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Natasha Slesnick,¹ Gizem Erdem,¹
Jennifer Collins,¹ Rikki Patton,¹
and Cynthia Buettner¹

Abstract

No study to date has reported intimate partner violence (IPV) experiences among homeless youth. This study sought to uncover lifetime prevalence estimates of physical, sexual, and emotional IPV among a nonprobability sample of 180 homeless male and female youth in Columbus, Ohio. To that aim, self-reported IPV and the association between IPV and gender, race, age, and history of childhood abuse were examined. Results showed that physical violence and verbal abuse were the most commonly reported experiences of IPV in the current sample and ranged from 30.0% to 35.4%. Women and those with a history of childhood abuse were more likely to be victimized by their intimate partners. Specifically, multiple logistic regression analysis revealed that women were approximately twice as likely as men to be verbally and physically abused in intimate relationships. Moreover, youth who reported being victims of abuse in childhood were more than twice as likely to experience verbal abuse and physical violence in their relationships. Given the high lifetime occurrence of IPV among homeless youth, intervention efforts should target IPV to prevent future occurrence. Findings also suggest that intervention efforts should consider gender and history of childhood abuse.

¹Ohio State University, Columbus

Corresponding Author:

Natasha Slesnick, Human Development and Family Science, Ohio State University,
1787 Neil Ave, 135 Campbell Hall, Columbus, OH 43081

Email: Slesnick.5@osu.edu

Keywords

intimate partner violence, prevalence, homeless youth, victimization

The number of studies examining *intimate partner violence* (IPV) among adolescents has lagged behind that of adults (Halpern, Oslak, Young, Martin, & Kupper, 2001; Hickman, Jaycox, & Aronoff, 2004). This is surprising because a primary developmental task of adolescence includes negotiating romantic relationships (Erikson, 1968), and risk of violence by a romantic partner emerges during this time (Hickman et al., 2004). Adult studies conclude that prevalence rates of IPV decrease with age (Caetano, Vaeth, & Ramisetty-Mikler, 2008), and Halpern and colleagues (2001) suggest that adolescence may be a high risk period for experiencing IPV. Most of the research in this area has focused on high school and normative samples. Information regarding IPV experiences from populations that may be at higher risk for IPV, such as homeless youth, is especially limited. To our knowledge, this study is the first to report on the lifetime prevalence estimates of IPV among homeless male and female adolescents.

Estimates of IPV among domiciled adolescents vary significantly by sample. Several studies report that 20% to 57% of adolescents have experienced IPV in their lifetime (Halpern et al., 2001; Hickman et al., 2004; Watson, Cascardi, Avery-Leaf, & O'Leary, 2001), which is similar to rates reported among samples of adult women (Breiding, Black, & Ryan, 2008; Thompson et al., 2006). Other studies report less lifetime prevalence of IPV among adolescents with rates ranging from 0.3% to 10% (Grunbaum et al., 2002; Kindermann, Lynch, & Cantor, 1997; Spencer & Bryant, 2000). Regardless of the base rate of prevalence, many studies using adult samples (e.g., Bonomi, Cannon, Anderson, Rivara, & Thompson, 2008; Thompson et al., 2006) and two studies using adolescent samples (Roscoe & Callahan, 1985; Wolfe, Scott, Wekerle, & Pittman, 2001) report higher rates of IPV among those who experienced childhood abuse. In fact, researchers suggest that violence experienced as a child increases the risk for adolescent dating violence and violence in adult relationships (Halpern et al., 2001).

Homeless youth often describe leaving home because of sexual abuse, family violence, and high levels of family conflict (Lindsey, Kurtz, Jarvis, Williams, & Nackerud, 2000). Between 21% and 60% of these youth report being sexually abused, and between 16% and 40% report being physically abused (Molnar, Shade, Kral, Booth, & Waters, 1998; Tyler & Cauce, 2002). Furthermore, victimization experiences are highly prevalent among youth living on the streets, especially among those who experienced childhood abuse (Kipke, Simon,

Montgomery, Unger, & Iverson, 1997; Tyler, Hoyt, & Whitbeck, 2000). Gaetz (2004) reported that among 208 street-surveyed homeless youth (ages 15 to 24) in Toronto, Canada, 62% reported being the victim of a physical attack, 32% reported being sexually assaulted, and 36% were robbed where force, or the threat of force, was present. In general, many studies conclude that victimization in the home increases involvement in high risk activities while living on the streets, which in turn leads to high rates of sexual and physical victimization (Kipke et al., 1997; Thrane, Hoyt, Whitbeck, & Yoder, 2006; Tyler et al., 2000).

Current Study

Although female adolescents are more likely than male adolescents to experience serious injury through physical victimization by romantic partners (Houry et al., 2008), some research suggests that males' reported lifetime prevalence rates of physical victimization are similar to females' (Halpern et al., 2001; O'Keefe, 1997). Also, some research suggests that, compared to other ethnic/racial groups, African American high school students are at reduced risk for IPV (Silverman, Raj, Mucci, & Hathaway, 2001). Among adult samples, however, being African American independently predicts more IPV experiences (Breiding et al., 2008; Houry et al., 2008). The current study examined reports of lifetime physical, sexual, and emotional IPV among a nonprobability sample of homeless male and female adolescents. Our goals were to (a) describe the prevalence of specific IPV victimization experiences among this understudied group of 14- to 20-year-old homeless youth and (b) examine the association between the experience of IPV and sociodemographic variables identified in the literature as related to IPV. Information regarding IPV experiences, as distinct from other victimization experiences, can offer insight into patterns of personal relationships that can have long-term negative consequences (Rivara et al., 2007).

Method

Participants

All participants were part of a larger, ongoing intervention study with homeless youth in Columbus, Ohio. Participants were recruited into the study through soup kitchens, libraries, parks, homeless shelters, and through referral by other participants. Eligible participants ($N = 180$) were between the ages of 14 to 20 and lacked a fixed, adequate overnight residence. Table 1 provides a summary of the demographic characteristics.

Table 1. Characteristics of the Sample

	n (%)
Gender	
Female	99 (55.0)
Male	81 (45.0)
Age ($M = 18.75, SD = 1.3$)	
14	1 (0.6)
15	2 (1.1)
16	11 (6.1)
17	13 (7.2)
18	36 (20.0)
19	54 (30.0)
20	63 (35.0)
Race/ethnicity	
African American	122 (67.8)
White, non-Hispanic	35 (19.4)
Hispanic	6 (3.3)
Native American	2 (1.1)
Asian/Asian American	1 (0.6)
Mixed/Other	14 (7.8)
Annual income ($M = \text{US}\$2,484.4, SD = \text{US}\$5,870.2$)	
0-3,000	101 (3.2)
3,001-6,000	24 (17.4)
6,001-9,000	2 (1.4)
9,001-12,000	2 (1.4)
12,001-15,000	5 (3.6)
$\geq 15,001$	4 (2.9)
Child abuse	
Physical abuse	76 (42.2)
Sexual abuse	49 (27.2)
Sexual and/or physical abuse	91 (50.8)

$N = 180$.

Measures

All data for the current analysis were collected using an interviewer-administered demographic/homeless experiences questionnaire. In addition to age, gender, family income, and ethnicity, participants' lifetime experience of childhood abuse and IPV were assessed. Child abuse history was assessed using two questions, a method that has been used successfully to capture child abuse history (Bonomi et al., 2008). Participants were told that the following questions referred to childhood abuse experiences prior to the age of 18 years. Youth were queried regarding the perpetrators of abuse (e.g., parents, family

members, friends of the family) so that intimate partner abuse was not included in the childhood abuse category. Physical abuse was assessed using the question, “Has anyone ever hurt you physically—enough to leave marks or bruises or burns?” Sexual abuse was assessed using the question, “Has anyone ever touched you sexually in a way that made you feel uncomfortable or hurt you or that was against your will?” Youth who said they had experienced either type of abuse (physical or sexual) were considered exposed to that abuse type. Responses were used to categorize youth into nonmutually exclusive child abuse exposure groups: no history of abuse or physical and/or sexual abuse.

IPV was assessed using five questions from the Behavioral Risk Factor Surveillance Survey (BRFSS). The BRFSS was introduced by the Centers for Disease Control and Prevention (CDCP) in 1984 as a state-based data collection tool; the questions related to IPV have been widely used to estimate IPV prevalence in the United States (e.g., CDCP, 1994; Saltzman, Johnson, Gilbert, & Goodwin, 2003). IPV is defined by the CDCP as threatened, attempted, or completed physical or sexual violence and emotional abuse in the context of physical or sexual violence. IPV victimization can occur by a spouse, ex-spouse, current or former boyfriend or girlfriend, dating partner or date, and in heterosexual or homosexual relationships (Breiding et al., 2008; Thompson et al., 2006). As a measure of sexual violence experienced in the context of intimate relationships, responses to the BRFSS items “Has an intimate partner ever forced you to participate in a sex act against your will?” and “Has an intimate partner ever threatened, coerced, or physically forced you into any sexual contact that did not include penetration or intercourse?” were aggregated. Similarly, as a measure of physical violence, responses to the items “Has an intimate partner ever hit, slapped, shoved, choked, kicked, shaken, or otherwise physically hurt you?” and “Have you ever been frightened for your safety or that of your family or friends because of anger or threats of an intimate partner?” were aggregated. The item “Has an intimate partner ever put you down, or called you names repeatedly, or controlled your behavior?” was used as a measure of verbal abuse.

Procedure

Potentially eligible youth (those appearing under the age of 30 years during outreach and all those referred by other youth) were approached and screened for participation by a project research assistant, signed a written consent form, and completed a baseline assessment at the research site, which was located within 1 mile of the Ohio State University campus. Among all those approached during outreach ($N = 570$), 21% met eligibility criteria for the study, and 50% of

those eligible subsequently enrolled into the program. Among those eligible but who did not subsequently enroll, lack of interest was the most commonly stated reason. Among those not eligible, 55% were not homeless, 40% were under or over age, and 5% did not plan to live in the area. Among those referred by other youth in the program ($n = 127$), 95% met eligibility criteria, and all those found eligible subsequently enrolled. Overall, 33% ($n = 59$) of the sample were identified through outreach efforts, and the remaining 67% ($n = 121$) were referred by other youth who were already enrolled in the program. After completing the baseline assessment, which for the larger study included questionnaires focused on motivation for change, substance use, HIV risk, mental health, and coping, youth were compensated for their time with a US\$25 gift card to a local retail store. All procedures were approved by the Ohio State University Institutional Review Board.

Overview of Data Analysis

Statistical analyses were conducted using SPSS v.17. First, univariate analyses (frequencies, means, and standard deviations) were completed to describe the characteristics of the sample in terms of demographic variables. Second, Pearson chi-square analysis and multiple logistic regression analysis (95% CI) were conducted to estimate both the prevalence of IPV in the sample and group differences based on gender, ethnicity, age, and history of childhood abuse. As older adolescents/young adults may have more time to experience intimate relationships and thus IPV, we analyzed adult (18 and older) and minor youth (17 years and younger) separately in the analyses.

Results

Preliminary analyses revealed that verbal abuse and physical violence were the most common experiences of IPV in the current sample (Table 2). Specifically, 35.4% of youth were put down, called names repeatedly, or were controlled by their intimate partners in their lifetime, whereas 30.0% of youth were physically harmed. Results suggested that epidemiology of IPV varied across gender. That is, women (36.4%) reported a significantly higher frequency of physical violence than men (22.2%; $\chi^2 = 4.24$, $p < .05$). IPV was more common among those who had a history of childhood abuse. Abused youth were significantly more likely than those who did not have a childhood abuse history to have experienced physical violence ($\chi^2 = 6.04$, $p < .05$) and verbal abuse ($\chi^2 = 6.04$, $p < .05$) in their intimate relationships.

Table 2. Prevalence of Intimate Partner Violence Among Homeless Youth by Demographics

Intimate Partner Violence Variable	Gender		Ethnicity			Age		Abuse History		χ^2
	Overall Sample n (%)	Female n (%)	Male n (%)	Black/ African American n (%)	Other Ethnicity n (%)	Minors n (%)	18 or Older n (%)	Childhood Physical or Sexual Abuse n (%)	No Abuse n (%)	
Sexual violence	20 (11.1)	12 (12.1)	8 (9.9)	13 (10.6)	7 (12.3)	3 (11.1)	17 (11.1)	13 (14.3)	7 (8.0)	1.81
Physical violence	54 (30.0)	36 (36.4)	18 (22.2)	34 (27.6)	20 (35.1)	7 (25.9)	47 (30.7)	35 (38.5)	19 (21.6)	6.04*
Verbal abuse	54 (35.4)	35 (35.4)	19 (23.5)	34 (27.6)	20 (35.1)	7 (25.9)	47 (30.7)	35 (38.5)	19 (21.6)	6.04*

Note: Results represent Pearson chi-square analysis.

* $p < .05$. ** $p < .01$.

Table 3. Adjusted Odds Ratio and 95% Confidence Interval for Intimate Partner Violence by Demographic Variables

Intimate Partner Violence Variable	Female AOR (95% CI)	Black/African American AOR (95% CI)	18 or Older AOR (95% CI)	Childhood Physical or Sexual Abuse AOR (95% CI)
Sexual violence	1.20 (0.46, 3.18)	0.87 (0.32, 2.33)	1.09 (0.29, 4.09)	1.87 (0.70, 4.99)
Physical violence	2.05 (1.03, 4.09)*	0.69 (0.34, 1.39)	1.60 (0.61, 4.22)	2.20 (1.07, 4.11)*
Verbal abuse	1.81 (0.91, 3.60)	0.70 (0.35, 1.40)	1.56 (0.59, 4.08)	2.12 (1.08, 4.14)*

Note: Reference categories = Male, White/Other race, no history of childhood or sexual abuse, and age < 18 (minors).

* $p < .05$.

Multiple logistic regression analyses with dichotomous IPV items as the dependent variables were conducted to examine the relationship between IPV and the demographic variables age, gender, ethnicity, and history of childhood abuse (Table 3). In this sample, women were more than twice as likely as men to be physically hurt by their intimate partners (adjusted odds ratio [AOR] = 2.05, confidence interval [CI] = 1.03, 4.09, $p < .05$). Individuals with a history of childhood physical or sexual abuse were more than twice as likely as individuals who had not experienced childhood abuse to have been physically assaulted by their partner or be frightened for their safety because of threats made by their intimate partner (AOR = 2.20, CI = 1.07, 4.11, $p < .05$). These youth were also more likely than nonabused youth to report their partner insulted them, called them names, or controlled their behavior (AOR = 2.12, CI = 1.08, 4.14, $p < .05$). There were no differences in experience of IPV based on age or ethnicity.

Discussion

The present study provides the first lifetime prevalence estimates of IPV among a sample of homeless youth. In this sample, reported rates of physical victimization and verbal abuse ranged from 30.0% to 35.4%, which are similar to some estimates of nationally representative and convenience samples of adolescents and young adults (Halpern et al., 2001; Hickman et al., 2004; Watson et al., 2001). Reported rates of sexual victimization were lower than those of physical victimization and ranged from 8% to 14% of the entire sample.

Although very few studies have reported rates of sexual violence in the context of intimate partners among adolescents, those that have report similar rates of 0.3% to 18% (Hickman et al., 2004; Molitor, Tolman, & Kober, 2000). This study's rates of sexual violence were also similar to adult lifetime prevalence estimates of 6% to 11% (Thompson et al., 2006).

Some studies indicate that age and being African American affect the experience of IPV (Silverman et al., 2001). However, in this sample, the prevalence of IPV did not vary by age or minority status. Also, estimates of the prevalence of physical and sexual abuse among homeless adolescent women were higher than among men in the current sample. For example, the risk of physical violence for female youth was twice as great as that of male youth. These findings are in contrast to studies that found similar rates of IPV among male and female youth (Grunbaum et al., 2002; Halpern et al., 2001) but are similar to those showing higher rates of IPV experiences among female youth (Watson et al., 2001).

Youth who reported a history of childhood abuse were more likely to report physical violence and verbal abuse in their intimate relationships compared to those with no history of childhood abuse. However, rates of sexual violence by intimate partners were similarly high, regardless of childhood abuse history. This is contrary to research suggesting that childhood abuse increases the risk of sexual violence in the context of intimate relationships (e.g., Bonomi et al., 2008; Wolfe et al., 2001). Possibly, homelessness increases risk for sexual violence in the context of intimate relationships above and beyond that of childhood risk factors. Homelessness is a stress filled, lonely, and dehumanizing experience that involves close proximity to high-risk situations and perpetrators (Gaetz, 2004), all of which likely increase youths' vulnerability to IPV.

Taken together, the findings suggest that the prevalence of relational violence and the risk factors associated with IPV are similar among this sample of homeless youth and those in the general population. However, an important consideration is that most individuals who experience IPV generally experience multiple acts of aggression (Ellsberg, Peña, Herrera, Liljestrand, & Winkvist, 1999). Future research might show that homeless youth experience a higher frequency of violent acts compared to school-based and representative samples. Furthermore, homeless youth have limited access to health care and social services (Ensign & Bell, 2004) and are less likely than nonhomeless youth to seek help for their victimization experiences given social exclusion and limited social capital (Gaetz, 2004). In addition to the myriad socioemotional and health consequences of IPV (Thompson et al., 2006), some research suggests that as victimization increases among homeless youth, hopelessness

increases and the ease of exiting homelessness decreases (Gaetz, 2004). Therefore, it is important to consider that intervention or prevention efforts directed toward IPV experiences among homeless youth might not only reduce risk of further abuse but might increase opportunities for successful reintegration.

Limitations and Future Directions

Several limitations of the current study should be considered. First, the sample size was small; statistical power may not have been adequate to detect some group differences (e.g., age and race/ethnicity). Similarly, although homeless youth were recruited from many locations throughout the city, the characteristics and struggles of this sample might not be representative of other samples of homeless youth in other parts of the country. Also, the cross-sectional design precludes causal interpretations; we do not know whether IPV experiences occurred before or after the experience of homelessness, nor do we know the direction of the relationship between childhood abuse, homelessness, and IPV. Further study utilizing longitudinal designs will be needed to determine the temporal ordering, and perhaps the reciprocal causal relationship, of these events. Similarly, our questions did not differentiate between IPV first experienced prior to age 17 from that first experienced as a young adult, nor did they query perpetration and reciprocity of violence. The literature to date does not discuss how the stage of emotional and/or cognitive development among homeless youth affects the interpretation and experience of IPV (or other victimization experiences). This relationship deserves careful consideration in future studies as it can help shed light on how these factors can influence future occurrences of violence in the context of intimate relationships and thus better guide prevention and intervention efforts. Finally, this exploratory study primarily focused on demographic correlates of IPV. Potential risk factors, such as personality traits, coping skills, and attitudes about abuse and violence, were not assessed, which could provide a more robust perspective for understanding IPV among these youth. In general, more research is needed to determine how IPV originates and is maintained in the context of homelessness. Qualitative methods are less often employed than quantitative methods when studying homeless youth. Yet, qualitative research designs can yield rich information not available in survey reports, which may be useful for generating hypotheses and theory to guide future study (Kidd, 2003).

Conclusions and Implications

Despite these limitations, this is the first study to our knowledge that reports estimated lifetime prevalence rates of IPV among a sample of homeless

youth. Prior studies have examined criminal and physical/sexual victimization experiences of homeless youth (Gaetz, 2004; Tyler et al., 2000), but victimization by an intimate partner remained unexplored. Thus, this study sheds light on homeless youths' experiences of verbal, physical, and sexual abuse by an intimate partner, expanding the focus of victimization to their relationships. Another strength of this study is that IPV was assessed using a commonly used measure of IPV (the BRFSS; CDCP, 1994), allowing the findings to be comparable to other studies examining prevalence rates of IPV among different populations (e.g., Saltzman et al., 2003; Thomson et al., 2006).

Given the strengths of the present study, several implications can be offered to researchers, service providers, and practitioners working with homeless youth. The current study suggests that physical and verbal abuse are prevalent among homeless male and female adolescents and that women and those with a history of childhood abuse are especially at risk for IPV. Of note is that among high school populations, although male youth also report IPV experiences, they describe these experiences differently than do female youth. That is, similar to adult samples, one study determined that high school female victims were more likely to describe IPV experiences as frightening and hurtful than did the male victims (Jackson, Cram, & Seymour, 2000). This highlights the potential utility of evaluating gender-specific components of interventions focused on intervening in IPV and those that consider the current and past life context of homeless youth. Effective intervention is especially important because victimization experiences while living on the streets might be situationally based (Gaetz, 2004), but risk for victimization in the context of romantic partners might continue even when the adolescent is stabilized in their own housing.

Several studies have shown that even brief interventions with adult women who have experienced IPV, such as a 20-min discussion with a nurse and brief telephone conversations (McFarlane et al., 2004; McFarlane, Groff, O'Brien, & Watson, 2006), as well as linking to social support and advocacy (Constantino, Kim, & Crane, 2005; Sullivan & Bybee, 1999), can result in less IPV experiences and higher psychological wellbeing. Assessment is the likely key to initiating intervention efforts. Youth care providers in drop-in centers or shelters, as well as outreach workers, should consider routinely querying youth regarding their IPV experiences. Although trust might affect disclosure of such experiences by the youth, and fears regarding legal reporting requirements might affect youth care worker's motivation to query youth (Meade & Slesnick, 2002), the potential to prevent future injury and associated problems among these vulnerable youth can be incentive to overcome these barriers.

Declaration of Conflicting Interests

The authors declared no potential conflicts of interests with respect to the authorship and/or publication of this article.

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Bios

Natasha Slesnick, PhD, is a professor in the department of human development and family science at The Ohio State University. The focus of her research efforts to date has been on the amelioration of suffering among runaway and homeless adolescents and young adults.

Gizem Erdem, MS, is a doctoral student in the department of human development and family science at The Ohio State University. Her research interests include resilience among runaway and homeless youth, family-based prevention efforts, and interventions to adolescent problem behavior, particularly substance abuse and dependence.

Jennifer Collins, MA, is a doctoral student in the department of human development and family science at The Ohio State University. Her research interests include substance abuse and dependence in families, particularly bidirectional influences between family members and effective treatment approaches.

Rikki Patton, MS, is a doctoral student in the department of human development and family science at The Ohio State University. She is interested in research focused on marginalized adolescents, the impact of coping and stress on behavior, and the effects of substance use on families.

Cynthia Buettner, PhD, is an assistant professor in the department of human development and family science at The Ohio State University. Her research interests include alcohol abuse in adolescents and young adults and evaluation of prevention and intervention systems designed to serve vulnerable populations.