



Longitudinal Effects of Violent Victimization during Adolescence on Adverse Outcomes in Adulthood: A Focus on Prosocial Attachments

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Objective To assess how prosocial attachments to school and family may diminish the effects of violent victimization during adolescence on adverse outcomes in adulthood.

Study design We analyzed secondary data on 13 555 participants from waves 1 (1994-1995) and 3 (2001-2002) of the National Longitudinal Study of Adolescent Health, a nationally representative sample of US high school and middle school students. Adverse outcomes in adulthood included offending, alcohol problems, drug use, risky sexual behavior, violent victimization, depression, low self-esteem, suicidality, hospitalizations, sexually transmitted infections, extreme weight control, and obesity. Analyses were conducted separately for males and females.

Results Our multivariate regression analyses demonstrated that adolescent victimization is a significant predictor of a host of problems in adulthood. Nevertheless, attachment to school and to family meaningfully reduced the effect of victimization on nearly every adult outcome we assessed.

Conclusions Strong attachments to school and family in adolescence can reduce the long-term harms of violence on the lives of young persons. Incorporating this insight into regular clinical assessment could yield significant behavioral, health, and psychoemotional benefits for victims of violence. (*J Pediatr* 2015;166:1062-9).

Being a victim of violence in childhood and adolescence has been linked to wide array of adverse outcomes well into adulthood.^{1,2} Some of these consequences are behavioral, including criminal offending and alcohol and drug use,^{3,4} others are more psychological and emotional, such as depression and suicide ideation,^{5,6} and others are health-related, such as higher rates of hospitalizations and extreme weight control behaviors.⁷ The reasons why early violent victimization is associated with such a broad spectrum of negative outcomes later in life are not fully known.² However, there is some evidence to suggest that victims of violence are likely to adopt maladaptive coping strategies to help them deal with their experiences.⁸ These problematic strategies come in various forms (eg, chemical use, social withdrawal), which may create or exacerbate negative emotionality (eg, anger, anxiety, depression), which in turn can set victims on an unhealthy life-course trajectory characterized by a host of behavioral and psychoemotional difficulties.^{2,5,6}

Nevertheless, not everyone who is a victim of violence experiences these negative outcomes, and we know very little about why some victims develop these problems and others prove to be more resilient.⁹ One promising area to assess is in how youths' positive social attachments—such as those to family and to school—may help to reduce the enduring harms of victimization.⁸ Indeed, strong social attachments can serve as a source of support and can provide prosocial coping resources to insulate victimized youths from the cascade of developmental processes that may ultimately lead to a wide spectrum of negative life outcomes.^{2,10} Those youths who lack such attachments—which is information that could be gathered upon a routine pediatric visit—may be particularly vulnerable to the long-term negative consequences of victimization.

Accordingly, in the present study we assess how prosocial attachments may diminish the harmful effects of violent victimization among the young on a wide range of outcomes into adulthood. The full range of potential consequences of victimization in adulthood is rarely explored in a single study because different academic disciplines tend to focus on specific outcomes of interest. Generally, criminologists are most likely to focus on offending,^{3,11} those in public health focus on sexual behavior and chemical abuse,^{5,12} psychologists examine anxiety and depression,^{13,14} and medical researchers assess somatic complaints, obesity, and extreme weight control.¹⁵ That scholars would focus on outcomes most closely related to their disciplines makes sense, yet doing so is holding us back from reaching a more comprehensive understanding of the full range of long-term consequences of youthful victimization. Our purpose is to identify the factors that help youths stay resilient in the face of such a negative life event like victimization.

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Add Health	The National Longitudinal Study of Adolescent Health
BMI	Body mass index
STI	Sexually transmitted infection

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Methods

This study uses 2 waves of data (waves 1 and 3) from the National Longitudinal Study of Adolescent Health (Add Health). Add Health is a nationally representative sample of US adolescents who were enrolled in middle or high school during the 1994-1995 academic school year.^{16,17} Surveys were administered to more than 90 000 students from 80 high schools and 52 middle schools, from which a subsample of 20 745 adolescents was selected to participate in the wave 1, in-home component of the study. Schools were stratified with respect to region of the country, urbanicity, school size, school type, and ethnicity. Wave 3 follow-up interviews with the original wave 1 respondents were conducted during 2001-2002, approximately 7 years later. Surveys were administered via laptop computers, and information on sensitive topics such as substance use, victimization, and sexual behavior was collected via audio computer-assisted self-interview.

Of the original wave 1 respondents, 15 170 participated in the wave 3 interview. For this study, we retained all participants at wave 3 who had a valid longitudinal sampling weight ($n = 14\,322$) and complete information on all variables of interest at waves 1 and 3 ($n = 13\,555$). The longitudinal weights are used to address potential bias originating from the differential probabilities of sampling and attrition from waves 1 to 3.¹⁸ The study sample thus consists of 6393 male (47.2%) and 7162 female (52.8%) participants. Complete case analysis resulted in the exclusion of <10% of the eligible sample. The average age of participants was 15 years at wave 1 (ranging from 11 to 18 years) and 22 years at wave 3 (ranging from 18 to 26 years).

Measure of Adolescent Victimization

Adolescent victimization is a dichotomous construct reflecting whether each participant was a victim of one or more of the following violent acts during the 12 months before the wave 1 interview: “you had a knife or gun pulled on you,” “you were jumped,” and “someone cut or stabbed you” (1 = yes, 0 = no).¹⁹ Each form of violence was fairly rare in the full sample (12.1%, 10.7%, and 4.4%, respectively), and approximately 19.1% of participants reported being victimized at wave 1.

Measure of School Attachment

School attachment at wave 1 was measured by the use of 6 items that assess the extent to which participants felt connected to their school, teachers, and schoolmates.²⁰ Specifically, the following items are included: “you feel like you are a part of your school,” “you feel close to people at your school,” “you are happy to be at your school,” “your teachers care about you,” “you feel safe at your school,” and “your teachers treat students fairly.” Closed ended responses to each item ranged from 0 (strongly disagree) to 4 (strongly agree), and were summed so that greater values indicate stronger school attachments (range 0-24; Cronbach $\alpha = 0.72$).

Measure of Family Attachment

Family attachment at wave 1 is a 6-item summated index consisting of the following items: “your parents care about you,” “people in your family understand you,” “you and your family have fun together,” “your family pays attention to you,” “you feel close to your mother/mother figure,” “you feel close to your father/father figure”.²¹ Responses to each item ranged from 0 (strongly disagree) to 4 (strongly agree), and greater values reflect stronger family attachments (range 0-24; Cronbach $\alpha = 0.76$).

Measures of Adult Outcomes

Offending. Nine items adapted from the Self-Reported Offending Scale were used to assess offending at wave 3.²¹ These items reflect the number of times participants committed 9 different illegal acts over the past 12 months, including property offenses (eg, stole something worth more than \$50, deliberately damaged someone else’s property) and violent crimes (eg, pulled a knife or gun on someone, shot or stabbed someone). Closed ended responses for each item ranged from 0 (never) to 3 (5 or more times) and were summed to create a scale in which larger values reflect more frequent offending (range 0-27; Cronbach $\alpha = 0.72$). Approximately 21.1% of the full sample engaged in at least one form of offending at wave 3.

Alcohol Problems. A 5-item summated index, alcohol problems, indicates how often participants experienced the following during the 12 months before the wave 3 interview: “you had problems at school or work because you had been drinking,” “you had problems with friends because you had been drinking,” “you had problems with someone you were dating because you had been drinking,” “you were hung over,” and “you were sick to your stomach or threw up after drinking.” Item responses ranged from 0 (never) to 4 (5 or more times), where greater values reflect greater alcohol problems (range 0-20; Cronbach $\alpha = 0.71$).

Drug Use. Illicit drug use at wave 3 was captured using indicators of marijuana use and hard drug use (cocaine, injection drugs, and methamphetamine). Each of these variables was dichotomized to reflect any marijuana or hard drug use in the past 12 months (1 = yes, 0 = no).

Risky Sexual Behavior. A dichotomous variable was included to assess whether participants engaged in one or more risky sexual behaviors during the 12 months before the wave 3 interview. These behaviors included paying for sex, being paid for sex, having sex with someone who takes or shoots street drugs using a needle, and never using protection during sex (eg, condoms, contraceptive pills, or other forms of birth control) (1 = yes, 0 = no).

Violent Victimization. Violent victimization in adulthood reflects whether participants experienced one or more of the following incidents during the 12 months before the wave 3 interview: “someone pulled a gun on you,” “someone pulled a knife on you,” “you were beaten up and something

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