The Impact of Extrafamilial Victimisation and Poly-Victimization on the Psychological Well-Being of English Young People

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Abstract

Childhood victimization impacts on the well-being of children and young people, particularly those experiencing an extreme amount of different types of victimization (i.e., poly-victims). However, limited attention has been given to the impact of different categories of extrafamilial victimization (experienced outside of the family), particularly in the UK. The intricacies of the significant detrimental impact poly-victimization has on victims are also poorly understood. In this study, 730 young people, aged 13 to 16 years (mean 13.8 years), from one county in the UK, were surveyed about their lifetime and past year experiences of extrafamilial victimization, the locations in which these occurred, and current trauma symptoms . The results showed that interpersonal forms of extrafamilial victimization (e.g., sexual victimization) were significant predictors of trauma, whilst more indirect forms of extrafamilial victimization (e.g., witnessing the victimization of others) were not. When extrafamilial poly-victimization and number of extrafamilial victim locations were accounted for within regression models, however, this impact was reduced. Poly-victimization within the past year was the strongest predictor of trauma symptoms. Number of victim locations did not significantly predict trauma symptoms above and beyond the impact of poly-victimization, although it was a contributory predictor. These findings suggest that a holistic exploration of a young person's extrafamilial victim experiences is needed in any clinical assessment or research into its psychological impact. Specifically, attention should be given to the experiencing of extreme levels of victimization (e.g., poly-victimization). Further longitudinal research is needed to understand why poly-victimization has the greatest impact on psychological well-being.

Keywords; extrafamilial victimization, internalizing problems, trauma, poly-victimization, young people.

The Impact of Extrafamilial Victimization and Poly-Victimization on the Psychological Well-Being of English Young People

Introduction

Prevalence studies in the United States of America (USA) and the United Kingdom (UK) suggest that more than 80% of children and young people experience some form of victimization within the home, school and/ or community over their lifetime (LT; Finkelhor, Ormrod, Turner, & Hamby, 2005a; Radford, Corral, Bradley, & Fisher, 2013) and around 60% within the past year (PY; Finkelhor, Turner, Shattuck, & Hamby, 2015; Radford et al., 2013). Childhood victimization is rarely a one-off event and children and young people are two to three times more likely to experience subsequent victimization following an initial exposure within the PY (Finkelhor, Turner, Shattuck, & Hamby, 2013) or over their LT. Figures suggest that 10-14% of children and young people experience extreme and ongoing victimization over their LT, 23% within the PY (Finkelhor, Ormrod, & Turner, 2007; Finkelhor, Ormrod, & Turner, 2009). These children and young people experience a multitude of different types of victimization on many different occasions by the same or a different perpetrator, and are referred to as 'poly-victims' (Finkelhor et al., 2007).

Suicidal ideation (Finkelhor, Vanderminden, Turner, Shattuck, & Hamby, 2014), physical health problems (Wilson, Kliewer, & Sica, 2004) and poorer academic functioning (Perkins, Perkins, & Craig, 2014) are amongst just a few outcomes relating to childhood victimization. Research suggests that victimization which is more interpersonal and invasive, such as sexual victimization (Turner, Finkelhor, Shattuck, Hamby, & Mitchell, 2015), as opposed to more indirect (e.g., witnessing community violence as opposed to being directly victimized in the community; Fowler, Tompsett, Braciszewski, Jacques-Tiura, & Baltes, 2009), has the most detrimental psychological impact on the young person. Emerging

research also suggests that incidents involving a weapon, injury and power imbalance exacerbates the impact of victimization on the young person, possibly as a result of increased fear (Turner, Finkelhor, et al., 2015).

While the type and characteristics of victimization appear to influence the impact it has on the young person, research suggests that experiencing multiple types and multiple episodes of victimization may be the most damaging (Boynton-Jarrett, Ryan, Berkman, & Wright, 2008). Turner, Finkelhor, Shattuck, and Hamby (2012), for example, reported past year poly-victims (i.e., 10-17 year olds with exposure to seven or more different types of PY victimization) to be almost six times more likely to report suicidal ideation than non-poly-victims. Indeed, Finkelhor, Ormrod, Turner, and Hamby (2005b) have shown how controlling for the effects of poly-victimization significantly reduces or eliminates the statistical significance of the relationship between individual types of victimization and well-being. Multiple and poly-victimization should therefore be controlled for, or explored alongside the impact of individual forms of victimization. This is particularly important considering poly-victims have been found to be more likely to have experienced victimization involving a weapon, injury and a sexual element than non-poly-victims (Finkelhor, Ormrod, et al., 2005b). Poly-victims are therefore likely to be prevalent amongst those who experience the most severe, interpersonal forms of victimization. As such, their presence is likely to influence the outcomes of any exploration of the impact of these types of victimization if not controlled for.

Whilst a significant amount of attention has been given to exploring the impact of victimization experienced within the family (intrafamilial victimization), much less research has explored the impact of victimization outside of the family (extrafamilial victimization). Where extrafamilial victimization has been explored, the focus tends to have been on the impact of specific types of victimization such as bullying or community-based violence

exposure (see reviews by Fisher, Gardella, & Teurbe-Tolon, 2016; Fowler et al., 2009, respectively). Consequently, there is limited research looking at the impact of a wider range of victim experiences within the school and community which may not include interpersonal violence and may be more indirect (e.g., property victimization, witnessing the non-violent victimization of others, etc.) Our own research exploring the prevalence of extrafamilial victimization amongst 13-16 year olds in the UK found they experienced, on average, three different types of extrafamilial victimization in their LT (Jackson, Browne, & Joseph, 2015). This ranged from property victimization to sexual assault. Similar findings were reported by Finkelhor et al. (2014) who found 48% of 10-17 year olds in the USA were victimized in a range of ways by peers at school. These findings therefore suggest we need to broaden our exploration of the impact of extrafamilial victimization beyond community violence exposure and bullying, and to gain a more holistic view of its impact. In doing so, we also need to recognise the co-occurrence of victim experiences and account for the impact of multiple exposure to extrafamilial victimization and extrafamilial poly-victimization.

Whilst it is becoming increasingly accepted that multiple and poly-victimization has a significant detrimental impact on young people, few studies have attempted to explore *why* this is the case. One reason may be the number of locations in which poly-victims are likely to be victimized. Victimization in one setting increases the likelihood of victimization in another (Ho & Cheung, 2010; Radford et al., 2011), and poly-victims are therefore likely to have been victimized in a range of locations (Turner, Shattuck, Finkelhor, & Hamby, 2015). However, there are contradictory findings regarding whether the number of locations and/*or* the range and number of different types of victim experiences has more of an impact on the young person and causes the most harm for the individual. For example, Ho and Cheung (2010) report that the number of victim locations (home, school and community) has a larger impact than the amount of victim experiences. By contrast, Mrug, Loosier, and Windle

(2008) found that the number of contexts in which the young person experienced violence did not predict adjustment beyond the effect of cumulative violence exposure. Alternatively, Wright, Fagan, and Pinchevsky (2013) found a combination of cumulative victimization of different types across different life domains (e.g., home, school, community) to have the largest impact on substance misuse. Similarly, Margolin, Vickerman, Oliver, and Gordis (2010) report cumulative exposure to violence across multiple domains (e.g., home and community) increases risks of internalizing and externalizing problems and academic failure amongst young people. Whilst the two factors are likely to be interconnected, understanding which has the most detrimental impact on the victim's psychological well-being will help provide a foundation from which academics and practitioners can respectively understand and address its impact on the young person.

More research is therefore needed to investigate the impact of extrafamilial victimization on the psychological well-being of the young person, taking into account poly-victimization and number of victim locations. Such research is particularly needed in the UK and should be carried out exploring a wide-range of extrafamilial victim experiences instead of focussing largely on exposure to violence. It is also important to recognise that it is not just the physical location of victimization that may impact on well-being; technology-based victimization may exacerbate its impact too (Fisher et al., 2016; Raskauskas, 2009).

Using a large survey of English young people (Jackson et al., 2015), this study explores the impact of different types of extrafamilial victimization and extrafamilial poly-victimization on psychological well-being. Whilst intrafamilial and extrafamilial victimization are associated (Radford et al., 2011), this research focuses only on the impact of extrafamilial victimization for two main reasons. By doing so, we were able to explore a range of different categories of extrafamilial victimization in detail, including the locations in which they occurred, without overloading participants with the number of questions. This

was particularly important as the research was carried out in a school setting where time was restricted. Secondly, the data collected for this research forms part of a prevalence study (Jackson et al., 2015) whereby it was important to gain a large, representative sample. We anticipated that the inclusion of intrafamilial victimization would have reduced our parental consent rate, thus reducing our sample size and restricting our analysis and findings. Nevertheless, we recognise that this will exclude a large proportion of childhood victimization, some of which will have contributed to the impact on the young people.

Based on the findings from existing research, our four hypotheses were as follows; (1) extrafamilial poly-victims will have been victimized in more locations than non-poly victims, and (2) more direct, interpersonal forms of extrafamilial victimization, such as sexual and physical victimization, would most strongly predict poor psychological well-being compared to property victimization and witnessing/indirect victimization. However, it was postulated that (3) the individual impact of each form of victimization on well-being will be reduced when extrafamilial poly-victimization and number of victim locations are accounted for. Finally, it is hypothesised that (4) both poly-victimization and an increased number of victim locations will predict poor psychological well-being.

The survey data used in this research has previously been analysed to explore the prevalence and types of victimization experienced by this UK sample of young people (Jackson et al., 2015). These prevalence findings are briefly reported on in the current paper but the subsequent analysis and findings represent new analysis of this data set and have not been reported on elsewhere.

Methodology

Sampling and Procedure

All 36 mainstream schools in one English county (Warwickshire) were invited to participate, of which eight agreed (22.2%). If a reason was provided, declining schools cited:

lack of time during the school day to accommodate the research; pre-existing school-involvement in a number of initiatives; and 'other commitments' as reasons. The eight participating schools were a mixture of mainstream single-sex (N = 3) and coeducation (N = 5) schools; three were grammar schools and five were community schools (including one Catholic school). All schools signed a memorandum of understanding detailing the research activities and their necessary commitment before any research took place.

Efforts to include young people who would be absent from, or underrepresented within, a mainstream school (e.g., those in marginal societies and pupil referral units) were unsuccessful. Schools were invited to ask all year 9 and year 10 pupils (aged 13-15) to participate. However, the level of involvement in the research was ultimately specified by the school: five schools chose to invite all years 9 and 10 pupils (13-15 years) to participate; two schools chose to invite only those in year 9 (aged 13-14) as they felt the year 10 pupils were busy preparing for their GCSE exams; and one school invited only those in year 10 (aged 14-15, including one 16 year old) as they did not feel the year 9 pupils were in a position to participate.

Passive parental consent was gained (with the exception of one school where active consent was requested) and only 4% of 2,097 parents opted their child out. Each parent/guardian was sent a project pack containing: an information letter; consent form; pre-paid envelope; and a supporting letter from the school. This was initially sent home with pupils then posted out one week later, and parents were given at least four weeks to remove their child from the study (or opt-in where active consent was used). Passive parental consent for research with children and young people is approved by the British Psychological Society (BPS) code of ethics (British Psychological Society, 2004, p. 8) as long as the school gives their permission and child assent is gained; both of which were adhered to in this research. By using passive consent, response and project participation rates are increased and some of

the problems with sampling bias associated with active consent are reduced (Hollmann & McNamara, 1999; Pokorny, Jason, Schoeny, Townsend, & Curie, 2001).

Active consent was gained from all pupils taking part and consent forms were provided in class. Completed consent forms were returned by 1,576 pupils (75% return rate) and of these, 75% (1,088) participants consented to participate in the research (the remaining 25% declined participation).

The research was delivered over one to two sessions of an educational 'Safety and Victimization' workshop. Pupils self-completed the measures privately and independently. Safeguarding issues were referred to the Child Protection contact within the collaborating Police Force and were followed up by the designated Child Protection Officer at the young person's school. Full ethical approval for the research was given by the University of Nottingham's Research Ethics Committee.

Participants

In total, 936 young people participated in the research. Children were excluded from the final sample if they were absent for one research session (n = 40; which means they will not have completed all of the measures). They were also excluded if they scored high on a measure of social desirability (suggesting they were responding to the questions in a socially desirable, rather than truthful, way; n = 133) or if they were found to be underreporting their symptoms of trauma (n = 30; an extra 3 young people were excluded because they missed too many questions on the measure of trauma symptoms). The measure of social desirability and trauma are discussed in more detail in the methods section below. The final sample therefore consisted of 730 participants (35% of the target population of 2,097 pupils) aged 13 to 16 years (mean 13.8 years, SD 0.72), 471 of whom were female (64.5%).

The ethnicity of the sample was: 89% White, 1% Black, 4% Asian, 5% 'Mixed', and less than 1% 'Other'. Presence of a disability was 3%. Disability levels and the ethnic

composition of the sample were representative of the Warwickshire county from which it was derived whereby 92.3% of the population were white and 2.7% of under 16 year olds claimed disability living allowance ("Rugby Borough Equality & Diversity Profile, May 2011 ", 2011). With regards to family composition, 66.7% of participants reported living with both parents, 16.2% lived in a single parent household, 13.6% in a household with a step-parent present, 0.3% lived with adoptive parents, and 3.3% lived in 'another' family structure. Our measure of socio-economic status (asking pupils about their entitlement to free school meals) was found to be unreliable and we were unable to obtain this information from schools. Nevertheless, 10.2% of 5-16 year olds within the county from which this sample was derived were entitled to a free school meal ("Rugby Borough Equality & Diversity Profile, May 2011 ", 2011), and we therefore assume a similar rate amongst our sample. Ten percent (n = 69) of our sample reported that they had been in trouble with the police and 24% (n = 174) said they had friends who were at least 'sometimes' in trouble with the police.

Measures

Demographic questionnaire. A 28-item demographic questionnaire was developed which included five 'social desirability' (SD) questions from the 'lie' subscale measure of defensiveness within the Culture-Free Self-Esteem Inventory- Second Edition (CFSEI-2), Form B (Battle, 1993). These questions aim to improve reliability by identifying, and then screening out of the data set, children displaying defensiveness or social desirability when answering questions. The subscales on the CFSEI-2 were developed using factor analysis and the measure has been found to demonstrate good reliability and validity (Battle, 1993).

The Juvenile Victimization Questionnaire (JVQ). The JVQ (Finkelhor, Hamby, Ormrod, & Turner, 2005; Hamby, Finkelhor, Ormrod, & Turner, 2004) is designed for children and young people aged 8-17 years. It has 34 screening questions which assess five victimization 'modules': conventional crime, child maltreatment, peer and sibling

victimization, sexual assault, and witnessing and indirect victimization. Follow-up questions are asked to gain further information on an incident. The wording of the questions has undergone extensive testing to maximise comprehension (Hamby et al., 2004) and the questionnaire has been found to have test-retest reliability, construct validity and internal consistency (Finkelhor, Hamby, et al., 2005).

The adaptation of the JVQ for the current study is based on Radford et al.'s (2011) adaptation for use with a UK sample. It included 24 screener questions (excluding questions on intrafamilial victimization) and two questions on internet and mobile phone victimization from the National Survey of Children's Exposure to Violence (NatSCEV; Finkelhor, Turner, Ormrod, & Hamby, 2009). Six victimization categories were measured: property victimization, physical victimization, bullying, dating violence, sexual victimization and witnessed/ indirect victimization (see Jackson et al., 2015 for further information on the measurement of these six categories). Follow-up questions were similar to those in the original JVQ. Young people were asked to respond to these questions thinking about the *last time* something happened to them. Amongst the current sample (660 participants who answered all JVQ screener questions, excluding those high in SD), our adaptation of the JVQ was found to have construct validity and moderate ($\alpha = .66$) internal consistency reliability (see Jackson et al., 2015 for further details).

***Calculating victimization scores*.** Victimization was dichotomised ('victim' yes/ no) based on whether the young person responded positively to any victimization screener question. Aggregate lifetime (LT) victimization scores were calculated by summing together the number of screener questions endorsed and past year (PY) aggregate victimization scores were calculated for victimization reported to have occurred in the PY. Some young people did not state when the victimization incident happened (*past year*, *over a year ago*, or *both*) and the incident was therefore included in LT figures only. Separate scores for direct

victimization (14 questions) and indirect victimization (10 questions) were calculated by separating the 24 screener questions into these two categories. The same system was used to classify participants as victims of each category of victimization, and when assigning an aggregate score for a victimization category.

Consistent with previous research (Finkelhor, Ormrod, & Turner, 2009; Radford et al., 2013), LT poly-victims were defined as young people with the highest 10% of aggregate LT victimization scores, equating to six or more different extrafamilial victimization types in the current sample. Following Finkelhor et al. (2007) method, PY poly-victims were those who scored higher than the mean on aggregated PY victimization scores, equating to three or more different extrafamilial victimization types.

The Trauma Symptoms Checklist for Children-Alternate form (TSCC-A). The TSCC-A (Briere, 1996) was used to assess the psychological well-being of participants. This questionnaire is suitable for children aged 8-16 years and is widely used in research looking at the impact of victimization on children and young people. Young people are asked to report how often they have particular thoughts, feelings and behaviours (*not at all* to *very often*). Responses are then organised into five clinical scales: Anxiety, Depression, Anger, Post-traumatic Stress (PTS), and Dissociation (which has two subscales; dissociation-overt and dissociation-fantasy).

The 44-item alternate form was chosen as all items relating to sexual issues have been removed, thus reducing the intrusiveness and sensitivity of the measure. Item responses are totalled and a *T* score for each scale is given which provides information about the young person's score relative to a standardised sample (n = 3,008; Briere, 1996). This indicates whether a young person is scoring in a clinically significant range or is displaying difficulties in a particular area. The TSCC-A also includes two validity scales to indicate underresponse (tendency to deny symptomatology) and hyperresponse (tendency to over-respond to

symptom items). Over- or underresponding invalidates the measure, as does five or more missing items.

The TSCC and TSCC-A have been extensively researched (Strand, Sarmiento, & Pasquale, 2005) and found to have high reliability and validity, as outlined in the TSCC Professional Manual (Briere, 1996).

Statistical Analysis and Control over Clustered Data

The data is clustered at the school-level, introducing two sources of variance into statistical analysis; variance within young people within the schools and variability between clusters. This will increase standard errors leading to widened confidence intervals and increased p-values, compared to a randomly sampled study of the same size. As such, the sample size is reduced and power is lost (Margolin et al., 2009). Statistical tests were adjusted to account for the use of clustered data, and Alpha was set at .01 to reduce Type I error from the number of statistical tests being run. The chi-square analysis- carried out to explore significant differences in the number of victim locations for poly-victims and non-poly victims- was adjusted for clustering by dividing the chi-square statistic by the Variance Inflation Factor (VIF; Shields, Nadasen, & Pierce, 2008).

Multiple hierarchical linear regression analysis with school fixed-effects on the intercept was carried out to explore the ability of different types of LT victimization to predict trauma symptoms based on the TSCC-A sub-scales (depression, anxiety, anger, PTS, and dissociation overall score). The exact number of participants within each model varied between 666 and 677 participants due to missing data for 64- 53 participants on one or more of the victimization variables (numbers varied depending on the use of individual categories of victimization or aggregate indirect and direct categories within the regression models). Three demographic variables (age, gender, and family composition) were first entered into the regression model to explore their impact on outcome. Gender (only) was found to

significantly predict depression (β = -2.10, t = -3.41, $p < .001$) and it was therefore retained for the first block of the regression models predicting depression. However, none of these variables predicted any other outcome and were therefore excluded from these final models. Other forms of victimization were then entered to control for their effects. To control for potential differences in the mean or prevalence of the outcome variable between schools (thus controlling for the effects of clustering), seven dummy variables were created for each school (the eighth school acted as the reference school). These were entered into the regression model in the next block with the main predictor variable (victimization category; block 2 or 3). LT and PY extrafamilial poly-victimization (dichotomous: yes/no) were entered in the next block (block 3 or 4), following the number of LT victim locations (centred around the mean) in the final block.

The data met the assumptions required for multiple linear regression (including the absence of multicollinearity) and were large enough to assume normality. Power analysis, using the computer program '*G*Power'* (Erdfelder, Faul, & Buchner, 1996) determined that the current, clustered sample of young people was large enough to detect only large effect sizes within all statistical analyses. Alpha was set at .01 for all power calculations and power (1-β err prob) was set to 0.80 based on Cohen's minimum suggested power for observational studies (Cohen, 1988). To adjust for clustering within the data, the number of participants calculated by the power analyses was multiplied by the VIF (Wears, 2002).

Results

As reported in Jackson et al. (2015), at least one form of extrafamilial victimization was experienced by 84.1% of young people over their lifetime (LT) and 67.2% within the past year (PY). The vast majority of victims were victimized more than once over their LT (74.9%) and PY (61.2%), experiencing, on average, 2.2 and 1.4 different victimization

categories (e.g., bullying and sexual victimization), respectively. In total, 14% of the sample was classified as LT extrafamilial poly-victims and 23.4% as PY extrafamilial poly-victims.

Location of Extrafamilial Victimization

Of the young people who had been victimized (n = 614) and specified where their victimization took place, 71% experienced victimization within the school and 73% in the community. Additionally, 26% reported having been victimized through their mobile phone or the internet and 16% stated their home had been burgled. Of those who had been directly victimized and who stated the location of this victimization (n = 461), 69% experienced this in the school and 63% in the community. Of those who had been indirectly victimized and who stated the location (n = 503), 62% experienced this in the school and 65% in the community.

As Table 1 shows, around three quarters of young people were victimized in one or two locations (school, community, internet/ mobile phone, or house burglary). Direct and indirect victimization were experienced in one location by more than half of the young people, and in two locations for around one third. LT poly-victims were significantly more likely to be victimized in more than one location than non-poly victims (95% compared to 51%, respectively. $\chi^2 = 66.64$, $p < 0.001$). Specifically, three quarters of LT poly-victims were victimized in three or four different locations where the majority of non-poly-victims were victimized in one or two locations.

--- Insert Table 1 here---

Victimization and Well-being

Direct and indirect victimization scores, along with each victimization category score (property, physical, and sexual victimization, bullying, and dating violence), were explored for their ability to predict anxiety, depression, anger, PTS, and dissociation (see Table 2). The score for overall direct victimization was a predictor of anxiety, depression and PTS prior to

and after the addition of poly-victimization and number of locations into the model, although its strength as a predictor was reduced following their addition. It also predicted anger and dissociation but the strength of the relationship was reduced when poly-victimization was added to the model, and lost significance with the addition of the number of locations the person was victimized in. Overall, the indirect victimization score was not found to be a significant predictor of anxiety, dissociation, PTS or depression. Whilst it did significantly predict anger, this lost significance when poly-victimization was added into the model.

--- Insert Table 2 here---

Sexual victimization score predicted anger, PTS and dissociation but none of these relationships remained significant when poly-victimization was added to the model. Sexual victimization score was not found to be a predictor of anxiety or depression. Physical victimization score predicted all outcomes prior to and after the addition of PY and LT poly-victimization and number of victim locations into the model. This was with the exception of dissociation whereby physical victimization score lost significance when the number of locations the young person had been victimized in was added. Bullying score was a predictor of PTS. It also predicted dissociation until poly-victimization was added into the model, and anxiety and depression until number of locations was added. It was not found to predict anger. Property victimization score and dating victimization score did not predict any TSCC-A outcome (see Table 3).

LT extrafamilial poly-victimization did not predict any outcome. However, PY extrafamilial poly-victimization was a predictor of depression, dissociation and anger and retained significance following the addition of the number of LT victim locations. Number of victim locations was not a significant predictor of any outcome when added into the regression models following individual types of victimization and PY and LT extrafamilial poly-victimization.

Discussion

The majority of young people in this UK study had experienced extrafamilial victimization within their lifetime (LT; 84.1%), with around two out of three persons (63.2%) being direct victims and witnessing victimization or being indirectly victimized (70%). In total, 14% of the sample was classified as LT extrafamilial poly-victims and 23.4% as PY extrafamilial poly-victims. See Jackson et al. (2015) for more details on the prevalence and types of victimization experienced by this sample.

Young people were equally likely to have experienced victimization within the school setting as they were in the community, and a quarter were victimized through their phone or the internet. Like Turner, Shattuck, et al. (2015), most victims were found to have experienced victimization in just one or two different locations yet poly-victims were most likely to have been victimized in three or four, as hypothesis 1 predicted.

Victimization scores on the more direct interpersonal victimization categories, such as direct victimization in general and sexual and physical victimization and bullying specifically, were significantly predictive of at least three areas of psychological well-being. This was prior to the inclusion of poly-victimization and number of locations into the models and supports hypothesis 2. In contrast, scores for indirect victimization were only predictive of anger. Scores for property victimization, which largely involved less interpersonal forms of victimization and do not always require the victim to be present at the time, such as theft and vandalism, did not predict any outcome. The types of victimization within these two categories of extrafamilial victimization will vary and some types of indirect experiences may be very extreme (e.g. witnessing a murder). However, the current study excluded ‘witnessing a murder’ (as schools felt this was too sensitive) and the witnessing of other, more extreme forms of victimization, such as kidnapping and sexual assault, were, reassuringly, rarely witnessed by this sample of young people (n = 3 and n = 7, respectively). This helps to

explain why witnessing interpersonal and indirect victimization towards others by the young people in this sample had the lowest psychological impact. It is also consistent with other findings focussing solely on the witnessing of community violence, which finds this has less impact than direct violence victimization (Fowler et al., 2009). Dating violence, an invasive and interpersonal type of extrafamilial victimization, did not predict any outcome in this study which was unexpected. This is likely related to a lack of power in the current analysis as 'only' 47 young people experienced dating violence over their LT.

Supporting hypothesis 3 and Finkelhor, Ormrod, et al. (2005b) findings, extrafamilial PY poly-victimization was the strongest predictor of trauma symptoms. It also reduced the impact of all types of victimization on all outcomes variables, and accounted for the relationship between some categories of extrafamilial victimization and trauma symptoms. This suggests PY poly-victimization has a significant impact on psychological well-being, over and above some specific types of victimization. In line with previous research findings (Finkelhor, Ormrod, et al., 2005b), PY extrafamilial poly-victimization accounted for the relationship between scores for indirect victimization and anger, sexual victimization and all significant well-being outcomes (anger, PTS and depression), and bullying and dissociation. For these relationships, PY extrafamilial poly-victimization therefore appears to be exerting the impact on well-being as opposed to the scores on individual categories of victimization. However, there was no distinct pattern as to which types of outcomes PY extrafamilial poly-victimization commonly accounted for. It is suprising that sexual victimization scores, which previous research has found to have a significant impact on psychological well-being (Turner, Finkelhor, et al., 2015), were no longer predictive of any outcome when controlling for PY extrafamilial poly-victimization. One possible explanation for this may be loss of power once PY extrafamilial poly-victimization was added to the model, as sexual victimization had a relatively low prevalence amongst the sample (n = 99 young people)

compared to other direct forms of victimization (e.g., physical victimization; n = 200). The sample size also meant that only large effects could be identified. It may also be because two of the three types of sexual victimization which made up the sexual victimization category consisted of more indirect forms of sexual victimization (i.e., non-contact sexual victimization and internet harassment). As such, it may be important for future research to look in more detail at the impact of specific types of victimization as opposed to categorical groupings of victimization as this may mask important differences.

Contrary to past research (Finkelhor, Ormrod, & Turner, 2009; Radford et al., 2013), LT extrafamilial poly-victimization did not predict any outcome. It may be that the LT poly-victims in the current study had not experienced 'enough' victimization (six or more different types) for this to have an impact (six or more different types in the current study compared to more than nine or 13 in the previous studies). Child maltreatment was also found to have particular traumatic salience in Finkelhor, Ormrod, and Turner (2009) study and its exclusion may have therefore influenced the current findings. This requires further exploration as child maltreatment may have specific importance within poly-victimization which requires consideration when assessing a young person's victim experiences and when planning intervention.

The psychological impact of experiencing extrafamilial victimization in multiple locations was explored in this study alongside the impact of experiencing an extreme amount of different types of extrafamilial victimization (i.e., poly-victimization). Both were predicted to have an impact on psychological well-being. Should being victimized in multiple locations have had an impact on psychological well-being over and above the impact of poly-victimization, we could infer that this may be one of the main influencing factors in the relationship between poly-victimization and well-being. However, number of victim locations did not predict psychological well-being beyond the impact of poly-victimization

(i.e., PY poly-victimization remained significant even when number of locations was added to the models). This therefore suggests that cumulative violence exposure impacts on psychological well-being over and above the number of different life domains (locations) in which this occurs, supporting Mrug et al's (2008) previous research. Nevertheless, number of victim locations accounted for some of the relationship between certain types of victimization and outcomes following the addition of poly-victimization. In particular, direct victimization no longer significantly predicted anger and dissociation, nor did physical victimization predict dissociation, nor bullying predict anxiety and depression. This suggests number of locations does have some impact on well-being (partially supporting hypothesis 4) and therefore warrants further exploration within future research and when assessing the impact of victimization on a young person.

Drawing upon the findings from the current study and previous research, we can theorise as to why poly-victimization and the associated number of victim locations have the most significant detrimental impact on the young victim. Finkelhor et al. (2007) suggest that victimization by a number of different perpetrators and in a number of locations may interfere with 'normal coping', above that caused by victimization of just one kind. This may be related to elevated levels of fear and reduced feelings of safety amongst poly-victims.

When a young person is victimized in multiple locations, the number of 'safe havens' available to the young person (in which they have not been victimized) diminishes (Margolin et al., 2009; Wright et al., 2013). Indeed, experiencing victimization in multiple ways in multiple locations within the school, for example, has been found to have the biggest impact on feelings of safety compared to fewer forms of victimization in fewer school locations (Perkins et al., 2014). In addition, experiencing victimization in multiple ways and by a number of perpetrators, means that poly-victims are not only more likely to feel unsafe in a number of life domains, but the various people within these domains (e.g., strangers, parents

and peers) are also more likely to have hurt them. Decreases in sense of safety have been associated with increased distress (Shields et al., 2008) and mediates the impact of exposure to violence on PTS (Overstreet & Braun, 2000). A decreased sense of safety may therefore be one reason why poly-victims experience increased trauma than non-poly-victims.

Fear may also play a role in this. Poly victims have been found to be more likely to have experienced victimization involving a weapon, injury and a sexual element than non-poly-victims (Finkelhor, Ormrod, et al., 2005b). In recent research, these characteristics have all been associated with increased feelings of fear and increased psychological distress (Turner, Finkelhor, et al., 2015). Further research should therefore explore whether the fear experienced during poly-victimization and fear and feelings of safety within multiple domains of the young person's life (e.g., home, school and community) are associated with, and moderate, the impact of poly-victimization on psychological well-being.

It must be noted that in the regression analyses of this study, the models predicted a maximum of 20% of the variance in the relationship between victimization and psychological well-being. Despite the exclusion of intrafamilial victimization this is only slightly lower than Finkelhor, Ormrod, and Turner (2009) whose research included intrafamilial victimization and predicted 24% of variance. However, it is lower than Finkelhor, Ormrod, et al. (2005b) whose model accounted for 33% of the variance. By accounting for a small proportion of variance, current models may be too simplistic and a number of other important, unmeasured factors need to be considered when exploring the impact of victimization on well-being. This may include power imbalance and weapon involvement along with levels of fear and safety (e.g., Schwab-Stone et al., 1995; Turner, Finkelhor, et al., 2015). Additional influences on well-being such as the disclosure of victimization, family and peer support and neighbourhood context should also be recognised (Davenport, Browne, & Palmer, 1994). It is also likely that particular types of extrafamilial victimization, which contribute to overall

categories, exert different levels of impact on well-being. As noted, sexual victimization can comprise of direct contact victimization- which may be more likely to involve a weapon and injury- than less direct forms such as internet sexual harassment. Further research should therefore explore whether categorising general categories of victimization may be unhelpful when exploring impact.

Practice Implications

The findings highlight the importance of a comprehensive assessment of the young person's victim experiences to understand, prevent or reduce its impact on well-being. By assessing the impact of a holistic range of extrafamilial victim experiences through this research, our findings further understanding as to how different types of victimization, aside from intrafamilial victimization, community violence and bullying, may psychologically impact on a young person. As a guide, young people who have experienced more interpersonal, direct forms of extrafamilial victimization (such as violence and sexual abuse) appear more likely to be experiencing a higher number of trauma symptoms than those experiencing less interpersonal, and more indirect, extrafamilial victimization. However, those experiencing an extreme amount of victimization in a number of different places, may be considered most vulnerable to psychological ill-health.

Professionals who come into contact with these young people and who are aware of their victim experiences (e.g., teachers, youth workers, mental health professionals, etc.) should therefore be mindful that these young people may be more likely to develop trauma symptoms and may be in more need of monitoring and intervention. When assessing children and young people presenting with trauma symptoms, their experiences of extrafamilial victimization should also be explored to ensure the practitioner has a holistic understanding of prior experiences which may contribute to their symptoms. Particular attention should be

given to those who have experienced interpersonal forms of extrafamilial victimization and those who have experienced multiple forms of victimization in multiple locations.

Limitations of the Research

The cross-sectional design of this study means temporal causality between victimization and outcome could not be established. Previous research has shown that elevated emotional problems can predict the onset of poly-victimization, particularly in younger children (Finkelhor, Ormrod, Turner, & Holt, 2009). As such, we cannot assume that psychological well-being is the outcome, not the predictor, of poly-victimization. Nevertheless, longitudinal research has demonstrated the causal impact of extrafamilial victimization on future psychological well-being (e.g., Reijntjes, Kamphuis, Prinzie, & Telch, 2010; Taylor, Sullivan, & Kliewer, 2013) and we can therefore be more confident in the validity of the findings.

The exclusion of intrafamilial victimization in this research was also a limitation. As we could not control for this when assessing the impact of extrafamilial victimization, it is likely that this will have contributed in some way towards our findings. By excluding intrafamilial victimization, however, we were able to provide a more thorough and holistic exploration of extrafamilial victimization in a way that has currently been very limited within the UK. This will provide the grounding for further, more detailed exploration of the impact of different types of extrafamilial victimization alongside intrafamilial victimization.

All of the schools in the target county were invited to participate in the research, yet self-selection into the study at the school and participant level is likely to have introduced some level of bias. The sample was found to be representative of the target population in terms of ethnicity and disability. However, there was less deprivation (Department for communities and local government, 2010) and crime (Chaplin, Flatley, & Smith, 2011) within the county from which the sample was selected than the rest of England. Higher levels

of trauma and victimization may therefore be identified within more deprived samples, despite the high levels identified within this research.

Bias may also have been introduced from the sole use of self-report measures of victimization and trauma. Indeed, Fowler et al. (2009) found that there were stronger associations between victimization and outcome when the same individual reported on both. Nevertheless, we deemed the young people themselves to be optimal informants for their psychological well-being and victimization, which may be discrete and hidden from others. We also increased the reliability of our data by removing 163 participants who appeared to be dishonest in their reporting. Exploration of the impact of common method variance on the correlation between variables suggests that this may be less of a problem than is commonly assumed and accepted (Spector, 2006).

Finally, power analyses revealed that the sample size was only enough to detect large effect sizes within the data. Some of our analysis may therefore have lacked the power to detect smaller effects amongst some of the variables.

Conclusion

The findings from this large UK survey of young people has advanced our understanding of the locations in which young people are victimised outside of the family and the impact of a holistic range of extrafamilial victimization and poly-victimization on self-reported trauma symptoms. The majority (four out of five) of young people surveyed had experienced extrafamilial victimization by the age of 16 and this commonly occurred in one to two locations outside of the family. Scores on more direct, interpersonal categories of extrafamilial victimization were associated with lower levels of psychological well-being amongst these young people, more so than less direct types of victimization. However, the findings reinforced the need to account for extrafamilial poly-victimization as this appeared to be responsible for some, if not all, of this relationship. Adding to the scare knowledge base

in this area, our findings suggest that poly-victims experience victimization in significantly more locations than non-poly-victims (including the school, community and through the use of technology). Whilst number of LT victim locations did not predict psychological well-being over and above the impact of their experiencing an extreme amount of victimization (i.e., poly-victimization), this contributed to the impact of victimization on well-being. Further exploration as to why extrafamilial poly-victimization and number of victim locations appear to have the most significant detrimental impact on the victim is needed. A starting point for this may be to explore associated levels of fear and safety amongst poly-victims across the different life domains.

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References

Battle, J. (1993). *Culture Free Self-esteem Inventories: CFSEI-2*. Texas, USA.: Pro-Ed, Inc.

Boynton-Jarrett, R., Ryan, L. M., Berkman, L. F., & Wright, R. J. (2008). Cumulative Violence Exposure and Self-Rated Health: Longitudinal Study of Adolescents in the United States. [Article]. *Pediatrics, 122*(5), 961-970. doi: 10.1542/peds.2007-3063

Briere, J. (1996). *Trauma Symptoms Checklist for Children (TSCC): Professional manual.* . Odessa, FL: Psychological Assessment Resources.

British Psychological Society. (2004). *Guidelines for Minimum Standards of Ethical Approval in Psychological Research*. Leicester, UK: The British Psychological Society

Chaplin, R., Flatley, J., & Smith, K. (2011). Crime in England and Wales 2010/11: findings from the British Crime Survey and police recorded crime. *Home Office: London*.

Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Hillsdale, NJ: Erlbaum.

Davenport, C., Browne, K., & Palmer, R. (1994). Opinions on the traumatizing effects of child sexual abuse: Evidence for consensus. *Child abuse & neglect, 18*(9), 725-738. doi: 10.1016/0145-2134(94)00039-5

Department for communities and local government. (2010). English indices of deprivation, 2010 Retrieved 12/05/2014, from https://www.gov.uk/government/publications/english-indices-of-deprivation-2010

Erdfelder, E., Faul, F., & Buchner, A. (1996). GPOWER: A general power analysis program. *Behavior research methods, instruments, & computers, 28*(1), 1-11. doi: 10.3758/BF03203630

Finkelhor, D., Hamby, S. L., Ormrod, R., & Turner, H. (2005). The Juvenile Victimization Questionnaire: Reliability, validity, and national norms. *Child Abuse & Neglect, 29*(4), 383-412. doi: 10.1016/j.chiabu.2004.11.001

Finkelhor, D., Ormrod, R., Turner, H., & Hamby, S. L. (2005a). The Victimization of Children and Youth: A Comprehensive, National Survey. *Child Maltreatment, 10*(1), 5-25. doi: 10.1177/1077559504271287

Finkelhor, D., Ormrod, R., Turner, H., & Holt, M. (2009). Pathways to Poly-Victimization. *Child Maltreat, 14*(4), 316-329. doi: 10.1177/1077559509347012

Finkelhor, D., Ormrod, R. K., & Turner, H. A. (2007). Poly-victimization: A neglected component in child victimization. *Child Abuse & Neglect, 31*, 7–26. doi: 10.1016/j.chiabu.2006.06.008

Finkelhor, D., Ormrod, R. K., & Turner, H. A. (2009). Lifetime assessment of poly-victimization in a national sample of children and youth. *Child Abuse & Neglect, 33*(7), 403-411. doi: 10.1016/j.chiabu.2008.09.012

Finkelhor, D., Ormrod, R. K., Turner, H. A., & Hamby, S. L. (2005b). Measuring poly-victimization using the Juvenile Victimization Questionnaire. *Child Abuse & Neglect, 29*(11), 1297-1312. doi: 10.1016/j.chiabu.2005.06.005

Finkelhor, D., Turner, H., Ormrod, R., & Hamby, S. L. (2009). Violence, Abuse, and Crime Exposure in a National Sample of Children and Youth. *Pediatrics, 124*(5), 1411-1423. doi: 10.1542/peds.2009-0467

Finkelhor, D., Turner, H. A., Shattuck, A., & Hamby, S. (2013). Violence, Crime, and Abuse Exposure in a National Sample of Children and Youth: An Update. *JAMA Pediatr, 67*(7), 614-621. doi: 10.1001/jamapediatrics.2013.42

Finkelhor, D., Turner, H. A., Shattuck, A., & Hamby, S. (2015). Prevalence of Childhood Exposure to Violence, Crime, and Abuse. Results From the National Survey of Children's Exposure to Violence. *JAMA Pediatr, 169*(8), 746-754. doi: 10.1001/jamapediatrics.2015.0676

Finkelhor, D., Vanderminden, J., Turner, H., Shattuck, A., & Hamby, S. (2014). At-School Victimization and Violence Exposure Assessed in a National Household Survey of Children and Youth. *Journal of School Violence*, 1-24. doi: 10.1080/15388220.2014.952816

Fisher, B. W., Gardella, J. H., & Teurbe-Tolon, A. R. (2016). Peer Cybervictimization Among Adolescents and the Associated Internalizing and Externalizing Problems: A Meta-Analysis *Journal of Youth and Adolescence, 45*(9), 1727-1743. doi: 10.1007/s10964-016-0541-z

Fowler, P. J., Tompsett, C. J., Braciszewski, J. M., Jacques-Tiura, A. J., & Baltes, B. B. (2009). Community violence: A meta-analysis on the effect of exposure and mental health outcomes of children and adolescents. *Development and Psychopathology, 21*(1), 227-259. doi: 10.1017/S0954579409000145

Hamby, S. L., Finkelhor, D., Ormrod, R. K., & Turner, H. A. (2004). *The Juvenile Victimization Questionnaire (JVQ): administration and scoring manual*. Durham, NH: Crimes Against Children Research Center.

Ho, Y. M., & Cheung, F. M. (2010). The Differential Effects of Forms and Settings of Exposure to Violence on Adolescents' Adjustment. *J Interpers Violence, 25*, 1309-1337. doi: 10.1177/0886260509340548

Hollmann, C. M., & McNamara, J. R. (1999). Considerations in the Use of Active and Passive Parental Consent Procedures. *Journal of Psychology, 133*(2), 141.

Jackson, V., Browne, K., & Joseph, S. (2015). The prevalence of childhood victimization experienced outside of the family: findings from an English prevalence study. *Child Abuse & Neglect, In press*.

Margolin, G., Vickerman, K. A., Oliver, P. H., & Gordis, E. B. (2010). Violence exposure in multiple interpersonal domains: Cumulative and differential effects. *Journal of Adolescent Health, 47*(2), 198-205. doi: 10.1016/j.jadolhealth.2010.01.020

Margolin, G., Vickerman, K. A., Ramos, M. C., Duman, S. S., Gordis, E. B., Iturralde, E., & Spies, L. A. (2009). Youth exposed to violence: Stability, Co-occurrence, and context. *Clinical Child and Family Psychology Review, 12*, 39-54. doi: 10.1007/s10567-009-0040-9

Mrug, S., Loosier, P. S., & Windle, M. (2008). Violence exposure across multiple contexts: Individual and joint effects on adjustment. *American Journal of Orthopsychiatry, 78*(1), 70-84. doi: 10.1037/0002-9432.78.1.70

Overstreet, S., & Braun, S. (2000). Exposure to community violence and post-traumatic stress symptoms: Mediating factors. *American Journal of Orthopsychiatry, 70*(2), 263-271. doi: 10.1037/h0087828

Perkins, H., Perkins, J. M., & Craig, D. W. (2014). No safe haven: locations of harassment and bullying victimization in middle schools. *Journal of school health, 84*(12), 810-818. doi: 10.1111/josh.12208

Pokorny, S. B., Jason, L. A., Schoeny, M. E., Townsend, S. M., & Curie, C. J. (2001). Do Participation Rates Change when Active Consent Procedures Replace Passive Consent. *Eval Rev, 25*(5), 567-580. doi: 10.1177/0193841x0102500504

Radford, L., Corral, S., Bradley, C., Fisher, H., Bassett, C., Howat, N., & Collishaw, S. (2011). *Child abuse and neglect in the UK today*. London: NSPCC.

Radford, L., Corral, S., Bradley, C., & Fisher, H. L. (2013). The prevalence and impact of child maltreatment and other types of victimization in the UK: Findings from a population survey of caregivers, children and young people and young adults. *Child Abuse & Neglect*. doi: http://dx.doi.org/10.1016/j.chiabu.2013.02.004

Raskauskas, J. (2009). Text-Bullying: Associations With Traditional Bullying and Depression Among New Zealand Adolescents. *Journal of School Violence, 9*(1), 74-97. doi: 10.1080/15388220903185605

Reijntjes, A., Kamphuis, J. H., Prinzie, P., & Telch, M. J. (2010). Peer victimization and internalizing problems in children: A meta-analysis of longitudinal studies. *Child Abuse & Neglect, 34*(2), 244-252. doi: 10.1016/j.chiabu.2009.07.009

Rugby Borough Equality & Diversity Profile, May 2011 (2011). Retrieved from http://www.warwickshire.gov.uk/observatory/observatorywcc.nsf/0/F402CD728A9751B8802578AF004AB510/$file/Rugby%20Profile.pdf

Schwab-Stone, M. E., Ayers, T. S., Kasprow, W., Voyce, C., Barone, C., Shriver, T., & Weissberg, R. P. (1995). No safe haven: A study of violence exposure in an urban community. *Journal of the American Academy of Child & Adolescent Psychiatry, 34*(10), 1343-1352. doi: 10.1097/00004583-199510000-00020

Shields, N., Nadasen, K., & Pierce, L. (2008). The effects of community violence on children in Cape Town, South Africa. *Child Abuse & Neglect, 32*(5), 589-601. doi: 10.1016/j.chiabu.2007.07.010

Spector, P. E. (2006). Method Variance in Organizational Research: Truth or Urban Legend? *Organizational Research Methods, 9*(2), 221-232. doi: 10.1177/1094428105284955

Strand, V. C., Sarmiento, T. L., & Pasquale, L. E. (2005). Assessment and screening tools for trauma in children and adolescents - A review. [Review]. *Trauma Violence & Abuse, 6*(1), 55-78. doi: 10.1177/1524838004272559

Taylor, K., Sullivan, T., & Kliewer, W. (2013). A Longitudinal Path Analysis of Peer Victimization, Threat Appraisals to the Self, and Aggression, Anxiety, and Depression Among Urban African American Adolescents. *Journal of Youth and Adolescence, 42*(2), 178-189. doi: 10.1007/s10964-012-9821-4

Turner, H., Finkelhor, D., Shattuck, A., & Hamby, S. (2012). Recent victimization exposure and suicidal ideation in adolescents. *Archives of Pediatrics & Adolescent Medicine, 166*(12), 1149-1154. doi: 10.1001/archpediatrics.2012.1549

Turner, H. A., Finkelhor, D., Shattuck, A., Hamby, S., & Mitchell, K. (2015). Beyond bullying: Aggravating elements of peer victimization episodes. *School psychology quarterly, 30*(3), 366. doi: 10.1037/spq0000058

Turner, H. A., Shattuck, A., Finkelhor, D., & Hamby, S. (2015). Polyvictimization and Youth Violence Exposure Across Contexts. *Journal of Adolescent Health, 58*(2), 208-214. doi: 10.1016/j.jadohealth.2015.09.021

Wilson, D. K., Kliewer, W., & Sica, D. A. (2004). The relationship between exposure to violence and blood pressure mechanisms. *Current Hypertension Reports, 6*(4), 321-326. doi: 10.1007/s11906-004-0028-2

Wright, E. M., Fagan, A. A., & Pinchevsky, G. M. (2013). The effects of exposure to violence and victimization across life domains on adolescent substance use. *Child Abuse and Neglect, 37*(11), 899–909. doi: 10.1016/j.chiabu.2013.04.010

Table 1. The number of locations extrafamilial victimization was experienced in over the lifetime (LT) according to the type of victimization experienced and LT poly-victimization.

	Number of victim locations			
	1	2	3	4
All victims (n=614)	42%	35%	20%	3%
Direct victims (n=461)	52%	34%	14%	NA
Indirect victims (n=503)	66%	29%	5%	NA
LT poly-victims (n=102)	5%	27%	54%	15%
Non-poly-victims (n=509)	49%	37%	13%	1%

Table 2. Multiple hierarchical linear regression with school-fixed-effects on the intercept to measure Trauma Symptoms Predicted by aggregate LT Victimization Categories (N=666 for models looking at individual categories of victimization as predictors and n=677 for models looking at direct and indirect victimization as predictors).

	Model 1				Model 2				Model 3			
Anxiety	*β*	*t*	*Adj. R^2*	*F*	*β*	*t*	*ΔR^2*	*F*	*β*	*t*	*ΔR^2*	*F*
Direct Victimization	1.43	8.16***	.133	12.57***	1.24	5.14***	.005	10.64***	0.95	3.09**	.003	9.95***
PY Poly-victimization					1.68	1.90			1.74	1.96		
LT Poly-victimization					-0.10	-0.08			0.44	0.35		
LT number of locations[a]									0.67	1.48		
Model adjusted R^2											.137	
Indirect victimization	0.42	1.73	.133	12.57***	0.27	0.93	.005	10.64***	-0.02	-0.00	.003	9.95***
PY Poly-victimization					1.68	1.90			1.74	1.96		
LT Poly-victimization					-0.10	-0.08			0.44	0.35		
LT number of locations[a]									0.67	1.48		
Model adjusted R^2											.137	
Physical victimization	1.91	3.43***	.129	8.60***	1.83	3.16**	.004	7.64***	1.61	2.71**	.003	7.35***
PY Poly-victimization					1.48	1.64			1.57	1.74		
LT Poly-victimization					-0.36	-0.29			0.19	0.15		
LT number of locations[a]									0.80	1.63		
Model adjusted R^2											0.133	
Bullying	1.38	3.67***	.129	8.60***	1.23	3.06**	.004	7.64***	0.71	1.38	.003	7.35***
PY Poly-victimization					1.48	1.64			1.57	1.74		
LT Poly-victimization					-0.36	-0.29			0.19	0.15		
LT number of locations[a]									0.80	1.63		
Model adjusted R^2											0.133	
Sexual victimization	1.42	2.36	.129	8.60***	1.18	1.78	.004	7.64***	0.86	1.24	.003	7.35***
PY Poly-victimization					1.48	1.64			1.57	1.74		
LT Poly-victimization					-0.36	-0.29			0.19	0.15		
LT number of locations[a]									0.80	1.63		
Model adjusted R^2											0.133	
Property victimization	0.89	1.78	.129	8.60***	0.77	1.49	.004	7.64***	0.54	1.00	.003	7.35***
PY Poly-victimization					1.48	1.64			1.57	1.74		
LT Poly-victimization					-0.36	-0.29			0.19	0.15		

LT number of locations[a]									0.80	1.63		
Model adjusted R^2											0.133	
Dating violence	2.02	1.65	.129	8.60***	1.96	1.58	.004	7.64***	2.02	1.63	.003	7.35***
PY Poly-victimization					1.48	1.64			1.57	1.74		
LT Poly-victimization					-0.36	-0.29			0.19	0.15		
LT number of locations[a]									0.80	1.63		
Model adjusted R^2											0.133	
Depression												
Direct Victimization	1.66	9.72***	.183	16.15***	1.39	5.98***	.017	14.88***	1.17	3.91***	.002	13.85***
PY Poly-victimization					3.16	3.70***			3.20	3.75***		
LT Poly-victimization					-0.98	-0.83			-0.55	-0.44		
LT number of locations[a]									0.53	1.20		
Model adjusted R^2											.198	
Indirect victimization[a]	-0.10	-0.42	.183	16.15***	-0.30	-1.08	.017	14.88***	-0.52	-1.57	.002	13.85***
PY Poly-victimization					3.16	3.70***			3.20	3.75***		
LT Poly-victimization					-0.98	-0.83			-0.55	-0.44		
LT number of locations[a]									0.53	1.20		
Model adjusted R^2											.198	
Physical victimization	2.59	4.76***	.190	12.11***	2.42	4.33***	.019	11.80***	2.28	3.96***	.002	11.18***
PY Poly-victimization					3.37	3.91***			3.43	3.96***		
LT Poly-victimization					-0.98	-0.81			-0.61	-0.49		
Social support (SS)[a]									0.54	1.14		
Model adjusted R^2											.207	
Bullying[a]	1.87	5.06***	.190	12.11***	1.54	3.94***	.019	11.80***	1.19	2.40	.002	11.18***
PY Poly-victimization					3.37	3.91***			3.43	3.96***		
LT Poly-victimization					-0.98	-0.81			-0.61	-0.49		
LT number of locations[a]									0.54	1.14		
Model adjusted R^2											.207	
Sexual victimization	0.55	0.94	.190	12.11***	0.03	0.04	.019	11.80***	-0.19	-0.28	.002	11.18***
PY Poly-victimization					3.37	3.91***			3.43	3.96***		
LT Poly-victimization					-0.98	-0.81			-0.61	-0.49		
LT number of locations[a]									0.54	1.14		
Model adjusted R^2											.207	
Property victimization	1.05	2.17	.190	12.11***	0.81	1.62	.019	11.80***	0.65	1.25	.002	11.18***

PY Poly-victimization					3.37	3.91***			3.43	3.96***		
LT Poly-victimization					-0.98	-0.81			-0.61	-0.49		
LT number of locations[a]									0.54	1.14		
Model adjusted R^2											.207	
Dating violence	2.43	2.06	.190	12.11***	2.33	1.96	.019	11.80***	2.37	1.99	.002	11.18***
PY Poly-victimization					3.37	3.91***			3.43	3.96***		
LT Poly-victimization					-0.98	-0.81			-0.61	-0.49		
LT number of locations[a]									0.54	1.14		
Model adjusted R^2											.207	
Anger												
Direct Victimization	1.16	6.90***	.113	10.56***	0.61	2.69**	.025	10.69***	0.48	1.65	.001	9.831***
PY Poly-victimization					3.63	4.32***			3.65	4.35***		
LT Poly-victimization					1.04	0.90			1.29	1.06		
LT number of locations[a]									0.31	0.71		
Model adjusted R^2											.136	
Indirect victimization	0.60	2.60**	.121	10.56***	0.14	0.52	.025	10.69***	0.01	0.02	.001	8.02***
PY Poly-victimization					3.63	4.32***			3.65	4.35***		
LT Poly-victimization					1.04	0.90			1.29	1.06		
LT number of locations[a]									0.31	0.71		
Model adjusted R^2											.144	
Physical victimization	2.48	4.65***	.121	8.05***	2.06	3.78***	.026	8.49***	1.94	3.46***	.001	8.02***
PY Poly-victimization					3.70	4.35***			3.75	4.39***		
LT Poly-victimization					0.96	0.81			1.27	1.03		
LT number of locations[a]									0.44	0.94		
Model adjusted R^2											.144	
Bullying	0.50	1.38	.121	8.05***	-0.02	-0.06	.026	8.49***	-0.31	-0.64	.001	8.02***
PY Poly-victimization					3.70	4.35***			3.75	4.39***		
LT Poly-victimization					0.96	0.81			1.27	1.03		
LT number of locations[a]									0.44	0.94		
Model adjusted R^2											.144	
Sexual victimization	1.63	2.83**	.121	8.05***	0.71	1.13	.026	8.49***	0.53	0.82	.001	8.02***
PY Poly-victimization					3.70	4.35***			3.75	4.39***		
LT Poly-victimization					0.96	0.81			1.27	1.03		
LT number of locations[a]									0.44	0.94		

Model adjusted R^2											.144	
Property victimization	0.88	1.85	.121	8.05***	0.43	0.88	.026	8.49***	0.30	0.59	.001	8.02***
PY Poly-victimization					3.70	4.35***			3.75	4.39***		
LT Poly-victimization					0.96	0.81			1.27	1.03		
LT number of locations[a]									0.44	0.94		
Model adjusted R^2											.144	
Dating violence	0.54	0.46	.121	8.05***	0.08	0.07	.026	8.49***	0.11	0.09	.001	8.02***
PY Poly-victimization					3.70	4.35***			3.75	4.39***		
LT Poly-victimization					0.96	0.81			1.27	1.03		
LT number of locations[a]									0.44	0.94		
Model adjusted R^2											.144	
Post-traumatic stress (PTS)												
Direct Victimization	1.66	9.28***	.184	17.89***	1.50	6.11***	.008	15.30***	1.34	4.24***	.001	14.08***
PY Poly-victimization					2.19	2.43			2.23	2.46**		
LT Poly-victimization					-0.95	-0.76			-0.64	-0.49		
LT number of locations[a]									0.40	0.85		
Model adjusted R^2											.188	
Indirect victimization	0.52	2.12	.184	17.89***	0.41	1.42	.008	15.30***	0.24	0.69	.001	14.08***
PY Poly-victimization					2.19	2.43			2.23	2.46**		
LT Poly-victimization					-0.95	-0.76			-0.64	-0.49		
LT number of locations[a]									0.40	0.85		
Model adjusted R^2											.188	
Physical victimization	2.33	4.09***	.179	12.14***	2.27	3.84***	.007	10.98***	2.18	3.59***	.000	10.31***
PY Poly-victimization					2.14	2.33			2.18	2.36		
LT Poly-victimization					-1.00	-0.78			-0.78	-0.59		
LT number of locations[a]									0.32	0.63		
Model adjusted R^2											.183	
Bullying	1.75	4.55***	.179	12.14***	1.57	3.83***	.007	10.98***	1.36	2.60**	.000	10.31***
PY Poly-victimization					2.14	2.33			2.18	2.36		
LT Poly-victimization					-1.00	-0.78			-0.78	-0.59		
LT number of locations[a]									0.32	0.63		
Model adjusted R^2											.183	
Sexual victimization	1.57	2.55**	.179	12.14***	1.30	1.93	.007	10.98***	1.18	1.67	.000	10.31***
PY Poly-victimization					2.14	2.33			2.18	2.36		

LT Poly-victimization					-1.00	-0.78			-0.78	-0.59		
LT number of locations[a]									0.32	0.63		
Model adjusted R^2											.183	
Property victimization	0.81	1.60	.179	12.14***	0.69	1.31	.007	10.98***	0.60	1.09	.000	10.31***
PY Poly-victimization					2.14	2.33			2.18	2.36		
LT Poly-victimization					-1.00	-0.78			-0.78	-0.59		
LT number of locations[a]									0.32	0.63		
Model adjusted R^2											.183	
Dating violence	1.97	1.58	.179	12.14***	1.97	1.56	.007	10.98***	1.99	1.58	.000	10.31***
PY Poly-victimization					2.14	2.33			2.18	2.36		
LT Poly-victimization					-1.00	-0.78			-0.78	-0.59		
LT number of locations[a]									0.32	0.63		
Model adjusted R^2											.183	
Dissociation												
Direct Victimization	1.41	7.14***	.118	11.05***	1.09	4.01***	.012	10.00***	0.66	1.91	.005	9.53***
PY Poly-victimization					3.05	3.07**			3.13	3.16		
LT Poly-victimization					-0.37	-0.27			0.43	0.30		
LT number of locations[a]									1.01	1.97		
Model adjusted R^2											.132	
Indirect victimization	0.60	1.19	.118	11.05***	0.34	1.07	.012	10.00***	-0.09	-0.24	.005	9.53***
PY Poly-victimization					3.05	3.07**			3.13	3.16		
LT Poly-victimization					-0.37	-0.27			0.43	0.30		
LT number of locations[a]									1.01	1.97		
Model adjusted R^2											.132	
Physical victimization	1.73	2.75**	.115	7.62***	1.59	2.45**	.011	7.24***	1.24	1.87	.007	7.17***
PY Poly-victimization					2.91	2.87**			3.05	3.01**		
LT Poly-victimization					-0.94	-0.67			-0.07	-0.05		
LT number of locations[a]									1.27	2.31		
Model adjusted R^2											.129	
Bullying	1.26	2.96**	.115	7.62***	0.98	2.17	.011	7.24***	0.15	0.27	.007	7.17***
PY Poly-victimization					2.91	2.87**			3.05	3.01**		
LT Poly-victimization					-0.94	-0.67			-0.07	-0.05		
LT number of locations[a]									1.27	2.31		
Model adjusted R^2											.129	

Sexual victimization	2.04	3.01**	.115	7.62***	1.61	2.17	.011	7.24***	1.10	1.42	.007	7.17***
PY Poly-victimization					2.91	2.87**			3.05	3.01**		
LT Poly-victimization					-0.94	-0.67			-0.07	-0.05		
LT number of locations[a]									1.27	2.31		
Model adjusted R^2											.129	
Property victimization	0.43	0.76	.115	7.62***	0.22	0.38	.011	7.24***	-0.15	-0.25	.007	7.17***
PY Poly-victimization					2.91	2.87**			3.05	3.01**		
LT Poly-victimization					-0.94	-0.67			-0.07	-0.05		
LT number of locations[a]									1.27	2.31		
Model adjusted R^2											.129	
Dating violence	2.77	2.02	.115	7.62***	2.71	1.95	.011	7.24***	2.79	2.01	.007	7.17***
PY Poly-victimization					2.91	2.87**			3.05	3.01**		
LT Poly-victimization					-0.94	-0.67			-0.07	-0.05		
LT number of locations[a]									1.27	2.31		
Model adjusted R^2											.129	