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Child Abuse, Street Victimization, and Substance Use Among Homeless Young Adults

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Abstract

Although previous research documents high rates of child abuse, street victimization, and substance use among homeless youth, few studies have investigated these three constructs simultaneously, and thus little is known about how various forms of victimization are uniquely associated with substance use among this population. The purpose of this article is to examine the relationship among child sexual and physical abuse, street victimization, and partner violence with substance use among 172 homeless young adults. Path analysis results revealed that males and those who reported parental drug problems were significantly more likely to have higher rates of substance use. Those who suffered more childhood physical and sexual abuse and those who experienced more types of relationship violence were more likely to report greater frequency of substance use. The intersection of various forms of victimization with substance use may have important implications for service providers working with this population.

Keywords: child abuse, victimization, substance use, homeless young adults

Substance use among homeless youth and young adults has been found to be extensive: More than 75% have used alcohol (Bailey, Camlin, & Ennett, 1998; Greene, Ennett, & Ringwalt, 1997; Walls & Bell, 2011) and/or marijuana (Bousman et al., 2005; Martino et al., 2011) within their lifetime. The use of illicit drugs including crack cocaine and hallucinogens is also common (Bailey et al., 1998; Baron, 1999; Kral, Molnar, Booth, & Watters, 1997; Rice, Milburn, & Monro, 2011). Runaway and/or homeless youth tend to have higher rates of substance use compared to their nonhomeless counterparts (Fors & Rojek, 1991; Greene et al., 1997; Kipke, Montgomery, & MacKenzie, 1993; Rosenthal, Moore, & Buzwell, 1994; Substance Abuse and Mental Health Services Administration, 2004), with drug and alcohol use 2 to 3 times more prevalent among homeless compared to nonhomeless youth (Fors & Rojek, 1991; Kipke et al., 1993). These rates also need to be considered within the context of homeless youths' lives: These young people often report growing up with parents and/or caretakers who misuse alcohol and/or drugs (Fors & Rojek, 1991; Ginzler, Cochran, Domenech-Rodriguez, Cauce, & Whitbeck, 2003), which may contribute to youths' higher rates of substance use. In addition, homeless youth experience high rates of child abuse (Stoltz et al., 2007; Tyler & Cauce, 2002), physical and/or sexual victimization on the street (Kipke, Simon, Montgomery, Unger, & Iversen, 1997; Tyler, Hoyt, Whitbeck, & Cauce, 2001; Tyler, Melander, & Noel, 2009), and partner violence (Slesnick, Erdem, Collins, Patton, & Buettner, 2010; Tyler et al., 2009).

Given the negative family environments of many homeless young people (e.g., child abuse, parental substance misuse) and their experiences since being on the street (e.g., sexual victimization, partner violence), some individuals may use drugs and/or alcohol as a way to cope with proximal and distal events. Although research on homeless youth and young adults reveals high rates of substance use as well as extensive histories of abuse and victimization, there is a paucity of research among this population that has examined the intersection of these three constructs despite their co-occurrence (see Begle et al., 2011; Lo, Kim, & Church, 2008). As such, the purpose of this article is to examine the relationship between child sexual and physical abuse, street victimization, and partner violence with substance use among a sample of homeless young adults.

Literature Review

Prevalence of Substance Use

A recent study of 13- to 24-year-old homeless young people found past-30-day usage rates to be 68% for alcohol and 66% for marijuana (Wenzel,

Tucker, Golinelli, Green, & Zhou, 2010). Another recent study of similarly aged homeless youth found alcohol and marijuana usage rates of 69% and 58%, respectively, whereas lifetime methamphetamine use and cocaine use were 34% and 30%, respectively (Rice et al., 2011). These prevalence rates of substance use are generally consistent with older literature on homeless youth (Greene et al., 1997). In addition to high prevalence rates, research also finds that many homeless youth meet diagnostic criteria for alcohol or drug use dependency (Johnson, Whitbeck, & Hoyt, 2005; Kipke, Montgomery, Simon, & Iverson, 1997). For example, approximately 61% of homeless youth met lifetime criteria for a substance abuse disorder, and males were more likely to meet lifetime criteria compared to females (Johnson et al., 2005). Similarly, Kipke, Montgomery, et al. (1997) found that 71% of their sample of homeless youth met diagnostic criteria for either a drug or alcohol abuse disorder. Understanding the underlying mechanisms associated with homeless youths' substance use is critical because long-term use may result in substance abuse disorders, which have been found to be comorbid with other mental disorders (Johnson et al., 2005).

Family Substance Use

Family members are an important influence in initially promoting substance use among some homeless youth (Baron, 1999; Tyler & Johnson, 2006). Tyler and Johnson (2006) found that almost 23% of homeless young adults reported that a family member was the first person to offer and/or encourage their use of alcohol, marijuana, or a particular drug and thus was responsible for their initiation into substance use. In addition, many homeless youth come from families where a mother and/or a father have substance use problems. Fors and Rojek (1991) found that a large portion of their homeless sample was raised in family environments where rates of parental substance use were exceedingly high. Similarly, Ginzler et al. (2003) reported that a large percentage of homeless youth had either a father (55%) or mother (46%) with substance use problems. Because having a parent with substance use problems may be related to youths' future use of substances (Stein, Leslie, & Nyamathi, 2002), it is particularly important to examine the relationship between parental and youth substance use in the context of other risk factors including victimization experiences.

Child Abuse

A history of child abuse is a risk factor for sexual and/or physical victimization on the street among homeless youth (Chen, Thrane, Whitbeck,

Johnson, & Hoyt, 2007; Melander & Tyler, 2010; Tyler et al., 2001; Whitbeck, Hoyt, Yoder, Cauce, & Paradise, 2001) as well as a risk factor for partner violence among homeless populations (Bassuk, Dawson, Huntington, 2006; Brown & Bassuk, 1997; Melander & Tyler, 2010; Slesnick et al., 2010; Tyler et al., 2009). In addition, univariate results show that a history of sexual abuse is related to alcohol and/or drug use among homeless youth (Rew, Taylor-Seehafer, & Fitzgerald, 2001). Multivariate studies of homeless youth have also found a link between physical and/or sexual abuse and substance use, although the association was indirect via delinquent peers (Chen, Tyler, Whitbeck, & Hoyt, 2004; McMorris, Tyler, Whitbeck, & Hoyt, 2002) and other mediators including deviant subsistence strategies (e.g., stealing or robbing someone) and survival sex (Chen et al., 2004), which is the exchange of sex for specific items such as food, shelter, or money deemed necessary for survival by the youth.

Street Victimization and Partner Violence

Given the paucity of research on partner violence among homeless youth and young adults, little is known about the outcomes with this population. Existing research on homeless young adults has found that being a *perpetrator* of partner violence is positively associated with sexual victimization on the street and more severe substance use, whereas being a *victim* of partner violence is positively correlated with more severe substance use (Tyler et al., 2009). Salomon, Bassuk, and Huntington (2002) found that partner violence was a risk factor for illicit drug use among homeless and low-income women. Finally, among a sample of nonhomeless youth, Lo and colleagues (2008) reported that those who had experienced physical, sexual, or other victimization were more likely to have used drugs. Thus, according to Lo et al. drug use may be a coping behavior used to deal with the negative stimulus of victimization. Given that many homeless youth experience high rates of victimization both prior to leaving home and while on the street, they may be more likely to have a higher prevalence of substance use if they are using alcohol and/or drugs to cope with these negative experiences.

Perceived Benefits of Alcohol and Drugs

Though it may appear counterintuitive, substance use may serve many beneficial purposes for homeless young people: Certain drugs allow homeless individuals to stay awake for extended periods, which may lower their risk of

being victimized (Ayerst, 1999; Ginzler et al., 2003). In addition, some drugs may be used as a method of coping or relieving some of the daily stresses of street life (Kidd & Kral, 2002; Thompson, Rew, Barczyk, McCoy, & Mi-Sedhi, 2009; Tyler & Johnson, 2006). As such, it is important to gain a better understanding of the link between various stressors (e.g., partner violence) and substance use among homeless youth.

Theoretical Model

The current article utilizes a risk amplification model (Whitbeck, Hoyt, & Yoder, 1999) in which early negative experiences (i.e., child sexual or physical abuse and parental drug problems) set in motion a negative chain of events that are related with more time spent on the street, which increases one's risk for various forms of victimization and subsequently greater frequency of substance use. A fully recursive model was hypothesized (i.e., all possible paths are hypothesized with the exception of reciprocal paths) to investigate the cumulative effects of parental drug misuse, child abuse, and street victimization on substance use among homeless young adults.

Hypotheses

Based on the above literature review, it was hypothesized that those who report having a parent with a drug problem would be more likely to experience greater sexual and physical abuse, more sexual and physical victimization, and more partner violence compared to those without a parent with a drug problem. Related, youth who report having a parent with a drug problem will be more likely to have greater frequency of substance use. In addition, it was hypothesized that experiencing more child abuse would be positively related to sexual and physical victimization and partner violence. Moreover, experiencing child abuse was expected to be both directly and indirectly related to substance use through victimization and partner violence. Because sexual and physical victimization are stressful life events and research finds that many individuals turn to alcohol and/or illicit drugs as a way to cope (Widom, Marmorstein, & Raskin White, 2006), it was hypothesized that experiencing more physical and sexual victimization and partner violence would lead to greater frequency of substance use. Because research reveals differences in rates of substance use by gender (Greene et al., 1997; Whitbeck & Hoyt, 1999), age (Greene et al., 1997), and race (Chen et al., 2004; Kipke et al., 1993; McMorris et al., 2002), the current model controls for these three demographic characteristics.

Method

Data are from the Homeless Young Adult Project, a pilot study designed to examine the effect of neglect and abuse histories on homeless young adults' mental health and high-risk behaviors. From April 2004 through June 2005, 199 young adults were interviewed in three Midwestern cities. Of this total, 144 were homeless and 55 were housed at the time of the interview. Participants composing the housed sample were obtained via peer nominations from the homeless young adults. Despite being housed at the time of the interview, 28 out of the 55 housed young adults had extensive histories of being homeless and had run away from home numerous times. The final sample included 172 young adults who were homeless or had a history of running away and being homeless. The Institutional Review Board (IRB) at the first author's institution approved this study.

Three 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 IRB Training Initiative course for the protection of human respondents 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 26 and homeless. Homeless was defined as those currently residing in a shelter or on the street and 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 hour, and all participants received \$25 for their participation. 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 (i.e., less than 5%) refused to participate. The response rate was based on the number of initial contacts, and our rate is consistent with that of previous research on homeless and runaway youth, which also finds exceptionally high rates (e.g., 95% and 93%, Cauce et al., 1998, and Whitbeck et al., 1999, respectively).

Measures

Dependent Variable

Substance use included 12 items that asked respondents how often they had drunk beer, wine, or liquor or had used marijuana, crank, amphetamines, cocaine, opiates, hallucinogens, barbiturates, inhalants, or designer drugs in the past year ($\alpha = .78$). A mean scale was created ($M = 0.55$, $SD = 0.48$, skewness = 1.33), with a range of 0 = *never* to 4 = *daily usage*. Other research on homeless populations using these same items reports similar reliabilities ($\alpha = .82$ for males and .83 for females; Whitbeck et al., 1999).

Independent Variables

Child abuse. *Physical abuse* included 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 or kicked them hard (0 = *never* to 6 = *more than 20 times*). Individual items were summed such that a higher score indicated more physical abuse ($\alpha = .88$). *Sexual abuse* included seven items adapted from previous research with homeless young people (Whitbeck & Simons, 1990). Respondents were asked, for example, how often an adult or someone at least 5 years older had touched them sexually on their butt, thigh, breast, or genitals before they were on their own and while they were younger than 18 (0 = *never* to 7 = *more than once a day*). The items were dichotomized (0 = *never*, 1 = *at least once*) and then summed such that a higher score indicated a greater number of different sexual abuse experiences ($\alpha = .88$). Both of these scales have been shown to have excellent reliability among homeless populations ($\alpha = .88$ for physical abuse—Whitbeck & Simons, 1990; and $\alpha = .89$ and $\alpha = .93$ for sexual abuse—Tyler et al., 2001, and Whitbeck & Simons, 1990, respectively).

Victimization. *Physical victimization* was measured with six items that asked respondents, for example, how often they had something stolen from them, been beaten up, and been robbed. Responses ranged from 0 (*never*) to 3 (*many times*). The items were summed such that a higher score indicated greater physical victimization ($\alpha = .77$). *Sexual victimization* was assessed using four items that asked respondents, for example, how often they have been forced to do something sexual and been sexually assaulted and/or raped. Responses ranged from 0 (*never*) to 3 (*many times*). Because of skewness, each individual item was dichotomized (0 = *never*, 1 = *1 or more times*) and then summed such that a higher score indicated a greater number of different sexual victimization experiences ($\alpha = .84$). *Partner violence dating scale* included 28 items from the Revised

Conflict Tactics Scale (Straus, Hamby, Boney-McCoy, & Sugarman, 1996) that asked respondents, for example, how many times they did the following things to their partner or previous partner and how many times their partner did this to them: pushed or shoved, choked, and used threats to have sex. Because of skewness, these items were dichotomized (0 = *never*, 1 = *at least once*) and then an index was created.

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*. Parental drug use included three items that asked respondents, for example, if they ever thought that their parent had a drug problem or if they ever encouraged their parent to quit using drugs (0 = *no*, 1 = *yes*). Because of skewness, the summed variable was dichotomized (0 = *no parental drug problem*, 1 = *parent had a drug problem*).

Results

Sample Characteristics

Of respondents, 40% were female ($n = 69$) and 60% were male ($n = 103$). Young adults ranged in age from 19 to 26 years ($M = 21.5$, $SD = 2.13$). A total of 47% ($n = 81$) had received a high school diploma, and the majority of the sample was White (80%, $n = 137$). Almost 25% of respondents ($n = 42$) reported that their parent had a drug problem. A total of 47% of young adults ($n = 82$) had experienced at least one type of sexual abuse, and 95% ($n = 164$) had been physically abused at least once, which is consistent with other studies (Tyler & Cauce, 2002; Whitbeck & Hoyt, 1999). Of respondents, 39% ($n = 68$) had experienced at least one episode of sexual victimization since being on the street and 94% ($n = 162$) had been physically victimized at least one time. The combined dating violence scale revealed that 59% of young people ($n = 101$) experienced and/or perpetrated dating violence. Substance use in the past year ranged from weekly to monthly usage.

Procedure

A fully recursive path model was estimated using the maximum likelihood (ML) procedure in Mplus 6.0 (Muthen & Muthen, 1998-2007). The statistical assumptions of ML estimation (e.g., multivariate normality of the endogenous variables) were satisfied. This model takes into account both the direct effects as well as the indirect effects through the various forms of abuse and victimization.

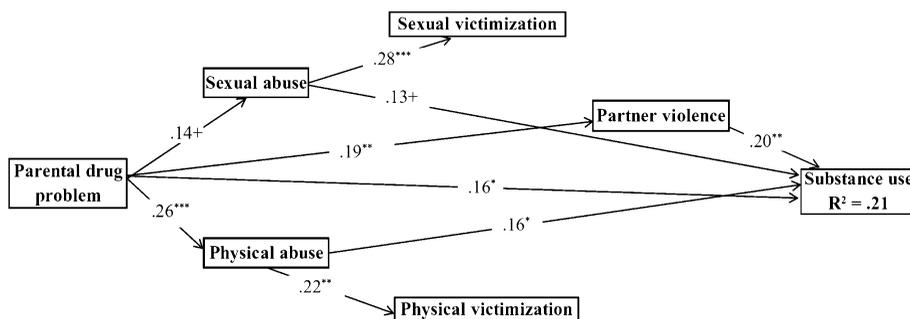


Figure 1. Standardized path coefficients ($N = 172$). Only significant paths are shown. † $p < .10$; * $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$

Results for the key variables are shown in Figure 1; for ease of presentation, control variables are not depicted in the figure and only significant paths are shown. Table 1 shows the direct, indirect, and total effects for the full model on the substance use outcome variable. The effect estimates presented for direct, indirect, and total effects are all standardized coefficients and have the same interpretation as the beta coefficients in Figure 1.

Direct Effects

Results revealed that females ($\beta = .24$), older youth ($\beta = .15$), and those who reported that their parent had a drug problem ($\beta = .14$) experienced more types of sexual abuse. Having a parent with a drug problem was positively associated with physical abuse ($\beta = .26$), whereas being a victim of sexual abuse was positively correlated with sexual victimization on the street ($\beta = .28$) and being female ($\beta = .33$). Those with greater physical victimization experiences since being on the street were likely to be older ($\beta = .17$) and to have suffered higher rates of physical abuse ($\beta = .22$). Respondents who reported more partner violence were more likely to be female ($\beta = .24$), older ($\beta = .25$), and non-White ($\beta = -.16$) and to have a parent with a drug problem ($\beta = .19$). Finally, young adults with a higher frequency of substance use were more likely to be male ($\beta = -.28$) and younger ($\beta = -.14$), to have experienced more physical abuse ($\beta = .16$) and more types of sexual abuse ($\beta = .13$), to have a parent with a drug problem ($\beta = .16$), and to have experienced more types of partner violence ($\beta = .20$). These variables in Figure 1 explained 21% of the variance in substance use.

Table 1. Full Model Results for Substance Use (standardized).

Variables	Direct effect		Total indirect effect		Total effect	
	Estimate	SE	Estimate	SE	Estimate	SE
Female	-.282***	.079	.075 [†]	.046	-.206**	.073
Age	-.140 [†]	.074	.101**	.035	-.039	.074
White	.066	.073	-.027	.030	.039	.074
Parental drug problem	.159*	.074	.114***	.035	.272***	.072
Sexual abuse	.130 [†]	.079	.030	.030	.160*	.076
Physical abuse	.161*	.075	.032	.024	.193**	.074
Sexual victimization	-.016	.086	.011	.016	-.005	.087
Physical victimization	.101	.076	.016	.016	.118	.076
Partner violence	.197**	.079				

† $p < .10$; * $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$

Indirect Effects

Table 1 shows the direct, indirect, and total effects for the full model on substance use. The results revealed that although six variables had a significant direct effect on substance use (i.e., gender, age, parental drug problem, sexual abuse, physical abuse, and partner violence), only a few variables had significant indirect effects. That is, age and parental drug problem both had a significant indirect effect on substance use through partner violence, and parental drug problem also had a significant indirect effect through physical abuse. Specifically, respondents who are older and those who report a parent with a drug problem experience more partner violence, which, in turn, is positively associated with substance use. In addition, young adults who reported a parental drug problem experience greater levels of physical abuse, which, in turn, is positively correlated with more substance use. Finally, females experience more partner violence, which, in turn, is linked to greater frequency of substance use.

Discussion

The current study examined the relationship among child sexual and physical abuse, street victimization, and partner violence with substance use among a sample of homeless young adults. Although these individual constructs have been researched quite extensively, very few studies have investigated these factors concurrently among homeless youth and young adults. The current study's results show that those who report a parent with drug problems are

more likely to experience both sexual and physical abuse and to be involved in a violent relationship. It appears that experiencing child abuse continues to have negative effects for young adults long after they leave home, as it is related to street victimization and substance use. The current study's results highlight the co-occurrence of violence and substance use within the lives of homeless young adults.

As past research has highlighted, homeless individuals often come from families marked by widespread substance misuse (Baron, 1999; Fors & Rojek, 1991; Ginzler et al., 2003; Tyler & Johnson, 2006), and those in the current study are no exception. The results reveal that parental drug problems are correlated with both sexual and physical abuse, which is consistent with previous research (McMorris et al., 2002). It is likely that parents who are consuming large amounts of alcohol and/or using drugs not only are less effective in their parenting but also at times may be abusive and controlling (Dube et al., 2001; Eiden, Colder, Edwards, & Leonard, 2009). The influence of parental drug use does not stop there; the current results indicate that it continues to plague young adults in their romantic relationships and also increases the likelihood of more frequent substance use, which is consistent with prior research (Stein et al., 2002). Given the direct link between parental drug problems and respondents' own substance use, it is possible that in some of these families, youth may be introduced to alcohol and/or drugs by a parent or other family member (Tyler & Johnson, 2006) and thus may hold some responsibility for their child's initiation into substance use.

Consistent with what was hypothesized, the current study finds that sexual abuse is positively associated with sexual victimization whereas physical abuse is positively correlated with physical victimization. This risk for revictimization is consistent with previous research on homeless populations (Tyler et al., 2001; Tyler et al., 2009). In addition, as expected, sexual abuse and physical abuse are positively and directly associated with substance use. This finding is consistent with general population studies, which have found that victims of childhood abuse and neglect continue to report greater substance use in middle adulthood compared to their nonabused counterparts (Widom et al., 2006), demonstrating the long-term negative effects of early childhood abuse. It is possible that many young people turn to substance use as a way to self-medicate or to cope with the experiences of abuse they suffered prior to leaving home.

Contrary to what was hypothesized, neither sexual nor physical victimization is associated with substance use. It is possible that experiencing abuse prior to leaving home, which in the majority of cases occurred at the hands of a caretaker, is traumatic and in some cases devastating for many of these young

people, and as such its effects may be long-lasting. Because numerous homeless adolescents and youth report leaving home because of abuse and neglect (Whitbeck & Hoyt, 1999), it is plausible many of them do not receive appropriate treatment at the time and thus do not develop appropriate coping strategies to deal with the abuse. Because the damage of experiencing abuse has already occurred, subsequent victimization on the street may have additive effects, but these may not be above and beyond those already experienced. As such, distant events such as child abuse may be more important for subsequent substance use compared to more recent street victimization experiences. It is possible that some homeless young adults with a history of child abuse use maladaptive coping strategies, such as substance use to self-medicate and ease the pain of early abuse experiences, which is consistent with research on general population studies (Widom et al., 2006).

Finally, partner violence was positively related to substance use: Homeless young adults who experience more types of relationship violence are likely to have greater frequency of substance use. It is possible that some young adult *victims* of partner violence use substances to cope with these negative experiences within their romantic relationships (Kelly, Izienicki, Bimbi, & Parsons, 2011). In addition, the very nature of their current situation of being homeless means that these individuals routinely experience multiple stressors (e.g., having to find food and shelter) and may also use substances to cope with these situational factors (Kidd & Kral, 2002). Consistent with a risk amplification model (Whitbeck et al., 1999), more distal events including child abuse and parental drug problems are amplified over time, and this negative chain of events continues to exert an important influence on homeless young adults' substance use above and beyond other stressors they routinely experience including sexual and physical victimization on the street.

In terms of study limitations, because the data were self-reported, we are unable to confirm actual incidents of abuse and victimization. Previous research, however, has demonstrated that runaway adolescents do not appear to overreport child abuse compared to parental reports (Whitbeck, Hoyt, & Ackley, 1997), and the prevalence of abuse and victimization found in the current study is consistent with the results of other studies (Baron, 1997; Ryan, Kilmer, Cauce, Watanabe, & Hoyt, 2000). Therefore, the reports of abuse and victimization in the current study are likely accurate reflections of the amount of trauma these young people have experienced. Next, our smaller sample size may have affected our ability to detect differences within our model. In addition, because the data are cross-sectional, inferences about causality cannot be made; however, youth were asked to reflect on experiences that occurred during specific periods (e.g., before leaving home for child abuse and

in the past year for substance use), which assists with temporal ordering of variables. Moreover, it was hypothesized that various forms of abuse and victimization would lead to substance use, and previous research has found support for this ordering of events (Begle et al., 2011; Widom et al., 2006). Despite this, it is also possible that having high rates of substance use may make the young adult an easy target for violence, and thus drinking and/or drug use may lead to physical and/or sexual victimization. Future longitudinal research is needed to address this limitation, though this remains challenging with homeless populations. Moreover, longitudinal research on general populations is still limited in its ability to disentangle the relationship between substance use and partner violence (Murphy & Ting, 2010). Finally, the risk amplification model implies the use of longitudinal data. Though this model has been used extensively to study homeless youth and the vast majority of research finds support for it using cross-sectional data, longitudinal data collection is needed to thoroughly test this model.

The current study also has unique strengths including simultaneously investigating child abuse, street victimization, partner violence, and substance use using multivariate analyses rather than examining these constructs individually. In addition, very few studies have examined partner violence among homeless young adults, and the current results indicate that this is an important correlate of substance use. Future research may wish to replicate these findings to see if similar relationships exist between various forms of victimization and substance use among homeless youth and young adults. Finally, this study investigated parental drug problems, which is a significant correlate not only of child abuse but also of youths' substance use, suggesting that for at least some individuals, the negative events they experience in their family of origin continue to affect them over time (Whitbeck et al., 1999). Some youth may be introduced to alcohol and/or drugs prior to leaving home and continue with its usage because substance use is viewed as acceptable behavior not only among other street youth (Whitbeck & Hoyt, 1999) but also within some families (Tyler & Johnson, 2006). Because very little research has explored the effect of parental substance misuse among homeless individuals, this is another area suitable for further study.

The current study's results reveal several important correlates of youths' substance use as well as potential pathways, which may have implications for prevention and intervention. Specific programs that target abused men and women are needed to assist them with developing healthy coping strategies. Because many of these young people were victims of child abuse and were likely to run away from home to escape these negative circumstances, it is plausible that the majority did not receive appropriate intervention and thus their coping skills

may be maladaptive. Intervention programs that teach these individuals alternative coping strategies such as counseling and developing problem-solving skills may result in lowering their future risk for revictimization as well as reducing their likelihood of developing substance use problems. Because these young adults are also experiencing the stressors associated with their circumstance of being homeless, additional services are needed to provide them with life skills and educational training so that substance use does not become habit-forming in the future.

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