

Place of Origin and Violent Disagreement among Asian American Families: Analysis Across Five States

Abstract

Objectives

We examined the prevalence of and factors associated with violent and heated disagreements in the Asian American families, with an emphasis on place of birth differences between parent and child.

Methods

Data were obtained from the 2003 National Survey of Children's Health, limited to five states with the highest concentration of Asian-Americans (n=793). Multivariable analysis used generalized logistic regression models with a three-level outcome, violent and heated disagreement versus calm discussion.

Results

Violent disagreements were reported in 13.7% of Asian-American homes and 9.9% of white homes. Differential parent-child place of birth was associated with increased odds for heated disagreement in Asian-American families. Parenting stress increased the likelihood of violent disagreements in both Asian-American and white families.

Conclusions

Asian-American families are not immune to potential family violence. Reducing parenting stress and intervening in culturally appropriate ways to reduce generation differences should be violence prevention priorities.

Key Words

Violence, Disagreement, Stress, Place of Birth, Asian American

Place of Origin and Violent Disagreement among Asian American Families: Analysis Across Five States

INTRODUCTION

The term Asian American refers to persons who have personal or ancestral roots in the Far East, Southeast Asia, or the Indian subcontinent. Asian Americans are the fastest growing ethnic group in the US, with a growth rate of 63.2% from 1990-2000. This led to an estimated population in 2004 of 3.96 percent of the American population, or approximately 11.9 million individuals [1]. The Asian-American population is diverse in economic and health status. At one extreme, a significant proportion of Asian Americans live at or below the federal poverty level; at the other extreme Asian-American women have the highest race-sex specific life expectancy in the country [2].

Domestic violence is of concern, but difficult to accurately assess. Research indicates a substantial proportion of the US population experiences domestic violence, ranging from 9-30% among women and 13-18% among men [3, 4]. Previous research regarding domestic abuse among Asian Americans is mixed. Chang et al found lower rates of violence among Asian populations (10.1% - 11.9%) than the general population, but the self-report nature of the data could conservatively bias the results [5]. Others, however, have found higher rates of partner abuse among Asian populations [6].

The reasons for an increased surveillance of domestic violence among Asian Americans are many. Potential conflicts can arise because immigrant parents maintain traditional family values while their children usually tend to adopt Western lifestyles [7-9]. Foreign-born Asian parents normally expect their US-born children to maintain traditions, but US-born children, especially highly acculturated ones, perceive traditional

values negatively and reject this expectation [10-12]. Among Asian immigrants, the responsibility of children and the role of education as a source of family pride and status influenced generational stress for parents [13].

Short length of stay in the US and low acculturation have been shown to be associated with increased domestic violence among Asian-American families [14]. Generation status and length of stay in the US are important determinants of the level of acculturation [14, 15]. The acculturation process may be particularly difficult for Asian American immigrant families, as children of immigrant parents generally accommodate Western values and lifestyles faster than their parents. Immigrant parents, on the other hand, are more likely to retain their native language and traditional values and lifestyle [9]. Lee and Liu [16] found that Asian American college students reported a higher likelihood of family conflict than their Hispanic and European peer counterparts.

Violence in the home can increase a child's risk for emotional or behavioral problems as an adult, even if the child is a witness rather than a target of the violent behavior [17-20]. Determining the proportion of children at risk is difficult for Asian American children. For example, the 2000 National Survey of Adolescents found that 34% white, 57% of African-American and 50% of Hispanic children had witnessed in-home or community violence in their lifetimes, did not over-sample to include sufficient Asian American children for accurate estimates [21]. It has been suggested that a belief that Asian-Americans are a "model minority" has impaired the development of research into the needs of this population [2].

Large scale surveys that measure violence against women do not typically include adequate numbers of Asian American women for useful analysis. The National Violence

Against Women (NVAW) survey, conducted by the U.S. Department of Justice, only surveyed 134 Asian American women [4]. Other studies have surveyed included more Asian American women, but did not study the impact upon children [5]. In addition, traditional Asian values of harmony and close family ties, along with fatalism and self-restraint, may not discourage physical and verbal abuse within the family, but encourage concealing such problems [22].

Research Purpose

The present study sought to explore the prevalence of and risk factors for violent and heated disagreements in the home among Asian American families. We further sought to investigate whether parent–child differences in place of birth positively related to violent and heated disagreements in the home. Because previous research [23] revealed the importance of parental stress as a correlate of violent disagreement, we treated this variable as a potential confounder and explored factors associated with it. By focusing on families with children in the general population, rather than clinic-based or other convenience samples, the present research allows better estimates of the prevalence of violent and heated disagreements in Asian-American households with children.

METHODS

Study Design and Data Source

We analyzed data from the cross-sectional 2003 National Survey of Children’s Health (NSCH). The NSCH was conducted by the State and Local Area Telephone Survey (SLAITS) of the Centers for Disease Control and Prevention (CDC) using random digit dialing. The survey was designed to be representative of all US households with children. One child was randomly selected in each household to be the subject of the

interview. Respondents were mothers (71.2%, Asian respondents), fathers (25.5%), and other relatives (3.3%) of the selected child. A detailed description of the NSCH has been published [24].

Population Studied

We studied families living in five states (California, Hawaii, New Jersey, New York, and Washington) for which the number of respondents allowed Asian-Americans to be designated as a specific race/ethnicity group without compromising respondent confidentiality. Across these five states, 793 children were categorized as Asian-American, with no other race listed. For comparative purposes, white children in the same five states ($n = 5,942$) are also described. The majority of unweighted Asian-American observations was highest for Hawaii (466), followed by California (112), New Jersey (97), New York (53) and Washington (65). We did not develop state-specific estimates for violent or heated disagreements, as the number of unweighted observations among Asian-American families fell below the value needed for valid estimates of violent disagreement in three of the states studied. When weighted to reflex the complex sampling design, the observations represent 11.33 million children, of whom 1.40 million are Asian and 9.93 million are white.

Dependent Variable

The likelihood of violence exposure was assessed using questions about disagreement style. The stem for each question was “when you have a serious disagreement with your household members, how often do you... discuss your disagreements calmly ... argue heatedly or shout ...[or] end up hitting or throwing

things.” Response choices were never, rarely, sometimes, usually, or always. We collapsed these questions into a three-level measure of potential violence:

- Violent disagreement: hitting or throwing things, even if only “rarely;”
- Heated disagreement: the respondent did not report hitting or throwing, but reported arguing heatedly or shouting sometimes, usually or always;
- Calm: all other responses.

We note that the definition of violent disagreement is conservative, in that hitting or throwing does not have to be frequent and consistent to be included in this category. Given the potential consequences of violence and violence witness among children [17-20], a conservative approach appears appropriate.

A small proportion of all observations (120/6,735; 1.78%) reported “rarely” or “never” discussing things calmly, but also did not report violent or heated disagreement. This uncertain response category was more common among Asian than among white respondents (5.6% versus 1.6%; $p = 0.0490$), among families in which one (10 or 10.3%) or both parents (46, 41.4%) were foreign born, and in households where English was not the primary language than in English-speaking households (7.9% versus 0.8%; $p = <0.001$). These observations were retained in the “calm” or baseline category, but with the caveat that some responses may be ambiguous.

Independent Variable

Parent–child differences in place of birth were expressed as a three-level variable, defined using three items from the NSCH pertaining to parental and child place of birth. Categories were 1] both mother and father were born outside the US, but child was born in the US (a generation difference deemed to be present); 2] one parent in a two-parent

family was born outside the US and the child was or was not born in the US (a possible generation difference) and 3] All other combinations, including single parent families.

Control Variables

Characteristics of the child and parent that might contribute to violent disagreements were also examined. Other characteristics of the child included age, sex, reported health status, presence of special health care needs, and health insurance status. The three health-related variables were conceptualized as potential sources of emotional stress, either through the difficulty of caring for a sick child or through financial difficulty (24).

Both attitudinal and demographic characteristics of the parent were included. The available attitudinal variables were parental stress, availability of another person for day-to-day emotional help with parenthood, and perceived neighborhood support [25]. Parental stress was measured in the NSCH using three questions derived from the Parental Stress Index [26] and the Parental Attitudes about Childrearing scale [27]. Questions asked how often, during the past month, the parent had felt that the child “was much harder to care for than children his/her age,” “did anything that really bothers you a lot,” and “[you] felt angry with him/her.” Cronbach’s α for the parenting stress scale were modest, 0.60 among Asian parents and 0.61 among white parents. Summative scores ranged from 3 through 12, but were not normally distributed. Scores were summed, and dichotomized into high versus low stress at the 75th percentile. Parental stress remained a continuous measure when it was modeled as an outcome. Emotional help and perceived neighborhood support were used as a measure of social support and social capital respectively [28]; absence of support has been associated with violence in inner-

city neighborhoods [29]. Perceived neighborhood support was measured with four items pertaining to neighbors' willingness to help out, both generally and specifically for children, derived from Fields and Smith [28]. Parents who responded negatively to 2 or more statements were classified as perceiving a low-supportive neighborhood. Other parental characteristics included education, and parental physical and mental health. Family characteristics included income, primary language in the home (English versus other), and number of children in the household.

Analytic Approach

We examined factors associated with violent disagreement and parental stress using bivariate and multivariable statistics. Preliminary examination revealed that the relationship between potential correlates and disagreement style was different among Asian than among white families, based on statistically significant interactions for two variables, place of birth differences and child's insurance. Thus, findings for Asian and white families are not incorporated into a single model, but presented separately. Multivariable analysis used generalized logistic regression models [30] with a three-fold outcome, in which the risk of violent and heated disagreement were simultaneously compared to a baseline condition of calm discussion [31]. Analysis pertaining to parental stress used multiple linear regression with a continuous outcome. All testing was two sided and conducted at $\alpha=0.05$. All analyses employed sampling weights, reflecting the complex survey design, and were carried out in SAS-callable SUDAAN.

RESULTS

Characteristics of Asian Children and Parents

Asian families were more likely to experience parent-child differences in place of birth (50.5% among Asians, 10.9% among whites; $p < 0.001$; Table 1). Among both groups, about one in eight children were considered to be in good to poor health (12.9% among Asians, 13.1% among whites). Fewer Asian children were reported to have special health care needs (10.1% among Asians, 16.0% among whites; $p = 0.0151$; Table 1).

Asian parents were more likely than whites to report education beyond high school. However, they were also more likely to report high parental stress (32.6% versus 24.5%) and less available emotional help (80.4% versus 87.8%). Asian families were more likely than white to speak a primary language other than English at home (41.1% versus 14.1%). Notably, family poverty level and health insurance status did not differ across groups.

Violent and Heated Disagreement

The prevalence of violent disagreements was similar across Asian and white homes, at 13.7% and 9.9%, respectively (Table 2, $p=0.1642$). Heated disagreements were reported by 34.5% of Asian parents, and 31.1% of white parents. Factors associated with disagreements were similar for both races (Table 2). Only two variables were significantly different among Asian and white populations: place of birth differences between parent and child, and the child's insurance status, as measured by a statistically significant interaction term ($p<0.01$).

The results of the adjusted analysis, holding all characteristics of child, parent, and family constant, are shown in Table 3. Place of birth differences between parent and child were associated with increased odds for heated disagreement among Asian families

(OR 3.18, 95% CI 1.55, 6.55), but were not linked to violent disagreement (OR 1.90, 95% CI 0.59, 6.11). Among white families, the presence of differences in place of birth was not significantly associated with disagreement style.

Asian parents reporting high parenting stress had markedly higher odds for both violent disagreement (OR 7.35; 95% CI 2.69-20.06) and heated disagreement (OR 2.41, 95% CI 1.20-4.85; Table 3). Results were similar among whites. Among Asian families, lower education level strongly increased the odds for violent disagreements (OR 6.20, CI 1.35-28.39; Table 3), but not for heated disagreements. Among family characteristics, primary language and total children in the household were linked to violent disagreements. Asian families that did not speak English as the primary language had decreased odds for violent disagreement (OR 0.25, CI 0.09-0.73). Asian parents who reared three or more children were more likely than those with two or less children to report violent disagreement in the family (OR 5.82, CI 1.61-21.04). Among white families, relatively large family size was also linked to violent disagreement. Other significant predictors of conflict level among whites included age, parenting stress, emotional help with parenthood, parent's mental health, primary language, and total children in household.

The effects of stress were so dramatic, particularly among Asian families, that a separate analysis of parenting stress was performed. Among Asian families, three health related factors emerged as significant predictors of parental stress (Table 4). When children had special health care needs or lacked health insurance, parents tended to report higher stress. Similarly, if at least one parent reported poor physical health, the score of stress was higher. Four factors were found to be the significant predictors of parental

stress among whites; the age of child, having a child with special health care needs, the lack of insurance for the child, and parental mental health, but not physical health.

DISCUSSION

Prevalence of Violent Disagreements

We found a 13.7% prevalence of violent disagreements among Asian families in five selected states. This estimate is higher than previous estimates [5], but lower than the estimates for the population at large [4]. In addition, slightly over a third of Asian families (34.5%) reported heated disagreement, arguing and shouting. Children can interpret symbolic behaviors, such as shouting, as a form of violence [32]. Thus, nearly one of every two Asian children (48.2%) lived in homes where heated or violent disagreements may have adverse effects on children. The notion that Asian American families are free from physical or symbolic violence is clearly erroneous.

Limited Impact of Generation Differences

In multivariable analysis, parent-child difference in place of birth was a major correlate of heated, but not violent, disagreements within Asian American families (heated, OR 3.18, Table 3). Difference in place of birth was not associated with parenting stress as measured in this study ($P=0.8068$, Table 4). The NSCH did not include detailed questions that would allow us to assess the nature of potential differences between Asian-born parents and their US-born children, or how these might be related to heated disagreement. Previous research suggests that generation differences between parents and children compound the intergeneration gap [33].

Association of Parenting Stress with Violent Disagreements

Parental stress was closely associated with both violent and heated disagreements,

although it cannot be determined whether stress gives rise to disagreement, or disagreement styles influence stress. In either case, identification of stress as a strong risk factor for potential violence among Asian-American parents (OR 7.35) has important clinical implications, and mirrors previous studies [34]. In helping Asian-Americans, pediatric practitioners, educators, and school or community counselors should consider the three essential predictors of Asian-American's parenting stress, including child's special health care needs, insurance status, and parent's physical health. Discussions probing the family situation and examining options for reducing parenting stress need to be carefully initiated. Avoidance of actions or disclosures that might bring shame on the family unit is strongly felt in most of Asian-American subcultures [35, 36]. Thus, providers may wish to consider describing treatment options as steps to strengthen family harmony, rather than a reflection of family failure.

It is noteworthy that principal correlates of parenting stress, in both Asian American and white homes in the states studied, were health related. In particular, parents of children with special health care needs experience marked stress. Depending on the severity of the child's problems, programs for alleviating stress can range from respite care, for severely handicapped children, to anticipatory guidance regarding common special needs diagnoses, such as asthma. Parent support services, specifically for helping parents cope with the stress of managing their children's care, are often provided through state Title V programs or non-profit organizations. These program providers are acutely aware of the risk of domestic violence in families of children with special needs. However, they should take in consideration the unique cultural issues of Asian Americans when planning their services, especially in states where this population is very

small.

Finally, the link between stress and violence may aid in detection of homes experiencing violence. Given the pressures on Asian American women to avoid revealing inappropriate behavior [22], a more neutral question set, such as the items used to measure parenting stress, may be key to detection of violence. It may be more effective if practitioners initiate discussion around child-raising issues, examining how hard the parent believes it is to care for their child, than to directly ask about violence [15]. Answers suggestive of high parental stress could trigger additional screening questions related to disagreement style.

Effectively tackling domestic violence involves a framework that can engage the intersection of local, state, and national policies that may offer hotlines, shelters, support groups, and legal advocacy. Legislation provides protection for immigrant women who find themselves victims of domestic violence. The 1994 Violence Against Women Act helps undocumented abused women petition for their permanent resident status [37]. Whether or not Asian American women are aware of their legal protection and community programs is unclear.

Immigrant bureau agencies and mental health and social workers at all levels can make a key contribution to the policy development for risk-reduction services among minoritized groups [38]. Since heated disagreements were more likely among Asian immigrants whose children were born in the US, clinicians should be sensitive to the potential for family conflict when working with such families. In addition, prevention and education programs at the community level are essential to help parents of children with special health care needs cope without experiencing markedly increase parenting stress,

with its links to violent disagreement. Reaching Asian Americans with the help of ethnically and linguistically compatible counseling and social workers may be effective. Rigorous evaluation of any strategies adopted is essential, although the barriers in connecting with the target families may be considerable [39]. Culturally appropriate interventions for addressing generation differences, child health, and parenting stress, and thus possibly reducing the prevalence of violent disagreement among Asian families, form an area for future research.

Limitations of the present study stem from the measures used and the unique nature of Asian populations. First, as noted previously, our measure of disagreement is a conservative one, including families where hitting/throwing occur “rarely” in the “violent disagreement” category. Second, ambiguous responses to the conflict questions (giving the same answer, “rarely,” to all questions) were more common among Asian-American than among white families and among families in which one or both parents was foreign born but the child was born in the US. Because all such responses were placed in the “calm” or baseline category, this may bias the study toward underestimating the prevalence of heated or violent disagreement among Asian American families. Third, although the measure of potentially violent disagreement was broad, asking about behaviors (hit, throw) rather than about injury or outcomes, it may still underestimate violence, as a respondent’s personal behavior may not be representative of other household members. We would not expect this to occur differentially in families with different origins compared to those with the same origin. Further, violent behaviors are generally underreported [40]. If this underreporting were higher in Asian-American families, particularly those with different places of birth, our results would represent a

conservative estimate of the differences. Fourth, all analyses were cross-sectional. It is impossible to determine a causal effect from the analysis. Instead, only the associations can be inferred. Next, we note that place of birth is only an approximation for generational differences that are assumed to be present. Our data did not include measurement of attitude conflict between parents and children. Similarly, because length of stay in the US was not available in the NSCH data set, the present study could only measure parent-child generation differences by examining whether or not both parent and child were both born US. We cannot speculate whether length of stay in the US would be positively or negatively associated with disagreement style. Finally, we note that the phrase “Asian-American” artificially unifies individuals drawn from 25 cultures and 40 subcultures across the Asia [36]. Practitioners need to develop an understanding of the specific cultures of the families they serve.

The present study suggests that parenting stress is closely related to heated and violent behaviors among Asian-Americans, and that a difference in place of birth is associated with heated disagreement. These findings can be used to develop interventions that are tailored to the special characteristics of Asian American families. Prior research has suggested that mental health services are underutilized for domestic violence issues among Asian Americans [37], emphasizing the need for culturally sensitive detection and intervention programs for this population.

Acknowledgements

This research was supported in part by Grant No. 6 U1C RH 00045-01 from the Federal Office of Rural Health Policy, Health Resources and Services Administration, and by Grant No. CMU97-306 from China Medical University, Taiwan.

References

1. U.S. Census Bureau: The Asian Population: 2000 Available at:
<http://www.census.gov/population/www/cen2000/briefs/>. Accessed March 2010
2. Centers for Disease Control and Prevention, The Office of Minority Health. Asian American Populations. Available online:
<http://www.cdc.gov/omhd/Populations/AsianAm/AsianAm.htm>. Accessed March 2010
3. Kessler R, Molnar B E, Feurer I D, Appelbaum M: Patterns and mental health predictors of domestic violence in the United States: results from the National Comorbidity Survey. *Int J Law Psychiatry*, 2001; 24(4-5): 487–508
4. Tjaden P, Thoennes N: Full Report of the Prevalence, Incidence, and Consequences of Violence Against Women. 2000, US Department of Justice, National Institute of Justice: Washington, District of Columbia, US. p. 71
5. Chang DF, Shen BJ, Takeuchi DT: Prevalence and demographic correlates of intimate partner violence in Asian Americans. *Int J Law Psychiatry*, 2009; 32(3): 167-175
6. Ta V, Hayes D: Racial Differences in the Association Between Partner Abuse and Barriers to Prenatal Health Care Among Asian and Native Hawaiian/Other Pacific Islander Women. *Matern Child Health J*, 2009
7. Carlin JE, Holtzman WH, Bornemann TH: Refugee and immigrant populations at special risk: Women, children and the elderly, in *Mental health of immigrants and refugees*. 1990, Hogg Foundation for Mental Health. 224-233

8. Lazarus RS: Acculturation isn't everything. *Applied Psychology: An International Review*, 1997; 46(1): 39-43
9. Lee RM, Choe J, Kim G, Ngo V: Construction of the Asian American Family Conflicts Scale. *J Couns Psychol*, 2000; 47(2): 211-222
10. Gorman JC, Parenting Attitudes and Practices of Immigrant Chinese Mothers of Adolescents. (Cover story). *Fam Relat*, 1998; 47(1): 73-80
11. Kurtines WM, Miranda L: Differences in self and family role perception among acculturating Cuban-American college students. *Int J Intercult Relat*, 1980; 4: 167-184
12. Smokowski P, David-Ferdon C, Stroupe N: Acculturation and Violence in Minority Adolescents: A Review of the Empirical Literature. *J Prim Prev*, 2009; 30(3): 215-263
13. Bhattacharya G, Schoppelrey SL: Preimmigration Beliefs of Life Success, Postimmigration Experiences, and Acculturative Stress: South Asian Immigrants in the United States. *J Immigr Health*, 2004; 6(2): 83-92
14. Barry DT: Development of a new scale for measuring acculturation: The East Asian Acculturation Measure (EAAM). *J Immigr Health*, 2001; 3(4): 193-197
15. Janssen P, Henderson A, MacKay K: Family violence and maternal mortality in the south Asian community: the role of obstetrical care providers. *J Obstet Gynaecol Can*, 2009; 31(11): 1045-1049
16. Lee RM, Liu HTT: Coping With Intergenerational Family Conflict: Comparison of Asian American, Hispanic, and European American College Students. *J Couns Psychol*, 2001; 48(4): 410-419

17. Bogat GA, DeJonghe E, Levendosky AA, Davidson WS, von Eye A: Trauma symptoms among infants exposed to intimate partner violence. *Child Abuse Negl*, 2006; 30(2): 109-125
18. Buka SL, Stichick TL, Birdthistle I, Earls FJ: Youth exposure to violence: Prevalence, risks and consequences. *Am J Orthopsychiatry*, 2001; 71(3): 298-310
19. Delaney-Black V, Covington C, Ondersma SJ, Nordstrom-Klee B, Templin T, Ager J, Janisse J: Violence exposure, trauma, and IQ and/or reading deficits among urban children. *Arch Pediatr Adolesc Med.*, 2002; 156(3): 280-285
20. Shim WS, Haight WL: Supporting battered women and their children: Perspectives of battered mothers and child welfare professionals. *Child Youth Serv Rev*, 2006; 28(6): 620-637
21. Crouch JL, Hanson RF, Saunders BF, Kilpatrick DG, Resnick HS: Income, race/ethnicity, and exposure to violence in youth: Results from the national survey of adolescents. *J Community Psychol*, 2000; 28(6): 625-641
22. Ho CK: An analysis of domestic violence in Asian American communities: A multicultural approach to counseling. *Women Ther*, 1990; 9(1): 129-150
23. Moore CG, Probst JC, Tompkins M, Cuffe S, Martin AB: The Prevalence of Violent Disagreements in US Families: Effects of Residence, Race/Ethnicity, and Parental Stress. *Pediatrics*, 2007; 119(Supplement_1): S68-76
24. Blumberg SJ, Olson L, Frankel MR, Osborn L, Srinath KP, Giambo P: Design and operation of the National Survey of Children's Health, 2003. National Center for Health Statistics; 2005

25. Hemard JB, Monroe PA, Atkinson ES, Blalock LB: Rural women's satisfaction and stress as family health care gatekeepers. *Women Health*, 1998; 28(2): 55-77
26. Abidin RR, Zalaquett CP, Wood RJ: Parenting Stress Index: A measure of the parent-child system, in *Evaluating stress: A book of resources*. 277-291, Scarecrow Education; 1997
27. Easterbrooks MA, Goldberg WA: Toddler development in the family: impact of father involvement and parenting characteristics. *Child Dev.*, 1984; 55(3): 740-752
28. Fields Jm, S.K.E.: Poverty, family structure, and child well-being: Indicators from the SIPP. Population Division Working Paper No. 23. 1998, US Bureau of the Census: Washington DC
29. Sampson RJ, Raudenbush SW: Neighborhoods and violent crime: A multilevel study of collective efficacy. *Science*, 1997; 277(5328): 918
30. Stokes ME, Davis CS, Koch GG: *Categorical Data Analysis Using the SAS System*. Cary, NC, SAS Institute Inc; 1995
31. Kitzmann KM, Gaylord NK, Holt AR, Kenny ED: Child Witnesses to Domestic Violence: A Meta-Analytic Review. *J Consult Clin Psychol*, 2003; 71(2): 339
32. Sheehan K, Kim LE, Galvin JP: Urban children's perceptions of violence. *Arch Pediatr Adolesc Med*, 2004; 158(1): 74-77
33. Ying Y: An educational program for families on intergenerational conflict An educational program for families on intergenerational conflict, in *Immigrant women's health: problems and solutions*. 1999, Jossey-Bass Publishers: San Francisco, CA. 282-294

34. Huth-Bocks A, Hughes H: Parenting Stress, Parenting Behavior, and Children's Adjustment in Families Experiencing Intimate Partner Violence. *J Fam Violence*, 2008; 23(4): 243-251
35. Midlarsky E, Venkataramani-Kothari A, Plante M: Domestic violence in the Chinese and South Asian immigrant communities. *Ann N Y Acad Sci*, 2006; 1087: 279-30
36. Bryant-Davis T, Chung H, Tillman S: From the margins to the center: ethnic minority women and the mental health effects of sexual assault. *Trauma Violence Abuse*, 2009; 10(4): 330-57
37. Kim I: Risk Factors and Interventions for Domestic Violence among Asian Americans. 2000
38. Burman E, Chantler K: Domestic violence and minoritisation: Legal and policy barriers facing minoritized women leaving violent relationships. *Int J Law Psychiatry*, 2005; 28(1): 59-74
39. Sadler GR, Sadler GR, Nguyen F, Doan Q, Au H, Thomas AG: Strategies for Reaching Asian Americans With Health Information. *Am J Prev Med*, 1998; 14(3): 224-228
40. Archer J:, Sex differences in physically aggressive acts between heterosexual partners: A meta-analytic review. *Aggress Violent Behav*, 2002; 7(4): 313-351

Table 1. Characteristics of Asian and White families, 5 states, NSCH 2003

	Asian children (n = 793)		White children (n=5,942)		P value for Asian-White Differences
	Percent	SE	Percent	SE	
Differences in place of birth					<0.0001
Child born in US; both parents born outside US	50.5	3.8	10.9	0.62	
Only one parent born outside US	9.5	2.1	8.0	0.56	
Other	40.0	3.7	81.1	0.78	
Parenting stress					0.0235
High	32.6	3.5	24.5	0.81	
Low	67.4	3.5	75.5	0.81	
Characteristics of the child					
Age					0.3955
0-5	33.4	3.6	31.6	0.88	
6-11	36.3	3.7	33.3	0.92	
12-17	30.3	3.4	35.2	0.91	
Sex					0.7947
Male	50.7	3.8	51.7	0.96	
Female	49.3	3.8	48.3	0.96	
Child's health					0.9225
Good to poor ¹	12.9	2.4	13.1	0.66	
Excellent to very good	87.2	2.4	86.9	0.66	
Child has special health care needs					0.0151
Yes	10.1	2.3	16.0	0.68	
No	89.9	2.3	84.0	0.68	
Child's insurance					0.0884
Private	79.1	2.9	72.9	0.90	
Public	17.1	2.7	20.8	0.83	
None	3.8	1.4	6.4	0.49	
Characteristics of the parents					
Emotional help with parenthood					0.0235
Yes	80.4	3.1	87.8	0.67	
No	19.6	3.1	12.2	0.67	
Perceived neighborhood support					0.8975
High	87.7	2.6	88.0	0.63	
Low	12.3	2.6	12.0	0.63	
Highest education in household					<0.0001
High school or less	9.3	2.2	27.5	0.91	
More than high school	90.8	2.2	72.5	0.91	
Parent's physical health					0.3402
Good to poor	34.0	3.6	37.5	0.94	
Excellent to very good	66.0	3.6	62.5	0.94	

Parent's mental/emotional health					0.8869
Good to poor	20.9	3.2	20.4	0.81	
Excellent to very good	79.1	3.2	79.6	0.81	
Characteristics of the family					
Poverty					0.2938
<100%	8.4	2.3	11.4	0.70	
100-200%	18.3	3.3	15.7	0.76	
200-400%	25.6	3.4	29.8	0.87	
400%+	39.4	3.6	33.6	0.85	
Missing	8.3	2.1	9.6	0.59	
Primary language					<0.0001
English	58.9	3.8	85.9	0.72	
Not English	41.1	3.8	14.1	0.72	
Total children in household					0.2970
3+	34.6	4.1	38.9	1.0	
2 or less	65.4	4.1	61.1	1.0	

Table 2. Disagreement style by characteristics of the child and family, Asian and white children in five states, 2003 NSCH.

	Disagreements among Asian families (n=793)			Disagreements among white families (n=5,942)		
	Violent %	Heated %	P value within Asian	Violent %	Heated %	P value within white
Total	13.7	34.5		9.9	31.1	
Differences in place of birth*			0.4915			0.4658
Child born in US; both parents born outside US	12.6	40.4		13.5	29.7	
Only one parent born outside US	18.2	34.5		8.2	32.4	
Other	14.0	27.2		9.6	31.1	
Parenting stress			0.0141			<0.0001
High	22.6	40.2		15.6	39.1	
Low	9.4	31.8		8.0	28.5	
Characteristics of the child						
Age			0.0618			<0.0001
0-5	11.7	26.1		8.9	23.6	
6-11	17.3	45.8		10.1	34.1	
12-17	11.5	30.3		10.6	35.0	
Sex			0.1060			0.6186
Male	13.6	41.6		9.5	30.6	
Female	13.8	27.2		10.3	31.6	
Child's health			0.3751			0.0053
Good to poor	8.8	45.5		11.5	37.8	
Excellent to very good	14.4	32.9		9.7	30.1	
Child has special health care needs			0.9620			0.0066
Yes	15.1	36.0		13.0	34.5	
No	13.5	34.4		9.3	30.4	
Child's insurance*			0.7927			0.4793
Private	13.5	35.0		9.4	31.8	
Public	10.9	32.8		11.8	28.7	
None	30.3	31.6		8.7	30.5	
Characteristics of the parents						
Parenting stress			0.0141			<0.0001
High	22.6	40.2		15.6	39.1	
Low	9.4	31.8		8.0	28.5	
Emotional help with parenthood			0.3611			0.0051
Yes	11.3	35.4		9.4	30.4	
No	23.5	30.8		13.8	36.2	
Perceived neighborhood support			0.7264			0.0667
High	11.8	35.3		9.7	30.6	
Low	20.0	30.0		11.9	35.3	
Highest education in household			0.3414			0.9142
High school or less	33.6	26.8		10.3	30.6	
More than high school	11.7	35.5		9.8	31.3	
Parent's physical health			0.3770			<0.001
Good to poor	19.4	34.4		12.0	35.8	
Excellent to very good	10.7	34.6		8.6	28.2	
Parent's mental/emotional			0.7601			<0.001

health					
Good to poor	15.7	38.1		17.2	43.8
Excellent to very good	13.1	33.6		8.0	27.8
Characteristics of the family					
Poverty			0.3893		0.0132
<100%	9.4	35.6		8.6	28.8
100-200%	26.5	28.8		13.0	34.3
200-400%	6.3	29.6		10.1	32.7
400%+	13.0	42.0		7.8	30.6
Missing	15.6	25.9		13.0	25.5
Primary language			0.9939		0.1343
English	13.9	34.4		9.5	31.7
Not English	13.3	34.8		12.6	27.3
Total children in household			0.1861		0.0318
3+	21.8	34.6		11.9	31.7
2 or less	9.4	34.5		8.6	30.7

* Flagged variables perform differently among Asian and white populations, as measured by a statistically significant interaction term in three-way analysis.

Table 3. Factors linked to disagreement style among Asian and White families, holding child, parent, and family characteristics constant, five states. Data Source: 2003 NSCH. Odds ratios (OR) and 95% Confidence Interval (CI).

	Asian families				White families			
	Hit, throw versus discuss calmly		Argue, shout versus discuss calmly		Hit, throw versus discuss calmly		Argue, shout versus discuss calmly	
	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI
Differences in place of birth								
Child born in US; both parents born outside US	1.90	0.59, 6.11	3.18	1.55, 6.55	1.53	0.84, 2.76	1.19	0.80, 1.77
Only one parent born outside US	1.45	0.21, 9.84	2.37	0.82, 6.81	0.96	0.51, 1.79	1.20	0.86, 1.66
Other	1.00	---	1.00	---	1.00	---	1.00	---
Parenting stress								
High	7.35	2.69, 20.06	2.41	1.20, 4.85	2.46	1.82, 3.32	1.78	1.44, 2.19
Low	1.00	---	1.00	---	1.00	---	1.00	---
Characteristics of the child								
Age								
0-5	1.00	---	1.00	---	1.00	---	1.00	---
6-11	2.45	0.74, 8.11	3.99	1.66, 9.57	1.42	0.98, 2.06	1.77	1.42, 2.21
12-17	1.23	0.41, 3.67	1.87	0.78, 4.49	1.37	0.94, 1.98	1.69	1.37, 2.08
Sex								
Male	2.10	0.74, 5.97	3.13	1.51, 6.49	0.90	0.68, 1.20	0.94	0.79, 1.11
Female	1.00	---	1.00	---	1.00	---	1.00	---
Child's health								
Good to poor	0.40	0.08, 1.93	1.74	0.58, 5.18	0.85	0.55, 1.33	1.25	0.93, 1.67
Excellent to very good	1.00	---	1.00	---	1.00	---	1.00	---
Child has special health care needs								
Yes	1.04	0.22, 4.84	0.63	0.20, 1.97	1.20	0.84, 1.71	0.94	0.73, 1.20
No	1.00	---	1.00	---	1.00	---	1.00	---
Child's insurance								
Private	1.00	---	1.00	---	1.00	---	1.00	---

Public	0.71	0.15, 3.28	1.39	0.51, 3.78	0.90	0.58, 1.40	0.75	0.56, 1.01
None	5.34	0.92, 31.06	1.17	0.15, 9.50	0.65	0.32, 1.33	0.79	0.54, 1.17
Characteristics of the parents								
Emotional help with parenthood								
Yes	1.00	---	1.00	---	1.00	---	1.00	---
No	2.55	0.75, 8.65	0.80	0.30, 2.15	1.39	0.83, 2.34	1.50	1.11, 2.02
Perceived neighborhood support								
High	0.45	0.14, 1.41	0.69	0.23, 2.08	0.87	0.58, 1.30	0.83	0.63, 1.09
Low	1.00	---	1.00	---	1.00	---	1.00	---
Highest education in household								
High school or less	6.20	1.35, 28.39	1.56	0.37, 6.52	0.73	0.50, 1.07	0.86	0.69, 1.09
More than high school	1.00	---	1.00	---	1.00	---	1.00	---
Parent's physical health								
Good to poor	1.69	0.56, 5.11	1.00	0.44, 2.27	1.07	0.72, 1.58	1.13	0.92, 1.37
Excellent to very good	1.00	---	1.00	---	1.00	---	1.00	---
Parent's mental/emotional health								
Good to poor	0.48	0.13, 1.76	0.96	0.34, 2.71	3.25	2.10, 5.03	2.41	1.86, 3.12
Excellent to very good	1.00	---	1.00	---	1.00	---	1.00	---
Characteristics of the family								
Poverty								
<100%	0.59	0.08, 4.12	0.74	0.13, 4.18	0.53	0.23, 1.24	0.79	0.53, 1.18
100-200%	2.17	0.35, 13.26	1.05	0.34, 3.30	1.08	0.67, 1.75	1.07	0.79, 1.44
200-400%	1.00	---	1.00	---	1.00	---	1.00	---
400%+	5.35	1.11, 25.76	2.90	1.18, 7.15	0.78	0.56, 1.09	0.94	0.76, 1.16
Missing	2.29	0.53, 9.87	1.23	0.16, 9.14	1.25	0.77, 2.03	0.82	0.58, 1.17
Primary language								
English	1.00	---	1.00	---	1.00	---	1.00	---
Not English	0.25	0.09, 0.73	0.71	0.33, 1.55	0.85	0.43, 1.67	0.59	0.39, 0.89

Total children in household								
3+	5.82	1.61, 21.04	2.20	0.93, 5.22	1.55	1.15, 2.09	1.16	0.95, 1.41
2 or less	1.00	---	1.00	---	1.00	---	1.00	---

Table 4. Factors linked to parental stress among Asian and White families, holding child, parent, and family characteristics constant, five states. Data Source: 2003 NSCH.

	Parental stress among Asian families		Parental stress among White families	
	LS mean	P value	LS mean	P value
Differences in place of birth		0.8068		0.2109
Child born in US; both parents born outside US	4.93		4.74	
Only one parent born outside US	5.12		4.94	
Other	5.04		4.77	
Characteristics of the child				
Age		0.2247		<0.0001
0-5	5.12		4.60	
6-11	5.09		4.84	
12-17	4.76		4.90	
Sex		0.8845		0.6863
Male	4.98		4.77	
Female	5.01		4.79	
Child's health		0.2447		0.1059
Good to poor	4.63		4.91	
Excellent to very good	5.05		4.76	
Child has special health care needs		0.0087		<0.0001
Yes	5.76		5.34	
No	4.91		4.68	
Child's insurance		0.0444		0.4163
Private	4.97		4.80	
Public	4.90		4.75	
None	5.91		4.66	
Characteristics of the parents				
Emotional help with parenthood		0.5899		0.0251
Yes	4.96		4.76	
No	5.14		4.98	
Perceived neighborhood support		0.1401		0.1227
High	4.91		4.77	
Low	5.66		4.89	
Highest education in household		0.2843		0.5834
High school or less	5.75		4.76	
More than high school	4.92		4.79	
Parent's physical health		0.0464		0.6302
Good to poor	5.39		4.80	
Excellent to very good	4.81		4.77	
Parent's mental/emotional health		0.5950		<0.0001
Good to poor	5.08		5.12	
Excellent to very good	4.97		4.70	

Characteristics of the family				
Poverty		0.9272		0.5784
<100%	4.81		4.68	
100-200%	5.15		4.81	
200-400%	4.89		4.79	
400%+	5.04		4.82	
Missing	4.94		4.70	
Primary language		0.1225		0.1335
English	4.86		4.75	
Not English	5.20		4.98	
Total children in household		0.6031		0.8340
3+	5.08		4.79	
2 or less	4.95		4.78	