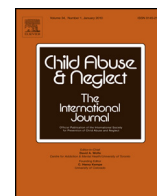




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Child Abuse & Neglect



Youth victimization in Sweden: Prevalence, characteristics and relation to mental health and behavioral problems in young adulthood[☆]

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ABSTRACT

The present study examines multiple types of victimization simultaneously, their prevalence and characteristics in childhood and adolescence, and it examines the associations between victimization and poly-victimization on the one hand and single and multiple mental health and behavioral problems on the other. The sample consisted of 2,500 Swedish young adults (20–24 years) who provided detailed report of multiple types of lifetime victimization and current health and behaviors via an interview and a questionnaire. Results showed that it was more common to be victimized in adolescence than in childhood and more common to be victimized repeatedly rather than a single time, among both males and females. Males and females were victimized in noticeably different ways and partially at different places and by different perpetrators. With regard to mental health and behavioral problems, anxiety, post-traumatic stress, self-harm, and criminality were clearly overrepresented among both males and females who had experienced any type of victimization. Poly-victimization was related to single and multiple mental health and behavioral problems among both males and females. We conclude that professionals need to conduct thorough evaluations of victimization when completing mental health assessments among troubled youths, and that youth might benefit from the development of interventions for poly-victimized youth.

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Introduction

Child maltreatment has been defined as “acts of commission or omission by a parent or other caregiver that result in harm, potential for harm, or threat of harm to a child” (Gilbert et al., 2009). These acts can be physical; sexual; psychological/emotional, including verbal; and/or neglectful. Increasingly, witnessing intimate partner violence is also regarded as a form of child maltreatment. The current study embraces the definition from Butchart, Phinney Harvey, Mian, Förniss, and Kahane (2006), which has a wider focus. It includes acts in any setting perpetrated by anyone, known or unknown to the victimized. Furthermore, because property crimes is a particularly frequent type of victimization among youths and has been shown to have negative psychological impacts (Finkelhor, Ormrod, Turner, & Hamby, 2005), this type of victimization

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is also included in the present study. To stress that the present study encompasses this variety of victimization from birth to young adulthood, we use the term *youth victimization*.

The purpose of the present study is to investigate the prevalence of such victimization, where it occurred, by whom and whether it is related to adult problems.

The Prevalence of Victimization

Recent studies of physical victimization by a parent or caretaker have documented prevalences of around 28% in the United States (Centers for Disease Control [CDC], 2014; Hussey, Chang, & Kotch, 2006), 25% in the United Kingdom (May-Chahal & Cawson, 2005), and about 29% in Eastern European countries (Gilbert et al., 2009). In Sweden, although corporal punishment of children was banned in 1979 through the Swedish Parental Act, prevalences of parental physical child victimization has been found to be between 15% and 22% (Annerbäck, Wingren, Svedin, & Gustafsson, 2010; Janson, Jernbro, & Långberg, 2011). Yearly prevalences of psychological/emotional, including verbal, victimization, have been found to be 10–11% in the United States (CDC, 2014; Finkelhor, Ormrod, et al., 2005; Gilbert et al., 2009), 4–9% in Western European countries, and up to 33% in Eastern European countries (Gilbert et al., 2009). Based on a meta-analysis, Stoltenborgh, Bakermans-Kranenburg, and van Ijzendoorn (2012) estimated that the global prevalence of self-reported child physical neglect was 16% and 18% for emotional neglect, although they found substantial differences in the prevalence of physical neglect for studies using different types of procedural characteristics and that various studies used different definitions and measurements. The prevalence of children witnessing intimate partner physical violence has been found to be between 8% and 25% internationally and between 6% and 12% in Sweden (e.g., Annerbäck et al., 2010; Gilbert et al., 2009; Miller, Cater, Howell, & Graham-Bermann, 2014). Yearly prevalences of between 26% and 30% for property crime victimization among youth have been found in the United States and Sweden (BRÅ, 2013; Finkelhor, Ormrod, et al., 2005).

Although studies consistently find that more girls (3–31%) than boys (1–19%) are sexually victimized in the United States and in Europe (e.g., Collin-Vézina, Daigneault, & Hébert 2013; Costello, Erkanli, Fairbank, & Angold, 2002; Finkelhor, Ormrod, et al., 2005; Gilbert et al., 2009; Putnam, 2003), gender differences are less clear and consistent when it comes to physical or verbal victimization, neglect, witnessing of violence, and property crime (e.g., Annerbäck et al., 2010; BRÅ, 2013; May-Chahal, 2006). In sum, much more research is needed on potential gender differences in victimization (Gilbert et al., 2009).

Many victimized children and adolescents are subjected to repeated and/or multiple types of abuse and neglect, sometimes also in several different contexts and by multiple perpetrators. Experiencing several types of victimization is usually referred to as poly-victimization (Finkelhor, Ormrod, & Turner, 2007). Studies show that different types of victimization often co-occur (Higgins & McCabe, 2000; Radford, Corral, Bradley, & Fisher, 2013) and that poly-victims comprise a substantial part of victimized children in international (Finkelhor et al., 2007; Robboy & Anderson, 2011) and in Swedish samples (Annerbäck, Sahlqvist, Svedin, Wingren, & Gustafsson, 2012). Poly-victimization seems more common among boys than girls, and it appears to be more common among older youth (Finkelhor, Turner, Hamby, & Ormrod, 2011).

The Relation Between Victimization and Mental Health and Behavioral Problems

Physical, sexual, or neglectful victimization as a child has been found to increase the risk of child mortality and morbidity and has long lasting effects on mental health (e.g., anxiety, depression, posttraumatic stress disorder symptoms, dissociation), physical health (e.g., overweight and obesity, drug and alcohol misuse, risky sexual behavior), violent and other criminal behavior, school problems, and social problems and social withdrawal (e.g., Gilbert et al., 2009; Hussey et al., 2006; Lansford et al., 2002; Lansford et al., 2007). Similarly, children and adolescents exposed to intimate partner violence or property crime are at risk for developing emotional and behavioral problems and of greater exposure to other adversities (Finkelhor, Ormrod, et al., 2005; Holt, Buckley, & Whelan, 2008). The few studies conducted on the impact of psychological/emotional, including verbal, victimization, indicate that such victimization is associated with anxiety, depression, and personality disorders (Johnson et al., 2001; Kent & Waller, 1998).

Many of the risks also seem to continue into adulthood, as being victimized at a young age has been found to be related to symptoms of adult anxiety, depression, post-traumatic stress disorder, and impairment resulting from mental and physical health problems. Also, a greater percentage of those who have been victimized report lifetime alcohol problems and appear at greater risk for substance abuse than those who have not been victimized (Herrenkohl, Hong, Klika, Herrenkohl, & Russo, 2013; Tolin & Foa, 2006). Although some studies find that other social, family, and individual factors mediate the effects of physical victimization on adult mental health, sexual victimization consistently seems to be associated with increases in risks of later problems, especially among females (Fergusson, Boden, & Horwood, 2008; Simpson & Miller, 2002).

Being subjected to poly-victimization seems to be related to even more adverse outcomes. The associations between victimization and health and behavioral problems have been shown to be stronger for children reporting multiple types of or repeated victimization, with cumulative effects depending on number of different types of victimization (Annerbäck et al., 2012; Petrenko, Friend, Garrido, Taussig, & Culhane, 2012). Thus, studies have documented a graded relationship between the number of types of abuse that a child is being victimized to, and alcoholism, drug abuse, depression, suicide attempt, smoking, poor self-rated health, multiple sexual relationships, sexually transmitted disease, physical inactivity, and severe obesity (Felitti et al., 1998). Furthermore, poly-victimization is highly predictive of ill-health and trauma symptoms, and when taken into account, can greatly reduce the association between single victimizations (e.g., sexual abuse) and

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