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Bidirectional Partner Violence Among Homeless Young Adults: Risk Factors and Outcomes

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Abstract

One of the most prevalent forms of violence in contemporary society is the victimization of intimate partners. Although it has been established that homeless young people experience high levels of victimization on the street, little is known about partner violence (PV) experiences among this group, especially bidirectional violence. As such, the purpose of this study is to examine the prevalence of PV and bidirectional violence and to investigate risk factors and outcomes of this form of violence using a sample of homeless young adults. Overall, 59% of the sample experienced bidirectional violence. Multivariate results reveal that sexual abuse and neglect are significant correlates of PV. In addition, being either a victim or perpetrator of PV is associated with more severe substance use and higher levels of posttraumatic stress disorder (PTSD). Finally, there is support for bidirectional violence among homeless young adults even after controlling for early histories of maltreatment.

Keywords: bidirectional partner violence; homeless young adults

The victimization of intimate partners is one of the most prevalent forms of violence in contemporary society (Wolfe & Feiring, 2000). In the United States alone, almost 1.5 million women and approximately 835,000 men are physically assaulted and/or raped by an intimate part-

This article is based on research supported by a grant from the National Institute of Mental Health (MH064897), and Kimberly A. Tyler was the Principal Investigator. Correspondence concerning this article should be addressed to Kimberly A. Tyler, University of Nebraska-Lincoln, Department of Sociology, 717 Oldfather Hall, Lincoln, NE, 68588-0324; email kim@ktresearch.net

ner each year (Tjaden & Thoennes, 2000). Risk factors associated with intimate partner violence (IPV) in the general population include younger age (Foshee, Benefield, Ennett, Bauman, & Suchindran, 2004; Rennison & Welchans, 2000), gender (Capaldi & Owen, 2001; Graham-Kevan & Archer, 2005), and child maltreatment histories (Cyr, McDuff, & Wright, 2006; Whitfield, Anda, Dube, & Felitti, 2003). In addition, negative outcomes such as depressive symptoms (Anderson, 2002; Zlotnick, Johnson, & Kohn, 2006) and substance use (DeMaris & Kaukinen, 2005; Slashinski, Coker, & Davis, 2003) have also been found to be associated with IPV in general population studies.

Homeless young people experience numerous forms of sexual and physical victimization on the street (Baron, 1997; Tyler, Hoyt, Whitbeck, & Cauce, 2001) and although some research has found that both male and female homeless youth have been sexually victimized by friends, strangers, or acquaintances (see, for example, Tyler, Whitbeck, Hoyt, & Cauce, 2004), little is known about partner violence (PV) and bidirectional violence among this population. Given the high rates of child abuse that homeless young people experience (Tyler & Cauce, 2002; Tyler, Hoyt, & Whitbeck, 2000) and the fact that histories of maltreatment are often associated with IPV in the general population (Cyr et al., 2006; Whitfield et al., 2003), it is likely that homeless young adults also experience exceedingly high rates of PV. In addition, the homeless young adults examined in the current study are within the age range (i.e., 20-24 years) of one of the groups that is at greatest risk for IPV (Bureau of Justice Statistics, 2006). Given the dearth of literature that exists on homeless young people and PV, the purpose of this study is to examine the prevalence of PV and bidirectional violence and to investigate the risk factors and outcomes of this form of violence among a sample of homeless young adults in the United States.¹

IPV and the General Population

Although much of the PV literature has focused on heterosexual, male-perpetrated violence (DeMaris & Kaukinen, 2005; Eby, Campbell, Sullivan, & Davidson, 1995; Silverman, Raj, Mucci, & Hathaway, 2001), some studies in the area contend that women inflict violence at similar rates as their male partners (Archer, 2000; Capaldi & Owen, 2001; Graham-Kevan & Archer, 2005; Straus, Gelles, & Steinmetz, 1980). For example, Anderson (2002) found that among a nationally representative sample of married and cohabitating partners, the majority of the IPV cases involved mutual violence, meaning that both partners perpe-

trated violence. In cases that involved perpetration by only one partner, more women than men were identified as perpetrator-only, and more men than women were identified as victim-only in this sample. Similar results, with females perpetrating violence at comparable or higher levels, have been found among younger age populations (Capaldi, Kim, & Shortt, 2007; Foshee, 1996). It is important to note that the findings of Anderson (2002) contradicted other studies in this area (Langhinrichsen-Rohling, Neidig, & Thorn, 1995; Slashinski et al., 2003; Tjaden & Thoennes, 2000).

Contentions that PV is inflicted by women as much as men could be due to the sampling strategy employed (i.e., using general population samples instead of shelter samples), the measures used (Archer, 2000; Johnson, 1995, 2006), or possibly because women may be more willing to admit to using violence compared to men as men may be afraid of the negative stigma associated with victimizing a woman in contemporary society (Gray & Foshee, 1997). In addition, many of these studies do not consider the context of the violent episodes and consequently, do not focus on the motives of the offenders (Saunders, 2002). Furthermore, although men and women may inflict similar amounts of violence, the literature demonstrates that women experience more detrimental health outcomes including sustaining higher rates and more severe injuries (Capaldi & Owen, 2001; Temple, Weston, & Marshall, 2005) and poorer mental health outcomes (Anderson, 2002; DeMaris & Kaukinen, 2005) than men. Consequently, focusing on both genders as victims and perpetrators rather than solely on male offenders has led to apparent inconsistencies and has sparked a heated debate in the literature. As such, it is essential to consider the predictors of PV and to examine the associated outcomes to provide effective treatment for victimized individuals.

Due to the new perspective on violence as a feature of both partners, many researchers focus on the perpetration and victimization of respondents in their bidirectional violence studies. Bidirectional partner violence generally includes cases in which a respondent reports being both the victim and perpetrator of PV, regardless of the context of violence (Hamed, 2002). The terminology, however, does not necessarily imply that both partners are equally or mutually violent.

Partner Violence and Homeless Populations

To date, only a few studies have examined PV victimization and perpetration among homeless and sheltered respondents, and they tend to be descriptive in nature. Among a sample of 600 male and 300 female

overnight and daytime shelter residents, North, Smith, and Spitznagel (1994) found that similar percentages of men and women reported hitting or throwing things at a partner (12% and 17%, respectively). Another study examining homeless mothers in a substance abuse program found that the partners of the respondents were frequently characterized as being extremely violent, with half of the women reporting being physically abused by their partners and one respondent admitting that she had pulled a knife on her partner on more than one occasion (North, Thompson, Smith, & Kyburz, 1996). Although both of these studies examine partner victimization and perpetration, neither consistently considers the predictors or potential outcomes associated with the violent incidents.

Risk factors for PV among the homeless include child maltreatment histories (Bassuk, Dawson, & Huntington, 2006; Brown & Bassuk, 1997), substance use (Bassuk et al., 2006), and depressive symptoms (Nyamathi, Wenzel, Lesser, Flaskerud, & Leake, 2001). Detrimental outcomes associated with partner victimization among the homeless include substance use (Salomon, Bassuk, & Huntington, 2002) and psychological distress (Schiff, El-Bassel, Engstrom, & Gilbert, 2002). Similar to general population samples, it is evident that PV has detrimental predictors and outcomes among the homeless. However, the literature that does exist on homeless is rather dated, descriptive in nature, and/or tends to focus on older adults rather than young people. Therefore, little is known about the PV experiences of homeless young adults, including the associated risk factors and outcomes.

Theoretical Explanation

According to life course theory, an individual's ability to make personal choices about the trajectory of his/her life course occurs within the constraints of social circumstances and history (Elder, 1997). Because many homeless young adults experienced child maltreatment, they are likely to have early interaction patterns within the home that are marked by physical altercations, sexual abuse, and neglect, and these social situations place young people on trajectories for early independence as they leave home to escape such circumstances (see, for example, Tyler et al., 2000). This abuse not only has short-term consequences such as physical injury, mistrust, and low self-esteem, but it can also have long-term consequences such as depression, posttraumatic stress disorder (PTSD), and revictimization (Tyler, 2002). In addition, young adults may learn that these aggressive and sometimes violent interaction styles are acceptable and as such, continue to engage in similar patterns after leaving home. Moreover, because early

abuse can disrupt the development of personal agency and the formation of linked lives, victimized young adults may not have the personal resources necessary to handle the stresses associated with these traumatizing events and, as a result, continue on trajectories marked by being a victim and/or perpetrator.

Once on the streets, the social environment becomes significant. Victimization theories (see, for example, Cohen & Felson, 1979; Hindelang, Gottfredson, & Garofalo, 1978), which define the social context in which crime occurs, suggest that spending time on the streets exposes individuals to potential offenders and this is particularly relevant for homeless young adults. Thus, the combination of their early life histories of abuse and the associated consequences in conjunction with their exposure and proximity to other high-risk individuals on the streets increases homeless young adults' chances for violent interactions with their partners. In addition, given the backgrounds of many of these young adults, there is an increased potential for bidirectional violence, where the homeless young person is both the victim and perpetrator.

Based on the above theories and the literature, it was hypothesized that early sexual abuse, physical abuse, and neglect would be positively associated with higher levels of the young adults victimizing their partners and becoming victims themselves. Second, PV was expected to be positively associated with numerous negative outcomes, including physical and sexual victimization, substance use, PTSD, and depressive symptoms. Third, partner victimizing respondent was expected to be positively correlated with respondent victimizing his or her partner (i.e., bidirectional violence) even after controlling for early child maltreatment. Finally, the models controlled for gender, age, and race given that PV is expected to vary based on these characteristics (Jouriles, Wolfe, Garrido, & McCarthy, 2006).

Method

Data are from the Homeless Young Adult Project (HYAP), a pilot study designed to examine the effect of neglect and abuse histories on homeless young adults' mental health and high-risk behaviors. Over a period of approximately 1 year (from April 2004 through June 2005), 199 young adults were interviewed in three midwestern cities, including Des Moines, IA, and Omaha and Lincoln, NE. Among these participants, 144 were homeless and 55 were housed at the time of the interview. Participants comprising the housed sample were obtained through peer nominations from the homeless young adults. Despite being housed at the

time of the interview, 28 of the 55 housed young adults had extensive histories of being homeless and had run away from home numerous times. In fact, the 28 housed young adults with runaway histories reported running away more times than the homeless young adults (Mean = 5.72 vs. 4.99), but this difference was not statistically significant. What differentiated these two groups was their housing status at the time of the interview, indicating that homelessness is a situation that is very fluid and not easily defined (Wright, 1991). The final sample included 166 young adults who were homeless or had a history of running away and who had valid data on the variables of interest.

Experienced interviewers, who have worked on past projects dealing with at-risk young people, have served for several years in agencies and shelters that support this group and are very familiar with local street cultures (e.g., knowledgeable about where to locate young adults and where they congregate) conducted interviews. In addition, all interviewers had completed the Collaborative Institutional Review Board Training Initiative course for the protection of human subjects in research. Interviewers approached shelter residents and located eligible respondents in areas where street young adults congregate. Study eligibility required young people to be between the ages of 19 and 25 and homeless. Homeless was defined as those currently residing in a shelter, on the street, or those living independently (e.g., with friends) because they had run away, had been pushed out, or had drifted out of their family of origin. Interviewers obtained informed consent from young adults prior to participation and told the young people about the confidentiality of the study and that their participation was voluntary. The interviews, which were conducted in shelter interview rooms or quiet corners of fast food restaurants or coffee shops, lasted approximately 1 hr and all participants received a modest reimbursement for their involvement. Referrals for shelter, counseling services, and food services were offered to the young adults at the time of the interview. Although field reporters did not formally tally screening rates, they reported that very few young adults refused to participate. The Institutional Review Board at the authors' institution approved this study.

Measures

Dependent Variables

The Respondent Perpetrated Partner Violence scale included 14 items from the Revised Conflict Tactics Scale (CTS2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996) to assess the amount of PV inflicted by the re-

spondent. Respondents were asked to identify, for example, how many times they did the following things to their partner or previous partner: pushed or shoved, choked, and used threats to have sex (see Table 1 for all of the items). These 14 individual items were dichotomized (0 = *never*, 1 = *at least once*) and then combined into a count scale that had an actual range of 0 to 9 ($\alpha = .79$). The Partner Perpetrated Violence scale, which included the same 14 items from the CTS2, was calculated in the exact same manner as the scale above with the exception that the introduction to the questions asked respondents how often their partner did the following things (i.e., inflict violence) to them. The actual range of scores was 0 to 14 ($\alpha = .89$).

Independent Variables

Child maltreatment. Sexual abuse was measured using seven items adapted from previous research with homeless young people (Whitbeck & Simons, 1990). Respondents were asked how often an adult or someone at least 5 years older had done the following things to them before they were on their own and when they were under the age of 18: (1) asked you to do something sexual, (2) had you watch them do something sexual, (3) had you do something sexual to yourself, (4) had you touch them sexually, (5) had you show your private parts in person or for a camera, (6) touched you sexually on your butt, thigh, breast, or genitals, and (7) put or tried to put anything or any part of their body into you sexually. Responses ranged from 0 (never) to 7 (more than once a day). The items were dichotomized (0 = *never*, 1 = *at least once*) and then summed. Because the variable was still highly skewed, the resulting item was dichotomized into 0 = *no sexual abuse* and 1 = *experienced at least one form of sexual abuse at least once*. Physical abuse was measured using 16 individual items from the Conflict Tactics Scale (Straus, Hamby, Finkelhor, Moore, & Runyan, 1998). Respondents were asked to reflect on abusive experiences that occurred prior to age 18 and asked how frequently their caretaker, for example, shook them; hit them on the bottom with something like a belt, stick, or other hard object; shouted, yelled, or screamed at them; or hit them with a fist; or kicked them hard. Responses ranged from 0 (*never*) to 6 (*more than 20 times*). Individual items were summed such that a higher score indicated more physically abusive experiences. The alpha reliability for this scale was .85 (Mean = 5.98, SD = 3.55). Neglect comprised five items from a supplementary scale within the Parent-Child Conflict Tactics Scale (Straus et al., 1998). These items asked respondents how many times their caretaker left them home alone when someone should have been with them, was not able to show or tell them that they were loved, was not able

to give them the food they needed, did not take them to the doctor or hospital when they needed to go, and was drunk or high on drugs and could not take care of them. Responses ranged from 0 (*never*) to 6 (*more than 20 times*). Individual items were summed so that a higher score indicated more types of neglect. The alpha reliability for this scale was .83 (Mean = 1.76, SD = 1.79).

Demographic characteristics. Gender was coded 0 = *male* and 1 = *female*. Age was a continuous variable that measured how old the respondents were at the time of the interview. Race was coded 0 = *non-White* and 1 = *White*.

Outcome variables. Respondents were asked six items about their physical victimization experiences that occurred since leaving home. These items included the frequency with which they were beaten up, robbed, or threatened with a weapon for example. The responses to these items ranged from 0 (*never*) to 3 (*many times*). The items were combined into a mean scale that ranged from 0 to 2.83 ($\alpha = .70$).

Sexual victimization was assessed using four items that asked how often the respondents had unwanted sexual experiences since leaving home. Items included having been asked to touch someone sexually when they did not want to; touched sexually like on the butt, thigh, breast, or genitals (private parts) when they did not want to; forced to do something sexual; and sexually assaulted and/or raped. The responses to these items ranged from 0 (*never*) to 3 (*many times*). Each of these individual items was dichotomized (0 = *never*; 1 = *1 or more times*) and then summed. Because the variable was still highly skewed, the resulting item was dichotomized into 0 = *no sexual victimization* and 1 = *experienced at least one form of sexual victimization at least once*.

PTSD was measured using the Impact of Event Scale (Horowitz, Wilner, & Alvarez, 1979) that was designed to measure subjective distress in response to any specific life event. Respondents were asked a series of 15 questions that were anchored to a specific stressor. Respondents were asked to indicate how frequently statements such as "I thought about it when I didn't mean to," "I tried to remove it from my memory," and "I stayed away from reminders about it" were true for them in the past 7 days. Possible response categories ranged from 0 (*not at all*) to 5 (*often*), with higher scores indicating more stressful impact. The total stress score consists of the sum of these items (actual range, 0-73). The suggested cutoff point is 26 and a score above this has a moderate to severe impact ($\alpha = .95$). The average score in the sample was 35.29 (SD = 23.28).

Depressive symptoms were measured using 10 items from the Center for Epidemiological Studies Depression scale (CES-D; Radloff, 1977), a widely used short screening scale designed to measure self-assessed current depressive symptoms among community populations. The CES-D, which requires respondents to reflect on their experiences during the week prior to the interview, includes items such as "I was bothered by things that don't usually bother me," "My sleep was restless," and "I had trouble keeping my mind on what I was doing." Responses ranged from 0 (never) to 3 (5-7 days). Certain items were reverse coded so that higher scores indicated more depressive symptomology ($\alpha = .80$). The scale ranged from 1 to 28 (Mean = 12.97, SD = 6.58).

Substance use was measured by individual variables that asked the young adults whether in the past year they had drunk beer, wine, or liquor; had used marijuana; or had used crack, amphetamines, cocaine, opiates, hallucinogens, barbiturates, inhalants, or designer drugs (a total of 12 variables). These variables were combined to form an overall substance use variable using a modified Guttman Scale (Guttman, 1950). First, variables were created to measure whether the young adults drank alcohol, used marijuana, or hard drugs in the past year. The resulting dichotomous variables were coded as 0 = *did not use that substance in the past year* and 1 = *had used that substance in the past year*. These variables were ranked in order of severity, distinguishing between those who used a single low level substance from those that had used high level substances. A score of 0 indicated that the respondent had not drunk any form of alcohol, used marijuana, or any type of hard drugs in the past year, 1 indicated that they drank alcohol but had not engaged in any of the other types of substance use, and 2 indicated that the young adult had used both alcohol and marijuana or just marijuana but not hard drugs. Respondents were given a score of 3 if they had used hard drugs in the past year regardless of their alcohol or marijuana use (Mean = 2.0, SD = .98). Cronbach's alpha was .79.

Results

Sample Characteristics

Forty percent of the respondents were female and 80% were White. Ages ranged from 19 to 26 with a mean of 21.45 years. A total of 47% of young adults had been sexually abused at least once, 95% had been physically abused at least once and approximately 78% had experienced some type of neglect. Finally, 94% of young people experienced some type of

physical victimization and 39% had experienced some type of sexual victimization since leaving home.

Prevalence of Partner and Respondent Violence

The results reveal that PV is very prevalent among homeless young adults. Overall, 69% of participants reported that they had been victimized by a partner and approximately 65% said they had victimized their partner. In terms of gender, females were significantly more likely ($\chi^2 = 9.49, p = .002$) to victimize their partners compared to males (78% and 55%, respectively) and although females were also more likely to have been a victim of PV compared to males (73% vs. 66%, respectively), this difference was not statistically significant ($\chi^2 = .797; p = .372$). Moreover, 59% of the sample had experienced bidirectional violence. Six percent of the young adults were perpetrators only and 10% were victims only. Approximately one quarter of the sample did not experience bidirectional PV (results not shown).

Table 1 presents the frequencies for each type of PV based on the CTS2 for the total sample, females-only, and males-only. In terms of the total sample, with the exception of the second item (you pushed or shoved your partner/they did this to you), respondents were more likely to report that their partner victimized them rather than personally perpetrating violence. For example, although 24% of young people said they punched or hit their partner, 36% said their partner did this to them. Similarly, although 6% of participants said they choked their partner, 16% reported that their partner did this to them. Although the young adults also reported that they perpetrated many of the violent acts, this did not occur at the same frequency as their victimization experiences.

In terms of gender (see Table 1), male participants reported that for every item, their partner used more violence against them (or equivalent violence on choking and threats to have sex) compared to the violence they directed at their partner. For example, 42% of men said that their partner threw something at them but only 24% of men said they did this to their partner. Similarly, 33% reported that their partner punched or hit them but only 10% of men said they did this to their partner. For women, the pattern is not as apparent. That is, for the first four items (i.e., throwing, pushing, kicking, and punching), women reported doing these things to their partners more often than their partner did this to them. For example, although 44% of women said that their partner threw something at them, 59% of women said they did this to their partner. For the remainder of the items (with the exception of a broken bone), females reported

Table 1. Frequencies of Partner Violence

Conflict Tactics Scale Items	Total Sample						Female			Male		
	You Did This		Partner Did This		You Did This		Partner Did This		You Did This		Partner Did This	
	N	%	N	%	N	%	N	%	N	%	N	%
You threw something at your partner/they did this to you.	66	38.4	73	42.4	41	59.4	30	43.5	25	24.3	43	41.7
You pushed or shoved your partner/they did this to you.	93	54.1	90	52.3	50	72.5	44	63.8	43	41.7	46	44.7
You kicked your partner/they did this to you.	23	13.4	38	22.1	18	26.1	14	20.3	5	4.9	24	23.3
You punched or hit your partner with something/they did this to you.	42	24.4	61	35.5	32	46.4	27	39.1	10	9.7	34	33.0
You choked your partner/they did this to you.	11	6.4	27	15.7	3	4.3	19	27.5	8	7.8	8	7.8
You slammed your partner against a wall/they did this to you.	34	19.9	48	27.9	16	23.2	29	42.0	18	17.6	19	18.4
You beat up your partner/they did this to you.	13	7.6	28	16.3	10	14.5	18	26.1	3	2.9	10	9.7
You used a knife or gun on your partner/they did this to you.	5	2.9	15	8.7	4	5.8	8	11.6	1	1.0	7	6.8
You made your partner have sex without a condom/they did this to you.	14	8.1	28	16.3	4	5.8	10	14.5	10	9.7	18	17.5
You used threats to make your partner have sex/they did this to you.	3	1.7	9	5.2	1	1.4	7	10.1	2	1.9	2	1.9

(continued)

Table 1. (continued)

Conflict Tactics Scale Items	Total Sample				Female				Male			
	You Did This		Partner Did This		You Did This		Partner Did This		You Did This		Partner Did This	
	N	%	N	%	N	%	N	%	N	%	N	%
You used force to make your partner have sex with you/they did this to you.	1	0.6	8	4.7	0	0.0	5	7.2	1	1.0	3	2.9
Your partner felt physical pain because of a fight you had/you felt physical pain.	31	18.1	43	25.0	18	26.5	27	39.1	13	12.6	16	15.5
Your partner passed out from a hit on the head in a fight with you/you passed out.	5	2.9	12	7.0	2	2.9	7	10.1	3	2.9	5	4.9
Your partner had a broken bone because of a fight with you/you had a broken bone.	4	2.3	7	4.1	3	4.3	2	2.9	1	1.0	5	4.9

that their partner did these violent things (e.g., choking them, slamming them against a wall, using a knife or gun, and using threats and/or force to make them have sex) to them more often compared to female respondents doing this to their partners. Some of the cell sizes were rather small so caution should be used when interpreting those specific results.

Correlates of Partner Violence

Multivariate results for correlates of PV are presented in Tables 2 and 3 (the last column labeled bidirectional violence is discussed later). Table 2 presents ordinary least squares (OLS) multiple regression models for correlates of respondent victimizing the partner. Each of the maltreatment variables was entered into the equation in separate blocks so the individual effect of each type of abuse could be seen. In Model 1, all of the demographic characteristics were significant. That is, older individuals ($\beta = .18$) and women ($\beta = .38$) were significantly more likely to have reported more frequently victimizing their partners. In addition, White young adults were significantly less likely to report victimizing their partner more frequently ($\beta = -.16$). The demographic variables in Model 1 explained 18% of the variance in the dependent variable.

In Model 2, sexual abuse was added and was significant. That is, those who had been sexually abused prior to leaving home were significantly more likely to report victimizing their partner more frequently ($\beta = .19$). The demographic characteristics remained significant. Model 2 explained 21% of the variance. The addition of the physical abuse variable in Model 3 was not significant. The demographic characteristics and sexual abuse remained significantly associated with the dependent variable. Finally, in Model 4, results revealed that neglect was significant. That is, experiencing higher levels of neglect was positively associated with the young adults victimizing their partners more frequently ($\beta = .19$). The demographic characteristics and sexual abuse remained significant. The final model explained 23% of the variance in victimizing one's partner.

Table 3 presents the results for correlates of partner victimizing the respondent. In Model 1, all of the demographic characteristics were significant. That is, older individuals ($\beta = .26$) and women ($p = .23$) were significantly more likely to have reported being victimized more frequently by their partner. In addition, White young adults were significantly less likely to report being victimized by their partner ($\beta = -.13$). The demographic variables in Model 1 explained 11% of the variance in the dependent variable.

In Model 2, sexual abuse was added and was significant. That is, those who had been sexually abused prior to leaving home were significantly more likely to report being victimized more frequently by their partner

Table 2. Multiple Regression Models for Correlates of Respondent Victimizing Their Partner (*n* = 166)

	Model 1		Model 2		Model 3		Model 4		Bidirectional Violence	
	β	SE	β	SE	β	SE	β	SE	β	SE
Age	.18**	.07	.17**	.07	.16**	.07	.16**	.07	.05	.07
Female	.38***	.32	.33***	.33	.33***	.33	.31***	.33	.23***	.30
White	-.16**	.39	-.14**	.38	-.15**	.38	-.15**	.38	-.09	.34
Sexual abuse			.19***	.32	.18**	.33	.14*	.33	.12*	.29
Physical abuse					.06	.05	-.01	.05	-.06	.04
Neglect							.19**	.10	.11	.09
Partner victimized you									.45***	.05
Adjusted <i>R</i> ²	.18		.21		.20		.23		.40	

* *p* ≤ .10 ; ** *p* ≤ .05 ; *** *p* ≤ .01

($\beta = .14$). The demographic characteristics, with the exception of race, remained significant. Model 2 explained 12% of the variance. The addition of the physical abuse variable in Model 3 was also significant. That is, those who experienced higher levels of physical abuse at home were significantly more likely to have been victimized more frequently by a partner (*p* = .18). The demographic characteristics remained significantly associated with the dependent variable but the sexual abuse variable dropped to nonsignificance with the addition of the physical abuse variable. This model explained 15% of the variance. Finally, in Model 4, results revealed that neglect was significant. That is, experiencing higher levels of neglect was positively associated with more frequent partner victimization ($\beta = .19$). The demographic characteristics remained significant but sexual abuse and physical abuse dropped to nonsignificance with the addition of the neglect variable. The final model explained 17% of the variance in being victimized by one’s partner.

Outcomes of Partner Violence

To examine negative outcomes associated with PV, the same models (i.e., Tables 2 and 3) were run with the PV items added (models available from first author upon request). The five outcome variables included

Table 3. Multiple Regression Models for Correlates of Partner Victimizing Respondent ($n = 166$)

	Model 1		Model 2		Model 3		Model 4		Bidirectional Violence	
	β	SE	β	SE	β	SE	β	SE	β	SE
Age	.26***	.11	.26***	.11	.25***	.11	.24***	.11	.16**	.10
Female	.23***	.48	.19**	.50	.20***	.49	.19**	.49	.03	.46
White	-.13*	.58	-.12	.58	-.13*	.57	-.14*	.56	-.06	.51
Sexual abuse			.14*	.49	.10	.49	.06	.49	-.01	.44
Physical abuse					.18**	.07	.11	.07	.12*	.06
Neglect							.19**	.14	.10	.13
You victimized partner									.49***	.11
Adjusted R^2	.11		.12		.15		.17		.35	

* $p \leq .10$; ** $p \leq .05$; *** $p \leq .01$

physical and sexual victimization, substance use, PTSD, and depressive symptoms. The variable, respondent victimizing their partner, was significantly associated with sexual victimization ($\beta = .17$), more severe substance use ($\beta = .23$), and higher levels of PTSD ($\beta = .20$). The other two variables, depressive symptoms and physical victimization, were not significant correlates. Finally, partner victimizing the respondent was significantly associated with more severe substance use ($\beta = .19$) and higher levels of PTSD ($\beta = .18$). Partner victimizing the respondent was not significantly associated with physical or sexual victimization or depressive symptoms.

Bidirectional Violence

To examine bidirectional violence at the multivariate level, the variable Partner Victimized You was added into the final model in Table 2 (see column labeled bidirectional violence). Results revealed that more frequent partner victimization was significantly associated with higher levels of the respondent victimizing their partners ($\beta = .45$). This final column revealed a significant improvement in model fit from 23% (Model 4) to 40% with the addition of the PV variable. Similarly, the variable You Victimized Your Partner was added into the final model in Table 3 (see column labeled bidirectional violence). Results revealed that the partic-

ipant victimizing their partner more often was significantly associated with higher levels of their partner victimizing them ($\beta = .49$). The final column revealed a significant improvement in model fit from 17% (Model 4) to 35% with the addition of the PV variable. Both of these findings reveal that even after controlling for early maltreatment histories of these young adults, PV makes an important and significant contribution to explaining bidirectional violence.

Discussion

The purpose of this study was to examine the prevalence of PV and bidirectional violence and to investigate risk factors and outcomes of this form of violence among a sample of homeless young adults in the United States. Very little is known about partner victimization and bidirectional violence among homeless young people, even though this is a group at risk due to their exceptionally high rates of early maltreatment. Failure to identify PV among this population may result in inadequate treatment and continued exposure to violent partners, which may have long-term effects including psychological distress and substance abuse (Salomon et al., 2002; Schiff et al., 2002).

The results for the current study reveal high rates of PV and bidirectional violence among homeless young adults. Although a small percentage of the young adults have not been involved in any type of violence with their partner, the majority have been in a relationship where bidirectional violence exists. Furthermore, in comparison to men, women are significantly more likely to report that they victimized their partners and also more likely to report victimization by a partner, although the second finding was not statistically significant. One possible explanation for this finding is that young women in the current study were more willing to admit to using violence compared to the young men because men may be afraid of the negative stigma associated with victimizing a woman in contemporary society (Gray & Foshee, 1997).

In terms of the multivariate findings, both sexual abuse and neglect were associated with being either a perpetrator and/or victim of PV. Although physical abuse was associated with a partner victimizing the respondent, it dropped to nonsignificance with the addition of the neglect variable. Early maltreatment as a risk factor for PV is consistent with much of the previous research on both the general population (Cyr et al., 2006; Foshee et al., 2004; Whitfield et al., 2003) and the literature on the homeless (Bassuk et al., 2006; Brown & Bassuk, 1997). It is possible that some young people who are victims of child abuse learn that this type of

behavior is acceptable and when they form a relationship with a partner where similar violence occurs, they may believe this is normative behavior. In addition, those who were physically abused may also use violent measures in their current relationship because this is the type of interaction pattern to which they have become accustomed.

In terms of the outcomes of PV, partner victimizing the respondent was significantly associated with more severe substance use and higher levels of PTSD, whereas the respondent victimizing their partner was significantly associated with sexual victimization, more severe substance use, and higher levels of PTSD. These findings are consistent with both the general population literature (DeMaris & Kaukinen, 2005; Slashinski et al., 2003) and research on the homeless (Salomon et al., 2002; Schiff et al., 2002). Given the correlational nature of the data, we are unable to determine temporal order; regardless, most young people who are in violent relationships are experiencing more severe substance use and PTSD. This is not surprising given that many of these young people have experienced multiple forms of victimization from various perpetrators (e.g., parents or caretakers, partners, and strangers) prior to leaving home and while on the street.

Overall, the current findings provide support for a life course perspective, whereby the young adult's ability to make personal choices about the trajectory of his or her life course occurs within the constraints of social circumstances and history (Elder, 1997), which includes child maltreatment experiences and running away from home. Young adults who have interaction patterns marked by abuse and/or neglect are likely to be set on trajectories for early independence, where feelings of possible low self-esteem, mistrust, and misconceptions about what constitutes a healthy relationship continue to play a part in the young adults' current relationships. Based on their early life histories, some young adults may learn that aggressive and violent interaction styles are acceptable and may continue to engage in similar patterns even after leaving home, resulting in them perpetrating PV and also being victimized by a partner. This violence, as a result, can lead to mental health problems including PTSD and substance use. Given the context of street life (see, for example, Cohen & Felson, 1979), many of these young people, through daily exposure and proximity of being on the street, may encounter other homeless individuals who also come from troubled family backgrounds and may bring some of the same aggressive and/or violent interaction patterns to their relationships. In sum, early histories of maltreatment and exposure to other high-risk people on the streets may lead to an increased potential that the homeless young adults in the current study will form bonds with other street individuals, increasing the likelihood for bidirectional

violence where the homeless young person is both the victim and perpetrator. As the current findings show, even after controlling for early maltreatment in the home, PV and respondent violence are strongly and positively associated with one another.

Some limitations should be noted. First, although all data are based on self-reports, participants were informed that their responses would be confidential and the interviewers were very familiar with local street cultures and already known and trusted by many of the young adults; therefore, it is less likely that the respondents would be motivated to bias their responses. Moreover, past comparisons of the responses of runaway adolescents to those of their parents reveal that these young people do not appear to be overreporting abuse and neglect within the home (Whitbeck, Hoyt, & Ackley, 1997). It is possible, however, that some men may be underreporting the amount of violence that they perpetrate against a partner because violence against women is stigmatized in our society. Similarly, the young adults were asked to report on their partners' violence toward them, which may have resulted in some over- or underreporting. In addition, although women reported victimizing their partner more often, the context of the violence is unknown, and it is possible that much of their violence was in retaliation for violence directed at them or as a means of self-defense. Similarly, the motivations of the abuser are unknown, and it is possible that they are using violence as a means of control rather than in retaliation. Finally, refusals to participate were not systematically recorded and our sample was limited in terms of racial or ethnic diversity.

Despite these limitations, this article has numerous strengths. First, the study provides information on the prevalence of PV and bidirectional violence among homeless young adults, which was previously lacking in the literature. Second, the study provides information on the risks and outcomes of PV among this high-risk population. Third, data on both men and women as victims and perpetrators were included; general population studies typically only focus on violence perpetrated against women and therefore, is unable to examine bidirectional violence. Fourth, because this study employed a widely used standardized scale of PV, the current findings can be compared to other general population studies that have used this instrument. Finally, the current findings provide the much-needed information on an understudied population that is at high risk for PV.

Implications

At the policy level, these results have practical implications for service providers and researchers. Although the severity of violence could not be

determined, the high rates of PV experienced by both men and women in this study suggest that service providers need to be sensitive to the concerns and experiences of all victims, regardless of gender, to help them adequately recover. In addition, the high rates of bidirectional violence must be considered when planning services because clients may be both a victim and a perpetrator of PV. Service providers must also be prepared to address the mental health outcomes related to PV such as PTSD. Furthermore, homelessness is an additional risk factor for revictimization that needs to be considered by service providers, lawmakers, and researchers. Shelter administration should train homeless shelter staff about PV so they can provide a safe place for victims. Lawmakers should focus on making protection orders more accessible to homeless victims by changing the address requirement. Bidirectional violence makes it more difficult for police officers to determine who the primary aggressor is in a PV situation and consequently, both partners may be arrested if mandatory arrest policies are in place. More research is needed with homeless populations to understand the barriers they face in acquiring services to cope with past and/or present abuse to stop the cycle of violence.

Note

1. We do not use the term *intimate partner violence* for homeless young adults because we do not know the extent of their relationship with their partner.

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