



Research article

Patterns of victimization: A person-centered approach to physical and sexual violence in a representative sample of Danish youth

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ABSTRACT

Professionals and policy makers have only recently begun to recognize the extent to which different types of victimization are interconnected. To enhance our knowledge of the co-occurrence of physical and sexual violence across childhood and adolescence/early adulthood, the present study investigated distinct typologies of victimization in a sample of adolescents and young adults and explored the relationship between victimization typologies and gender, age, and mental health. Data from the Danish 2013 National Health Survey (“How are you?”) were used. Latent class analysis (i.e., a person-centered approach) was used to identify typologies of physical and sexual victimization in a representative sample of 3812 adolescents and young adults aged 16–24 years. Five distinct victimization typologies emerged: a normative, non-victimization group (76%), a physical victimization in adolescence/early adulthood group (13%), a physical revictimization group (5%), a poly-victimization group (4%), and a physical victimization in childhood group (2%). Physical revictimization, poly-victimization, and physical victimization in childhood were highly associated with poor mental health status. Using a latent variable modeling approach, we identified meaningful subgroups of the victimized population. Two subgroups (i.e., physical revictimization and poly-victimization), which comprised a third of all individuals in the victimization subgroups, had a high probability of exposure to multiple traumatic events and poor mental health. These study findings underscore the need to promote interventions addressing the co-occurrence of physical and sexual victimization and the persistence of victimization over time.

1. Introduction

Research continuously suggests that childhood victimization is prevalent (Finkelhor, Turner, Shattuck, & Hamby, 2015) and highly associated with mental health problems that often continue into adolescence and adulthood (Middlebrooks & Audage, 2008). In a recent US study, Finkelhor et al. (2015) investigated exposure to violence and abuse among 4000 children and adolescents (aged < 18 years). They found that 51.4% (56.1% males) had experienced a minimum of one physical assault and 8.4% (7.4% males) had experienced a minimum of one sexual offence.

Most studies of victimization, defined as harms caused by human agents acting in violation of social norms (Finkelhor, 2011), focus on the effects of separate categories of victimization such as physical and sexual abuse. Although these studies contribute to the knowledge base, they are likely to underestimate the full magnitude of childhood victimization (Finkelhor, Ormrod, & Turner, 2007;

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Turner, Finkelhor, & Ormrod, 2010). Indeed, recent studies show that childhood victimization often takes the form of poly-victimization, a term referring to having experienced multiple victimizations of different kinds, for instance sexual abuse and physical abuse, (Finkelhor et al., 2007; Hamby & Grych, 2013; Turner et al., 2010). Moreover, several studies document that childhood victimization increases the risk of lifetime revictimization (Barnes, Noll, Putnam, & Trickett, 2009; Widom, Czaja, & Dutton, 2008), which is defined as subsequent victimization later in life (Widom et al., 2008).

The notion that multiple stressors combine and accumulate in various ways, leading to aggravated deleterious outcomes, is well recognized. Accordingly, poly-victimization has been found to increase the long-term risk of mental health problems including depression, post-traumatic stress disorder, and delinquency (Ford, Elhai, Connor, & Frueh, 2010). In fact, the co-occurrence of victimization appears to be a more powerful predictor of negative outcomes than exposure to any single or repeated traumatic event (Lätsch, Nett, & Hümbelin, 2017; Turner, Shattuck, Finkelhor, & Hamby, 2015). However, as stressed by several researchers (Hamby & Grych, 2013; Nooner et al., 2010; Schaaf & McCanne, 1998), the conjunction between physical and sexual victimization should be further investigated in order to map the patterns of interconnectedness and to reveal gender-differences and mechanisms giving rise to both poly-victimization and revictimization. In view of that, Hamby and Grych (2013) recently highlighted the importance of testing in greater depth complex models examining co-occurrences of victimization. Advanced statistical data analysis techniques taking a person-oriented approach (Bergman & Wängby, 2014), such as latent class analysis (LCA), are ideally suited for investigation of underlying classes of events and may identify specific victimization typologies (i.e., homogeneous subgroups).

Using LCA, Nooner et al. (2010) identified four subgroups (or classes) of physical and sexual abuse in 795 US children: 1) no physical or sexual abuse (85%), 2) high physical abuse/low sexual abuse (6%), 3) no physical abuse/moderate sexual abuse (6%), and 4) high physical and sexual abuse (3%). The study underscores the relevance of examining the conjunction between physical and sexual victimization because a follow-up analysis indicated that the odds of Child Protective Service records were considerably higher for the fourth group (i.e., high physical and sexual abuse) than for the other subgroups (odds ratio = 5.1 with class 1 as reference category). The participants were approx. 12 years old at the time of data collection, and the study therefore did not include data on victimization in adolescence/early adulthood. Another recent study (Miller-Graff, Howell, Martinez-Torteya, & Hunter, 2015) identified four victimization subgroups in a sample of 395 college students: 1) low-exposed (51%), 2) community-exposed (28%), 3) domestic-exposed (14%), and 4) high-exposed (7%). The high-exposed and domestic-exposed groups were more likely to experience symptoms of psychopathology in early adulthood than the other groups. Unfortunately, the study was limited by the use of a small convenience sample of psychology students.

1.1. Present study

An optimal planning of preventive efforts towards victimization requires a thorough understanding of the co-occurrence of physical and sexual victimization across childhood and adolescence/early adulthood. Aiming to expand on the existing literature, the present study had two objectives: 1) to identify typologies (i.e., homogeneous subgroups) of physical and sexual victimization in childhood and adolescence/early adulthood in a representative sample, and 2) to explore the relationship between victimization typologies and gender, age, and mental health status. Hence, the present study defined victimization as all types of adverse events of physical and/or sexual violence across childhood and adolescence/early adulthood. The study may identify high-risk groups and thereby help policy planners and programme developers aiming to reach victimized children and adolescents.

2. Methods

2.1. Data

The present study is based on data from the Danish 2013 National Health Survey coined “How are you?”, a representative population-based public health study. Denmark has 5.7 million inhabitants and is divided into five administrative regions. The present study is based on data on adolescents and young adults from the Central Denmark Region where approximately 23% of the Danish population resides. The population of the Central Denmark Region has a demographic composition that is similar to that of the total Danish population (Statistic Denmark, 2015). The sample was drawn from the Danish Civil Registration System using a unique personal identification number as a key. A total of 7946 randomly selected adolescents and young adults were invited to participate in the survey. The study was approved by the Danish Data Protection Agency (r. no. 2012-58-0006).

Selected individuals received a letter of introduction that briefly described the purpose and contents of the survey. It was emphasized that participation was voluntary. Participants either filled in an enclosed questionnaire or completed the questionnaire online. Three postal reminders were used. By returning the completed questionnaire, the respondents provided informed consent.

In total, 3812 participants (48%) completed the questionnaire: 2141 females and 1671 males. Participant ages ranged from 16 to 24 years ($M = 19.65$; $SD = 2.59$). The response was especially low among men and those who were not Danish citizens. To enhance the representativeness of the study population, weights were applied to account for potential differences in selection probabilities and response rates. These weights were constructed by Statistics Denmark which used a model-based calibration approach (Särndal & Lundström, 2005) based on administrative information on gender, age, municipality of residence, educational level, marital status, country of birth, visits to the general practitioner, hospitalization, occupational status, and owner/tenant status for both responders and non-responders. Data were weighted to represent the population in the Central Denmark Region.

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