Contents lists available at ScienceDirect

Child Abuse & Neglect

Research article

Internalizing symptoms and polyvictimization in a clinical sample of adolescents: The roles of social support and non-productive coping strategies

Cristóbal Guerra [a,b], Noemí Pereda [c,d,*], Georgina Guilera [c,d], Judit Abad [c]

[a] Escuela de Psicología, Universidad Santo Tomás, Chile
[b] Centro de Estudios en Infancia, Adolescencia y Familia, ONG Paicabi, Chile
[c] Grup de Recerca en Victimització Infantil i Adolescent, Universitat de Barcelona, Spain
[d] Institut de Recerca en Cervell, Cognició i Conducta (IR3C), Universitat de Barcelona, Spain

ARTICLE INFO

ABSTRACT

Given the high prevalence of internalizing disorders during adolescence, it is necessary to determine the factors influencing their development and evolution. The aim of this study was to evaluate the role of polyvictimization in developing internalizing symptoms while considering the possible effect of non-productive coping and the availability of social support. The participants were 144 adolescents (M = 14.31, SD = 1.48) cared for in child and adolescent mental health services. The results of multiple regression analysis indicated that polyvictimization, non-productive coping and social support were good predictors of internalizing symptoms. In addition, non-productive coping acted as a mediator in the relationship between polyvictimization and internalizing symptoms. The results of the study emphasized the importance of the studied factors to understanding the process of development internalizing symptoms and to preventing or treating adolescents who suffer from these types of disorders.

© 2016 Elsevier Ltd. All rights reserved.

1. Introduction

Adolescence is a critical period with high clinical interest because many psychological disorders that occur in adulthood originate in adolescence (Kessler et al., 2007). In this regard, disorders related to emotionality such as depression and anxiety or internalizing problems (Achenbach & Rescorla, 2001) are highly prevalent during adolescence. A recent study conducted in 11 countries (Austria, Estonia, France, Germany, Hungary, Ireland, Italy, Israel, Romania, Slovenia and Spain) with a sample of 12,395 adolescents (M = 14.81 years old, SD = 0.83) concluded that the prevalence of depression ranged from 7.1% in Hungary and 19.4% in Israel (Balazs et al., 2012). Another study involving 10,123 adolescents between 13 and 18 years old from the general population in the United States (Merikangas et al., 2010) revealed that the prevalence reached 14.3% for mood disorders and 31.9% for anxiety disorders. In both cases, the prevalence was higher among girls than among boys.

Given the high prevalence of internalizing disorders in adolescents, several authors have emphasized the need to learn more about the factors that influence the development and evolution of these disorders to improve diagnosis and treatments and to prevent recurrence (Beesdo, Knappe, & Pine, 2009; López, Alcántara, Fernández, Castro, & López, 2010).

Having victimization experiences in life is one of the factors most strongly associated with internalizing symptoms in adolescents. This relationship has been observed in boys and girls who have suffered various types of victimization, from bullying (Fleschler, Tortolero, Markham, Addy, & Baumler, 2007; Zwierzynska, Wolke, & Lereya, 2013) to child maltreatment or sexual abuse (Ackerman, Newton, McPherson, Jones, & Dykman, 1998; Tremblay, Hébert, & Piche, 2000).

1.1. Polyvictimization and internalizing symptoms

Despite the valuable information provided by studies linking victimization experiences with the development of internalizing symptoms, most of these studies have evaluated only the individual influences of different forms of victimization. Individual and separate analysis of the different types of victimization suffered by adolescents has been incomplete because most adolescents suffer from more than one type of victimization throughout their lives. Finkelhor, Ormrod, and Turner (2007) used the term "polyvictimization" to refer to this process of experiencing more than one type of victimization. Polyvictimization is a concept "that help[s] target and understand a group of children who suffer from particularly high levels of different types of victimization" (Finkelhor, Ormrod, & Turner, 2009, p. 403). The authors added that the influence of different types of victimization throughout life accumulates, thereby increasing the risk of developing psychological disorders. Therefore, to ignore the cumulative effects of different types of victimization results in inadequate assessment of the influence of these effects on the psychological adjustment of adolescents.

Some studies have demonstrated the effects of polyvictimization in the presence of internalizing symptoms in young people. Gren-Landell, Aho, Andersson, and Svedin (2011) found a high percentage of lifetime polyvictimization in 3211 Swedish high-school students who reported symptoms of social anxiety disorder. Similarly, Turner, Finkelhor, Shattuck, and Hamby (2012) examined a national sample of 1186 youths in the United States, and Soler, Segura, Kirchner, and Forns (2013) studied a sample of 923 Spanish adolescents, and both studies found significant relationships of polyvictimization with suicidal ideation and suicidal behaviour. Surveying 152 adolescents residing in Spain, Játiva and Cerezo (2014) concluded that polyvictimization was related to internalizing symptoms. Specifically, adolescents reporting polyvictimization showed higher levels of psychological maladjustment.

Focusing on clinical samples, Boxer and Terranova (2008) conducted a study with data from 401 young Americans between 10 and 17 years old and found that experiences of various forms of abuse throughout life had significant effects on internalizing symptoms in general terms, based on reports from the adolescents. Similarly, Álvarez-Lister, Pereda, Abad, Gilera, and GReVIA (2014) surveyed 132 Spanish adolescents aged 12–17 years old in the diagnostic phase and showed that adolescents experiencing more polyvictimization had more internalizing symptoms—including withdrawal, somatic complaints, and anxious/depressive symptoms—than those who had been exposed to only one specific type of victimization. However, other studies have not been conclusive about the relationship between polyvictimization and the development of internalizing symptoms (Ford, Connor, & Hawke, 2009; Ford, Wasser, & Connor, 2011).

In sum, research in this area has been relatively scarce. The process whereby polyvictimization affects internalizing symptoms remains unknown. This process is a relevant aspect when planning psychotherapeutic interventions for these adolescents, and for this reason, it is necessary to conduct more research in this area. The inconclusiveness of studies examining the relationship between internalizing symptoms and polyvictimization (Ford et al., 2011) suggests that polyvictimization does not have a direct causal connection with internalizing symptoms and that different variables may thus play moderating or mediating roles in this relationship (Baron & Kenny, 1986).

1.2. Polyvictimization, social support, coping and internalizing symptoms

Support received from the environment is one of the most commonly cited moderators of the relationship between victimization and psychopathology, but it has not been extensively studied in the context of polyvictimization. The longitudinal research by Turner, Shattuck, Finkelhor, and Hamby (2015) is one exception. Based on a sample of 1186 youth ages 10–17, their findings support the hypothesis that polyvictimization is associated with reduced support from family, friends, and others.

However, a buffering effect of social support in moderating the relationship between stress and psychological symptoms has been suggested in previous studies (Cohen & Wills, 1985), especially in studies with samples of individuals victimized in childhood by exposure to family violence (Kliewer, Murrelle, Mejia, Torres de, & Angold, 2001), dating violence (Holt & Espelage, 2005), peer violence (Holt & Espelage, 2007), community violence (Overstreet & Dempsey, 1999), child maltreatment (Evans, Steel, & DiLillo, 2013) or sexual abuse (Murthi & Espelage, 2005).

Regarding coping strategies, the classic theory of learned helplessness (Seligman, 1975) states that being repeatedly exposed to uncontrollable and aversive situations—as would be the case with polyvictimization— tends to diminish the attempts of victims to respond and to actively address the situation because they learn that nothing will work in addressing the stressor. These people tend to feel incompetent when facing stressful events because they are perceived as uncontrollable. In relation to this feeling, they experience high levels of emotional discomfort (Skinner & Zimmer-Gembeck, 2011).

From this perspective, it could be assumed that polyvictimization affects the ability of adolescents to cope, rendering them less effective in their efforts to overcome problems and increasing their levels of frustration and internalizing symptoms. Frydenberg and Lewis (1993) suggested that less effective or unproductive coping strategies are those focused on avoidance