Research article

Poly-victimization and psychopathology among Spanish adolescents in residential care

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ABSTRACT

The aim of this study was to analyze the effect of poly-victimization on symptom severity among adolescents being cared for by the child welfare system in a southwestern European country. The sample consisted of 127 youths (62 males and 65 females) aged 12–17 years ($M = 14.60$, $SD = 1.61$) who were recruited from short- and long-term residential centers. The Juvenile Victimization Questionnaire (Finkelhor, Hamby, Ormrod, & Turner, 2005) and the Youth Self-Report (Achenbach & Rescorla, 2001) were used to assess interpersonal victimization experiences and psychopathology, respectively. Victim ($n = 68$), low poly-victim ($n = 48$), and high poly-victim ($n = 18$) groups had comparable rates of psychopathology severity, with the exception of rule-breaking behavior, which was more severe among those with more victimization experiences (Cramer's $V = .342$). Poly-victimization was shown to be a significant predictor of clinically severe rule-breaking behavior, thought problems, and anxiety/depression symptoms. Among victimization types, sexual and electronic victimization significantly predicted withdrawn/depressed and aggressive behavior, and attention problems, respectively. The results of this study highlight the importance of assessing a wide range of victimization experiences among adolescents in care, since poly-victimization seems to underlie the serious psychological problems these youth present.

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1. Introduction

The interpersonal violence suffered by children and adolescents is a serious health and social problem (World Health Organization, 2013). Some studies with community samples have reported that most adolescents experience one or more types of interpersonal violence across their lifetime, this being the case both in eastern cultures (e.g., 71.4% in China, see Chan, 2013; 91% in Taiwan, see Feng, Chang, Chang, Fetzer, & Wang, 2015) and in the West (e.g., 83.5% in Canada, see Cyr, Chamberland, et al., 2013; 79.6% in the United States, see Finkelhor, Ormrod, & Turner, 2009; 83% in Spain, see Pereda, Guilera, & Abad, 2014; 83.7% in the United Kingdom, see Radford, Corral, Bradley, & Fisher, 2013). Research has also demonstrated that different forms of victimization tend to co-occur (Turner, Finkelhor, & Ormrod, 2006), a phenomenon referred to as poly-victimization (Finkelhor, Ormrod, Turner, & Hamby, 2005b). Consequently, some authors (e.g., Saunders, 2003; Turner et al.,

2006; Turner, Finkelhor, & Ormrod, 2010a) have emphasized the need to assess a broad range of victimization experiences, primarily because several studies have shown that lifetime poly-victimization places children and adolescents at risk of severe psychosocial impairment such as anxiety, depression, anger, posttraumatic stress, and delinquent behavior problems (Finkelhor et al., 2009; Ford, Elhai, Connor, & Frueh, 2010).

1.1. Poly-victimization and psychopathology among adolescents in care

Victimization is particularly worrying in at-risk samples such as children and adolescents cared for by the child welfare system (Collin-Vézina, Coleman, Milne, Sell, & Daigneault, 2011; Cyr et al., 2012; Greger, Myhre, Lydersen, & Jozefiak, 2015; Salazar, Keller, Gowen, & Courtney, 2013; Segura, Pereda, Abad, & Guilera, 2015). Studies have found that prior to entering the welfare system, these adolescents are likely to have suffered violence such as physical, emotional and sexual abuse, corruption, and neglect (Carrasco-Ortiz, Rodríguez Testal, & del Barrio Gándara, 2001; Carrasco-Ortiz, Rodríguez-Testal, & Hesse, 2001; Gearing, MacKenzie, Schwalbe, Brewer, & Ibrahim, 2013; Morantz, Cole, Ayaya, Ayuku, & Braitstein, 2013), mainly at the hands of their own caregivers. Other studies have pointed out that this violence does not necessarily end when children and youth are separated from their parents, since they tend to suffer new forms of interpersonal victimization while in the centers where they are placed (Ellonen & Pösö, 2011; Euser, Alink, Tharner, van Ijzendoorn, & Bakermans-Kranenburg, 2013; Gavrilovici & Groza, 2007).

Despite these findings, the study of poly-victimization in child welfare samples has been scarce and mainly limited to north European countries and to the USA and Canada. To date, the few studies that have analyzed the range of different types of victimization across lifetime in welfare samples have found that these children and youth have experienced multiple types of interpersonal violence during their lives (Collin-Vézina et al., 2011; Greger et al., 2015; Salazar et al., 2013). For example, Greger et al. (2015), with a sample of 355 Norwegian adolescents aged 11–18 years from 86 residential care units, found that 35% of them had experienced more than one type of maltreatment, including witnessing violence, family violence, sexual abuse, and household dysfunction (i.e., parental psychopathology, criminality, alcohol or substance abuse). Collin-Vézina et al. (2011), with a sample of youth aged 14–17 years from six residential care units in Canada, observed that 51% of the adolescents reported at least four of the five different forms of abusive or neglectful experiences analyzed (i.e., emotional, physical and sexual abuse, and emotional and physical neglect) during their lives. Salazar et al. (2013), with a sample of adolescents aged 17–18 years in out-of-home care in the United States, reported that 61.7% of them had experienced two or more traumatic events (including interpersonal violence, such as physically attacked/assaulted; sexual and indirect trauma; and environmental trauma, such as natural disasters).

In addition, some studies have found that children and adolescents in residential care report a high frequency of mental health problems (Sainero, Bravo, & del Valle, 2013) such as withdrawal, depression, anxiety, rule-breaking and aggressive behavior, conduct and social problems (Gearing et al., 2013), and delinquency (Ryan, Marshall, Herz, & Hernandez, 2008). The higher level of psychopathology and developmental delays among children and adolescents in care has been linked to the consequences of being institutionalized. For example, the large number of children in residential care, coupled with a lack of resources, has been shown to increase the level of psychopathology and developmental delays, since, among other aspects, these children have fewer opportunities to form selective attachments (see Johnson, Browne, & Hamilton-Giachritsis, 2006). Furthermore, among children in care with no previous mental health problems, multiple placement changes imply a disruption of primary relationships and can lead them to become increasingly isolated and withdrawn (Newton, Litrownik, & Landsverk, 2000). Violent experiences in residential centers are also relevant to the development of psychosocial problems in these children (Kolko et al., 2010). These experiences of violence seem to significantly increase the risk of impairment through a cumulative effect, since children and adolescents have to cope with multiple types of victimization or poly-victimization related to both their past and present violent experiences.

In this context, Carrasco-Ortiz, Rodríguez Testal, and del Barrio Gándara (2001) and Carrasco-Ortiz, Rodríguez-Testal, and Hesse (2001) compared a sample of institutionalized adolescents aged 11–18 years with two equivalent community samples in Spain. They found that institutionalized adolescents who mostly experienced combined types of child maltreatment (e.g., corruption, neglect, physical, sexual and emotional abuse) reported more externalizing behavior, particularly delinquency, as well as thought and withdrawal problems. Similarly, Greger et al. (2015) observed that poly-victims in residential care in Norway had a higher prevalence of psychiatric disorders such as general anxiety disorder, major depressive disorder, conduct disorder, and Asperger's syndrome. Collin-Vézina et al. (2011) found that experiencing multiple forms of trauma was associated with clinical levels of depression, anger, posttraumatic stress, and dissociation among Canadian adolescents in residential care. Salazar et al. (2013) showed that older adolescents in out-of-home care in the United States were more likely to meet diagnostic criteria for posttraumatic stress disorder when the wide range of traumatic events (including interpersonal violence and other experiences, such as natural disasters) were taken into account, as opposed to when a single trauma was considered. For their part, Hazen, Connelly, Roesch, Hough, and Landsverk (2009), with a sample of adolescents aged between 12 and 18 years and involved in different public service systems (e.g., juvenile justice, child welfare) in the United States, observed that those who experienced multiple types of maltreatment (i.e., physical, sexual and emotional abuse, physical and emotional neglect) reported significantly higher scores on scales assessing withdrawal, somatic complaints, anxiety/depression, social, thought, and attention problems, and rule-breaking and aggressive behavior.