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Psychological distress as a risk factor for re-victimization in children[☆]

Carlos A. Cuevas^{a,*}, David Finkelhor^b, Cynthia Clifford^a, Richard K. Ormrod^b,
Heather A. Turner^b

^a College of Criminal Justice, Northeastern University, 204 Churchill Hall, 360 Huntington Avenue, Boston, MA 02115, USA

^b Family Research Laboratory/Crimes Against Children Research Center, University of New Hampshire, Durham, NH, USA

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ABSTRACT

Objective: The goal of this study is to examine the role of psychological distress in predicting child re-victimization across various forms including conventional crime, peer/sibling violence, maltreatment, sexual violence, and witnessed violence.

Methods: Longitudinal data from the Developmental Victimization Survey, which surveyed children between the ages of 2 and 17 using random digit dial (RDD) methodology, was used to ask about child victimization and psychological distress. The sample for this analysis was 1,025 children who had experienced at least one form of victimization in the first wave of data collection.

Results: Results show that psychological distress (defined as a composite score of the depression, anger, and anxiety scales) was a unique significant predictor of subsequent overall victimization, as well as victimization across the different categories of victimization (conventional crime, maltreatment, peer and sibling victimization, sexual victimization, and witnessed/indirect victimization), while controlling for demographic variables and prior year victimization.

Conclusions: These results suggest that the psychological consequences of victimization may also serve as precipitants for re-victimization. We discuss the implications this may have on the understanding of the psychological sequelae of victimization and its role in the risk of future victimization.

Practice implications: This research suggests that practitioners should expand the forms of victimization that are assessed when working with victimized children. Treatment should not only focus on alleviating psychological distress, but also on the role it may play in raising the risk for re-victimization. Treatment providers should be attentive to bolstering protective qualities when treating victimized children.

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Introduction

Research in the area of victimization and childhood abuse has provided evidence for the connection between childhood abuse and victimization and their association with later re-victimization in adulthood (Arata, 2000; Desai, Arias, Thomson, & Basile, 2002; Doll, Koenig, & Purcell, 2004; Irwin, 1999). While this has increased our knowledge regarding the risk for

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* Corresponding author.

victimization and its lifetime course, there are a number of areas that continue to need additional investigation. Specifically, these include further understanding of re-victimization within childhood, psychological mechanisms associated with re-victimization risk, and expanding the different forms of victimization that are studied.

The research on re-victimization has historically emphasized sexual abuse, highlighting the risk for re-victimization in adulthood for individuals who are sexually abused in childhood. Recent reviews of this literature have discussed how childhood sexual abuse (CSA) is a risk factor for adult sexual re-victimization, with some research indicating that CSA severity may differentiate between re-victimized and non-re-victimized individuals (Classen, Palesh, & Aggarwal, 2005; Rich, Combs-Lane, Resnick, & Kilpatrick, 2004). Additional studies have also found that CSA is a risk factor for other forms of victimization in adulthood including physical assault and psychological maltreatment (Messman-Moore & Long, 2000; Noll, 2005). Research that has expanded beyond CSA has found that other forms of childhood maltreatment are also associated with re-victimization in adulthood. In the National Violence Against Women Survey (NVAWS) Tjaden and Thoennes (2000) found that individuals who were physically assaulted, sexually assaulted, and stalked in childhood had higher rates of the same form of victimization in adulthood. Analyzing the same NVAWS data, Desai et al. (2002) found that childhood physical and sexual abuse independently and in combination significantly increases the risk of adult victimization by both intimate partners and non-intimate perpetrators for both men and women. Other research has found that childhood victimization including physical abuse and witnessed violence result in an increased likelihood of experiencing sexual victimization (Siegel & Williams, 2003) and relationship violence (Gagne, Lavoie, & Hebert, 2005; Gladstone et al., 2004) in adulthood. Additionally, Irwin (1999) found that physical, emotional, and sexual abuse in combination was predictive of violent victimization in adulthood (although no one form of victimization was unique in predicting adulthood victimization).

While much of this research has emphasized childhood to adulthood re-victimization, studies examining re-victimization within childhood are showing a similar pattern suggesting that prior victimization is a risk factor for subsequent victimization. Previous work using our current sample found that children who are victimized are at a significantly increased risk to be victimized again a year later across multiple different forms of victimization (Finkelhor, Ormrod, & Turner, 2007c). These results are consistent with other research that has examined victimization within childhood and found that prior victimization, including sexual abuse, physical assault, witnessed victimization, neglect, and emotional abuse are predictive of subsequent victimization (Boney-McCoy & Finkelhor, 1995a; Fryer & Miyoshi, 1994; Hamilton & Browne, 1999; Swanson et al., 2002). Furthermore, some of this research indicates that a substantial proportion of the re-victimization occurs within a one-year period (Fryer & Miyoshi, 1994; Hamilton & Browne, 1999).

Researchers have proposed a number of theories to explain the mechanisms that lead to re-victimization. Finkelhor and Browne (1985) put forth the concept of “traumagenic dynamics” which outlined four factors (traumatic sexualization, betrayal, powerlessness, and stigmatization) that can help explain the difficulties victims of sexual abuse experience, including subsequent re-victimization. Koss and Dinero (1989) found support for the “vulnerability hypothesis” which suggests that vulnerability variables such as sexual abuse, sexual attitudes, alcohol use, and sexual activity place women at increased risk for victimization. In a theoretical discussion of the topic, Chu (1992) proposed the possibility that posttraumatic symptoms, particularly dissociation and numbing, might prevent victims from being aware of danger cues and exercising appropriate judgment. Focusing on sexual re-victimization, Breitenbecher (2001) reviewed most of the major theories to explain sexual re-victimization including spurious factors, situation or environmental variables, disturbed interpersonal relationships, cognitive attributions, self-blame and self-esteem, coping skills, perception of threat and trauma related symptomatology, and general psychological adjustment. This review of the literature concluded that the strongest empirical support was for the theory of threat perception, with modest support for theories focusing on situational factors and general psychological adjustment (Breitenbecher, 2001). Threat perception theories hypothesize that women with a history of sexual victimization have difficulty perceiving and responding to threats, placing them at greater risk of repeat victimization. Theories focusing on situational factors indicate that situational variables such as substance use, socioeconomic status, and number of consensual sex partners serve as risk factors for sexual re-victimization. General psychological adjustment theories, which are most in line with our current analysis, suggest that re-victimization is related to poorer psychological adjustment (Breitenbecher, 2001).

Given that our proposed analysis will focus on psychological distress, the empirical support focusing on the role of psychological distress merits attention. As with other research that has been mentioned, this work is predominantly based on the study of sexual abuse. Gidycz, Coble, Latham, and Layman (1993) found that childhood and adolescent victimization predicted adulthood victimization with depression and anxiety partially mediating the relationship between the childhood to adulthood and adolescence to adulthood re-victimization. However, this result was not supported in their subsequent investigation which examined the mediating role of psychological adjustment (depression and anxiety) on re-victimization (Gidycz, Hanson, & Layman, 1995). Partial support was found by Greene and Navarro (1998) who also found that depression and anxiety partially mediated re-victimization at particular time periods in their longitudinal design. One of the few studies that has examined maltreatment in general, found support for the mediating role of depression on re-victimization (Becker-Lausen, Sanders, & Chinsky, 1995). Although this line of research suggests that psychological distress may serve as a predictor or mediator of re-victimization, a primary limitation of all of these studies is that their participants were solely female college students, with the exception of the study by Becker-Lausen et al. (1995) whose college sample was approximately 70% female.

Other lines of research also provide support for the role of psychological distress in re-victimization experiences. For example, PTSD symptomatology has been found to be a mediator between CSA and adult sexual re-victimization (Arata, 2000; Risser, Hetzel-Riggin, Thomsen, & McCanne, 2006). Other research has found support for dissociation, self-esteem,

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