Comparative Psychology of Children Who Experience Intra-Familial Versus Extra-Familial Victimization: A Retrospective Study of New England College Students

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Abstract

This study is based on secondary analysis from a sample of individuals attending colleges in the United States. It is an examination of links between childhood victimization and subsequent depression. An assessment of the effect on depression of intra- and extra-familial victimization was made to identify the means by which each affects depression. It was hypothesized that victimization affects subsequent depression through its damaging impact on the development of social resources and personal resources, including family support, peer support, self-esteem, and mastery. It was hypothesized that the importance of each mediator in explaining the link between victimization and depression differs by the type of victimization experienced. To test these hypotheses, a series of hierarchical regression analyses were performed. Findings indicate that victimization by non-family is related to depression independent of victimization by family, but victimization by family is not related to depression independent of victimization by non-family. The resource variables demonstrated disparate mediating influences; each produced a different sized reduction in the strength of relationship between extra-familial victimization and depression.

Keywords: Victimization, Depression, Social Resources, Personal Resources, Childhood Trauma

Introduction

The notion that the social environment has important consequences for psychological well-being is supported by a large body of research extending back multiple decades. The harmful effects on adult mental health of adversity in childhood have been documented by numerous researchers (e.g., LaNoue et al. [1]; Brown & Anderson [2]). Moreover, considerable evidence exists to suggest that victimization in childhood that is violent can be especially destructive. For example, increased rates of psychopathology have been observed among children who experience physical abuse (Sugaya et al. [3]). Importantly, the harmful effects of childhood victimization appear to persist into adulthood. For example, adult mental health has been shown to be adversely affected by childhood exposure to physical and sexual abuse (e.g., Brown & Cohen [4]). To better understand the processes by which childhood victimization affects subsequent psychopathology, it may be important to consider differences in the types of victimization to which children are exposed. Some types of victimization may be more harmful than others, and the pathways by which they affect well-being may differ. The distinction made in the present study is between violent victimization that is intra-familial versus extra-familial. Distinguishing between these types of childhood adversities may have important implications for related outcomes.

Most research on childhood victimization is devoted to understanding the effects on children of abuse perpetrated by family members (Crittenden [5]). This attention to intra-family victimization is appropriate given the fact that children are at much greater risk of suffering many forms of maltreatment at the hands of family members than at the hands of strangers. As noted by Finkelhor [6], parents perpetrate most of the physical abuse experienced by children. Young children are highly dependent on parents and caregivers, which helps explain their acute vulnerability to victimization committed by parents and family members.

In addition to being more likely to experience victimization that is committed by family members, it is also likely that the impact of the victimization is greater for children when it is perpetrated by a member of their family. This is supported by a great deal of research (e.g., Horn & Trickett [7]). Regarding sexual abuse, Finkelhor [8] states that, "There is no question that intrafamily abuse is more likely to go on over a longer period of time and in some of its forms, particularly parent-child abuse, has been shown to have more serious consequences" (p. 46). Obviously, children also suffer substantial victimization at the hands of those who are not members of their family. For example, Finkelhor [8] estimates that more than half of all sexual abuse perpetrated against children is extra-familial. And it has been estimated that 80 percent of the crimes experienced by children older than 10 are committed by non-family. What is largely missing from past research is a systematic and simultaneous comparison of differences in outcomes between these two forms of victimization (intra-familial versus extra-familial). The present study seeks to help rectify this gap in the research.

Further, if there is a difference in effect on depression between victimization that is committed by family members and victimization committed by non-family members, then the difference may be a result of the different pathways by which different types of victimization affect depression. Perhaps childhood exposure to violence that is committed by family members produces unique developmental problems for children that, in turn, affects subsequent mental health. Similarly, perhaps exposure to violence that is committed by non-family members produces a different set of developmental challenges for children, which in turn affects subsequent mental health in a way that is different (or of a different magnitude) than intra-familial victimization. Key developmental characteristics and competencies that may be the pathways by which different forms of victimization differentially affect mental health include family support, peer support, mastery, and self-esteem.

Receiving support from peers and family members is beneficial for well-being, but research has shown that the ability to garner that support may be compromised by exposure to adverse events and circumstances (Turner & Butler [9]). When children experience parental divorce or separation, for example, it may represent for them a diminishment of supportive resources. Similarly, adversities could compromise children's ability to foster and preserve interpersonal relationships that represent sources of peer support. In this way, traumas could weaken or diminish sources of support from friends and family. The lower levels of support could, in turn, affect mental health. In this way, social support would be a mechanism by which childhood victimization affects later depression.

Self-esteem is another characteristic that, although beneficial to well-being, may be compromised by exposure to adversity. Some researchers have demonstrated that self-esteem is produced through social events and activities (Turner & Roszell [10]). Because our social experiences are a key factor in the production of self-esteem, it is reasonable to suppose that childhood victimization would interfere with this developmental process. Finally, in terms of mastery, experiencing childhood victimization could also diminish this important component of well-being. When a child is victimized, it would probably cause the child to believe that many important things are beyond his or her control. Indeed, several studies have shown that childhood victimization causes victims to feel less of a sense efficacy (Turner et al. [11]; Finkelhor [12]). In sum, mastery and self-esteem are important for mental health. And if experiencing childhood adversity interrupts the development of these important social and personal resources, then experiencing childhood victimization may be an especially problematic form of adversity. And, importantly, reductions in mastery and self-esteem may be pathways by which violence affects depression.

Materials and Methods

Sample

This study represents secondary analysis of a survey, "Childhood Adversity and the Mental Health of Adults," funded by the National Institute of Mental Health (R03#MH56169; Heather Turner, Principle Investigator). It is based on a sample of 649 individuals attending one of three colleges in the New England area of the United

States. These include: a university comprised largely of White, middle class students, many of whom come from small, semi-rural communities; a state college consisting of a mixture of working class White, Hispanic, African-American, and Asian students living in a medium-sized urban community; and an inner-city community college consisting of mostly lower-income African-American and Hispanic students who live in a large urban center.

Twenty percent of the sample is non-White and 40% of respondents came from households where the main provider had less than a college degree. The sample included students ranging in age from 18 to 29, although 95% of the sample is under 25 (median age = 19 years). The sample is 41% male and 59% female. The majority of the sample (approximately 65%) was obtained through a random sample of student registration directories. The response rate for this part of the sample was 86%. The sample also includes students who were recruited through a variety of college classes within the Liberal Arts. Response rates within classes ranged from 60% to 95%.

Measures

Symptoms of depression were assessed by the Center for Epidemiologic Studies Depression Scale (CES-D). Respondents indicated how often over the preceding two weeks they had experienced each of 20 symptoms on a 4-point scale ranging from 0 (*rarely or none of the time*) to 3 (*most or all of the time*). A summary of the 20 items was constructed. The validity and reliability of this scale are well established (Radloff [13]). In the present study, the reliability coefficient for the CES-D is .89.

Intra-familial and extra-familial victimization were assessed using measures designed to detect the extent to which subjects were exposed to episodes of violence at the hands of family members and at the hands of non-family. Violent episodes were coded 0 = *never happened* and 1 = *occurred one or more times*. Then, a summary count was used to construct variables representing "Victimization by family" and "Victimization by non-family."

Perceived family support was assessed with a modified version of the Provisions of Social Relations Scale (Turner et al. [14]). The scale was designed to reflect the "provisions" of social relationships conceptualized by Weiss [15], which includes attachment, social integration, reassurance of worth, reliable alliance, and guidance. Individuals responded to each item on a 4-point scale ranging from "strongly disagree" to "strongly agree." A summary of the nine items was constructed. The alpha coefficient for this scale is .84.

Eight of the nine items used to measure family support were reworded to assess attachment, social integration, reassurance of worth, reliable alliance, and guidance provided by friends rather than family. As before, subjects responded to each item on a 4-point scale ranging from "strongly disagree" to "strongly agree." A summary of the eight items was constructed, and the alpha coefficient for this scale is .91.

Self-esteem was measured with a summary score of an instrument developed by Rosenberg [16]. This scale is well established in the literature. It is composed of seven items reflecting different "self-statements," or beliefs. Respondents rate each statement on a 5-point scale ranging from *strongly agree* to *strongly disagree*. The internal reliability for this scale is .81.

Mastery was assessed using the summary score of an eight-item scale developed by Pearlin and Schooler [17]. Respondents rated each item of a 4-point scale ranging from *strongly agree* to *strongly disagree*. This scale has also been used successfully in numerous studies, and its psychometric properties are well established. In the present study the alpha coefficient is .71.

Results and Discussion

Descriptive Analyses

Given favorable response rates and success in identifying and recruiting respondents with varied socio-demographic characteristics, the sample is reasonably representative of a diverse New England college population. Both face-to-face and telephone interview modes were used (18% in-person; 82% telephone). Table 1 shows key demographic characteristics of the group of respondents.

Table 1. Sample Characteristics

	Frequency	Percent
Age		
18	163	25.3
19	174	27.0
20	139	21.5
21	67	10.4
22+	102	15.8
Sex		
Males	263	40.5
Females	386	59.5
Race		
White	519	80.0
Non-white	130	20.0
Parental education		
Less than college degree	253	39.5
Associate degree or greater	387	60.5

Regression Analyses

Results from hierarchical regression are shown in Table 2. In Step 1, depression is regressed on intra-familial victimization, extra-familial victimization, and the demographic variables. Non-family victimization is related to depression (b = 2.673, B = .213, p < .001), and this is independent of victimization perpetrated by family. However, victimization that is perpetrated by family members is not related to depression when controlling for victimization that is perpetrated by non-family. In Steps 2, 3, and 4, the social resource variables and personal resource variables are added into the regression equation. When they are added separately, each produces a small reduction in the strength of the relationship between family victimization and depression. Support from

family causes the slightest reduction (4%), and self-esteem causes the strongest reduction (10%). When all personal resource and social resource variables are added simultaneously in the final Step, mastery and self-esteem directly affect depression. Variations in the mediating influence of resource variables was detected. When each of the resource variables was added separately to the regression equation, they produced different sizes of reduction in the strength of the relationship between extra-familial victimization and depression: family support by 4%, peer support by 9%, self-esteem by 10%, and mastery by 6%. Together, the social resource variables (family support and peer support) and the personal resource variables (mastery and self-esteem) produce a relatively strong reduction in the strength of the relationship between family victimization and depression (by 13%).

Table 2. Hierarchical Regression of Depression on the Predictor Variables: Victimization by Family and Victimization by Non-family (Standardized Coefficients in Parentheses)

	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
Age	.410***	.405***	.344**	.352***	.349**	.322**
	(.150)	(.147)	(.125)	(.128)	(.127)	(.117)
Sex	1.452**	1.543**	1.745***	1.098*	1.571***	1.319**
	(.118)	(.126)	(.142)	(.089)	(.128)	(.107)
Race	.619	.515	.540	.476	.236	.343
	(.039)	(.033)	(.034)	(.030)	(.015)	(.022)
Parent education	.171	.181	.187	.134	.132	.134
	(.069)	(.073)	(.076)	(.054)	(.053)	(.054)
Vic. by family	1.332	1.020	1.182	.589	.972	.658
	(.068)	(.052)	(.060)	(.030)	(.050)	(.034)

Vic. by non-family	2.673***	2.563***	2.429***	2.413***	2.516***	2.331***
	(.213)	(.204)	(.193)	(.192)	(.199)	(.184)
Family support		-.177**				.043
		(-.114)				(.027)
Peer support			-.313***			-.122
			(-.194)			(-.076)
Self-esteem				-.513***		-.389***
				(-.344)		(-.261)
Mastery					-.464***	-.180*
					(-.284)	(-.110)
R^2	.095***	.107***	.130***	.210***	.173***	.223***
Number of cases	570	570	570	569	566	565

*p < .05 **p < .01 ***p < .001

These findings are consistent with much previous research that has shown a connection between childhood victimization and subsequent problem outcomes. Findings here indicate that the risk of adult depression is increased by exposure to childhood victimization at the hands of non-family. However, present findings do not detect a relationship between adult depression and childhood violence for victimization suffered at the hands of family members (when non-family victimization is controlled). This somewhat unexpected finding could be due to several possible factors. First, there is usually a high correlation between these two types of victimization. Children victimized by family members are often the same children who are at greatest risk for victimization by non-family members. Therefore, victimization by family is related to depression, but that relationship weakens when victimization by non-family is controlled. Indeed, in this study, the bivariate

correlation between these two types of victimization is significant. Nevertheless, it is only a moderately strong correlation (r = .159, p < .01), which means there could be other reasons for the somewhat surprising result.

Perhaps victimization by family members means something unique for these particular subjects. The sample consists of college students, and it is possible that intra-familial victimization means something different for this relatively advantaged group than it would for other groups. For example, the measure of family victimization in this study may disproportionately detect instances of violence that are relatively less harmful than the types of instances that would be more readily present in other groups. Participants in the present study, for example, reported a relatively high proportion of physical assaults (12) per single episode of rape. It is likely that other groups of subjects, those who are not as advantaged, would be more likely to report a greater frequency of more severe types of violence. And if severe victimization, such as sexual assault, is more consequential in its harmful effects, then a disparate distribution of the frequency of particular items measuring victimization could produce differences in detected effects of victimization on depression across those different groups.

Furthermore, it is possible that the reason violence perpetrated by family members is not independently related to depression in the present study is because of the relative infrequency of family-related victimizations reported by subjects. Only 61 episodes were reported, which could make it difficult to detect a relationship between family-related victimization and depression. Finally, and quite importantly, many of these same factors that probably help explain the absence of an association between family-related victimization and depression might also help explain the relatively weak mediating influence of the resource variables on the relationship between victimization and depression, both intra-familial and extra-familial.

Conclusions

The results from this study can be helpful in shedding light on several issues related to violent victimization that is experienced in childhood and the mental health challenges that often follow. Results show that different types of violence (intra-familial versus extra-familial) can have different effects on depression. It has also demonstrated that there are multiple pathways by which extra-familial victimization affects depression, and that some of these mediators are more important than others in explaining the relationship between victimization and depression. This is a crucial finding because it contributes to an improved understanding of the important issue of mental health among young adult populations. As stated by Chen and Kaplan [18], "The peak onset of mental disorders...is between adolescence and young adulthood, and the prevalence of mental disorders among this age group is startling" (p 111). Accordingly, a better understanding of factors affecting depression is important not only for improving the immediate well-being of this vulnerable population, but also for improving their long-term mental health. Furthermore, the findings from this study could provide beneficial information to inform intervention strategies. If, for example, extra-familial victimization affects depression more through a reduction in peer support than a reduction in family support (as found in the present study), then individuals experiencing extra-familial victimization rather than intra-familial victimization could benefit from intervention strategies that emphasize bolstering peer support. This might include providing victims of extra-familial victimization with counseling that improves their ability to foster and maintain beneficial interpersonal relationships with peers. If we can better identify the pathways responsible for the transmission of victimization and adversity to later diminished mental health, then those who experience such hardships can be treated with greater efficacy.

Conflicts of Interest

No conflicts of interest exist.

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