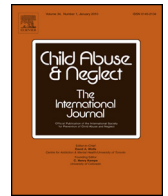




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## Child Abuse &amp; Neglect



## Latent classes of childhood poly-victimization and associations with suicidal behavior among adult trauma victims: Moderating role of anger



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### ABSTRACT

The aims of the present study were first to identify discrete patterns of childhood victimization experiences including crime, child maltreatment, peer/sibling victimization, sexual violence, and witnessing violence among adult trauma victims using latent class analysis; second, to examine the association between class-membership and suicidal behavior, and third to investigate the differential role of dispositional anger on the association between class-membership and suicidal behavior. We hypothesized that those classes with accumulating exposure to different types of childhood victimization (e.g., poly-victimization) would endorse higher suicidal behavior, than the other less severe classes, and those in the most severe class with higher anger trait would have stronger association with suicidal behavior. Respondents were 346 adults ( $N=346$ ;  $M_{age}=35.0$  years; 55.9% female) who had experienced a lifetime traumatic event. Sixty four percent had experienced poly-victimization (four or more victimization experiences) and 38.8% met the cut-off score for suicidal behavior. Three distinct classes emerged namely, the Least victimization (Class 1), the Predominantly crime and sibling/peer victimization (Class 2), and the Poly-victimization (Class 3) classes. Regression analysis controlling for age and gender indicated that only the main effect of anger was significantly associated with suicidal behavior. The interaction term suggested that those in the Poly-victimization class were higher on suicidal behavior as a result of a stronger association between anger and suicidal behavior in contrast to the association found in Class 2. Clinical implications of findings entail imparting anger management skills to facilitate wellbeing among adult with childhood poly-victimization experiences.

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## 1. Introduction

Adverse experiences during childhood, including abuse and neglect, victimization by peers/siblings, assault, and witnessing violence, have implications for adolescent (Charak & Koot, 2015; Elklit, Karstoft, Armour, Feddern, & Christoffersen, 2013; Ford, Elhai, Connor, & Frueh, 2010) and adult psychopathology (e.g., emotional distress, mood disorders, substance use, and suicide risk; Benjet, Borges, & Medina-Mora, 2010; Fergusson, McLeod, & Horwood, 2013; Hoertel et al., 2015; Spinhoven et al., 2010). Most studies, however, focus on specific types of victimization (e.g., sexual abuse) or combine exposure to any type of victimization into a single group (e.g., victimized versus non-victimized), regardless of the types of victimization experienced. In contrast, studies indicate that different types of victimization during childhood often co-occur, a phenomenon referred to as ‘multi-type victimization’ (Higgins & McCabe, 2001) or ‘poly-victimization’ (Finkelhor, Ormrod, & Turner, 2007). The former takes into account the presence of different types of child maltreatment experiences, while poly-victimization refers to an array of potentially traumatic events, namely, exposure to conventional crime, child maltreatment, victimization by peer/sibling, sexual violence and witnessing violence (e.g., domestic violence, war; Finkelhor et al., 2007). Hence, poly-victims experience maltreatment in several contexts, including within and outside the family context. In the current study, we investigated patterns of exposure to different types of childhood victimization in adults with experiences of lifetime trauma, and examined the effect of exposure to poly-victimization (versus other types of victimization) on suicidal behavior.

## 2. Childhood poly-victimization

Prior research work indicates that poly-victimization is prevalent among children and adolescents. In a nationally representative sample aged 2–17 years from the United States, it was found that 22% of the children experience four or more different kinds of victimization, or poly-victimization, in a single year (Finkelhor et al., 2007). In line with this, by employing newer analytic techniques, such as latent class analysis, studies have started to identify discrete groups or classes based on different types of childhood victimization experiences. For example, Grasso et al. (2013) examined distinct patterns of victimization based on exposure to sexual abuse, physical abuse, and witnessing intimate partner violence (IPV) among children and adolescents in Navy families. They found three classes that best represented the sample, and included a class high on all three types of victimization (Class 1), those high on physical abuse and witnessing IPV (Class 2), and a class high on physical abuse (Class 3). In another study on adolescents from Greenland, three victimization classes were found among adolescents: the violence, neglect, and bullying class (Class 1), a class with multiple potentially traumatic events (Class 2), and class with no or limited victimization histories (Class 3; Karsberg, Armour, & Elklit, 2014).

Studies on poly-victimized children/adolescents further suggest that victims report greater psychological problems, including distress, posttraumatic stress symptoms, depression, suicidal behavior, and substance use problems (e.g., Finkelhor et al., 2007; Ford et al., 2010; Ford, Grasso, Hawke, & Chapman, 2013; Grasso et al., 2013; Karsberg et al., 2014). Few studies have assessed the effects of childhood poly-victimization on psychopathology in an adult sample (e.g., Radatz & Wright, 2015; Richmond, Elliott, Pierce, Aspelmeier, & Alexander, 2009), and studies that do suggest greater psychological problems among adults as well. For example, Hooven, Nurius, Logan-Greene, and Thompson (2012) used a longitudinal design to show that young adults with a history of poly-victimization during adolescence were more likely to experience emotional distress and were higher on suicide risk behavior. Thus, emerging evidence suggests the presence of varying patterns of childhood victimization, and investigating differences in psychological outcomes across these patterns of victimization is warranted for tailoring preventative and clinical interventions.

### 2.1. Childhood poly-victimization and lifetime suicidal behavior among adults: cumulative risk theory

An important distal risk factor often related to suicide behavior is exposure to various childhood adversities, including childhood victimization (Ystgaard, Hestetun, Loeb, & Mehlum, 2004; Soler, Segura, Kirchner, & Forn, 2013). In a study based on the National Comorbidity Survey (NCS), Joiner et al. (2007) found that adults with childhood physical and/or sexual abuse were more likely to have a higher number of lifetime suicide attempts, when compared to those with childhood verbal abuse or assault experiences. Among adults admitted to a hospital for a suicide attempt, it was found that after controlling for other types of childhood adversities, childhood physical and sexual abuse were predictive of chronic suicidal behavior (Ystgaard et al., 2004). In contrast, more recent studies support an association between childhood emotional maltreatment and neglect, and risk of suicide attempts after controlling for other types of abuse and neglect among adult (de Araujo & Lara, 2016; Springe et al., 2016). Taken together, prior research demonstrates an association between exposure to various types of childhood victimization and lifetime suicide risk among adults.

The additive effects of exposure to various types of victimization experiences on stress, and short- and long-term psychopathology are well established (Charak, Koot, Dvorak, Elklit, & Elhai, 2015; Chartier, Walker, & Naimark, 2010; Rutter, 1988). Such effects are based on the cumulative risk theory which states that the higher the number of risk factors a person is exposed to, the higher the potential for a negative outcome (Appleyard, Egeland, van Dulmen, & Sroufe, 2005; Rutter, 1979). These dose-response effects of cumulative exposure of childhood victimization have also been found on suicidal behavior in adolescents (Chan, 2013; Fergusson & Lynskey, 1995; Ford et al., 2013) and adults (Belik, Cox, Stein, Asmundson, & Sareen, 2007; Belik, Stein, Asmundson, & Sareen, 2009; Stein et al., 2010). However, some victims of childhood maltreatment may

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