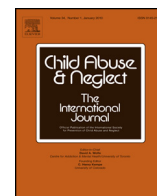




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Mental health correlates of victimization classes among homeless youth

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ABSTRACT

Literature reports high rates of street victimization among homeless youth and recognizes psychiatric symptoms associated with such victimization. Few studies have investigated the existence of victimization classes that differ in type and frequency of victimization and how youth in such classes differ in psychiatric profiles. We used latent class analysis (LCA) to examine whether classes of homeless youth, based on both type and frequency of victimization experiences, differ in rates of meeting diagnostic criteria for major depressive episodes and posttraumatic stress disorder (PTSD) in a sample of homeless youth ($N = 601$) from three regions of the United States. Results suggest youth who experience high levels of direct and indirect victimization (high-victimization class) share similarly high rates of depressive episodes and PTSD as youth who experience primarily indirect victimization only (witness class). Rates of meeting criteria for depressive episodes and PTSD were nearly two and three times greater, respectively, among the high victimization and witness classes compared to youth who never or rarely experienced victimization. Findings suggest the need for screening and intervention for homeless youth who report direct and indirect victimization and youth who report indirect victimization only, while prevention efforts may be more relevant for youth who report limited victimization experience.

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Introduction

Street victimization is a common occurrence among homeless youth (Stewart et al., 2004; Tyler & Beal, 2010). This victimization is correlated with a host of negative consequences for the youth, notably poorer mental health (Whitbeck, Hoyt, Johnson, & Chen, 2007). Specifically, previous research has found that street victimization is associated with substance abuse (Hoyt, Ryan, & Cauce, 1999; Whitbeck, Hoyt, & Bao, 2000), self-mutilation (Tyler, Whitbeck, Hoyt, & Johnson, 2003), depressive symptoms (Whitbeck et al., 2000), and the development of posttraumatic stress disorder (PTSD; Whitbeck et al., 2007). Despite the pervasiveness of street victimization and its consequences, there is limited research on the existence of subgroups of youth based on the type and frequency of their victimization and how such victimization profiles may lead to differential assessment and treatment protocols for homeless youth. As such, the present study examined psychiatric symptoms of major depressive episode and posttraumatic stress disorder to determine their association with homeless youth victimization profiles.

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Background Literature

Many homeless youth report histories of victimization prior to living on the streets; previous research has shown that 47% of homeless youth experience physical abuse in the home, and 29% experience sexual abuse (Tyler & Cauce, 2002). This maltreatment is often cited as the reason for leaving home (Lindsey, Kurtz, Jarvis, Williams, & Nackerud, 2000; Rosenthal, Mallett, & Myers, 2006) and is associated with greater subsequent victimization once on the streets (Slesnick, Erdem, Collins, Patton, & Buettner, 2010; Thrane, Hoyt, Whitbeck, & Yoder, 2006). Homeless youth frequently experience direct forms of abuse (Stewart et al., 2004), which has been defined as verbal, emotional, physical, and sexual forms of victimization (Ferguson, 2009). On the streets, it has been estimated that 83% of these youth experience direct physical and/or sexual victimization, such as being beaten up, assaulted with a weapon, or raped (Stewart et al., 2004). Youth also endure indirect traumatic events, such as witnessing the victimization of another, experiencing threats of violence, or losing a loved one (Bender, Thompson, Ferguson, & Langenderfer, in press; Bender, Thompson, Ferguson & Pollio, in press; Ferguson, 2009). Approximately 72% of homeless youth report having witnessed a physical attack, 20% having seen someone killed, and 16% having seen someone being sexually assaulted since becoming homeless (Kipke, Simon, Montgomery, Unger, & Iversen, 1997).

Several factors have been identified as increasing risk for victimization among homeless youth. Youth who meet criteria for an alcohol use disorder are more likely to experience traumatic events, such as direct and indirect victimization, on the streets (Bender et al., 2010). In addition, transience, or movement from one city to the next, has been shown to exacerbate victimization risk, as it disrupts building and maintaining a network of resources and increases vulnerability in unfamiliar environments (Bender et al., 2010). Youth who spend more time on the streets, run away at earlier ages, and report multiple episodes of running away are more likely to experience physical victimization, while youth who participate in survival behaviors (e.g., prostitution, panhandling) are at increased risk for sexual victimization (Tyler & Beal, 2010).

Much of the extant research on homeless youth has focused on singular types of victimization, such as experiencing sexual or physical abuse; however, given the high prevalence of both direct (Stewart et al., 2004) and indirect (Kipke et al., 1997) victimization among homeless youth, the concept of poly-victimization has emerged as a framework for investigating how homeless youth in particular experience victimization (Ferguson, 2009). Poly-victimization has been defined as having experienced more than one type of victimization (e.g., sexual abuse, bullying, witnessing familial violence), emphasizing experiencing multiple types rather than multiple occurrences of victimization (Finkelhor, Turner, Hamby, & Ormrod, 2011). There is no consensus over what constitutes a poly-victim (Finkelhor et al., 2011), but authors of one study considered youth who experienced four or more types of victimization to be poly-victims (Finkelhor, Ormrod, & Turner, 2007a). By this standard, 22% of children in a nationally representative sample were considered poly-victims in the previous year (Finkelhor et al., 2007a) and had higher rates of anxiety, depression, and trauma compared to those never experiencing abuse or had a single experience (Finkelhor et al., 2007a). Moreover, research has shown poly-victims experience more serious and injurious victimization (Finkelhor et al., 2011) and are at increased risk for subsequent victimization (Finkelhor, Ormrod, & Turner, 2007b).

Experiencing multiple forms of victimization has not been well studied among homeless youth, though limited existing research shows multiple forms of abuse may negatively affect psychosocial and behavioral outcomes (Ferguson, 2009). Specifically, in her examination of types of abuse experienced (physical abuse, sexual abuse, emotional abuse, psychological abuse, verbal abuse, and witnessing familial abuse), Ferguson (2009) found that homeless youth who reported experiencing multiple forms of abuse (i.e., both direct and indirect) demonstrated the most psychological symptoms (Ferguson, 2009). Although Ferguson's (2009) study is limited by its small convenience sample, it provides a foundation for applying the concept of poly-victimization to homeless youth and introduces the notion of direct and indirect victimization as one conceptualization of poly-victimization and its effects.

Most research on victimization among homeless youth has not investigated, in detail, the combinations of types and frequencies of victimization experienced. Instead, studies report prevalence estimates that suggest high overall rates (see Stewart et al., 2004). High rates, although concerning, do not differentiate subgroups of homeless youth who may differ in their service needs. Service agencies for homeless youth, without a more nuanced understanding of victimization profiles, may fail to address victimization or, at best, provide trauma-informed services generally. These agencies will likely fail to recognize the differential needs of youth with particularly harmful experiences. Differentiation in the mental health needs of youth with various victimization profiles will, thus, inform under-resourced service agencies regarding how to most efficiently serve victimized youth in their care. For example, agencies may identify methods of screening for victimization experiences that place youth at greatest risk for mental health problems and provide further assessment, referral, treatment, and supportive housing to those youth most in need.

Recently, in a multi-site study of homeless youth, latent class analysis was conducted to identify specific categories of victimization among these youth (Bender et al., in press). Latent class analysis (LCA) allowed individuals to naturally group into classes based on the different types and frequencies of victimization they experienced. Rather than the researcher creating artificial cut points or predetermined criteria for group inclusions, the classes revealed in the LCA were naturally occurring groups of youth with similar patterns of victimization. The LCA identified three distinct victimization classes: (a) a low victimization class of youth who never or rarely experienced indirect or direct victimization; (b) a high-victimization class of youth who experienced high rates of direct and indirect victimization, typically experiencing each victimization event multiple times; and (c) a witness class of youth who remained on the periphery of direct violence but reported high rates of threats and witnessed violence, typically experiencing each victimization event only once (Bender et al., in press). This

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