Introduction: Previous research has consistently found that low SES is associated with higher levels of both intimate partner violence (IPV) and sexual violence (SV) victimization. Though associated with poverty, two indicators of economic insecurity, food and housing insecurity, have been identified as conceptually distinct social determinants of health. This study examined the relationship between food and housing insecurity experienced in the preceding 12 months and IPV and SV victimization experienced in the preceding 12 months, after controlling for SES and other demographic variables.

Methods: Data were from the 2010 National Intimate Partner and Sexual Violence Survey, a nationally representative telephone survey of U.S. adults. In 2016, multivariate logistic regression modeling was used to examine the association between food and housing insecurity and multiple forms of IPV and SV victimization.

Results: Robust associations were found between food and housing insecurity experienced in the preceding 12 months and IPV and SV experienced in the preceding 12 months, for women and men, even after controlling for age, family income, race/ethnicity, education, and marital status.

Conclusions: Food and housing insecurity may be important considerations for the prevention of SV and IPV or the reductions of their consequences, although future research is needed to disentangle the direction of the association. Strategies aimed at buffering economic insecurity may reduce vulnerability to IPV and SV victimization.

INTRODUCTION

Intimate partner violence (IPV) and sexual violence (SV) are critical public health concerns affecting millions of people each year. Research has consistently found that low SES, including poverty, is associated with higher levels of both IPV and SV victimization. Though associated with poverty, two indicators of economic insecurity, food and housing insecurity, have been identified as conceptually distinct social determinants of health. Anderson defined food insecurity as existing “whenever the availability of nutritionally adequate and safe foods or the ability to acquire acceptable foods in socially acceptable ways is limited or uncertain.” Food insecurity has been operationalized in the literature as either concern about not having enough food, food not lasting, needing to cut or skip meals, going hungry, or some combination of these. The measurement and operationalization of concerns related to housing varies in the literature. Terms such as housing instability and housing problems have been used to represent a range of tangible experiences, including frequent moves, being denied affordable housing, inability to pay rent or mortgage, needing to move in with others, eviction/foreclosure, marginal housing, and homelessness. Housing insecurity, on the other hand, may be thought of as a slightly different construct that refers to distress related to one’s perceived inability to pay for housing (i.e., rent or mortgage).
Although food and housing insecurity are linked to numerous negative health outcomes, few studies have examined food or housing insecurity specifically and their relationship to victimization. One study found that women who experienced IPV in the last year had almost four times the odds of reporting housing instability than women who did not experience IPV after adjusting for SES variables. In another study, women who were unable to pay the rent or mortgage had greater odds of experiencing emotional abuse, coercion, and violence in general. Not having enough money to meet daily needs (such as food) has been associated with IPV victimization in college samples around the world. Food insecurity specifically has been associated with women’s IPV victimization in a population-based sample in California, even after adjusting for poverty. A longitudinal study in Britain found that, after controlling for income, low-SES families that had experienced food insecurity were disproportionately affected by IPV. After controlling for income among low-SES families, 40.8% of ever food-insecure families had mothers who experienced IPV compared with 22.4% of always food-secure families. Researchers have suggested explanations for the relationship between economic insecurity and SV/IPV. First, a lack of economic security can reduce the likelihood of victims leaving violent relationships. Second, economic insecurity can create stress and conflict in a relationship, which can increase the likelihood of IPV.

Though previous studies suggest a link between both food and housing insecurity and risk for IPV victimization, these studies are restricted to women, a specific state, or a particular setting (i.e., college). The larger scientific literature has shown a relationship between poverty and homelessness and SV victimization, suggesting that food- and housing-insecure individuals may be vulnerable to SV as well, but no study has specifically examined this association. In addition, studies have not examined whether the association holds for men or for specific forms of IPV victimization (e.g., physical, psychological). The current study attempts to fill these gaps in the literature. It is the first nationally representative study in the U.S. to examine the associations between food and housing insecurity and both IPV and SV victimization. Second, it is the first study to examine these relationships among men. Third, findings are disaggregated by type of IPV and SV, allowing for an examination of the relationship between economic insecurity and particular forms of IPV and SV. Finally, the study examines SV victimization by any perpetrator, by an intimate partner, and by someone other than an intimate to test whether the association between food and housing insecurity and SV victimization is driven solely by intimate partner–perpetrated SV. Based on previous literature, the authors expected to find higher levels of IPV and SV victimization among women and men who experienced recent food and housing insecurity.

METHODS

The present study used data from the 2010 National Intimate Partner and Sexual Violence Survey (NISVS), an ongoing, nationally representative random-digit-dial telephone survey of the noninstitutionalized English- and Spanish-speaking U.S. population aged ≥18 years. NISVS uses a dual-frame sampling design that includes both landline and cell phones. NISVS includes behaviorally specific questions that assess a broad range of victimization experiences related to SV, stalking, and IPV. A total of 9,086 women and 7,421 men completed the survey in 2010. Approximately 45.2% of interviews were conducted by landline telephone, and 54.8% of interviews were conducted using a respondent’s cell phone. The overall weighted response rate of the 2010 survey was 33.6%. The weighted cooperation rate was 81.3%, indicating that among those who were contacted and determined to be eligible, a high proportion ultimately agreed to participate. After a single adult respondent in a household was randomly selected to participate, the interviewer administered an informed consent procedure that provided information on the voluntary and confidential nature of the survey as well as the potential benefits and risks of participation. The survey protocol received approval from the IRB of RTI International.

MEASURES

The analysis focused on questions assessing IPV and SV experienced within the 12 months preceding the interview. Respondents were told that intimate partners included spouses, boyfriends, girlfriends, people you have dated, people you were seeing, or people you hooked up with. A complete list of the violence victimization questions measured in NISVS has been published previously.

Five distinct forms of IPV victimization were examined:

1. physical violence (e.g., kicked, slammed against something);
2. stalking (experiencing multiple stalking tactics or a single stalking tactic multiple times by the same perpetrator and the respondent felt very fearful or believed that she or he or someone close to her or him would be harmed or killed as a result of a perpetrator’s stalking behaviors);
3. psychological aggression (e.g., called names, threats to harm victim or loved ones);
4. control of reproductive or sexual health (refusal to use a condom; for women, when a partner tried to get her pregnant when she did not want to become pregnant; for men, when a partner tried to get pregnant when he did not want her to become pregnant); and
5. contact SV.
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