

# Retrospective Assessment of Multiple Victimization among Immigrants in Spain

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## Abstract

The present study speculates that histories of multiple victimization during childhood and adolescence are more prevalent among low-income adult immigrants than among low-income adult nonimmigrants. Method: a total sample of 53 individuals (N=53) completed the JVQ-Adult Retrospective Victimization. Results: a *t* test showed no significant differences between the immigrant group (M=3.34) and the non-immigrant group (M=3.00), ( $t(51)=.310$ ,  $df=51$ ,  $p=.758$ ), and results from a Mann-Whitney *U* either ( $U=186.500$ ,  $Z=-.276$ ,  $p=.783$ ). Conclusion: no significant differences were found between immigrants and non-immigrants. Nevertheless, it raises concerns about other studies from public and private organizations revealing high rates of inter-partner violence and child maltreatment among the immigrant population in Spain.

**Keywords:** multiple victimization, immigrant status, competence, development

## 1. Introduction

Although individuals from any socioeconomic background can be victimized, evidence suggests that those living in less affluent environments tend to suffer more violent events (Drake & Pandey, 1996; Evans & Kim, 2013). Deteriorating neighborhoods, community and domestic violence, unemployment, pervasive academic underachievement, and lack of opportunities are constant strains among the under-privileged. Worse yet, being part of a minority group as in the case of low-income immigrants could be considered an additional risk factor because the complex interplay of social inequality and the process of acculturation seem to generate higher levels of stress that brings about volatility and conflict in the individual and the family (Morland, Birman, Dunn, Adkins, & Gardner, 2013). The authors of this paper agree with previous studies indicating that in addition to poverty, differences in laws, culture and beliefs about genders' role in society may also contribute to interpersonal victimization among immigrants (Hancock & Siu, 2009). Furthermore, we suspect that violence in the lives of many low-income immigrants is anything but new and that we can trace their roots back to their country of origin. Knowing the antecedents of a victimized individual is central to understand, prevent and treat victimization.

As far as we know, no retrospective analysis of victimization has ever been made among the immigrants in Spain. We suspect that low-income immigrants have experienced more events of multiple victimization than low-income non-immigrants. If that is the case, it might have far reaching consequences for the immigrant population and society at large.

Our research question is the following: do low-income immigrants have experienced more events of victimization during childhood and adolescence than low-income non-immigrants?

In this study we used the Adult Restrospective Reduced Item, a version from the Juvenile Victimization Questionnaire (JVQ), a self-report questionnaire that measures multiple victimization. It was administered to a group of low-income immigrants and to a control group, and results did not indicate significant differences between the groups. However, it raises concerns about other studies in Spain that revealed disparities in rates of inter-partner violence and child maltreatment. These findings might be indicative of a pattern of victimization among immigrants that it could have its onset during childhood.

The significant challenges that lower-income immigrants seem to endure before, during and after migration was a strong incentive to perform this study.

Despite the fact that the evidence from intervention programs discussed here is by no means comprehensive, it provides important insights on the complex interplay of socioeconomic status, immigration and integration.

This paper is divided in the following sections: immigrants in Spain, the risk of multiple victimization, neurophysiological response to stress, the instrument of assessment, and policy implications.

## **2. Immigrants in Spain**

Relatively recently, Spain evolved from a country of emigrants to a country of immigrants. Massive arrival of immigrants from different parts of the world came and settle in the peninsula (Sánchez-Alonso, 2011). But with the financial crisis many immigrants left Spain. For those who remain in Spain (10.7%, National Institute of Statistics, 2014), life in the old continent is far from easy. The same problems that lower-income native-born individuals experience are also experienced by lower-income immigrants, for example, unemployment or low-paying jobs, residence in overcrowded, wretched tenements and unsafe neighborhoods. As a poor minority group immigrants have to face additional constraints like cultural clash, lack of familial and social networks, poor job skills, and sometimes, untreated mental conditions that for some of them were already present in their country of origin (Glick & Clark, 2012). The significant burdens and challenges that socially disadvantaged groups experience increase the risk for psychological issues. (Beehler, Birman, & Campbell, 2012; Pumariega, Rothe, & Pumariega, 2005). Not only that, all too often immigrant women and children find themselves in a weaker position becoming targets from frustrated family heads (Erez, 2000; Erez, Adelman, & Gregory, 2009). Additional strains like differences in laws, culture and beliefs on the role of women in society and harsher parental discipline might contribute to violent episodes among family members (Hancock & Siu, 2009). Furthermore, studies in Spain performed by public and private institutions indicate disparities in rates of inter-partner violence, particularly against women (Fernández-Montalvo, Echauri, Martínez, & Azcárate, 2011; Fundación Directa, n.d.; National Observatory of Violence Against Women, 2012) and against children (Childhood Observatory, 2011). The authors of this paper considers that the overlapping of poverty and minority status as in the case of immigrants, seem to increase volatility and cause dysfunction among individuals and families. In sum, low-income immigrants have to struggle with more adversities and disadvantages than low-income non-immigrants.

## **3. The Risk of Multiple Victimization**

The existence of multiple victimization is a relatively recent discovery. Not long ago there was a belief that victims only suffered one kind of victimization, but emerging research has revealed otherwise (Finkelhor, 2008; Finkelhor, Ormrod, & Turner, 2007; Herrenkohl & Herrenkohl, 2007). All too often victimization occurs in several contexts that leaves individuals fewer areas of safety (Finkelhor, 2008). For example, in the case of victimized children, they might suffer maltreatment and sexual abuse at home, bullying in school, and harassment in the neighborhood (Finkelhor, 2008; Finkelhor, Ormrod, & Turner, 2007; Finkelhor, Turner, Hamby, & Ormrod, 2011). It is worth noting that children tend to suffer more events of victimization than adults (Finkelhor, 2008). Multiple victimization is more distressful because it is cumulative, disrupts resilience and increases the risk of re-victimization (Cavanaugh et al., 2011; Finkelhor et al., 2011; Friedman, 2012; Whiting, Simmons, Havens, Smith, & Oka, 2009; Widom, 1989).

### *3.1 Neurophysiological Response to Stress*

Chronic stress is the hallmark of poverty and generates alterations in the metabolic process, immune response and cognition (Cicchetti & Rogosh, 2007; Hackman & Farah, 2009; Hackman, Farah, & Meany, 2010). Prolonged stress (see Figure 1) triggers the production of corticotropin releasing hormones by the hypothalamus, the production of adrenocorticotrophic hormones by the pituitary and the activation of the adrenal glands, increasing the levels of adrenaline and cortisol (Delahanty, Nugent, Christopher, & Walsh, 2005). The Hypothalamus-Pituitary-Adrenal (HPA) axis is an adaptive mechanism that when chronic, represents a marker of *wear and tear* or *allostatic load* (Danese & McEwen, 2012; Staff et al., 2012).

### Stress response and the activation of the HPA Axis: hypothalamus, pituitary and adrenal cortex

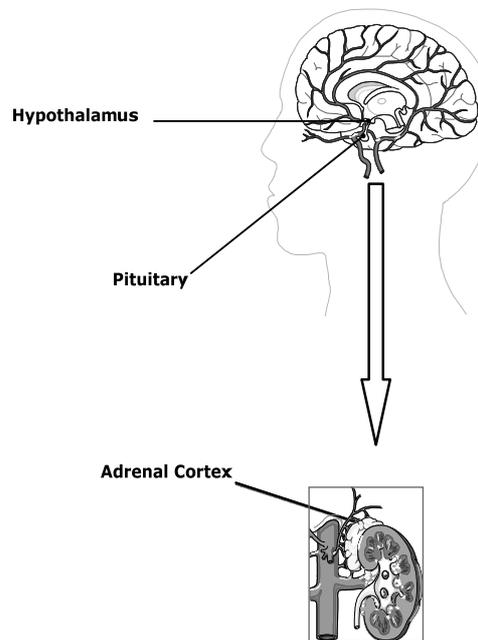


Figure 1. HPA axis

#### 4. Method

For selecting the sample, we contacted 35 different schools in the Community of Madrid and three non-governmental organizations by phone, regular post mail and email. Unfortunately, few agreed to participate. Some alleged that they did not have time to participate in the study, others considered too sensitive the self-report questions, and the rest simply did not answer our request. In the end, only one class from a vocational school and two non-governmental non-profit organizations agreed to participate in the study.

##### 4.1 Participants

Participants were 53 adults ( $N=53$ ), 44 immigrants ( $n=44$ ) and 9 Spaniards ( $n=9$ ), consisting of 31 females and 22 males aged 18 to 63 (mean age 25) from 13 different countries: Morocco (5.7%), China (2.7%), Philippines (30.1%), Romania (7.5%), Ecuador (15.0%), Venezuela (1.9%), Honduras (1.9%), Cuba (1.9%), unknown African country (1.9%), France (1.9%), Paraguay (5.7%), Peru (5.7%), and Spain (16.7%). Their occupations varied, for example, the younger ones were students from vocational schools, others worked as construction workers (now unemployed), domestic employees, elder care workers, and nursing assistants. Only two immigrants and three non-immigrants had college degrees, and one was a retired worker. All participants volunteered for the study.

##### 4.2 Procedures

Most of the participants were tested in small groups in classroom setting type and sitting separated from each other, leaving an empty chair in front, back and beside to facilitate privacy and confidentiality. Seven participants were tested individually a different day because they were absent the day of the study. All of them were reminded that it was a volunteer activity and that they were able to stop whenever they decided to do so. A qualified staff member from our research group administered the self-report questionnaires, gave the instructions, answered questions and was always present during the sessions. The study followed the regulations of the university Ethics Committee.

### 4.3 Instrument of Assessment

We used the Juvenile Victimization Questionnaire-Adult Retrospective Reduced Item Version (JVQ) to assess victimization. The JVQ is a 12-item self-report questionnaire that examines different forms of victimization suffered by adults from childhood until the age of 17 (Finkelhor, Hamby, Turner, & Ormrod, 2011). The flexibility of the JVQ allowed the modification and the addition of new items (Finkelhor et al., 2011). In our case, we added two new items for a total of 14 items.

Scoring of the JVQ requires the counting of the yes responses in the victimization screeners. JVQs with six or more unanswered items were eliminated from the sample. We used descriptive values to calculate the total number of victimization in the following areas: conventional crimes, crimes against persons, caregiver victimization, peer and sibling victimization, sexual victimization, witnessing victimization, indirect victimization, and community violence. The cut-off for poly-victimization was five or more positive responses.

### 4.4 Measures

Sociodemographic questions were added to the JVQ like gender, age, marital status, country of birth, level of education, and occupational status.

## 5. Results

The alpha level was set at .05. The first analysis checked the normal distribution of the scores. Results from the Kolmogorov-Smirnov test ( $p=.00$ ) and the stronger one Shapiro-Wilk test ( $p=.00$ ), plus the visual inspection on the histograms, normal Q-Q plots, and box plots indicated that the JVQ scores were not normally distributed. Then an Independent Sample  $t$ -test compared the means of the scores and results indicated that the mean of the immigrant group ( $M=3.34$ ) and the Spaniard group ( $M=3.00$ ) did not differ significantly from each other ( $t(51)=.310$ ,  $df=51$ ,  $p=.758$ ). Finally, the results from the Mann-Whitney  $U$  did not show significant differences between the JVC scores of the immigrants and the Spaniards ( $U=186.500$ ,  $Z=-.276$ ,  $p=.783$ ).

## 6. Discussion

The present study analyzed past events of multiple victimization among immigrants and Spaniards. Results showed no significant differences between the groups. Apart from that, the study only found slightly higher scores in the screeners for personal theft victimization in both groups, immigrants (48%) and Spaniards (44%). Immigrants (45%) showed slightly higher scores in the screeners for psychological/emotional abuse, whereas the Spaniards (44%) in peer and sibling assault (see Table 1). But these were only slightly higher scores that did not indicate significant differences.

Table 1. JVQ adult retrospective reduced item version

Percentages of participants reporting by area of victimization			
	Whole Sample	Immigrants	Spaniards
	(N=53)	(N=44)	(N=9)
	%	%	%
<b>Property Victimization</b>			
1. Personal theft	47.1	47.7	44.4
<b>Crimes Against Persons</b>			
2. Assault with weapon	24.5	22.7	33.3
3. Assault without weapon	28.3	25.0	44.4
<b>Caregiver Victimization</b>			
4. Psychological/emotional abuse	41.5	45.4	22.2
5. Neglect	13.2	9.0	33.3
<b>Peer and Sibling Victimization</b>			
6. Gang or group assault	13.2	11.4	22.2
7. Peer or sibling assault	39.6	38.6	44.4
8. Verbal/relational aggression	16.1	18.2	11.1
9. Dating violence	11.3	13.6	00.0

<b>Sexual Victimization</b>			
10. Sexual abuse/assault by known adult	20.8	20.4	22.2
11. Sexual abuse/assault by unknown adult	32.0	31.8	33.3
<b>Witnessing and Indirect Victimization</b>			
12. Witness to domestic violence	20.8	25.0	0.00
13. Witness to assault with weapon	9.4	11.4	0.00
14. Exposure to random shootings, terrorism, riots	16.1	15.9	22.2

As noted, substantial evidence reveals the propensity of socially disadvantaged individuals to suffer chronic stress that increases the risk for dysfunction (Evans & Kim, 2013). The fact of belonging to a minority group as in the case of immigrants, could represent an additional risk factor that adds up to the long list of strains that immigrants have to endure (Pumariiega et al., 2005; Rogosh, Dackis, & Cicchetti, 2011). These strains (see Figure 2) seem to interfere with family processes by compromising parenting skills and increasing the risk of child maltreatment and neglect (Maiter, Stalker, & Alaggia, 2009; Masten et al., 2010). According to Blaustein and Kinniburgh (2010), severe stress impacts the limbic system with long-lasting effects on executive functions, self-regulation, and overall mental and physical health.

### Immigrants' risk factors and negative outcomes

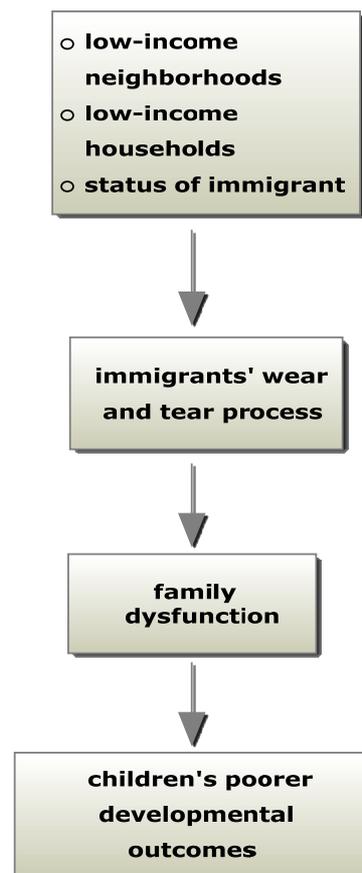


Figure 2. Immigrants' risk factors

While the present study did not show higher prevalence of past victimization nor greater predisposition to psychopathologies among immigrants, other studies performed by public and private institutions in Spain revealing disparities in rates of interpartner violence, particularly against women (Fernández-Montalvo, Echaury,

Martínez, & Azcárate, 2011; Fundación Directa, n.d.; National Observatory of Violence Against Women, 2012) and in rates of child maltreatment (Childhood Observatory, 2011) raise some concerns. These findings illustrate the pervasiveness of violence among low-income immigrants that needs further analysis.

### 6.1 Policy Implications

Although the present study did not intend to reinforce the idea of higher incidence of multiple victimization among immigrants in Spain, statistics from public and private institutions are quite meaningful and worrisome. It is fundamental then, to expand analysis on minority and other disadvantaged groups because they tend to suffer more chronic stress with significant impact on their lives. The authors encourage more research in the prevention of victimization within an ecological and cultural perspective. Moreover, there is a need to enhance frameworks and social policies designed to prevent or reduce any form of victimization. The development of prevention and evidence-based intervention programs is central for an increasingly diverse society (Merrell, Ervin, & Peacock, 2012).

### 7. Conclusion

Although the present study did not indicate greater prevalence of multiple victimization among immigrants, other studies have shown disparities in rates of interpartner violence and child maltreatment. It seems increasingly evident that the overlapping of social ranking and the status of immigrant generate significant stress and dysfunction on the individual and the family (Maiter, Stalker, & Alaggia, 2009).

At present it is difficult to determine whether in the coming years immigrants will find enough support and guidance that will allow them to succeed in their endeavors, improve their well-being and reach full integration in the host country.

Investigation and expansion of scholarship in the field are encouraged, seeking to develop effective policies and intervention programs that prevent violence and facilitate integration.

### 7.1 Limitations

Since the JVQ self-reports of victimization were obtained retrospectively, there is a risk of underreporting. Consequently, the rates of victimization may appear lower than they actually are. In addition, the size of the sample needs to be increased so as to obtain statistical power. Finally, due to the sensibility of some JVQ questions and seeking to facilitate responses, some questions were modified or expressed in more gentle terms. This action may have somehow altered responses and thus the scores.

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