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A pernicious cycle: Finding the pathways from child maltreatment to adolescent peer victimization[☆]

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ABSTRACT

The purpose of this study was to identify the pathways from childhood physical and sexual abuse to adolescent physical and sexual victimization by assessing behavior symptoms (both internalizing and externalizing) and peer popularity as potential mediating variables. The data derive from Longitudinal Studies of Child Abuse and Neglect (LONGSCAN), which tracks the consequences of child abuse and neglect using five study sites across the US. Child physical and sexual abuse was measured at age 12 using self-reports of life-time maltreatment experiences. Internalizing and externalizing symptoms were assessed at age 12 using the Child Behavior Checklist (CBCL). Peer popularity was assessed at age 14 by teachers. Peer victimization was assessed at age 16 using the modified version of the Juvenile Victimization Questionnaire. The results indicated that physical abuse had no direct effect on either physical or sexual peer victimization, whereas sexual abuse had significant direct effect on both physical and sexual victimization. Assessed at age 12, children who had been physically or sexually maltreated were found to have higher levels of internalizing and externalizing symptoms. These increased symptoms are associated with lower peer popularity at age 14, which in turn is associated with greater physical and sexual peer victimization at age 16. The findings suggest that multiple points for interventions may exist to disrupt the cycle of victimization. Early assessment and treatment for externalizing symptoms and for low peer popularity may be helpful in preventing physical peer victimization among adolescents who have been physically and/or sexually abused.

1. Introduction

Peer victimization—defined in this paper as being physically or sexually assaulted/harassed, or bullied, by peer groups outside of sibling or romantic relationships—is a prevalent and serious social problem. It has been identified to be associated with a broad range of psychological and emotional negative effects, including depression (Stapinski, Araya, Heron, Montgomery, & Stallard, 2015; Turner, Exum, Brame, & Holt, 2013), anxiety (Stapinski et al., 2015), suicide ideation (Turner et al., 2013), and several internalizing symptoms (Reijntjes, Kamphuis, Prinzie, & Telch, 2010). Along with the numerous negative consequences of peer victimization, a large body of research has documented a strong relationship between childhood maltreatment and peer victimization in adolescence

[☆] The data used in this study were derived from the Consortium of Longitudinal Studies of Child Abuse and Neglect (LONGSCAN) from the Children's Bureau, Office on Child Abuse and Neglect, Administration for Children, Youth and Families. The data were made available by the National Data Archive on Child Abuse and Neglect (NDACAN).

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(Banny, Cicchetti, Rogosch, Oshri, & Crick, 2013; Duke, Pettingell, McMorris, & Borowsky, 2010; Schwartz, Dodge, Pettit, & Bates, 2000; Shields & Cicchetti, 2001). Young people who are victimized by peers are more likely to have experienced childhood maltreatment than non-victims (Bowes et al., 2009; Duncan, 1999; Kelleher et al., 2008; Mohr, 2006; Schwartz et al., 2000). For example, Duncan (1999) found that victims of peer aggression have higher rates of physical abuse history as compared to non-victims. Among diverse types of maltreatment, physical and sexual abuse have been identified as strong risk factors for subsequent physical and sexual victimization (Barnes, Noll, Putnam, & Trickett, 2009; Finkelhor, Ormrod, Turner, & Hamby, 2005; Tillyer, 2015; Tyler, Hoyt, & Whitbeck, 2000; Widom, Czaja, & Dutton, 2008).

Yet although many studies have examined the cycle of victimization, most research has failed to account for the association between different types of abuse and different types of victimization. In addition, the process by which physically and sexually abused children become involved in physical or sexual peer victimization in adolescence has been underexplored. Researchers have also neglected to consider the types of perpetrator on peer victimization, while several studies have supported distinct differences between being victimized by peers and siblings, on one hand (Menesini, Camodeca, & Nocentini, 2010; Tucker, Finkelhor, Turner, & Shattuck, 2014), and by peers and romantic partners on the other (Leadbeater, Banister, Ellis, & Yeung, 2008; Vezina & Hebert, 2007). For example, Lento (2006) demonstrated that a lack of interpersonal sensitivity predicted being victimized by peers, but not by romantic partners. For these reasons, the present study excludes sibling and romantic relationships in its peer victimization concept. Focusing only on victimization by peer groups, this study seeks to examine the underlying mechanisms of the effects of physical and sexual abuse on adolescent physical and sexual peer victimization.

2. Childhood abuse and adolescent peer victimization

2.1. Physical abuse

Substantial research has examined the link between child physical abuse and later victimization by peers during adolescence, both physical (Benedini, Fagan, & Gibson, 2016; Day et al., 2013; Tillyer, 2015) and sexual (Attar-Schwartz, 2014; Kim, Tajima, Herrenkohl, & Huang, 2009). Many of these studies have found that childhood physical abuse significantly predicted physical peer victimization in adolescence. These include not only cross-sectional studies (Day et al., 2013), but also longitudinal studies, such as the National Longitudinal Study of Adolescent Health [Add Health] (Tillyer, 2015) and the Longitudinal Studies on Child Abuse and Neglect [LONGSCAN] (Benedini et al., 2016). The effects of childhood physical abuse on adolescent sexual peer victimization has also been reported using diverse samples, including at-risk youth (Kim et al., 2009) and Jewish youth (Attar-Schwartz, 2014). In short, physical abuse in childhood is a strong predictor for adolescent physical and/or sexual peer victimization.

2.2. Sexual abuse

A number of studies have investigated the relationship between child sexual abuse and subsequent physical and sexual revictimization in adolescence (Barnes et al., 2009; Benedini et al., 2016; Collins, 1998; Tyler et al., 2000). Barnes et al. (2009) found that girls who experienced sexual abuse were 1.99 times more likely to be sexually victimized by peers in adolescence than non-abused girls. Similarly, the odds of being physically victimized by peers in adolescence are 1.96 times higher for those who have a history of sexual abuse than those who do not. In Benedini et al. (2016), which examined the association between sexual abuse and adolescent peer victimization regardless of perpetrator type (i.e., peers, romantic partners, and siblings), sexual abuse was significantly associated with higher physical assault in adolescence. Using diverse samples including pregnant and parenting adolescents (Collins, 1998), Danish adolescents (Brasment et al., 2013), and female runaways (Tyler et al., 2000), researchers have identified that sexual abuse is associated with increased sexual peer victimization—although the research did not clearly address the perpetrator information. In other words, children who have been sexually abused are more likely to be peer victimized in adolescence.

3. Mechanisms of the effect of child maltreatment on adolescent peer victimization

Despite diverse empirical studies, which have identified a significant relationship between child maltreatment and peer victimization, the complex pathways from childhood maltreatment (both physical and sexual abuse) to peer victimization (both physical and sexual) have not yet been well substantiated. The social failure model, as a theoretical framework, guide this study's examination of how symptoms (both internalizing and externalizing) and peer popularity may account for the link between child maltreatment and adolescent peer victimization. The social failure model (Patterson & Capaldi, 1990) clarifies the pathway from children's internalizing and externalizing symptoms to divergent rates of peer popularity. This theoretical framework posits that internalizing and externalizing symptoms predict failures of competence in peer relationships (e.g., peer popularity), which are further associated with increased rates of victimization (van Lier et al., 2012). Along with this theoretical framework, substantial empirical research has supported the finding that symptoms (i.e., internalizing and externalizing) and peer popularity would be the potential mechanisms of the developmental pathways from both physical and sexual abuse to both physical and sexual peer victimization.

3.1. Potential mediator 1: internalizing and externalizing symptoms

The potential mediating effects of symptoms can be inferred from previous studies that examined 1) the association between child maltreatment and symptoms; and 2) the association between symptoms and peer victimization. Internalizing symptoms—a set of

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