



## Research article

# The contribution of different forms of violence exposure to internalizing and externalizing symptoms among young South African adolescents<sup>☆</sup>



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## ABSTRACT

While many youth are exposed to multiple forms of co-occurring violence, the comparative impact of different forms of violence on the mental health of children and adolescents has not been clearly established. Studies from low and middle income countries in particular are lacking. The present study examined the contribution of different forms of violence to internalizing and externalizing symptoms among young adolescents in South Africa. A community-based sample of 616 high school learners completed self-report scales assessing exposure to six different forms of violence and the severity of depression, aggression and conduct disorder symptoms. In bivariate analyses, all six forms of violence were significantly associated with internalizing and externalizing difficulties. When the contribution of all forms of violence to mental health outcomes was examined simultaneously, domestic victimization emerged as the strongest predictor of both internalizing and externalizing difficulties. Cumulative exposure to other forms of violence contributed further to the prediction of aggression and conduct disorder, but not depression. Recommendations for future research, and the implications of the findings for prioritizing the development of violence prevention and intervention initiatives in the South African context, are considered.

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## Introduction

The increased risk for negative mental health outcomes associated with specific forms of victimization, including domestic violence (Evans, Davies, & DiLillo, 2008), sexual abuse (Maniglio, 2009), school bullying (Turner, Exum, Brame, & Holt, 2013b) and community violence (Fowler, Tomsett, Braciszewski, Jaccques-Tiura, & Baltes, 2009), has been well established amongst child and adolescent populations. However, there is increasing evidence that many youth are exposed to co-occurring forms of violence across multiple life domains, including home, school and community, a pattern of exposure referred to as

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poly-victimization (Finkelhor, Ormrod, & Turner, 2007a). In several North American (Margolin, Vickerman, Oliver, & Gordis, 2010; Mrug & Windle, 2010; Turner, Finkelhor, & Ormrod, 2010) and European (Ellonen & Salmi, 2011; Pereda, Guilera, & Abad, 2014) studies, between 10% and two thirds of child and adolescent samples have experienced more than one kind of violence, with prevalence rates rising to as high as 93% in one community study with urban African American high school students (Kennedy, 2008). Furthermore, poly-victimization appears to be a particularly pathogenic form of violence exposure: not only are poly-victims at higher risk for poor mental health outcomes than victims who are exposed to only one kind of violence, but the presence of poly-victimization eclipses or greatly reduces the contribution of specific forms of violence in predicting both internalizing and externalizing symptoms (Collings, Penning, & Valjee, 2014; Cyr, Clement, & Chamberland, 2014; Finkelhor, Ormrod, & Turner, 2007b).

While these findings indicate a need for early identification and support of young poly-victims, they do not assist in prioritising specific forms of violence to target for prevention or treatment programs in high-violence communities, a goal that is particularly important in contexts where mental health resources are scarce. A hierarchical model, which compares the risk posed by different forms of violence that are examined simultaneously, can supplement a cumulative model in predicting risk for negative mental health outcomes amongst poly-victimized youth (Boxer & Terranova, 2008; Mrug & Windle, 2008). Several studies have examined the comparative contributions of different types of co-occurring violence to the mental health of children and adolescents, but findings have not been consistent. One nationally representative sample of children and adolescents in the United States found that child maltreatment was the strongest predictor of both depression and aggression symptoms amongst two to nine year olds, but witnessing family violence, sexual assault and community-based violence each made additional independent contributions to these outcomes (Turner, Finkelhor, & Ormrod, 2006). But in an older American sample with an average age of 10 years, only family violence contributed unique variance to aggression and delinquent behavior, and no specific form of violence contributed independently to depression (Margolin et al., 2010). Findings for adolescent samples are also variable. Amongst 10–17 year olds in Turner et al.'s sample, child maltreatment was the strongest predictor of depression, followed by sexual assault, with a much smaller contribution from community violence, while Mrug and Windle's (2008) study with young adolescents found that school violence conferred the most risk for depression, followed by violence at home. With regard to externalizing symptoms, community-based violence, sexual assault and child maltreatment all independently predicted aggression in Turner et al.'s (2006) adolescent sample, suggesting a cumulative effect, while in Mrug and Windle's (2008) sample only violence at home contributed independently to delinquency and overt aggression. Amongst boys in the National Survey of Adolescents, delinquency was only predicted by exposure to community violence, but amongst girls sexual abuse and family violence, rather than community violence, made significant contributions to this outcome (McCart et al., 2007).

Although the overall trend in these studies is that violence in the home predicts a greater range of psychological outcomes than other forms of violence exposure, there is considerable variation across studies, suggesting that different forms or combinations of violence exposure may create risk for different types of mental health difficulties, and that this may further be moderated by age, gender or other factors. This limits the generalizability of previous findings beyond the specific populations sampled, and the degree to which these findings can then be used to develop general recommendations for victimization prevention and intervention initiatives. A further limit to generalizability is that research on the comparative risks posed by different forms of violence has been concentrated in North America, and little similar research has emerged from low and middle income countries (LMICs) where rates of violence are often higher and intervention resources are more constrained (Scott, 2008).

The current study aimed to examine the contribution of different forms of violence to internalizing and externalizing mental health outcomes amongst younger adolescents in South Africa, a middle income country with high levels of criminal, community, domestic and sexual violence compared with the global average (Seedat, Van Niekerk, Jewkes, Suffla, & Ratele, 2009). Poly-victimization rates amongst South African youth are far higher than those reported in most studies from higher income countries, and comparable only to the rates reported in Kennedy's community study of urban African American samples (Kennedy, 2008): in two South African community studies, 81% of secondary school students (Collings et al., 2014) and 93% of younger adolescents (Kaminer, du Plessis, Hardy, & Benjamin, 2013a) reported exposure to two or more different forms of violence. Due to high levels of gang violence in many low-income communities in South Africa, rates of exposure to community violence involving death or weapons are particularly high: across several community-based studies, over a third of primary and high school learners have witnessed a murder in their community, between 40 and 89% have witnessed a stabbing, and between 12 and 30% have been threatened with a weapon (Kaminer et al., 2013a; Kaminer, Heath, Hardy, Mosdell, & Bawa, 2013b; Shields, Nadasen, & Pierce, 2008). In Cape Town, where the current study was conducted and where levels of gang violence are amongst the highest in the country (Goga, 2014), homicide is the second leading cause of death for children aged 10 to 14 years and the leading cause of death for youths between the ages of 15 and 19 years (Groenewald et al., 2008). In this context where community violence exposure appears to be both more ubiquitous and more severe in nature than is generally found in high income countries, it is possible that community violence is more pathogenic for child and adolescent mental health than domestic violence. On the other hand, there is some evidence from North American studies to suggest that frequent exposure to community violence may create a de-sensitization or normalization effect (Mrug & Windle, 2010), and only those youth who have to return to a violent home environment after navigating danger in their neighborhood may be vulnerable to developing mental health difficulties. Understanding the comparative mental health risks posed by different forms of violence exposure amongst South African youth would assist to prioritize the foci of violence prevention programs and intervention initiatives for this population, which is critical given the limited resources

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