



## Social anxiety disorder and victimization in a community sample of adolescents

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Despite high prevalence rates of social anxiety disorder (SAD) and high rates of victimization in adolescents, studies on the relationship between these phenomena are missing. In the present study we report associations between SAD and multiple victimization experiences in a community sample of adolescents. A cross-sectional study was conducted on 3211 Swedish high-school students. The prevalence rate of self-reported SAD was 10.6% ( $n = 340$ ). Significantly higher rates of lifetime victimization was found in subjects with self-reported SAD compared to non-cases, on the total score on the Juvenile Victimization Questionnaire, and on the subscales maltreatment, sexual victimization and victimization from peer/siblings. Different results emerged due to gender. In females, maltreatment and peer/sibling victimization was associated with an increased risk of SAD and, in males peer/sibling victimization increased the risk of reporting SAD. Further studies are needed to elaborate developmental models on SAD and to add to modification of prevention- and treatment interventions.

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### Introduction

Social anxiety disorder (SAD) is characterized by an excessive fear of negative evaluation in situations of social interaction or performance, leading to avoidance, distress and impairment (American Psychiatric Association, 1994). Lifetime prevalence rates of SAD in children and adolescents range from 1.6% to 13.3% (Essau, Conradt, & Petermann, 1999; Gren-Landell, Tillfors, et al., 2009; Kessler et al., 1994; Wittchen, Stein, & Kessler, 1999). Typical onset occurs in early- to midadolescence (Fehm, Pelissolo, Furmark, & Wittchen, 2005). A multifactorial aetiology involving genetic and environmental factors has been proposed, though a complete model on what constitutes risk factors and how these interact is missing (Rapee & Spence, 2004). Traumatic or otherwise negative life events have been suggested as contributing risk factors (Ollendick & Hirshfeld-Becker, 2002).

Theoretical models of conditioning offer one way of understanding the contribution of negative life events to the development of SAD. According to this model, SAD can result from humiliating interpersonal situations via a biological preparedness to react to social threat cues (Rapee & Spence, 2004; Stemberger, Turner, Beidel, & Calhoun, 1995).

From the view of interpersonal theories, SAD can be conceptualized as an interpersonal disorder that develops as a result of early noxious experiences in the interaction with others (Alden & Taylor, 2004). In short, it is postulated that early

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relationships shape a sense of self and what to expect from others, which build up cognitive structures and relational schemas, that are activated in future relations. Thus, for example, an interpersonal event like peer victimization could be of particular interest in studies on the etiology of SAD. Support for a significant association between peer victimization and SAD has been found, with higher rates of social anxiety or SAD in peer victimized children and adolescents (Ranta, Kaltiala-Heino, Pelkonen, & Marttunen, 2009; Siegel, La Greca, & Harrison, 2009; Storch & Ledley, 2005; Vernberg, Abwender, Ewell, & Beery, 1992).

Other than studies on peer victimization and SAD, the main support for an association between SAD and traumatic or negative life events in childhood stems from retrospective studies and cross-sectional studies on adult samples (Bandelow et al., 2004; Chartier, Walker, & Stein, 2001; Magee, 1999; Marteinsdottir, Svensson, Svedberg, Anderberg, & von Knorring, 2007; Nelson et al., 2002; Stein et al., 1996). In the study of Chartier et al. (2001), with participants aged 15–64, increased risk of SAD was seen in subjects with a range of childhood aversive experiences including severe childhood sexual abuse and severe childhood physical abuse.

Gender has been proposed as a moderator on general psychiatric effects of childhood victimization (Gershon, Minor, & Hayward, 2008). In adults, sexual abuse in childhood and an increased risk of SAD in females has been reported (Boudreaux, Kilpatrick, Resnick, Best, & Saunders, 1998; Dinwiddie et al., 2000; Magee, 1999; Molnar, Buka, & Kessler, 2001). However, so far studies on gender differences relating to social anxiety and victimization in children and adolescents have mainly concerned peer victimization. Results are inconsistent, with some showing higher rates of social anxiety in peer victimized adolescent males (Flanagan, Erath, & Bierman, 2008), while others have reported peer victimization to predict depression and anxiety in bullied females but not in males (Bond, Carlin, Thomas, Rubin, & Patton, 2001). Yet others show no or minor gender differences (La Greca & Harrison, 2005; Siegel et al., 2009).

In studies on the psychological effects of trauma, there is growing support for studying multiple exposures to trauma instead of single exposure (Allen, Rapee, & Sandberg, 2008; Finkelhor, Ormrod, & Turner, 2007; Kessler, Davis, & Kendler, 1997; Suliman et al., 2009; Turner, Finkelhor, & Ormrod, 2006). Prognosis after a first trauma exposure is generally favourable (Copeland, Keeler, Angold, & Costello, 2007), but one traumatic event is often followed by multiple experiences and different types of victimization (Finkelhor, Ormrod, Turner, & Hamby, 2005; Goodyer, 1994). Studies on the relation of multiple victimization (polyvictimization) and symptoms of anxiety are inconsistent, where some studies report an association with higher levels of anxiety in children and adolescents (Copeland et al., 2007; Singer, Anglin, Song, & Lunghofer, 1995) and in adults (Cortes et al., 2005; Safren, Gershun, Marzol, Otto, & Pollack, 2002). However, another study did not find a cumulative effect of victimization on symptoms of anxiety though childhood trauma significantly contributed to anxiety symptoms (Suliman et al., 2009). To our knowledge there are no studies on SAD and multiple victimizations in children and adolescents.

Sociodemographic variables are strongly associated with exposure of victimization (Turner et al., 2006). There are, on the other hand, few and inconsistent findings on sociodemographic variables in children and adolescents with SAD (Kearney, 2005) except a strong support for a female preponderance (Gren-Landell, Tillfors, et al., 2009; Kessler et al., 1994). Lower socio-economic status in families of boys with SAD has been reported (Tiet et al., 2001). Ethnicity variables have been found to influence anxiety disorders (Angold et al., 2002) though this has not been reported in adolescents with SAD.

## The present study

In conclusion, concurrent studies on SAD and victimization in youths are missing despite high prevalence rates of SAD as well as high rates of victimization in adolescence. Thus, the aim of this study was to investigate the association of SAD and victimization in Swedish high-school students. More specifically, our interest was to examine if certain domains of victimizing experiences were associated with SAD. We expected that SAD would be associated with more frequent (multiple) victimizations and especially in the domains of peer victimization and sexual victimization as such association has been reported elsewhere. Gender differences were expected, with increased risk of SAD in females reporting sexual victimization. Data on prevalence rates of SAD and sociodemographic variables were also collected.

## Methods

### Participants

The study was part of a larger, ongoing research project investigating prevalence of victimization among Swedish adolescents and psychological reactions to experiences of polyvictimization.

In order to obtain a representative sample, sampling was conducted in reference to a division of Sweden's municipalities into nine groups. The division is based on structural characteristics including population size, commuting patterns and economic structure (Swedish Association of Local Authorities, 2005). Five percent of all Swedish students in their second year of high-school studies were the goal for the sampling procedure (Sweden's Statistical Database, 2009). For this purpose, municipalities of three different sizes were selected to control for a potential confounding effect of municipality-size. According to this principle all high-schools ( $n = 18$ ) from a large city (50–200,000 inhabitants), six high schools from Sweden's third largest city (>200,000 inhabitants), and nine high schools from municipalities < 25,000 inhabitants were

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