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J Interpers Violence 2009; 24; 1875 originally published online Oct 16, 2008;
DOI: 10.1177/0886260508325490

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Exploring Family Environment Characteristics and Multiple Abuse Experiences Among Homeless Youth

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This qualitative study used data from the Social Enterprise Intervention (SEI) pilot study, a comprehensive vocational training program with integrated clinical services for homeless youth. In-depth interviews were conducted with 28 homeless youth participating in the SEI study to explore their perceptions of family environment characteristics and abuse experiences. The constant comparative method was used to analyze transcripts from in-depth interviews with the youth participants. Emergent themes related to family characteristics include home instability, abandonment, and caregiver substance abuse. Abuse-related subthemes include intrafamilial abuse, caregiver abuse, rejection, and deprecation by caregivers. Grounded theory is used to interpret findings and develop working hypotheses to guide future studies of multipitye maltreatment among homeless youth.

Keywords: *qualitative; child abuse; multitype maltreatment; family environment; homeless youth*

Homeless youth are highly likely to originate from dysfunctional or abusive families. Prior studies reveal that 50% to 83% of these youth have experienced physical and/or sexual abuse, neglect, and parental rejection (Cauce et al., 2000; Gwadz, Nish, Leonard, & Strauss, 2007; Molnar, Shade, Kral, Booth, & Watters, 1998; Powers, Eckenrode, & Jaklitsch, 1990; Ryan, Kilmer, Cauce, Watanabe, & Hoyt, 2000; Thrane, Hoyt, Whitbeck, & Yoder, 2006; Tyler, Cauce, & Whitbeck, 2004; Whitbeck, Hoyt, & Ackley, 1997b). Both parental violence and substance abuse characteristic among these families often lead to multiple contacts with the social-service system (Ryan et al., 2000). Familial abuse can also contribute to early independence, as

many homeless youth cite abuse as one of the primary reasons for leaving home (Martinez, 2006; Sullivan & Knutson, 2000; Thrane et al., 2006; Tyler, Hoyt, & Whitbeck, 2000; Whitbeck, Hoyt, & Bao, 2000).

Researchers have documented the deleterious effects of abuse on homeless youths' psychological adjustment. Homeless youth with histories of physical and sexual abuse are more likely than those without abuse histories to have attempted suicide (Kurtz, Kurtz, & Jarvis, 1991; Molnar et al., 1998; Rew, Taylor-Seehafer, & Fitzgerald, 2001). These youth are also more likely to manifest symptoms of trauma (Gwadz et al., 2007; Thompson, Maccio, Desselle, & Zittel-Palamara, 2007) as well as mental health problems, such as internalizing and externalizing behaviors (Ryan et al., 2000; Whitbeck, Hoyt, & Yoder, 1999).

Furthermore, prior findings indicate that early sexual abuse among homeless youth increases their probability of abusing substances and participating in survival sex or other illicit survival behaviors on the streets (Martinez, 2006; Rew et al., 2001; Simons & Whitbeck, 1991; Tyler et al., 2000; Tyler, Hoyt, Whitbeck, & Cauce, 2001a, 2001b; Tyler, Whitbeck, Hoyt, & Cauce, 2004; Whitbeck et al., 1999). Experiencing early sexual abuse is also associated with an increased likelihood of being physically and/or sexually victimized once on the streets (Ryan et al., 2000; Simons & Whitbeck, 1991; Thrane et al., 2006; Tyler et al., 2000; Tyler et al., 2001a, 2001b; Whitbeck, Hoyt, & Ackley, 1997a).

It is clear from the extant literature that homeless youth have histories of multiple types of abuse. Within the broader field of child welfare, multitype maltreatment refers to the coexistence of one or more abuse types, including physical abuse, sexual abuse, emotional abuse/neglect, psychological abuse, verbal abuse, and witnessing familial abuse (Higgins & McCabe, 2001). Despite the growing interest in this topic within the general child welfare literature, few studies have defined or examined multitype maltreatment among homeless youth.

Most studies examining abuse histories among this population have focused on a single form of abuse (largely physical *or* sexual abuse; Rew et al., 2001; Tyler et al., 2000; Tyler et al., 2001b) or on both physical *and* sexual abuse (Kurtz et al., 1991; Molnar et al., 1998; Ryan et al., 2000; Simons & Whitbeck, 1991; Sullivan & Knutson, 2000; Tyler & Cauce, 2002; Whitbeck et al., 1997a, 1997b). Several studies have explored the impact of physical and sexual abuse with neglect (Gwadz et al., 2007; Kurtz et al., 1991; Powers et al., 1990; Ryan et al., 2000; Thrane et al., 2006; Tyler et al., 2004) or with emotional abuse/parental rejection (Gwadz et al., 2007; Powers et al., 1990; Tyler et al., 2004; Whitbeck et al., 1997b). Studies that

assess up to four types of abuse are less common (Gwadz et al., 2007; Powers et al., 1990; Tyler et al., 2004), whereas those that examine more than four abuse types by including verbal abuse and witnessing family physical and verbal abuse are rare (Tyler, 2006).

Given the high occurrence of multitype maltreatment among homeless youth and the lack of related research, this qualitative study sought to (1) explore family characteristics in the former home environments of homeless youth and (2) examine how homeless youth describe past instances of verbal, emotional, physical, and sexual abuse, as well as witnessing familial abuse. We draw from grounded theory by using qualitative data to derive conceptual categories related to family characteristics and abuse histories. Subsequently, we formulate working hypotheses to inform future research on multitype maltreatment among homeless youth.

Method

Sampling and Recruitment Procedures

Data are from the Social Enterprise Intervention (SEI) pilot feasibility study, which was approved by the Institutional Review Board at the lead investigator's university. The SEI is a comprehensive vocational training program with integrated clinical services designed to equip homeless youth with vocational and business skills, along with clinical services, to facilitate their involvement in a vocational cooperative (Ferguson, 2007). A local drop-in center that serves homeless, runaway, and precariously housed youth hosted the SEI program and pilot study.

Convenience sampling was used to select 28 homeless youth (ages 18 to 24) to participate in the original SEI pilot (16 SEI and 12 control group participants). During a 1-month period, SEI staff spent 10 hr per week in the host agency to recruit participants into the SEI program. The staff approached the youth in the central dayroom in random order and asked them if they wanted to participate in the SEI program. Two screening criteria were used to select the youth. First, they had to have attended the agency two or more times a week for the month prior to the study. Second, they had to verbally commit to attending the SEI program to receive vocational training for 4 months and business training for 3 months.

To participate, the youth had to comply with the two screening criteria and sign a consent form authorizing their involvement in the study and in all components of the SEI. Of the 100 youth approached during the engagement

phase, 20 signed up to participate in the SEI, whereas 16 actually attended the training. The 4 youth who signed up but failed to show up had left the agency by the time the vocational courses began and could not be reinterviewed.

A separate control group of 12 youth was formed in the agency. These youth opted not to participate in the SEI but consented to participate in the baseline and follow-up interviews. An attempt was made to match these youth with the SEI youth on age, gender, and ethnicity. The control group received usual-care services throughout the duration of the SEI program.

SEI Program

The SEI program consisted of five stages: (1) youth outreach and engagement; (2) vocational skills acquisition; (3) business skills acquisition; (4) cooperative formation; and (5) clinical services, which operated in each stage. The SEI instructor first taught a 4-month course in Photoshop software and graphic design for apparel to the youth for 9 hr per week (3-hr class, 3 days per week). Following the vocational course, the youth received a 3-month course in small-business development. Subsequently, the youth participated in a vocational cooperative during the final 3 months of the project. The youth used Photoshop to design logos that were embroidered onto beanies for advertisement on the project Web site and for sale at flea markets.

The SEI mental health component was woven through the project. The SEI clinical mentors were trained in rapport building, clinical assessment, and harm-reduction strategies. The mentors met weekly with the youth outside of SEI classes to identify and assess the youths' mental health needs as well as to initiate and monitor referrals. The mentors also used various harm-reduction techniques (e.g., safe sex practices, health education, and substance abuse referrals) as needed to address the youths' high-risk behaviors. In instances in which the mentors detected symptoms of mental illnesses (e.g., depression, posttraumatic stress disorder, conduct disorder), they encouraged the youth to seek services from the host agency clinical staff and initiated the appropriate referrals. Additional details on the SEI intervention are published elsewhere (Ferguson, 2007).

Measures

The youths' family environment and abuse histories were explored using an adapted version of Noll, Horowitz, Bonanno, Trickett, and Putnam's (2003) Time 3 Comprehensive Trauma Interview. In an in-depth interview,

youth were questioned about the nature, extent, frequency, and severity of abusive episodes across six domains of childhood abuse: (1) verbal abuse; (2) emotional abuse and/or rejection; (3) physical abuse, including excessive punishment; (4) sexual abuse and/or sexual assault; (5) witnessing family verbal abuse; and (6) witnessing family physical abuse.

In addition to whether the abuse type occurred, the youth were asked to indicate their age at each abusive episode, the duration of abuse (i.e., age when abuse stopped), the identity of the perpetrator and all parties involved, how close they were to the perpetrator at each episode, and the frequency with which each episode occurred. Abuse frequency was measured as 1 (*rarely/less than one or two times per year*), 2 (*occasionally/one or two times per year*), 3 (*monthly/one or two times per month*), 4 (*weekly/one or two times per week*), or 5 (*everyday/one or more times per day*). The youth also indicated how severe they found each episode to be. The severity rating was measured as 1 (*not at all upsetting*), 2 (*a little upsetting*), 3 (*moderately upsetting*), 4 (*very upsetting*), or 5 (*extremely upsetting*). For each reported occurrence, the youth described the specific details of the episode.

Data Collection, Coding, and Analysis

Using grounded theory, researchers concurrently collected, coded and analyzed the data (Glaser & Strauss, 1967). As part of a study evaluating the SEI program, a 60- to 90-min structured and in-depth baseline interview was conducted with 28 homeless youth (SEI and control youth) before the SEI program began. The in-depth interview that assessed abuse histories lasted 30 min. Prior to the interview, the researchers discussed confidentiality with the participants to ensure them that all information would be reported anonymously and in aggregate form. However, as mandated reporters, the researchers informed the youth of their legal requirements in the event that the youth disclosed that there were minors at risk of abuse in the households in which the youths' own reported abuse episodes occurred.

During all interviews, the researchers took copious notes because the interviews were not audio-taped. After each lengthy qualitative response by the youth, the researchers repeated their words to them to increase the accuracy of the youths' original testimonies. Given the sensitive nature of the content, the researchers held MSW degrees and used a risk-assessment protocol during each interview to assess for suicidal ideation and/or the need for clinical attention. Licensed clinical social workers were available at the agency in case the youth participants needed immediate or subsequent clinical attention. After each interview, researchers held a debriefing session

with the youth and connected them to agency staff and resources. All youth received a \$10.00 gift card after the completion of the interview. Immediately following each interview, the researchers wrote up the interview dialogue and their field notes.

The constant comparative method was used to analyze participants' transcripts from the in-depth interviews (Glaser & Strauss, 1967). Data coding was conducted by the lead investigator and one research assistant using three stages. First, to generate initial, low-inference codes (i.e., open codes), key words were identified from the interview guide and the participants' transcripts. Weekly meetings were held to refine codes, confer on additional codes, and combine codes into a unified list. Next, a high-inference coding process (i.e., axial coding) was adopted in which similar codes were grouped into broader categories. Within each primary code, subcategories were created by using codes from the original list and by breaking down complex codes into subcategories. Finally, memoing was used to elaborate on the categories and establish theoretical connections among codes (Lofland & Lofland, 1995).

Data triangulation, audit trails, and prolonged engagement were used to maximize the data's trustworthiness (Lincoln & Guba, 1985; Padgett, 1998). Different types of data were collected, including in-depth interviews and focus-group discussions as part of the larger SEI evaluation study, and field notes from weekly project observations by the lead investigator. The researchers also used an audit trail of comprehensive records at each stage of data coding and analysis to enhance subsequent rounds of interpretation. Finally, the lead investigator participated in prolonged engagement in the field setting by spending 3 to 5 hr each week at the host agency.

Participants

Twenty-eight homeless youth (ages 18 to 24) were recruited as part of the original pilot study from a homeless youth drop-in center in Los Angeles. Collectively, participants were on average 21 years old ($SD = 1.41$). Twenty youth were male and 8 were female. Eleven youth identified as African American, 6 as Hispanic, 6 as Caucasian, 4 as Mixed or Other ethnicity, and 1 as Asian. Regarding educational backgrounds, 6 youth had some high school education, 14 youth had a high school diploma or GED, 7 had some college and 1 had a vocational degree. At the time the study began, 8 youth were working, whereas 20 were unemployed. Of the 28 youth, 15 were living on the streets at the time of the study, 5 in shelters, 4 with extended family members, 2 in hotel rooms, and 2 with partners. The street-living youth had spent an average of 25.93 months ($SD = 20.48$) on the streets and had begun living on the streets at age 18.47 years ($SD = 2.30$).

Results

The findings are divided between the two primary codes (family characteristics and abuse experiences) and their respective subcategories. Participant testimonies are used to illustrate the emergent themes as well as to bring the voices of homeless youth clients into scholarship to inform researchers and practitioners of their lived experiences (Witkin, 1999).

Family Characteristics

In the in-depth interviews, youth discussed common family characteristics within their home environments. Various subthemes emerged in the analysis, which were grouped under the following codes: (1) home instability, (2) abandonment, and (3) caregiver substance abuse.

Home instability. The youth experienced a great deal of instability, insecurity, and uncertainty in their home environment. There was little structure provided by their parents, often because their parents were struggling themselves with mental illness, substance abuse, or homelessness. Youth described feeling little sense of order in their lives and expressed feelings of limited control over their environmental surroundings, as stated by one youth: "My mom, uncles, and aunts were always getting beat up. Everything just always happened at random. You never know what will happen next, especially in the hood. I'm from Watts."

Because most of the youths' families tended to reside in at-risk neighborhoods, caregivers were frequently unable to protect their children from physical harm. Limited supervision by caregivers often further put the youth and their families at risk of abuse and exploitation. One youth described his childhood growing up on the streets of downtown Los Angeles, in an area where the homeless population is heavily concentrated: "Mentally my mom was not there for us. She was on her drugs. I remember living on Skid Row. She would try to protect us from the homeless men who would try to beat her."

Abandonment. Multiple youth experienced the physical abandonment of either one or both caregivers prior to leaving home. In cases in which the youth were abandoned by their mothers, the youth often ended up on the streets in the absence of support from other family members. One youth described how he became homeless after his mother left him alone on the streets, where they had both been living after eviction from their apartment: "My mother abandoned me on December 12, 1995. The rest of my family didn't care about me, so I just didn't bother."

Several youth experienced repeated instances of abandonment by multiple caregivers. These youth shared childhood experiences in which they were passed among family members/relatives, who were later unable—or unwilling—to raise them. Mental abandonment by caregivers was also common among the youth in our sample. Often their caregivers' own mental, emotional, and financial problems hindered their ability to meet these youths' needs during childhood and adolescence. Repeated instances of both physical and mental abandonment in these youths' lives often contributed to their feelings of disillusionment toward their caregivers, as described by one youth: "When I was little, my parents split up and my dad stopped visiting me. I stopped expecting him to come around at 12 years. I felt rejected by my mom later on because she went back to him and stayed with him even though she would promise to leave him."

Caregiver substance abuse. Alcohol and substance abuse among caregivers was reported by 42% of the youth in our sample. Often, parental drug problems were associated with intrafamilial abuse and verbal, emotional, physical, and sexual abuse of the youth, as one noted: "Every time my mom got alcohol, which was every 2 weeks, my mom and her boyfriend would start drinking together and fighting and swinging at each other. This was going on even before I was born."

Parental substance abuse was also linked to familial disintegration and multiple interactions with the social service and foster care systems. Many youth were trapped in a cycle of being removed from and returned to their families, as their parents struggled to address their own mental health problems. Intergenerational families were common in these youths' backgrounds, in particular with those who originated from families in which parental substance abuse and/or child abuse were prevalent. One youth described the relationship among parental abuse, substance abuse, and family disintegration at home: "Every weekend my mom would hit me on my legs and arms and back. Then one time, I got cut on my wrists and I had to go to the hospital. At the hospital, they took all these pictures of me. My mom beat me because she was drinking. So me and my brothers were taken away for 6 months, and then we were given back. But it didn't stop."

Abuse Experiences

During the interviews, the youth also described their histories of verbal, emotional, physical, and sexual abuse, as well as witnessing familial abuse.

Four subthemes emerged in the analysis: (1) intrafamilial abuse, (2) caregiver abuse, (3) rejection, and (4) deprecation by caregivers.

Intrafamilial abuse. Domestic violence was common within the families of these youth. The youth shared collective experiences of witnessing verbal abuse among caregivers and other family members. Witnessing family verbal abuse was reported by 50% of the sample ($n = 14$). A common verbal abuse theme was the exchange of insults and vulgar language between caregivers, as described by one youth: "My mom and stepdad would call each other assholes, bitches, sluts, whatever." By experiencing repeated exposure to derogatory verbal exchanges between caregivers, the youth often concluded that this was an "acceptable" and "normal" way of interacting among spouses. One young person commented, "All the time, my aunts, uncles, and parents would use alcohol and just say insults like 'bitch'—you know, things you tell your spouse." Such negative modeling of parental behavior can potentially affect the youths' future psychosocial adjustment and interpersonal relationships. In addition to verbal insults between caregivers, the youth also witnessed the frequent exchange of threats of bodily harm, as one youth recalls: "Every day my mom and dad would verbally threaten to hurt each other."

Alcohol and drugs were often present during abusive verbal exchanges and served as catalysts to much of the verbal violence in the home. Some youth welcomed the heated verbal exchanges between caregivers, as they believed that their parents would separate as a result. One youth expressed his hope for an end to the verbal abuse between his parents: "Once a week my mom and stepdad would get into an argument and it kept building up. I was actually kind of happy because each time I thought she would leave him, but she never did. So I left." For other youth, however, the verbal fights between caregivers were emotionally upsetting: "Twice a week, my parents would say mean things to each other. I would go to my room and just cry."

Physical abuse was also prevalent among the youths' families, although slightly less common than verbal abuse. Thirty-nine percent ($n = 11$) of the youth witnessed family physical abuse in the home. The youth commonly shared experiences of their parents, stepparents, and other family members engaging in physical fights in the youths' presence, as described by one youth: "My mom and stepdad would get in a fight a lot. He would push her and she would hit and punch him back. My aunts and uncles always fought and my stepdad and uncles would fight, too." The youths often expressed concern for the victim in these abusive episodes, who was generally the youths' mother. Several youths observed how fearful their mothers were of

their abusive partners: "My foster dad was hurting my foster mom mentally. She was scared of him." Another youth noted, "My dad beat the shit out of my momma. He was too big for her and she was too small." Physical abuse often co-occurred with sexual abuse in many of the homes: "My dad would throw things and was physically abusive toward my mom and sexually abusive toward my sisters."

Caregiver abuse of youth. Given the presence of domestic violence in the youths' homes, many were often targets of physical abuse as well. Physical abuse was reported by 50% of the youth ($n = 14$) and was most frequently perpetrated by the youths' biological/adoptive fathers ($n = 8$). Other common perpetrators were foster parents and members of the extended family.

Two recurring themes discussed by the youth were the severity of abuse and the powerlessness they felt against abusive caregivers: "My ex-foster parents hit me everywhere many times. They gave me a black eye, a bloody nose, and bruised-up arms and legs. My foster dad would fight with me but he was always stronger than me." Oftentimes, the youth—in particular, older teens—would try to fight back to regain control over their situations and lessen the abuse. Nevertheless, their participation in the fights often tended to increase the severity of abuse: "Like three times a week, my uncle, grandpa, cousin, and brother would hit me wherever they could land a punch. They left me with bruises, black eyes, and bloody noses. I started fighting back when I was 16. It just got worse when I started fighting back."

As observed in situations of domestic violence between the youths' caregivers, alcohol also commonly co-occurred with physical abuse against the youth, as one youth described: "My dad would hit me once a week when I didn't come home on time. He would always be drunk. He would beat us when he asked us to do something and we didn't do it. If one of us did something bad, we would all be beat, like if we tried to tell him he wasn't treating our mother right."

Sexual maltreatment was also common among the youth in our sample, with 39% reporting a history of sexual abuse ($n = 11$). Whereas physical abuse was most commonly perpetrated by a family member, sexual abuse was most often committed by a nonfamily member, foster father, or stranger. All perpetrators of sexual abuse were male. One youth described repeated sexual abuse during her childhood by a friend of the family: "My dad's best friend would be lying on the couch, sleeping or pretending to be asleep, and he would stick his foot out and grab me. Once I was hiding from him in the closet and he came in and grabbed my boobs."

Regardless of the perpetrator, both physical and sexual abuse eroded the youths' ability to trust their caregivers. The youth collectively described feelings of betrayal of trust by their caregivers in instances of abuse: "My foster dad would call me names. He would try to hurt me physically. He would grab me in a chokehold. I told my social workers and they took his license away but my foster parents said I lied." Several youth also shared sentiments of disappointment in their maternal caregivers for refusing to acknowledge or accept the abuse occurrences.

Rejection. Rejection or emotional abuse by caregivers was widespread, as 50% reported histories of verbal and/or emotional rejection ($n = 14$). Verbal rejection entailed the caregivers telling the youth that they were not wanted anymore or the caregivers telling them that they wished the youth were never born. In these cases, the youth generally ended up on the streets as "throwaway youth," or youth whose families have told them that they are no longer wanted at home. In explaining how he ended up on the streets, one youth stated: "Twice my mom said she didn't want me. She told me she wished I was never born. I didn't have anywhere else to go."

Emotional rejection, or neglect, was also common among the youths' home environments. Several youth discussed similar experiences of feeling distanced from their families or feeling as if they had been adopted. Other youth described this disaffection with their families as feeling as if they were just temporarily visiting their homes. Some youth shared experiences of being pushed aside by their families, whereas other youth detailed childhoods in which they did not receive attention from their families or were ignored by their families, as one youth noted: "My whole life, everyone in my family except my sister just ignored me and acted like I wasn't there."

Rejection was also a common theme among youth (in particular, male youth) whose mothers were in abusive relationships or chose to live with abusive partners. Often these mothers would make promises to the youth to leave their abusive partners but would not follow through by leaving. In such cases, the youth described feeling tension in their relationship with their mothers and frequently experienced abuse themselves by their mother's partners.

Deprecation by caregivers. Verbal abuse was the most common maltreatment type among the youth, with 68% reporting verbal abuse histories. The youth were subject to deprecating remarks by caregivers about their physical appearance (e.g., being fat), their competency (e.g., being stupid) and their future potential (e.g., being lazy and not becoming anything in life). One youth described repeated insults by his family about his perceived lack

of ability and potential: “Every day my family said that I am not going to be anything in life. They said that I was a mistake and that I have a problem. They would say that there is something wrong in my head and that I am a wacko.” Exposure to continuous insults and degrading comments by caregivers often led to feelings of insecurity and low self-esteem among the youth: “At least once a month, my stepmom and stepdad would say mean things to me—like that I was fat or stupid. It would make me feel upset and insecure about myself.” Other youth shared feelings of inadequacy for not living up to parents’ expectations or failing to make their parents proud.

As evidenced with physical abuse, parental substance abuse was also common in families with reported verbal abuse. One youth described her frequent verbal exchanges with her mother: “Every day my mom would become upset and yell at me when I wouldn’t give her money to buy more alcohol. I was working a full-time job because I had a child depending on me.”

Discussion

This study examined the multiplicity of family environment characteristics and abuse histories among homeless youth. Although we cannot generalize our findings, our goal was to create an accurate and detailed account of clients’ perspectives of their home environments and familial abuse histories. Most notably, the youths’ home environments were largely characterized by instability, including a lack of parental structure and protection; physical and mental abandonment by parental figures; and alcohol and drug abuse among caregivers. The youths’ reported abuse experiences demonstrate a high prevalence of multitype maltreatment, including both verbal and physical domestic violence, physical and sexual abuse, emotional rejection, and verbal criticism of the youths’ physical appearance, intelligence, and potential.

It is important to understand the family environments and abuse histories of homeless youth, as evidence indicates that both family dysfunction and maltreatment are key predictors of runaway behavior and early independence among these youth (Martinez, 2006; Sullivan & Knutson, 2000; Whitbeck et al., 2000). Likewise, the family environment from which homeless youth originate is also likely to influence their development and outcomes (Tyler et al., 2004). Youth who escape familial environments of dysfunction and maltreatment for a life on the street are often more cognitively delayed and emotionally unstable, and less physically healthy, than housed youth (Russell, 1998; Ryan et al., 2000). Testimonies of youth in our study reveal that homeless youth who originated from dysfunctional families

identified feelings of instability, uncertainty, disillusionment, and fear of their surroundings. Similarly, those youth who experienced abuse developed feelings of emotional distress, insecurity, powerlessness, and hopelessness.

One interesting finding among youth in this study who witnessed repeated verbal and physical abuse in the home concerns their perceptions of "normal" behavior between domestic partners. Witnessing dehumanizing and violent communication and behavioral styles between caregivers shaped the youths' sense of appropriate interpersonal and interfamilial interactions. Parental modeling of abusive behavior between domestic partners can influence the youths' psychosocial and behavioral adjustment within their own interpersonal relationships. Prior studies with victims of child abuse reveal that such abusive interactions in the home can be self-reinforcing for youth over time, which can result in youth seeking out or creating their own future familial environments that reflect their previous home lives (Caspi, Bem, & Elder, 1987; Noll et al., 2003). Drawing on these findings, it is hypothesized that homeless youth who witness interfamilial verbal and physical abuse will develop distorted perceptions of appropriate supportive and nurturing behavior between domestic partners. Youth who witness repeated verbal and physically abusive exchanges between caregivers are more likely to perceive these interactions as normal interpersonal behaviors between domestic partners.

An additional noteworthy finding from this study is that the majority of the youth experienced multitype maltreatment. Eighty-two percent of the youth experienced at least one of the six types of abuse. The mean number of abuse types was 2.96 ($SD = 1.88$). Seventy-one percent of the sample ($n = 20$) reported histories of three or more abuse types, with 18% ($n = 5$) experiencing five or six abuse types. Verbal abuse was the most common type among the youth, with 68% reporting verbal abuse histories. Emotional abuse, physical abuse, and witnessing family verbal abuse were all reported by 50% of the sample ($n = 14$). Sexual abuse and witnessing family physical abuse occurred in 39% of the youth population ($n = 11$). Given the interrelationship among abuse types identified in this study, it is hypothesized that when homeless youth report a single form of abuse, they are more likely to experience additional co-occurring abuse types. Also, homeless youth who experience abuse by caregivers are more likely to originate from households in which interfamilial verbal and physical abuse also occurs.

The conclusions drawn from our findings should be taken with caution because of the study's limitations. First, given our use of a convenience sample and the selection criteria to recruit study participants, these youth are not likely representative of the greater homeless youth population.

Because the participants likely had longer service histories and were motivated to participate in a vocational program, the sample likely comprised more engaged and higher-functioning youth. Also, because the study participants were selected within a drop-in center, it is highly likely that street youth, who do not access agency services and who may have more severe abuse histories, were not appropriately represented in this sample. Nonetheless, to ensure that we were targeting youth who were actively engaged in the street culture (vs. youth in shelters or transitional-living programs), we purposely chose to conduct this study in a low-barrier drop-in center. Among our sample, 54% of the youth reported living on the streets, and 71% lived either on the streets or in shelters. The remaining 29% reported being housed. It is thus likely that the youths' experiences are somewhat consistent with homeless, street-involved youth, who tend to have higher abuse prevalence rates than housed youth (Ryan et al., 2000).

Furthermore, abuse assessments were conducted via self-reports and were neither tape-recorded nor corroborated through other sources. However, a strength was that the researchers had served as staff or volunteers with street-youth organizations and were thus familiar with street culture. Because the researchers were previously known and trusted by many of the youth, it was less likely that they would bias their responses. Also, by reporting back to the youth their testimonies, the researchers took measures to increase the veracity of the youths' reported experiences.

Implications for Researchers and Practitioners

Several implications for researchers and practitioners result from this study. Whereas physical and sexual abuse have been the predominant focus in previous studies with these youth, few researchers have focused on verbal abuse and witnessing family verbal and physical abuse. Based on the high rates of multitype abuse detected here and in prior work (Gwadz et al., 2007; Tyler, 2006), it is vital to adopt a multidimensional approach to studying abuse histories among this vulnerable population, including various direct and indirect abuse forms. A comprehensive array of psychosocial and behavioral outcomes should also be included in future work so that the relationships between specific abuse forms and outcomes can be more clearly examined.

A multitaltreatment perspective would first enable researchers to detect co-occurring abuse types and to assess for differential effects of multiple forms of abuse (Arata, Langhinrichsen-Rohling, Bowers, & O'Brien, 2007; McGee, Wolfe, & Wilson, 1997). Second, examining the presence of multiple abuse types—and the ensuing interactions among them—would allow

researchers to determine whether and how additional abuse types exacerbate homeless youths' psychosocial and behavioral adjustment. Prior studies have found that the co-occurrence of multiple abuse types is associated with more negative outcomes than are found from single forms of abuse or neglect alone (Higgins & McCabe, 2001). Last, by adopting a conceptual definition of abuse that is inclusive of multitype maltreatment, researchers would be able to draw more accurate conclusions regarding the effects of each specific abuse type on homeless youths' psychological and behavioral adjustment.

Given the high rates of multitype abuse found here, it is also important that practitioners assess for both direct and indirect abuse forms. The co-occurrence of various abuse types is of clinical concern because indirect forms of abuse (e.g., witnessing abuse) can exacerbate the psychosocial symptoms of direct abuse experiences. Yet, when identified, such symptoms can be treated. Practitioners who use a comprehensive assessment are more likely to detect both apparent and more subtle types of abuse. Furthermore, indirect forms of abuse that were witnessed by the youth may also alert practitioners to other underlying direct forms of abuse. Youth who are reticent to disclose direct abuse that they experienced may initially feel more comfortable discussing indirect abuse that they witnessed. Practitioners who recognize the associations between direct and indirect abuse types will likely be more receptive to the symptoms of other unreported and underlying abuse forms. Understanding how symptoms for different abuse types manifest and which abuse types lead to which particular outcomes may enhance practitioners' overall diagnosis and treatment of the sequelae of abuse with homeless youth.

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