



## Longitudinal pathways of victimization, substance use, and delinquency: Findings from the National Survey of Adolescents<sup>☆</sup>

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### ABSTRACT

Using a nationally representative sample of 3614 adolescents, age 12 to 17 years, this study examines longitudinal associations among interpersonal victimization (i.e., sexual abuse, physical abuse and/or assault, and witnessed community and domestic violence) and high risk behavior (i.e., alcohol use, drug use, and delinquent behavior). A bidirectional relationship was hypothesized between high risk behavior and victimization for the full sample. Descriptive results indicated that a high correlation between types of high risk behavior, with over 50% of adolescents having engaged in at least one type of high risk behavior by Wave 2 in the study. Results suggested strong links between victimization and high risk behaviors, whereas sequential order of the constructs across time was dependent on gender and type of victimization. Specifically, hypotheses concerning victimization and high risk behavior were fully supported with boys, but different patterns emerged in the data for girls.

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### 1. Introduction

Data from a variety of sources indicate a high prevalence of interpersonal violence victimization among adolescents, including sexual assault, physical assault/abuse, and witnessing domestic or community violence (Finkelhor, Ormrod, Turner, & Hamby, 2005; Finkelhor, Turner, Ormrod, Hamby, & Kracke, 2009; Kilpatrick, Saunders, & Smith, 2003; Saunders, 2003), with gender differences in violence exposure consistently noted across studies. Male adolescents are more likely to experience physical assault and witnessed community violence, whereas females report higher rates of sexual abuse or assault (Finkelhor et al., 2005; Finkelhor et al., 2009; Kilpatrick et al., 2003; Kilpatrick, Saunders, & Smith, 2003; Stevens, Ruggiero, Kilpatrick, Resnick, & Saunders, 2005). A wealth of data suggests that victimization, in both sexes, is related to substance use and delinquent acts (hereto referred to as high risk behavior; e.g., Kilpatrick et al., 2000); however, the temporal relation is yet to be determined. Further, although gender differences are reported in the rates of various forms of interpersonal violence, as well as in

engagement of high risk behaviors (e.g., Danielson et al., 2009), potential gender differences in the relations between victimization and high risk behaviors has not been studied, and therefore is the aim of the present study.

#### 1.1. Victimization, substance use, and delinquent behavior

Victimization has been linked to high risk behavior, such as increased substance use (Finkelhor et al., 2009; Kilpatrick et al., 2000; Widom, Marmorstein, & White, 2006) and delinquency (Kingree, Phan, & Thompson, 2003; Stewart, Dennison, & Waterson, 2001). For example, studies indicate higher rates of alcohol use among adolescents with a victimization history (Hamburger, Leeb, & Swahn, 2008; Simpson & Miller, 2002), as well as strong associations between victimization and delinquency (Widom & Maxfield, 2001; Dembo, Schmeidler, & Childs, 2007). Importantly, evidence suggests that high risk behaviors, such as alcohol and drug use problems and delinquency, tend to occur simultaneously (Dembo & Schmeidler, 2002). Researchers have found that 25% of adolescents detained for delinquent acts also reported alcohol use, 70% reported drug use, and 75% reported either alcohol or drug use (National Center on Addiction and Abuse Substance, 2002). Despite the reported high rates of co-occurrence of substance use and delinquency in youth with a victimization history, previous studies have examined these high risk behaviors in isolation. Studies have provided valuable information regarding the link between victimization and substance use – or victimization and delinquency – the frequent co-occurrence of multiple high risk behaviors in adolescents suggests the need for a

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combined investigation of these constructs. And further, less information is available on the temporal order of these constructs; whether paths between these constructs may be acting simultaneously or whether associations vary across different types of victimization. In other words: does victimization predict high risk behavior; does high risk behavior predict victimization; or are these relationships bidirectional?

Two theoretical frameworks generate hypotheses to explain the temporal ordering of these relationships. First, coping theory proposes that adolescents engage in high risk behaviors to cope with increased negative affect resulting from exposure to victimization (Lazarus, 1993), similar to the self-medication hypothesis (Khantzian & Albanese, 2008) and negative reinforcement theory (Baker, Piper, McCarthy, Majeskie, & Fiore, 2004). In support of these theoretical frameworks, some researchers have found that adolescents who have experienced victimization were more likely to engage in high risk behavior than their non-victimized counterparts (Kilpatrick et al., 2000; Widom et al., 2006). For example, in a longitudinal investigation of individuals from childhood into young adulthood, Widom et al. (2006) found that adolescents with histories of child abuse and neglect reported significantly more substance use in middle adulthood than their non-victimized counterparts. Similarly, other researchers have used the coping theory framework to describe behaviors in the context of victimization and high risk behavior (Macy, 2007).

In contrast, findings from other studies have supported the opposite temporal sequencing relating to this link: that adolescents who have engaged in high risk behavior are more likely to experience victimization (Pedersen & Skrandal, 1996). According to life style and routine activities theories (Riley, 1987), lifestyle differences between teenagers may place some of them at increased risk for victimization. That is, adolescents who engage in high risk behavior may be more vulnerable to experiencing victimization due to the criminal and deviant lifestyles and greater exposure to potentially dangerous situations (Danielson, de Arellano, Ehrenreich et al., 2006). Although research has indicated that lifestyles involving violence or delinquent behavior increase risk of victimization (Riley, 1987; Windle, 1994), violence is not a necessary factor; high risk behaviors including substance use may also heighten the risk for victimization (Rani & Thomas, 2000).

In sum, according to coping theory, victimization is posited to precede high risk behavior; whereas the life style and routine activities theory propose that high risk behavior precedes victimization. While these theories contribute to understanding the relationship among constructs, researchers have not yet examined how they may be acting simultaneously in the expression of victimization and high risk behavior, or examined their contribution to different types of victimization. These are necessary components to further our understanding of the relationship between victimization and high risk behavior.

Studies have indicated that there may be gender differences in the association between victimization and high risk behavior, with significant relationships more commonly found among girls than boys (Krischer & Sevecke, 2008; Widom et al., 2006). A meta-analysis investigating the association between victimization and substance use found a significant link for girls, but not for boys among studies included in the review (Simpson & Miller, 2002). Similarly, several studies have reported significant relationships between victimization and delinquent behavior in girls, but not boys (Dixon, Howie, & Starling, 2004; Krischer & Sevecke, 2008). For example, when comparing delinquent boys and girls between 14 and 19 years of age, Krischer and Sevecke (2008) found that girls reported significantly higher rates of sexual and physical abuse than boys. However, researchers have yet to examine gender differences with regard to the temporal order between victimization and high risk behavior, or to specifically evaluate reasons for the higher associations among girls.

In addition, no studies have utilized nationally representative samples, with data collected at multiple time points, to investigate these constructs simultaneously or to distinguish between different types of victimization.

## 1.2. Aims of the current study

As indicated by this review of the extant literature, research is needed to inform understanding of the direction of the association between victimization and high risk behavior and the role of gender. The current study utilizes a nationally representative sample of adolescents (i.e., the 2005 National Survey of Adolescents [NSA-Replication]) to investigate the relationship between victimization and high risk behaviors over time. Based upon literature indicating that boys report higher rates of physical abuse and witnessing violence and girls report higher rates of sexual abuse (Finkelhor et al., 2005; Kilpatrick, Ruggiero, et al., 2003; Kilpatrick, Saunders, & Smith, 2003), these victimization variables were investigated separately within this study. Two hypotheses were proposed: (1) A bidirectional relationship would emerge between victimization and high risk behaviors, and (2) Gender differences would be found in the association between types of victimization and high risk behavior, such that physical abuse and witnessing violence would be related to high risk behavior in boys but not in girls, and sexual abuse would be related to high risk behavior in girls.

## 2. Methods

The NSA-Replication study is an epidemiological study of 3614 youths, ages 12 to 17 years. Among other goals, the NSA-Replication aimed to identify the population prevalence of potentially traumatic events, including physical assault, sexual assault, and witnessed violence in the home, school, and community, and to examine risk factors associated with exposure.

### 2.1. Participants

The NSA-Replication study included a national household probability sample and an oversample of urban-dwelling adolescents. Recruitment of participants began following approval by the Institutional Review Board of the Medical University of South Carolina. Sample selection and interviewing were conducted by Schulman, Ronca, and Bucuvalas, Inc. (SRBI), a New York-based survey research firm. To conduct the initial probability sample, SRBI used a multistage, stratified, area probability, random-digit-dialing six-stage sampling procedure. (Readers are referred to Kilpatrick et al., 2000 for detailed information on these procedures).

A total of 6694 households were contacted during recruitment, in which parents completed a brief structured interview and were asked to identify at least one eligible adolescent. Of these, 1268 (18.9%) parents refused adolescent participation; 188 (2.8%) adolescents refused to be interviewed following parental consent; 119 (1.8%) adolescent interviews were initiated but not completed; and 1505 (22.5%) identified eligible adolescents were unreachable or not available for interview. Thus, 3614 cases resulted in complete adolescent interviews at Wave 1, including 2459 in the national cross-section and 1155 urban-dwelling adolescents. Of these adolescents, 2511 (69%) completed the follow-up assessment at Wave 2 (mean length of time between Wave 1 and 2 = 15.29 months, SD = 4.58 months). The 1103 uncompleted Wave 2 assessments were due to telephone problems such as technical problems or non-working number (29%); inability to reach the participant (i.e., always busy, no answer, parent or adolescent never available) (24%); adolescent refusal during Wave 2 recontact (17%); wrong telephone number (12%); ineligibility (9%); or only partial completion of the interview (9%). To examine attrition of the sample over time, effect

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