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Violence, Trauma, Mental Health, and Substance Use among Homeless Youth Juggalos

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Abstract

Insane Clown Posse is a musical duo whose fans are known as Juggalos. Many homeless youths (HY) identify as Juggalos, most likely because the group's music embraces poverty and being an outsider in mainstream society. Juggalos are stereotyped as being violent, undereducated, poor, racist, crime-committing youth, and in 2011 the FBI officially labeled Juggalos as a gang. However, little is known about the intersection of HY and Juggalos. A convenience sample of Los Angeles-area, drop-in service-seeking HY completed a self-administered questionnaire ($N = 495$). In the sample, 15% of HY identified as Juggalos. Juggalo-identifying youth were more likely to have experienced childhood trauma, including physical and sexual abuse and witnessing community violence. Multivariable models revealed that identifying as a Juggalo was associated with increased odds of recent methamphetamine use, ecstasy use, chronic marijuana use, and prescription drug misuse. Juggalos were also more likely to experience suicidal ideation, attempt suicide, recently engage in interpersonal violence, become injured during a fight, and have unprotected sex. In conclusion, Juggalos constitute a unique subpopulation of HY. Implications for Juggalo-specific trauma-informed services, rather than punitive, are discussed as well as the potential for future research regarding resiliency associated with Juggalo identification.

Keywords

Homeless Youth; Juggalos; Violence; Trauma; Mental Health; Substance Use

Introduction

Insane Clown Posse (ICP) is a musical duo whose fans are known as Juggalos. Although there has never been an official count of Juggalos and it is difficult to estimate the number of fans based on record sales, one of the primary Juggalo-based news resources estimates there may be 1–2 million Juggalos in the United States [1]. Additionally, annual statistics in the United States suggest that there are 1.6 million homeless youths (HY) [2]. HY are typically defined as unaccompanied individuals aged 12 years or older (up to age 17, 21, or 25, depending on the definition) who live in shelters, on the streets, or in other unstable living conditions without family support [3, 4]. These two populations intersect, meaning that

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many HY identify as Juggalos [5], and many Juggalos frequently face housing insecurity and are at risk of homelessness [6, 7].

In 2011, the FBI officially labeled Juggalos as a gang, specifically stating that “many Juggalo subsets are comprised of transient and homeless individuals” and that they “pose a threat to communities due to violence, drug use/sales and general destructive and violent nature” [8]. Although recognized as a gang in only four states, many Juggalo subsets exhibit gang-like behavior and engage in criminal activity and violence” [11]. It is unclear how the original threat assessment was validated. Although there are many anecdotal reports from law enforcement and criminal justice agencies across the nation, it appears that to date no empirical data has been collected on Juggalos. Despite the attention drawn to Juggalos and their intersection with America’s HY population, no empirical research has ever considered this population. The current study explored experiences that distinguish Juggalo-identifying HY from non-Juggalo-identifying HY using the first known survey data collected on this population.

History of ICP and Juggalo Culture

ICP, composed of Joe “Violent J” Bruce and Joseph “Shaggy 2 Dope” Utsler, was formed in 1981 in Detroit, Michigan. Although ICP has been releasing music for more than 20 years, the group never achieved mainstream popularity in the music industry. Despite being relatively overlooked by popular culture and the media, the musical group is known to have one of the most dedicated fan bases. Insane Clown Posse has roots in the Midwest but their fan base seems to reach across the country [1]. Fans of the group are referred to as Juggalos, individuals who have taken a unique space in popular culture. The term Juggalo originated from a live ICP performance of the song “The Juggla,” during which Violent J addressed the audience as Juggalos [9]. The positive response resulted in ICP using the word Juggalo to refer to themselves, their friends, family members, and ICP fans or fans of other musical groups included on ICP’s record label, Psychopathic Records.

The reputation of Juggalos is probably better known than the music of ICP. Juggalos are frequently seen wearing black and white clown face paint similar to the band members. Juggalos are known to wear Juggalo and ICP clothing and have ICP-related tattoos, many of which feature the band’s signature “Hatchet Man” symbol, which resembles the silhouette of a running cartoon man holding a hatchet in one of his hands. Juggalos are stereotyped as being ignorant, poor, racist, and violent [10].

HY and Juggalos

Violent J’s life experiences may provide clues as to why many HY may identify with ICP and Juggalos. Violent J’s childhood experiences mirror those of many youths on the streets. According to his biography, Violent J grew up on public assistance in the worst neighborhoods in Detroit, watched his mother be physically beaten by his biological father, and was later physically and sexually abused by his stepfather [9]. At a young age, he was exposed to severe community violence, drugs, and alcohol.

Violence at home and in the community is a common theme in the early life trajectories of many HY [12]. HY are more likely to have been physically abused or neglected than their housed peers [12], and escaping a violent family environment is a major reason for becoming homeless in the first place [13–16]. HY also abuse substances at much higher rates than their non-homeless peers [17], with rates of alcohol abuse and dependence between 16% and 21% and drug abuse and dependence between 18% and 24% [18, 19]. Although Violent J grew up to become a success in the music industry, the content of ICP's music reflects these beginnings. ICP celebrates poverty and being an outsider in a society that generally worships wealth and status and “tells kids with nothing that being poor is cooler than being rich and that being a loser, a scrub, and a Juggalo is infinitely better than being a winner” [10]. Using slang familiar to many marginalized youth, ICP invites all “scrubs, misfits, and losers” to join their “Juggalo family.”

To date, no research has explored Juggalos and their intersection with the HY population. Most current knowledge about Juggalos has come from law enforcement reports or anecdotal evidence. In light of the law enforcement and popular media's focus on the violent and criminal behaviors of Juggalos, it is important to generate empirical evidence about Juggalos. This information may be particularly important for improving the lives of HY, because the criminalization of Juggalos is an issue that directly affects HY [1]. To our knowledge, the current study is the first to explore the demographics and behaviors of HY who identify as Juggalos. This study aims to increase overall understanding of this subpopulation to develop and design targeted interventions that support HY who identify as Juggalos.

Methods

A sample of 495 HY accessing services from two day-service drop-in centers for HY in Hollywood and Venice, CA were approached for study inclusion across two waves of data collection, from November 2012 to February 2013 and from May to June 2013. All behavioral health information was taken from each participant's baseline assessment, rather than follow up surveys for those participants that had been included in earlier waves of the study. The research team approached all youths who entered the service agencies during the data collection period and invited them to participate in the study. The selected agencies provided weekday services to HY between the ages of 12 and 25, including basic needs, medical and mental health services, case management, and referrals and connections to other programs such as housing services. Each youth signed a voluntary assent or consent form. A consistent pair of research staff members was responsible for all recruitment to prevent HY from completing the survey multiple times during each data collection period per site. The average response rate across both sites was 75.76%. Any participant who did not respond to the main outcome variable, identifying as a Juggalo, was excluded from the analysis. The final sample consisted of 495 participants between 17 and 28 years old. Although two participants were outside of the agencies' age eligibility (i.e., 28 years old), the authors decided to leave these individuals in the study because sometimes the staff members at these agencies make exceptions, offering limited services to HY who have aged out of full services. The institutional review board of [blinded for review] approved all procedures and waived parental consent for minors without parents or guardians. The study consisted of a

computerized self-administered survey. The survey included an audio-assisted version for participants with low literacy and was available in English or Spanish. The computerized survey included approximately 200 questions and took an average of 1 hour to complete.

Variables

Independent Variable

The primary dependent variable was identification as a Juggalo. Participants were asked: “Have you ever considered yourself a ‘Juggalo?’ (A Juggalo is someone who is a fan of the band Insane Clown Posse [ICP], Twiztid, Dark Lotus, or other Psychopathic Records bands).”

Sociodemographic Control Variables

Participants were asked to report their date of birth, race and ethnicity, sexual identity, current living situation, and city of origin. Participants were asked to select the race and ethnicity with which they identified from the following categories: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, White, or Latino or Hispanic. Due to few responses, American Indian or Alaska Native, Asian, and Native Hawaiian or other Pacific Islander were coded into an inclusive category titled *other*. The resulting variable had four categories (see Table 1). Five participants who identified as transgender were recoded based on the gender with which they currently identified (e.g., male-to-female transgender was coded as female), resulting in a binary category for gender. Participants were asked to identify their sexual identity, with response options of homosexual (gay or lesbian), queer, bisexual, heterosexual (straight), or questioning or unsure. Sexual identity was then coded into two categories: heterosexual and LGBTQ (lesbian, gay, bisexual, or questioning or unsure). Participants also reported their age in years when they first experienced homelessness. Participants also reported whether they had ever been involved with child protective services or foster care systems as a minor (i.e., not as a parent).

Outcome Variables

Trauma—Participants were asked various questions to assess childhood trauma, including physical abuse (i.e., having been hit, punched, or kicked very hard at home, excluding ordinary fights between brothers and sisters); witnessing family violence (i.e., seeing a family member being hit, punched, or kicked very hard at home, excluding ordinary fights between brothers and sisters); and sexual abuse (i.e., having an adult or someone much older touch their private sexual body parts in an unwanted way). Other trauma variables included sexual violence (i.e., having been physically forced to have sex when they did not want to) and community violence exposure (i.e., having seen someone in their town being beaten up, shot at, or killed or having seen a dead body in their town outside of a funeral). Participant responses at the baseline assessment were included in the current analysis. All of the trauma statements were duplicated from the University of California, Los Angeles PTSD Index for DSM IV [20]. Intimate partner violence was assessed with the question: “During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?”; interpersonal violence was assessed with the question: “During the past 12 months, how

many times were you in a physical fight?"; and injury from interpersonal violence was assessed with the question: "During the past 12 months, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or nurse?" Each response was dichotomized and did not distinguish between violence victimization and perpetration. The previous three items were adapted from the Centers for Disease Control and Prevention's Youth Risk Behavior Survey (YRBS) [21].

Mental Health—Depression was measured using a 10-item version of the Center for Epidemiological Studies Depression Scale [22]. Cumulative scores greater than 7 indicated current depressive symptoms. Post-traumatic stress disorder (PTSD) symptomatology was assessed with the four-item Primary Care PTSD Scale in reference to the previous month [24]. The scale was dichotomized to reflect any participant that responded yes to at least one of the four PTSD items. Participants were asked if they ever seriously considered attempting suicide or made a plan about how to attempt suicide during the previous 12 months, using an item adapted/adopted from the 2011 YRBS [21]. Individuals who responded affirmatively were coded as having experienced suicidal ideation. Participants were asked how many times they had attempted suicide during the previous 12 months [22] and were categorized as zero times versus one or more times.

Sexual Risk Behaviors—Lifetime and current sexual risk behaviors were assessed using items adapted from the YRBS [21], which have been tested for reliability and validity [24], including condom use during anal or vaginal sex and sex under the influence of drugs or alcohol. Concurrent sexual partners was assessed with the question: "In the past 12 months, did you have sex (vaginal or anal sex) with more than one partner in a one week period?" which was adapted from AddHealth Wave I [25]. Exchanging sex for money or drugs, a place to stay, food or meals, or anything else was also assessed using an item developed by the authors.

Substance Use—YRBS items were also adopted and adapted to assess past 30-day drug use. Participants reported their frequency of use of cocaine, methamphetamine, ecstasy, marijuana or heroin and binge drinking during the previous 30 days. Participants also reported recent prescription drug misuse or injection of any type of drug. Prescription drug misuse was assessed by asking how many times a participant had taken a prescription drug without a doctor's prescription or used more of the drug or used it more often than prescribed [21]. Indicators for any use of each of the aforementioned substances were created for analyses. Participants who reported binge drinking (having five or more drinks of alcohol within a couple of hours) on 6 or more days during the previous month were coded as high-risk alcohol users. Participants who reported using marijuana more than 40 times in the previous month were coded as chronic marijuana users.

Statistical Analysis

Chi-square tests and two group comparison of means were used to examine any statistically significant differences between HY who identified as Juggalos and non-Juggalos. Effect sizes were calculated using Cramer's V and Cohen's D statistics. Results revealed significant differences across many early life experiences. For behaviors that were statistically

significant at the univariable level, multivariable logistic regressions tested the relationship between Juggalo identification and outcome variables (substance use, trauma, mental health and sexual risk), controlling for age, gender, sexual orientation, race and ethnicity (White versus non-White), and early life experiences, including age at first homeless experience, child protective services or foster care involvement, and trauma (physical abuse, sexual abuse, witnessing community or family violence). Bonferroni Test for multiple comparison was conducted to assess risk of Type 1 error. Adjusted Bonferroni p-values showed that all outcome variables remained significant at the $p < .05$, except for injury from interpersonal violence ($p = 0.061$). The multivariable model for this variable was retained however the Bonferroni test now indicates that interpretation of its effect should be done cautiously. A correlation matrix was used to assess for possible multicollinearity between any of the early life trauma experiences. Results revealed that variables were correlated at levels less than .43, indicating no risk of multicollinearity. All analyses were performed using SAS 9.3 [26].

Results

Descriptive statistics for all variables are presented in Table 1. The average age of participants was 21.32 years ($SD = 2.13$) and approximately three-quarters of the sample (71.30%) was male. Approximately one-quarter of participants identified as LGBQ. The sample was predominately White (41.06%), followed by mixed or other race (24.59%), African American (23.17%), and Hispanic or Latino (11.18%). Approximately 67.84% of the sample had ever been involved in the child protective services or foster care systems.

Fifteen percent of HY in this sample self-identified as Juggalos. Univariable analyses revealed many differences between Juggalo and non-Juggalo HY. Juggalos were more likely than non-Juggalos to identify as LGBQ (42.47% vs. 24.88%, respectively; $p < .05$) and White (52.05% vs. 39.14%, $p < .05$), and less likely to identify as Black (10.96% vs. 25.30%, $p < .05$).

Juggalos indicated statistically significantly higher rates of methamphetamine use (41.67% vs. 23.43%, respectively; $p < .01$) and ecstasy use (30.56% vs. 13.56%; $p < .001$) during the previous 30 days, relative to non-Juggalos. Juggalos had higher rates of prescription drug misuse (30.56% vs. 17.63%; $p < .05$) and chronic marijuana use (67.12% vs. 7.25%, $p < .01$) during the previous 30 days compared to non-Juggalos. Finally, Juggalos also had higher rates of unprotected sex (73.85% vs. 55.04%, $p < .01$).

Overall, Juggalos had much higher rates of negative mental health symptoms and trauma experiences. Juggalos reported statistically significantly higher rates of symptoms of PTSD (59.70% vs. 39.23%, respectively; $p < .05$), depression (82.19% vs. 68.48%, $p < .05$), and incidents of suicidal ideation (28.77% vs. 10.36%; $p < .001$). They also had higher rates of suicide attempts (31.51% vs. 9.86%; $p < .001$). Juggalos experienced significantly higher rates for every trauma variable tested. Seventy-eight percent of Juggalo youths reported experiencing interpersonal violence during the previous year (compared to 52.53% among non-Juggalos; $p < .001$) and 30.14% were injured to the point of needing medical attention as a result of interpersonal violence (compared to 12.93%; $p < .001$). Juggalos had notably higher rates of childhood sexual abuse (40.28% vs. 20.44%; $p < .001$), physical abuse

(51.29% vs. 33.09%, $p < .01$), sexual violence (36.11% vs. 15.21%; $p < .001$), and exposure to community violence (80.56% vs. 57.71, $p < .001$).

Table 2 displays results from the multivariable models. Multivariable results revealed that identifying as a Juggalo was associated with increased odds of recently using methamphetamine by 1.82 ($p < 0.05$). Juggalo-identifying youths were approximately 2.6 times more likely to have recently used ecstasy ($p < .01$) and 2.0 times more likely to misuse prescription drugs ($p < .01$). Juggalos were 2.5 times more likely to report experiences of suicide ideation ($p < .01$) and 3 times more likely to report attempted suicide ($p < .001$) compared to non-Juggalos. Juggalos were twice as likely to report engagement in recent interpersonal violence ($p < .05$) and 2.0 times more likely to report needing to seek medical attention related to injury from violence ($p < .05$). Juggalo identification was not related to injection drug use, sexual violence, or symptoms of PTSD or depression. All other, control variable relations to these outcomes are included in Table 2.

Discussion

The current study is the first to explore risks associated with identifying as a Juggalo using quantitative data in a sample of HY. To the authors' knowledge, this study is the first ever to quantitatively examine risks associated with Juggalos in any population. Although national attention has been focused on Juggalos and their engagement in violent behavior, it is unclear whether identifying as a Juggalo leads to these behaviors or is a spurious correlation. Our data are cross-sectional; therefore, no causal conclusions could be made. However, the results of this study have many valuable implications.

Results of the study suggest that methamphetamine, ecstasy, and chronic marijuana use and prescription drug misuse and Juggalo identification are closely linked. Considering the already increased rates of problematic drug use among HY compared to the general population, the link between Juggalo identification and drug use is concerning. High rates of drug use among HY have serious implications for health and ability to exit homelessness safely; this may also affect their ability to access services and obtain employment and housing [27]. Although Juggalo identification was not related to mental health symptoms, such as depression and PTSD, in the multivariable models, identification was associated with increased odds of suicide ideation and attempt. Juggalos were also more likely to engage in unprotected sex. This has many implications for service delivery to HY, including perhaps tailoring drug-related harm-reduction services, sexual health promotion, and suicide prevention efforts specifically for Juggalo-identifying HY.

Our results also confirm that Juggalos experience higher rates of childhood trauma including sexual abuse, physical abuse, community violence, and witnessing family violence compared to non-Juggalo-identifying HY. As previously stated, members of ICP have similar early life experiences and discuss them publicly. These topics are often found in ICP lyrics. In fact, many ICP songs contain lyrics describing violence; however, this violence is often in reference to abusers or perpetrators [28]. For example, in a song titled "Imma Kill U," lyrics include: "Drive your head into the concrete, use your forehead to paint the street, child-abusing piece of crap, a couple knee drops across your back" [29]. This commonality

in early childhood experiences is likely the reason that many HY identify with the Juggalo subculture and the music of ICP. Having this shared identity may be a source of resilience and empowerment for disenfranchised youths. According to an article by Mitchell Sunderland, Juggalo culture is about family and feeling comfortable being yourself: “Sarah told me, ICP is for ‘Kids who just don’t fit in at other places. ... It’s family. It makes you feel good. ... You can be yourself’” [28]. Violent J said in an interview, “We make it cool to have nothing” [30], a statement that is likely very relevant to youths experiencing homelessness and housing insecurity.

The results also give rise to new questions. Juggalos experience more severe violence (i.e., to be injured to the point of needing to seek physical care) compared to non-Juggalos. Is this a result of early trauma experiences and poor coping skills in the face of conflict, or could it be that Juggalos are potentially being victimized more severely on the streets? The variable assessing violence did not distinguish between victimization and perpetration. In fact, it is likely that youths are experiencing both types [31]. Juggalos are visually distinctive and there have been reports of Juggalos being discriminated against, particularly in light of the FBI classification [1, 32].

Limitations

These results confirm and support prior conclusions of investigative journalists interested in Juggalo subculture, but to our knowledge this is the first study to examine Juggalos and their behaviors using quantitative survey data. Although we believe this fact strengthens the value of these findings, the study is not without limitations. First, this sample was limited to youths in Los Angeles experiencing homelessness and housing insecurity. Conclusions are not generalizable to the general Juggalo population. Additionally, the sample was limited to HY accessing drop-in centers, so the results may not be generalizable to HY who are not accessing these services. Second, these data are cross-sectional, so conclusions cannot be made regarding the causal nature of early life experiences, Juggalo identification, and current risk behaviors of HY. In addition, the current study was a general risk assessment and used abbreviated measures of mental health, trauma, and violence. Finally, data relied on self-report from youths; it is possible that Juggalo identification and engagement in illegal behaviors was underreported.

Summary

Despite the exploratory nature of this study, there are many important implications for future research and service delivery. Considering the lack of knowledge regarding Juggalos, more research is needed with this population. The current study highlights the experiences of Juggalos who are experiencing homelessness. This is only a subset of the larger population of Juggalos. Research should be expanded to include Juggalos who are not currently homeless but may be at risk of homelessness, severely impoverished, or living in rural areas that may have limited access to social services. This research also suggests Juggalo-specific services may be beneficial for HY knowing that homeless Juggalos are at higher risk of particular types of substance use and experiences of violence compared to non-Juggalos. When addressing the needs of young people experiencing homelessness it is

important to utilize a holistic and multicultural approach. Although it may not be necessary to screen for Juggalo identification during an intake process, it is important for service providers working with youth to take into consideration the culture or subculture that a youth may identify with, such as Juggalos. It is also clear that services for HY Juggalos need to be trauma-informed rather than punitive. Previous literature suggests that Juggalo identity may be a source of resilience and empowerment. Sunderland [28] wrote, “Before ICP made them aware that they were part of the Juggalo family, they felt like outcasts. They were too fat, too ugly, and too poor to even hang with the punks or the comic-book nerds. Juggalo culture gave them an identity, while also transforming the stigmas of their scrub-life into something to be proud of.” Harnessing this sense of identity and community may be a way to engage at-risk HY in prosocial behaviors and increased service use. There is also a need for more research on the resiliency associated with Juggalo identification including exploring traits related to these youths’ social networks.

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Table 1

Descriptive statistics (*N* = 495)

| | Total | | Juggalo | | Non-Juggalo | | <i>p</i> | Cramer <i>V</i> | Missing <i>n</i> |
|-----------------------|----------|-------|----------|-------|-------------|-------|----------|-----------------|---------------------|
| | <i>n</i> | % | <i>n</i> | % | <i>n</i> | % | | | |
| Total | 495 | | 73 | 14.75 | 422 | 85.25 | | | |
| Age ^a | 21.32 | 2.13 | 20.95 | 2.15 | 21.38 | 2.13 | .11 | -0.27 | 0 |
| Site ^b | 237 | 47.88 | 36 | 49.32 | 201 | 47.63 | .79 | 0.01 | 0 |
| Gender | | | | | | | | | 0 |
| Female | 147 | 29.70 | 23 | 31.51 | 124 | 29.38 | .71 | -0.03 | |
| Male | 348 | 70.30 | 50 | 68.49 | 298 | 70.62 | .71 | -0.03 | |
| LGBQ | 136 | 27.47 | 31 | 42.47 | 105 | 24.88 | .002 | 0.06 | 0 |
| Race and ethnicity | | | | | | | | | 3 |
| White | 202 | 41.06 | 38 | 52.05 | 164 | 39.14 | .04 | 0.10 | |
| Black | 114 | 23.17 | 8 | 10.96 | 106 | 25.30 | .01 | -0.15 | |
| Latino | 55 | 11.18 | 5 | 6.85 | 50 | 11.93 | .20 | -0.06 | |
| Other | 121 | 24.59 | 22 | 30.14 | 99 | 23.63 | .23 | 0.10 | |
| CPS or foster care | 21 | 4.26 | 39 | 53.42 | 246 | 58.29 | .44 | -0.04 | 0 |
| Drug use ^c | | | | | | | | | |
| Meth | 127 | 26.13 | 30 | 41.67 | 97 | 23.43 | .002 | 0.16 | 9 |
| Prescription misuse | 95 | 19.55 | 22 | 30.56 | 73 | 17.63 | .01 | 0.15 | 9 |
| Heroin | 53 | 10.91 | 10 | 13.89 | 43 | 10.39 | .38 | 0.10 | 9 |
| Cocaine | 89 | 18.43 | 16 | 22.22 | 73 | 17.76 | .37 | 0.05 | 12 |
| Ecstasy | 78 | 16.08 | 22 | 30.56 | 56 | 13.56 | <.001 | 0.17 | 10 |
| Injection | 42 | 8.62 | 12 | 16.44 | 30 | 7.25 | .01 | 0.16 | 8 |
| Marijuana | 251 | 51.33 | 43 | 67.12 | 202 | 48.56 | .003 | 0.10 | 6 |
| Binge alcohol | 69 | 14.26 | 14 | 19.72 | 55 | 13.32 | .15 | 0.10 | 11 |
| Sex risk ^d | | | | | | | | | |
| Under the influence | 186 | 37.73 | 28 | 38.36 | 158 | 37.62 | .90 | -0.01 | 2 |
| Unprotected | 261 | 57.74 | 48 | 73.85 | 213 | 55.04 | .005 | 0.15 | 43 |
| Concurrent partners | 165 | 38.19 | 30 | 46.88 | 135 | 36.68 | .12 | 0.03 | 63 |
| Exchange ^e | 70 | 15.63 | 9 | 14.06 | 61 | 15.89 | .71 | -0.02 | 47 |

| | Total | | Juggalo | | Non-Juggalo | | p | Cramer V | Missing n |
|------------------------------------|-------|-------|---------|-------|-------------|-------|-------|----------|--------------|
| | n | % | n | % | n | % | | | |
| Mental health and trauma | | | | | | | | | |
| Depression symptoms | 349 | 70.51 | 60 | 82.19 | 289 | 68.48 | .02 | 0.11 | 0 |
| Suicide ideation | 64 | 13.11 | 21 | 28.77 | 43 | 10.36 | <.001 | 0.25 | 7 |
| Suicide attempt | 64 | 13.09 | 23 | 31.51 | 41 | 9.86 | <.001 | 0.23 | 6 |
| PTSD symptoms | 193 | 42.23 | 40 | 59.70 | 153 | 39.23 | .002 | | 38 |
| Physical abuse | 172 | 35.83 | 37 | 51.39 | 135 | 33.09 | .003 | 0.10 | 15 |
| Sexual abuse | 112 | 23.43 | 29 | 40.28 | 83 | 20.44 | <.001 | 0.16 | 17 |
| Family violence | 156 | 32.50 | 28 | 39.44 | 128 | 31.30 | .18 | 0.06 | 15 |
| Intimate partner violence | 108 | 22.27 | 19 | 26.39 | 89 | 21.55 | .36 | 0.01 | 10 |
| Interpersonal violence | 275 | 56.35 | 57 | 78.08 | 218 | 52.53 | <.001 | 0.18 | 7 |
| Injury from interpersonal violence | 85 | 17.49 | 22 | 30.14 | 63 | 15.25 | .002 | 0.14 | 9 |
| Sexual violence | 87 | 18.39 | 26 | 36.11 | 61 | 15.21 | <.001 | 0.10 | 22 |
| Community violence | 290 | 61.18 | 58 | 80.56 | 232 | 57.71 | <.001 | 0.11 | 21 |

^aFigures represent mean standard deviation and Cohen's D effect in related columns

^bHollywood = 1

^cDuring previous 30 days

^dDuring last sexual encounter

^eDuring lifetime

CPS child protective services, *LGBQ*lesbian, gay, bisexual, questioning, or unsure, *PTSD* post-traumatic stress disorder

Table 2

Multivariable models for Juggalo-identifying homeless youths^a

| | Injury from interpersonal violence | | Interpersonal violence | | PTSD | | Suicide attempt | | Suicide ideation | |
|--------------------|------------------------------------|------------|------------------------|------------|-------------------|------------|--------------------|------------|------------------|------------|
| | OR | 95% CI | OR | 95% CI | OR | 95% CI | OR | 95% CI | OR | 95% CI |
| Juggalo | 2.02* | 1.07, 3.83 | 1.97* | 1.04, 3.72 | 1.48 | 0.78, 2.83 | 3.61*** | 1.82, 7.14 | 2.55** | 1.29, 5.05 |
| Age | 1.00 | 0.88, 1.14 | 1.00 | 0.90, 1.10 | 1.00 | 0.89, 1.12 | 0.94 | 0.82, 1.09 | 0.98 | 0.85, 1.13 |
| Male | 1.48 | 0.78, 2.82 | 1.34 | 0.81, 2.22 | 0.55 | 0.31, 0.96 | 0.88 | 0.44, 1.77 | 1.02 | 0.51, 2.05 |
| White | 1.20 | 0.69, 2.10 | 1.06 | 0.67, 1.67 | 0.75 | 0.46, 1.24 | 0.65 | 0.34, 1.23 | 0.78 | 0.42, 1.45 |
| LGBQ | 0.97 | 0.51, 1.83 | 1.30 | 0.77, 2.19 | 1.56 | 0.88, 2.77 | 1.04 | 0.52, 2.10 | 0.97 | 0.48, 1.95 |
| Site | 0.56* | 0.32, 1.00 | 1.04 | 0.66, 1.65 | 0.88 | 0.53, 1.46 | 1.00 | 0.53, 1.87 | 1.38 | 0.74, 2.57 |
| Physical abuse | 2.14* | 1.17, 3.23 | 1.63 | 0.99, 2.70 | 2.16** | 1.26, 3.68 | 0.87 | 0.44, 1.72 | 0.99 | 0.50, 1.95 |
| Sexual abuse | 1.09 | 0.58, 2.05 | 1.13 | 0.65, 1.97 | 2.73*** | 1.51, 4.93 | 2.09* | 1.09, 4.03 | 2.93*** | 1.53, 5.62 |
| IPV | 1.51 | 0.80, 2.85 | 1.11 | 0.65, 1.89 | 1.25 | 0.72, 2.19 | 2.94** | 1.44, 5.98 | 2.61** | 1.30, 5.27 |
| Community violence | 0.95 | 0.53, 1.70 | 3.14*** | 2.04, 4.81 | 4.77*** | 2.85, 7.98 | 1.64 | 0.79, 3.41 | 1.29 | 0.64, 2.60 |
| CPS or foster care | 0.68 | 0.41, 1.15 | 0.92 | 0.60, 1.41 | 1.37 | 0.85, 2.21 | 0.77 | 0.43, 1.39 | 0.99 | 0.55, 1.78 |
| <i>n</i> | 452 | | 454 | | 434 | | 456 | | 455 | |
| AIC | 412.24 | | 580.56 | | 488.22 | | 331.72 | | 340.91 | |
| SC | 461.61 | | 629.98 | | 537.09 | | 381.19 | | 390.35 | |
| -2 log likelihood | 388.24 | | 556.56 | | 464.22 | | 307.72 | | 316.91 | |
| | Injection drugs | | Meth | | Chronic Marijuana | | Prescription drugs | | Ecstasy | |
| | OR | 95% CI | OR | 95% CI | OR | 95% CI | OR | 95% CI | OR | 95% CI |
| Juggalo | 2.14 | 0.95, 4.82 | 1.82* | 1.03, 3.23 | 1.82* | 1.01, 3.29 | 2.02* | 1.07, 3.83 | 2.69** | 1.39, 5.18 |
| Age | 1.15 | 0.98, 1.36 | 1.06 | 0.95, 1.18 | 0.94 | 0.85, 1.03 | 1.00 | 0.88, 1.14 | 1.06 | 0.93, 1.21 |
| Male | 1.75 | 0.73, 4.21 | 2.03* | 1.13, 3.63 | 1.42 | 0.87, 2.33 | 1.48 | 0.78, 2.82 | 2.12* | 1.03, 4.34 |
| White | 0.89 | 0.43, 1.84 | 1.04 | 0.64, 1.68 | 1.85** | 1.20, 2.85 | 1.20 | 0.69, 2.10 | 0.84 | 0.47, 1.52 |
| LGBQ | 1.47 | 0.65, 3.34 | 1.92* | 1.10, 3.34 | 1.22 | 0.73, 2.02 | 0.97 | 0.51, 1.83 | 1.09 | 0.56, 2.14 |
| Site | 1.43 | 0.67, 3.05 | 1.22 | 0.75, 1.99 | 2.09** | 1.34, 3.25 | 0.56* | 0.32, 1.00 | 1.18 | 0.65, 2.13 |
| Physical abuse | 2.00 | 0.88, 4.54 | 1.00 | 0.59, 1.70 | 0.95 | 0.58, 1.55 | 2.14 | 1.17, 3.93 | 1.06 | 0.56, 2.01 |

| | Injury from interpersonal violence | | Interpersonal violence | | PTSD | | Suicide attempt | | Suicide ideation | |
|--------------------|------------------------------------|-------------|------------------------|------------|------------|------------|-----------------|------------|------------------|------------|
| | OR | 95% CI | OR | 95% CI | OR | 95% CI | OR | 95% CI | OR | 95% CI |
| Sexual abuse | 1.67 | 0.74, 3.73 | 1.87* | 1.08, 3.25 | 0.92 | 0.54, 1.55 | 1.09 | 0.58, 2.05 | 1.23 | 0.63, 2.42 |
| IPV | 1.84 | 0.80, 4.22 | 1.52 | 0.87, 2.63 | 0.86 | 0.52, 1.45 | 1.51 | 0.80, 2.85 | 2.00* | 1.02, 3.92 |
| Community violence | 0.67 | 0.31, 1.45 | 1.64 | 1.00, 2.71 | 2.05*** | 1.33, 3.16 | 0.95 | 0.53, 1.70 | 0.80 | 0.44, 1.45 |
| CPS or foster care | 1.34 | 0.65, 2.78 | 0.73 | 0.46, 1.15 | 1.09 | 0.72, 1.65 | 0.68 | 0.41, 1.15 | 0.45** | 0.26, 0.78 |
| <i>n</i> | 455 | | 454 | | 457 | | 452 | | 453 | |
| AIC | 270.31 | | 509.53 | | 601.88 | | 412.24 | | 386.67 | |
| SC | 319.75 | | 558.95 | | 651.37 | | 461.61 | | 436.06 | |
| -2 log likelihood | 246.31 | | 485.53 | | 577.88 | | 388.24 | | 362.67 | |
| | Sexual violence | | Unprotected sex | | Depression | | | | | |
| | OR | 95% CI | OR | 95% CI | OR | 95% CI | | | | |
| Juggalo | 2.06 | 0.93, 4.57 | 1.92* | 1.00, 3.66 | 1.23 | 0.61, 2.51 | | | | |
| Age | 1.15 | 0.98, 1.35 | 0.98 | 0.88, 1.08 | 0.92 | 0.83, 1.03 | | | | |
| Male | 0.40* | 0.19, 0.81 | 0.40** | 0.23, 0.69 | 0.74 | 0.42, 1.30 | | | | |
| White | 0.94 | 0.46, 1.91 | 1.11 | 0.69, 1.80 | 1.50 | 0.90, 2.50 | | | | |
| LGBQ | 2.80** | 1.37, 5.71 | 0.37*** | 0.21, 0.64 | 1.40 | 0.78, 2.52 | | | | |
| Site | 0.48* | 0.24, 0.67 | 1.65* | 1.00, 2.71 | 1.98** | 1.18, 3.33 | | | | |
| Physical abuse | 1.69 | 0.79, 3.62 | 1.09 | 0.63, 1.86 | 1.17 | 0.66, 2.08 | | | | |
| Sexual abuse | 12.80*** | 6.55, 25.04 | 3.29 | 1.77, 6.12 | 1.58 | 0.81, 3.08 | | | | |
| IPV | 2.19 | 1.00, 4.80 | 0.59 | 0.33, 1.04 | 1.43 | 0.77, 2.66 | | | | |
| Community violence | 1.91 | 0.87, 4.21 | 1.96** | 1.23, 3.10 | 2.40*** | 0.77, 2.66 | | | | |
| CPS or foster care | 0.91 | 0.47, 1.76 | 1.29 | 0.82, 2.01 | 0.88 | 1.51, 3.81 | | | | |
| <i>n</i> | 451 | | 417 | | 458 | | | | | |
| AIC | 272.55 | | 530.32 | | 509.94 | | | | | |
| SC | 321.89 | | 578.72 | | 559.46 | | | | | |
| -2 log likelihood | 248.55 | | 506.32 | | 485.94 | | | | | |

^a All drug use categories refer to use during previous 30 days

* $p < .05$.

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**
 $p < .01$,
 $p < .001$

AIC Akaike information criterion, *CI* confidence interval, *CPS* child protective services, *IPV* intimate partner violence, *LCBQ* lesbian, gay, bisexual, questioning, or unsure, *OR* odds ratio, *PTSD* posttraumatic stress disorder, *SC* Schwarz criterion