaki, & Torres, 1997; Jewkes, 2002).

**Job Strain and Stress.** The lack of income leads to increased stress, which causes more strife between couples, and in turn can lead to IPV (Caetano et al., 2001). Males who earned less than their partners are also more likely to perpetrate violence against their partners (Anderson, 1997; Riggs et al., 2000; Schumacher, Feldbau-Kohn, et al., 2001; Stith et al., 2004). IPV perpetration is also significantly correlated with job strain, holding a lower level job, or unemployment (Coker et al., 2000; Delsol & Margolin, 2004; Fox, Benson, DeMaris, & Wyk, 2002; Martin et al., 2007; Riggs et al., 2000; Schumacher, Feldbau-Kohn, et al., 2001; Stith et al., 2004).

**Power Imbalance.** In their meta-analysis, Delsol and Margolin (2004) reported a direct effect on IPV if a man perceived a relationship power imbalance, in particularly if they had a history of family violence. Similarly, Murphy, O'Farrell, Fals-Stewart, and Feehan (2001) identified relationship conflicts, relationship disharmony, and a desire to change their partner increased the perpetration of IPV. In addition, Kaura and Allen (2004) reported that IPV perpetration risk increased with the dissatisfaction in the amount of power within their relationships. Moreover, Ross (2011) concluded that in order to keep power and control, men used IPV to punish and hurt their partner. Subsequently, power, possessiveness, and/or jealousy increased the risk for IPV perpetration (Sugihara & Warner, 2002).

### Community Factors

Settings where social interactions take place have been identified as risk factors for IPV especially if the



environment is economically depressed, violent, or lacks order, and these include places where people work, go to school, and live.

Cunradi (2009) reported that IPV perpetration was associated with neighborhood disorder. Social disorganization theory posits that those neighborhoods that lack structure are prone to higher deviant behaviors such as public intoxication and IPV, because social order is not maintained (Sampson & Groves, 1989; Grisso et al., 1999). Similarly, living in a poor or violent community increased the risk for IPV, as did living in an urban area (Staus & Smith, 1990; Caetano et al., 2001; Caetano et al., 2010; Gonzalez-Guarda et al., 2010). Even the perception of living in a violent neighborhood increased the risk for IPV perpetration (Reed et al., 2009). Living in neighborhoods with high unemployment was also identified as a risk factor for men causing depression, and depression was more prevalent in men who were violent (Caetano & Cunradi, 2003).

### Societal Factors

Factors included social and cultural norms, beliefs, economics, and educational and social policies that promote inequalities across groups within a society and facilitate or inhibit violence.

*Acculturation, Immigration, and Machismo and Marianismo.* Factors unique to Hispanics that increased the risk for IPV were role strain resulting from immigration and acculturation as well as male dominance in a relationship (Klevens, 2007). Acculturation is the process in which individuals of one culture come into contact with individuals from another culture and adopt their beliefs and behaviors through cognitive and behavioral exchanges (Castro, 2007; Redfield, Linton, & Herskovits, 1936). Acculturation and acculturation stress (Berry, 2003; Born, 1970) have been reported as risk factors for IPV perpetration among Hispanics in the United States (Caetano et al., 2007; Firestone, Harris, & Vega, 2003). Denham et al., (2007) reported that different levels of acculturation between intimate partners as well as changes in gender roles were correlated with IPV. Hispanic men who feel their authority and position within the household threatened may seek to reestablish their sense of authority and power through violence (Davila, Bonilla, Gonzalez-Ramirez, & Villarruel, 2007). IPV was also associated with Hispanic men who earned less than their female partners (Perilla et al., 1994). Hispanics often struggle when adjusting to the "American" way of life, because of changing social roles, belief systems, and daily routines, causing stress due to a sense of loss (Hoovey & King, 1996; Hoovey, 2000; Salgado de Snyder, Cervantes, & Padilla, 1990). These stressors were

identified as loss of family unity and support, and social status and networks (Caplan, 2007). Although *Machismo* and *Marianismo* have been cited as relationship risk factors, they are endemic within Hispanic cultures because of the expectation to adhere to the delineated and traditional gender roles. Consequently, *Machismo* and *Marianismo* influence these societies because of the acceptance of cultural norms such as using violence to deal with issues (Peralta & Tuttle, 2013) and behaviors deemed masculine (bravery and virility) or feminine (submission and modesty; Cummings et al., 2013).

### Discussion

An extensive literature review yielded 24 studies that described male risk factors for IPV perpetration, of which 16 studies included Hispanics and only 2 were specific to Mexican Americans. Using the SEM framework (Dahlberg & Krug, 2002), the determinants for male IPV perpetration were classified at the individual, relationship, community, and societal levels. Male IPV perpetrating risk factors were identified and categorized within the SEM framework (Krug et al., 2002). The most salient IPV risk factors at the individual level were binge drinking, having witnessed IPV or having been abused as a child, low income, and lack of resources as well as personality disorders. At the relationship level, poor communication skills, especially when dealing with conflict; blaming a partner for relationship strife; strictly defined gender roles such as *Machismo* and *Marianismo* found within the Hispanic culture; and power or the perceived imbalance of power within a relationship increased the risk for IPV perpetration. At the community level, living within a poor and/or violent neighborhood increased the risk for IPV. Unique to Hispanics, at the societal level, acculturation, acculturation stress, *Machismo* and *Marianismo* were reported to be a risk factors for male IPV perpetration.

IPV is a complex and multifaceted health issue. IPV is found within every ethnicity and permeates all socioeconomic levels. There are multiple contextual factors and influences that affect behavior and put men at risk for perpetrating violence against their partners. These studies have increased the current IPV male perpetration risk factor knowledge base; however, more research is warranted to better understand societal factors unique to Hispanics, in particular Mexican Americans, such as acculturation, acculturation stress, immigration. *Machismo* and *Marianismo* must also be looked at across the individual, relationship, and societal levels because of the influence they have within each level. These gender roles influence individual behavior and within relationships because of power and control. At the societal level, these gender roles need further exploration because of the breadth,

depth, and reach within societies in the form of accepted attitudes and norms that are embraced as part of the culture. Although this literature review only addressed male perpetration risk factors, there is a need to better understand the protective factors of determinants that are unique to Hispanics to mitigate the negative effects of IPV. Drawing on the positive aspects of the Hispanic culture such as solid family bonds and honor for mothers (Cummings et al., 2013) and the characteristics of strength, courage, and responsibility found in the traditional male gender role (*Machismo*) could facilitate the creation of strategies to target Hispanic men, in particular Mexican American men, to prevent IPV perpetration.

Understanding the triggers and interactions (Wilkinson & Hamerschlag, 2005) of IPV is essential because of the complexity of behavioral influences. The CDC is currently funding the DELTA Projects, IPV prevention programs at the local, state, and national level targeting health determinants within all the SEM levels (individual, relationship, community, and societal; CDC, 2015a). IPV reduction strategies target environmental changes through economic and social policies to address education, employment, and gender discrimination (CDC, 2015b). This is a step in the right direction because IPV interventions have previously targeted the individual and relationship level excluding the community and societal levels.

### Limitations

This literature review had several limitations including the lack of studies specific to Mexican American men. Mexican Americans are the largest and fastest growing minority among Hispanics, yet most research in IPV has focused on other Hispanic subpopulations, as indicated by our findings. Another limitation was the focus on health-related research, which did not facilitate the inclusion of research from other disciplines such as criminal justice. Literature regarding Mexican American men and IPV was not easy to locate, indicating the need for more research on this topic.

### Summary

There are many factors that can be addressed across the SEM levels to prevent and reduce IPV perpetration risk factors for men. The authors hypothesize one way to reduce IPV perpetration risk at the individual and societal levels is through job training and job creation, which would alleviate the stress men experience when they are not able to provide for their families. At the community level, the improvement of the neighborhood infrastructure through the development of parks and recreational centers with free daycare facilities could provide an outlet for stress reduction through physical activity for men and their families.

The creation of discussion/support groups for men would be an opportunity at the individual and relationship levels for men to engage in open dialogue regarding issues and topics that affect them and are rarely discussed such as family life, stress, health, relationships, finances, communication skills, sexual health, substance misuse, and IPV. This would allow men to share their experiences and learn from each other. Interventions for preventing male IPV perpetration must include strategies to address all levels of SEM risk factors and draw on the protective factors found within each in order to be effective.

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