Victimization and polyvictimization among Spanish youth protected by the child welfare system☆

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a b s t r a c t

Objective: To analyze lifetime and past-year victimization and polyvictimization among adolescents in residential care from a southwestern European country. Also, age and gender differences in victimization profiles were examined.

Method: A sample of 129 youths aged 12–17 years old (*M* = 14.58, *SD* = 1.62; 65 females) were recruited from 18 residential facilities in Spain. The 36-item interview version of the Juvenile Victimization Questionnaire (Finkelhor, Hamby, Ormrod, & Turner, 2005) was used to assess interpersonal victimization experiences.

Results: All adolescents reported at least one type of victimization during lifetime, and 85.3% did so for the past year. The most common lifetime and past-year victimization experiences were witnessing and indirect victimization (90.7% and 51.9%, respectively) and conventional crime (88.4% and 66.7%, respectively). Females were more likely to report lifetime and past-year witnessing of family violence (*OR* = 3.37 and *OR* = 8.51, respectively) and caregiver victimization (*OR* = 2.98 and *OR* = 5.92, respectively), and past-year sexual victimization with physical contact (*OR* = 4.36 and *OR* = 3.40, respectively) than were males. Regarding polyvictimization thresholds, 53.1% and 26.5% of protected adolescents were lifetime and past-year polyvictims, respectively, and they suffered victimizations from 3 to 6 different domains in both time frames.

Conclusions: Victimization and polyvictimization should be continuously assessed in the child welfare system in order to prevent future exposure to violence among already vulnerable adolescents.

1. Introduction

Children and adolescents involved in the child welfare system have been described as the most vulnerable and disempowered youth in society (Euser, Alink, Tharner, Van Ijzendoorn, & Bakermans-Kranenburg, 2014; Gavrilovici & Groza, 2007; Green & Masson, 2002). Although children are not always removed from their families in order to protect them from abusive and neglectful caregivers, most of those who are placed in residential care will have suffered numerous experiences of victimization during their lives (Collin-Vézina, Coleman, Milne, Sell, & Daigeault, 2011) prior to being taken into care (Hobbs, Hobbs, &

Wynne, 1999; Morantz, Cole, Ayaya, Ayuku, & Braistein, 2013).

Studies also show that children and adolescents in residential care continue to experience several types of victimization while under the supposed protection of the welfare system (Ellonen & Pösö, 2011; Horwath, 2000). Gavrilovici and Groza (2007) found that Romanian children under institutional care had experienced threats, slaps or hits in the residential facility, at school, and in the neighborhood, and that they had also been victims and witnesses of sexual abuse. Other European studies have similarly reported that while in residential care, minors suffered physical abuse by staff, peers or other adults (Euser et al., 2014), sexual abuse by peers (Green & Masson, 2002), care staff or other adults (Euser, Alink, Tharner, Van Ijzendoorn, & Bakermans-Kranenburg, 2013), emotional and physical abuse by care staff (Rus et al., 2013), and physical or sexual abuse by a staff member or a peer (Hobbs et al., 1999). In addition, some of the studies which have analyzed victimization experiences among children and adolescents in residential care (e.g., Gavrilovici & Groza, 2007 in Romania; Hobbs et al., 1999 in the UK; or Morantz et al., 2013 in Kenya) have found that these minors tend to suffer more than one type of victimization.

1.1. *Polyvictimization in child welfare samples*

In recent years, research on what has been termed polyvictimization (Finkelhor, Ormrod, Turner, & Hamby, 2005) has shown that children and adolescents experience multiple kinds of victimizations in different settings. Studies with community samples have revealed polyvictimization to be an important problem in several countries, including Canada (Cyr et al., 2013), Finland (Ellonen & Salmi, 2011), and the UK (Radford, Corral, Bradley, & Fisher, 2013). Particularly, in Spain Pereda, Guilera, and Abad (2014) have reported that most adolescents experienced one or more types of victimization during their lifetime (83%) and the past-year (68.6%), and among the victimized the mean number of different types of victimization was 3.85 and 2.86, for lifetime and past year periods.

Few studies, however, have sought to analyze multiple types of victimization experiences among children involved in the child welfare system. Among those that have, mention should be made of two studies conducted in child welfare in Canada. In their study of 53 youth (aged 14–17 years) from six residential care units, Collin-Vézina et al. (2011) found that all of them reported high rates of abusive and neglectful experiences, ranging from one to five forms of child maltreatment (i.e., physical, emotional, and sexual abuse, and physical and emotional neglect) during their lives. For their part, Cyr et al. (2012) studied 220 minors (aged 2–17 years) from three youth centers which included children living in reception centers in Quebec, and found that 90% of them had experienced at

least one type of victimization during the past year and that around half of them were polyvictims, suffering four or more victimizations (based on the criteria of Finkelhor, Ormrod, et al., 2005). Using a different methodology, namely chart review, Brady and Caraway (2002) analyzed the experiences of 41 children (aged 7–12 years) from two residential treatment centers in the United States. They found that 97.6% of them had experienced at least one traumatic event during their lifetime, while a third had suffered multiple traumatic experiences (4–6 types of traumas), mainly related with caregiver victimization such as physical and sexual abuse, and witnessing domestic violence, among others.

Given that the results from this small number of studies suggest that victimization experiences are common among the residential care population, there is clearly a need to assess both lifetime and past-year polyvictimization among children involved in the welfare system.

1.2. *The present study*

The aim of the current study is to provide empirical data about the prevalence of victimization and polyvictimization among adolescents being cared for by the child welfare system of a southwestern European country, Spain. Based on the available literature (Collin-Vézina et al., 2011; Cyr et al., 2012; Euser et al., 2013; Gavrilovici & Groza, 2007), we hypothesize that adolescents placed in residential facilities (short- and long-term care) would report a higher prevalence of lifetime and pastyear victimization experiences than adolescents from a community sample (Pereda et al., 2014) in the same cultural context and using a similar methodology. As regards polyvictimization, we expected to find a large group of polyvictims for both time frames, as reported in previous child welfare studies (Collin-Vézina et al., 2011; Cyr et al., 2012). The study also examines the influence of gender and age on victimization profiles, since previous research has found these to be important variables to take into account when studying victimization in this group of adolescents (e.g., Collin-Vézina et al., 2011; Cyr et al., 2012; Euser et al., 2013; Gavrilovici & Groza, 2007).

2. Method

2.1. *Participants*

The sample comprised 129 youths (64 males and 65 females) recruited from 18 residential facilities (78.3% long-term and 21.7% short-term centers) in the north-eastern region of Spain. Centers were selected by convenience sampling. The admission criteria for this study required participants to be aged between 12 and 17 years old (M = 14.59, SD = 1.62) and to have sufficient cognitive and language abilities to understand the interviewer's questions. In most cases only one reason for

implementing child protection measures was recorded in the case file (M = 1.10, SD = .095, Mdn = 1.00, IQR = 1), examples being neglect (72.9%), physical (11.6%) and sexual (3.9%) abuse, unaccompanied immigrant children (2.3%), witnessing domestic violence (1.5%), labor exploitation (1.5%), fetal abuse (0.8%), corruption (0.8%), and undefined risk situations (13.2%).

In 3.9% of cases, no such information was available. The participants had been subject to child protection measures for between less than 1 month and up to 13 years and 8 months (M = 3.58, SD = 3.29, Mdn = 2.25, IQR = 13.67), with no information about 6 of them. Most of the adolescents (73.7%, n = 95) were under protection measures during the past year. The majority of them still had some contact with their parents (89.9%). The main sociodemographic characteristics of the sample are shown in Table 1. Males and females were comparable in terms of country of birth, contact with parents, type of center, the duration of child protection measures, and socioeconomic status. However, male and female participants differed significantly ($\chi 2 = 4.843$, $p = .028$, Phi = 0.194, $p = .028$) in terms of their distribution by age group (classified as either 12–14 years old or 15–17 years old).

2.2. Procedure

This was a cross-sectional study. Participants were recruited during 2013 from 18 residential facilities overseen by the Directorate-General for Children and Adolescents (DGAIA) of the Catalan Ministry of Social Welfare and Family. The short- and long- term centers look after children from 3 to 18 years old who have been removed from their homes in order to be protected from an unsafe family situation. Once the nature of the project had been explained to the managers of these facilities, written informed consent was obtained from the legal guardians of the adolescents, who themselves signed this document on the day of the interview if they had voluntarily agreed to participate. The rate of participation was 69.2%, which represents 9.1% of the total number of adolescents placed in residential facilities in the north-eastern region of Spain. Participants were interviewed individually and assessed by researchers trained in collecting data on violence against children (United Nations Children Fund (UNICEF), 2012). The Institutional Review Board of the University of Barcelona (IRB00003099) approved the study, which was conducted in accordance with the basic ethical principles of the Declaration of Helsinki in Seoul (World Medical Association, 2008). No financial assistance or compensation was offered to participants.

Table 1
Sample characteristics.

Variable	Male		Female		Total	
	n	%	*n*	%	*n*	%
Age						
12–14	38	59.4	26	40.0	64	49.6
15–17	26	40.6	39	60.0	65	50.4
Living in						
Long term center	53	82.8	48	73.8	101	78.3
Short term center	11	17.2	17	26.2	28	21.7
Country of origin[a]						
Spain	48	75.0	39	60.0	87	67.4
Other	16	25.0	26	40.0	42	32.6
SES[b]						
Low	24	37.5	22	33.8	46	35.7
Middle low	10	15.6	17	26.2	27	20.9
Middle	6	9.4	7	10.8	13	10.1
Middle high	2	3.1	1	1.5	3	2.3
High	3	4.7	1	1.5	4	3.1
Missing cases	19	29.7	17	26.2	36	27.9

[a] Youths' country of origin.
[b] Socioeconomic status (based on adapted version of Hollingshead, 1975).

2.2. *Measures*

2.2.1. *Sociodemographic data sheet*

Sociodemographic information (age, gender, country of birth, educational level, and occupation of parents) was collected from the adolescents and their parents using an ad hoc data sheet created for the study. Specific information was also retrieved from the files of the child welfare system, namely the type of residential center, the reason for the child being taken into care, and the amount of time spent under protection measures.

2.2.2. *Juvenile Victimization Questionnaire*

(JVQ; Finkelhor, Hamby, Ormrod, & Turner, 2005). This is a selfreport instrument developed to assess multiple types of interpersonal victimizations against minors, and it considers two time perspectives, lifetime and past year. The interview version of the JVQ was translated into Spanish and Catalan, with the permission of the original authors. This version of the JVQ considers 36 forms of victimization experiences that are grouped into six modules: conventional crime (9 items), caregiver victimization (4 items), victimization by peers and siblings (6 items), sexual victimization (6 items), witnessing and indirect victimization (9 items), and electronic victimization (2 items). Items for each form of victimization are scored using a dichotomous (Yes = 1, No = 0) format. The interview version of the JVQ has been used in other studies in our country (see, for example, Pereda et al., 2014), and the original version of the JVQ has demonstrated good psychometric properties regarding validity and test-retest reliability (Finkelhor, Hamby, et al., 2005). Validity evidence has also been obtained in Spanish community samples with low but significant correlations between the total number of different types of victimization for a lifetime perspective and different psychopathology scales (Forns, Kirchner, Soler, &

Paretilla, 2013).

2.3. *Data analysis*

SPSS v.21 was used for all data analysis, with the level of statistical significance being set at p b .05. The relationship between gender and sociodemographic data was analyzed using either the chi-square test (χ^2) or Fisher's exact test, as appropriate. When statistically significant associations were found, the phi coefficient was computed, indicating
the strength of association between variables (i.e, the closer phi is to
±1, the stronger the relationship). For each specific JVQ victimization experience, submodule, and module we computed prevalence rates for both lifetime and past year, with odds ratios (*OR*) then being calculated to compare age and gender groups. Since male and female participants differed in their distribution across age groups (12–14 vs. 15–17 years old), lifetime *OR* were pooled across age strata using the Mantel-Haenszel procedure. The *OR* was considered statistically significant when its 95% confidence interval (CI) did not include the value 1, and was interpreted as follows: values below 1 indicated a higher prevalence among males and in the younger age group (12–14 years old), while values above 1 indicated a higher prevalence among females and the older age group (15–17 years old). To compare age groups in terms of the number of lifetime and past-year victimizations, the Student's *t* test was applied.

We also computed the total number of victimizations (out of 36 items) for each participant in both time frames (Finkelhor, Ormrod, et al., 2005). Polyvictimization was studied using three different approaches: a) identifying past-year polyvictimization when four or more types of victimization were reported (Finkelhor, Ormrod, et al., 2005); b) identifying lifetime and past-year polyvictims based on the 10% of the sample who experienced the highest number of victimizations (Finkelhor, Ormrod, & Turner, 2009); and c) using the thresholds established by Pereda et al. (2014), corresponding to the top 10% of a community Spanish sample (i.e., lifetime: 7 + for the 12–14 years old group, 9+ for the 15–17 years old group, and 8 + for the total sample; past year: 6+ for each respective age group and the total sample).

3. Results

3.1. *Victimization modules*

All interviewed youths had experienced at least one type of victimization in their lifetime and 85.3% had done so during the last year (78.1%
of males and 92.3% of females, $\chi^2 = 5.165$, $p = .023$, $OR = 3.36$, 95% CI [1.13–9.97]; by age group the prevalence rates were 82.8% and 87.7%
among 12–14 and 15–17 year olds, respectively, $\chi^2 = .611$, $p = .434$). Table 2

shows lifetime and past-year prevalence rates for JVQ modules, submodules, and specific forms of victimization for the total sample and
by gender and age groups.

3.1.1. *Conventional crime*

The majority of participants (88.4%) had been victims of some type of conventional crime during their lives. For this time frame, property crimes (e.g., theft or vandalism) were more prevalent (77.5%) than were crimes against persons (e.g., assault, threats, or kidnapping; 64.3%), with the most frequent form being theft (62.0%). No significant differences were found between males and females regarding specific forms of conventional crime, although adolescents in the older age group were more likely to be victims of theft than were their younger counterparts (*OR* = 2.14).

Past-year experiences of conventional crime were reported by 66.7% of adolescents, with females being more likely to have suffered this type of victimization (*OR* = 2.23). Past-year property crimes (52.7%) were also more frequent than were crimes against persons (31.0%), with theft again being the most common form (45.7%). Gender differences were found regarding property crimes, with females being more likely to report both vandalism (*OR* = 3.75) and theft (*OR* = 2.88). No significant gender differences were observed in relation to crimes against persons, and nor were there differences between age groups in the conventional crime submodules.

3.1.2. *Caregiver victimization*

More than three-quarters of participants (76.7%) had been victims of some type of caregiver victimization during their lives, and 34.1% had experienced this in the past year. Physical abuse was the most common form for lifetime (55.0%), whereas psychological/emotional abuse (25.6%) was the most common during the past year. For both lifetime and past year, females were more likely to report caregiver victimization, and specifically were more likely to be the target of physical (*OR* = 2.86 and *OR* = 8.89, respectively) and psychological/emotional abuse (*OR* = 4.90 and *OR* = 9.18, respectively) than were males. Significant differences by age were only found in terms of psychological/ emotional abuse, with older adolescents reporting a higher rate of such experiences for both lifetime (*OR* = 2.07) and the past year (*OR* = 2.42).

3.1.3. *Peer and sibling victimization*

Almost three-quarters of the sample reported being victims of some form of peer and sibling victimization (73.6%) during their lives, while 45.7% had experienced this during the last year. Assault by peers or siblings and verbal/relational aggression were the most common forms for both lifetime (41.9% and 41.1%, respectively) and past year (24.2% and 18.6%, respectively).

Gender differences were only found for the lifetime frame, with females reporting higher rates of verbal/relational aggression ($OR = 2.10$), whereas males were more likely to report nonsexual genital assault ($OR = 0.13$) than were females. As regards age groups, significant differences were only observed over lifetime, with older adolescents reporting more gang/group assault ($OR = 3.99$) and dating violence ($OR = 7.02$) than did younger adolescents.

Table 2
Lifetime and past-year victimization in a sample of adolescents in residential care.

Victimization	Lifetime victimization								Past year victimization							
	Victimized		Gender (%)			Age (%)			Victimized		Gender (%)			Age (%)		
	n	%	*M*	*F*	*OR*	12–14	15–17	*OR*	*n*	%	*M*	*F*	*OR*	12–14	15–17	*OR*
C. Conventional crimes	114	88.4	85.9	90.8	1.51	85.9	90.8	1.61	86	66.7	57.8	75.4	2.23*	67.2	66.2	0.95
Property victimization	100	77.5	73.4	81.5	1.44	71.9	83.1	1.92	68	52.7	40.6	64.6	2.67*	51.6	53.8	1.10
C1. Robbery	26	20.2	21.9	18.5	0.81	20.3	20.0	0.94	15	11.6	15.6	7.7	0.45	15.6	7.7	0.45
C2. Personal theft	80	62.0	53.1	70.8	1.91	53.1	70.8	2.14*	59	45.7	32.8	58.5	2.88*	42.2	49.2	1.33
C3. Vandalism	44	34.1	28.1	40.0	1.79	32.8	35.4	1.12	17	13.2	6.3	20.0	3.75*	14.1	12.3	0.86
Crimes against persons	83	64.3	60.9	67.7	1.31	62.5	66.2	1.17	40	31.0	31.3	30.8	0.98	32.8	29.2	0.85
C4. Assault with weapon	13	10.1	9.4	10.8	1.13	9.4	10.8	1.17	5	3.9	3.1	4.6	1.50	3.1	4.6	1.50
C5. Assault without weapon	24	18.6	18.8	18.5	0.94	17.2	20.0	1.20	10	7.8	4.7	10.8	2.45	7.8	7.7	0.98
C6. Attempted assault	40	31.0	28.1	33.8	1.25	28.1	33.8	1.31	18	14.0	15.6	12.3	0.76	12.5	15.4	1.27
C7. Threatened assault	46	35.7	32.8	38.5	1.26	34.4	36.9	1.12	22	17.1	14.1	20.0	1.53	21.9	12.3	0.50
C8. Kidnapping	5	3.9	3.1	4.6	1.61	4.7	3.1	0.65	1	0.8	0.0	1.5	–	0.0	1.5	–
C9. Bias attack	8	6.2	3.1	9.2	3.63	6.3	6.2	0.98	2	1.6	1.6	1.5	0.98	1.6	1.5	0.98
M. Caregiver victimization	99	76.7	67.2	86.2	2.98*	73.4	80.0	1.45	44	34.1	15.6	52.3	5.92*	28.1	40.0	1.70
M1. Physical abuse	71	55.0	42.2	67.7	2.86*	54.7	55.4	1.06	23	17.8	4.7	30.8	8.89*	17.2	18.5	1.11
M2. Psychological/emotional abuse	60	46.5	26.6	66.2	4.90*	37.5	55.4	2.07*	33	25.6	7.8	43.1	9.18*	17.2	33.8	2.42*
M3. Neglect	44	34.1	32.8	35.4	1.20	37.5	30.8	0.74	9	7.0	6.3	7.7	1.29	3.1	10.8	3.75
M4. Custodial interference/family abduction	26	20.2	17.2	23.1	1.46	20.3	20.0	0.98	3	2.3	1.6	3.1	2.00	1.6	3.1	2.00
P. Peer and sibling victimization	95	73.6	71.9	75.4	1.02	65.6	81.5	2.31*	59	45.7	43.8	47.7	1.17	40.6	50.8	1.51
P1. Gang or group assault	25	19.4	17.2	21.5	1.04	9.4	29.2	3.99*	10	7.8	9.4	6.2	0.63	4.7	10.8	2.45
P2. Peer or sibling assault	54	41.9	46.9	36.9	0.59	35.9	47.7	1.59	31	24.2	29.7	18.8	0.56	20.3	28.1	1.50
P3. Nonsexual genital assault	18	14.0	23.4	4.6	0.13*	10.9	16.9	1.63	8	6.2	10.9	1.5	0.13	3.1	9.2	3.15
P4. Physical intimidation	26	20.2	15.6	24.6	1.67	17.2	23.1	1.44	16	12.4	10.9	13.8	1.31	9.4	15.4	1.76
P5. Verbal/relational aggression	53	41.1	31.3	50.8	2.10*	34.4	47.7	1.74	24	18.6	12.5	24.6	2.29	20.3	16.9	0.80
P6. Dating violence	14	10.9	10.9	10.8	0.69	3.1	18.5	7.02*	7	5.4	4.7	6.2	1.33	0.0	10.8	–
S. Sexual victimization	38	29.5	14.1	44.6	4.36*	20.3	38.5	2.45*	16	12.4	6.3	18.5	3.40*	7.6	16.9	2.40
With physical contact	28	21.7	6.3	36.9	8.35*	17.2	26.2	1.71	8	6.2	0.0	12.3	–	4.7	7.7	1.69
S1. Sexual abuse/assault by known adult	21	16.3	1.6	30.8	30.50*	12.5	20.0	1.72	4	3.1	0.0	6.2	–	3.1	3.1	0.98
S2. Sexual abuse/assault by unknown adult	6	4.7	3.1	6.2	1.53	1.6	7.7	5.17	2	1.6	0.0	3.1	–	1.6	1.5	0.98
S3. Sexual abuse/assault by peer/sibling	5	3.9	1.6	6.2	4.46	3.1	4.6	1.48	1	0.8	0.0	1.5	–	0.0	1.5	–
S4. Forced sex (including attempts)	18	14.0	3.1	24.6	9.47*	9.4	18.5	2.11	5	3.9	0.0	7.7	–	3.1	4.6	1.50
Without physical contact	20	15.5	9.4	21.5	2.34	10.9	20.0	2.04	11	8.5	6.3	10.8	1.81	4.7	12.3	2.85
S5. Flashing/Sexual exposure	12	9.3	4.7	13.8	2.49	3.1	15.4	5.54*	6	4.7	3.1	6.2	2.03	1.6	7.7	5.25
S6. Verbal sexual harassment	8	6.2	4.7	7.7	1.91	7.8	4.6	0.57	5	3.9	3.1	4.6	1.50	3.1	4.6	1.50
W. Witnessing and indirect victimization	117	90.7	87.5	93.8	2.44	92.2	89.2	0.70	67	51.9	48.4	55.4	1.32	46.9	56.9	1.50
Family violence	80	62.0	50.0	73.8	3.37*	67.2	56.9	0.64	16	12.4	3.1	21.5	8.51*	7.8	16.9	2.40
W1. Witness to domestic violence	62	48.1	32.8	63.1	4.87*	53.1	43.1	0.60	10	7.8	1.6	13.8	10.31*	4.7	10.8	2.41
W2. Witness to parent assault to sibling	44	34.1	31.3	36.9	1.29	31.3	36.9	1.20	10	7.8	1.6	13.8	10.12*	6.3	9.2	1.52
Community violence	103	79.8	79.7	80.0	0.87	73.4	86.2	2.25	63	48.8	48.4	49.2	1.03	46.9	50.8	1.17
W3. Witness to assault with weapon	62	48.1	43.8	52.3	1.24	40.6	55.4	1.77	29	22.5	21.9	23.1	1.07	23.4	21.5	0.90
W4. Witness to assault without weapon	83	64.3	64.1	64.6	0.99	62.5	66.2	1.17	49	38.0	37.5	38.5	1.02	35.9	40.0	1.16
W5. Burglary of family household	23	17.8	15.6	20.0	1.07	9.4	26.2	3.57*	5	3.9	0.0	7.7	–	3.1	4.6	1.48
W6. Murder of family member or friend	23	17.8	12.5	23.1	1.82	10.9	24.6	2.66*	10	7.8	4.7	10.8	2.45	4.7	10.8	2.45
W7. Witness to murder	11	8.5	4.7	12.3	2.56	4.7	12.3	2.85	4	3.1	0.0	6.2	–	1.6	4.6	3.05
W8. Exposure to random shootings, terrorism or riots	22	17.1	18.8	15.4	0.66	10.9	23.1	2.44	8	6.2	7.8	4.6	0.57	3.1	9.2	3.15
W9. Exposure to war or ethnic conflict	0	0.0	0.0	0.0	–	0.0	0.0	–	0	0.0	0.0	0.0	–	0.0	0.0	–
INT. Electronic victimization	43	33.3	23.4	43.1	2.44*	31.3	35.4	1.20	35	27.1	20.3	33.8	2.01	25.0	29.2	1.24
INT1. Harassment	28	21.7	14.1	29.2	2.35	18.8	24.6	1.39	20	15.5	12.5	18.5	1.58	15.6	15.4	0.98
INT2. Sexual solicitations	25	19.4	14.1	24.6	1.79	14.1	24.6	1.99	22	17.1	12.5	21.5	1.92	10.9	23.1	2.44

Note: When prevalence was 0% or 100%, *OR* was not computed.

* The 95% confidence interval does not include the null value ($OR = 1$).

3.1.4. *Sexual victimization*

Approximately thirty percent (29.5%) of the sample had been victims of some form of sexual victimization during their lives. Lifetime sexual victimization with physical contact (e.g., sexual abuse/assault and forced sex) was more common (21.7%) than was the form without physical contact (e.g., flashing or verbal sexual harassment; 15.5%), with the most prevalent form being sexual abuse/assault by a known adult (16.3%). During their lifetime, females were more likely than males to report sexual experiences with physical contact, specifically sexual abuse or assault by a known adult (*OR* = 30.50) and forced sex (*OR* = 9.47). In terms of age, 15–17 year olds were more likely to be the target of flashing or sexual exposure (*OR* = 5.54) than were their younger (12–14) counterparts. Regarding the past year, 12.4% of youths reported sexual victimization, with this being more prevalent among females (*OR* = 3.40). Sexual victimization without physical contact (8.5%) was more frequent than sexual victimization with physical contact (6.2%), the most common form being flashing or sexual exposure (4.7%). Males did not report any past-year sexual victimization with physical contact. For the past year, no significant differences were found by gender or age groups for either specific types of sexual victimization.

3.1.5. *Witnessing violence and indirect victimization*

Most of the adolescents (90.7%) had witnessed some kind of victimization or had experienced it indirectly during their lives, and half (511.9%) of them had had such an experience during the last year. The experience of community violence (e.g., household burglary, witnessing assault or a murder) was more frequent (79.8% and 48.8% for lifetime and past year, respectively) than was family violence (i.e., witnessing domestic violence or a parent assaulting a sibling; 62.0% and 12.4% for lifetime and past year, respectively), with the most prevalent form being witnessing assault without a weapon (64.3% and 38.0% for lifetime and past year, respectively). Significant lifetime differences by gender and age were found in relation to family violence and community violence, respectively. Specifically, females reported higher rates of family violence, and they were especially more likely to witness domestic violence (*OR* = 4.87) than were males. As for community violence, older adolescents were more likely to have experienced burglary of the family household (*OR* = 3.57) and murder of a family member or friend (*OR* = 2.66) than were younger adolescents. Focusing on the past year, females were also more frequently exposed to family violence, and were particularly more likely to report having witnessed domestic violence (*OR* = 10.31) and a parent assaulting a sibling (*OR* = 10.12) than were males. No significant past-year differences were found by age group for either submodule.

3.1.6. *Electronic victimization*

A third of youths had been victimized using electronic devices during their lives (33.3%), and more than a quarter had experienced this during the past year (27.1%). Across lifetime, the most frequent form in this module was electronic harassment (21.7%), whereas in the past year it was unwanted sexual solicitations (17.1%). Females were more likely than males to suffer electronic victimization during lifetime ($OR = 2.44$), but no significant gender differences were observed for past-year victimization experiences. Regarding age, no significant differences were found in either time frame.

3.2. *Polyvictimization*

Among protected adolescents who reported at least one experience of victimization, the mean total number of lifetime and past-year victimization types was 8.74 ($SD = 8.76$, $Mdn = 8.00$, $IQR = 26$, range from 1 to 27) and 4.57 ($SD = 3.76$, $Mdn = 4.00$, $IQR = 21$, range from 1 to 22), respectively. No significant age differences were found ($t = -1.551$, $df = 127$, $p = .123$) for lifetime polyvictimization, whereas for past year, older adolescents reported more victimization forms than did 12–14 year olds ($t = -2.539$, $df = 127$, $p = .012$).

Based on the classification of Finkelhor, Ormrod, et al. (2005) for past-year victimization and polyvictimization, the *victim group* (1–3 victimization types), *low polyvictim group* (4–6 victimization types), and *high polyvictim group* (7 or more victimization types) comprised 40.3%, 26.5%, and 18.7% of the sample, respectively (see Table 3). Thus, 45.2% of adolescents could be considered as polyvictims during the last year. Using the approach described by Finkelhor et al. (2009) to identify lifetime and past-year polyvictims based on the top 10% of the sample, the threshold for the polyvictim group in the present study was 15 victimizations for lifetime and 8 experiences of victimization for past year, with both measures being higher in the older age group. As regards the threshold established in a community sample from a similar geographical area (Pereda et al., 2014), the percentage for protected adolescents did not correspond to the top 10% of the sample, since the lifetime polyvictim group was represented by 53.1% of the present sample (suffering 8 or more victimization types), while the past-year polyvictim group comprised 26.5% of protected adolescents (suffering 6 or more victimization types).

Finally, in order to examine polyvictimization in greater depth, polyvictims and other victims were compared in terms of the number of JVQ victimization modules in both time frames (see Table 4). All lifetime and past-year polyvictims suffered victimizations in three or more JVQ modules, with the large majority of lifetime polyvictims experiencing victimizations in four or more modules (97.1%), and approximately three-quarters of past-year polyvictims (73.6%) doing so. Regarding other victims, they experienced victimizations corresponding to between one and five modules during their lives and between one and four

modules during the past year, with 90.2% and 73.7% of them (lifetime and past year, respectively) suffering victimizations from two or more modules.

Table 3
Victimization types and score thresholds according to age group.

	Lifetime (%)			Past year (%)		
	12–14 ($n = 64$)	15–17 ($n = 65$)	Total ($n = 129$)	12–14 ($n = 64$)	15–17 ($n = 65$)	Total ($n = 129$)
No victimization	0.0	0.0	0.0	17.2	12.3	14.7
1–3 victimizations	n/a	n/a	n/a	42.2	38.5	40.3
4–6 victimizations	n/a	n/a	n/a	29.7	23.1	26.5
7 victimizations and over	n/a	n/a	n/a	11.0	26.0	18.7
Number of victims	64	65	129	53	57	110
Mean number of victimizations among victims (*SD*)	7.61 (4.79)	9.89 (5.40)	8.76 (5.21)	4.08 (3.40)	5.04 (4.04)	4.57 (3.76)
Child above mean	45.5	47.6	46.9	26.6	33.7	34.3
Number of victimization in the top 10th percentile	13+	17+	15+	7+	8+	8+
Child above top 10th percentile	12.6	10.5	14.3	11.0	12.2	10.2
Number of victimization in the top 10th percentile based on a community sample[a]	7+	9+	8+	6+	6+	6+
Child above top 10th percentile based on a community sample[a]	50.2	59.9	53.1	18.8	33.7	26.5

Note: n/a: not applicable since categories are based on Finkelhor, Ormrod et al. (2005) criterion for past year victimization.
[a] Based on the criterion of Pereda et al. (2014) for a community sample (total and two age groups: 12–14 and 15–17 years old) recruited in north-eastern Spain.

Table 4
Number of victimization modules according to lifetime and past-year polyvictimization status.

Number of modules[a]	Lifetime	Past year		
	Polyvictims[b] ($n = 68$) (%)[c]	Victims[b] ($n = 61$) (%)	Polyvictims[b] ($n = 34$) (%)	Victims[b] ($n = 76$) (%)
One module	0.0	9.8	0.0	26.3
Two modules	0.0	19.7	0.0	38.2
Three modules	2.9	44.3	26.5	27.6
Four modules	35.3	21.3	41.2	7.9
Five modules	38.2	4.9	20.6	0.0
Six modules	23.5	0.0	11.8	0.0

[a] Modules included are those from JVQ: Conventional crimes, victimization by caregivers, peer and sibling victimization, sexual victimization, witnessing and indirect victimization, and electronic victimization.
[b] Based on the criterion of Pereda et al. (2014) for a community sample (8+ for lifetime and 6+ for past year) recruited in north-eastern Spain.
[c] Due to rounding problems this percentage does not add up 100.

4. Discussion

This study investigated lifetime and past-year victimization and polyvictimization experiences of adolescents placed in residential care in the north-eastern region of Spain. The importance of this research derives from the fact that few studies have analyzed victimization in high-risk samples such as institutionalized adolescents, and none of them have been conducted in a southwestern European country.

4.1. *Victimization among adolescents protected by the child welfare system*

As hypothesized, adolescents in residential care reported high levels of victimization in both time frames. All protected youth had experienced at least one type of lifetime victimization, and 85.3% had done so during the last year. Comparison of these results with those obtained in a community sample from the same country revealed a higher level of victimization among these protected youth (83% lifetime and 68.6% past year, in Pereda et al., 2014). With respect to the few studies that have analyzed child welfare samples, the victimization rates obtained were broadly similar to those reported in two Canadian studies involving adolescents with similar demographic characteristics (100% lifetime

victimization in Collin-Vézina et al., 2011; 91% past year victimization in Cyr et al., 2012).

The most common victimization experiences among these protected adolescents, both during lifetime and in the past year, were witnessing and indirect victimization and conventional crime. As regards the specific victimization submodules, and compared with the data for similar samples, the adolescents in our study reported lower rates of past-year community violence (66%, in Cyr et al., 2012), property victimization (62%, in Cyr et al., 2012), and witnessing family violence (16%, in Cyr et al., 2012). However, the results suggest that in comparison with community adolescents from the same country (Pereda et al., 2014), these protected adolescents have lived and continue to live in contexts where violence is a strong presence. This means that although these adolescents are being cared for by the child welfare system, they continue to be exposed to violence in different contexts. The increased likelihood of their experiencing community violence could be due to risky behaviors (such as running away from home or alcohol problems; see Finkelhor & Asdigian, 1996; Pedersen, 2001), or to residential instability which could leave these adolescents less familiarized with the environment and its risks (Lauritsen, 2001).

Caregiver victimization was suffered by 76.7% of our adolescents during lifetime, a figure similar to that reported by Collin-Vézina et al. (2011). Importantly, this percentage is three times higher than the rate obtained in a community sample of Spanish adolescents (Pereda et al., 2014), although one should bear in mind that caregiver victimization was the main reason for being taken into care. Also in line with previous studies, 34.1% of the sample (compared with 39% in Cyr et al., 2012; and 30.5% in Euser et al., 2014) had continued to experience caregiver victimization during the past year, sometimes during the visits with their parents, or by care staff or other adults. This finding, namely that adolescents remain exposed to caregiver victimization even when under the protection of the child welfare system is, as Ellonen and Pösö (2011) and Euser et al. (2014) note, an alarming one. Research suggests that factors such as a lack of adequate training or support for practitioners in dealing with psychologically distressed adolescents (Euser et al., 2014), as well as risky behaviors among youth, poor relationships with their parents, and having a parent who is not biologically related to them (Finkelhor & Asdigian, 1996), may be associated with child abuse in institutional care and parental assault. Regarding peer and sibling victimization, the observed rates were higher than those obtained in Spanish community adolescents (48.8% lifetime and 30.6% past year, in Pereda et al., 2014), but past-year prevalence for peer and sibling victimization was similar to that reported by Cyr et al. (2012) (e.g., 48% of adolescents had been assaulted by a peer or sibling). These results support previous studies (e.g., Barter, 2003 in the UK) which have emphasized that protected children and adolescents are at risk of suffering physical abuse and verbal attacks by their peers in residential facilities. Barter (2003) suggested that unclear objectives and a lack of control over adolescents'

inappropriate behavior by residential care staff could increase the levels of violence in these settings. Another explanation for these high percentages might be that for protected youth the likelihood of peer victimization in residential facilities is higher than is the case in other youth contexts, due to their past experience of victimizations and, consequently, greater risk of mental health problems, such as externalizing symptoms (Álvarez-Lister, Pereda, Abad, & Guilera, 2014) and delinquent behaviors (Jonson-Reid & Barth, 2000; Ryan, Williams, & Courtney, 2013).

Our results for sexual victimization indicate that this was much more common than the Spanish community adolescents for both time frames (8.7% lifetime and 5.3% past year, in Pereda et al., 2014). As regards lifetime sexual abuse, the rates obtained here were slightly lower than in the study by Collin-Vézina et al. (2011), where the figure was 38%. It should be highlighted that although 16.3% of these protected adolescents reported sexual abuse or assault by a known adult in the past, only 3.9% of the sample had been taken into care as a result of sexual abuse, thus suggesting that the welfare system should improve its assessment methods in order to provide better protection and intervention for these minors. Our results for past-year victimization experiences of this kind were in line with previous studies (Barter, 2003; Cyr et al., 2012; Euser et al., 2013; Hobbs et al., 1999) that have shown adolescents in residential care to be at risk of suffering sexual abuse. Although Cyr et al. (2012) reported a higher rate of sexual victimization (21%) than was found in the current study, our protected adolescents reported higher rates of sexual abuse or assault with physical contact by a known or unknown adult (1% and 2%, respectively, in Cyr et al., 2012). These results suggest that a lack of training among residential staff (Hobbs et al., 1999) and their attitudes toward sexuality (Green & Masson, 2002), or difficulties perceiving inappropriate behavior among their practitioner peers (Horwath, 2000) could increase the risk of sexual victimization. As noted by Euser et al. (2013), living in large mixed-sex groups of children who may have been sexually abused and who exhibit severe problem behaviors could also increase the risk of sexual victimization. More staff supervision of peer relationships and contact visits with parents is therefore needed to prevent sexual abuse (Euser et al., 2013; Hobbs et al., 1999).

Electronic victimization was suffered by around a third of our adolescents, with the percentages being higher than those obtained in the Spanish community sample (12.6% lifetime and 8.9% past year, in Pereda et al., 2014). We are unaware of any other studies that have examined these kinds of experiences in welfare samples. Mitchell, Finkelhor, Wolak, Ybarra, and Turner (2011) suggested an association between adolescents' experience of electronic victimization and other kinds of offline victimization (such as offline sexual harassment or psychological or emotional abuse), and in this regard the high prevalence of online victimization observed here would seem to be related to high levels of different forms of offline victimization. Besides, adolescents' use of electronic devices possibly go unsupervised by professionals. In this sense,

internet safety skills programs and professional guidance would be required to prevent electronic victimization (Mitchell et al., 2011).

4.2. *Age and gender differences among adolescents in the child welfare system*

The analysis of victimization experiences by age showed that older adolescents reported a higher percentage of lifetime victimizations than did younger adolescents, a difference that might be due to the older group having had more time to accumulate a greater number of such experiences (Finkelhor et al., 2009). Regarding past-year victimization, older youth reported higher rates of psychological/emotional abuse than did younger adolescents, a finding that is consistent with previous research in both child welfare (Cyr et al., 2012) and community (Finkelhor, Turner, Shattuck, & Hamby, 2013; Pereda et al., 2014) samples. Although our results are supported by previous studies, further research on age patterns in psychological victimization would be required to identify risk and protective factors related to the vulnerability of young and older adolescents to this form of victimization. Regarding gender differences, protected females reported more lifetime and pastyear sexual victimization experiences (Collin-Vézina et al., 2011; Cyr et al., 2012; Euser et al., 2013) and also more caregiver victimization and witnessing family violence (Pereda et al., 2014) than did males. However, our female adolescents were also highly victimized for types of victimization other than those described in previous studies with child welfare (Collin-Vézina et al., 2011) and community (Pereda et al., 2014) samples.

Polyvictimization

As expected, adolescents placed in residential care facilities in Spain suffered high levels of polyvictimization. Based on the criteria of Finkelhor, Ormrod, et al. (2005), 45.2% of protected adolescents were classified as past-year polyvictims (suffering 4 or more victimizations). Although this percentage is slightly lower than that reported in a Canadian child welfare sample (54%, in Cyr et al., 2012), it is significantly higher than the figure obtained in community samples, whether Spanish (19.3%, in Pereda et al., 2014) or in the USA (18%, in Finkelhor, Ormrod, & Turner, 2007). Applying the criterion of taking the top 10% (Finkelhor et al., 2009), lifetime and past-year polyvictimization thresholds (≥15 and ≥8 victimizations, respectively) were also higher than in a community sample from the same cultural context (≥8 and ≥6 victimizations respectively, in Pereda et al., 2014). Regarding the number of victimization modules, our results support previous studies (Brady & Caraway, 2002; Collin-Vézina et al., 2011), in which protected minors experienced victimization from different domains during their lives. More specifically, the current results show that adolescent polyvictims experienced victimization from between three and six different modules in both time frames.

This suggests that protected youth have accumulated a large number of victimization experiences across their lives, from different contexts and different victimizers, and as other authors have previously pointed out (Finkelhor et al., 2007; Widom, Czaja, & Dutton, 2008), this makes them particularly vulnerable to revictimization. Given that adolescents in the care of the child welfare system have been strongly and repeatedly exposed to multiple victimizations during their childhood and adolescence, the experience of victimization might be considered more as a disturbing and inherent part of life rather than an occasional event for them (Finkelhor, 2007).

5. Strengths

To our knowledge the current study is the first to document lifetime and past-year victimization and polyvictimization in a sample of European youth involved in the child welfare system. Importantly, the results highlight certain aspects of the child welfare system that could be improved in order to promote the wellbeing of protected youth, an example being the need to assess the broad range of victimizations suffered by these vulnerable young people. By using different approaches to analyze polyvictimization it has been possible to compare our results with those of other studies, and also to explore the most accurate way of assessing polyvictimization in at-risk samples, such as adolescents placed in residential care facilities.

6. Limitations

This study has several limitations that could influence the results obtained. Although the length of time for which these adolescents had been under the care of child protection services was known for all participants, this information might be misleading since they may have received different kinds of protective measures during this time. Furthermore, although most of the sample were under protection measures during the past year (73.7%), we did not control for possible instability and changes in out-of-home measures, and consequently the experience of victimization during the past year might not be solely attributable to weakness in the residential care facilities. Similarly, differences based on different types of protective measures were not considered in this study, although an examination of such differences could provide valuable information regarding the pattern of victimization among children protected by the welfare system (Euser et al., 2014). A further limitation is that although this sample represented a significant percentage (9.1%) of the total number of adolescents in residential care in the region, the results cannot be generalized to youth in the child welfare system across Spain. Lastly, the fact that females were significantly older than males may affect the results for past-year victimization and should be taken into account when interpreting our findings.

7. Research implications

Both the existing literature and the present results indicate that more research is needed regarding victimization experiences among adolescents involved in the child welfare system. As Cyr et al. (2012) suggested, there is an urgent need to examine polyvictimization and its effects on mental health among young people in residential care, given that psychologically distressed minors are also at higher risk of being victims (Cuevas, Finkelhor, Clifford, Ormrod, & Turner, 2010). By using different approaches to analyze polyvictimization, we observed that when applying the framework of Finkelhor, Ormrod, et al. (2005), as Cyr et al. (2012) did in their study, almost half of our youth were considered polyvictims. Our data show that the use of a fixed threshold to analyze polyvictimization across all child and youth samples may not be sensitive to different at-risk groups of adolescents.

8. Implications for clinical practice and prevention

The first point to highlight is that since protected adolescents tend to suffer more than one type of lifetime victimization, child welfare professionals should assess the different kinds of victimization experiences that youth have experienced prior to being taken into care, rather than focusing solely on the most important or visible form of victimization on which the decision to instigate care proceedings has been based. Only then will interventions be comprehensive enough to address the wide range of victimization experiences that these children have suffered. A further point of note is that the present study has focused on adolescents in residential care facilities. Although child welfare services are meant to create safe, stable, and therapeutic environments for abused and neglected children, group institutional care has been argued to be unsafe and unable to support healthy development (Barth, 2002). The present results support the idea that group care does not protect children and youth from new victimization experiences and highlight the need for child welfare staff to continuously assess the broad range of victimization experiences so to enable the early detection of problems (Cyr et al., 2012; Gavrilovici & Groza, 2007), thereby reducing the likelihood of these young people being revictimized, which would be to the further detriment of their mental health. A more accurate assessment of victimization would allow for more sensitive interventions by social and health professionals in their daily and therapeutic practice, all of which would contribute to avoiding victimization in residential facilities, places which, of course, were designed to protect children. Additionally, given the high rates of victimization among adolescents in care and that the relationship between polyvictimization and mental health problems has been shown (e.g., Finkelhor et al., 2009), implement an evidence-based trauma intervention (e.g., Trauma-

Focused Cognitive Behavioral Therapy, TFCBT, see Cohen, Mannarino, Kliethermes, & Murray, 2012; Trauma Affect Regulation: Guide for Education and Therapy, TARGET, see Ford, Steinberg, & Zhang, 2011) would be recommended in order to help those adolescents to face traumatic experiences and reduce the negative emotional and behavioral responses. Overall, this supports the need to prevent new children and adolescents from ending up in long out-ofhome placements (United Nations General Assembly, 2010), and highlights the importance of exploring alternative ways of caring for them that imply less risk of being victimized at home while, theoretically, they are still subject to protective measures.

9. Conclusions

Adolescents in the care of the child welfare system reported high rates of victimization and polyvictimization, both lifetime and past year, while under protective measures. The fact that protected minors

continue to suffer victimization experiences means that institutions are in some way failing in their task of protecting these vulnerable adolescents from new victimizations (Cyr et al., 2012; Ellonen & Pösö, 2011; Euser et al., 2014). It can be concluded that youth currently living in residential care facilities constitute one of the groups of young people most at risk of victimization in our society.

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