



## Research article

# Can family structure and social support reduce the impact of child victimization on health-related quality of life?



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## ABSTRACT

This study aims at providing a profile of the association between different types of child victimization and polyvictimization and health-related quality of life (HRQoL) among school-aged children, and examining the impact of family structure and social support on the negative health consequences associated with violent victimization. We conducted a cross-sectional school survey in Hong Kong using a two-stage stratified sampling procedure. The final sample comprised 4139 children's self-reports and proxy-reports (boys = 51.5%; mean age = 6.3). The main outcome was HRQoL measured with the Pediatric Quality of Life Inventory (PedsQL). Family structure was represented by parents' marital status, major caregivers, number of siblings and the living arrangement of children. Child victimization, social support, and demographic characteristics were also measured. All types of child victimization were associated with compromised HRQoL, and the strength of association varied across different types of child victimization. Family structure (in particular the number of siblings and whether additional childcare was received from grandparents) and social support were associated with better HRQoL. The negative associations between child victimization and polyvictimization and HRQoL were reduced when there was an adjustment made for family structure and social support. Findings show that family structure and social support are related to a reduction in negative health consequences for child victimization. The varying strengths of negative associations between victimization and HRQoL highlight the possibility that the effects of child victimization on health might not be homogeneous.

## 1. Introduction

Violent victimization, both in general and within the family, affects the health and well-being of millions of children and adolescents globally (Gilbert et al., 2009). Consensus exists among researchers on the deleterious effects that violence against children has on their physical and mental health. Child victims often demonstrate poorer physical and mental health, perceive their health status to be poorer, and report more psychopathological symptoms, such as more stress and psychosomatic symptoms and higher likelihood of reporting DSM-IV disorders, than do other children (Foshee, Benefield, Ennett, Bauman, & Suchindran, 2004; Hesketh et al., 2010; Ip et al., 2016; Lee et al., 2011; Wong et al., 2009). Health-related quality of life, a concept that covers functional status, psychological well-being, social functioning, health perceptions, and disease-associated symptoms (Aaronson et al., 1991), is one of the health correlates of violence victimization. A recent review of the negative health consequences associated with violence reveals

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consistent negative associations between child maltreatment, which includes physical, psychological, and sexual abuse, and health-related quality of life (Weber, Jud, & Landolt, 2016). The degree of the effect on the child however ranges widely from small to large depending on the types of victimization (Weber et al., 2016). This widely ranging degree of effect found in previous studies may be due to the use of different types of samples (e.g., clinical, police report, or community), the focus on different aspects of child victimization (e.g., physical abuse, emotional abuse, sexual abuse, or neglect), and the use of different scales or measures in the methodology. Clearly, despite the growing number of research studies on child victimization and health, there is a lack of studies related to family structure and support in the context of child victimization and health, as well as those testing the association between different kinds of child victimization and different aspects of health within one sample.

In addition to the scarcity of literature concerning the possibly different health consequences of different kinds of victimization, there is a lack of research on the effects of polyvictimization (Finkelhor, Turner, Hamby, & Ormrod, 2011). Noticing the phenomenon that victimizations often cumulate within an individual, Finkelhor, Ormrod, and Turner (2007) developed the concept of “polyvictimization”, which refers to the multiple exposures of more than a single type of violence. According to the researchers (Finkelhor et al., 2011), the concept of polyvictimization “emphasizes different kinds of victimizations, rather than just multiple episodes of the same kind of victimization (p. 4)”, and it has been demonstrated that the negative consequence of polyvictimization could be more severe than the repeated exposures to a single type of victimization (Finkelhor et al., 2007).

Although there are great differences in methodologies and findings in their studies, researchers generally agree on the urgent need to identify resources or characteristics that help victims overcome the immediate and residual effects of violence (Beeble, Bybee, Sullivan, & Adams, 2009). Literature often points to the effectiveness of social support in general in reducing the negative health consequences that result from violence (Beeble et al., 2009; Bosch & Bergen, 2006; Theran, Sullivan, Bogat, & Stewart, 2006). Past findings have demonstrated that social support not only helps victims overcome the negative health impacts and stresses associated with violence but also serves as an aid for the development of natural or formal social networks that reduce future risks of victimization (Yoon, 2013).

In addition to the discussion on social support, there has also been growing attention given to how family structure affects child victimization and the distress symptoms expressed by victims (Savolainen, 2007; Turner, Finkelhor, & Ormrod, 2007; Turner, Finkelhor, Hamby, & Shattuck, 2013). Family structure is often referred to as the type of family in which a child is residing. Children living in stepfamilies have generally reported higher risks of victimization and distress than have their counterparts living in natural families with two biological parents, in adopted families, or in single-parent families (Savolainen, 2007; Turner et al., 2013). Researchers have attributed this phenomenon to the elevated levels of family adversity and conflict often experienced by children living in stepfamilies (Turner et al., 2007).

### 1.1. The present study

This study addresses the research gap that has been pointed out in previous research (Prosser & Corso, 2007; Weber et al., 2016), for example, the lack of studies linking multiple types of victimization, or polyvictimization, targeting child victims rather than adult survivors, and exploring the hampered child HRQoL associated with various aspects of victimization and polyvictimization in one single child sample. The present study was conducted to examine the associations between different types of child victimization and various aspects of HRQoL among a cohort of school-aged children. We adopted a broad definition of child victimization in our assessment by including violence occurring both within and outside the family (i.e., conventional crime, child maltreatment by parents, peer and sibling victimization, and the witnessing of violence and indirect victimization), and used the Juvenile Victimization Questionnaire (JVQ; Finkelhor, Hamby, Ormrod, & Turner, 2005) for the categorization of various kinds of child victimization. We also included child HRQoL relating to physical functioning, emotional functioning, social functioning, and school functioning. Based on past findings on the impact of family structure and social support on altering the links between violence and health outcomes (Beeble et al., 2009; Bosch & Bergen, 2006; Savolainen, 2007; Theran et al., 2006; Turner et al., 2007, 2013,) we investigated the effects of these two parameters on the association between child victimization or polyvictimization and HRQoL. With regard to the uniqueness of family structure in the Chinese population (Ko & Hank, 2014), we extended the concept to include the marital status of parents, the residence status of the child, the major caregivers of the child (in particular whether grandparents, in addition to parents, were available for child care), and the number of siblings living with the child. It is particularly noteworthy that the presence of siblings may seem to increase one's risk of being victimized by sibling violence. However, given the unique cultural values of Confucianism that elder brothers/sisters do have roles and responsibilities in the family (e.g. they should care for the family and younger members and maintain a friendly relationship with their siblings; Zhao, 2013), older children may be taught to share the responsibilities of taking care of younger children in the family. Thus, children with older siblings could receive more resources and somehow be better “protected” and taken care.

In summary, this study aimed at (a) exploring the complete profile of the associations between different kinds of victimization, as categorized by the JVQ (Finkelhor et al., 2005), and various aspects of HRQoL; (b) examining the effects of family structure and social support on the association between the experience of any child victimization and HRQoL; and (c) investigating the effects of family structure and social support on the associations between polyvictimization, the experience of more than three types of victimizations, and HRQoL. With regard to our main research question on whether family structure and social support could effectively reduce the impact of child victimization on child HRQoL, we developed the following hypotheses:

- (i) The HRQoL would be poorer among children with victimization and/or polyvictimization experiences than that among children without such experiences;

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