



Recurring victimization: What role does head injury play?

Leah E. Daigle*, Michelle N. Harris

Georgia State University, Department of Criminology and Criminal Justice, PO Box 3992, Atlanta, GA 30302, United states

ARTICLE INFO

Keywords:

Head injury
victimization
recurring victimization

ABSTRACT

Purpose: There is little understanding of why some victims experience multiple victimization events while others are victimized once or not at all. One possible distinguishing characteristic is having a prior head injury, given the strong linkage between prior head injuries and aggression/violence and their connection to victimization. It is plausible that prior head injuries may also lead to recurring victimization.

Methods: To examine the possibility that head injury and serious head injury may distinguish between people who are non-victims, single-wave victims, or recurring-victims, we use data from multiple waves of the Pathways to Desistance study. Multinomial regression analyses were utilized to examine prior head injury's (and serious head injury's) effects on being a recurring victim compared to a single-wave victim or non-victim, holding constant demographic controls and other related correlates that may be related to head injury and victimization status.

Results: We find that having a prior head injury and serious head injury are able to distinguish between non-victims, single-wave victims, and recurring-victims.

Conclusions: Head injury increases the odds of being a recurring victim compared to a non-victim, and serious head injury increases the odds of being a recurring victim compared to a non-victim and a single-wave victim. Future research, theoretical implications, and policy implications are discussed.

1. Introduction

Victimization experiences can lead to a variety of negative outcomes such as mental health issues (Cuevas, Finkelhor, Clifford, Ormrod, & Turner 2010; Manasse & Ganem 2009), physical health consequences (Turner, Finkelhor, & Ormrod 2010), poor self-esteem (Delisi, Jones-Johnson, Johnson, & Hochstetler 2014), and various criminogenic behaviors including drug use and offending (Agnew 2002; Farrell & Zimmerman 2017; Jennings, Piquero, & Reingle 2012). Recent literature shows that victimization can also lead to an increased risk of subsequent victimization, called recurring victimization (Farrell 1995; Tseloni & Pease 2003; Turanovic & Pratt 2014). In fact, researchers have identified that a sizable proportion of people who experience one victimization event are more likely to experience multiple victimization events (Fagan & Mazerolle 2011; Farrell, Phillips, & Pease 1995; Finkelhor, Ormrod, & Turner 2007; Fisher, Daigle, & Cullen 2010). For instance, according to the National Crime Victimization Survey (NCVS), during 2005–2014, an average of 3,249,900 persons experienced a victimization event, with 19% experiencing recurring victimization (Oudekerk & Truman 2017).

Those who experience recurring victimization account for a

disproportionate share of all victimization events (Daigle, Fisher, & Cullen 2008; Outlaw, Ruback, & Britt 2002). To illustrate, in a survey to assess recurring victimization across 27 college campuses across the country, 69% of the participants who reported experiencing multiple victimizations experienced 90% of all victimization incidents (Kaasa, Fisher, Cantor, & Townsend 2016). Research using NCVS data also demonstrate this phenomenon—victims who experienced six or more victimization events accounted for more than a quarter of total victimizations that year (Oudekerk & Truman 2017).

Although the literature has documented that recurring victimization accounts for a large proportion of all victimization events, there is still little understanding of why certain victims are more likely to be repeatedly victimized when compared to those victimized once or not at all. Recent research has begun to examine and test theoretical explanations of why some people are more likely to be repeatedly victimized than others. Used most commonly, state dependence and risk heterogeneity are two competing explanations as to why some people experience multiple victimization events, single victimization events, or none at all.

Briefly, the state dependence (or “boost”) perspective argues that victimization events change the person or social environment, which

* Corresponding author.

E-mail addresses: ldaigle@gsu.edu (L.E. Daigle), Mharris78@student.gsu.edu (M.N. Harris).

will, in turn, promote further victimization (Clay-Warner, Bunch, & McMahon-Howard 2016). That is, the state dependence perspective suggests that there is key information that is gained by both the offender and the victim during and after the victimization event that will either elevate or decrease victimization risk (Farrell et al. 1995). Risk heterogeneity (or “flag”) perspective, on the other hand, argues that associations between prior and current victimization events are spurious (Clay-Warner et al. 2016). Rather, repeat victimizations may be a result of some stable characteristic (Sagovsky & Johnson 2007). That is, whatever characteristic (i.e., low self-control, deviant peers, drug use) that initially placed a victim at risk will continue to keep a victim at risk if that characteristic is not changed.

There has been empirical support for both the state dependence and risk heterogeneity perspectives (Daigle 2010; Fisher et al. 2010; Tseloni & Pease 2003; Turanovic & Pratt 2014); however, there are many questions that remain regarding why some people experience multiple victimizations. Scholars have argued that there must be factors that distinguish between single incident and recurring victimizations (see Daigle & Fisher 2013; Fisher et al. 2010), if not then the same factors that are empirically associated with single incident victimizations would be associated with recurring victimization. Scholars have found that prior victimization can predict future risk of victimization due to something altering within the individual (Lauritsen & Quinet 1995). Indeed, scholars have found support for the state dependence perspective (Averdijk 2011; Clay-Warner et al. 2016; Lauritsen & Quinet 1995). In line with the risk heterogeneity perspective, at least some research shows that recurring victims have distinguishing characteristics (Daigle & Teasdale 2018; Gabor & Mata 2004; Kaasa et al. 2016; Lasley & Rosenbaum 1988; Lauritsen & Quinet 1995; Mukherjee & Carcach 1998; Policastro, Teasdale, & Daigle 2016).

Although unexplored, it is possible that physical trauma, such as experiencing head injury, may be a possible distinguishing feature between non-victims, single, and recurring victims. Estimates suggest that head trauma occurs to 1.5–2 million people every year within the United States alone (Frost, Farrer, Primosch, & Hedges 2013). Given its links to aggressive delinquency (Schwartz, Connolly, & Brauer 2017), drug use (Fishbein, Dariotis, Ferguson, & Pickelsimer 2016), aggression (Rao et al. 2009), and violence (Sariaslan, Lichtenstein, Larsson, & Fazel 2016), head injuries may also be associated with victimization. That is, the strong link between victimization and offending suggests that those factors related to offending may also be good candidates for explaining victimization and recurring victimization. Specifically, head injury and its attending consequences, such as deficits in executive cognitive functioning, may also lead to recurring victimization. For these reasons, we investigate whether head injury is a distinguishing feature between non-victims, single-wave victims, and recurring-victims.

2. Risk heterogeneity and head injury

Experiencing head injury may place a person at risk for victimization, but also for recurring victimization. This possibility is consistent with the risk heterogeneity perspective that suggests any factor that placed a person at risk for the initial victimization to occur will continue to place that person at risk if not changed (Farrell et al. 1995). Numerous factors have been identified as stable characteristics leading to recurring victimization. For instance, individual-level demographic characteristics, such as young age (Gabor & Mata 2004; Kaasa et al. 2016; Perreault, Sauve, & Burns 2004), being unmarried (Lasley & Rosenbaum 1988; Mukherjee & Carcach 1998; Perreault et al. 2004; Tseloni 2000), and being male (Lauritsen & Quinet 1995; Mukherjee & Carcach 1998) increase the risk for recurring victimization. Other research has indicated that being a sexual minority (Kaasa et al. 2016), having a mental disorder and being symptomatic (Policastro et al. 2016; Teasdale, Daigle, & Ballard 2014), being high in psychopathic traits (Daigle & Teasdale 2018), and having a registered disability (Kaasa et al. 2016) all heighten the risk of recurring victimization.

Other often-stable characteristics that have been shown to lead to recurring victimization pertain to risky lifestyle indicators. For instance, engaging in delinquency/crime (Lauritsen & Quinet 1995; Outlaw et al. 2002) and promiscuous sexual behavior (Bramsen et al. 2013) has been shown to influence recurring victimization. Spending time with delinquent peers (Lauritsen & Quinet 1995) and time away from home at night (Lasley & Rosenbaum 1988; Tseloni 2000) are also positively associated with the risk of recurring victimization. Finally, people who are classified as “high-level” drinkers are at greater risk for recurring victimization than others (Lasley & Rosenbaum 1988).

One stable characteristic that has yet to be examined as a potential differentiator between single and recurring victimization is suffering from a prior head injury. Given psychobiological and behavioral differences among people who have had a head injury, there is reason to believe that prior head injury may be related to victimization and consequently recurring victimization.

3. Head injury and risky behaviors

An estimated 57 million people worldwide have suffered from at least one or more traumatic head traumas (Langlois, Rutland-Brown, & Wald 2006). Other estimates suggest that 12% of adults suffer from a traumatic brain injury (Frost et al. 2013). These estimates are even greater for offenders. For instance, in a meta-analysis, Shiroma, Ferguson, and Pickelsimer (2010) found that across 20 studies and 4865 offenders, the estimated prevalence of head injury in offender populations was approximately 60%. Other meta-analytic reviews have shown that head injuries are more prevalent within incarcerated populations than the general population (Farrer & Hedges 2011; Perron et al. 2015).

Given findings that head injury is commonly found among those who are in the formal criminal justice system, there is the possibility that there are consequences to head injury that increase the risk of crime. In fact, the effects of head injury have begun to be investigated. This body of research has identified that head injury has impacts on brain functioning that are associated with aggression and violent behavior. For example, psychobiological differences among those with a head trauma, including impaired executive functioning and prefrontal cortex, have been found. Indeed, research has shown that people who suffer from traumatic brain injuries consequently have impaired executive cognitive functioning (Elliot, 2003; Kennedy et al. 2008). Such functioning includes the planning ability, accessing working memory, taking initiatives, setting and shifting attention, and impulse control (Diamond 2013; Jurado & Rosselli 2007). Thus, executive functioning is crucial for self-regulation (Meijers, Harte, Jonker, & Meynen 2015).

As it relates to behavior, research has shown that impaired executive functioning is linked to a number of behavioral traits such as anti-social behavior (Ogilvie, Stewart, Chan, & Shum 2011), aggression (Rao et al. 2009), and violence (Sariaslan, Lichtenstein, et al. 2016). These traits may be a manifestation of an inability to control behavioral reactions that is controlled by the prefrontal cortex (Grafman et al. 1996). Indeed, this inability to control reactions may explain the link that has been revealed between damage to the prefrontal cortex and aggression and violent behavior (Grafman et al. 1996). In support of this link, among 67 patients recruited within three months of traumatic brain injury from the John Hopkins Hospital, approximately 28% exhibited aggression (Rao et al. 2009). Other scholars have found that head injury is related to violence. For instance, compared to people who have not had a traumatic brain injury, the odds of engaging in violence increased by 6.7 times for people who had a traumatic brain injury (Sariaslan, Lichtenstein, et al. 2016). Finally, head trauma has been associated with greater rates of recidivism among inmates (Ray & Richardson 2017).

This link between head injury and aggression and crime may also be tied to its effects on self-control. Some research has demonstrated a biological underpinning of self-control, including brain structure and

Download English Version:

<https://daneshyari.com/en/article/7242107>

Download Persian Version:

<https://daneshyari.com/article/7242107>

[Daneshyari.com](https://daneshyari.com)