

Short Communication

Prevalence of Exposure to Family Violence among African American Young Adults in Washington

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Abstract

This research examines the prevalence of family violence among African American young adults, ages 18 to 25, who lived in socioeconomically disadvantaged areas of Washington, DC. We focused on nine questions from a 34 items question in the juvenile victimization questionnaire (JVQ), which measures the prevalence of childhood exposure to violence in the family before age 18. The results show that a relatively large percentage of African-American young adults in the sample were exposed to family violence. Nearly a third of the participants (30%) were physically abused by a grown-up in their life. About 20% said they were neglected as children and 29% said they had experienced emotional abuse.

ABBREVIATIONS

AA: African American; ACEs: Adverse Childhood Experiences; IPV: Intimate Partner Violence; HIV/AIDS: Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome; ACASI: Audio Computer-Assisted Self Interview; JVQ: Juvenile Victimization Questionnaire; SPSS: The Statistical Package for the Social Sciences

INTRODUCTION

Young adulthood, generally ages 18 to 25, is a critical period of development for emotional maturation, brain development, life transitions, and the establishment of trajectories that can have lifelong outcomes, both positive and negative [1]. It is particularly important to understand the impact of childhood violence and the trauma that young adults face, because the transition from childhood to adulthood makes many existing inequalities, such as aging out of foster care, more acute, [1]. However, less information and data on the impacts of exposure to childhood violence is specific to young adults, even though more African American than white children is exposed to violence and trauma [2]. This research brief therefore focuses on exposure to childhood family violence among African American young adults, ages 18-25, who live in an urban environment (Washington DC).

Exposure to violence and trauma before the age of 18 has been shown to increase the risks for a host of adverse experiences and outcomes in adulthood. For example, adults who witnessed violence in childhood were 3 times more likely than those who did not to inject drugs in adulthood, and adults

who experienced sexual abuse were five times more likely [3]. A systematic review found that 28 of the 30 studies that used the Adverse Childhood Experiences (ACEs) scale to examine sleep disorders and disturbances in adulthood showed statistically significant associations between sleep disorders and a history of childhood adversities [4]. Indeed, the prevalence of adults reporting poor sleep quality among adult was 200% higher for those who reported frequent physical and emotional abuse during childhood, compared to those who did not [5]. Among African Americans, a longitudinal study of 177 African American adolescent girls, ages 14-22, who were low income and seeking mental health treatment, found that childhood exposure to violence was associated with increased sexual risks that persisted overtime [6]. The researchers also found that more extensive and cumulative violence exposure was associated with greater overall unsafe sex practices, such as inconsistent condom use and more partners [6].

MATERIALS AND METHODS

The baseline data presented here was collected as part of a three-wave longitudinal study of the links between exposure to violence, immune functioning, and risks for HIV/AIDS among African Americans. To qualify for inclusion, respondents had to be between the ages of 18 and 25 on their most recent birthday, self-identify as African American or Black, test as HIV negative, and currently live in one of the more disadvantaged wards of Washington, DC.

Survey data was collected on childhood exposure to violence and exposure to community violence, and on other

adverse life experiences, perceptions of discrimination, current socioeconomic characteristics, health problems and symptoms, drug use, and HIV risk behaviors. The survey data were collected by ACASI (Audio Computer-Assisted Self Interview).

Because the targeted population was hard to reach and transient in nature, community-based and venue-based sampling, snowball sampling, and convenience sampling techniques were used. Recruitment was conducted by a street team of researchers led by an experienced community-based researcher; all had established ties to the communities. Once the recruiter confirmed eligibility, the respondent received an appointment for data collection at the Howard University Hospital in Washington, DC. Consenting participants received a \$50 pre-paid Visa card upon completion of the survey. Howard University's Office of Regulatory Research Compliance approved the study.

Measurement and Data analysis

We focused on nine questions from a 34 items question in the Juvenile Victimization Questionnaire (JVQ) that measures the prevalence of childhood exposure to violence in the family before age 18. The response options to experience with each type of violence were one time, two times, three times, four times, five times or more, no times, and prefer not to answer. The JVQ has the test-retest reliability coefficient of 0.90 and Cronbach's $\alpha = 0.85$ [7,8]. All analyses were undertaken using SPSS v22. This study presents baseline analysis of data collected in a longitudinal study from 638 African Americans young adult men and women. Frequencies and percentages were calculated for nine types of family violence that occurred before the age of 18.

RESULTS AND DISCUSSION

Descriptive statistics

Our sample included 323 (50.6%) females and 315 (49.4%) males. More than half (53.6%) were between 18 and 21 years of age, and about 70% were single. Most lived in an apartment (25.5%) or a house (33.1%) that someone else rented or owned. Another 29.3% rented their own apartments, and 6% reported that they were homeless. Six in 10 recruits (60%) had completed high school or had a GED, about one in five (18%) did not finish high school, 8% had finished vocational or trade school and 14% attended or graduated from college. Over 90% of recruits

(91.7%) had an income under \$30,000 in the past year; over three-quarters (77.0%) had an income under \$15,000.

Results

Nearly a third of the sample ($n=191$, 30.0%) had been physically abused (defined as being hit, beat, kicked, or physically hurt in any way) by a grown-up in their life (Table 1). About 20% said they were neglected, with 13.5% ($n=128$) reporting that it happened more than once. Emotional abuse was defined as getting scared or feeling really bad because grown-ups in their life called them names, said mean things, or said they didn't want them. Approximately 183 respondents or 28.7%, said they had experienced emotional abuse as a child. A question also asked participants if they ever experienced a custodial interference, worded as "Sometimes a family fights over where a child should live. When you were a child, did a parent take, keep, or hide you to stop you from being with another parent?" More than one in five respondents (22.3%) of the respondents answered yes.

The survey also asked about a fourth type of direct violence, sexual assault and abuse. This was experienced by 19% of the sample, or 121 people. Almost 12% of the sample said it occurred two or more times. Nearly 29% said they witnessed a parent be physically hurt by another parent, boyfriend, or intimate partner, and 21% said they witnessed apparent physical harm to a sibling. Almost four in ten (38.7%) respondents had a relative, friend, neighbor murdered.

CONCLUSION

Discussion

Children can experience many forms of family violence, including physical and emotional abuse, neglect, sexual assault, and witnessing intimate partner violence. In order to develop various services, programs, and policies designed to assist children exposed to violence and prevent family violence it is important to understand the prevalence of family violence among different populations and groups.

The results show that a relatively large percentage of African-American young adults in the sample were exposed to family violence before the age of 18. Although our sample and research design is much different, comparisons of our data with national-level data of lifetime victimizations among 14-17 year olds show

Table 1: Exposure to Nine Types of Family Violence among African-American Young Adults.

Indicator of Family Violence	One Time		Two or More Times		Total	
	N	%	N	%	N	%
Physical abuse by a grown-up in their life	63	9.9	128	12.0	191	30.0
Childhood neglect	41	6.4	86	13.5	127	19.9
Emotional abuse by a grown-up in their life	50	7.8	133	20.9	183	28.7
Custodial Interference/ Family Abduction	53	8.3	89	14.0	142	22.3
Sexual assault by a known adult	46	7.2	75	11.8	121	19.0
Witness a parent be physically hurt by intimate partner	64	10.0	118	18.5	182	28.6
Witness a parent physically hurt a sibling	39	6.1	95	14.5	131	20.6
Theft of property from family's home	69	10.8	139	21.8	208	32.7
Murder of a relative, friend, or neighbor	74	11.6	173	27.1	247	38.7

a higher prevalence of family violence in our sample [9,10]. For example, lifetime physical abuse by a caregiver was reported by 19.4% of 14-17 year olds in national samples, versus 30.1% in this study. The differences could indicate that predominately low-income African Americans are experiencing family violence at a higher rate than is observed on a national level. Our findings highlight the importance of examining exposure to family violence, and point to the need for trauma-informed programs that are tailored to African American young adults living in urban areas. Our results also suggest the need for violence prevention programs, particularly those that support families and help resolve family conflict. With the proper support, people who experienced family violence during childhood and are negatively impacted by it as a young adult may be better equipped to thrive and lead productive lives.

Limitations

There are some limitations to this research. First, a few of the indicators were not specific to family members, and positive answers may have included respondents who answered about a non-family member. Second, the results are not generalizable because the sample was non-probability based and was local to Wards in Washington, DC. Third, as with any retrospective study, recall bias was likely present.

FUTURE RESEARCH

Despite limitations, the current study serves as a guide for developing future research that considers exposure to family violence on health outcomes. Next steps could include an examination of the impact of family violence on the biomarkers measured in this study. One could also identify differences in coping strategies related to family violence exposure, and explore the impact of childhood violence on the likelihood of exposure to violence as an adult. Such findings can be used to design trauma informed social and support services for adolescents and young adults, establish the need for violence prevention programs in urban settings, and increase our awareness of the long-term effects of childhood exposure to violence.

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