

VICTIMISATION OF CHILDREN AND ADOLESCENTS IN CARE AND IN JUVENILE JUSTICE

NEWSLETTER DISSEMINATION OF RESEARCH

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Introduction

In Catalonia a significant number of children and adolescents are under the tutelage and care of the Administration protection system. Others have been dealt with by the juvenile justice system because of the crimes they have committed. In many cases these young people have experienced mistreatment and abuse by their main carers, but also other forms of violence in different contexts, which may include the street, the school or the residential centres themselves. This makes them what are known as poly-victims. But there is no direct relation between the experience of victimisation in childhood and the development of psychological and social problems and this is where the professionals can intervene successfully. Resilience refers to the human being's capacity to successfully overcome or recover from adverse circumstances. Having the mechanisms to promote that is a crucial aspect if our goal is the proper development, adaptation and social integration of the young people institutionalised in protection systems or judicial centres or on parole.

Goals

The main goals of this study have been, first to find out the prevalence of experiences of victimisation in young people in the tutelage of the Department of Care for Children and Adolescents (DGAIA) and those being dealt with by the Department of Sentencing in the Community and Juvenile Justice (DGEPCJJ). Second, to identify the cases of poly-victimisation and analyse their sociodemographic and victimological characteristics, as well as any relating to the protective or penal measures applied. Third, to analyse the level of psychological maladjustment found in the young victims. Lastly, to identify profiles of resilience and analyse their effect on the young victims' level of psychological distress.

Methodology

The sample from the Department of Care for Children and Adolescents consists of 129 adolescents, 64 boys and 65 girls, aged between 12 and 17 ($Av. = 14.59$ and $SD = 1.62$) living in shelters or educational action residences. The group of Juvenile Justice participants consists of 101 adolescents, 82 boys and 19 girls, aged between 14 and 17 ($Av. = 16.08$ and $SD = 0.99$), being dealt with at centres or subject to open custody measures.

The figures have been obtained from a specific protocol drafted *ad hoc* for the collection of sociodemographic data, the adaptation to our context of the *Juvenile Victimization Questionnaire* (JVQ; Finkelhor, Hamby, Ormrod and Turner, 2005), the psychopathology questionnaire *Youth Self-Report* (YSR;

Achenbach and Rescorla, 2001) and the resilience factors test, *The Adolescent Resilience Questionnaire* (ARQ; Gartland, Bond, Olsson, Buzwell and Sawyer, 2011).

Results

Department of Care for Children and Adolescents

Experiences of victimisation over life

100% of the adolescents interviewed acknowledge that they have undergone some kind of victimisation over their lives. They have experienced an average of 8.74 different forms, with a range that varies between 1 and 27. The girls show a significantly higher number of cases ($Av. = 10.14$; $SD = 5.37$) than boys ($Av. = 7.31$; $SD = 4.59$).

Table 1. Prevalence of victimisation over the lives of the young people from the DGAIA

	Total % (n = 129)	Boys % (n = 64)	Girls % (n = 65)	OR ^a
Common crimes	88.4	85.9	90.8	1.27.
Victimisation by carers ¹	76.7	67.2	86.2	2.36*
Victimisation by peers or siblings	73.6	71.9	75.4	0.96
Sexual victimisation	29.5	14.1	44.6	3.83*
Exposure to violence	90.7	87.5	93.8	1.77
Electronic victimisation	33.3	23.4	43.1	1.83

^a OR corrected for the age effect through the Cochran-Mantel-Haenszel statistic.

* The confidence interval of the OR does not include the value 1.

Poly-victimisation and psychopathology

Following the proposal for a recent work by the research team of this study with adolescents from a community sample (Pereda, Guilera and Abad, 2014), which defines the group of poly-victims as 10% of the most victimised adolescents, similar to other international authors (Finkelhor, Ormrod and Turner, 2009), two groups of victims have been established, bearing in mind the number of different types of victimisation undergone by adolescents over their lives. The first group is made up of adolescents who have undergone between 1 and 7 types of victimisation, and the second by those who have suffered a larger number than that last value (8 or more types over their lives). According to this differentiation, 52.3% of the adolescents would come under the classification of the group of poly-victims. As we can observe from the table below, the greater the degree of victimisation the higher the level of internalising (anxiety and depression) ($F(1.120) = 21.032$; $p < 0.05$), externalising (aggressive and criminal behaviour) ($F(1.120) = 30.179$; $p < 0.05$) and general ($F(1.120) = 30.320$; $p < 0.05$) psychological distress.

Table 2. Psychopathological symptoms (Av. and SD) by victimisation group

	Victims (n = 60)	Poly-victims (n = 67)	d Cohen
Internalising symptomatology	56.88 (9.41)	62.76 (8.56)	0.65
Externalising symptomatology	57.37 (10.80)	64.57 (8.57)	0.74
General symptomatology	58.32 (9.01)	64.57 (7.30)	0.77

Poly-victimisation and resilience

As we can observe, the victims group obtains the highest scores and the poly-victims group the lowest in their resilience resources. And so the tendency seems to be defined as the greater the degree of victimisation, the fewer the personal and social resources. This same pattern is observed in the support received from the educators, tutors or technicians in the care service.

Table 3. Resilience capacity (Av. and SD) by victimisation group

	Victims (n = 59)	Poly-victims (n = 67)	d Cohen
Personal	3.38 (0.43)	3.06 (0.50)	0.68
Family	3.51 (1.03)	3.10 (1.05)	0.39
Friends, school and neighbourhood	3.59 (0.53)	3.34 (0.63)	0.43
Total	3.53 (0.46)	3.23 (0.54)	0.59
Educators	4.24 (0.73)	3.95 (0.97)	0.33

Department of Sentencing in the Community and Juvenile Justice

Experiences of victimisation over their lives

100% of the adolescents interviewed acknowledge that they have undergone some type of victimisation in their lives. They have experienced an average of 9.91 different forms, with a range that varies between 2 and 22. We have observed no significant differences between boys and girls (Av. = 10.05; SD = 3.81; Av. = 9.32; SD = 3.76, respectively).

Table 4. Prevalence of victimisation over their lives of the young people of the DGEPCJJ

	Total % (n = 101)	Boys % (n = 82)	Girls % (n = 19)	OR
Common crimes	96.0	100.0	78.9	0.04 ^{a*}
Victimisation by carers ²	63.4	59.8	78.9	2.53
Victimisation by peers or siblings	86.1	87.8	78.9	0.52
Sexual victimisation	15.8	9.8	42.1	6.73
Exposure to violence	97.0	97.6	94.7	0.45
Electronic victimisation	40.4	36.6	57.9	2.38

^a OR adjusted

* The confidence interval of the OR does not include the value 1.

Poly-victimisation and psychopathology

As has been done with the young people in the care of the Catalan Childhood and Adolescence Protection System, two groups of victims have been established: a first group called *victims* made up of adolescents who have undergone between 1 and 7 different types, and a second group called *poly-victims* consisting of the participants who have suffered a larger number than that last value (8 or more types over their lives). According to this differentiation, 72.3% of the young people would belong to the poly-victims group in the sample analysed. Significant differences have been observed in the externalising symptomatology ($F(1.94) = 7.740$; $p < 0.01$), but not in the internalising ($F(1.94) = 0.349$; $p = 0.556$) or in the general ($F(1.94) = 3.637$; $p = 0.060$).

Table 5. Psychopathological symptoms (Av. and SD) by victimisation group

	Victims (n = 27)	Poly-victims (n = 73)	d Cohen
Internalising symptomatology	57.37 (11.07)	59.11 (8.52)	0.19
Externalising symptomatology	60.78 (10.08)	67.52 (9.09)	0.70
General symptomatology	58.63 (9.20)	62.78 (7.67)	0.49

Poly-victimisation and resilience

As we can observe, in general the victims group obtains the highest scores in the resilience factors and the poly-victims group the lowest. And so the tendency seems to be defined as the greater the degree of victimisation, the fewer the personal and social resources. On the other hand, as far as the support received from educators, tutors and technicians is concerned we can observe higher scores which indicate more support in the poly-victims group over the victims.

Table 6. Resilience capacity (Av. and SD) by victimisation group

	Victims (n = 25)	Poly-victims (n = 65)	d Cohen
Personal	3.38 (0.34)	3.25 (0.43)	0.32
Family	3.95 (0.58)	3.42 (0.93)	0.62
Friends, school and neighbourhood	3.51 (0.50)	3.50 (0.54)	0.02
Total	3.57 (0.37)	3.43 (0.45)	0.33
Educators	3.59 (1.14)	4.08 (0.88)	-0.51

Conclusions

The study has provided data about the prevalence of victimising events in two samples of adolescents with quite different realities and very specific characteristics. Although not all the forms of victimisation that have been assessed entail crimes typified in our legislation, it is vital to take them into account, since they make up a large part of the biography of the young person which must be considered and valued for the implications it may have in their proper development and social integration.

It is striking that the average number of victimising events undergone by the children and young people in the care of the Catalan protection system and the juvenile justice system is three times that found in the general population (Pereda et al., 2014). This illustrates the high degree of victimisation suffered by both groups. It is also higher than the one for the clinical sample, which in turn is twice that of the general population (Pereda, Abad and Guilera, 2012). The young people being dealt with by the juvenile justice system have a larger number of experiences of victimisation over their lives than the young people in the care of the protection system. The victimological profile of the young people being dealt with by the juvenile justice system and those in the care of the protection system is different, from both a quantitative and qualitative point of view.

We have observed a high frequency of internalising, externalising and total symptoms in the adolescents in the protection system, which chimes with the results of other studies (Collin-Vézina, Coleman, Milne, Sell and Daigneault, 2011; Sainero, Bravo and del Valle, 2014). This result is similar in the young people in the juvenile justice system, with a large percentage of mental disturbances diagnosed, especially in the externalising sphere, in both national (Antequera and Bourillón, 2009) and international (Abram et al., 2013) studies.

Concerning the resilience variables, the poly-victims in the protection system have fewer personal, family and social resources for coping with the victimisation than the young people who have been victims of a smaller number of forms of violence (just as in other studies, Collin-Vézina et al., 2011). To the risk derived from the multiple victimisation suffered by these boys and girls, we must add another risk derived from having fewer resources to cope with it. And so the poly-victims of the juvenile justice system have fewer family resources, but more resources from educators, tutors and technicians, who seem to provide more help for the boys and girls most affected by violence. This is a positive result, which the boys and girls themselves value and take into account in their answers.

It is important to point out that it is the personal resources, related to self-confidence, faith in a better future, a capacity for identification and connection with their own emotions or their social skills that allow the young people to cope successfully with difficulties. Those personal resources are the ones that make the difference in the later social reintegration and proper development of the young people and, therefore, the professionals need to know, strengthen and develop them.

1. The reader should be aware that these data are not equivalent to cases of child mistreatment, since they include episodes of both sporadic and continuous violence, as well as minor incidents or ones more like episodes of corporal punishment. Moreover, carer is a category that refers to both parents and adults in the family in charge of the young people and the professionals that deal with them.
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Editing and production: **Centre d'Estudis Jurídics i Formació Especialitzada**
Ausiàs Marc, 40
Tel. 93 207 31 14
Fax 93 207 67 47
www.cejfe.cat

ISSN: 2339-8574

Legal deposit: B-1482-1998

