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Lacy Jamison

Depression and Resilience among Young Adult College Students with Varying Victimization Experiences

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Abstract

Childhood poly-victimization and intimate partner violence (IPV) victimization in young adulthood are pervasive problems across the United States that have been associated with numerous, enduring adverse effects on mental health and global functioning. The current study assessed differences in college students' levels of depression and resilience based on their varying victimization experiences to understand how frequency and severity of violence victimization affects mental health and well-being. Results revealed that college students who experienced both forms of victimization face substantial challenges with depression and have the lowest resilience scores. Students with low or no victimization displayed significantly higher resilience compared to victims of both adversities as well as students with high amounts of IPV victimization. These results indicate the importance of assessing adaptive (i.e. resilience) and maladaptive (i.e. depression) factors when investigating the impact of violence on young adults' global functioning.

Introduction

Childhood Poly-victimization

Previous research has examined the experiences of childhood poly-victimization and adulthood intimate partner violence (IPV) victimization as both independent and linked events. Childhood poly-victimization, defined as two or more types of victimization experiences during childhood, has been revealed as a prevalent public health concern in recent research (Chan, 2013; Elliott, et al., 2009; McDonald, et al., 2006), with an estimated 71% of children enduring at least one form of victimization and 69% enduring poly-victimization (Finkelhor, Ormrod, & Turner, 2007). These multiple victimizations encompass a spectrum of events, including but not limited to, neglect, physical abuse, emotional abuse, family abduction, bullying, teasing, sexual assault, property victimization, and witnessing violence in the home (Cyr, Clément, & Chamberland, 2014; Edleson, et al., 2007; Finkelhor, et al., 2005).

This broad amount of exposure to violence leaves many children vulnerable to a number of immediate and long-term adverse consequences. Victimized children are prone to adjustment difficulties, internalizing and externalizing behavior problems (Evans, Davies, & DiLillo, 2008; Miller, et al., 2012), and emotion dysregulation (Maughan & Cicchetti, 2002). Poly-victimized children specifically are prone to exhibit internalizing and externalizing behaviors, posttraumatic stress symptomatology (Graham-Bermann, et al., 2012), and aggression (Sternberg, et al., 2006). These problems arising from childhood poly-victimization continue to cause difficulty in young adulthood (Elliott, et al., 2009; Horwitz, et al., 2001; Leadbeater, Thompson, & Sukhawathanakul, 2014; Ornduff, Kelsey, & O'Leary, 2001; Richmond, et al., 2009; Russell, Springer, & Greenfield, 2010). Internalizing problems resulting from childhood poly-victimization have been shown to continue, and sometimes worsen, through adolescence and into young adulthood (Leadbeater, et al., 2014). Additionally, childhood poly-victimization leads to difficulty adjusting to college and social relationships, anxiety, depression, suicidal ideation, substance abuse, low self-esteem (Elliott, et al., 2009), psychological distress, dysthymia, and antisocial personality disorder (Horwitz, et al., 2001; Richmond, et al., 2009) in young adulthood.

Intimate Partner Violence Victimization in Young Adulthood

A number of young adults are subject to IPV victimization in their romantic relationships during college, with many of these victims having undergone childhood poly-victimization as well (Amar & Gennaro, 2005; Halpern, et al., 2009). IPV includes physical, psychological, or sexual harm by a past or present intimate partner, usually intended to manipulate or control the relationship (Carpenter & Stacks, 2009; Family Violence Prevention Fund, 2008), and it can vary in degree of frequency and severity of harm. Examples of IPV include stalking, physical assault, rape, isolation, public humiliation, and threats (Amar & Gennaro 2005; Carpenter & Stacks, 2009). In general, an estimated 40% of young adults experience multiple forms of IPV in their dating relationships (Amar & Gennaro, 2005). Within dating relationships during the previous year, 22% of college students report being physically victimized, 52% report being psychologically victimized (Gover, Kaukinen, & Fox, 2008), and 41% report being sexually victimized (Renner & Whitney, 2012).

Similar to the consequences of childhood poly-victimization, young adult IPV victims experience a number of short-term and long-term consequences across several domains of functioning. Such outcomes include eating disorders (Ackard & Neumark-Sztainer, 2002), physical injury (Amar & Gennaro, 2005), recurring illness and headaches (Koss, Koss, & Woodruff, 1991), substance use, suicidality, hopelessness (Coker, et al., 2000; Silverman, et al., 2001; Stepakoff, 1998), posttraumatic stress (Becker, et al., 2010; Humphreys, 2003), depression (Watkins et al., 2014; Yalch, et al., 2013), and anxiety (Shnaider, et al., 2014). The severity, form, and continuity of IPV, along with socioeconomic status, have also been documented to influence the number and types of adverse outcomes (Amar & Gennaro, 2005; Thompson, et al., 2006).

Cyclical Violence

Independently, childhood poly-victimization and IPV victimization during young adulthood are pervasive public health burdens, and much research has been carried out to investigate the prevalence and health-related repercussions of each form of victimization. Though limited, research has revealed a cyclical pattern of violence that occurs throughout many victims' lives, suggesting that the two adversities should be studied in conjunction (Ehrensaft, et al., 2003; Franklin & Kercher, 2012; Gómez, 2011; Gover, et al., 2008; Smith, White, & Holland, 2003). The high prev-

alence of cyclical violence has been noted in previous research, with 77% of childhood poly-victims experiencing IPV in young adulthood (Alexander, 2009). Previous research has found that witnessing IPV (Ehrensaft, et al., 2003; Franklin & Kercher, 2012) and experiencing physical and sexual abuse during childhood (Gómez, 2011; Gover, et al., 2008; Messman-Moore & Long, 2000; Ornduff, et al., 2001; Smith, White, & Holland, 2003) significantly predict to IPV victimization in young adulthood.

Young adult victims of both forms of violence face a high risk for maladaptive mental and physical health outcomes, including posttraumatic stress (Becker, et al., 2010). These victims are also more prone than non-victims to experience substance abuse, suicidal ideation, attempted suicide, revenge-seeking, and unhealthy eating habits (Popescu, Drumm, & Dewan, 2010). The current study seeks to expand the limited research on victims of both childhood poly-victimization and young adult IPV by developing a clearer understanding of the differences in depression and resilience among these multiply victimized individuals.

Depression and Violence Victimization

Depression is a deleterious outcome following child poly-victimization and intimate partner violence victimization (Elliott, et al., 2009; Finkelhor, et al., 2007; Russell, et al., 2010), and it is diagnosed through symptoms of sadness, emptiness, hopelessness, irritability, anxiety, guilt, loss of interest in favorite activities, feeling exhausted, failure to concentrate or remember details, not being able to sleep or sleeping too much, overeating or not eating at all, physical pain (aches, headaches, cramps, digestive problems), and/or suicidality (National Institute of Mental Health (NIMH), 2013).

Prevalence rates of depression among poly-victimized children are high, with 17% showing depressive symptomatology and 38% deliberately self-harming or having suicidal ideations (Chan, 2013). Childhood poly-victimization has also been shown to result in a five to thirty times higher likelihood of developing major depressive disorder in adulthood (Ford, Elhai, & Frueh, 2010).

Young adults who endorse being psychologically or physically victimized through IPV in the previous year report significantly higher depressive symptoms compared to non-victims, with frequency and severity of psychological IPV leading to increased depression (Watkins, et al.,

2014). Depression in relation to cyclical violence is also common, with 22% of victims reporting minor depressive symptoms and 12% reporting severe depressive symptoms (Bonomi, et al., 2006).

Resilience and Violence Victimization

Resilience in relation to child poly-victimization and intimate partner violence has garnered increasing attention in recent years. There are different routes researchers take in exploring the construct of resilience, with some examining resilience as a personality trait (Anderson, et al., 2012), and others evaluating it as a process of positive, adaptive coping (Howell, et al., 2010; Humphreys, 2003). Specifically, Humphreys (2003) defines resilience as an individual's ability to restore equilibrium and concurrently avoid negative outcomes associated with stress. While early investigations of resilience used a pathology-focused model, recent research has moved to a more positive, strengths-based approach (Roditti, et al., 2010).

The investigation of resilience in victims of cyclical violence, especially young adult victims, is limited. Among victimized children, 21% displayed at least one form of resiliency adaption, compared to 11% of non-victimized children, with higher resiliency relating to greater child competency (Cicchetti, et al., 1993). These results indicate the importance of the development of resiliency during childhood in response to trauma. Through resiliency, children may display healthier development and cope with their trauma experiences into young adulthood and beyond. Resiliency among adult victims exposed to IPV as children has been shown through the victims' meaning-making of their traumatic experiences, which led to evolved attitudes and behaviors (Suzuki, Geffner, & Bucky, 2008). Among adult victims of IPV, psychological distress was significantly related to the frequency and severity of IPV; however, a large number of victims exhibited high resilience, which is in turn significantly related to reductions in physical and psychological distress (Humphreys, 2003). With the role of resilience as primary topic of focus within research on childhood poly-victimization and IPV during young adulthood, further exploration is needed to understand the relation of resilience to these types of victimizations.

Current Study

The current study sought to investigate how college students differ

in their levels of depression and resilience based on their frequency of victimization experiences in childhood and/or young adulthood. Specifically, participants were separated into four groups based on their childhood and adulthood experiences with violence. The four groups are as follows: college students who experienced both young adulthood IPV and childhood poly-victimization, college students who experienced little to no young adulthood IPV or childhood poly-victimization, college students who experienced high amounts of young adulthood IPV, and college students who experienced high amounts of childhood poly-victimization. The current study investigates the relation of adaptive and maladaptive variables in connection to victimization experiences during the unique developmental periods of childhood and young adulthood with the goal of obtaining a clearer picture of how cyclical violence and isolated victimization experiences affect mental health.Previous findings suggest that victims of childhood adversity experience depressive symptoms long after the trauma has ended (Chapman, et al., 2004). Additionally, previous research links IPV victimization during young adulthood with depressive symptomatology (Watkins, et al., 2014). Therefore, **hypothesis 1** predicts that college students who experienced child poly-victimization and are currently experiencing IPV will have the highest depressive scores. Students who experienced high IPV will have the second highest depressive scores, followed by students who experienced high child poly-victimization, with low/non-victimized students endorsing the fewest depressive symptoms. Because young adults exposed to childhood victimization show high levels of resilience (Suzuki, et al., 2008), **hypothesis 2** predicts that child poly-victims will have the highest resilience scores. Due to the limited literature regarding resilience and non-victims, IPV victims, and victims of both childhood poly-victimization and IPV, further a priori hypotheses related to resilience are not warranted.

This study aims to address a number of limitations in previous research. This is done by examining multiple forms of victimization rather than focusing only on one type of victimization or on one developmental period. Previous limitations are also addressed through assessing adaptive behaviors, such as resilience, among individuals exposed to adversity, rather than focusing solely on psychopathology. This study also evaluates severe psychological IPV along with physical and sexual violence, while most of the previous literature has focused primarily on physical and/or sexual violence when examining the effects of intimate partner violence

(Golding, 1999; Campbell, 2002; Koss, et al., 2003). By utilizing a large, diverse group of students from two geographic regions, the current study offers a unique paradigm to explore the differences between high and low experiences of childhood poly-victimization and intimate partner violence during young adulthood.

Methods

Participants

Participants included 180 young adult college students aged 18 to 24 (M = 19.27) with varying childhood and adulthood victimization experiences attending either a Midwestern or Southeastern university. Students' age and gender did not vary between the two universities; however, participants attending the Southeastern university were more ethnically diverse. Overall, the sample was predominantly female (70.6%). Of the sample, 69.4% were White, 14.5% were Black, 9.4% were Multiracial, 3.4% were Asian, 2.8% were Hispanic/Latino, and 0.6% indicated Other as their ethnicity. See Table 1 for additional demographic information.

Young adults in particular were selected for analysis due to the uniquely challenging transition from late adolescence into adulthood. The success of this transition is significantly impacted by resilience (Fergus & Zimmerman, 2005). Mental health factors, such as depression, also play a role in the success of this developmental transition. There were no participation restrictions based on gender, race, ethnicity, physical or mental health status, or socioeconomic status; however, participants had to be able to read English fluently. All participants were currently in or had been in a romantic relationship within the past year. Participant data for the present study was drawn from a previously collected data set.

Procedure

Undergraduate students from university in the Midwest and a university in the Southeast were recruited through each school's online psychology subject pool system during the fall 2013 semester. The psychology subject pool system allows undergraduates to self-select into psychology research as a way to enhance their educational experience. Prior to participation in the online study, participants were able to read a brief description of the project goals and inclusion/exclusion criteria. After reading this brief description, participants chose to take part in the

study for course credit and followed a link to a website which presented the informed consent, study questionnaires, and debriefing. All tasks were completed online, and participants were able to complete the entire study on a computer of their choosing. Participant information was de-identified. After agreeing to the informed consent, participants completed a set of reliable and valid self-report questionnaires measuring their experiences with childhood violence, mental health, and current experiences of aggression within their dating relationships. A list of local and affordable mental health resources was provided to all participants as well as referrals to resources for support and counseling. Contact information for the principal investigator was provided at the beginning and end of the survey.

Four groups were created based on the participants' victimization experiences, they were: (1) **Child plus Young Adult Victimization**, which included participants who experienced both childhood poly-victimization and young adulthood IPV, (2) **High Young Adult IPV**, which included participants who experienced high amounts of young adulthood IPV, (3) **High Child Poly-Victimization**, which included participants who experienced high amounts of childhood poly-victimization, and (4) **Low/No Victimization**, which included participants who endorsed either low amounts of psychological violence through IPV or did not experience childhood poly-victimization or young adulthood IPV.

A number of factors went into the categorization of these groups. With regard to childhood poly-victimization, we were guided by previous research which states that poly-victimization is captured relative to the experiences of other study participants, with individuals in the top 10% of total childhood victimizations in a sample categorized as poly-victims (Andrews, et al., 2015; Cyr, et al., 2014; Finkelhor, Ormrod, & Turner, 2009; Le, Holton, Nguyen, Wolfe, & Fisher, 2015; Soler, Paretilla, Kirchner, & Forns, 2012; Turner, Finkelhor, & Ormrod, 2010). In the current study, individuals who had experienced 14 or more victimizations during childhood were in the highest 10% of total victimizations in this sample, and were therefore coded into the High Child Poly-Victimization group. The remaining portion of the sample included participants who experienced 13 or fewer victimizations during childhood and they were sorted into the Low/No Victimization group. With regard to IPV victimization, individuals who experienced physical, sexual, and severe psychological IPV were classified as experiencing high amounts of IPV. Severe psycho-

logical IPV was coded as any act of psychological violence that occurred chronically (i.e. six or more times in the past year).

Measures

Demographics – Each participant filled out a basic demographics questionnaire to provide information on age, gender, income, ethnicity, and current relationship status.

Juvenile Victimization Questionnaire – Adult Retrospective – The JVQR2 (Finkelhor, et al., 2005) is a 34-item retrospective self-report measure that assesses childhood victimization experiences through questions regarding property crime (e.g., "When you were a child, did anyone use force to take something away from you that you were carrying or wearing?"), physical assault (e.g., "When you were a child, did anyone hit or attack you without using an object or weapon?"), child maltreatment (e.g., "When you were a child, did you get scared or feel really bad because grown-ups in your life called you names, said mean things to you, or said they didn't want you?"), peer/sibling victimization (e.g., "When you were a child, did any kid, even a brother or sister, hit you? Somewhere like: at home, at school, out playing, in a store, or anywhere else?"), witnessed/indirect victimization (e.g., "When you were a child, did you SEE a parent hit, beat, kick, or physically hurt your brothers or sisters, not including a spanking on the bottom?"), and sexual victimization (e.g., "When you were a child, did anyone try to force you to have sex; that is, sexual intercourse of any kind, even if it didn't happen?"). Adult responders to the JVQR2 are asked to recall these experiences from the first 17 years of life and indicate "Yes" or "No" for each item. Items are then summed to create a total victimization score.

Conflict Tactics Scale – Revised – The CTS2 (Straus, Hamby, Boney-McCoy, & Sugarman, 1996; Straus, 1979) is a 39-item self-report measure that assesses the severity and frequency of IPV through five subscales: physical assault, psychological aggression, negotiation, injury, and sexual coercion. Example questions include "My partner pushed or shoved me" regarding physical assault, "My partner insulted or swore at me" regarding psychological aggression, "My partner showed respect for my feelings about an issue" regarding negotiation, "You had a broken bone from a fight with your partner" regarding injury, and "My partner used threats to make me have sex" regarding sexual coercion. Participants indi-

cated responses on a seven-point Likert scale ranging from never occurred to occurred more than 20 times. Items from the physical assault, psychological aggression, injury, and sexual coercion subscales are summed to create a total IPV victimization score. For the current study, participants reported on their experiences of violence within their current or past dating relationship over the previous year.

Center for Epidemiological Studies Depression Scale – The CES-D (Radloff, 1977) is a 20-item self-report measure that assesses six dimensions of depression. These dimensions include depressed mood (e.g. "I felt depressed") feelings of guilt and worthlessness (e.g., "I thought my life had been a failure"), feelings of helplessness and hopelessness (e.g., "I felt that I could not shake off the blues even with help from my family and friends"), psychomotor retardation (e.g., "I felt that everything I did was an effort"), loss of appetite (e.g., "My appetite was poor"), and sleep disturbance (e.g., "My sleep was restless"). Participants responded on a four-point Likert scale in regard to the frequency of feelings over the past week, with "0" representing "rarely or none of the time (less than 1 day)," "1" representing "some or a little of the time (1-2 days), "3" representing "occasionally or a moderate amount of time (3-4 days), and "4" representing "most or all of the time (5-7 days)." Items are reverse scored as necessary and then summed to create a total score, with higher scores indicating greater depressive symptomatology.

Connor-Davidson Resilience Scale – The CD-RISC (Connor & Davidson, 2003) is a 25-item self-report measure that assesses the ability to cope with stress and adversity through five major domains of resilience: 1) personal competence, high standards, and tenacity, 2) trust in one's instincts, 3) positive acceptance of change and secure relationships, 4) control, and 5) spiritual influences. A sample item for personal competence, high standards, and tenacity is "I am not easily discouraged by failure." A sample item for trust in one's instincts is "In dealing with life's problems, sometimes you have to act on a hunch without knowing why." A sample item for positive acceptance of change and secure relationships is "I am able to adapt when changes occur." A sample item for control is "I feel in control of my life." Finally, a sample item for spiritual influences is "Good or bad, I believe that most things happen for a reason." Participants responded according to a five-point Likert scale, ranging from "not true at all" to "true nearly all of the time." Items are summed to create a total

score, with higher scores indicating more resilience.

Results

The purpose of this study was to investigate mean differences on depression and resilience in college students who had experienced high and low occurrences of childhood poly-victimization and/or intimate partner violence in young adulthood. All participants had been in a romantic relationship within the past year. There were no significant differences across the four groups of college students based on age or gender.

A MANOVA was selected to analyze group differences based on victimization experiences. A MANOVA takes into account intercorrelations among the study dependent variables, and using a MANOVA reduces the likelihood of making a Type I error. An alpha level of .05 was used for all analyses. A one-way MANOVA revealed a significant multivariate main effect for victimization group, Wilks' $\lambda = .812$, $F(12, 458.01) = 3.14$, $p < .001$, $h_p^2 = .067$. Given the significance of the overall test, the univariate main effects were examined. Significant univariate main effects for victimization group were obtained for depression, $F(3, 175) = 9.165$, $p < .001$, $h_p^2 = .135$ (a modest effect) and resilience, $F(3, 175) = 2.891$, $p = .037$, $h_p^2 = .047$ (a weak effect).

As can be seen in Table 1 and Figure 1, significant mean differences in depression were identified between the Low/No Victimization and all three other groups. Specifically, the Low/No Victimization ($M = 10.03$) group experienced significantly less depression compared to the Child plus Young Adult Victimization ($M = 20.78$), High Young Adult IPV ($M = 15.53$), and High Child Poly-Victimization ($M = 15.33$) groups. Thus, hypothesis 1 was partially supported, as participants who experienced both child and adult victimization did have the highest levels of depression and low/non-victimized participants endorsed the fewest depressive symptoms, with their depression score significantly lower than all three of the other victimization groups. However, contrary to what was hypothesized, the Child plus Young Adult Victimization group's mean level of depression was not significantly higher than the High Young Adult IPV nor the High Child Poly-Victimization group. Further, the High Child Poly-Victimization group and the High Young Adult IPV group experienced nearly identical levels of depression.

	Total	Child plus Adult Victimization	High Young Adult IPV	High Child Poly-Victim-ization	Low/No Victimization
	(*N* = 180)	(*n* = 23)	(*n* = 51)	(*n* = 18)	(n= 88)
Age					
Mean (SD)	19.27 (1.42)	19.09 (1.47)	19.16 (1.49)	19.17 (1.47)	19.4 (1.37)
Gender					
Female	70.6%	69.6%	74.5%	66.7%	69.3%
Male	29.4%	30.4%	25.5%	33.3%	30.7%
Race					
White	69.4%	43.5%	64.7%	72.2%	78.4%
Black	14.5%	26%	17.7%	22.2%	7.9%
Asian	3.4%	4.3%	4.0%	0%	3.4%
Hispanic/Latino	2.8%	13%	2.0%	0%	1.1%
Multiracial	9.4%	13%	9.8%	5.6%	9.1%
Other	0.6%	0%	2.0%	0%	0%

Table 1. Demographics of Study Sample

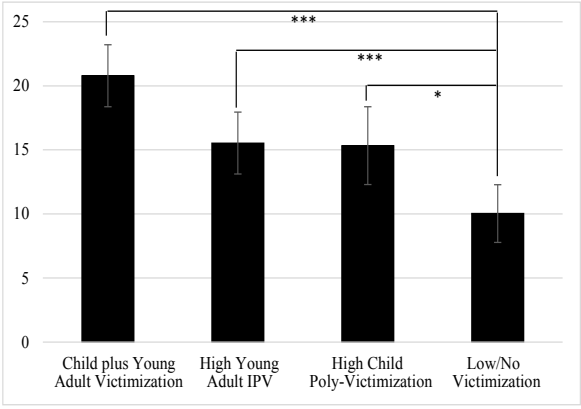

Figure 1. Total mean scores of depression and group differences according to the CES-D. * p < .05, *** p < .001

Table 2. Means, Standard Deviations and their Differences for Outcome Variables by Group

	Child Plus Adult Vicimization (n = 23)		High Young Adult IPV (n=51)	
	M	*SD*	*M*	*SD*
Depression	20.78	13.39	15.53 b	9.29
Resilience	64.91 d	14.82	67.08 e	19.92

	High Child Poly-Victimization (n = 18)		Low/No Victimization (n = 88)	
	M	*SD*	*M*	*SD*
Depression	15.33 c	11.18	10.03	8.25
Resilience	69.89	15.26	74.41	17.07

Note: Group 1 compared to Group 4 a = $p < .001$; Group 2 compared to Group 4 b = $p < .001$; Group 3 compared to Group 4 c = $p < .05$; Group 1 compared to Group 4 d = $p < .05$; Group 2 compared to Group 4 e = $p < .05$

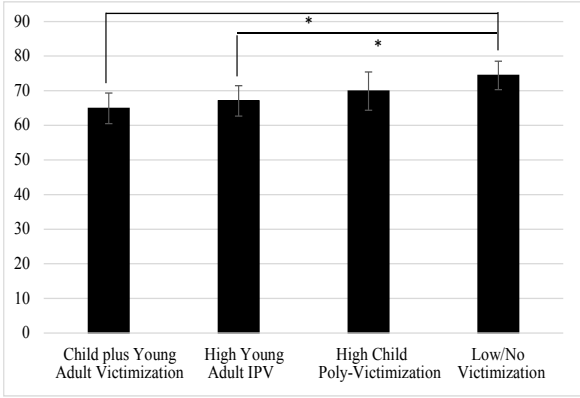

Figure 2. Total mean scores of resilience and group differences according to the CD-RISC. * $p < .05$

Displayed in Table 2 and Figure 2, significant mean differences in resilience were obtained between the Low/No Victimization ($M = 74.41$) and Child plus Young Adult Victimization ($M = 64.91$) groups as well as between the Low/No Victimization ($M = 74.41$) and High Young Adult IPV ($M = 67.08$) groups. Child poly-victims were predicted to have the highest resilience scores due to a past experience of trauma that required resilience to cope; however, contrary to hypothesis 2, the High Child Poly-Victimization and Low/No Victimization groups did not significantly differ on scores of resilience. Additionally, the Child plus Young Adult Victimization group did not significantly differ from the High Young Adult IPV group.

Discussion

The present study investigated differences in adaptive and maladaptive outcomes among college students with varying victimization histories. Specifically, resilience and depression were assessed among college students who experienced both childhood poly-victimization and young adulthood IPV, high amounts of young adulthood IPV, high amounts of childhood poly-victimization, or low/no victimization.

Results indicated that experiencing high childhood poly-victimization, high young adulthood IPV, or a combination of the two led to significantly more depressive symptomatology when compared to experiencing low/no victimization. Largely, this finding indicates that experiencing victimization, whether chronically or only during a specific developmental period, is related to significant psychological distress. Being victimized at any age is a challenging experience that may make an individual vulnerable to psychological difficulties in the aftermath of the trauma.

It is also important to note that those who experienced both childhood poly-victimization along with young adulthood IPV victimization had the highest depression scores across all four victimization groups. While experiencing multiple forms of victimization during childhood or IPV in young adulthood is distressing in itself, it is possible that experiencing both produces a uniquely challenging situation that can lead to more depressive symptomatology. Finally, those who experienced high childhood poly-victimization had roughly the same amount of depression symptomatology as those who experienced high young adulthood IPV victimization. This finding provides evidence that childhood poly-victim-

ization can have lasting effects throughout development, and it can be just as psychologically harmful years after the experience ended. This finding is further supported by previous research in which young adult victims of childhood poly-victimization continued to have difficulty with depression as a result of the earlier trauma (Chapman, et al., 2004; Elliott, et al., 2009; Russell, Spring, & Greenfield, 2010). Furthermore, depression has been found to be a common experience among those who have recently been victimized through young adulthood IPV (Bonomi, et al., 2006; Watkins, et al., 2014).

With regard to resilience, participants who endured high childhood poly-victimization did not significantly differ from those who experienced low/no victimization, with both groups reporting resilience scores common for United States college students, in the range of 70.6 (Steinhardt & Dolbier, 2008) to 77.8 (Johnson, Dinsmore, & Hof, 2011). This finding highlights that child poly-victims are experiencing relatively normative amounts of resilience for their age group. A possible explanation for their normative resilience scores may be that life experiences and learned coping strategies are being employed in the aftermath of the trauma. It is also possible that these participants called on their own strength and determination, similar to victims in previous research (e.g., Humphreys, 2003), in order to cope with their difficult experiences. This is in contrast to participants in our sample who experienced both forms of childhood and young adulthood victimization, as well as those who experienced high amounts of IPV in young adulthood. Both of these groups displayed significantly lower resilience scores than those who experienced low/no victimization. These findings indicate that currently experiencing IPV is just as harmful to resilience as experiencing poly-victimization in the past as well as IPV victimization in the present.

Clinical Implications

The current study addressed a number of gaps in the literature on college students and their past and present victimization experiences. Previous research on intimate partner violence has focused primarily on physical and sexual violence (Halpern, et al., 2009; Becker, et al., 2010; Renner & Whitney, 2012; Bonomi, et al., 2006; Smith, et al., 2003; Walsh, et al., 2012; Golding, 1999; Campbell, 2002; Koss, et al., 2003; Stepakoff, 1998), but the present study expanded this to also include severe psychological violence (6 or more occurrences of psychological violence in the

past year). Our findings demonstrate that clinicians should assess and treat all three forms of IPV, as physical, sexual, and psychological violence can contribute to distress and maladaptive outcomes (Amar & Gennaro, 2005; Carpenter & Stacks, 2009; Gover, et al., 2008; Basile, et al., 2004; Thompson, et al., 2006). Additionally, this study investigated how high poly-victimization during childhood differentiated from high victimization in young adulthood and low/no victimization. The highest scores on maladaptive factors and lowest scores on adaptive factors in this sample were among college students who experienced both forms of victimization. This speaks to the necessity of helping these young adults cope with their past and current traumatic experiences while also addressing the challenges they face when transitioning into adulthood. Interventions should target depressive symptomatology and emotion dysregulation for victims of child poly-victimization and/or adulthood IPV victimization while attempting to strengthen protective factors, such as social support and resilience.

Limitations and Future Directions

Although this study adds valuable information to the literature about the unique challenges following victimization, there are relevant limitations to consider. One limitation is that we relied on self-report data regarding sensitive topics, such as victimization, that possibly induced distress, and may have affected responses on our outcomes of interest. In addition, the cross-sectional and retrospective nature of the study prevented identification of causal relationships. The report of current perceptions of emotional and social functioning may be different from feelings at the time of the childhood victimizations. The generalizability of the results may be limited because participants were attending college, indicating a high level of functioning. Generalizability is also limited by having a predominantly female sample, and females are more likely to be victimized and experience IPV (Breiding, Black, & Ryan, 2008). Generalizability is also limited by having a predominantly White sample.

Future studies should investigate how additional adaptive and maladaptive factors relate to young adults with varying victimization experiences in order to further understand how traumas occurring in the past and in the present impact functioning. Longitudinal studies following child poly-victims from childhood to young adulthood will help substantiate relationships between childhood victimization and adulthood IPV.

In addition, more diverse studies with a larger sample will improve the generalizability of findings.

Conclusion

In conclusion, college students who have experienced both childhood poly-victimization and adulthood intimate partner violence face substantial challenges. The current study provided insight into differences among college students with varying victimization experiences in relation to depression and resilience. This study expanded the literature on the effects of cyclical violence and how differing experiences across childhood and adulthood impact adaptive and maladaptive functioning.

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