Adolescent Experiences of Violence and Relation to Violence Perpetration beyond Young Adulthood among an Urban Sample of Black and African American Males

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ABSTRACT *The purpose of this study is to determine if experiences of physical violence during early and late adolescence (12–21 years) places urban Black males at increased risk for interpersonal violence perpetration beyond young adulthood (30 years and older). Participants of this cross-sectional study were Black and African American men (N=455) between the ages of 30 and 65 years, recruited from four urban clinical sites in the Northeast. Multivariate logistic regression models were used to analyze the relation of adolescent experiences of violence to: (1) past 6 month street violence involvement and (2) past year intimate partner violence perpetration. Ten percent of the sample reported that they experienced adolescent victimization. Men reporting adolescent victimization were significantly more likely to report past 6-month street violence involvement (Adjusted Odds Ratio (AOR)=3.2, 95 % CI=1.7–6.3) and past 6 month intimate partner violence perpetration (AOR=2.8, 95 % CI=1.8–5.4) compared to men who did not report such victimization. Study findings suggest that in order to prevent adulthood perpetration of violence, more work is needed to address experiences of victimization among young Black males, particularly violence experienced during adolescence.*

KEYWORDS *African American men, Violence, Victimization, Intimate partner violence perpetration, Street violence*

INTRODUCTION

Although victimization from violent crimes has declined over the last decade throughout the US, urban Black males continue to be disproportionately victimized by physical violence throughout their lifespan.¹ Results from the most recent

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National Victimization Survey, conducted by the Bureau of Justice Statistics, reveal that Blacks living in urban areas and Blacks ages 16–19 years are at greatest risk for victimization from violent crimes such as aggravated assault, sexual assault or rape, and robbery.^{1,2} In 2010, the rate of violent victimization due to aggravated assault was highest among Blacks (20.8 per 1,000 ages 12 or older) as compared to White non-Hispanics (13.6 per 1,000) and Hispanics (15.6 per 1,000).²

Physical violence victimization significantly reduces the average life span of Black men. Among males 10–24 years of age, homicide is the leading cause of death among Blacks.³ Black males aged 18–25 years have the highest homicide victimization rates across all racial groups.^{1,4} The fatal and non-fatal injuries resulting from physical violence victimization cause tremendous economic burden on the US healthcare system and economy.^{5–7} National economic studies estimate that physical assault results in up to \$6–7 billion in direct medical care costs, as well as 65 billion in lost productivity.^{5–7}

Research documents that experiencing physical violence early in life significantly impacts an individual's social and emotional development. Considerable research provides evidence that both familial and non-familial violence experienced in childhood and adolescence increases risk for involvement in crime and deviance,^{8–10} lower educational and occupation attainment,¹¹ post-traumatic stress disorder,^{12,13} greater risk for alcoholism, drug abuse, and increased smoking¹⁴ as well as distress, depression, and suicide attempts^{14–16} in late adolescence and early adulthood. Studies also show that the combined effects of victimization from violence, mental health trauma, and societal stressors (e.g., racial discrimination, financial stressors etc.) experienced during childhood and adolescence are associated with increased risk for various forms of interpersonal violence perpetration in young adulthood, including violence against intimate partners.^{17–24} However, research on the long-term impact of early life violence victimization on violence perpetration beyond young adulthood (30 years and older) is limited, particularly among Black and African American men.⁸

Furthermore, much of the work on victimization as a risk factor for subsequent involvement in violence perpetration focuses on victimization in early childhood. Less work has been conducted to understand the specific influence of violence experienced during *adolescence* on violence perpetration beyond young adulthood. Violence experienced during adolescence differs from victimization during childhood because it is more likely to be perpetrated both within and outside families.^{3,20} Thus, more work is needed to understand the long-term effects beyond young adulthood specific to adolescent victimization, particularly in terms of impact on violence perpetration.

To address these limitations in previous research on this topic, this study sought to assess the relation between physical violence experienced during early and late adolescence (12–21 years) and increased risk for perpetration of violence beyond young adulthood (30 years and older), above and beyond the influence of childhood victimization, among a sample of urban Black and African American males. More specifically, the current study investigated the relevance of adolescent experiences of physical violence to the following: (1) past 6 month street violence involvement and (2) past year intimate partner violence perpetration. The findings of this study will have implications on current violence prevention programs focusing on the prevention of perpetration, and the potential need for such programs to better address the effects of violence victimization in order to break the cycle of violence in boy's/men's lives.

METHODS

Study Design

This study utilized data from the Black and African American Men's Health Study (BAAMH), which involved a cross-sectional survey conducted with sexually active men ($n=703$) between the ages of 18–65 years identifying as Black or African American (with the intent to be inclusive of individuals with ethnic origins in Africa, as well as the Caribbean, West Indies, and elsewhere) recruited within general medicine clinics in a northeastern city, within neighborhoods characterized by rates of violence higher than the city average.²⁵ The present analysis evaluates data on violence that were collected as part of the larger study exploring the health risks and behaviors of Black or African American men at sexual risk for HIV acquisition and/or transmission.

Recruitment and Participation

Research staff recruited all Black and African American men attending collaborating health centers and clinics from May 2005 to May 2006 during designated recruitment days and times. The eligibility criteria for study inclusion included: Black or African American, aged 18–65 years, reporting sex with two or more partners in the past year, and demonstrating no cognitive impairment. Cognitive impairment was assessed via eligibility screening using the Folstein Mini-mental Exam.²⁶ Days and times for recruitment to take place were rotated in order to reduce self-selection that could limit generalizability; sample differences were likely attached to time of day of appointment (i.e., interference of work schedules). Among the 2,331 men approached, 85 % ($n=1,988$) agreed to be screened for study eligibility. Of those screened, 47 % ($n=930$) were eligible and 81 % ($n=754$) of eligible men agreed to participate in the study. Those who declined participation and those who were ineligible were provided with local relevant social and health service referrals. Among the 754 surveys collected, 51 (7 %) were removed from further data analysis as a result of survey responses that did not meet study criteria based on age and number of sex partners. The analysis for the current study was further restricted to a subsample of participants 30 years and older ($n=455$).

Study Procedures and Participant Involvement

Immediately following eligibility assessment, oral informed consent was obtained among participants. Following consent, participants were administered the 20–25-min survey using an audio computer-assisted self-interview (ACASI) assessing demographic variables (income, education, race, immigration, employment), neighborhood environment, perceptions of neighborhood violence, perpetration of different types of violence, and other related variables assessing health risks and environment (i.e., substance use, incarceration). ACASI rather than interviewer-administrated surveys were implemented, given evidence of greater response disclosure on sensitive questions.^{27–30} Participants were provided with \$35 for compensation upon completion of the survey as well as social and health service referrals. All procedures of this study were approved by the Institutional Review Boards of Boston University Medical Campus and the Centers for Disease Control and Prevention. Additionally, a Federal Certificate of Confidentiality was obtained to provide further protections for study participants.

Measures

Demographic variables assessed included age (as a continuous variable), national origin (US and US territories versus outside of the US), education level (high school education without graduation, having received a high school diploma or GED, or some college), employment (full/part-time employment or unemployed), and current homelessness (living on the streets or in a housing shelter).

The independent variable used in the current study was adolescent physical victimization (12–21 years), asking participants their experiences with physical abuse, defined by beating, kicking, choking, or threats with a knife or gun. Participants were asked how old they were when this happened (between infant and 11, 12–16, 17–21, and 22 or older); those reporting such abuse between the ages of 12–21 were categorized as experiencing adolescent physical violence, and those who reported victimization between infant and 11 years were categorized as experiencing childhood victimization. The two dependent variables (intimate partner violence (IPV) and street violence involvement) for this study capture adult violence perpetration after age 30. The IPV perpetration scale comprised four questions on physical abuse, sexual abuse, and injuries from abuse. Physical IPV perpetration (past 12 months) was assessed via a single item on whether the respondent had ever “hit, slapped, punched, shoved, choked, kicked, shaken, or otherwise physically hurt” their current partner. Sexual IPV perpetration was measured using two items, asking each respondent, “have you made your partner take part in any sexual activity that she did not want to, including touching that made him or her feel uncomfortable” and asking “have you forced or pressured your partner to have vaginal, oral or anal sex with you.” IPV injury perpetration was assessed via a single item asking whether the respondent’s partner ever “had any injuries, such as bruises, cuts, black eyes, or broken bones as a result of being hurt by you.” Respondents indicating yes on any of these items were defined as having perpetrated IPV in their current relationship. Past 6-month street violence involvement included one item asking respondents if they have engaged in any street fight or other form of street violence (past 6 months).

Data Analysis

Frequencies and bivariate analyses were conducted using chi-square and *t* tests to determine relations between adolescent physical victimization and demographic variables. Crude and adjusted logistic regression models were used to assess associations between adolescent victimization and adult perpetration of intimate partner violence as well as street violence involvement. Demographic variables associated with an outcome variable in bivariate analyses at $P < 0.1$, were included in all adjusted regression models. A decision was made a priori to also adjust for childhood victimization in multivariate models to control for victimization experienced prior to adolescence. Odds ratios were used to assess effect sizes and 95 % confidence intervals were used to assess significance of associations.

RESULTS

Sample Characteristics

The mean age was 42 years (standard deviation=8). Approximately 46 % reported they had a high school diploma or GED and 24 % reported less than a high school level of education. Two thirds of the sample was unemployed and nearly one third of

TABLE 1 Sample Characteristics by Adolescent Physical Violence Victimization

Variable	All <i>n</i> =455	Adolescent physical violence victimization		<i>P</i> value
		Yes, <i>n</i> =44	No, <i>N</i> =411	
Age in years, mean (SD)	42 (8)	42 (6)	42 (8)	0.6
	% (<i>n</i>)	% (<i>n</i>)	% (<i>n</i>)	
<i>Education</i>				
Less than high school	24 (108)	20 (9)	24 (99)	0.84
High school diploma/GED	46 (112)	50 (22)	46 (190)	
Some college or more	30 (135)	30 (13)	30 (122)	
<i>Employment status</i>				0.87
Employed (full- or part-time)	33 (150)	66 (29)	67 (276)	
Unemployed	67 (305)	34 (15)	33 (135)	
<i>Living situation</i> [†]				0.04
Homeless	32 (144)	46 (20)	30 (124)	
Not homeless	68 (311)	54 (24)	70 (287)	
<i>Place of birth</i>				0.38
US born	86 (392)	91 (40)	86 (352)	
Born outside the US	14 (63)	9 (4)	14 (59)	
<i>Child physical or sexual abuse (0–11 years)</i> [†]				0.003
Yes	8.5 (39)	23.1 (9)	76.9 (30)	
No	91.5 (416)	8.4 (35)	91.5 (381)	

[†]*P*<0.05

men were born in the US. Two thirds of the sample reported that they were unemployed (Table 1).

Approximately 10 % reported that they experienced physical violence victimization during early (between 12 and 16 years of age) or late (between 17 and 21 years of age) adolescence (8 % of the sample reported victimization between 12 and 16 and 4.6 % reported victimization between 17 and 21). Almost nine percent (8.5 %) of males reported a history of childhood victimization (experienced at age 11 or younger), and this was statistically associated with reported adolescent victimization (*p*=0.003). Among those reporting child victimization, 23.1 % also reported victimization during early or late adolescence (23.1 and 12.8 % reporting childhood victimization also reported victimization during early adolescence and late adolescence respectively) compared to 8.4 % who reported no childhood victimization. Homelessness was also significantly associated with adolescent victimization; men reporting adolescent experiences of violence were more likely to be currently homeless (Table 1). Approximately one quarter of men reported past 6-month street violence involvement (25.5 %) and past year IPV perpetration (26.4 %) (Table 2).

**Adolescent Experiences of Violence and Perpetration
Beyond Young Adulthood: Findings from Crude
and Adjusted Logistic Regression**

In logistic regression analysis, men aged 30 years and older who reported experiencing physical violence during adolescence were 3.7 times more likely to report past 6 month street violence involvement (95 % CI, 2.0–7.1) and 3.2 times more likely to report past year IPV perpetration (95 % CI, 1.7–6.0) than men who

TABLE 2 Crude and Adjusted Logistic Associations between Adolescent Violence Victimization and Violence Perpetration Beyond Young Adulthood (>30 years)

Total sample <i>n</i> =455					
	<i>N</i> (%)	Crude		Adjusted ^a	
		OR	95 % CI	OR	95 % CI
Past 6 Month Street Violence Involvement	25.5 (116)	3.7	2.0–7.1	3.2	1.7–6.3
Past Year IPV Perpetration	26.4 (120)	3.2	1.7–6.0	2.8	1.8–5.4

^aAdjusted for homelessness and childhood victimization

did not report physical violence during adolescence. These associations remained significant in adjusted regression models (Table 2).

DISCUSSION

Current study findings indicate that Black and African American males experiencing violence in adolescence are more likely to report recent involvement in violence perpetration as adults, including street violence involvement and intimate partner violence perpetration. Furthermore, this association remained significant after accounting for childhood experiences of victimization. While previous work has documented the multitude of negative health effects from early experiences of victimization (e.g., poor mental health outcomes),^{16–21} these findings highlight the long-term impact specific to *adolescent* victimization beyond young adulthood, and contribution to violence perpetration in low income Black communities.

Our study builds on an abundant number of research studies documenting the high prevalence of violence victimization and involvement among urban, Black and African American men.^{1–4} Current study findings are also consistent with substantial research indicating that violence experienced during adolescence increases risk for involvement in high risk behaviors such as criminal activity/deviance,^{3, 31} drug and alcohol use,^{14,22,23} and violence perpetration,^{32–34} as well as a number of negative health and psychosocial effects^{19,20,22,35} in adulthood. More specifically, a number of studies focusing on street violence involvement as well as violence perpetrated against an intimate partner have highlighted men’s previous experiences as victims to be a significant factor driving these forms of violence perpetration later in life.^{36–44} The current study builds on this work by focusing on the impact of *adolescent* victimization specifically, above and beyond experiences of childhood victimization, and particularly, its association with perpetration into adulthood. Findings showcase the importance of preventing early experiences of violence, particularly during adolescence, in order to prevent a cycle of violence victimization and perpetration across the life-course.

Furthermore, given the previous work on the consequences of victimization,^{14,19,22,23,35} current study findings also suggest that more work is needed to better address such consequences of adolescent victimization, such as preventing drug use and treating psychological injuries, given that these may be mediating the relation between adolescent victimization and perpetration of violence in adulthood.²⁰ Additional work is needed to investigate other mediating factors as well, in order to better understand the factors that drive the relation between victimization during adolescence and adult perpetration of violence. Previous literature has

suggested that ongoing exposure to contexts where rates of violence are high has an influence on individual behaviors related to violence perpetration (i.e., violence involvement or perpetration may be a necessary way to prevent future victimization, by providing status and subsequent protection).⁴⁵⁻⁴⁸ Thus, more work is needed that emphasizes how such contexts (e.g., within families, peers, neighborhoods etc.) may be driving both violence victimization and perpetration, with a focus on the specific mechanisms involved in the relation between these two variables in urban settings.

While the majority of previous work has not investigated long-term consequences of early experiences of victimization beyond young adulthood, current study findings are congruent with the one previous study conducted by Menard et al.⁸ which investigated short and long-term consequences of adolescent victimization through age 33, using data from the National Youth Survey. Menard et al.⁸ found that adolescent victimization tripled study participants' odds of violent offending and doubled the odds of IPV perpetration in adulthood. However, the current study is the only study, to our knowledge, that has focused such investigation specifically among Black and African American men in urban settings where rates of violence are extremely high. Additional research in such settings will be critical to informing effective prevention approaches. Specifically, longitudinal study is needed to investigate the relation between adolescent victimization and subsequent perpetration of various forms of violence into adulthood, as well as the mechanisms involved in these relations, within urban settings and where violence rates are high among Black and African American males.¹⁴

Current study findings have implications on programmatic needs as well. Community- and school-based youth violence prevention programs often focus on behavior modification and social skills training for perpetrators of violence (e.g., conflict resolution, anger management, anti-bullying trainings).²³ The majority of these violence prevention programs targeting this population of males often focus on anti-perpetration strategies, with less emphasis on the need to address the multitude of psychosocial and behavioral effects related to high rates of violence victimization among young, Black men. Moreover, the limited programs working to address violence victimization among this population most often target children and young adolescents, excluding young adults ages 18-25 years who are in the age group at highest risk for violence victimization.²³

Current study findings must be considered with recognition of several study limitations. In terms of measures, reports of violence experiences and perpetration may be underestimated; men may have felt stigma attached to reporting such experiences and behaviors. However, the use of ACASI has been found to reduce reporting biases of stigmatized behaviors such as violence.²⁵⁻²⁹ While we found an association between adolescent victimization and adulthood perpetration of violence, we were not able to assess whether this association varied by perpetrator type. Future work is needed to investigate differences in perpetrators reported among adolescents compared to those reported during childhood, and examine whether perpetrator type or types of violence perpetrated may have differential impact on subsequent violence perpetration. Furthermore, future work with larger samples is also needed to examine differences based on victimization in early and late adolescence. The majority of our sample who reported victimization in early adolescence also reported victimization during late adolescence (62 %); however, there may be different types of perpetration occurring throughout these different life periods, with different long-term effects. Additionally, because of the cross-sectional

study design, recall bias may have resulted in underreporting of study participants' experiences of violence during adolescence. Underreporting would be expected to reduce the study power to detect significant relations between variables. However, we were able to find strong associations between these violence variables. Findings also have limited generalizability due to the Northeastern US clinic-based sample of Black and African American men reporting two or more sex partners in the past year; however, these findings are applicable to men who are at particular risk for violence victimization and involvement within urban, community-based health center settings. Additionally, as this study included men who were seeking varied types of non-medical programs at recruitment sites, findings cannot be generalized to those seeking traditional or primary care. Given the geographic population of clientele served, the current study sample was also restricted to communities with similar racial/ethnic and socio-demographic profiles. However, such restriction reduced the risk for confounding by further "controlling" for the influence of socio-demographics in determining the relation between early life experiences of victimization and more recent violence involvement and perpetration. The use of a cross-sectional study design also does not allow for establishment of a causal link between adolescent physical violence victimization and violence perpetration in adulthood. Thus, future longitudinal study will be needed to confirm these findings.

These limitations notwithstanding, our study has important implications for understanding experiences of violence early in life and effects across the life-course on future violence perpetration and involvement among urban Black and African American males. Study findings indicate the need for ongoing support for adolescent male victims of violence in order to prevent involvement in violence perpetration later in adulthood. Findings also suggest a need for increased screening for, identification of, and awareness related to IPV and other early violence experiences in urban primary care settings. Overall, in order to decrease high rates of violence perpetration in urban contexts among young Black males, more efforts are needed that (1) recognize this population as experiencing high rates of victimization, (2) aim to prevent such victimization, and (3) better address the immense effects of men's victimization experiences during adolescence.

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