Polyvictimisation, Parental Monitoring Techniques and Family Stressors among Adolescents in Saint Lucia

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Abstract

Background and Rationale for this Research Project

Polyvictimisation is associated with complex trauma, problems in psychosocial functioning and psychopathology among adolescents. It is defined as the experiencing of or exposure to different types of victimisations. Polyvictimisation has been researched in countries such as the United States, United Kingdom, Canada, Finland, China, South Africa, northern Mexico and Northern Uganda. To date, no research regarding polyvictimisation among adolescents has been conducted in Saint Lucia.

Common *risk factors* for polyvictimisation are family problems such as parental unemployment, drug and alcohol use by parents and family financial problems. For the purpose of this study, such factors will also be referred to as stressors or family problems. While extant literature provides evidence of the role of family problems in exposure to singular victimisations such as physical abuse or bullying, few studies have explored the familial risk factors associated with multiple victimisations. Moreover, while there is research supporting the role of parental supervision and parent-child bonding in victimisation prevention, little research has investigated these two factors in relation to polyvictimisation. To date, no research has been conducted in Saint Lucia which examines the relationship between polyvictimisation, parental monitoring and parental bonding. This thesis therefore explored polyvictimisation and psychosocial dysfunction among adolescents and identified several family stressors that correlate with polyvictimisation.

Objectives and Findings of each of the three Studies conducted in this Thesis

This thesis sought to explore the extent to which polyvictimised adolescents in Saint Lucia displayed psychosocial dysfunction and reported several stressors within the home

environment, including fewer parental monitoring and different patterns of parent-child bonds. Three studies were conducted. All participants were aged 12 to 17. These studies were framed using a theoretical tripod: the family stress theory and attachment theory, embedded within the ecological model. This research was conducted on the premise that polyvictimisation occurrence is related to the presence of family stressors which exist within a polyvictim's exosystem. These stressors engender disruptions within the microsystem such as limited parental monitoring and neglectful parent-child bonds.

Study 1: The first study was conducted to examine the occurrence of polyvictimisation in Saint Lucia. The objectives were to, 1) explore the presence of polyvictimisation among a sample of adolescents, and 2) investigate the relationship between polyvictimisation and psychosocial dysfunction. A total of 547 adolescents were surveyed, with 47 of them participating in a Pilot Study. Several responses in each study were excluded from the analysis due to missing demographic information. Participants included Secondary School students and young people in conflict with the law, referred to in this thesis as young offenders. All respondents were surveyed online using the Screener Sum version of the Juvenile Victimisation Questionnaire (JVQ) and the shortened Youth-Pediatric Symptom Checklist (Y-PSC-17) which identified psychosocial dysfunction. Additional items were included on the original JVQ which measured Internet/Online Victimisation bringing the total number of items on the JVQ to 36. Polyvictimisation which occurred within the past year (Past Year Polyvictimisation, PYP) as well as polyvictimisation which occurred at any time in the respondent's life (Lifetime Polyvictimisation, LTP) were analysed.

Results showed that polyvictimisation within the past year was present among 45.5% (n = 213) of the students (N = 468) (Mean = 6.77; SD = 5.16). Approximately 52% of students had

been polyvictimised in their lifetime (51.9%, n = 243) (M = 12.20; SD = 6.49). The majority of the polyvictimised students reported problems in psychosocial functioning (52.1%, n = 111), particularly exhibiting internalised problem behaviours. Furthermore, there were moderate to weak correlations between Past Year Polyvictimisation and overall Psychosocial Dysfunction ($\rho = .419$, $p < .01$), and all three psychosocial problems scales (Internalised Problems: $\rho = .326$, $p < .01$; Attention Problems: $\rho = .258$, $p < .01$; Externalised Problems: $\rho = .326$, $p < .01$). Similar correlations were found when Lifetime Polyvictimisation and Psychosocial Dysfunction were analysed. Finally, a statistically significant logistic regression model ($\chi2(3) = 62.48$, $p < .01$) showed polyvictims who experienced victimisations in the past year were 4.51 times more likely to exhibit psychosocial dysfunction than non-polyvictims (95% CI [2.98, 6.82]). Lifetime polyvictims were 5.8 times (95% CI [3.73, 9.06]) more likely than non-lifetime polyvictims ($\chi2(3) = 77.42$, $p < .01$). Both Age and Gender were controlled for.

Among the sample of young offenders (N = 9), approximately 88.9% (n = 8) were identified as Past Year Polyvictims (Mean = 13.56, SD = 6.24), while 77.8% (n = 7) were Lifetime Polyvictims and experienced over 17 different types of victimisations (Mean = 17.44, SD = 6.28). Psychosocial dysfunction was reported among 50% (n = 4) of the Past Year Polyvictims and 57.1% (n = 4) of the Lifetime Polyvictims. Internalised problem behaviours were also common among this cohort of polyvictims.

Study 2: This study was conducted to assist in determining which parental monitoring techniques should be included in the final study. Four parental monitoring techniques were identified and assessed using the Parental Knowledge, Parental Solicitation and Child Disclosure scales and the Parental Structure scale. The aim of this study was to determine the correlation between the Parental Knowledge scale and the other monitoring practices scales. The internal

consistency of each of these parental monitoring scales was also found. A total of 139 students were surveyed using an online version of the four scales. A total of 10 responses were excluded from analysis due to aberrant responding: 79 males (61.2%) and 50 females (38.8%).

Cronbach's alpha on the Parental Knowledge scale ($\alpha = .746$, $n = 121$) and the Parental Solicitation scale ($\alpha = .768$, $n = 125$) showed acceptable reliability. Additionally, a large positive correlation was found between Parental Knowledge and Solicitation ($\rho = .579$, $p < .01$).

Study 3: The final study was conducted to examine the stressors within a polyvictim's home environment. The objectives were to, 1) examine the correlation between polyvictimisation and the presence of family stressors, 2) identify which family stressors were correlated with polyvictimisation, and 3) examine the relationship between polyvictimisation and parental knowledge and parental solicitation. This study also explored parent-child bonds and family structure. The main type of parent-child bond in each family structure was also determined. A total of 142 Secondary School students were surveyed online using the Reduced Items Version (RIV) of the JVQ, the Parental Knowledge and Solicitation scales, and the shortened Parental Bonding Instrument. A total of six responses were excluded: 77 females, 56.6%; 59 males, 43.4%) Polyvictims were identified as those adolescents scoring five or more different types of victimisations on the RIV.

A weak positive correlation was found between Polyvictimisation and Family Factors ($\rho = .341$, $p < .01$). Weak correlations were also found between Polyvictimisation and five of the nine Factors: family members/parents in *trouble with the police* ($\rho = .277$, $p < .01$); *parental unemployment* ($\rho = .196$, $p < .05$); *parental problems with drugs / alcohol* ($\rho = .237$, $p < .05$), *money problems* ($\rho = .180$, $p < .05$) and *parents who moved to a worse job than before* ($\rho = .173$, $p < .05$). In addition, a weak negative correlation was found between Polyvictimisation and

Parental Knowledge (ρ = -.282, n = 136, $p < .01$). Parent-child bonding and family structure were also investigated. Neglectful Parenting (42.3%, n = 22) and single mother households (32.7%, n = 16) were the most common bond and family structure among polyvictims. A weak negative correlation was also found between Parent-Child Bonding and Polyvictimisation (ρ = -.282, n = 136, $p < .01$).

Two other noteworthy findings were obtained: 1) knowledge of adolescents' whereabouts mediated the relationship between Family Factors and Polyvictimisation (a*b = .10, BootSE = .053, at 95% CI: BootLLCI = .0153, BootULCI = .2186), and 2) Parent-child bonding mediated the relationship between knowledge of an adolescent's whereabouts and Polyvictimisation (a*b = -.02, BootSE = .012) at 95% CI: BootLLCI = -.0438, BootULCI = .0045).

Conclusion

In Saint Lucia, polyvictimisation is present among this sample of secondary school students, and among this sample of young persons in conflict with the law. Also, most polyvictims in this research project reported having problems in psychosocial functioning, particularly internalised problem behaviours. Family stressors such as parental unemployment, financial problems, parental use of drugs / alcohol, parental trouble with the police and parents move to a worse job, were correlated to polyvictimisation. In fact, the greater the number of family problems within the home, the greater the polyvictimisation experience. Polyvictimisation was also found to be related to the knowledge parents have of their children and the bond between parents and children.

The results of this research project contribute to the extant polyvictimisation literature by demonstrating its presence among a specific sample of adolescents. Both scientific and societal

contributions have been established and discussed. It will augur well for researchers in Eastern Caribbean countries to replicate this research using this multidimensional approach. This approach will better identify the full range of negative experiences of adolescents and create a truer inventory of these experiences. This is in keeping with the Rights of the Child as set out in the United Nations Convention on the Rights of the Child (1989) (Article 19). Furthermore, identification of specific family factors in the lives of polyvictims sets the platform for governmental and non-governmental agencies to formulate interventions. Treatment programs should target internalised behaviours and strengthen family functioning, while prevention programs address socio-economic problems such as unemployment and drug and alcohol use by parents.

Journal Submissions and Conference Presentations

Chapters Five to Eight of this thesis have contributed to regional child-related conferences and have been submitted to various Journals for peer-review and subsequent publication.

- Nelson, G., Joseph, S., & Chou, S. (2019, 15th November). Polyvictimisation and psychosocial dysfunction among students and young offenders in Saint Lucia. Presented at the 14th Annual Child Research Conference, Sir Arthur Lewis Institute, University of the West Indies in partnership with the United Nations Children's Fund (UNICEF), Barbados. [Abstract published in conference proceedings]. (Chapter Five and Six of this thesis).
- Nelson, G., Joseph, S., & Chou, S. (2020, 14th January). Polyvictimisation and psychosocial dysfunction among students and young offenders in Saint Lucia. Presented at the Organisation of Eastern Caribbean States (OECS) Commission Headquarters, Castries, Saint Lucia. (Chapter Five and Six of this thesis).
- Nelson, G., Joseph, S., & Chou, S. (2021, 7th September). Polyvictimisation and psychosocial dysfunction among secondary school students in Saint Lucia. Submitted to *Violence and Victims* for peer review. (Chapter Five of this thesis).
- Nelson, G., Joseph, S., & Chou, S. (2022, 14th March). An examination of the parental monitoring techniques used by primary caregivers in Saint Lucia. Submitted to *Journal of Family Issues* for peer review. (Chapter Seven of this thesis).
- Nelson, G., Joseph, S., & Chou, S. (2022, 24th March). Family stressors and parental monitoring practices as correlates of polyvictimisation among students in Saint Lucia. Submitted to *Children & Youth Services Review* for peer review. (Chapter Eight of this thesis).

Covid Impact Statement

The Covid-19 pandemic introduced unforeseen challenges, both personally and with reference to data collection in the final study of this research project. That final study examined family stressors as correlates of polyvictimisation and began in February 2020. At that time, this researcher was scheduled to return to the University of Nottingham in April, after data had been collected, to commence analysis and final writing of the thesis. However, national lockdowns ensued as the Covid-19 virus spread through different regions. This meant the closing of country borders and the ceasing of travel between countries. Both the United Kingdom and Saint Lucia closed their borders to international travel. Consequently, despite completing the data collection for that study, this researcher was not able to return to the University. Being away from that academic environment led to remote supervision and support with increased feelings of isolation and anxiety. Commitment to this project was essential in completing this thesis.

As previously mentioned, data collection for the final study of this research project began in February 2020, prior to the first case of Covid-19 in Saint Lucia. However, the virus had already been reported internationally and in several neighbouring Caribbean islands. The implementation of a nationwide lockdown in Saint Lucia occurred during the peak of the data collection process in March 2020. This lockdown saw the premature closure of schools, abruptly ending the academic term. Face-to-face administration of the questionnaire therefore became impossible. Three major consequences occurred: 1) the anticipated sample was greatly reduced from 240 to just over 140, and 2), stratification according to school's academic performance was not possible. As a consequence, that study's sample was not representative of the secondary school population. That study also examined the relationship between parent-child bonds and polyvictimisation. Students were asked to report on the type of emotional bond between them

and their parent. However, it could not be determined whether the parent-child bonds reported by the students were influenced by the impact of the pandemic on the psychological functioning of parents. It is possible that the bonds between parents and adolescents reported by both non-polyvictims and polyvictims in that study, were affected by the stress associated with the Covid-19 pandemic. This should therefore be considered when reading the results found in that study.

While the Covid-19 pandemic impacted this research project both personally and methodologically, the reward comes from the results obtained. Despite the various limitations to each study, the findings of this research project make both scientific and societal contributions, as attention is drawn to the number of adverse experiences had by adolescents in Saint Lucia.

Dedication

This thesis is solely dedicated to you Hyo, the love of my life.

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I would firstly like to thank my supervisors, Dr, Shihning Chou and Professor Stephen Joseph. Your guidance and support throughout this process have been immeasurable. You both have believed in my ability to produce good work and have provided me with the wisdom, expertise, knowledge and opportunity to do so. In those moments when I felt overwhelmed and did not believe I was capable, you both put things back into perspective and allowed me to continue persevering. I must also say thank you to Mr. Tahseen Jilani. Your input in my data analysis process was truly appreciated. Thank you for helping me make sense of all the statistical analyses in this research project. You gave numbers meaning.

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To Lorenzo Doddy Francis, I love you.

"*I can do ALL things through Christ who strengthens me". Philippians 4:13*

Table of Contents

Abstract i
Journal Submissions and Conference Presentations vii
Covid Impact Statement viii
Dedication x
Acknowledgements xi
Table of Contents xii
List of Figures xvii
List of Tables xviii
CHAPTER ONE: Introduction: Purpose, Context and Objectives of this Thesis 1
1.1 Purpose of the Study 1
1.2 Victimisation and Polyvictimisation as defined in this Thesis 3
1.3 The Saint Lucian Context 5
1.4 Research Statement/s 9
1.5 Main Objectives 10
1.6 Thesis Structure 10
CHAPTER TWO: Theoretical Framework: Use of the Ecological Model, the Family Stress Theory and Attachment Theory 13
2.1 Chapter Overview 13
2.2 Theoretical Framework Overview 13
2.3 The Traumatic Stress Model and its Limitations 14
2.4 The Ecological Framework 16
2.5 The Family Stress Theory 20
2.6 Attachment Theory 22
2.7 Theoretical Framework of the Occurrence of Polyvictimisation among Adolescents in Saint Lucia 25
2.8 Chapter Summary 26
CHAPTER THREE: Polyvictimisation, its Pathway and Parental Monitoring: A Review of the Literature 28
3.1 Chapter Overview 28
3.2 Adverse Childhood Experiences, Multi-type Maltreatment and Re-Victimisation 29
3.3 Polyvictimisation: An Overview 36
3.4 Measuring Polyvictimisation 41
3.5 Variations in the Operationalisation of Polyvictimisation 43
3.6 Prevalence Rates of Polyvictimisation in High-Income Countries 45
3.7 Polyvictimisation, Complex Trauma, Psychopathology and Psychosocial Dysfunction among Adolescents 47
3.8 Psychosocial Functioning as a Construct 53
3.9 Pathways to Polyvictimisation 55
3.10 The Role of the Family 59

3.11 Parental Monitoring as a Protective Factor against Victimisation Exposure 61
3.12 Parental Bonding: A feature of Family Stressors and Parental Monitoring 65
3.13 Chapter Summary 66
CHAPTER FOUR: Research Methodology: Overview of the Strategies and Procedures used in this Thesis 69
4.1 Cultural Ideologies related to this Research Project 69
4.2 Research Design of the Empirical Studies 71
4.3 Thesis Structure and Chapter Descriptions 71
4.4 Ethical Approval Process 76
4.5 Research Instruments 79
4.6 Sample Size and Administration of the Research Instruments 88
4.7 Analyses of Data 91
CHAPTER FIVE: Polyvictimisation Prevalence among Saint Lucian Students 99
5.1 Chapter Overview 99
5.2 Polyvictimisation Research in the Caribbean 99
5.3 Psychosocial Problems and Victimisation Experiences among Adolescents in the Caribbean 101
5.4 Secondary School Education in Saint Lucia 102
5.5 Objectives 104
5.6 Method 104
5.6.1 Research Design 104
5.6.2 Research Procedure 104
5.6.3 Sampling Techniques 105
5.6.4 Participants 106
5.6.5 Consent 107
5.6.6 Measures 107
5.6.7 Statistical Analyses 110
5.6.8 Ethical Considerations 111
5.7 Results of the Pilot Study 111
5.8 Results 113
5.8.1 Test for Normality 113
5.8.2 Main Findings of this Study 113
5.8.3 The Presence of Polyvictimisation, Victimisation by Modules and Psychosocial Dysfunction according to Age, Gender and School Type 120
5.9 Discussion 127
5.9.1 The Presence of Polyvictimisation among Adolescents 127
5.9.2 Polyvictimisation Modules 128
5.9.3 Polyvictimisation and Psychosocial Dysfunction 129
5.9.4 Other Findings which reflect the presence of Polyvictimisation and Psychosocial Dysfunction 130

5.10 Limitations 131
5.11 Chapter Summary 133
CHAPTER SIX: Polyvictimisation among Young Offenders 135
6.1 Chapter Overview 135
6.2 Justification for studying this cohort of Adolescents 135
6.3 Polyvictimisation Prevalence among Young Offenders 136
6.4 Polyvictimisation, Delinquency and Psychosocial Problems 138
6.5 Objectives 140
6.6 Method 140
6.6.1 Research Procedure and Sampling Techniques 140
6.6.2 Participants 142
6.6.3 Consent and Ethical Considerations 142
6.6.4 Measures 142
6.6.5 Statistical Analyses 143
6.7 Results of the Pilot Study 144
6.8 Results 144
6.8.1 Main Findings 144
6.9 Discussion 147
6.9.1 Polyvictimisation Prevalence among Young Offenders 147
6.9.2 Polyvictimisation Modules among Young Offenders 148
6.9.3 Polyvictimisation and Psychosocial Dysfunction 149
6.10 Limitations 150
6.11 Chapter Summary 152
CHAPTER SEVEN: Parental Monitoring Techniques in Saint Lucia: An Examination of Parental Knowledge, Parental Structure, Child Disclosure and Parental Solicitation 154
7.1 Chapter Overview 154
7.2 Conceptualising Parental Monitoring 155
7.3 The Difference between Parental Control and Parental Structure 157
7.4 Objectives 159
7.5 Method 159
7.5.1 Research Design 159
7.5.2 Participants 159
7.5.3 Procedure and Sampling Techniques 160
7.5.4 Measures 161
7.5.5 Statistical Analyses 163
7.5.6 Ethical Considerations 164
7.6 Results 165
7.6.1 Main Findings 165
7.6.2 Parental Monitoring Techniques among the Main Caregiver categories 166

7.6.3 Parental Monitoring among Males and Females, and Older and Younger Adolescents 167
7.7 Discussion 170
7.7.1 Internal Consistency and Correlations 170
7.7.2 Parental Monitoring among Primary Caregivers 171
7.7.3 Parental Monitoring of Males, Females, Younger Adolescents and Older Adolescents 172
7.8 Limitations 173
7.9 Chapter Summary 175
CHAPTER EIGHT: Family Stressors as Correlates of Polyvictimisation among Saint Lucian Adolescents 177
8. 1 Chapter Overview 177
8.2 Family Stressors and the Family Stress Model 177
8.3 The Disorganised Family Variable and Associated Factors of Polyvictimisation 178
8.4 The Covid-19 Pandemic as an unexpected Family Stressor 181
8.5 The Inclusion of Parental Monitoring in the investigation of Polyvictimisation 181
8.6 Aims and Objectives 183
8.7 Method 183
8.7.1 Participants 183
8.7.2 Materials and Measures 184
8.7.3 Procedure and Sampling Technique 185
8.7.4 Ethical considerations 187
8.7.5 Statistical Analyses 188
8.8 Results 188
8.8.1 Main Findings of this Study 188
8.8.2 Parental Knowledge as a Mediator between Family Stressors and Polyvictimisation 195
8.9 Discussion 197
8.9.1 Family Stressors as correlates of Polyvictimisation 197
8.9.2 The Association between Polyvictimisation and Family Stressors 198
8.9.3 Parental Monitoring Practices among Polyvictims 199
8.9.4 Parental Knowledge as a Mediating Variable between Family Stressors and Polyvictimisation 200
8.10 Limitations 200
8.11 Chapter Summary 202
CHAPTER NINE: Family Structure, Parental Bonding and Parental Knowledge among Polyvictims in Saint Lucia 204
9.1 Chapter Overview 204
9.2 The Importance of Parent-Child Bonds 205
9.3 Family Structure and its Association with Polyvictimisation 207
9.4 Study's Aims and Objectives 210
9.5 Method 210
9.5.1 Materials and Analyses of Data 210

9.6 Results 212
9.6.1 Main Findings 212
9.6.2 The Role of Parental Bonding in the pathway from Parental Knowledge to Polyvictimisation 215
9.7 Discussion 217
9.7.1 Parent-Child Bonds and Family Structures among Adolescents including Polyvictims 217
9.7.2 The type of Parent-Child Bonds that exist in Single Mother Households, Step-Families and Nuclear Families of Polyvictims 218
9.7.3 The Mediating Role of Parent-Child Bonds 219
9.8 Limitations 219
9.9 Chapter Summary 220
CHAPTER TEN: General Discussion 222
10.1 Chapter Overview 222
10.2 Summary of Major Findings 222
10.3 General Limitations of the Thesis 226
10.4 Implications of the Results obtained in this Thesis 228
10.5 Application of the Findings of this Thesis in formulating Interventions 235
10.6 Directions for Future Research 237
10.7 General Conclusion 242
References 245
Glossary of Terms 279
1.2 Definitions of Key Terms 279
Appendices 284
Appendix A. Ethical Approvals from the University of Nottingham 284
Appendix B. Ministry Approvals 288
Appendix C. Permission Request Letters 296
Appendix D. Information Sheets and Consent Forms 304
Appendix E. Questionnaires / Instruments 319

List of Figures

Chapter Two

Figure 1 Theoretical Conceptualisation of the presence of Polyvictimisation ……...26

Chapter Four

Figure 2 The focus of each Chapter presented in this Thesis as they relate to the three Studies conducted……..74

Chapter Eight

Figure 3 Regression Coefficients for the Relationship between Family Stressors and Polyvictimisation as Mediated by Parental Knowledge (N =136)……..196

Chapter Nine

Figure 4 Regression Coefficients for the Relationship Between Parental Knowledge and Polyvictimisation as Mediated by Parent-Child Bonds (N = 136*)*……216

Chapter Ten

Figure 5 New Family Stressors Models of Polyvictimisation Exposure which introduces three Independent and Mediating Variables: Family Risk Factors/Stressors, Parental Knowledge and Parent-Child Bonding……241

List of Tables

Chapter Five

Table 1 Number of Student Polyvictims, Males and Females, Older and Younger Students, belonging to HAPS, MAPS, and LAPS reporting Victimisations higher than the Mean in each Victimisation Module (N = 213)……...……...117

Table 2 Internalised, Externalised and Attention Problems among Past Year (N = 213) and Lifetime Polyvictims (N=243)..... 119

Table 3 Binary Logistic Regression Analysis for Past Year Polyvictims (N = 213)……...119

Table 4 Binary Logistic Regression Analysis for Lifetime Polyvictims (N = 243)……120

Table 5 Past Year and Lifetime Polyvictimisation among Males and Females Students, Students aged 12 – 14 and 15 – 17, and Students attending HAPS, MAPS AND LAPS (N = 468*)*……..123

Table 6 Significant Polyvictimisation Modules among Independent Variables (Age Cohort, Gender, School Type*)*……..……..124

Table 7 Psychosocial Dysfunction among Past Year (N = 213) and Lifetime Student Polyvictims (N = 243), both Male and Female, aged 12 – 14 and 15 – 17, and Polyvictims attending HAPS, MAPS AND LAPS……126

Chapter Six

Table 8 Number of Polyvictimised Offenders reporting Victimisations higher than the Mean in each Victimisation Module (N = 8)……..146

Chapter Seven

Table 9 Mean, Standard Deviation and other Descriptive Statistics of the Parental Monitoring Techniques Scales (N = 129)……167

Table 10 Kruskal-Wallis Mean Ranks of the three main types of Caregivers ('Mother', 'Father' and 'Both Parents') regarding Parental Knowledge of whereabouts, Parental Structure and Sources of Information (N=126)……..168

Table 11 Mann Whitney analysis of Parental Knowledge, Child Disclosure, Solicitation and Parental Structure between females (n = 50) and males (n = 79), and 12 – 14 year olds (n = 39) and 15 – 17 year olds (n = 90) (N = 129)……169

Chapter Eight

Table 12 Presence of Family Stressors among the Sample of Students……191

Table 13 Spearman's Rho Correlation between Polyvictimisation and Family Stressors ……..191

Table 14 Spearman's Rho correlation between Polyvictimisation and Family Stressors, Parental Knowledge and Parental Solicitation (N = 136)……194

Chapter Nine

Table 15 Percentage of Adolescents found in each Parent-Child Bond Quadrant for the Sample and Polyvictims……213

Table 16 Family Structures among the Sample (N = 131) and Polyvictim Cohort (N = 49)…..214

Table 17 Types of Parent-Child Bonds among Polyvictims (N = 49) who live in single Mother, Mother/Stepfather and Nuclear Family Structures……215

CHAPTER ONE: Introduction: Purpose, Context and Objectives of this Thesis

1.1 Purpose of the Study

The overarching goal of this thesis was to investigate polyvictimisation in Saint Lucia. The term 'polyvictimisation' is relatively unheard of in the Caribbean, particularly in Eastern Caribbean countries. Eastern Caribbean countries consist of eleven countries (Antigua and Barbuda, Dominica, Grenada, Montserrat, Saint Kitts and Nevis, Saint Vincent and the Grenadines, Saint Lucia, Anguilla, British Virgin Islands, Guadeloupe and Martinique). Polyvictimisation refers to the experiencing of several different types of victimisations. These experiences may be simultaneous or consecutive. David Finkelhor, in defining polyvictimisation focused on victimisations in six main areas: conventional crimes such as theft and assault, peer/sibling victimisations (e.g. bullying), child maltreatment, sexual victimisations and exposure to or witnessing violence. Online experiences of harassment and exploitation have also been included along the polyvictimisation spectrum (Mitchell et al., 2011; Pereda et al., 2015; Finkelhor et al., 2015). In this thesis, 36 different victimisations were examined using the Juvenile Victimisation Questionnaire. This instrument was designed by Finkelhor et al. (2005) to identify the presence of different types of victimisations. Polyvictims were classified as adolescents who experienced seven or more different victimisations in the past year on the Screener Sum Version of the Juvenile Victimisation Questionnaire. On the Reduced Items Version of the Juvenile Victimisation Questionnaire, polyvictimisation was identified as experiencing five or more different victimisations in the past year.

International studies have produced a plethora of research on polyvictimisation, with several researchers showing an association between polyvictimisation and psychological distress (Ford et al., 2010, Finkelhor et al., 2005, 2011, Leoshut & Kafaar, 2017). Psychological distress

or psychological trauma often present in adolescents as both internalised and externalised problem behaviours (Álvarez-Lister et al., 2014). To date, no studies have been conducted in Saint Lucia which explore the psychological distress among adolescents, particularly those who have been exposed to traumatic experiences.

A few regional researchers explored the impact of multiple traumatic experiences and polyvictimisation on adolescents in other Caribbean territories. For example, Rollocks et al. (2013) examined the associations between experiencing multiple traumatic events and certain mental health symptoms among adolescents in Trinidad. Multiple traumatic experiences were found to be associated with a range of mental health sequelae in adolescents. Additionally, the younger adolescents, those belonging to the 10 – 12 age cohort, were found to have higher psychological symptom presentations than the older adolescents. In Jamaica, Samms-Vaughan and Lambert (2017) studied exposure to violence and polyvictimisation using a child completed Exposure to Violence questionnaire. That instrument contained questions on exposure to community violence, as well as modifications of the original Conflict Tactics Scales (Straus & Hamby, 1995). Exposure to polyvictimisation was found to have a direct negative effect on intellectual functioning and behavioural risk for males. Additionally, an indirect negative effect on achievement among 11 – 12 year old polyvictims was found.

To date, no studies regarding polyvictimisation among children and/or adolescents have been conducted in Saint Lucia despite international evidence (Finkelhor et al., 2005, 2009; Ford et al., 2010; Cyr et al., 2013; Peña Cárdenas et al., 2022; Natukunda et al., 2021; Pereda et al., 2014). In fact, no research in Saint Lucia has captured such a broad range of negative, concurrent or simultaneous experiences of adolescents. Similarly, no research has investigated family risk factors for exposure to polyvictimisation, parental monitoring and/or the role of parental bonding

in polyvictimisation. This research project is the first of its kind in the exploration of polyvictimisation and provides a scientific contribution to the field of childhood victimology. It aims to provide a more holistic and representational inventory of child-related victimisations in Saint Lucia among a sample of adolescents. Furthermore, its uniqueness lies in the applicability of a theoretical tripod in framing the presence of polyvictimisation among this sample of Saint Lucian adolescents.

1.2 Victimisation and Polyvictimisation as defined in this Thesis

The concept of being victimised is commonly regarded as involving deliberate acts that are intentionally targeted. It is believed to involve the singling out of an individual, and consciously and deliberately committing offences against them. Traditionally, victimisations are only regarded as a 'victimisation' if the receiver perceives the act as a personal attack. However, there is danger in that ideology, particularly when negative experiences happen to children. Negative experiences that children encounter may or may not be intentional, deliberate or targeted. However, due to their vulnerability, children are often not able to express that they have been wronged and/or that an experience or event has impacted them. Even with abuses, such as sexual victimisations, studies found that most children keep their abuses a secret or postpone disclosing for significant periods of time (Gomes-Schwartz et al., 1990). Paine and Hansen (2002) listed several psychological factors that inhibited children's disclosure of abuse. As Brennan and McElvaney (2020, p. 98) noted "non-disclosure and delayed disclosure continue to be prevalent among children and adolescents who experience sexual abuse". Hence, it is potentially misleading to relegate childhood experiences as minor and to assume that no impact has been had.

Furthermore, adults oftentimes make judgements as to what constitutes an adverse and/or impactful experience. Whether an act committed against a child is in fact a victimisation, is most times deemed by adults. While it can also be argued that for an act to be considered a victimisation, it must engender emotional distress, the absence of such does not discredit that the act was committed and that a social norm was violated. Finkelhor (2007, p. 10) defined victimisations as "harms that occur to individuals because of other human actors behaving in ways that violate social norms". It was further noted that it is the "human agency" and the "norm violations" that create a "*potential* for traumatic impact" (Finkelhor, 2007, p. 10). Boullier and Blair (2018, p. 132) also define adverse experiences as "*potentially* traumatic events". For the purpose of this research project, a victimisation will refer to acts that meet two main criteria: 1) involving human behaviour, and 2) violating social norms.

There is an obligation henceforth, as governed by the United Nations Convention on the Rights of Children (1989), Articles 13 and 19, to "protect child[ren] from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse" and to ensure that children have "the right to freedom of expression". The government of Saint Lucia became a signatory to the Convention on the Rights of the Child on the 16th of July, 1993.

This research project attempts to address such ideologies by:

1. Directly surveying adolescents regarding experiences to which they have been exposed, and
2. Using a broad range of experiences that have been identified in many high-income countries as constituting victimisations.

The Juvenile Victimisation Questionnaire (JVQ) is used in this thesis to capture the range of negative experiences to which adolescents have been exposed. Although it can be argued that several of the items are common, everyday experiences, it should not be discounted that adolescents experience many of the 36 situations presented, all of which can be potentially traumatic. In this research project, an adolescent who endorses any of the situations listed in the JVQ is considered a victim of that situation and has experienced that particular victimisation. Polyvictimisation therefore, refers to the endorsement of several different experiences. The objective of this thesis was not to determine the traumatic experiences of adolescents, and as such did not assess whether or not each of these experiences *caused* emotional trauma. However, this thesis presented the broad range of experiences had by adolescents in Saint Lucia.

1.3 The Saint Lucian Context

The Caribbean Island of Saint Lucia, also known as the *Helen of the West*, is renowned for its rich culture, volcanic mud baths and white, sandy beaches. Saint Lucia's famous landmark, the *pitons* mountains, sprout majestically on the southwestern coast and add to the grandeur and beauty of the island. Saint Lucia is one of an archipelago of islands found in the Caribbean Sea located between North and South America. Saint Lucia occupies a total land mass of 238 square miles south of Martinique and north-east of Saint Vincent and the Grenadines. Tourism is the main contributor to Saint Lucia's economy accounting for approximately 41% of the country's Gross Domestic Product (The World Bank, 2021, p. 136). It is the main source of jobs, income and foreign investments. With an estimated population of just over 180,000, the unemployment rate stood at 17% in 2016 (The World Bank, 2021). A reduction in the poverty rate was observed between 2006 and 2016, with 25% of the population estimated to be living

below the poverty line. As noted in the World Bank Report (2021, p. 136), "the government [of Saint Lucia] had made progress in building economic resilience and fiscal sustainability prior to the pandemic, including designing a rules-based Fiscal Responsibility Framework (FRF) and diversifying the economy". However, poverty is expected to increase sharply due to the decline in the tourism industry arising from the Covid-19 pandemic. Women are regarded as being highly susceptible to unemployment as they are more likely to be employed in the tourism industry (The World Bank, 2021). This increases the likelihood for exposure to child and adolescent victimisations as relationships have been found between unemployment and child abuse rates (Raissian, 2015).

Globally, children are at risk for abuse. Child Abuse is defined as "all forms of physical, emotional ill treatment, sexual harm, neglect or negligent treatment, commercial or other exploitation, resulting in actual harm or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power" (World Health Organisation, 1999). In the United States, 676, 000 children were victims of neglect and abuse in 2016 (Zeanah & Humphreys, 2018). In 2019, the Crime Survey for England and Wales reported that 20.5% of adults (N = 1969) aged 18 – 74 disclosed experiencing at least one type of sexual abuse prior to age 16 (National Society for the Prevention of Cruelty to Children, 2021). Similarly, in Saint Lucia and other neighbouring islands, children are exposed to abuse. The United Nations International Children's Emergency Fund ([UNICEF], 2017, p. 43), found that a total of 1341 child abuse cases had been reported between 2010 and 2015 in Saint Lucia. Sexual abuse accounted for 34% of those reported cases. Physical abuse accounted for 32%, neglect/abandonment 28%, while only 84 cases of verbal abuse was recorded for that period. Data reported by the Division of Human Services, the sole Child Care and Protection Agency on

the island, showed a total of 292 child abuse cases in 2019. In St Vincent and the Grenadines, a neighbouring Caribbean country, the Child Development Division reported approximately 300 cases of child abuse and neglect for the same period. Sexual abuse was reported by 23% of the cases, while 30% were cases of physical abuse.

At Child Protection agencies in Saint Lucia and neighbouring islands, children's experiences are categorised to reflect four to five main categories (physical abuse, sexual abuse, neglect or abandonment and psychological abuse). Verbal abuse may also be included. A report of any of these abuses is recorded under the appropriate category. As such, data in these countries reflect the prevalence of each of these forms of abuses. However, the data collected do not reflect the multiple or cumulative experiences some children may have. Concurrent and/or consecutive victimisation experiences are not captured. In other words, it is possible that a percentage of children simultaneously experience sexual abuse, physical abuse, and psychological abuse. While the data collected from these agencies show the prevalence of each type of abuse, they do not show to what extent children experience two or more of these abuses. Additionally, these children may also experience bullying at school or domestic violence. These forms of abuses are not reported by Child Care and Protection Agencies.

In Saint Lucia, adolescents continue to be disproportionately vulnerable. While there is an implicit acknowledgement by stakeholders of the multiple negative experiences being faced by young people on the island, there is a lack of comprehensive data of such experiences. Additionally, socio-economic factors which may contribute to victimisation exposure have not been investigated. For the purpose of this thesis, victimisations will include any type of conventional crime such as theft or physical assault, child maltreatment such as neglect,

abandonment or physical abuse, exposure to domestic or community violence, bullying or peer violence, sexual exploitation, or adverse online experiences.

In Saint Lucia, adolescents in conflict with the law represent a particularly vulnerable group in society. Up until 2019, the law allowed children 16 years and older to be arrested, to be tried and sentenced as adults. This meant that a 17 year old would be placed at the Borderlais Correctional Facility, the adult maximum security prison, after having committed a serious offence. The Children and Young Persons Act of 1952 allowed for such a placement. In 2019, two major Acts were passed: the Child Justice Act and the Child Care, Protection and Adoption Act. The passing of these Acts signified major advancements in the field of juvenile justice as the definition of a child moved from individuals under the age of 16 to individuals under the age of 18. Also, Saint Lucia, along with several other Eastern Caribbean countries embarked on a Juvenile Justice Reform Project which placed greater emphasis on youth diversion. This Reform Project sought to establish the distinction between the treatment of adolescents experiencing behavioural problems and those with delinquent problems (UNICEF, 2017, p. 49).

In spite of these legislative gains, there still exists a number of deficiencies in the justice system. As noted in the UNICEF (2017) Situation Analysis Report, there is no national action plan that governs prevention intervention programs. Not only does this lead to a lack of prevention programs altogether, but there is no policy to guide the interventions of the various Ministries and non-governmental organisations. Central to this though, is the absence of research involving the adolescent offending population. To date, there have been no published studies to explore the experiences, prior victimisations and/or socio-economic factors in the lives of young persons in conflict with the law. With no available data to drive evidence-based practices, how effective then can the current intervention programs with these adolescents be?

In Saint Lucia, factors listed as contributing to the victimisation of children and adolescents range from age and gender, to poverty. UNICEF (2017) reported the association between poverty, particularly among women, single female-headed families and exposure to child abuse, but stressed the need to closely examine the nature and structure of those female-headed families. In recognition of the importance of parenting in reducing victimisation exposure, the Division of Human Services developed a Positive Parenting Manual used by Child Protection practitioners to improve parenting capacity. This manual consists of nine modules, with topics ranging from child development and understanding family issues, to alternative discipline and teaching children the essentials. While the basic tenets of a parenting program have been included in this Manual, it was not informed by local research evidence.

This thesis, therefore, sought to explore polyvictimisation among adolescents in an effort to provide a more holistic inventory of the different types of experiences they have. This was done by: 1) using both descriptive and inferential statistics to examine the presence of polyvictimisation and its relationship with psychosocial dysfunction, and 2) identifying stressors within the family that are related to polyvictimisation. The results obtained in this thesis will contribute to societal change by: 1) informing intervention and preventative programs for child polyvictims in Saint Lucia, and 3) allowing for a proactive approach to planning familial and socio-economic programs.

1.4 Research Statement/s

This current research project is intended to explore the presence of polyvictimisation. It premises that polyvictimisation occurs among adolescents in Saint Lucia, is related to problems in psychosocial functioning, and occurs in relation to multiple stressors within the family.

Findings of previous research regarding polyvictimisation are extended by investigating the following statement:

> *Polyvictimisation is present among a sample of adolescents and is related to psychosocial dysfunction and stressors within the family.*

1.5 Main Objectives

This research project sought to explore polyvictimisation in Saint through two main objectives:

1. To examine the presence of polyvictimisation and psychosocial dysfunction among two cohorts of adolescents: those within the Secondary school system and those in conflict with the law.
2. To identify stressors within the family that are correlated with polyvictimisation.

1.6 Thesis Structure

Three empirical studies were conducted in this thesis. The first explored the presence of polyvictimisation and psychosocial problems among secondary school adolescents and offending children. This study screened for polyvictimisation using the Juvenile Victimisation Questionnaire: a 36-item screening instrument which broadly covered victimisation across six areas. These areas included exposure to: Conventional Crime, Child Maltreatment, Peer and Sibling Victimisation, Sexual Victimisation, Witnessing and Indirect Victimisation and Online Victimisation (Finkelhor et al., 2005).

The second study introduced the parental monitoring techniques variable. For the purpose of this thesis, parental monitoring techniques refer to the extent to which parents, 1) know the

whereabouts of their children, 2) ask questions about their children, 3) receive information from their children, and 4) provide clear guidelines. These monitoring techniques were operationalised using three scales from the Parental Knowledge Questionnaire (Parental Knowledge, Parental Solicitation, Child Disclosure) (Kerr, Stattin & Burk, 2010; Stattin & Kerr, 2000), and the Parental Structure scale (Wellborn & Grolnick, 1988). Correlations between Parental Knowledge and the other scales were found, in addition to the internal consistency of these scales. Scales with the highest internal consistency and strongest correlation were selected and included in the final study.

The final study of this thesis focussed on identifying factors within the home environment that correlated with polyvictimisation. Several family problems proposed by Finkelhor et al. (2009) were analysed. Additionally, this study examined the association between polyvictimisation, parents' knowledge of their children, and parent-child bonds.

It is imperative to note that the final study of this thesis was conducted during the Covid-19 pandemic. This impacted the data collection process of that study which examined family factors and parental bonding in relation to polyvictimisation. However, it should also be noted, that during the data collection period, the island of Saint Lucia had reported fewer than 10 cases of the Covid-19 virus. Additionally, job losses and economic fallouts of the pandemic only began in late 2020 with the closure of the tourism sector. Nonetheless, caution in generalising the findings of the final study should be taken as the sample's perception of their relationship with their parents may have been affected by the perceived stress and psychological distress (Bussone et al., 2020) associated with the pandemic.

The ecological theory has been widely used in victimisation studies to draw attention to the multi-systemic impact of victimisations. In this thesis, polyvictimisation in the Saint Lucian

context is being investigated in relation to stressors that exist within the exosystem that engender disruptions within the microsystem. As such, the Ecological Theory formed the theoretical framework of this research project. Chapter Two presented the theoretical framework of the occurrence of polyvictimisation in Saint Lucia.

CHAPTER TWO: Theoretical Framework: Use of the Ecological Model, the Family Stress Theory and Attachment Theory

2.1 Chapter Overview

It is the position of this thesis that the occurrence of polyvictimisation is related to several family stressors which impact the parental supervision and emotional bonds between parent and child. The main purpose of this chapter is to present a theoretical position which explains the occurrence of polyvictimisation. The chapter begins with a synopsis of the theory used in this research project, and its applicability. Finkelhor (1988) presented the traumatic stress theory within the developmental victimology framework to explain the detrimental effects of trauma on children and adolescents. Section 2.3 explores the limitations in scope of this theory, with the following sections, 2.4, 2.5 and 2.6, delineating the main theoretical approach of this project. The ecological model, inclusive of the ecological-cumulative risk model, is explained, with examples of its relevance and applicability given. The tenets of both the family stress theory and attachment theory are also outlined and are also essential in delineating the theoretical framework of this thesis. The chapter concludes by succinctly stating the theoretical framework for polyvictimisation likelihood using these three theories.

2.2 Theoretical Framework Overview

The framework of this thesis explains the systems which may contribute to and influence polyvictimisation. The ecological model is the overarching theoretical lens through which the project was presented. The family stress theory and the attachment theory however, are used to explain the occurrence of family stressors and different parent-child bonds which increase vulnerability to victimisations. The applicability of the ecological model to this research project

lies in its ability to provide insight into situations within the adolescent's microsystem and exosystem which contribute to polyvictimisation exposure. Bronfenbrenner's (1977) ecological theory describes the interrelatedness of systems. It purports that events and situations within one system affect what happens in other systems. This ultimately impacts a child's development. It is the position of this thesis that multiple socio-economic problems that occur within an adolescent's exosystem, affect parent-child bonds and supervision practices, with the latter two occurring within the microsystem. These socio-economic problems can be defined as family stressors.

2.3 The Traumatic Stress Model and its Limitations

The traumatic stress theory was purported by Finkelhor (1988) as the predominant theoretical framework for understanding the impact of victimisation. This theory is founded on the premise that some victimisations occur repeatedly, as with neglect and bullying, while some events like sexual assault may be a singular occurrence (Finkelhor et al., 2007). As Finkelhor et al. (2011) pointed out, children who encounter repeated victimisations and several different types of victimisations may be at an increased risk for *complex trauma*. Complex trauma is often regarded as the multifaceted, long-term impact of traumatic exposure. According to Cook et al. (2005, p. 390), children exposed to complex trauma often experience lifelong problems, which place them at risk for cumulative trauma exposure and impairment.

Using the Traumatic Stress Model, Finkelhor (1995) studied victimisation across the changing phases of childhood and adolescence, by conceptualising childhood victimisation using a developmental approach. This was an emerging body of knowledge in developmental victimology. Developmental victimology focussed on "how victimisation changes across the developmental life span of childhood" (Finkelhor, 2007, p. 10). Finkelhor (1995, p. 178) posited

two distinct developmental pathways to victimisations: 1) *risk*, which includes factors such as age, gender, personality, capacity for self-protection and stage of development, and 2) *impact*, which refers to how children respond to victimisation and includes "stage-specific capabilities and vulnerabilities". Both pathways theoretically explain children's vulnerability and likelihood of being victimised.

A major advantage to the developmental victimology perspective is recognition of "functionally equivalent acts" (Finkelhor, 2007, p. 12). Finkelhor (2007) noted the distinction in the descriptive language and jargon used to label acts committed against children and adults. For example, whereas the act of one adult hitting another may be labelled as an assault, the same act is not labelled as such when it involves children. According to Finkelhor (2007), there is the assumption that some acts are "less serious or less criminal" when they occur during childhood (p. 12). This theoretical approach is therefore useful is explaining the prevalence of non-violent acts against children.

This theoretical model points out the long term impact of victimisation, provides two developmental approaches to its likelihood, and highlights the functional equivalence of violent acts across the life span. However, it does not emphasise the context or social environment of the victimisation. This may require an ecological perspective. Until recently, the focus of many victimisation studies has primarily been on identifying polyvictimisation and multiple maltreatment, and establishing the association between poor mental health and trauma symptoms. Little emphasis was placed on the environments which foster victimisation conditions. This led to several studies being conducted to examine the social context within which childhood victimisations occur. Turner et al. (2017), attempted to examine the role of psychosocial resources, specifically family support, peer support, self-esteem, and mastery as

mediating factors between polyvictimisation conditions and emotional distress. Findings supported the hypothesis that the negative effect of polyvictimisation on the mental well-being of adolescents was partly due to its damaging influence on "core psychosocial resources" (Turner et al., 2017, p. 772). Other studies have examined childhood victimisations within the context of single-parent and step-parent families, and socio-economic problems that exist within the family. This thesis examined polyvictimisation and socio-economic problems within the family that may be correlated to polyvictimisation. In spite of the theoretical advantages of the developmental victimology perspective, the ecological theory was employed in conceptualising the presence of polyvictimisation in families in Saint Lucia.

2.4 The Ecological Framework

The ecological theory of human behaviour is rooted in the pioneering work of Urie Bronfenbrenner (1979) which underscores the multi-contextual approach to understanding environmental interactions. The core concept of an ecological model is that behaviour has multiple levels of influences, often including intrapersonal (biological, psychological), interpersonal (social, cultural), organisational, community, physical environmental, and policy (Sallis et al., 2015, p. 466). Ecological theory sets a plausible framework for understanding how various "neighbourhood characteristics such as poverty, population mobility, and housing status impact residents' propensity towards child maltreatment" (Paulsen, 2004, p. 66). The principal tenet of the ecological framework is the role of both internal and external factors in influencing behaviours, situations and events. This perspective allows for deeper understanding of the broad spectrum of factors that put people at risk for violence or protect them from experiencing or perpetrating violence. Used in deducing the nature of victimisation, the ecological perspective

suggests that violence at home by the caregiver creates an "aversive environment" at home (Salzinger et al. 2006 cited by Ellonen & Salmi, 2009, p. 24)

According to Bronfenbrenner's theory, five interrelated, environmental systems exist that influence childhood development. The *microsystem* describes the most immediate level where children have direct interactions during their daily activities with their environment. This includes the home and family of origin, inclusive of parents, carers, siblings and other relatives, as well as the school and peer groups. Here, according to Cross et al. (2015), certain behaviours are influenced and reinforced. Kennedy (2007) noted that the family, school and also an intimate partner relationship are typical examples of microsystems for adolescents. The interaction between components of the microsystem is defined as the *mesosystem*. It describes the relationships and linkages within the microsystem that affect behaviour. For example, the interaction between parents and teachers significantly impacts a child's behaviour. The *exosystem* is the "social context with which the child does not have direct contact, but which affects him or her indirectly" (Espelage, 2014, p. 258). Such social contexts include a parent's workplace and a school's infrastructure and climate. At the *macrosystem* level lies the broader societal, cultural, political and economic ideologies that shape institutions and trends, which act as an overarching blueprint for shaping beliefs and patterns of behaviour (Cross et al. 2015; Kennedy, 2007). The tacit acceptance of violence and childhood physical maltreatment are examples of macrosystemic processes. The fifth system in the ecological model, known as the *chronosystem*, represents the consistencies, changes and transitions that an individual experiences over the life course. It is the interrelatedness of each of these systems along with the interaction, relationships and situations *within* each that engender a set of factors that influence the likelihood of victimisation exposure.

According to the ecological framework, multiple environments and the interactions within and among each environment, influence human behaviour. As Ellonen and Salmi (2011, p. 24) aptly noted, experiences in one context will affect how children function in other contexts and therefore have an influence across all domains. As such, when this perspective is taken into consideration, victimisation experiences occur, not only as a result of individual characteristics, but also as a consequence of events and situations which occur within the mesosystem, exosystem, macrosystem and chronosystem of a child. These situations may be construed as risk factors and may be cumulative. In this thesis situations within an adolescents' exosystem will be investigated to determine their association to polyvictimisation.

The ecological model is applicable to the Saint Lucia context as several factors, particularly within Bronfenbrenner's macrosystem and chronosystem, impact children's development and functioning. The impact of these systemic factors may be direct or indirect. An example of this was reflected in Jones and Jemmott (2009, 2013) which investigated the perception, attitudes and opinions of child sexual abuse in the Eastern Caribbean. Jones and Jemmott (2009) cited implicit social sanctioning, harmful sexual cultures, lack of collective public outrage, complicit females, ineffective reporting systems and patriarchal values, as some of the factors which perpetuate the abuse of children (p. 236). While this thesis acknowledges the importance of each of these systems in producing victimisation vulnerability and exposure, it does not address and/or examine each system. For example, cultural ideologies and practices, judicial systems, and law enforcement policies all contribute to victimisation exposure in Saint Lucia but were not examined in this research project.

2.4.1 The Ecological-Cumulative Risk Model

Within the body of knowledge surrounding child maltreatment and polyvictimisation, *cumulative risk* was found to more strongly predict behavioural problems than early maltreatment exposure (MacKenzie et al., 2011). Cumulative risk is formally defined as the combination of risks posed by aggregate exposure to multiple agents and/or stressors (National Research Council, 2009), This cumulative process was used both by Finkelhor and his colleagues in their assessment of multiple victimisations, as well as by Ellonen and Salmi, (2011) during their research on the risk factors associated with polyvictimisation.

The cumulative risk hypothesis asserts that the accumulation of risk factors impacts developmental outcomes. It implies that the greater the number of risk factors, the greater the prevalence of clinical problems (Sameroff, 2000, cited by Appleyard et al., 2005, p. 235). In fact, Rutter (1979) highlighted the negative effects of co-occurring risk factors on later developmental outcomes. Turner et al. (2012) also found evidence of the cumulative risk model, reporting increases in trauma symptom levels with each additional 'safe, stable, and nurturing'' relationship (SSNR) risk factor to which children were exposed. Appleyard et al.'s (2005, p. 241) study provided further support for the cumulative risk hypothesis as it was found that the number of risks experienced during early childhood, predicted behavioural problems in adolescence. Such risks included child maltreatment experiences, inter-parental violence, family disruption, low socioeconomic status, and high parental stress. The strength of the cumulative ecological risk model was also highlighted by MacKenzie et al. (2011) in their study surrounding the etiology of child maltreatment. In that study, most single factors had failed to predict later maltreatment reports and no single variable provided odd-ratios as powerful as the predictive power of the cumulative index. They argued that continuing the shift away from simplistic causal

models toward an appreciation for the cumulative nature of risk, would be crucial to conceptualising intervention and support programs.

The cumulative model is, however, not infallible. Evans et al. (2013) have noted that cumulative risk studies examine the number of risks experienced by individuals rather than the intensity or pattern of risk exposures. Nonetheless, despite its limitations, ecological models can be used to develop comprehensive intervention approaches that systematically target mechanisms of change at each level of influence (Sallis et al., 2015, p. 466).

The large scope of the ecological theory in explaining victimisation likelihood has been widely documented. This thesis examines a number of stressors within the exosystem which affect the dynamics within an adolescent's microsystem. Such dynamics include decreased monitoring practices and poor parent-child emotional bonds.

2.5 The Family Stress Theory

Family stress can be regarded as any disturbance that disrupts the natural homeostasis of a family. Sometimes referred to as family demands, family stress consists of (a) normative and nonnormative stressors (discrete events of change); (b) ongoing family strains (unresolved, insidious tensions); and/or (c) daily hassles (minor disruptions of daily life) (Patterson, 2002, p. 350). These disturbances emerge from within the family's context or may be external to the family.

The family stress theory, proposed by early researchers such as Conger et al. (2000), is a developmental theory which focusses on the adaptation systems within some families. These systems allow for growth during situational stressors or transitional events and provide a plausible explanation for why some family units deteriorate and disintegrate under similar

circumstances. The family stress theory is often used to describe a process by which the experience of severe economic pressure undermines parents' mental health and parenting, and subsequent child adjustment (Conger & Elder, 1994, cited by Masarik & Conger, 2017). Low income, high debt, welfare assistance, unemployment and extreme poverty, influence family functioning and child adjustment primarily through the "economic pressures" they generate (Neppl et al., 2016, p. 13). Studies have shown that poverty or economic pressure negatively impact parents' psychological well-being and contribute to interparental conflict. These disruptions "spill over" into interactions with children and lead to "harsh and inconsistent parenting, a key proximal influence on the social and emotional well-being of children" (Neppl et al., 2016, p. 13).

Masarik and Conger (2017, p. 8) noted that with the occurrence of economic stress, "the psychological and relational resources of adults with children were severely depleted". This caused parents to resort to inconsistent or harsh disciplinary practices, fewer monitoring practices, or withdrawal of their support and affection". The culminating effect is vulnerability to multiple forms of victimisations and increased psychosocial malfunctioning on the part of the children. This theory was supported by Simons et al. (2016), who investigated the relationship between family financial hardship and various child adjustment problems among African American teens. Both the Family Stress Model and the Family Investment Model were examined. Simons et al. (2016, p. 507) found that economic stress was positively associated with caregiver depression, which in turn, was positively correlated with caregiver conflict, and negatively correlated with parental warmth and child management. According to Simons et al. (2016), the family stress model provided a more robust explanation regarding the association

between economic hardship and increased conduct problems among African American adolescents.

The impact of stressors on parenting practices was also investigated by Salzinger et al. (2006). Using an ecologically framed theory, Salzinger et al. (2006) introduced a four-domain model which assumed that the quality of parenting is affected by stress, and that perceived household, neighbourhood, and family stress affected parenting negatively. Salzinger et al. (2006) found that families plagued with economic, structural and household strains had, 1) a significantly increased risk for poor parenting, 2) a greater likelihood of physical and verbal victimisation among children, and 3) less secure attachments between children and parents. It is also highlighted that parents of households with economic and social strains reported less involvement in their children's everyday lives. The work of Salzinger et al. (2006) was significant in also elucidating the impact of family stressors on the parent-child bonds. In recognition of this, the attachment theory is used to assist in framing the theoretical perspective of this research project.

2.6 Attachment Theory

Attachment can be defined as a "special, enduring form of 'emotional' relationship [or bond] that forms in maternal-infant or primary caregiver-infant relationships" (Perry, 2001, p. 2). Often, these primary caregivers are referred to as attachment figures (Prior & Glaser, 2006). Perry (2001), noted three features necessary for an attachment bond: 1) that there is an enduring emotional relationship with a specific person, 2) that the relationship engenders safety, and 3) that loss of the attachment figure "evokes intense distress" (p. 2). Attachment theory was first proposed by John Bowlby, who argued that affectional bonds between a child and his/her

primary caregiver(s) are adaptive to survival and reduce the child's risk of being harmed (Bowlby, 1982 cited by Muller, Thornback & Bedi, 2012). Attachment theory, another key theoretical aspect of this study, was purported by Ainsworth (1978) and Bowlby (1975) and used a developmental ecological approach to focus on how an individual's experience with attachment figures, affects what is perceived as threatening as well as what patterns of coping are shown in response to such threats (Crittenden & Ainsworth, 1989). As Fitton (2012) noted, the tenets of attachment theory are based on patterns of connectedness that exist, not only for survival, but also for connection.

The focus of attachment theory is on the various ways in which a child reacts to separation and reunification with the main caregiver. Attachments describe the behavioural and emotional functioning that result from the caregiver's response to the child's distress. Ainsworth's (1989) Strange Situation experiment produced three distinct patterns of attachments: secure attachment, insecure/anxious-avoidant attachment and insecure/anxious-ambivalent or resistant attachment. Both anxious attachments constitute an insecure attachment pattern. According to the Ainsworth's (1989) study, securely attached infants demonstrated active exploration in the caregiver's presence, normal distress at separation, active greeting, and subsequent calming after the caregiver's return (Riggs, 2010). As Prior and Glaser (2006) noted, the securely attached infant uses his mother as a secure base from which to explore. Infants become securely attached to individuals who *consistently* and *appropriately* respond to their attachment behaviours (Morton & Browne, 1998). Conversely, it is the insensitive behaviour of the mother towards the infant that engenders insecure attachments. Infants with insecure avoidant attachment patterns show little to no distress at caregiver separation and no response upon reunification. Infants with insecure ambivalent attachments however, respond to the

mother's departures with immediate and intense distress, with signs of anger and other contact-maintaining behaviour. The main caregiver's return is met with ambivalence. A fourth category of attachment, referred to as disorganised attachments, was developed by Main and Solomon (1986, 1990). This type of attachment style describes a situation involving contradictory infant behaviours with no coherent strategy, along with a mixture of the other attachment strategies (Riggs, 2010). A key feature of this attachment style is that children who are considered to reflect this particular pattern, are also given one of the other three attachment labels based on their reunification reaction.

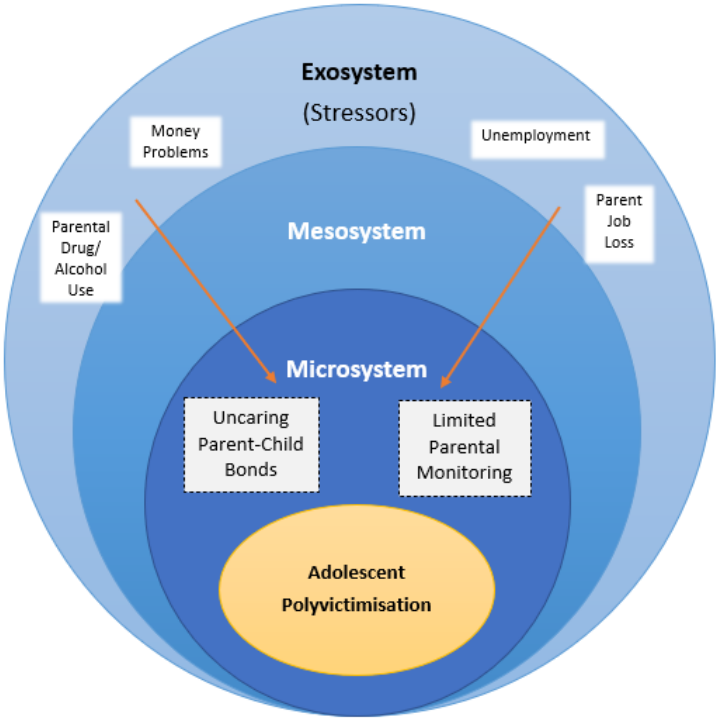
Parker, Tupling and Brown (1979)'s concept of parental bonding was rooted in attachment theory but focused on the "parental contribution to [the] parent-child bond" (Parker, Tupling & Brown, 1979, p. 1). Parker, Tupling and Brown (1979) studied the work of Rutter (1972), Bowlby (1969), Ainsworth et al. (1978) and Roe and Siegelman (1963) and noted that the behaviours and attitudes of parents that contribute to bonding was "influenced by two principal source variables: a care dimension and a dimension of psychological control" (Parker, Tupling & Brown, 1979, p. 2). While the care dimension refers to nurturing, affection and warmth, the control dimension describes the extent to which parents are overprotective and intrusive. Parker, Tupling and Brown (1979) developed the Parental Bonding Instrument which used four quadrants to delineate the four types of parent-child bonds that are formed from variations in the provision of care and control. These four parent-child bonds, Affectionless Control, Affectionate Constraint, Optimal Parenting and Neglectful Parenting, are described in Chapter Nine, and are used to determine the relationship between parental bonding and polyvictimisation.

2.7 Theoretical Framework of the Occurrence of Polyvictimisation among Adolescents in Saint Lucia

The occurrence of multiple victimisations and its impact on adolescent well-being have been conceptualised using a developmental approach. Factors such as a child's age and gender, as well as their response to victimisation experiences have been cited by Finkelhor (1995) as possible explanations for a child's vulnerability to victimisation. However, that developmental approach excludes the significance of social and economic factors within the child's family environment. This thesis acknowledges the importance of context in the occurrence of multiple victimisations among children. Polyvictimisation occurrence is conceptualised using both the family stress theory and the attachment theory embedded within an ecological framework (See Figure 1). It is the position of this thesis that polyvictimisation is likely when several family stressors within the exosystem create disruptions within the microsystem. Stressors such as parental unemployment, job loss or financial problems, impact parental monitoring and different types of parental bonding.

Figure 1

Theoretical Conceptualisation of the presence of Polyvictimisation



Note: This Figure depicts the theoretical framework of polyvictimisation among a sample of adolescents in Saint Lucia. This thesis posits that family stressors within the exosystem, such as parental unemployment and job loss, affect microsystemic factors such as parental monitoring and parental-child bonds, which in turn influence polyvictimisation.

2.8 Chapter Summary

The purpose of this chapter was to present the framework within which this thesis was conducted. Using the family stress theory and the attachment theory, integrated in the ecological-cumulative model, this thesis is framed on the basis that polyvictimisation occurs in relation to multiple and cumulative stressors within the exosystem of adolescents, which ultimately affect parental monitoring practices and parental attachment bonds.

This chapter presented the theoretical basis for this research project. The chapter began with a synopsis of the limitations of the application of the traumatic stress theory to this study and other research which examined the socio-cultural characteristics of polyvictimisation. Additionally, the main concepts underpinning the ecological theory and the ecological-cumulative risk model were discussed, along with the family stress theory and attachment theory.

As previously mentioned, one of the main aspects of this research project was identification of polyvictimisation among adolescents in Saint Lucia. A plethora of literature abounds which highlight the occurrence of polyvictimisation in high income countries (Pena Cardenas, 2022; Natukunda et al., 2021; Turner et al., 2010; Soler et al., 2012; Pereda et al., 2015; Finkelhor et al., 2005, 2007, 2009, 2011). Studies have also revealed the presence of polyvictimisation among adolescents in the juvenile setting (Kerig, 2018; Ford et al., 2013; Alvarez et al., 2016). Moreover, polyvictimisation has been found to be associated with a number of psychological conditions among young people (Ford et al., 2010; Guerra et al., 2016; Turner et al., 2017). However, as evidence will show in the following chapter, there is a paucity of polyvictimisation research in the Caribbean. Chapter Three therefore, presents a review of the literature on polyvictimisation, its conceptualisation process, and other aspects of this condition relevant to the scope of this thesis.

CHAPTER THREE: Polyvictimisation, its Pathway and Parental Monitoring: A Review of the Literature

3.1 Chapter Overview

The purpose of this literature review is to highlight gaps within the polyvictimisation literature which this thesis aimed to address. As evidence shows, two main gaps in the literature were, 1), the paucity of polyvictimisation research in the Caribbean and, 2) the lack of research regarding the association between polyvictimisation and several socio-economic problems in the family. In this chapter, polyvictimisation is explained. Its negative impact on adolescent functioning is also presented. By the end of the chapter five main points are made clear:

(i) That polyvictimisation is present among adolescents in high-income countries. However, there is no data regarding the prevalence of polyvictimisation in Saint Lucia

(ii) That it is imperative that polyvictimisation among adolescents be investigated given its relationship to psychosocial dysfunction, complex trauma, and other psychopathological conditions

(iii) That it augurs well to identify specific family problems that are associated with polyvictimisation as these problems may in fact be risk factors

(iv) That parenting and its function exist within the cultural context of societies

(v) That despite variations in its conceptualisation, parental monitoring has been found to be a protective factor against various forms of victimisations

Prior to David Finkelhor's conceptualisation of polyvictimisation, earlier studies focused on adverse childhood experiences and child maltreatment. This chapter opens with a brief description of both positions (See Figure 3). Section 3.3 then focuses on Finkelhor's definition of polyvictimisation, with concise explanations of the different modules used in researching

adolescent experiences. Polyvictimisation among adolescents in other countries is then presented, which provides insight into the cross-cultural applicability of the condition. Polyvictimisation has been widely studied with several researchers establishing an association between polyvictimisation and psychopathology, and also psychosocial dysfunction. As such, Section 3.4 explores the effects of polyvictimisation among adolescents. Discussed next is the "disorganised families" pathway to polyvictimisation presented by Finkelhor et al. (2009) and the limitations that exist within that pathway that this thesis addressed. The discrepancy between Western and non-Western societies in how the role of parenting is conceptualised is also discussed in this literature review. Emphasising this discrepancy became necessary since parenting practices in Saint Lucia, such as parental monitoring, are being investigated in this thesis. This literature review ends by providing research which highlight, 1) the protective nature of parental monitoring, 2) the various conceptualisations of the construct 'parental monitoring', and 3) parental bonding as a feature of parental monitoring.

3.2 Adverse Childhood Experiences, Multi-type Maltreatment and Re-Victimisation

Prior to the study of polyvictimisation, there had already been research highlighting the negative impact of early childhood experiences. Although these studies on early negative experiences differed according to the range of experiences they investigated, there was general consensus that, 1) negative events occur during childhood years, and 2) that these events affected an individual's functioning and well-being.

One such foundational study was conducted by Felitti et al. (1998). These researchers conducted the Adverse Childhood Experiences (ACE) Study using over 9000 adults. Adverse experiences are thought of as experiences that are atypical to normal child development that

"overwhelm the normal coping resources" of a child (Finkelhor, 2020, p. 2). Boullier and Blair (2018, p. 132) defined adverse experiences as "*potentially* traumatic events that *can* have negative lasting effects on health and well-being". Felitti et al. (1998) in recognition of "lifestyle factors" as contributors to poor health, sought to determine the role of childhood experiences in the medical problems experienced in adulthood. That study retrospectively investigated the effects of childhood abuse and household dysfunction during childhood on adult health. Health conditions such as heart disease, cancer, chronic lung disease and liver disease were studied. In that study, 10 adverse childhood experiences were examined: the 'Childhood Abuse' scale was operationalised using three categories: psychological or emotional abuse, physical abuse and contact sexual abuse, while the 'Household Dysfunction' scale looked at exposure to substance abuse, mental illness in the household, violent treatment of mother, parental separation or divorce and criminal behaviour. Emotional and physical neglect were also included. Afifi et al. (2020) also described ACE's as a set of 10 experiences which occur prior to adolescents: physical, sexual and emotional abuse, emotional and physical neglect, parental divorce, violence toward the mother, the presence of mental health problems in the family, substance use within the family and household incarceration.

Felitti et al. (1998) found a "strong and cumulative" impact of adverse experiences during childhood on adult health (p. 251). A strong relationship was found between childhood abuse and household dysfunction, and "multiple risk factors for several of the leading causes of death in adults" (Felitti et al., 1998, p. 251). That study also found that persons who reported exposure to one form of abuse and/or dysfunction in the home, also reported exposure to another category of abuse and household dysfunction. They concluded that it was important to consider "a wide

range of related adverse experiences" when investigating childhood exposure to negative events (p. 251).

Research on the impact of early childhood experiences was also investigated by Higgins and McCabe (1998). However, Higgins and McCabe (1998) focussed primarily on abuses related to child maltreatment. Child maltreatment was defined as exposure to, (a) sexual abuse; (b) physical abuse; (c) psychological maltreatment; (d) physical neglect; and (e) witnessing family violence (Higgins & McCabe, 2001, p. 548). Higgins and McCabe (1998) investigated the effects of multiple types of victimisations among children. *Multi-type maltreatment* was coined by Higgins and McCabe (1998) to refer to the coexistence of one or more of five types of child maltreatment. The term described the experiences of individuals who had been exposed to abusive or neglectful behaviours in more than one of the five categories mentioned (Higgins & McCabe, 2000). According to Higgins and McCabe (2001, p. 548), distinguishing individuals who only experience one type of maltreatment (single-type maltreatment) from individuals who experience "more than one type of abuse and neglect (multi-type maltreatment)" is necessary in child maltreatment research. This distinction should occur to "*overcome the limitations of research which evaluates each type of abuse or neglect in isolation*" (Higgins & McCabe, 1998, p. 53).

Higgins (2004) too, found most maltreated individuals experienced not just repeated episodes of one type of maltreatment but experienced other forms of abuse or neglect (p. 51). It was during their investigation of behavioural adjustment among children that Higgins and McCabe (1998) noted the importance of acknowledging the contribution of all types of maltreatment when examining its relationship to adjustment. As reported:

"when multiple types of maltreatment are not assessed simultaneously, the association between a specific type of maltreatment and adjustment cannot be accurately described unless all other types of maltreatment have been excluded as a potential explanation for the observed maladjustment" (Higgins & McCabe, 1998, p. 55).

Exposure to multiple types of maltreatment or various adverse experiences also draw attention to the concept of repeated victimisations. Variations in its operationalisation though, have led to the interchangeable use of the terms revictimisation and repeat victimisation. Revictimisation, or repeated victimisation, has traditionally referred to experiences of victimisations in adulthood after abuses have occurred during childhood. These childhood abuses usually involve sexual abuse (Arata, 2000). Arata (2000, p. 28) defined repeated victimisations as "having experienced child sexual abuse and a separate incident of adolescent/adult victimisation". Revictimisations can also refer to consecutive experiences of the same type of victimisation (Outlaw, Ruback & Britt, 2002). Nonetheless, there is general consensus that adverse experiences, particularly during childhood, increase the probability of subsequent victimisations. This becomes relevant as adverse experiences in childhood, at times occur consecutively.

Studies have also shown that early victimisations in one module or domain, lead to victimisations in other modules (Finkelhor et al., 2007). Two major findings from Finkelhor et al. (2007) support the concept of revictimisation and the likelihood of repeated victimisation among polyvictims: 1) that there was a higher likelihood of revictimisation among children who had experience a victimisation the year before, and 2), that polyvictims were highly vulnerable to further victimisations of all types. Furthermore, as Finkelhor et al. (2007) noted, the propensity for revictimisation extended to a wide range of other victimisations. For example, children who

report sexual victimisations had previous experiences of property crimes. According to Finkelhor et al. (2007, p. 492) “virtually all types of victimisations were associated with elevated vulnerabilities for all other kinds of subsequent victimisations”.

3.2.1 The Expanded Scope of Adverse Childhood Experiences

As research involving childhood experiences evolved, there was consensus on the need to expand the scope of adverse experiences being investigated. Finkelhor et al. (2013) sought to expand the scope of the original Adverse Childhood Experiences checklist by replicating the ACE study among a sample of adolescents, and by introducing other victimisations and adversities. The relationship between emotional distress and a total of 20 additional victimisations and adversity items was examined. Finkelhor et al. (2013) found “strong associations” between distress and added adversities such as peer victimisation, property victimisation, parents always arguing, exposure to community violence and socio-economic status (p. 73). Finkelhor et al. (2013) concluded that it was possible to improve the original ACE scale by adding some adversities, such as peer victimisation. Finkelhor (2020) later reviewed data on adverse childhood experiences in the 21st century which included a broad range of experiences. Declining trends were found in physical abuse, sexual abuse, physical and emotional bullying and exposure to community violence as well as in exposure to domestic violence, childhood poverty, parental divorce.

Since Felitti et al.’s (1998) study, there has been acknowledgement of the contribution of a myriad of other negative experiences occurring during childhood that affect both child and adult outcomes. Finkelhor et al.’s (2013) study, among others, have led to an expansion in the scope of investigation of adverse experiences among children. The original ACE questionnaire has now morphed into the Adverse Childhood Experiences-International Questionnaire (ACE-

IQ), which is a 31-item instrument recommended by the World Health Organisation to investigate negative childhood experiences. Items assess a broad range of experiences including relationships with parents, family environment, peer violence, witnessing community violence and exposure to war/collective violence. It should be noted though, that this instrument was recommended for use among persons 18 years and older, maintaining the retrospective approach used in the original ACE study.

3.2.2 Socio-Familial Factors as Adverse Experiences or Risk Factors of Victimisations

One distinction in the conceptualisation of adverse experiences and polyvictimisation rests in the way socio-familial factors are viewed. Socio-familial factors include conditions or familial contexts such as family income, employment situation and parental educational level (Rodríguez Rodríguez & Guzmán Rosquete, 2019). Felitti et al.'s (1998) recognition of the importance of family factors in childhood development led to the inclusion of the 'Household Dysfunction' scale on the adverse experiences instrument. Conditions such as exposure to substance abuse, mental illness in the household, violent treatment of mother, parental separation or divorce and criminal behaviour, were, and continue to be acknowledged as adverse experiences and are assessed alongside interpersonal experiences such as physical and sexual abuses. In fact, the original Adverse Childhood Experiences instrument has since expanded to include several other interpersonal and familial social factors.

While the polyvictimisation perspective also acknowledges the significance of the familial context, it differs slightly in its assessment and conceptualisation of such factors. Finkelhor et al. (2005, 2007) assess children's exposure to family related abuses, such as domestic abuse, using the Juvenile Victimisation Questionnaire. However, several socio-familial factors were conceptualised as pathway models leading to the occurrence of polyvictimisation.

Finkelhor et al.'s (2009) 'Disorganised/Problem Families' variable included several socio-familial characteristics such as parental incarceration, parental drug/alcohol use, job loss, and homelessness. This variable, as well as the 'Dangerous Families' variable, were both found to be significant in the trajectory to polyvictimisation.

The distinction in how socio-familial factors are viewed and assessed lay in the conceptualisation of what constitutes such factors. Social conditions within the family can be viewed as potentially traumatic and as such are in fact victimisations or adverse experiences for children. However, such conditions may also be viewed as risk factors which contribute or lead to victimisations. This points to Price-Robertson et al.'s (2013) assertions that there are no lines of demarcations between different childhood adversities, and that it is misleading to believe that adversities occur in isolation. Finkelhor (2020, p. 2) also noted that there is no definitive list of adverse experiences. Regardless of the perspective used in researching childhood experiences, adverse experiences, multi-type maltreatment or polyvictimisation, three common resolutions exist:

1. That there is continued need to identify the negative experiences to which children are exposed
2. That children do in fact experience a number of different types of adversities, at times simultaneously
3. That these experiences engender or are associated with negative outcomes, physically and psychologically

Although this research project uses the adverse experiences model as its foundation, the polyvictimisation perspective was the focus of this research project since one of its objectives was to investigate family stressors that correlate with polyvictimisation. Therefore, socio-familial

factors were viewed through the polyvictimisation lens as contributing to or leading to multiple victimisation experiences. It is the premise of this thesis that adolescents, 1) are exposed to several different types of experiences that can "potentially be traumatic and have lasting negative effects" (Boullier & Blair, 2018, p. 132), and 2), experience victimisations in several domains (e.g. peer victimisations). The polyvictimisation perspective, 1) acknowledges the occurrence of adverse events during childhood, 2) incorporates a wide range of negative experiences, 3) solicits experiences directly from children and adolescents, and 4) views family problems, such as parental unemployment and financial challenges, as a pathway leading to multiple childhood victimisations. Furthermore, as aptly noted by Finkelhor et al. (2013, p. 71), directly asking adolescents about their exposure to different experiences "allows for more accurate and comprehensive assessments of childhood events". Additionally, by administering the questionnaires to adolescents, this thesis attempts to facilitate Article 13 of the United Nations Convention on the Rights of the Child which speaks to a child's freedom of expression.

3.3 Polyvictimisation: An Overview

Polyvictimisation refers to the occurrence of different types of victimisations. It considers exposure to several victimisations, rather than the experience of multiple occurrences of the same kind (Finkelhor et al. 2011). This multidimensional approach to childhood experiences allows for investigation of various forms of victimisations, including those often missed by researchers such as bullying, sibling victimisations and online victimisations. Finkelhor et. al (2007), investigated the condition of polyvictimisation and the accumulation of different types of victimisations across multiple social domains. The effect of individual victimisations declined

substantially when other victimisations were accounted for. Polyvictimisation encompasses several victimisation experiences which are categorised according to modules.

3.3.1 Polyvictimisation Modules

Polyvictimisation, as an accumulation of several types of victimisation experiences, is accounted for by exposure to five of the following areas (Finkelhor et al., 2005). A sixth module, Online Victimisation, examines the extent to which an adolescent is exposed to online harassment and unwanted sexual solicitation (Mitchell et al., 2011; Pereda et al., 2015).

- Conventional Crime

These victimisations include criminal offences such as robbery, theft, vandalism, assault with and without a weapon, and kidnaping. According to Pereda et al. (2014), males and older adolescents are more likely to be the target of this form of victimisation than females, with theft being the most common form of property victimisation (Pereda et al., 2014; Cyr et al., 2013)

- Child Maltreatment

This four-item module consists of victimisations by caregivers that reflect offences of concern to child protection agencies including physical and psychological abuse, neglect and custodial interference or family abduction. Radford et al. (2013) found that maltreatment by parents or caregivers affected a large majority of children and adolescents in a sample of English students. Psychological abuse appears to be the most common form of victimisation in this module (Pereda et al., 2014; Cyr et al., 2013)

- Peer and Sibling Victimisation

This module covers the common offences of childhood and include the forms of victimisation of most interest to professionals in schools and similar settings such as Gang or Group Assault, Peer or Sibling Assault, Nonsexual Genital Assault, Bullying, Emotional

Bullying and Dating Violence (Hamby et al., 2005). Although some researchers have omitted this module from their study involving younger children, victimisation by peers or siblings has been recorded as the most prevalent experience of victimisation (Radford et al., 2013; Finkelhor et al., 2007; Finkelhor et al., 2009). Additionally, female adolescents appear to be victims of emotional bullying more often than male counterparts, with boys experiencing greater exposure to gang/group assault (Pereda et al., 2014).

- Sexual Victimisation

Finkelhor et al. (2009) pointedly observed that sexual victimisation and maltreatment, were the only two types of victimisations that continued to make a substantial (and significant) contribution to the prediction of trauma symptoms in a sample of American children and adolescents. These types of victimisations were termed "gateway" victimisations. Sexual victimisation was found to be more prevalent among girls (Cyr et al., 2013; Soler et al., 2012). It includes sexual assault by a known adult, nonspecific sexual assault, sexual assault by a peer, attempted or completed rape, flashing or sexual exposure, and verbal sexual harassment (Soler et al., 2012).

- Witnessing and Indirect Victimisation

This victimisation module refers to being a witness to domestic violence, parent assault of a sibling, assault with and without weapons, burglary of family household, murder of a family member or friend, witness to murder, exposure to random shootings, terrorism or riots, and exposure to war or ethnic conflicts. According to Soler et al. (2012), witnessing and indirect victimisation were the most frequent kind of victimisation suffered by a sample of Spanish adolescents.

3.3.2 Polyvictimisation in Multiple Social Settings

There is general consensus among polyvictimisation researchers that polyvictimisation occurs in several locations and across modules (Turner et al., 2015 cited by Jackson-Hollins et al., 2017). This suggests that many adolescents are victims of conventional crime, maltreatment, sibling and peer victimisations, sexual violations and indirect exposure to violence concurrently. Pereda et al. (2014) found that adolescent polyvictims had experienced victimisations in four or more modules during their lifetime. Cyr et al.'s (2013) study revealed that the majority of lifetime polyvictims were victimised in more than one module. Among that sample of adolescents, 41% of the 12–14 year old lifetime polyvictims were victimised in four modules and 20% in all five modules. The majority of 15–17 years old polyvictims had encountered victimisations in four (37%) or five modules (42%) (Cyr et al. 2013, p. 5). Cyr et al. (2013, p. 6) concluded that victimisation in multiple modules may have engendered persistent feelings of unsafety, presumably across multiple social domains.

Jackson-Hollins et al. (2017) provided evidence to support the occurrence of victimisations in different social settings. An investigation was conducted into the extrafamilial victimisation and psychological well-being of adolescents. One of the most critical findings of that study, was that three quarters of the lifetime polyvictims identified, were victimised in *three or four different locations* whereas the majority of non-polyvictims were victimised in only one or two locations. Jackson-Hollis et al. (2017) also noted that the increasing number of locations in which polyvictims encounter victimisations may help to explain why polyvictimisation has such adverse effects on young people.

It is also upon this premise of 'across-settings experiences' that Ho and Cheung (2010) based their study. That study examined the effects of overall violence exposure and the number

of settings in which violence was encountered. It also explored the effects of violence exposure in specific settings on adolescent adjustment. To capture the type and setting in which violence occurred, a Multiple Forms of Violence Scale was developed. This Scale covered two forms of violence experience (witnessing and victimisation) in three settings (community, school, and home) (Ho & Cheung, 2010, p. 1316). A total of 405 adolescents with a mean age of 13.59 participated in this study. Violence exposure across all three settings (community, school, and home) had a more significant effect on emotional functioning than violent encounters in one to two setting(s) (Ho & Cheung, 2010). Ho and Cheung (2010) further posited that adolescents who encounter victimisation and/or witnessing of violence in multiple social settings are at a greater risk for emotional dysfunction. This is in part due to the feelings of hopelessness that emerge as they interpret all their environments (home, school and community) as unsafe. It is equally interesting to note that that study revealed "gender differences in psychosocial adjustment", with girls reporting more internalising problems, such as anxiety and depression, whereas the boys exhibited higher rates of externalising problems (Ho & Cheung, 2010, p. 1331).

Given these and other findings, it appears that polyvictimisation is not merely the accumulation of multiple types of victimisations, but also, and perhaps more poignantly, the occurrence of such experiences *across different settings*. Polyvictimisation therefore, can be conceptualised as a product of the accumulation of a number of risk factors across several social domains. This then justifies the need to explore the risk factors specific to these locations that increase the likelihood of victimisation in various settings.

Polyvictimisation has been widely investigated. Much of the research has been conducted in countries such as the United States, the United Kingdom, Spain, Canada, Finland and China with varying rates of polyvictimisation being recorded. However, differences in the presence of

polyvictimisation among adolescents in these countries are due to the various thresholds used to categorise polyvictimisation. Additionally, polyvictimisation is conceptualised differently which results in varying measures being employed to investigate it. For example, in a recent study of the prevalence of polyvictimisation among a sample of adolescents in Saudi Arabia, Al-Eissa et al. (2019) employed the International Society for the Prevention of Child Abuse and Neglect's (ISPCAN) screening measure. Although that instrument, the ISPCAN Child Abuse Screening Tool Children's version (ICAST-C), consists of 36 items ranging from neglect to exposure to community violence, it does not assess lifetime victimisation experiences.

3.4 Measuring Polyvictimisation

The Comprehensive Child Maltreatment Scale (CCMS) was developed by Higgins in an effort to both determine and measure an individual's exposure to maltreatment. This instrument measured experiences of the five different types of child maltreatment. According to Higgins and McCabe (2001), endorsement of two or more of those types, was an indication of multiple maltreatment. A major advantage of the CCMS is its use of continuous scales to evaluate the severity and range of maltreatment experiences. Continuous scales allow the researcher to determine the extent to which children experience more than one type of child maltreatment. This can be done within a single research design (Higgins & McCabe, 2001). While the CCMS measures five types of maltreatment using multiple questions for each type, it is gravely limiting in its scope of victimisation experiences. Allen (2008) employed the CCMS in his study on childhood psychological maltreatment experiences. That study sought to establish the predictive ability of a caregiver's terrorising, degradation, ignoring, and isolating behaviour during childhood, on the occurrence of psychological disorders in young adulthood. Such disorders

included anxiety, depression, somatic complaints, and features of borderline personality disorder. Different forms of psychological maltreatment in fact emerged as predictors of emotional adjustment in young adults aged 18 to 22.

Many researchers have noted that measuring the experience of polyvictimisation can be quite challenging and is largely contingent on the robustness of an assessment instrument. Accurate evaluation of the impact of child maltreatment necessitates the assessment of a broad range of maltreatment experiences. This is to ensure that the unique impact of a particular form of child maltreatment is determined (Higgins, 2004). To fully explore the nature and scope of polyvictimisation, Finkelhor et al. (2005), designed the Juvenile Victimisation Questionnaire (JVQ), an instrument consisting of 34 different types of victimisations. Polyvictimised youth were categorised as those who had experienced four or more of these specific victimisations. Finkelhor et al. (2005), using the JVQ, reported that the effect of a single victimisation was almost negligible when other victimisations were accounted for. Although sexual victimisation was highly predictive of psychological symptoms, there was no significant contribution of sexual victimisation by itself when the multiple victimisations were controlled. This suggested that adolescents who had experienced multiple victimisations were the ones manifesting traumatic responses. The victimised adolescents who reported just one form of victimisation had much less or in some cases no detectable trauma (Finkelhor et al., 2005). According to Turner et al. (2016), the experience of several victimisations cross multiple social settings formed the basis of the damaging effects of polyvictimisation.

As Price-Robertson et al. (2013) reported in their comparison of the multi-type maltreatment and polyvictimisation theoretical frameworks, the central difference [between both child victimisation measures, the CCMS and the JVQ] is one of scope, the difference between

experiences of child abuse and neglect, and a greater number of childhood victimisation experiences. Finkelhor et al.'s (2005) JVQ covers the full spectrum of victimisation experiences to include child maltreatment, conventional crime victimisations, and sexual assaults, as well as other topics such as bullying. The breadth and detail [of the JVQ] provides an avenue to record incidents had by young people that have not been previously assessed using many categories of victimisations (Finkelhor et al., 2005). Therefore, the breadth of the polyvictimisation instrument makes it well suited for measurement of the short-term incidence of victimisation experiences and trauma (Price-Robertson et al., 2013).

While both the multi-type maltreatment and polyvictimisation research instruments significantly contribute to the overall understanding of childhood victimisations, the suitability of the instrument employed is contingent on the nature of the study being conducted. Price-Robertson et al. (2013) noted that there are times when a broad measure of a wide variety of victimisation experiences will be most appropriate (i.e., polyvictimisation). On the other hand, some studies require detailed measurement of specific child maltreatment experiences (i.e., multi-type maltreatment). Since the aim of this research project is to examine the range and different forms of adversity experienced by a sample of adolescents, as opposed to the severity of these victimisations, the JVQ polyvictimisation instrument is better suited for this project. Further discussion regarding the choice and applicability of the JVQ to this research project occurs in the Methodology chapter.

3.5 Variations in the Operationalisation of Polyvictimisation

Polyvictimisation among adolescents has been extensively researched. Variations in the operationalisation and measurement of both polyvictimisation and psychopathology have yielded

different rates of polyvictimisation. Haahr-Pedersen et al. (2020) conducted a systematic review of polyvictimisation studies, and examined the definitions used by groups of researchers to identify polyvictimisation. A total of 22 studies were analysed, each of which used Finkelhor et al.'s (2005) Juvenile Victimisation Questionnaire. Other eligibility criteria included using a sample of children and/or adolescents aged 0 – 17, using quantitative methodology, assessing at least four different types of victimisation experiences, and exploring child and/or adolescent psychopathology as the dependent variable.

This systematic review highlighted the use of various operational definitions of polyvictimisation despite using the same victimisation instrument. Haahr-Pedersen et al. (2020) found four main variations to the operationalisation of polyvictimisation:

(i) Cumulative method. In this method, polyvictimisation is "a continuous sum variable of either endorsed victimisation items or a sum of aggregated victimisation categories" (Haahr-Pedersen et al., 2020, p. 7)

(ii) Categorical method. This method employs either, (a) specific threshold or cut-off scores that are usually obtained from a standard cut-off score set by other researchers or from the study's sample mean of victimisations, or (b) a percentile that is related to the highest number of victimisations experienced.

(iii) Empirical method. The focus of this method is identification of different categories of victimisation exposure. Clusters, subgroups, and latent class profiles are created.

(iv) Other methods. In this approach, polyvictimisation is defined as a "five-predictor model or latent construct" (Haahr-Pedersen et al., 2020, p. 7) using the items on the Juvenile Victimisation Questionnaire.

Variations in the threshold score and operationalisation of polyvictimisation classification however, make cross comparisons among studies difficult (Haahr-Pedersen et al. 2020). For example, Chan et al. (2013) found lifetime prevalence of 14% and past year prevalence of 9.5% among adolescent polyvictims with a threshold of four types of victimisations. Cyr et al. (2013) also used the over four threshold and found that 23% of 12-17 year olds were past year polyvictims, while 73% were lifetime polyvictims. Finkelhor et al. (2005, 2007) used a threshold of five or more in many of their research. However, Soler et al. (2012) classified polyvictims as adolescents who had experienced nine or more different forms of victimisations, while Jackson-Hollis et al. (2017) defined past year polyvictims as those who scored higher than the mean on aggregated past-year victimisation scores, equating to three or more victimisations. As Pereda et al. (2014, p. 641) noted, variations in polyvictimisation research among countries support the need to explore the distribution and determinants of child victimisation, as well as "the extent of polyvictimisation in different sociocultural contexts". In this thesis, polyvictimisation was operationalised using the categorical approach, with the polyvictimisation threshold being set at exposure to seven or more different types of victimisations as established by other researchers (Hamby et al., 2013; Turner et al., 2013; Pereda et al., 2014).

3.6 Prevalence Rates of Polyvictimisation in High-Income Countries

David Finkelhor's concept of polyvictimisation among children and adolescents has extended beyond the United States with several international studies garnering relatively consistent findings. Polyvictimisation among children and adolescents has been established in countries such as Switzerland (Latsch et al., 2017), Spain (Alvarez-Lister et al., 2014, 2016; Suarez-Soto et al., 2018) and Canada (Cyr et al., 2013, 2017) (Haahr-Pedersen et al., 2020).

Cyr et al. (2013), for example, in their investigation of polyvictimisation among a nationwide sample of Canadian children and adolescents aged two – 11 and 12 to 17, used the cumulative approach and found that the majority of Quebec's children were victimised during their lifetime (76%) and during the past year (61%). Furthermore, eight percent of the children in that sample were past year polyvictims, with seven percent experiencing four to six past-year victimisations (low polyvictimisation), and one percent experiencing seven or more victimisations (high polyvictimisation) (Cyr et al., 2013). Although these results were similar to those obtained by Finkelhor et al. (2009; 2010) in a nationally representative sample of children of similar age in the U.S., where 80% were victimised during their lifetime and 69% during the past year, Finkelhor et al. (2005) identified seven percent of high polyvictimised adolescents. Higher rates of polyvictimisation were recorded by Pereda et al. (2014) in a sample of Spanish adolescents with a total of approximately 20% of the sample being regarded as polyvictimised in the past year (15.2% in the low polyvictimisation group (four to six forms), and finally, 4.1% in the high polyvictimisation group (seven or more forms). Overall, 69% of Spanish youth reported at least one type of victimisation during a one-year period and 83% at some point in their lifetime (Pereda et al., 2014).

It should be noted too, that while both studies used the JVQ to determine the prevalence rate of polyvictimisation, Pereda et al. (2014) included two new items in relation to electronic victimisation: electronic harassment and sexual solicitations using electronic devices, and found that electronic victimisation was reported by 12.6% of children during their lifetime and by approximately nine percent in the past year, with higher rates found in girls in both time frames (Pereda et al., 2014).

Lower rates of victimisation and polyvictimisation were reported by Chan (2013) who examined the prevalence of victimisation and its associated effects on the mental health of adolescents. Alternatively, Chan (2013) found a lifetime prevalence rate of victimisation of only 71% and a polyvictimised rate of 14% among Chinese adolescents aged 15 – 17. The Chinese version of the JVQ was employed in this study. Notably though, are Chan's (2013) findings regarding the negative health outcomes of these adolescents. According to that study, polyvictims were more likely than non-victims and victims of one to three forms of violence to show symptoms of PTSD and depression, ideation of deliberate self-harm and suicide, as well as poorer health-related quality of life (Chan, 2013). Chan (2013) supported Finkelhor's argument that polyvictimisation has a more deleterious effect on a victim's mental health than a single form of victimisation.

Despite the differences in the prevalence rates found, these studies consistently revealed the presence of polyvictimisation among children and adolescents. There is general acknowledgement among researchers regarding the importance of using this multidimensional approach to investigate childhood and adolescent experiences. This acknowledgement comes from the association that has been found between polyvictimisation and poor health outcomes, and psychosocial dysfunction.

3.7 Polyvictimisation, Complex Trauma, Psychopathology and Psychosocial Dysfunction among Adolescents

It is important that polyvictimisation be investigated among adolescents in Saint Lucia, given the abundance of research that illustrates the association between polyvictimisation and

psychosocial dysfunction. Polyvictimisation has also been associated with complex trauma and other psychopathologies such as depression.

3.7.1 Polyvictimisation and Complex Trauma

The association between polyvictimisation and trauma has well been established with the genesis of this relationship commencing in child maltreatment studies. The cumulative effect of multiple victimisations has been underscored by several researchers. These researchers explained the particularly dire impact of the additive component of polyvictimisation on adolescents. Copeland et al. (2007) for example, reported that prior childhood experiences of interpersonal traumatic stressors and events such as abuse and domestic violence may put adolescents at risk for Post-Traumatic Stress Disorder (PTSD). Ford et al. (2010) investigated polyvictimisation, risk of posttraumatic stress, depression, and substance use disorders among adolescents. Adolescents in the polyvictimisation subgroups were more likely than non-traumatised adolescents to meet criteria for psychiatric disorders. Additionally, these adolescents had double the risk of depression, triple the risk of PTSD, three to five times increased risk of substance use disorders and five to eight times increased risk of comorbid disorders. Ford et al. (2010, p. 551) explicitly noted that:

"In addition to the single diagnoses of Post-Traumatic Stress Disorder, Major Depressive Disorder, and Substance Use Disorders, the polyvictimised adolescents…were at substantial risk for complex comorbid combinations of these disorders. Thus, no single diagnosis, even when four DSM-IV Axis I diagnoses were considered, appeared sufficient to characterise polyvictimised adolescents. Complex traumatic stress disorders resulting from polyvictimisation also may involve a wider range of symptoms (e.g., dissociation, self-harm)" (Ford et al. 2010)

The term ‘complex trauma’ was used by Finkelhor et al. (2011) to describe the presentation of children who are repeatedly victimised, and who experience several different types of victimisations. Courtois (2004, cited by Bailey et al., 2007, p. 140) also used the term “complex trauma” to describe the effects of exposure to several different negative events on adolescent adjustment. These events include child maltreatment, domestic violence and attachment-related trauma occurring within the family context. Complex trauma (developmental trauma, or complex PTSD) is regarded as a consequence of exposure to several victimisations. According to Briere and Scott (2015, p. 516), complex trauma embodies “multidimensional symptoms which arise from multiple traumatic events”. These events, 1) typically begin during childhood, 2) occur repeatedly over a period of time, and 3) are often committed within the home environment or caregiving system (Courtois & Ford, 2009). Lawson and Quinn (2013) noted that complex trauma often occurred in “chaotic” environments.

3.7.2 Polyvictimisation and Psychopathology

Childhood trauma such as sexual and physical abuse, neglect, exposure to domestic violence, and assaults by peers, have been associated with a wide range of later psychological symptoms, including anxiety, depression, anger, dissociation, sexual concerns, and “acting out” or externalising behaviours (Arata et al., 2005; Putnam, 2003, cited by Hodges et al., 2013; Haahr-Pedersen et al., 2020).

Polyvictimisation has also been linked to suicidal ideation among adolescents (Suarez-Soto et al., 2018). Suarez-Soto et al. (2018) explored the association between polyvictimisation and suicidality among adolescents in welfare and juvenile justice systems and found suicide ideation was twice as high among the sample of polyvictims. Similarly, Turner et al. (2012) investigated both the independent and cumulative effects of exposure to multiple victimisations

which occurred within the past year on suicidal ideation in a sample of adolescents. Victimisations included peer victimisation, witnessing family violence, community violence, sexual assault, and maltreatment. One item from the Trauma Symptoms Checklist for Children was used to assess suicidal ideation, with a binary suicidal ideation variable being created. Turner et al. (2012) found polyvictimisation to be the most powerful predictor of suicidal ideation among adolescents. In that study, 16% of adolescents who fell within the polyvictim category reported suicidal ideation in the past month (Turner et al., 2012). It should be noted that in that study, polyvictims were classified as those adolescents who experienced seven or more different types of victimisations in the past year. Finkelhor et al. (2005) however, identified "low polyvictims" as adolescents who had experienced four to five victimisations. In Turner et al.'s (2012) study, this cohort of polyvictims were not identified. It is therefore quite possible that the percentage of polyvictims who reported suicidal ideation may well extend beyond 16%. Soler et al. (2013), also studied the association between victimisations and suicidality among adolescents in Spain. Results showed that the polyvictim group reported significantly more suicidality than non-victims in both adolescent boys and adolescent girls (Soler et al., 2013).

3.7.3 Polyvictimisation and Psychosocial Functioning

In this thesis, the association between polyvictimisation and poor well-being was investigated by examining the psychosocial functioning, or lack thereof, of polyvictims. Much of the literature on psychosocial functioning has defined this term using internalised and externalised problem behaviours, which has been linked to a number of victimisation experiences. Throughout the developmental criminology literature, studies show that having victimisation experiences in life is one of the factors most strongly associated with internalising symptoms in adolescents (Guerra et al., 2016, p. 58). Similarly, externalising disorders appear to

emerge most readily during adolescence, especially in a traumatised population (Guerra et al., 2019, p. 653). Victims of peer aggression, for example, are at increased risk for mental health problems and internalising symptoms, and are likely to display less assertive behaviour which increases their likelihood of becoming further victims of aggressive experiences (Feekes et al., 2006 cited by Moore et al., 2014). Conversely, another category of adolescents, the victim-perpetrator adolescent type, exhibited both internalised and externalised problem behaviours. This group of youth, according to Ivarsson et al. (2005), is more likely to display externalising behaviours similar to perpetrators of peer aggression, but also have internalising behaviours similar to victims (Ivarsson et al., 2005 cited by Moore et al., 2014, p. 14).

Polyvictimisation has also been linked to poorer psychosocial functioning among institutionalised adolescents. Segura et al. (2017) in their investigation of the relationship between polyvictimisation and mental health problems among youth cared for in residential facilities in Spain, found polyvictimisation to be a significant predictor of clinically severe symptoms of both internalising and externalising behaviours. Using both the Juvenile Victimisation Questionnaire and the Youth Self Report (YSR) to assess multiple victimisation experiences and psychosocial functioning among 12 – 17 year old adolescents, the accumulation of multiple types of victimisation placed adolescent polyvictims at a high risk of developing serious mental health problems, as evident in their elevated Total Problem Behaviour scores. More specifically, polyvictims were more likely to present a clinically higher level of internalising symptoms than non-polyvictims. Age was also statistically significant. In fact, younger adolescents had higher, clinically significant levels of internalising symptoms (Segura et al., 2017).

Similar findings were produced by Álvarez-Lister et al. (2013) who examined the relationship between experiences of victimisation that accumulated and symptoms of psychopathology in 132 adolescent outpatients aged 12–17 years, again using both the JVQ and YSR. Alvarez-Lister et al. (2013) identified a subgroup of polyvictimised patients (n = 17) whose impairment in psychological functioning was significantly worse and who presented with significantly greater levels of externalising and internalising symptoms when compared to other participants in the sample.

Mrug and Windle's (2010) study regarding violence-related victimisations across several domains and the association with psychosocial functioning revealed a number of key findings. Independent and interactive effects of violence exposure across contexts were examined using hierarchical multiple regressions. According to Mrug and Windle (2010), witnessing violence or victimisation at home, school, or in the community strongly influences having both internalising and externalising problems, with witnessing violence and victimisation at *home* and *school* having a greater negative impact on adolescents' emotional and behavior problems than violence exposure in the *community*. Furthermore, witnessing violence in the community attenuated the negative impact of witnessing violence at home on anxiety, aggression, and delinquency (Mrug & Windle, 2010, p. 1). That study consisted of 603 early adolescent students attending public schools in the Birmingham metropolitan area, and employed multiple measures to assess both internalised and externalised problem behaviours. Of this sample, 41% of the community sample of early adolescents witnessed violence and 10% were victimised in more than one setting. Additional findings showed witnessing violence at school as an independent predictor of anxiety and depression, witnessing violence in the community as predicting delinquency, and witnessing violence at home predicting both anxiety and aggression (Mrug & Windle, 2010, p. 1).

3.8 Psychosocial Functioning as a Construct

The term ‘psychosocial functioning’ has been used in a plethora of studies, as researchers attempted to find correlations and relationships between and among various phenomena. The examination of this form of functioning, via the assessment of overt behavioural characteristics, has even led to the construction of several psychological instruments purporting to investigate this construct. However, as Ro and Clark (2009) illustrated, there is little clarity regarding either the boundaries of the construct or its contours, with the latter referring to how differing aspects of psychosocial functioning are interrelated to form a comprehensive structure. Ro and Clark (2009) further noted that in spite of psychosocial functioning being an integral component in assessing deficits in personality and psychopathology, the huge disparity that exits in defining what can even be considered as “functioning”, questions the specificity of psychosocial functioning as a construct. Regardless of a micro or macro level assessment, overall functioning appears to result from a continual interaction and balancing among daily tasks, short-term goals, and long-term valued ends (Ro & Clark, 2009). Psychosocial functioning therefore requires a comprehensive, multidimensional evaluation.

Ro and Clark (2009) challenged the then existing conceptualisation and assessment of psychosocial functioning, whilst also analysing data regarding empirical domains of this construct and their interrelations. Their analysis showed that satisfaction, quality of life, and personal growth and purpose, were integral aspects of functioning, and recommend that measures of psychosocial functioning incorporate satisfaction/positive well-being (Ro & Clark, 2009). More importantly, data collected from Ro and Clark’s (2009) study revealed a four-factor structure of psychosocial functioning that may be utilised in identifying existing functioning measures or creating new comprehensive measures of psychosocial functioning: ‘Well-Being’,

'Basic Functioning', 'Self-Mastery' and 'Interpersonal and Social Relationships'. According to Ro and Clark (2009), the latter two factors contribute additional variance in explaining the psychosocial functioning construct by identifying the processes within the individual that were relevant to both social and interpersonal functioning (Ro & Clark, 2009).

Ro and Clark (2013) extended their study of the psychosocial construct using nonclinical and psychiatric patients. A major finding from that study was that a three-factor solution of 'Low Well Being', 'Poor Social/Interpersonal Functioning', and 'Poor Basic Functioning' were replicated in both sample cohorts. This new three-factor construct of psychosocial functioning, encompassed what can be regarded as "representative behavioural prototypes of psychosocial functioning", as well as affective states associated with successful (or poor) functioning (Ro & Clark, 2013, p. 833). 'Basic Functioning', the most behaviourally-specific factor of the three, incorporated behaviours related to basic-level hygiene. The 'Low Well-Being' factor consisted of a wide range of psychological and behavioural presentations including maintaining a positive self-concept, forming positive relations with others, self-actualisation, and finding satisfaction in one's life and health. The 'Poor Social/Interpersonal Functioning' factor was represented by scales indicative of a lack of capacity to form relationships (e.g., low social concordance, externalising dysfunction) and problematic tendencies in societal functioning (e.g., impulsivity, irresponsibility) (Ro & Clark, 2013). With reference to both these factors, Ro & Clark (2013) noted that while the Poor Social/Interpersonal Functioning factor represented the social-interaction capacity/skills component of functioning, the Low Well-Being factor:

"appeared to be conceptually closest to the general "impairment in social and occupational functioning" that the DSM–IV "clinical significance criteria" and the Global

Assessment of Functioning (GAF; American Psychological Association [APA], 2000) represent". (Ro & Clark, 2013).

In this research project, poor social and interpersonal functioning and low well-being were conceptualised as the degree to which internalised and externalised behaviours were present. Psychosocial dysfunction was assessed using the Youth Pediatric Symptom Checklist which incorporates three subscales, each describing a distinct feature of functioning: Internalised behaviours, Externalised behaviours and problems with Attention.

This section of the literature review provided evidence of the association between polyvictimisation, psychopathological conditions and psychosocial dysfunction among adolescents. This thesis investigated the association between and presence of psychosocial dysfunction and polyvictimisation. But what factors engender polyvictimisation exposure? One of the major contributions to the victimisation literature was the four developmental pathways to polyvictimisation established by Finkelhor et al. (2009). One such pathway was the Disorganised Families pathway which consisted of a number of socio-economic problems found in families. The family problems listed in this pathway were individually examined in this thesis.

3.9 Pathways to Polyvictimisation

Finkelhor et al. (2009), in an effort to explain the occurrence of cross-contextual victimisation, purported developmental trajectories for polyvictimisation citing four separate pathways. These pathways were, 1) the child's own enduring behavioural patterns or emotional problems, 2) family conflict and violence, 3) ongoing familial problems and disorganisation, and 4) growing up in pervasively dangerous communities. Finkelhor et al. (2009) conducted a study investigating this conceptual model and found that all four hypothesised pathways showed

significant independent association with polyvictimisation onset. However, two major limitations of that model, question its robustness:

1. According to Finkelhor et al. (2009), each of the risk pathways [identified] made an independent contribution to the onset of polyvictimisation. However, an interplay among factors in each pathway exists. Additionally, there is an overlapping interconnected relationship among each domain as outlined in the study. Most noteworthy, is the interaction between the Violent Families and Disorganised Families variables. For example, many families are plagued with both violence and disorganisation. Oftentimes, socio-economic problems are the catalyst for family conflict. Therefore, it may be difficult to determine which area specifically and individually contributes to children's initial experience of polyvictimisation.
2. Each pathway presented by Finkelhor et al.'s (2009) study was investigated as a variable. Each variable consisted of several factors representing a specific family problem. For example, factors within the Disorganised Families variable included problems such as homelessness, parental job loss, parental unemployment, parental incarceration and parental use of drugs and alcohol. There is a major disadvantage however, in collectively examining family factors, as it is unclear which family problem carries the most variance. For instance, it is possible, though unlikely, that parental job loss and/ or incarceration are not prevalent among polyvictims, and would therefore not contribute significantly to polyvictimisation onset. Collectively investigating family problems as one variable implies an association between each of the problems and polyvictimisation, Additionally, applying these pathways to societies that are culturally different may be misleading since some of the factors in these variables may not be applicable.

Given these limitations, it may have been more methodologically astute to categorise factors under separate social domains (individual; family; school; community). The ecological theoretical model could then be employed to test which domain contributes more prominently to polyvictimisation symptoms, and/or which domain or combination of domains contribute to the likelihood of polyvictimisation onset. It may also be more prudent to determine the prevalence and/or association of individual factors prior to formulating the variable.

This thesis sought to address the latter limitation by individually examining some of the factors presented in Finkelhor et al.'s (2009) Disorganised Families variable. One of the overarching objectives of this thesis was to identify the factors within adolescents' ecological systems, primarily the microsystem and exosystem, which correlated to polyvictimisation. This was done within the Saint Lucian Caribbean socio-cultural context.

3.9.1 Specific Family Stressors that contribute to Childhood Victimisation Exposure

Several of the factors which comprise Finkelhor et al.'s (2009) Disorganised Families variable have been individually associated with adverse outcomes among children. Parental job loss or unemployment, family drug or alcohol problems, money problems along with family trouble with law enforcement and separation and/or divorce, are all stressors described by Finkelhor et al. (2009) that constitute a "disorganised" family environment. Literature apropos adverse childhood experiences is replete with evidence supporting the significant association between these family-related stressors and childhood victimisation exposure. Such family stressors, while often coexisting with other victimisations, are likely to contribute to further exposure to violence and, therefore, can themselves be construed as risk factors for victimisation exposure (Turner et al., 2007). For example, Sebre et al (2004) found parental alcohol abuse to be associated with emotional and physical maltreatment in children. Ellonen and Salmi (2011)

found that family structure, the financial situation of the family, and parental social control (not having dinner regularly with the family and parents not knowing with whom their child spent their free time) were all correlated to polyvictimisation. Additionally, Salzinger et al. (2006) found that families with predominant economic, structural and household strains, had a significantly increased risk for poor parenting and an increasing likelihood that children will be victimised both physically and verbally.

The bond between parents and children has also been associated with victimisation exposure and poor functioning among adolescents. Evidence of this was found by Plexousakis et al. (2019). Plexousakis et al. (2019) used the Parental Bonding Instrument to investigate school bullying and the role of parental bonding. In that study there was a negative association between parents' controlling behaviours and victimisation. Parents' overprotection was also associated with trauma symptoms among adolescents. Furthermore, increased depressive symptoms were found among a sample of adolescents from Barbados who reported little emotional support from parents (Jules et al. 2021). Given such findings, weak parental bonding may be regarded as a familial risk factor for exposure to victimisations.

An unexpected stressor that emerged during the course of this thesis was the Covid-19 pandemic. Studies emerged delineating the social and psychological impact of the global pandemic. Describing the fallouts of the pandemic as "multifarious" (p. 1), Gray et al. (2020) noted job losses and fears of ill health as some of the consequences of the policies implemented during the pandemic. Moreover, poor psychological well-being primarily through increased levels of anxiety, depression and parenting stress, was observed among adults in several studies conducted during the pandemic period (Gray et al., 2020; Patrick et al., 2020; van Tilburg et al., 2020; Bussone et al., 2020) Although there is limited research at this time that outlines a causal

relationship between these Covid-19 conditions and impaired parent-child relationships or victimisation exposure, these conditions were considered in the discussion of this thesis' findings.

This current research project was based on the premise that polyvictimisation exposure is likely in families that experience several family problems. These family problems engender decreased parental knowledge and monitoring techniques, as well as strained parent-child interactions via weak emotional bonds. Given that this thesis introduces parental monitoring and explores this factor among adolescent polyvictims in Saint Lucia, an overview of the role of the family and parenting in the Caribbean is presented.

3.10 The Role of the Family

The family and home environment have been the focus of many psychological and sociological frameworks. From the functional perspective, for example, the family as a social institution serves to perform key functions in maintaining the stability of a society. Bronfenbrenner (1979) described the family as the main component in the interconnections between and among the different socio-ecological systems. Bandura (1977) further highlighted the pivotal role of parents as role models in the transfer of both acceptable and unacceptable behaviour. This is done via mechanisms such as direct observation, imitation and modelling. Hirschi (1969) too, alluded to the importance of the family setting in defining what constitutes socially acceptable behaviour through the social bonds and/or attachments that are created within the family unit. Additionally, Hirschi (1969), provided insight into the importance of forming and maintaining parent-child attachment bonds. It was argued that emotional bonds between the care-giver and the infant directly influences the behaviours of the child, while indirectly

influencing the violence to which the child is exposed. It is therefore undeniable that the family acts as a primary socialisation agent. That is inherently due to the norms and values internalised by children through caregiver interactions, which are then manifested in behaviours that impact societal functioning. It therefore becomes essential to examine the risk factors peculiar to this social setting that present a platform for victimisation exposure. However, there are cultural differences between Western and non-Western societies that dictate how families function. Cultural differences also influence parental behaviours and expectations.

3.10.1 Parenting in Western and Non-Western societies

Parenting and its function differ in non-Western societies than in Western societies. Historically, Western societies refer to those countries that emerged from European civilisations such as countries of the Americas, Western Europe and the Australias. Cultural practices, norms and mores are said to be driven by individualism. Individualistic societies promote independence. Non-Western societies include countries in the Middle East, Asia, Africa and Latin America, are considered collectivist societies. Ho and Chiu (1994) describe collectivist societies as those which emphasise the value of the group, interdependence, and shared responsibility.

Cultural norms influence parenting practices at the macrosystemic level (Darling & Steinberg, 1993). For example, in collectivist societies, parenting promotes interdependence and group achievement as children are taught to cooperate. In individualistic cultures however, parenting practices endorse autonomy among children. Examples of specific sets of parenting behaviours include parental knowledge, parental solicitation and parental control. These sets of behaviours are often related to monitoring techniques and supervision of children. Whereas parental knowledge refers to the extent to which parents know the whereabouts of their children,

parental solicitation describes active efforts to source information (Stattin & Kerr, 2000). Parental control, defined as intrusive and authoritarian, refers to the degree to which parents pressure children to meet demands (Grolnick, 2003) and is common in non-Western collective societies. In a collectivist society of Barbados, a British English-speaking country in the Caribbean with similar cultural norms as the island of Saint Lucia, parental control was positively associated with depression and negatively associated with cognitive and general competence among adolescents (Griffith and Grolnick, 2014). Parental structure however, was associated with adolescent competence and higher levels of academic engagement (Griffith & Grolnick, 2014). Parental structure refers to the provision of clear and consistent guidelines (Griffith & Grolnick, 2014, p. 3).

One of the main objectives of this thesis was the identification of factors within the family that were associated with polyvictimisation. Several family problems were investigated using Finkelhor et al.'s (2009) Disorganised Families variable. Research has shown parental monitoring to be a protective factor against childhood victimisation. However, there are differences in how "monitoring" is conceptualised.

3.11 Parental Monitoring as a Protective Factor against Victimisation Exposure

Parental monitoring has been associated with victimisation exposure and adolescent functioning. Crouter and Head (2002) describe parental monitoring as one of the most consistent predictors of positive child development and the avoidance of problem behaviours. This was found among a sample of Grade Six students in Barbados. Jules et al. (2021) employed Stattin and Kerr's (2000) definition of parental monitoring as involving both the management and knowledge of the whereabouts and activities of children (p. 111). However, parental monitoring

was measured using five items on Lempers et al.'s (1989) Parenting Questionnaire. In that study, parental monitoring did not predict depression and anxiety. However, as parenting monitoring increased, student engagement also increased (p. 118). Jules et al. (2021) concluded that parental monitoring was a means of protection of children through increased accountability.

Research has shown the importance of parental monitoring and supervision in minimising child victimisation exposure. As Turner et al. (2007) noted, poor parental supervision increases the likelihood of victimisations, particularly outside of the family. The protection that parental monitoring offers from various victimisations has been investigated by several researchers. One such victimisation is online harassment. Khurana et al. (2015, p. 1039) defined online harassment as "emails or text messages that are sent with the intension to embarrass and/or harass a peer". That study investigated the role of parental monitoring in reducing online victimisation by also adopting Kerr, Stattin and Burk's (2010) conceptualisation of parental monitoring. Parental monitoring was regarded as "an interactive process which resulted in greater parental awareness of children's activities through a combination of children's disclosures and parental solicitation" (p. 1040). Kerr, Stattin and Burk's (2010) eight-item Parental 'Monitoring' scale which was previously termed the Parental 'Knowledge' scale was used. Khurana et al. (2015) found parental monitoring had a significant protective effect on online harassment. This suggests that greater monitoring by parents lowers the likelihood of online harassment and protects adolescents from this form of victimisation.

3.11.1 Parental Monitoring and Parental Knowledge conceptualised

Throughout the developmental victimisation literature, there is support for parental monitoring as a protective factor. However, there is disparity in the conceptualisation of the parental monitoring construct. Stattin and Kerr (2000) made the distinction between parental

monitoring and parental knowledge. Research showed that much of the measures used in parental monitoring studies were in fact assessing *parental knowledge* through tracking and surveillance behaviours. According to Crouter and Head (2002), the variables labelled as 'parental monitoring' in earlier studies were measuring other constructs. Stattin and Kerr (2000) pointed to the fact that parents in previous studies who scored high on monitoring scales may not have been exercising control or practicing actual surveillance of their children. Often, the 'monitoring' instruments used in those studies, inquired about parents' ***knowledge*** of their children's activities and whereabouts rather than active tracking methods.

In their investigation of parenting practices and its association with norm-breaking adolescent behaviour, Stattin and Kerr (2000) argued that parental monitoring was mainly reflected in the *knowledge* parents have of their children's whereabouts. Three distinct sets of behaviours were presented by these researchers as sources of parents' knowledge: Disclosure, Solicitation and Control. Whereas Disclosure referred to the child's willingness to provide truthful information to their parents, Solicitation was more action-based, and involved the parents' active efforts to obtain information about their children. Parental Control, on the other hand, described "parent-initated efforts" to control their adolescents' behavior through the use of restrictions (Laird et al., 2009, p. 1431). This position was supported by Darling (2007) who described parental monitoring as active techniques used by parents to gain knowledge of children's and adolescents' behaviors, whereabouts and daily activities (p.209). Stattin and Kerr (2000) used these sets of parental behaviours to formulate the Parental Knowledge Questionnaire.

While Stattin and Kerr (2000) acknowledged parents' knowledge of their children as essential in the monitoring process, other researchers focused primarily on active surveillance

techniques. For example, Racz and McMahon (2011) described parental monitoring as actions that purposely structure the child's environment, along with active efforts of tracking the child's whereabouts. This perspective emerged from the work conducted by Dishion and McMahon (1998). Dishion and McMahon (1998, p. 61) defined parental monitoring as "a set of correlated parenting behaviours involving attention to and tracking of the child's whereabouts, activities, and adaptations". This approach to parental monitoring placed little focus on the knowledge parents have of their children.

Parental monitoring has also been defined as involving communication between parents and children. Li et al. (2000) in their investigation of perceived parental monitoring and its association with risk behaviours among low-income African American adolescents, defined parental monitoring as *a combined effort* between both parents and children. Parental monitoring was thought to encompass communication between parents and their children, *as well as* supervision of the child (Li et al., 2000). As a result, Li et al.'s (2000) measure consisted of a six-item Parental Monitoring Scale (Silverberg & Small, 1991), which ascertained the extent to which the adolescent believed their parents knew where they were, with whom they were, and in what they were engaged. This item was since then revised (Cottrell et al., 2017). Items included "*My parents know where I am after school*", and "*I tell my parents who I am going to be with before I go out*". In that study, parental monitoring included both parental knowledge and children's disclosure of information.

Research has highlighted various definitions of 'parental monitoring'. This thesis acknowledged the importance of knowing the whereabouts of children in the monitoring process. However, parental knowledge is only one aspect of the monitoring process. Therefore, for the purpose of this thesis, parental monitoring is thought to involve, 1) *knowledge*, which refers to

what parents know, 2) *actions* which refer to the extent to which parents set clear guidelines that lead to surveillance, and 3) *information*, which is gained by asking questions as well as by children's disclosures.

3.12 Parental Bonding: A feature of Family Stressors and Parental Monitoring

In this thesis, the relationship between parent-child bonding and polyvictimisation was also investigated. Similar to the parental monitoring variable, this variable was included as a result of the themes emerging from the literature regarding the impact of family stressors on parents and the importance of parent-child bonds in parental monitoring. In particular were:

1. Masarik and Conger's (2017, p. 8) reference to parents' "*withdrawal of affection*" and "*fewer monitoring practices*" in response to economic stressors. As noted by these researchers in their elucidation of the family stress theory, economic hardship and other stressors within the family, deplete the "relational resources" of parents. This depletion then impacts the parent-child dynamics and reduces affection.
2. Stattin and Kerr's (2000) regard for a trusting parent-child relationship and emotional attachment as essential to the parental monitoring process.

Few researchers have alluded to the importance of parent-child bonds in the supervision of children. Researchers Stattin and Kerr (2000), in examining various aspects of parental monitoring, wrote of the role the emotional attachment between a parent and a child plays in achieving adequate supervision. Kerr and Stattin (2000) closely examined the strong correlation between Parental Knowledge and Child Disclosure and noted that it is the parent-child relationship that facilitates communication. Stattin and Kerr (2000) further noted that parental knowledge as a form of supervision, develops in the context of a trusting parent-child

relationship and has more to do with the child's willingness to confide in the parent than in the parent's ability to track and monitor the child (Crouter & Head, 2002). Attachment, as stated by Stattin and Kerr (2000), "causes children to want to tell their parents about their lives" (p. 1083), thereby establishing a platform for monitoring to take place. Parent-child bonds also serve as a protective factor. As Stattin and Kerr (2000, p. 1083) wrote:

> *The basic idea is that the child's emotional bond to the parents prevents the child from doing anything that might compromise the relationship-anything of which parents might disapprove or that might embarrass them.*

For the purpose of this thesis, parental bonds will be examined within the context of parental care and control. Parker, Tupling and Brown (1979, p. 8) defined care as "affection, emotional warmth, empathy and closeness". Early researchers on parental warmth conceptualised this phenomenon as parental responsiveness, affective warmth, cognitive responsiveness, attachment and bonding, unconditional acceptance, sensitive attunement, involvement, and reciprocity (Baumrind, 1988 cited by Suchman et al, 2007). Control or overprotection however, was defined by Parker, Tupling and Brown (1979, p. 8) as "excessive [parental] contact, and prevention of independent behaviour". In this thesis, both dimensions were operationalised using Parker, Tupling and Brown's (1979) Parental Bonding Instrument.

3.13 Chapter Summary

The purpose of this chapter was to provide support for specific questions related to this thesis: 1) what is polyvictimisation, 2) what evidence is there of polyvictimisation among adolescents in other countries, 3) why is it important to investigate polyvictimisation, 4) what are the limitations in the Disorganised Families pathway to polyvictimisation as proposed by

Finkelhor et al. (2009), 5) to what extent does the role of parenting differ among societies and 6) why is it significant to include parental monitoring and parent-child bonds in childhood victimisation studies.

This literature review presented an overview of polyvictimisation, its modules and its occurrence across multiple settings as purported by Finkelhor et al. (2005). This chapter also highlighted the importance of investigating polyvictimisation by reporting on the presence of psychosocial dysfunction, complex trauma and other psychopathological symptoms among adolescent polyvictims. Although polyvictimisation has not been investigated in Saint Lucia, evidence of polyvictimisation in other territories was presented. This thesis attempts to fill this gap in the literature by exploring polyvictimisation among Saint Lucian adolescents.

Another limitation addressed in this thesis relates to the Disorganised Families pathway to polyvictimisation presented by Finkelhor et al.'s (2009). Several studies have shown associations between child victimisations and several of Finkelhor's Disorganised Families factors such as parental use of alcohol and parental unemployment. In this thesis, correlations between polyvictimisation and each family problem will be explored. Furthermore, the role of parenting in Western and non-Western cultures was shown to be dissimilar, with the latter promoting collectivist practices. This is significant since parental behaviours such as parental control which is practiced in non-Western societies was found to be negatively associated with adolescent functioning in Barbados.

Finally, parental monitoring as a protective factor and parent-child bonds were discussed. This supported the need to include both these constructs when identifying family problems that correlate to polyvictimisation. Given that parental monitoring has been differently defined in several studies, conceptualisation of the construct for the purpose of this thesis was outlined.

This thesis will regard parental monitoring as, 1) the extent to which parents know of their children's whereabouts, 2) the extent to which they gain information by asking questions and receiving information from their children, and 3) the extent to which parents actively provide clear guidelines as a means of surveillance. Parental bonding will refer to the extent to which parents provide care to and exercise control over their children. The following chapter of this thesis is dedicated to explaining the Methodology of the thesis.

CHAPTER FOUR: Research Methodology: Overview of the Strategies and Procedures used in this Thesis

4.1 Cultural Ideologies related to this Research Project

The entire island of Saint Lucia covers 238 square miles and is considered one of the smaller islands in the Caribbean archipelago. Similar to other islands within the region, there are nuances and cultural mores inherent to the island of Saint Lucia. Most notably are the "spare the rod, spoil the child" ideology regarding corporal punishment among children, as well as the practice of 'roungement' which encourages situations of child abuse and child family matters to be kept private.

Saint Lucia is considered to be a society "deeply rooted in… religious values" (Canada: Immigration and Refugee Board of Canada, 2011). The term "spare the rod, spoil the child" is a colloquial phrase taken from the Holy Bible, Proverbs 13, Verse 24. It is quoted by many in Saint Lucia within the context of the use of corporal punishment against children. This biblical scripture is often quoted in support of physical forms of punishment and at times extends to other acts committed against children. Although physical abuse against children is against the law in Saint Lucia, there is general consensus that "child abuse remain[s] a problem" (United States Department of State, Bureau of Democracy, Human Rights and Labor, 2018, p. 8). It is possible that this societal ideology contributes to a tacit acceptance of child maltreatment and provides a plausible explanation for the levels of physical abuse against children reported to the Division of Human Services.

Another cultural more of Saint Lucia that relates to this thesis is that of familial concealment and the avoidance of police involvement in child-related criminal matters. In Saint Lucia, it is commonplace for family matters to remain within families. 'Roungement', is a Saint

Lucian expression used to refer to “the practice of accepting monetary compensation to settle rape and sexual assault cases out of court” (United States Department of State, Bureau of Democracy, Human Rights and Labor, 2018, p. 7). It is a common practice for parents to accept financial offers for abuses committed against children to avoid publicity and police interference. Though this practice committed by parents is prohibited by law, “it was rarely prosecuted and commonly practiced” (United States Department of State, Bureau of Democracy, Human Rights and Labor, 2018, p. 7). This practice speaks to the propensity for concealment. It is a cultural belief and practice that matters relating to the family should not be discussed publicly, made known to others, and should be settled within the household. Jones and Jemmott (2009) also made mention of female, and by extension, maternal complicity in the perpetuation of abuses against children. This is relevant to this research in two ways. Firstly, it may explain a parent’s apprehension in having their children participate in studies that solicit experiences directly from their children, and studies which explore family problems. Also, according to the ecological model, cultural values and ideologies indirectly impact children’s experience. Consequently, the practice of ‘roungement’ in Saint Lucia may influence children’s unwillingness to disclose their experiences. Children and adolescents themselves may be reluctant to participate in such studies and/or may not honestly share their experiences. This research attempts to address this cultural ideology of familial concealment and promote freedom of expression by giving students an avenue to disclose their experiences and by employing the ethically approved passive parental consent procedure to increase participation.

4.2 Research Design of the Empirical Studies

All of the studies conducted in this research project used a cross-sectional design. This allowed for participants to be surveyed once. These quantitative studies used the survey method and employed four different instruments. The majority of the sample consisted of adolescents aged 12 to 17 attending secondary schools in Saint Lucia. Three studies using this design were conducted across the three year period of this project. This research method was considered the most appropriate to garner information from a large number of adolescents. This design was also commonly used throughout the literature. Several researchers employed this research design in their investigation of polyvictimisation (Finkelhor et al., 2005, 2007, 2009; Radford et al., 2013; Chan, 2013; Jackson-Hollis et al., 2017; Pena Cardenas et al., 2022). While this quantitative, cross-sectional approach was able to statistically present relationships between variables, there were a number of disadvantages to using this method. Two such limitations to this method include: 1) the inability to capture descriptive experiences and/or the impact of victimisations on adolescents, and 2) the inability to track and monitor changes in adolescents experiences and psychosocial functioning over time.

4.3 Thesis Structure and Chapter Descriptions

This research project consists of three studies. Figure 4 outlines how the chapters for each study are presented in this thesis. The first study, entitled ‘Polyvictimisation and Psychosocial Dysfunction among Students and Young Offenders in Saint Lucia’, focussed primarily on determining the presence of polyvictimisation. The relationship between polyvictimisation and psychosocial dysfunction was also examined. This study was reported over two chapters. Chapter five reported on the presence of polyvictimisation among secondary school students,

while chapter six was dedicated to the young offenders. Reporting on the presence of polyvictimisation and psychosocial dysfunction among the small cohort of young offenders was consciously done to draw attention to the experiences had by this vulnerable group of adolescents.

Chapter seven in this thesis reported the findings of the second study conducted in this research project. That study, 'Parental Monitoring Techniques among Caregivers in Saint Lucia', reported on the correlations between parental knowledge and other monitoring techniques.

The final study of this research project was reported using a similar method to the first. The final study, 'Family Stressors and other Correlates of Polyvictimisation' identified stressors within the family environment that were correlated to polyvictimisation. A number of family problems were compiled to create the Family Factors variable. Some of these problems included homelessness, parental unemployment, parental incarceration, money problems within the family, parental drug and alcohol use and family structure. Finkelhor et al.'s (2009) Disorganised Families variable from their investigation of the four pathways to polyvictimisation was used in creating this Family Factors variable. In the final study of this research project however, other variables were introduced, namely parental knowledge, defined as the knowledge parents have of their children's whereabouts, and parent-child bonds.

Reporting of the findings of this study spanned two chapters. Chapter eight examined the relationship between family stressors, parental knowledge and polyvictimisation. Specific family problems, such as parental unemployment, that were correlated to polyvictimisation were identified. Also, the mediating role of parental knowledge in the relationship between family stressors and polyvictimisation was reported in chapter eight. Chapter nine extended this analysis and focussed primarily on family structure and parent-child bonds. With four objectives, this

chapter reported on the family structure and pattern of emotional bonds most common to polyvictims. The four objectives covered in chapter nine were:

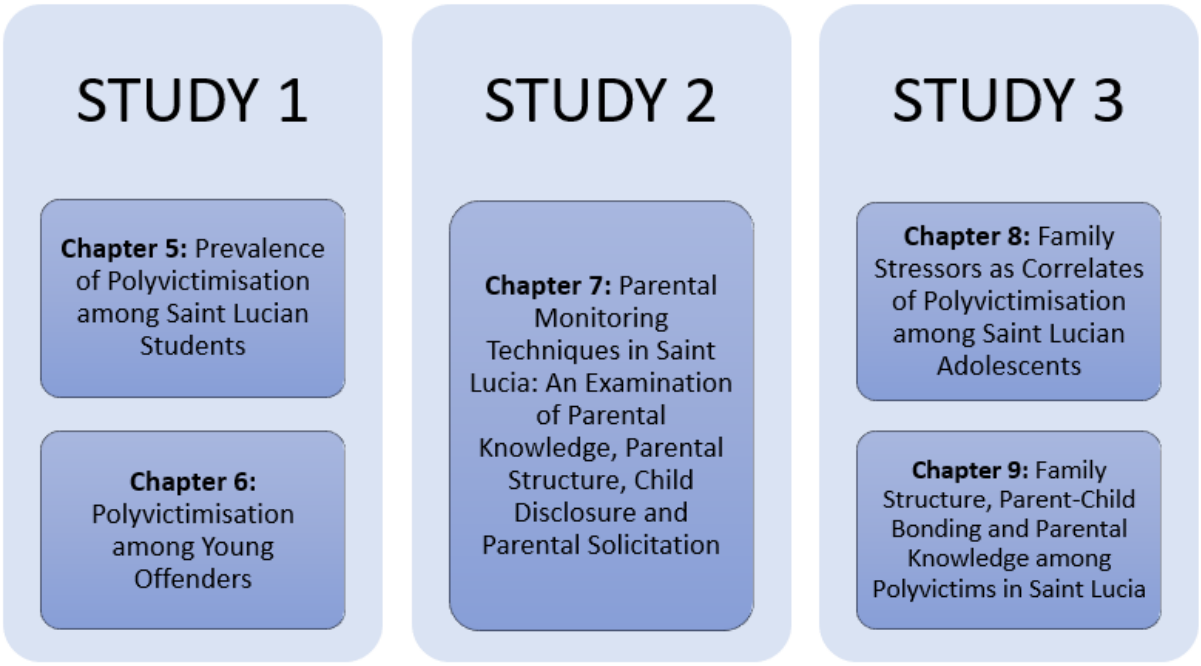
1. To identify the main parent-child bond among adolescents, inclusive of polyvictims
2. To determine the relationship between parental bonding and polyvictimisation
3. To identify the most common family structure among adolescents
4. To investigate which is the main type of parent-child bond in each of the family structures.

A mediation analysis was also conducted to determine the role parent-child bonds play in the relationship between parental knowledge and polyvictimisation.

Separation of the findings of the final study was done, not only to reduce the size of the final empirical chapter, but also to underscore the significance of parent-child bonds. Turner et al. (2007), in their investigation of various family structures and their relationship to child victimisation, hypothesised that single parent households would report fewer parental monitoring. This was not supported in their findings. Turner et al. (2007) found that both single parent and step-parent families reported greater parental monitoring than parents in nuclear families. This finding brings to the fore the emotional bonds between parents and children within those family structures. It is possible that the extent of parental monitoring influences, or is influenced by, the emotional bonds between parents and their children. This postulation prompted the separation of chapters eight and nine and a mediation analysis using the parent-child bond variable as the mediator.

Figure 2

The focus of each Chapter presented in this Thesis as they relate to the three Studies conducted



4.3.1 Pilot Study for Study 1: Polyvictimisation and Psychosocial Dysfunction among Adolescents in Saint Lucia

A pilot study of the first study in this research project was conducted. The overall goal of this pilot study was to assess the effectiveness of the measures and the research procedure. Objectives included:

1. Testing the study's procedure for both the student sample and the young offenders
2. Determining the readability of the two measures used in this study (the Juvenile Victimisation Questionnaire and the shortened Youth Pediatric Symptom Checklist)

All the empirical studies in this research project involving students followed this procedure. All secondary schools in Saint Lucia were listed on paper, and one randomly selected. At that school, one class from each Form from one to five, was randomly selected using the same

technique. Meetings were held with all Ministry of Education's school officials prior to data collection. At that meeting, the nature and outline of the study were presented, along with the research instruments. Upon receiving approval from the Ministry of Education, meetings were held at the participating school to discuss matters of consent, privacy for students, logistics of the study's administration and the availability of debriefing post submission of the questionnaire. A date, time and other logistics were agreed upon among all school officials and the researcher. All students were surveyed in the computer room of their school during the Health and Family Life Education period, or the Information Technology period.

As with the secondary school sample, meetings were held with all stakeholders concerning the young offenders. A meeting was informally held with stakeholders within the Ministry of National Security to notify the Ministry of the intention to conduct this study, the nature of the study, and of the logistics necessary should a qualitative study to be conducted. At that meeting, the researcher was informed that the offenders at the Borderlais Correctional Facility, the maximum security prison facility, would not be allowed to meet with the researcher without a prison officer in the room. Therefore, confidentiality, privacy and anonymity of these offenders would not have been possible if an interview were to have been conducted. The decision was therefore taken to proceed with a quantitative, rather than a qualitative study. Participants were recruited from three institutions: the Borderlais Correctional Facility, the Probations Department and the Boys Training Centre, a residential facility for young male offenders and boys in need of care and protection. To protect the identity of these adolescents, the institution or location where these young people were surveyed during data collection of these studies will not be disclosed.

Both objectives set in conducting the pilot study were achieved. No challenges regarding the readability of the research instruments were found. All the participants, 43 students and four young offenders, were able to read all the items on both questionnaires. However, in conducting this pilot study, one major observation was made which prompted an amendment to this study. A total of 175 students were issued active parental consent forms. However, only 43 students returned the forms within the stipulated time. According to school officials, consent forms are seldomly returned as most parents do not take the necessary time to read the information sent home. As stated by the principal, verbal parental consent and/or passive consent are frequently used by the school and other researchers who wish to use students in an activity. Subsequently, it was recommended by the principal that passive consent be used for future studies. As a result, an amended application to conduct the future empirical studies was submitted to the Faculty of Medicine and Health Sciences Research Ethics Committee (Ethics Reference Number: 133-1810) seeking permission to carry out this study using passive parental consent. Passive consent requires that parents return the signed consent forms if they did not wish for their child to participate in the study.

4.4 Ethical Approval Process

Each empirical study in this research project required ethical approval from the University of Nottingham. A research proposal replete with research instruments and an outline of each study's procedure were submitted to the Faculty of Medicine and Health Sciences Research Ethics Committee for review and approval. Following approval from the Ethics Committee, approval was then sought from all of the participating agencies including the

Ministry of Education, the Ministry of National Security and the Ministry of Equity and Social Justice. Approval for each empirical study was also sought from participating schools.

4.4.1 Parental Consent and Participant Assent

The studies conducted in this thesis sought both parental consent and participant assent. After obtaining approval from the Ministry of Education and participating schools, project packages were sent home to parents seeking consent for their children to participate in this research project. The project package contained, 1) a parental information letter introducing parents to the study and providing responses to commonly asked questions, and 2) a consent form seeking consent. Active parental consent was sought for the pilot study which required parents to sign and return the forms if they agreed to have their child participate in the study. However, after the pilot study and upon the advice of school principals, the Faculty of Medicine and Health Sciences Research Ethics Committee was notified of the need to seek passive parental consent for the three empirical studies in this research project. This form of consent required parents to return the forms if they did not agree to have their child participate in the studies. Non-response was considered implied consent. Parents were made aware of the right to decline their child's participation, of their child's right to decline participation and of their child's liberty to change their mind even after submitting their responses.

Even with parental consent, each participant in this study was made aware of their right to decline participation in each of the studies. A detailed information sheet describing the study was presented as the first page of the online questionnaires. Each point was discussed with participants prior to commencing the survey. Additionally, participants could only proceed with the survey by clicking the 'I give consent' button. Participants were also made aware of their right to withdraw from the study prior to or even after completing their questionnaire. All

participants were invited to create and type in an unidentifiable code onto their questionnaire. Those wishing to discontinue in the study were instructed to place their code into a secured box which was left at the school and collected by the researcher one week after completing the questionnaire.

In this research project, passive parental consent improved participation, facilitated freedom of expression, and provided an ethically approved method of recruitment based on the literature regarding adolescent research. Confidence in the parental and participant consent procedures employed in this research project was garnered from the ethical guidelines set out in the British Psychological Society, and in the extant research regarding passive and active parental consent involving children. The British Psychological Society's Code of Human Research Ethics (2014, p. 17) clearly states that "consent from the participants [to participate in research] and the granting of approval and access from a senior school official" can be considered sufficient under two conditions:

1. Where the procedures outlined in the research are deemed to fall within the range of the school's usual curriculum or institutional activities, and
2. Where an assessment of risk has not identified any significant risk.

Both of these conditions were met as students were surveyed during the Health and Family Life Education study period or the Information Technology period as stipulated by school officials. Furthermore, risk of harm to participants was considered low as "psychological discomfort" was deemed the only foreseeable risk to participating in this research project (National Health and Medical Research Council, Australian Research Council & Australian Vice-Chancellors' Committee, 2007). To address this risk, school counsellors were on site and available if any

participant required psychological support. None did. Additionally, all participants were made aware of the places they can go to get counselling or additional help.

Another justification for endorsing passive parental consent lay in the literature surrounding this method of consent. Ellickson and Hawes (1989) found that non-response to passive consent was more than likely an indication of approval than refusal to participate. In fact, approximately 90% of parents who did not respond to the request for passive consent (non-responders), had received project packages and had agreed to allow participation. Baker et al. (2001) also investigated active and passive parental consent in adolescent research. Baker et al. (2001, p. 605) found that non-responding parents were more similar to consenting parents in their attitude toward research. Support was found for "the use of passive consent procedures as an alternative to requiring active parental consent" (p. 605), given that parents who "decline their child's participation in research under active consent procedures are likely to refuse participation under procedures involving passive parental consent" (Baker et al., 2001, p. 616).

4.5 Research Instruments

This research project used four main instruments: 1) the Juvenile Victimisation Questionnaire, 2) the Youth Pediatric Symptoms Checklist, 3) the Parental Knowledge Questionnaire and 4) the Parental Bonding Instrument. All items on each of these questionnaires summed to 78 items. An additional 10 questions relating to problems within the family was included in the last empirical study of this project.

4.5.1 The Juvenile Victimisation Questionnaire

One of the main objectives of this thesis was to examine the presence of polyvictimisation among adolescents in Saint Lucia. In doing so, an attempt was made to, 1)

directly survey adolescents, as opposed to a retrospective approach involving adults, and 2) capture adolescents' experiences with several different types of victimisations or adverse experiences. Therefore, it was paramount that the victimisation instrument in this thesis met these two main criteria.

Within the childhood victimology literature, there are several research instruments which capture negative experiences during childhood. However, this study sought to capture these experiences from adolescents rather than using the retrospective approach. According to Finkelhor et al. (2013), there is the possibility of "unmeasured covariates" when using an adult sample to measure adverse childhood experiences. Furthermore, much of the polyvictimisation research employed the cross sectional, survey design, among adolescents (Finkelhor et al., 2005, 2007, 2009, 2013, 2015; Chan, 2013, Cyr et al., 2013; Loeshut & Kafaar, 2017; Pereda et al., 2017; Natukunda et al., 2021; Pena Cardenas et al., 2022). Felitti et al. (1989) used the retrospective approach in the Adverse Childhood Experiences study. The instrument employed in that study has since been modified and endorsed by the World Health Organisation (WHO) for childhood research. The Adverse Childhood Experiences – International Questionnaire (ACE-IQ) now consists of 38 items covering a wider range of experiences. However, that instrument is recommended for use with persons over 18 (WHO, 2018). As such, although that instrument covers a broader range of experiences than the original ACE study, its retrospective approach disqualified its suitability in this research project.

Another major factor in the selection of the instrument to measure the experiences of adolescents, was the scope of victimisations being captured. Given that adverse experiences had never before been investigated among adolescents in Saint Lucia, it was imperative for the instrument to capture a wide variety of experiences. Additionally, the Division of Human

Services, the sole Child Care and Protection agency on the island, mainly records child maltreatment abuses such as neglect, physical abuse and sexual abuse. Therefore, it was necessary to include those unrecorded experiences such physical bullying, exposure to violence in the community, experiences of theft and/or robbery, and online harassment.

Several instruments were considered in selecting a victimisation questionnaire suited for this research project. For example, the Comprehensive Child Maltreatment Scale (CCMS) has been commonly used in retrospective studies to capture childhood experiences of maltreatment (Higgins & McCabe, 2001). However, as cited by Price-Robertson et al. (2013, p. 87), "while multi-type maltreatment [which employs the CCMS] concentrates on experiences of child abuse and neglect, polyvictimisation measures a larger number of childhood victimisation experiences". The CCMS examines an adults' perception of their experiences of maltreatment during their childhood by providing a detained measure of five forms of abuses: sexual, physical and psychological abuse, neglect, and witnessing family violence.

Other childhood victimology instruments that were considered for use in this research project to capture childhood experiences were the Conflict Tactics Scale (Straus & Hamby, 1997; Straus et al., 1998) and the International Society for the Prevention of Child Abuse and Neglect's Child Abuse Screening Tool (ICAST) (Zolotor et al., 2009). Similar to other child research instruments, the Conflict Tactics Scale and the ICAST Children's version were developed to study the presence of childhood victimisations. The Conflict Tactics Scale measured victimisations such as psychological and physical maltreatment and neglect, as well as non-violent discipline by parents. Aspects of victimisations such as peer bullying and online harassment are not included. Similarly, the ICAST, while assessing child abuses and neglect, also excluded peer and sibling victimisations. These instruments therefore did not cover the wide

gamut of experiences intended for study among Saint Lucian adolescents. As a consequence, the Juvenile Victimisation Questionnaire was used in this research project to determine the presence of polyvictimisation since this instrument has been used primarily among adolescents, and covers 36 different types of victimisations across six modules.

It should be noted though that the Juvenile Victimisation Questionnaire is not infallible. As with most adverse experiences and/or victimisation instruments, the JVQ does not solicit from participants where or not the experiences they endorse engender emotional distress. This was not the objective of this study and was therefore not included as part of the questionnaire. However, it may be prudent for future research to consider adding this aspect to the instrument being used.

4.5.2 The shortened Youth Pediatric Symptoms Checklist

Ro and Clark (2013) outlined poor social and interpersonal functioning (i.e. externalising dysfunction and impulsivity) and low well-being (i.e. problems maintaining a positive self-concept), as constructs of psychosocial dysfunction. Problems in psychosocial functioning among polyvictimised adolescents, as defined by internalised and externalised behaviours, are cited within the polyvictimisation literature (Guerra et al., 2016; Segura et al., 2017). In this research project, poor social and interpersonal functioning and low well-being were reflected as internalised and externalised problem behaviours. An instrument with these specific psychosocial scales was therefore used.

In this thesis, psychosocial dysfunction was assessed using the Youth Pediatric Symptom Checklist (Y-PSC). This instrument consists of 17 items along three scales, each describing a distinct feature of psychosocial functioning: Internalised Behaviour Problems (five items), Attention Problems (five items) and Externalised Behaviour Problems (seven items). These

scales when summed, produced a Total Psychosocial Problems scale score. Psychosocial dysfunction was indicated by a score of 15 and over on this scale.

4.5.3 The Parental Knowledge Questionnaire

Parental monitoring techniques were also examined in this thesis. Parental monitoring has been defined as "a set of correlated parenting behaviours involving attention to and tracking of the child's whereabouts" (Dishion & McMahon, 1998, p. 61). In researching family stress and family stressors, Masarik and Conger (2017) found fewer monitoring and withdrawal of affection were indirect consequences of economic stress. Parental monitoring has also been regarded as a protective factor by several researchers (Jules et al., 2021; Khurana et al., 2015). Parental knowledge, referred to as the knowledge parents have of their children's whereabouts, has been cited as a main monitoring technique (Stattin & Kerr, 2000). Conversely, poor parental supervision increases the likelihood of victimisation and negative outcomes in adolescents (Turner et al., 2007; Crouter & Head, 2002). Consequently, the relationship between parental monitoring and polyvictimisation was examined in the final study. Parental monitoring practices, and their relationship with polyvictimisation, have also never been investigated in Saint Lucia. Consideration was therefore given to those instruments that captured different techniques or aspects of parental supervision behaviours.

Several instruments which assess parental monitoring were considered in this research project, namely the Parental Monitoring Scale (Silverberg & Small, 1991), the Parental Monitoring Instrument (Cottrell et al., 2007) and the Parental Knowledge Questionnaire (Kerr, Stattin & Burk, 2010; Stattin & Kerr, 2000). An instrument was considered to be appropriate for this research project based on the extent to which it: 1) consisted of more than one scale, 2) assessed parents' knowledge, and 3) described different correlated supervision behaviours.

While the Parental Monitoring Scale (Silverberg & Small, 1991) examined monitoring behaviours of parents, this instrument did not cover a wide range of techniques. The Parental Monitoring Scale consists of eight items which mainly assess parents' knowledge. For example, children were asked "*My parent knows where I am after school*". Other monitoring techniques such as setting boundaries and soliciting information from others, were not included on this instrument.

The Parental Monitoring Instrument (Cottrell et al., 2007) was also designed to measure parental monitoring of children. That instrument consisted of seven dimensions: direct and indirect monitoring, as well as school, health, computer, phone and restrictive monitoring. Each dimension lists two or three areas of monitoring, for example, limiting phone calls, monitoring eating and exercise habits, and checking home-work. While this instrument specifically lists how monitoring is accomplished, the dimensions refer to the contexts and/or domains within which monitoring occur. For example, the ways in which a child can be monitored at school form the School Monitoring dimension. Similarly, the methods used by parents to monitor phone and computer use, are labelled phone monitoring and computer monitoring respectively. These labels describe contextual monitoring practices. Since the focus of this research project was on parental behaviours, rather than on the contexts within which monitoring occur, the Parental Monitoring Instrument was not used.

Using the scales Parental Knowledge, Child Disclosure, Parental Solicitation and Parental Control, Stattin and Kerr (2000) developed the Parental Knowledge Questionnaire used by many researchers to examine parental monitoring practices. This instrument uses a five-point Likert scale to determine frequency, where five = yes/fully/always, and one = no/not at all/never. Parental Knowledge refers to the knowledge parents have of their children's whereabouts and is

measured using nine items. For example, participants are asked “do your parents know what you do during your free time”? The Child Disclosure scale measures the extent to which adolescents freely disclose information to their parents. Some items include, “do you spontaneously tell your parents about your friends, (e.g. “which friends you hang out with, and how you think and feel about various things), and “how often do you usually want to tell your parents about school, (e.g. how each subject is going; your relationships with teachers etc?)” Five items are also used to measure the Parental Solicitation scale. This scale determines how frequently parents seek information about their children and is assessed using six items (e.g. “how often do your parents ask you to sit and tell them what happened at school on a regular school day?”) The fourth scale, the Parental Control scale, uses five items which examine the extent to which adolescents are required to inform parents about their whereabouts and with whom they will be spending their time (Kerr, Stattin & Burk, 2010, p. 45). Cutrin et al. (2019) investigated the psychometric properties of a translated version of the Parental Knowledge Questionnaire among Spanish adolescents aged 12 to 18 using many of Stattin and Kerr’s (2000) original items. That cross-cultural study found good internal consistency and construct validity among both males and females. Kerr, Stattin and Burk’s (2010) Parental Knowledge Questionnaire was used in this research project since it: 1) includes the knowledge parents have of their children’s whereabouts, 2) describes the monitoring behaviours of parents, 3) each scale represents a different technique or approach to monitoring, and 4) correlations were previously found between these monitoring scales.

4.5.4 The Parental Bonding Instrument

This research project also examined the relationship between parent-child bonds and polyvictimisation. Inclusion of this additional variable was based on two points revealed in the

literature: 1) that the withdrawal of parental affection is a consequence of stress within the family (Masarik & Conger, 2017), and 2), that the emotional attachment between parent and child may explain the strong association between parental knowledge and child disclosure (Kerr & Stattin, 2000). In light of this, the different patterns of parental bonds among polyvictims were investigated. Further analysis was conducted in the final study to determine the role parent-child bonds play in the trajectory from knowing the whereabouts of adolescents to polyvictimisation.

Similar to the selection of the parental monitoring instrument, this research project attempted to focus on the actions and behaviours of parents in creating emotional bonds. Additionally, given that this research employed a theoretical tripod inclusive of the attachment theory, it was paramount that the instrument used in the final study encapsulates three main features: 1) the theoretical underpinnings of the attachment theory, 2) representative of different patterns of bonds, and 3) focusses on the contribution of parents' actions to parental bonding.

The Adolescent Attachment Questionnaire (AAQ) (West et al., 1998) was operationalised using Bowlby's (1973) principles of attachment. It consists of nine items within three scales: Availability, Angry Distress and Goal Corrected Partnership. Whereas the Availability scale measures the accessibility and responsiveness of the attachment figure, the Angry Distress scale assesses the degree of anger between parent and child. The third scale, the Goal Corrected Partnership scale is an "assessment of the extent to which the adolescent considers and has empathy for the needs and feelings of the attachment figure" (West et al., 1998, p. 664). Items include statements such as "I talk things over with my parent", "I enjoy helping my parent whenever I can" and "I often feel angry with my parent without knowing why" (p. 671). While this instrument is rooted in the attachment theory, the items focus on the actions and feelings of the adolescent, rather than parents' behaviours.

Parker, Tupling and Brown's (1979) Parental Bonding Instrument examines the attitudes and behaviours of parents in creating emotional bonds. This questionnaire was also based on the tenets of the attachment theory using two dimensions: Parental Care and Parental Control or Overprotection. Parental Care refers to affection and warmth, the opposite of which reflects rejection and emotional coldness. The Parental Overprotection dimension, however, assesses the control and intrusiveness of parents, or their allowance and encouragement of autonomy and independence. Emerging from these two dimensions are four quadrants, each describing a particular pattern of bonding. This Parental Bonding Instrument utilised the attachment theory in its conceptualisation, used quadrants to depict different bonding patterns, and focussed on the actions of parents. Therefore, this instrument was used in this thesis to investigate parent-child bonds.

It is imperative to note though, that these instruments are all self-report measures. Paulhus and Vazire (2007) cited common response styles inherent to self-report instruments. These include socially desirable responding (SDR), acquiescent responding (AR) and extreme responding (ER) (p. 228). All of these response styles describe ways in which participants respond when asked to provide information about themselves. Exaggeration, lying, self-favouring bias, defensiveness and denial are all possible when using self-reports which affect the validity of the results obtained. To address this, participants were told of the anonymous and confidential nature of this research project. No identifiable information was requested throughout this project, and participants were free to decline participation and/or have their response removed even after completing the instruments.

4.6 Sample Size and Administration of the Research Instruments

A total of 828 adolescents took part in this research project. Whereas 547 adolescents participated in the first study, 139 and 142 students were recruited in the second and final studies respectively. A decision was taken to conduct three empirical studies and collect data from three separate samples for several reasons.

Firstly, major consideration was given to the length of the research instrument if all of the questionnaires in this thesis were combined. The four main questionnaires employed in this research project amounted to 78 items. An additional 10 questions asked adolescents about the different socio-economic problems within their families. In discussion with officials from the Ministry of Education and school principals, it was made very clear that a research questionnaire of this length would consume too much of the students' time. Also, it was the belief of this researcher that such a lengthy questionnaire would have infringed on the teaching-learning time of students, increased the risk for psychological discomfort, caused physical and emotional lethargy and compromised the validity of the results. Furthermore, a deliberate attempt was made to allow as many adolescents as possible to participate in this research project, given that these research topics had never been investigated in Saint Lucia. Therefore, the decision was taken to recruit one sample of adolescents to establish the presence of polyvictimisation and psychosocial dysfunction, another to test different parental monitoring techniques, and a final and separate sample to establish the relationship between polyvictimisation and family stressors. It should also be noted, that the second empirical study of this project, which assessed the correlations between different parental monitoring techniques, required a separate sample. This was because that study was conducted to determine which monitoring technique should be included in the examination of family stressors.

4.6.1 Reduced Sample Size

Across the three studies conducted, a smaller sample size than estimated was recruited. For example, in the first study, a sample of approximately 1540 students was calculated using g*power analysis. However, only 500 participated. Similarly, whereas 295 and 224 students were anticipated for the second and final studies using the g*power and N-Query software, only 139 and 142 were recruited respectively. Furthermore, several of these responses were excluded from analysis due to aberrant responding after a data cleaning process. Grounds for exclusion included omission of age, gender and over 10% of response items. The reduced sample in each study led to increases in the confidence interval widths. Therefore, the width of confidence got slightly wider. For example, the confidence interval width in the second study increased from 0.20 to 0.28. However, none of the confidence interval widths exceeded 0.3.

4.6.2 Sampling Strategy for Secondary Schools' Academic Standing

In this research project an attempt was made to distinguish schools according to academic standing to determine whether there was a difference in the presence of polyvictimisation between these cohorts of schools. However, in Saint Lucia, there is no formal documentation that differentiates secondary schools based on student academic performance. There are secondary schools that are considered "top performing" schools and are attended by students who achieve the highest scores at the Common Entrance Examination (CEE). The CEE is a compulsory exam written by all Grade Six primary school students. Similarly, the students who attain very low scores at CEE are placed at "low performing" schools. Living within close proximity to a secondary school is also a criterion used in placing primary school students at a secondary school. Therefore, while it is not likely that a child who has performed poorly at CEE will be placed at a top performing school, it often happens where a child who attained top scores at CEE

is placed at a secondary school closest to their home. Most times, this is at the request of the parent. As such, for the majority of secondary schools in Saint Lucia, it is difficult to establish its academic standing.

In this research project, schools were categorised using the average of the highest and lowest score obtained by students at the CEE. Using this formula, three cohorts were made to ensure at least three schools per category: schools obtaining average scores above 80% were categorised as High Academic Performance Secondary Schools (HAPS), while those with average scores of 65% - <80%, and <65% were categorized as Moderate and Low Academic Performance Schools respectively (MAPS, LAPS). With this formula, four schools fell within the HAPS category, three within the MAPS category, and 14 in the LAPS category. Schools were then randomly selected from each group after each school was listed on a slip of paper. Several schools with very wide minimum and maximum Common Entrance scores fell within the LAPS category which accounted for the large number of schools in that category. Given the larger number of schools falling within the Low Academic Performing Schools category, it is dubious that this technique was effective in distinguishing the academic standing of schools.

4.6.3 Statement of Generalisability

Given the strategy used to distinguish schools' academic standing, the results of these empirical studies are not representative of the student population in Saint Lucia. Similarly, owing to the very small sample of young offenders, the results obtained is not an indication of the experiences of the population of offenders. In fact, little statistical value can be garnered with such a small sample. However, while the results obtained may not be representative of the population and is therefore limited in its generalisability, there is merit in the findings of this research project. Firstly, the results support the need for further investigation of

polyvictimisation among a representative sample of adolescents. Secondly, this thesis puts forward the experiences of this sample of young people who, until now, have not had an opportunity to freely express and disclose the different types of experiences meted out to them. Finally, this research project makes a scientific contribution to extant polyvictimisation literature by reporting on the presence of polyvictimisation among a sample of adolescents from a low-income country.

4.7 Analyses of Data

Before the data were analysed, tests were conducted to determine whether assumptions were met for parametric analyses to be performed.

4.7.1 Tests for Normality

Normality tests were conducted in each study using the dependent variables. This was done to determine which statistical tests, parametric or non-parametric, would be most suited to analyse the data. In the first study, psychosocial dysfunction was treated as the dependent variable. As previously mentioned, the objective of the first study was to explore the presence of polyvictimisation and examine the relationship between polyvictimisation and psychosocial dysfunction. The likelihood of psychosocial dysfunction among polyvictims was also examined. In the second study which explored parental monitoring practices, tests of normality were conducted on the Parental Knowledge scale. This was done given that correlations were found between all the other monitoring scales (Parental Solicitation, Child Disclosure and Parental Structure) and Parental Knowledge. In the third and final empirical study, a test of normality was conducted using the Parental Bonding variable. All normality tests were conducted using SPSS v.26. The Shapiro Wilk value of all the variables was examined to determine whether they were

greater than or less than 0.05. This was indicative of normal or non-normal data distribution. Also, z values for Skewness and Kurtosis were calculated. Finally, for confirmation, all dependent variables were plotted using a histogram to observe the skewness in the data. Given that the assumption of normal distribution was violated in all three empirical studies, non-parametric statistical tests were used.

4.7.2 Data Cleaning

In each study, data were cleaned which resulted in some response questionnaires being omitted from the analysis. In the first study which explored the presence of polyvictimisation, three criteria were used to determine removal: 1) omission of age and/or gender, 2) the number of missing items within the questionnaire, and 3) cases where the total past year polyvictimisation scores were greater than the lifetime polyvictimisation scores. The latter criterion was included as it was observed that some participants responded ‘no’ when asked if they had ever experienced a victimisation in their lifetime, but then responded ‘yes’, that the victimisation occurred in the past year. With this response, it was difficult to ascertain where the error in responding occurred. It was possible that no victimisation took place, be it lifetime or in the past year. It was equally likely that the victimisation occurred in the lifetime and in the past year, and that the lifetime response of ‘no’ was an error. The decision was therefore taken to exclude such responses. Additionally, questionnaires with over 10% of missing data were removed and not included in the analysis. In the first study, 32 response questionnaires were excluded, while 10 were excluded from the second study. After the data were cleaned in the final study, six questionnaires were excluded from the analysis.

4.7.3 Statistical Analyses

The data in this research project were analysed using IBM SPSS version 26. Several statistical analyses, both descriptive and inferential, were conducted. A standard alpha value of $p < 0.05$ was used to determine the significance of the results obtained. Although the research sample was not representative, the standard confidence value was employed to ensure statistical consistency with other polyvictimisation studies.

In the first study, both descriptive and inferential data analyses were carried out. The objectives of this study were to: 1) explore polyvictimisation among adolescents and 2) investigate the relationship between polyvictimisation and psychosocial dysfunction. Using descriptive cross-tabulations, results showed the presence of polyvictimisation among students, males and females, as well as those aged 12 – 14 and 15 – 17. Past year as well as lifetime polyvictimisation rates were found. Polyvictimisation in low, mid-range and high academic performing schools were also found. Using descripting statistics, this study also reported on the prevalence of each polyvictimisation module. Similar descriptive analyses were conducted with the young offenders sample.

Inferential analyses were conducted to provide additional insight into the presence of polyvictimisation and the relationship between polyvictimisation and psychosocial dysfunction. Firstly, non-parametric Spearman's Rho correlation was carried out to examine the strength and direction of the relationship between the two variables, polyvictimisation and psychosocial dysfunction. Kendall's Tau was used with the young offending sample given the small sample size. Additionally, the Mann-Whitney U statistic was used to determine whether there was a difference between males and females, and older and younger adolescents regarding their experiences on each polyvictimisation module. Given that participating schools were categorised

into three groups, a Kruskal Wallis was conducted to analyse polyvictimisation modules among schools. Finally, using inferential analysis, a logistic regression was conducted to further explore the polyvictimisation and psychosocial dysfunction relationship by determining the likelihood of psychosocial dysfunction among polyvictims.

Inferential statistics were also carried out in the second study. The main objective of this study was to determine the correlation between parental knowledge and other monitoring techniques. The internal consistency of these scales was also found. As such, Cronbach's Alpha was calculated for each monitoring scale, while correlation coefficients were calculated using Spearman's Rho. In this study, several groups of main caregivers were identified, for example, mothers, fathers, both parents and other relatives. As such, non-parametric Kruskal Wallis tests were conducted to determine how parental monitoring techniques differ among these caregiver groups. Mann Whitney analyses were also conducted to determine the difference between males and females and the two age groups regarding the monitoring strategies they experience.

Data analysis for the final empirical study of this research project also involved both descriptive and inferential statistics. Descriptive statistics and cross tabulations were conducted to explain: 1) the presence of polyvictimisation among that sample, 2) the presence of different parent-child bonds among polyvictims, and 3) the various family structures among polyvictims. Additionally, as with the previous studies, correlation coefficients were carried out using non-parametric Spearman's Rho to determine the relationship between family stressors and polyvictimisation and between parent-child bonding and polyvictimisation.

In the final study, two separate mediation analyses were conducted to determine: 1) the role of parental knowledge in the trajectory from having family stressors to polyvictimisation and 2) the role of parental bonding in the relationship between knowing the whereabouts of

children and polyvictimisation. Mediation is used to determine whether an additional variable or underlying mechanism can better explain the relationship between two variables. Mediation analyses consist of three regressions. The decision was taken to conduct two separate mediations rather than a single model, such as a mediated moderation or a moderated mediation model. This decision was taken, not only to individually draw attention to the roles of each of the mediating variables, but to also reduce the length and bulkiness of the final chapters.

Mediation was calculated using PROCESS macro v3.5 (Model 4) (Hayes, 2013, 2017) in SPSS. This mediation method was used given that the bootstrapping method does not assume normality of the distribution (Camisasca et al., 2015). Additionally, this technique ensures removal of the maximum likelihood estimation associated with small sample sizes (Hayes et al., 2017, cited by Gangamma et al, 2020, p. 7). Mediation was conducted using model four, with 5000 bootstrapped samples as outlined in Hayes et al. (2013, 2017). The indirect effect is estimated with each resampled data set, 5000 times (Camisasca et al., 2015). Using this approach, mediation is concluded if zero does not fall between the confidence interval ranges provided by the bootstrapped method.

Prior to the mediation analyses, a linear regression analysis was conducted to test the following assumptions: 1) the presence of multicollinearity, 2) that the values of the residuals were independent, 3) that the variance of the residuals was constant (homoscedasticity), and 4) that there were no influential cases biasing the model. Both age and gender were controlled for in each of the mediation analyses conducted. Analysis of collinearity was determined through the VIF scores (< 10) and the tolerance score (> 0.2). The Durbin-Watson statistical test for autocorrelation was examined to determine whether residuals were independent. Values on the Durbin-Watson fewer than two was indicative of positive autocorrelation. Homogeneity of

variances was determined by observing scatterplots, with random arrays suggesting homoscedasticity. Finally, Cook's Distance values for each respondent's data were calculated. Scores under one showed that individual cases were not overly influencing the regression model.

It is imperative to note that conducting correlation analyses limited interpretation of the findings. For example, by conducting correlations, these studies were not able to determine whether polyvictimisation caused and/or increased psychosocial dysfunction or vice versa. Similarly, causation in the relationship between family stressors and polyvictimisation was not established in this research project. Also, given that Spearman correlations were conducted, the assumption of a linear relationship between the variables was not made. Therefore it is not the premise of this research project that the direction of the variables, for example polyvictimisation and family stressors, change together and at the same time.

4.8 Chapter Summary

This chapter was included in this thesis to provide an overview of the strategies, procedures and techniques used in conducting this research project. The chapter commenced with a brief discussion of the cultural ideologies inherent to the society that may impact the process and findings of this research. Namely were the "spare the rod and spoil the child" thought patterns and the practice of 'roungement', both of which can potentially influence parental consent, participant assent and the validity of the responses to the questionnaires. Methods to mitigate these variables included using passive parental consent, providing information sheets to both parents and participants, directly surveying the adolescents and highlighting the confidentiality and anonymity measures of the research.

An overview of the structure of the thesis and description of the layout of each chapter was then presented. Three empirical studies were conducted in this research project. Both the first and final studies were separated and reported across two chapters to draw attention to the specific sample and/or variables in the chapter. Also, the rationale for piloting the first empirical study which explored the presence of polyvictimisation was discussed. Procedural amendments such as modifying the method of parental consent was highlighted, which led to an overview of the ethical approval process. Passive parental consent and participant assent were also discussed in this chapter. All studies in this research project were approved by the Faculty of Medicine and Health Sciences Research Ethics Committee. Passive parental consent was employed in these studies for several reasons. Firstly, it increased student participation. Secondly, it provided an avenue for freedom of expression as stated in Article 19 of the United Nations Convention on the Right of the Child (1989). Also, this method of consent was endorsed by the British Psychological Society's Code of Human Research Ethics (2014).

This methodological chapter also discussed the self-report method as well as the applicability and shortcomings of the various research instruments employed in each study. Four main instruments were used in this project: the Juvenile Victimisation Questionnaire, the Youth Pediatric Symptoms Checklist, the Parental Knowledge Questionnaire, and the Parental Bonding Instrument. The number of items on these instruments, when summed, amounted to approximately 80 test items. Given that such a lengthy questionnaire would have prolonged the participant testing period and thereby increase the likelihood of greater disruption to the school, the decision was taken to conduct multiple studies, with different samples of adolescents, within a three year time frame. Also, the researcher was conscious of the potential for psychological discomfort and mindful of need to reduce this risk.

This chapter concluded by noting the limited generalisability of the findings. It was highlighted that the sampling technique used to stratify secondary schools based on academic standing resulted in most schools falling in the low academic performance category. This may not be representative of the student population. Consequently, the findings of these studies are limited to the samples used and explain occurrences among these students.

Finally, this chapter presented a description of the analyses conducted in each empirical study. Tests of normality were conducted to examine the assumptions of normal distribution and to determine the type of statistical tests to be employed in the data analysis. The data were cleaned and response questionnaires with missing items were removed. Data in each study were analysed using SPSS version 26. Both descriptive and inferential analyses were conducted with a confidence value of $p < 0.05$. The main inferential statistics used in these studies were Spearman' Rho correlations, the Mann-Whitney U statistic, the Kruskal-Wallis test, logistic regressions and PROCESS macro v3.5 (Model 4) (Hayes, 2013, 2017) for mediation analyses. These non-parametric statistical tests were employed to examine relationships between variables. Prior to the mediations, regression analyses were conducted to test for multicollinearity, autocorrelation, homoscedasticity and that there were no influential cases biasing the model. It was also noted in this chapter that the findings obtained do not establish causation.

As previously stated, this research project was conducted to explore polyvictimisation in Saint Lucia. The findings of the first empirical study are presented in the following chapter of this thesis. Chapter five reports on polyvictimisation and psychosocial dysfunction among adolescents in the Secondary School system. Polyvictimisation among young offenders is presented in chapter six.

CHAPTER FIVE: Polyvictimisation Prevalence among Saint Lucian Students

5.1 Chapter Overview

The aim of this first study is to examine the presence of polyvictimisation and its relationship with psychosocial dysfunction among Saint Lucian adolescents. A review of the polyvictimisation research in the Caribbean is conducted. Research shows that a few studies have investigated victimisations among adolescents in Jamaica, Trinidad, Barbados and Grenada. However, no studies on polyvictimisation in Saint Lucia have been conducted. In this chapter, this study's methodology is reported, followed by the study's findings and a discussion of their significance.

5.2 Polyvictimisation Research in the Caribbean

One of the major challenges in understanding and addressing child protection lies in the quality of the data being collected. In Saint Lucia and most other Eastern Caribbean countries, data involving child and adolescent victimisations are collected primarily by the Child Care and Protection Agency on the island. In Saint Lucia, that agency is the Division of Human Services. As with most other agencies, negative experiences are recorded during the investigation of inadequate care and/or harm that has been committed against a child. An Intake Social Worker who receives the information records the nature of the harm being committed. At the Division of Human Services, the following categories are listed: sexual abuse, physical abuse, abandonment, psychological abuse and verbal abuse. These victimisations, excluding sexual abuse, are considered Child Maltreatment victimisations. Other victimisations that children may be simultaneously experiencing are oftentimes not captured. Hence, the data collected by such agencies on child victimisations are somewhat limited and inaccurate. For example, children who

report physical abuse may also be 1) witnessing domestic violence, 2) experiencing bullying at school and/or 3) being harassed online. In the absence of a multi-dimensional approach to child and adolescent victimisations, it is difficult to ascertain the severity of victimisations against children in Sant Lucia. Consequently, there is a need to investigate polyvictimisation among adolescents in Saint Lucia as this encapsulates a wider scope of experiences. In this way, both concurrent and consecutive experiences are captured.

Polyvictimisation has been investigated in the Caribbean islands of Jamaica, Trinidad, Barbados and Grenada. Samms-Vaughan and Lambert (2017) investigated the concept of polyvictimisation among a sample of Jamaican students and reported a high level of victimisation exposure. The Exposure to Violence questionnaire reported on lifetime experiences of witnessing and being a victim of robbery, fights, gang wars on other such types of victimisations. A modified version of the Conflict Tactics Scale, which excluded the original 'Reasoning' scale, was used to record exposure to verbal aggression and violence. This instrument was developed by Straus (1979) to explore the presence of intrafamilial violence and conflict. Some of the victimisations on the Conflict Tactics Scale such as threats, physical assaults and verbal assaults, are included on Finkelhor's Juvenile Victimisation Questionnaire. The sample consisted of 11-12 year old students. Victimisation was operationalised as indirect (witnessing) and direct (victimisation) community violence, corporal punishment at home and at school and indirect (witnessing) domestic violence. The data captured by Samms-Vaughan and Lambert (2017) highlighted Jamaican children's exposure to several victimisations including both verbal aggression and physical forms of violence at home and at school, as well as violence among adults in the home.

In Trinidad, Rollocks et al., (2013) sought to provide better understanding of the impact of multiple versus single trauma. In 2013, trauma was defined as "the unique experience of an event or enduring conditions in which the individual's ability to integrate his or her emotional experience is overwhelmed, or the individual experiences a threat to life, bodily integrity, or sanity" (American Psychiatric Association [APA], 2000, cited by Rollocks et al., 2013, p. 246). Some of the traumatic experiences included in this study were physical abuse, sexual abuse, school violence, home violence and community violence. Rollocks et al. (2013) categorised traumatic experiences according to its frequency. Adolescents who experienced zero to one victimisation were placed into Category I. Those who experienced two, or three or more traumatic experiences were placed in Category II and III respectively. While 13.8% of that sample reported two traumatic experiences, 12.9% reported experiencing three or more traumatic events. Rollocks et al., (2013) further found that experiencing more than one traumatic event was associated with mental health outcomes in adolescents. Adolescents in Category III displayed significantly higher trauma symptoms than adolescents in Category I. Although Rollocks et al. (2013) did not use the term victimisation or polyvictimisation, results demonstrated that, 1) adolescents in Trinidad experience multiple types of negative events, and 2) that there is an association between multiple events and mental health symptoms.

5.3 Psychosocial Problems and Victimisation Experiences among Adolescents in the Caribbean

It is well established that problems in psychosocial functioning may arise as a result of victimisation experiences. In the Caribbean, few researchers have identified this association. Debowska et al. (2017) examined the prevalence of different types of childhood victimisation

experiences, both within and external to the family, among 1351 children and adolescents from Barbados and Grenada. The sample consisted of children and adolescents aged nine to 17. Results showed 40.6% of the male participants, and 31.1% of the females, experienced physical victimisation within the home environment. However, the rate of emotional victimisation was higher, with 65.5% of females and 65.4% of males reporting this form of victimisation *outside* of the family. Young persons who reported experiencing moderate to high levels of various types of violence were significantly more likely to engage in violent and hostile behaviours themselves. Additionally, there was an association between emotional and physical victimisation within the home and violence perpetration and hostility among the female participants.

The first study in this thesis attempts to address the absence of polyvictimisation research in Saint Lucia by exploring its presence among students, and its association with psychosocial dysfunction. Given that this study employed a sample of school-attending adolescents, the following section provides an overview of the education system in Saint Lucia.

5.4 Secondary School Education in Saint Lucia

In Saint Lucia, Primary Education consists of a three-year Infant program, followed by a four-year Primary instruction program. At the end of Grade Six and upon completion of Primary Education, all students write the Common Entrance Examination (CEE) to determine the most appropriate secondary school placement. In Saint Lucia there are currently 22 public Secondary schools and three private Secondary schools. Students within the public system are stratified at the secondary level based on their scores obtained at CEE, as well as their place of abode.

By the academic year 2016 to 2017, the Ministry of Education had on record 11,794 students enrolled in Secondary Schools across the island. In Saint Lucia, there is at least one

Secondary School in every major district. However, a large cluster of Secondary Schools are found in the north of the island. Rural districts are those communities south of the capital, Castries, that are found along the east and west coast. The town of Vieux Forte, once the capital of Saint Lucia, is the only urban community found in the south of the island. Whereas most of the students who live in the north of the island are placed at Secondary Schools based on their CEE scores, students in Vieux Forte and rural districts are 'zoned'. Zoning refers to the practice of placing students in schools closest to their residence. As a consequence of zoning, the scores obtained by students at the CEE at a rural Secondary School, may range from 30% to 90%. Students who have obtained high and very low scores in their CEE can be both placed at the same rural Secondary School. Moreover, while the gender composition of students at rural Secondary Schools may be unaffected by zoning, the socio-economic status of rural and city schools may vary. Therefore, comparing schools based on academic performance is somewhat challenging.

In Saint Lucia, all children are mandated to be enrolled at an educational institution. The 1997 Saint Lucia Education Act requires that all students remain in formal educational settings until the age of 16. During the transitional period from Primary to Secondary school however, some children are enrolled in formal Life Skills Programs at institutions such as the Center for Adolescent Renewal and Education (C.A.R.E.) facility. These centers equip adolescents with tactile trade skills and also include as part of their program, formal Social Skills Training. Unless authorised by the Ministry of Education, all other students between the ages of 12 and 17 are enrolled at a Secondary school. Upon completion of the Secondary school five-year program, adolescents are required to write the Caribbean Examination Council (C.X.C.) Examination. Saint Lucia also offers tertiary level education at the Sir Arthur Lewis Community College.

5.5 Objectives

The objectives of this study were to, 1) explore polyvictimisation among students in Saint Lucia and 2) investigate the association between polyvictimisation and psychosocial dysfunction.

5.6 Method

5.6.1 Research Design

This study used a cross-sectional approach as data for this research were collected at one point in time. Participants were categorised according to age cohort, gender, and academic institution to test for significant associations between variables. Two age cohorts were used: 12-14 and 15-17 year olds. In this study, the survey method was employed as respondents were required to complete an online questionnaire.

5.6.2 Research Procedure

A meeting was held with all school officials, including the Permanent Secretary and the Chief Education Officer of the Ministry of Education to introduce them to the study. An outline of the study was submitted, and formal written approval was requested from the Ministry. It should be noted that the approval for conducting research in the Ministry of Education required that the involved schools participating in any study be identified on the approval request form. Therefore, the sampling selection process for identifying all the participating schools in this research project needed to be done prior to submitting the permission letter. A copy of the Faculty of Medicine and Health Sciences Research Ethics Committee's (Ethics Reference Number: 133-1810) approval letter, the proposed study's outline and structure, research instruments, parental information sheets and consent forms and participants' information sheet

and consent forms were submitted to the Corporate Planning Unit of the Ministry of Education as part of the approval process.

This study was conducted over a period of two academic terms. Over 1700 parental consent forms were distributed. Despite gaining approval for passive parental consent from the Faculty of Medicine and Health Sciences Research Ethics Committee (Ethics Reference Number: 133-1810), active consent was requested by most Secondary School principals in this study. The majority of these active parental consent forms were not returned. For example, at one school, over 200 forms were distributed and only four returned. Furthermore, despite arranging dates, times and room allocations for the survey, many school disruptions prevented some of the classes from participating in the study. To bolster participation, the researcher attended Parent-Teacher Meetings to explain the nature and procedure of the study. Additionally, the period of data collection for this study was extended to allow students a longer time to return the forms. However, this did little to improve participation.

All participants were surveyed in the computer labs at their respective schools. The survey was conducted during either the period allotted for Health and Family Life Studies, or Information Technology. Participants, along with the researcher, read the information sheet of the questionnaire, and explanations were provided for questions that were posed. No school officials were in the room at the time of the survey.

5.6.3 Sampling Techniques

In Saint Lucia, there is no official classification of Secondary Schools based on examination results or student performance by the Ministry of Education. To select the participating schools, a list of all but one of the public Secondary Schools in Saint Lucia was

compiled. An average score for each Secondary School was found using the range of scores for Secondary Schools entrance (minimum and maximum) at the 2018 Common Entrance Examination. This exam is taken by all Grade Six Primary School students. When all scores were calculated, schools were sorted according to academic score from highest to lowest, except an A' Level institution from which the majority of school-attending 17 year olds were recruited. Academic Standing then, referred to each school's position/rank based on this average sore. For the purpose of this study, three classifications were made to ensure at least three schools per category: four schools fell within the High Academic Performing Schools category, three within the Mid-Range Academic Performing Schools category, and 14 in the Low Academic Performing Schools category. Two schools from each group were then randomly selected. Using the 'pick-from-a-hat method', schools were blindly chosen after each school was listed on a slip of paper. Two classes from each Form, from Form One to Form Five, were also randomly selected.

5.6.4 Participants

A sample size analysis was conducted which revealed a prerequisite sample of 1536 School-Attending adolescents aged 12-17. This total was achieved using an estimate of single proportion formula, where the maximum width of confidence interval was set at .02 and the estimated population proportion at 0.2 or 20%. However, the sample consisted of 468 secondary school adolescents from Forms One to Five (Females = 282, 60.3%; Males = 186, 39.7%). These participants, 1) indicated that they had given their parent/s the consent form, 2) received parental consent and gave participant consent, 3) were present on the day the survey was conducted, and 4) were not prevented from completing the survey due to other school commitments and

activities. Approximately 27.8% (n = 130) attended High Academic Performing Schools (HAPS), 22.6% (n = 106) Mid-range Academic Performing Schools (MAPS), while Low Academic Performing School (LAPS) students accounted for 49.6% (n = 232) of the sample. Two age cohorts were created: 12- 14 (n = 229, 48.9%) and 15 – 17 (n = 239, 51.1%). This allowed for the distinction between early adolescence and mid-adolescence.

5.6.5 Consent

Parental Information Sheets and Consent forms were given to the School Counsellor who then distributed to each randomly selected class. All the classes in each Form were listed on paper. Classes were randomly chosen by the researcher. This was done for each Form. The returned consent forms were collected by the Counselor and stored in a locked cabinet in the Counseling room. The forms were then given to the researcher and again placed in a locked cabinet drawer.

In this study, parental consent was challenging. For this study, passive consent was sought from the Faculty of Medicine and Health Sciences Research Ethics Committee (Ethics Reference Number: 133-1810) at the University of Nottingham. Additionally, the Participant's Information Sheet and Consent information were added at the beginning of the online survey. It was made compulsory that participants click the consent button to be able complete the survey.

5.6.6 Measures

Demographic Information: Included in the survey, were two questions to capture the demographic variables: age and gender.

Victimisation Measure: The JVQ is a "comprehensive questionnaire designed to gather information on a broad range of victimisations" (Hamby et al., 2004, p. 2) and is an excellent tool for assessing the potential overlap among different forms of victimisation. Six categories were examined: Conventional Crime, Child Maltreatment, Peer and Sibling Victimisation, Sexual Victimisation, Witnessing and Indirect Victimisation and Online Victimisation (2 additional items) (Finkelhor, et al. 2005; Hamby & Finkelhor 2001). Two new items were added to evaluate online victimisation of children and adolescents via the Internet. Almeida et al. (2020) investigated the psychometric properties of the JVQ among Portuguese adolescents and found a Cronbach alpha of 0.94. Victimisation Modules' alpha levels ranged from 0.76 to 0.84.

The Screener Sum Version (SSV) of the JVQ consists of all 34 items of the original JVQ, with no follow-up questions on incident characteristics. Finkelhor et al. (2005) noted that the SSV gives a somewhat more conservative classification of polyvictims, and a threshold score of five or more different victimisations was recommended. However, Hamby et al. (2013) in their study, identified polyvictims as those adolescents who experienced seven or more different kinds of victimisations in the past year. Pereda et al. (2014) also used a threshold of seven different victimisations. This study used the categorical method described by Haahr-Pedersen et al. (2020) to determine frequency and adopted the standard of seven or more victimisation endorsements as an indication of Past Year Polyvictimisation. Non-polyvictims therefore, will represent those participants acquiring below seven different victimisations in the past year.

On this instrument there is a minimum score of zero and maximum score of 36 to indicate both Past Year and Lifetime Polyvictimisation. Two questions for each victimisation were posed to differentiate between past year and lifetime experiences. For example, participants were asked "*At any time in your life, did a grown-up in your life hit, beat, kick, or physically hurt you in any*

way?" and "*Did this occur in the past year?*" A score of zero suggests that the respondent has not experienced any form of victimisation, while a score of 36 is indicative of all the victimisation experiences on the instrument. Higher scores generally indicate greater exposure to several different victimisations and a greater risk for a polyvictimisation classification. Lower scores on the other hand, are reflective of fewer experiences of victimisations. In this study, Lifetime Polyvictimisation was identified using the categorical method, with the sample's mean victimisation creating the threshold (Loeschut & Kafaar, 2017).

Psychosocial Functioning: The shortened version of the Youth-Pediatric Symptom Checklist, theY-PSC-17, was administered to ascertain psychosocial dysfunction. Both the PSC-35 and PSC-17 have demonstrated good validity and reliability and have been tested across multiple pediatric outpatient populations with test-re-test reliability of the PSC-35 ranging from r = .84 - .91 (Jellinek et al. 1988). The reliability of the PSC-17 was high (internal consistency 0.89; test–retest 0.85), and a confirmatory factor analysis provided support for the original 3-factor model (Murphy et al., 2016, p. 1).

Scores on the Y-PSC-17 range from zero to 34. A three-point Likert scale is used (Never = 0, Sometimes = 1, Often = 2). Respondents rate the frequency with which they experience items such as "*feeling sad, unhappy*", "*have trouble concentrating*", or "*fight with other children*". Three scales are summed to produce the Total Psychosocial Problems Scale score. The Internalised Behaviour Problems scale consists of five items. Scores of five and above are indicative of problems in functioning on this scale. The Attention Problems scale and the Externalised Behaviour Problems scale consist of five and seven items respectively. Scores of seven and above are reflective of problems in functioning in these areas. Psychosocial dysfunction is indicated by a score of 15 and over on the Total Psychosocial Problems scale.

5.6.7 Statistical Analyses

Prior to analysis, a data cleaning process was conducted which saw 32 responses being excluded. Grounds for exclusion were omission of age and/or gender, and atypical responses whereby past year victimisation scores exceeded lifetime victimisation scores.

Both descriptive and inferential statistical analyses were conducted. Categorical data were used in the descriptive analysis of the results. However, inferential analysis, such as the correlation statistic, was conducted using continuous data for both polyvictimisation and psychosocial dysfunction. To measure polyvictimisation, the total number of endorsements of different types of victimisations outlined in the JVQ was summed (Finkelhor et al., 2005). Past Year Polyvictims were classified as those adolescents scoring seven or more of the Past Year Victimisations questions (Hamby et al., 2013). Lifetime Polyvictims were those whose scores on the lifetime polyvictimisation questions when summed, amounted to 12 or more (above-the-mean). This categorical approach allowed for the identification of the frequency of polyvictimisation.

A common significance level of .05 was used in this study to reflect the five percent risk of a Type I error. Crosstabulation analyses were used to determine the presence of both polyvictimisation and psychosocial dysfunction among the sample. Additionally, Spearman's Correlation was used to determine the association between Polyvictimisation and Psychosocial Dysfunction. Logistic regressions were also conducted to determine the likelihood of psychosocial dysfunction among both Past Year and Lifetime Polyvictims. Predictor variables included gender, age cohort and polyvictimisation. The Wald statistic, statistical significance, β and Exp β as well as model significance values were calculated for both PYP and LTP.

5.6.8 Ethical Considerations

This study was conducted only after all the necessary ethical approvals were sought. All agencies, inclusive of the Faculty of Medicine and Health Sciences Research Ethics Committee (Ethics Reference Number: 133-1810), and the Ministry of Education, gave consent for this study to be conducted.

The school's counsellors were on site to provide debriefing and all participants were given a debriefing sheet / card with information about all the places they can go to get counselling or additional help. Participants were made aware of their right to withdraw from the study at any time prior to and after completing the questionnaires. To facilitate this whilst maintaining anonymity, each participant was given the option of creating their own code (not using any identifiable information such as date of birth, initials etc) for their questionnaire which was **not** known to the researcher. They typed this code onto their questionnaire. Those wishing to discontinue were told to place their code into a secured box which was left at their school or institution for approximately one week from the date of completing the questionnaires. **No personal data were asked for during this survey** as it was completely anonymous. Also, no codes were placed in the boxes.

5.7 Results of the Pilot Study

This study was piloted. The main objective of the Pilot Study was to identify possible hinderances in carrying out this study. The methodology outlined was firstly used in the Pilot Study. The same procedure was followed (Chapter Four, p. 74 - 76). A sample size of 150 students was targeted which represented 10% of the estimated sample size for the first study of

this thesis. However, only 47 adolescents participated in the Pilot (students = 43; young offenders = 4). Results for the young offenders will be discussed in the subsequent chapter.

A list of all the Secondary Schools in Saint Lucia was compiled alphabetically then numbered, and a school selected at random from a pool of 22 schools. Participating classes, one Form from each of the five levels, were also randomly selected. All students from each selected class were issued Parental Consent Forms and Information Sheets. Since active consent was sought, participants were required to return the signed parental consent forms. With an average of 35 students per class, 175 consent forms were distributed. Three weeks after distribution, less than 10% of the consent forms were returned. These forms were collected by the researcher. A further extension of two weeks was given. A few other forms were returned. With the end of the school term approaching, a final effort was made to booster the return of the consent forms. The researcher addressed the selected classes on the nature of the study, their rights to not participate, the methods put in place to safeguard their identity, as well as the researchers contact information should their parents have any concerns. A total of 43 forms were returned.

The Juvenile Victimisation Questionnaire (SSV) and the Y-PSC 17 were used to explore polyvictimisation and psychosocial dysfunction respectively. The threshold of seven or more different victimisations was set to identify Past Year Polyvictims, while the above-the-mean method classified Lifetime Polyvictims. Participants completed the survey using the University of Nottingham's Online Survey Platform.

One respondent was removed from the analysis due to more than 10% incomplete responses (N = 42). Results of the Pilot Study revealed that 47.6% (n = 20) of students experienced seven or more different types of victimisations in the past year (Mean = 7.19; SD = 5.15; Minimum = 0; Maximum = 22). Of this group of polyvictims, 55% (n = 11) displayed

problems in psychosocial functioning. Lifetime Polyvictims accounted for 52.4% (n = 22) of the student sample (Mean = 14.83; SD = 6.02; Minimum = 4; Maximum = 29). The majority of these polyvictims also displayed psychosocial dysfunction (54.5%, n = 12). Furthermore, a significant moderate positive correlation was found between Past Year Polyvictimisation and Psychosocial Dysfunction ($\rho = .498$, $p = < .001$), as well as between Lifetime Polyvictimisation and Psychosocial Dysfunction ($\rho = .521$, $p = < .001$).

5.8 Results

5.8.1 Test for Normality

Tests for normality was conducted using the psychosocial dysfunction variable. Results showed that the data differed significantly from normality with the Shapiro-Wilk test producing a p value of .000. Therefore, the null hypothesis that the data were normally distributed was rejected.

5.8.2 Main Findings of this Study

Polyvictimisation. Approximately seven percent (n = 31, 6.6%) reported no victimisations in the past year. Only 8.5% (n = 40) experienced one form of victimisation, with the majority of students (84.9%, n = 397) reporting two or more different types of victimisations. Non polyvictims accounted for 54.5% (n = 255) of the students with zero to six different victimisations in the past year.

Similarly, Lifetime Polyvictimisation revealed that only 2.6% (n = 12) of the sample experienced a single victimisation in their lifetime, while 97.8% (n = 458) of the participants had

experienced over two victimisations. Approximately 50% (n = 225, 48.1%) had experienced zero to 11 victimisations in their lifetime. No participant reported zero victimisations in their lifetime.

Results further showed polyvictimisation to be present among 45.5% (n = 213) of the sample of students (Mean = 6.77; SD = 5.16; Minimum = 0; Maximum = 24). These students were classified as Past Year Polyvictims, having experienced seven or more victimisations in the past year. Lifetime Polyvictims accounted for just over half (51.9%, n = 243) of the student sample (M = 12.20, SD = 6.49).

Polyvictimisation Modules. At least one form of Conventional Crime (86%, n = 401), Witnessing/Indirect Victimisations (76.1%, n = 356) and Peer/Sibling Victimisation (63.9%, n = 299) was reported by the sample (N = 468). These polyvictim modules were also common among polyvictims. The majority of Past Year Polyvictims (N = 213) experienced two or more Conventional Crimes (97.6%, n = 208), Witnessing/Indirect Victimisations (93.8%, n = 200) and Peer/Sibling Victimisation (85.9%, n = 183).

Each module was further analysed to determine which type of victimisation polyvictims experienced more of. The mean of each polyvictimisation module was calculated: (Conventional Crimes: M = 4.78; Peer/Sibling Victimisation: M = 2.68; Child Maltreatment: M = 1.72; Sexual Victimisation: M = 2.09; Witness/Indirect Victimisation: M = 4.33 Online Victimisation: M = .95) (See Table 1). Approximately 72% (n = 153, 71.8%) of Past Year Polyvictims reported more than the mean Witnessing/Indirect Victimisation (> four). Above the mean Online Victimisations were reported by two thirds (66.6%, n = 142) of polyvictims, while 57.7% (n = 123) reported more than the average number of Child Maltreatment victimisations (> two).

Psychosocial Dysfunction. Among the students, 34.2% (n = 160) reported problems in psychosocial functioning (n = 160) with scores of 15 or more on the Total Psychosocial

Problems scale. Nearly two-thirds (n = 308, 65.8%) obtained scores below the Psychosocial Dysfunction threshold and were not categorised as displaying problems in functioning.

Above half of the polyvictimised students in this study displayed problems in psychosocial functioning (52.1%, n = 111). Table 2 reports the presence of Psychosocial Dysfunction among Past Year and Lifetime Polyvictims. Using a crosstab calculation, 54.5% of the Past Year Polyvictims identified in this study reported Internalising problem behaviours (n = 116), 21.1% exhibited Attention problems (n = 45), while 25.4% (n = 54) reported problems in Externalised behaviours.

Furthermore, a moderate positive correlation was found between Past Year Polyvictimisation and Psychosocial Dysfunction ($\rho = .419$, $p < .01$), as well as between Lifetime Polyvictimisation and Psychosocial Dysfunction ($\rho = .504$, $p < .01$). Each psychosocial subscale also showed positive, but moderate to weak correlations with Past Year Polyvictimisation (Internalised Problems: $\rho = .326$, $p < .01$; Attention Problems: $\rho = .258$, $p < .01$; Externalised Problems: $\rho = .326$, $p < .01$), and Lifetime Polyvictimisation among students (Internalised Problems: $\rho = .390$, $p < .01$; Attention Problems: $\rho = .370$, $p < .01$; Externalised Problems: $\rho = .341$, $p < .01$).

Odds Ratio for Past Year Polyvictims. A logistic regression was performed to ascertain the effects of age cohort, gender and polyvictimisation on the likelihood of psychosocial dysfunction (See Table 3). The logistic regression model was statistically significant, $\chi2(3) = 62.48$, $p < .001$. The model explained 17.3% (Nagelkerke R2) of the variance in psychosocial dysfunction and correctly classified 69.7% of cases. Holding all other predictor variables constant, past year polyvictims were 4.51 times more likely to exhibit psychosocial dysfunction than non-polyvictims (95% CI [2.98, 6.82]). This provided support for Hypothesis 2. In other

words, being a student polyvictim who experienced victimisations in the past year increases in the odds of having psychosocial dysfunction by 350%.

Odds Ratio for Lifetime Polyvictims. This logistic regression model was also statistically significant ($\chi 2(3) = 77.42$, $p < .001$). An even greater chance of having psychosocial dysfunction was found among lifetime polyvictims with a 481% odd increase. Support was also found for Hypothesis 3 as this cohort of polyvictims were 5.8 times (95% CI [3.73, 9.06]) more likely to display psychosocial problems. The model explained 21.1% (Nagelkerke R2) of the variance in psychosocial dysfunction and correctly classified 68.8% of cases (See Table 4).

Table 1

Number of Student Polyvictims, Males and Females, Older and Younger Students, belonging to HAPS, MAPS, and LAPS reporting Victimisations higher than the Mean in each Victimisation Module (N = 213)

		Conventional Crime (M = 4.78)		Peer/Sibling Victimisation (M = 2.68)		Child Maltreatment (M = 1.72)		Sexual Victimisation (M = 2.09)		Witness/Indirect Victimisation (M = 4.33)		Online Victimisation (M = .95)	
		Range	SD	Range	SD	Range	SD	Range	SD	Range	SD	Range	SD
		(0 - 8)	1.67	(0-6)	1.22	(0-4)	1.09	(0-7)	1.83	(0-8)	1.70	(0-2)	.78
Past Year Polyvictims (n = 213)		55.8 (n = 119)		52.5 (n = 112)		57.7 (n = 123)		53.5 (n = 114)		71.8 (n = 153)		66.6 (n = 142)	
Gender	Male (n = 77)	59.7 (n = 46)		54.5 (n = 42)		50.6 (n = 39)		49.3 (n = 38)		76.6 (n = 59)		53.2 (n = 41)	
	Female (n = 136)	53.6 (n = 73)		51.4 (n = 70)		61.7 (n = 84)		55.8 (n = 76)		69.1 (n = 94)		74.2 (n = 101)	
Age Cohort	12 – 14 (n = 101)	50.4 (n = 51)		58.4 (n = 59)		54.4 (n = 55)		48.5 (n = 49)		78.2 (n = 79)		63.3 (n = 64)	
	15 – 17 (n = 112)	60.7 (n = 68)		47.3 (n = 53)		60.7 (n = 68)		58.0 (n = 65)		66.0 (n = 74)		69.6 (n = 78)	
School Type	HAPS (n = 69)	57.9 (n = 40)		53.6 (n = 37)		60.8 (n = 42)		57.9 (n = 40)		75.3 (n = 52)		59.4 (n = 41)	

MAPS	52.3	54.7	52.3	59.5	69.0	80.9
(n = 42)	(n = 22)	(n = 23)	(n = 22)	(n = 23)	(n = 29)	(n = 34)
LAPS	55.8	50.9	57.8	48.0	70.5	65.6
(n= 102)	(n = 57)	(n = 52)	(n = 59)	(n = 49)	(n = 72)	(n = 67)

Table 2

Internalised, Externalised and Attention Problems among Past Year (N = 213) and Lifetime Polyvictims (N=243)

	Psychosocial Dysfunction Scales		
	Internalised Problem Behaviours	Attention Problem Behaviours	Externalised Problem Behaviours
Past Year Polyvictims	54.5% (n = 116)	21.1% (n = 45)	25.4% (n = 54)
Lifetime Polyvictims	53.9% (n = 131)	21.8% (n = 53)	23% (n = 56)

Table 3

Binary Logistic Regression Analysis for Past Year Polyvictims (N = 213).

							95% C.I. for EXP(B)	
	B	S.E.	Wald	df	Sig.	Exp(B)	Lower	Upper
Past Year vs. Non-Past Year Polyvictims	1.505	.211	50.755	1	<.001***	4.505	2.977	6.815
Age Groups	.296	.210	1.994	1	.158	1.345	.892	2.028
Gender	.405	.217	3.473	1	.062	1.499	.979	2.295
Constant	-2.535	.497	26.031	1	<.001***	.079		

Note. * p < .05; **p < .01; ***p < .001

Table 4

Binary Logistic Regression Analysis for Lifetime Polyvictims (N = 243).

							95% C.I. for EXP(B)	
	B	S.E.	Wald	df	Sig.	Exp(B)	Lower	Upper
Lifetime vs Non-Lifetime Polyvics	1.760	.226	60.483	1	<.001***	5.812	3.730	9.056
Age Groups	.280	.213	1.722	1	.189	1.323	.871	2.008
Gender	.504	.221	5.217	1	.022**	1.656	1.074	2.552
Constant	-2.940	.516	32.502	1	<.001***	.053		

Note. * p < .05; **p < .01; ***p < .001

5.8.3 The Presence of Polyvictimisation, Victimisation by Modules and Psychosocial Dysfunction according to Age, Gender and School Type

1. Table 5 reports the presence of Past Year and Lifetime Polyvictimisation according to gender, age and school type. More females, older adolescents and students attending Low Academic Performing schools were identified as polyvictims than their counterparts. For example, 63.8% (n = 136) and 60.9% (n = 148) female students met the criteria for Past Year and Lifetime Polyvictimisation respectively. Additionally, approximately 53% of students aged 15 – 17 were found to be both Past Year and Lifetime Polyvictims.
2. The number of student polyvictims, males and females, older and younger students, belonging to HAPS, MAPS, and LAPS who experienced victimisations

higher than the mean in each module is also reported (Table 1). Results showed that female polyvictimised students reported higher than the mean victimisations in the modules Child Maltreatment (61.7%, n = 84), Sexual Victimisation (55.8%, n = 76), and Online Victimisation (74.2%, n = 101). More male polyvictimised students, on the other hand, reported greater Conventional Crimes (59.7%, n = 46), Peer/Sibling Victimisations (54.5%, n = 42), and Witnessing/Indirect Victimisations (76.6%, n = 59).

3. Mann-Whitney U statistic showed a statistically significant difference between males and females in the areas of Child Maltreatment and Online Victimisation (Child Maltreatment: $U = 23075.00$, $p < .05$) as well as Online Victimisation: $U = 19040.50$, $p < .01$) (See Table 6). Results showed significant differences between the two age groups regarding Sexual Victimisations ($U = 22086.50$, $p < .01$) and Online Victimisations ($U = 24068.50$, $p < .05$), with older adolescents reporting more cases of both types of victimisations. Furthermore, Kruskal Wallis analysis showed that Child Maltreatment ($X = 7.29$; $df = 2$; $p < .05$) and Sexual Victimisation ($X = 11.07$, $df = 2$, $p < .01$) experiences of HAPS students exceeded that of their academic counterparts.
4. Table 7 reports the presence of psychosocial dysfunction among male and female Past Year and Lifetime Polyvictims. Psychosocial dysfunction was also found among polyvictims aged 12 – 14 and 15 – 17, as well as those attending the three different categories of schools. A greater percentage of female polyvictims, both Past Year (56.6%, n = 77) and Lifetime (54.7%, n = 88), reported psychosocial dysfunction. Younger adolescents aged 12 – 14 who were identified as Past Year

Polyvictims reported psychosocial dysfunction (52.5%, n = 53), while less than 50% (49.6%, n = 57) of those identified as Lifetime Polyvictims reported dysfunction.

Table 5

Past Year and Lifetime Polyvictimisation among Males and Females Students, Students aged 12 – 14 and 15 – 17, and Students attending HAPS, MAPS AND LAPS (N = 468).

Polyvictims	Gender		Age		School Type			
	Male	Female	12-14	15-17	HAPS	MAPS	LAPS	All Students
	%	%	%	%	%	%	%	%
Lifetime Polyvictims	39.1 (n = 95)	60.9 (n = 148)	47.3 (n = 115)	52.7 (n = 128)	32.5 (n =79)	18.9 (n = 46)	48.6 (n = (118)	51.9 (n = 243)
Past Year Polyvictims	36.2 (n = 77)	63.8 (n = 136)	47.4 (n = 101)	52.6 (n = 112)	32.4 (n = 69)	19.7 (n = 42)	47.9 (n = 102)	45.5 (n = 213)

Table 6

Significant Polyvictimisation Modules among Independent Variables (Age Cohort, Gender, School Type)

Significant Victimisation Modules by Gender					
Victimisation Type	Gender	Mean Rank	Mann-Whitney Statistic		p <.05
Child Maltreatment	Males	217.73	23075.00		.028*
	Females	244.67			
Online Victimisation	Males	195.87	19040.50		.000***
	Females	259.98			
Significant Victimisation Modules by Age Group					
Sexual Victimisation	12 - 14	211.45	22086.50		.000***
	15 - 17	256.59			
Online Victimisation	12 – 14	220.10	24068.50		.013*
	15 - 17	248.29			
Significant Victimisation Modules by School Type (Kruskal Wallis test)					
Child Maltreatment	HAPS	255.98	7.29	*df* = 2	.026*
	MAPS	210.35			
	LAPS	232.48			

Sexual Victimisation	HAPS	265.88	11.07	*df* = 2	.004**
	MAPS	217.35			
	LAPS	224.75			

Note. * p < .05; **p < .01; ***p < .001

Table 7

Psychosocial Dysfunction among Past Year (N = 213) and Lifetime Student Polyvictims (N = 243), both Male and Female, aged 12 – 14 and 15 – 17, and Polyvictims attending HAPS, MAPS AND LAPS.

	Gender		Age		School Type		
	Male	Female	12-14	15-17	HAPS	MAPS	LAPS
	%	%	%	%	%	%	%
Past Year Polyvictims'	44.2	56.6	52.5	51.8	52.2	54.8	51.0
Psychosocial Dysfunction	(n = 34)	(n = 77)	(n = 53)	(n = 58)	(n = 36)	(n = 23)	(n = 52)
Lifetime Polyvictims'	46.3	54.7	49.6	53.1	51.7	50.0	51.7
Psychosocial Dysfunction	(n = 44)	(n = 81)	(n = 57)	(n = 68)	(n = 61)	(n = 23)	(n = 61)

5.9 Discussion

This study was the first to assess polyvictimisation among adolescents within the secondary school system in Saint Lucia. Its main objective was to explore the presence of polyvictimisation and psychosocial dysfunction among students. The Juvenile Victimisation Questionnaire (SSV) and the Y-PSC 17 were used.

5.9.1 The Presence of Polyvictimisation among Adolescents

Among this sample of adolescents, approximately four in every 10, or two in five students experienced over seven different types of victimisations in the past year, while five in every 10, or one in two, experienced over 12 victimisations in their lifetime. The average number of victimisation experiences occurring during adolescents' lifetime (12) exceeded the average number of victimisations they experienced during the past year (seven). This increase in victimisation exposure among adolescents when using the lifetime approach is consistent with Finkelhor et al.'s (2009) findings. According to Finkelhor et al. (2009), lifetime assessment of victimisation exposure, as opposed to a single year focus, provides a more holistic framework of victimisation experiences. Leoschut and Kafaar (2017), in recognition of this, used the lifetime prevalence approach in their investigation of possible predictors of polyvictimisations among South African youth. Polyvictimisation was operationalised by Leoschut and Kafaar (2017) as experiences of several victimisations across different contexts *ever* in an adolescent's life. Based on the results of this study, among this sample of adolescents, more adolescents in Saint Lucia experience multiple victimisations throughout their lifetime than in the past year.

In this study, polyvictimisation among this sample exceeded that found in international studies. For example, only 4.1% of Spanish adolescents experienced seven or more

victimisations in the past year (Pereda et al., 2014). In Canada, only 1% reported above seven past-year victimisations (Cyr et al., 2013). Although a statistical comparison is not feasible due to variations in polyvictimisation thresholds (Haahr-Pedersen et al. 2020), past year and lifetime polyvictimisation rates among this sample of Saint Lucian adolescents appear to be high. It appears therefore, that not only is polyvictimisation present among teenagers, but is in part, more pervasive among this sample of adolescents in Saint Lucia than in other regions. This supports the findings by Le et al. (2018), who found exposure to polyvictimisation to be much more prevalent among children and adolescents from low and lower middle-income countries than among those in high and upper middle-income countries.

5.9.2 Polyvictimisation Modules

Convention Crime victimisations were the most common form of abuse among the sample. Peer victimisations and exposure to domestic and community violence were also common. Similar trends were observed among polyvictims. Approximately every past year polyvictim (98%), reported that they were the victim of more than two Conventional Crimes. Most polyvictims also reported experiencing two or more forms of Indirect Victimisations and Peer/Sibling Victimisation. This contrasted somewhat to Soler et al.'s (2012) study which found only 55.5% of the adolescents surveyed had experienced Conventional Crime, while over 60% reported witnessing victimisations. The rate of Conventional Crimes among adolescents in Saint Lucia may be a reflection of the prominence of such crimes at a societal level in low-income countries. When each polyvictimisation module was further analysed, almost 72% of polyvictims stated that they had experienced more than the average number of Witnessing/Indirect

Victimisations (more than four). Two-thirds reported both types of Online Victimisations, while almost 60% reported above the mean Child Maltreatment Victimisations.

5.9.3 Polyvictimisation and Psychosocial Dysfunction

Results of this study were consistent with previous research regarding the limited psychosocial functioning of polyvictims. The majority of polyvictims in this study reported problems in psychosocial functioning. Furthermore, a moderate positive correlation was found between polyvictimisation and overall psychosocial dysfunction. A significant correlation was also found on each of the psychosocial dysfunction scales when both past year and lifetime polyvictimisation experiences were analysed. This suggests that as either polyvictimisation or psychosocial dysfunction increases or decreases, the other also changes in direction.

A regression analysis was conducted to determine the likelihood of psychosocial dysfunction among polyvictims. Past year polyvictims were 4.5 times more likely than non-polyvictims to display problems in psychosocial functioning. Psychosocial dysfunction was 5.8 times more likely in lifetime polyvictims. Dysfunction among polyvictims, particularly internalised and externalised problem behaviours, was noted by several researchers. For example, Debowska et al. (2017) found associations between physical and emotional victimisations and psychosocial problem behaviours.

Consistent with much of the research, internalised problems also appear to be common among this sample of polyvictims (Guerra et al., 2016; Ford et al., 2013; Finkelhor et al., 2007; Chan, 2013). It may be, as Charak et al. (2019) suggest, that experiencing physical assaults, dangerous peers, schools and communities, in addition to the betrayal from primary caregivers

through child maltreatment, lead to more severe post-traumatic-stress symptoms associated with internalised behaviours (Charak et al., 2019).

5.9.4 Other Findings which reflect the presence of Polyvictimisation and Psychosocial Dysfunction

More females and older adolescents in this sample were identified as polyvictims. Additionally, over 50% of older adolescents aged 15 – 17 reported being polyvictimised both in the past year and throughout their lifetime. Furthermore, almost 50% of students in Low Academic Performing schools were identified as polyvictims, as opposed to approximately one third from the High Performing schools and just under 20% from the Mid-Range Performing school students. Such specific data becomes useful in the creation of school-based intervention programs in Saint Lucia. To maximise impact, high intensity and evidence-based programs should target female adolescents and older adolescents in Forms Four and Five. Additionally, tailored interventions should be created in an effort to reduce victimisations which occur within the school environment.

Results further showed that more male polyvictims in this sample, as opposed to female polyvictims, experience more than the average number of Conventional Crimes, Peer/Sibling Victimisations, and Indirect Victimisations. Female polyvictims in this sample on the other hand, appear to be more likely to experience Child Maltreatment, Sexual Victimisations and Online Victimisations. Finkelhor et al. (2009, cited by Cyr et al. 2013, 814-820) posited the possibility of Maltreatment and Sexual Victimisations being "gateway" victimisations, with the latter being a signal of broader victimisation vulnerability. This study also showed a significant difference between males and females with respect to Child Maltreatment and being victimised Online with

females reporting greater experiences. Similar results were obtained by Pereda et al. (2014) with respect to female adolescents. They concluded that girls appear to be more directly exposed to emotional abuse by caregivers and to electronic victimisations.

Older adolescents in this sample also experienced more Sexual Victimisations and Online Victimisations than younger adolescents. Both Finkelhor et al. (2009) and Cyr et al. (2013) found similar results, the latter of whom though, found Sexual Victimisation to be disproportionately experienced by polyvictims of all ages. When polyvictimisation modules were analysed within the three categories of schools, more students in High-Academic Performing schools reported greater experiences of Child Maltreatment and Sexual Victimisations than their counterparts.

Finally, results showed that almost 60% of female polyvictims in this sample displayed problems in psychosocial functioning. Psychosocial dysfunction was also found among the majority of Past Year Polyvictims aged 12 – 14, and Lifetime Polyvictims aged 15 – 17. Similarly, problems in psychosocial functioning were reported by over 50% of the Past Year and Lifetime Polyvictims in the three Secondary School cohorts.

5.10 Limitations

This study set out to explore the presence of polyvictimisation and psychosocial dysfunction among a sample of adolescents in Saint Lucia. While these objectives were met, some limitations impeded the generalisability of the study. One such limitation pertains to the composition of students recruited from the High Academic Performing schools. This composition of 101 females and 29 males is not representative of that population of students since the ratio of females to males in these Secondary Schools are approximately 1:1. Secondly,

the stratum used to categorise schools according to academic performance is not representative of the academic performance of the student population. In this study, the range of Common Entrance Examination scores were averaged and used to categorise schools. With this method, 15 schools fell within the Low Academic Performing category. However, in Saint Lucia, there is a normal distribution of academic performance, with the majority of Secondary Schools considered to be Mid-range performing schools. It may be worthwhile therefore, for future research to reconsider using this stratification method.

Secondly, this study showed an association between polyvictimisation and psychosocial dysfunction. However, it remains uncertain whether the experience of polyvictimisation caused the problems in functioning. The cross-sectional design of the study did not allow for investigation of a causal relationship. Additionally, while a mediation analysis may have provided more insight into the causal relationship between polyvictimisation and psychosocial problems, this did not form part of the data analysis of this study.

Finally, obtaining parental consent also proved to be difficult. Although permission had be obtained for passive parental consent, a number of principals requested that active parental consent be conducted. The majority of consent forms were not returned. The low return of these forms may be indicative of parents' apprehension about their child's participation in this study. It may be beneficial therefore, for future researchers to consider addressing parents directly to allay any concerns they may have.

Given these limitations, future research may be guided by the following:

1. A longitudinal study: a longitudinal approach to polyvictimisation research would allow researchers to track the various victimisations which adolescents experience while monitoring the effects of such experiences.

2. Larger sample size: Increasing the sample size to include a larger percentage of the school attending population would improve the power of the study.
3. Using a different stratum to classify schools: With no formal classification of schools by the Ministry of Education, it may be worthwhile for future researchers to consider employing the results of the Caribbean Examination Council (C.X.C.) exams to delineate schools' academic standing. This may allow for a representative student sample.

5.11 Chapter Summary

The study presented in this chapter was conducted to determine the extent to which polyvictimisation was present among adolescents, and whether the rate of prevalence was significant enough to warrant attention. Results showed that four in every 10 students surveyed in this sample had experienced multiple victimisations in the past year. Also, lifetime polyvictimisation occurred among over 50% of students in this sample. There was also support for the association between polyvictimisation and psychosocial dysfunction, with the majority of polyvictims in this sample reporting problem behaviours. Internalised problem behaviours were particularly common among polyvictims. Additionally, almost each polyvictim had experienced one form of Conventional Crime in the past year. However, almost 72% reported four or more of the eight different types of Witnessing/Indirect Victimisations. It appears therefore that the Caribbean is not immune to polyvictimisation. In fact, polyvictimisation is more common among *this sample* of Saint Lucian students compared to students in China, Spain, Finland and Canada.

This chapter underscored the limited research regarding adolescent victimisations and polyvictimisation in Eastern Caribbean countries. Few countries, namely Jamaica, Trinidad,

Barbados and Grenada, have attempted this multidimensional research approach to victimisation among young people, with results demonstrating poor psychosocial functioning. This is in keeping with international studies. Use of the JVQ in investigating child and adolescent victimisation experiences was also validated in this study. The JVQ is broader in scope as it relates to childhood victimisation experiences and covers the full spectrum of victimisation experiences. Data then encapsulated adolescent exposure to child maltreatment, crime victimisation, and sexual assault, as well as other victimisations such as bullying. Data-driven, evidence-based interventions are now possible via the results obtained in this study.

A plethora of research regarding polyvictimisation have involved adolescents in the public school system with fewer researchers investigating polyvictimisation among other juvenile samples (Finkelhor et al., 2007, 2011; Leoshut & Kafaar, 2017; Radford et al., 2013). Ford et al. (2013) and Pereda et al. (2017) both used a sample of justice involved youth in their study of polyvictimisation. With the presence of polyvictimisation among students being just under 50%, the following chapter will explore polyvictimisation among Saint Lucia adolescents in conflict with the law, the first study of this nature to be conducted in that country.

CHAPTER SIX: Polyvictimisation among Young Offenders

6.1 Chapter Overview

Chapter Five focussed on polyvictimisation among a sample of secondary school students. Polyvictimisation was present among approximately 46% of the sample. Over 50% of these polyvictimised students displayed problems in psychosocial functioning. In fact, a statistically significant positive correlation was found between polyvictimisation and psychosocial dysfunction. This chapter presents an analysis of polyvictimisation and psychosocial dysfunction among young offenders. A qualitative study, though more methodologically appropriate, was not possible. The cohort of offenders in this analysis was surveyed along with the students in the first study entitled 'Polyvictimisation and Psychosocial Dysfunction among Students and Young Offenders'.

The chapter commences with an overview of the need to study adolescent offenders in Saint Lucia. Evidence is then provided highlighting the presence of polyvictimisation among young offenders in high-income countries. Polyvictimisation as a potential risk factor for offending is also discussed, with several studies emphasising the high rates of lifetime polyvictimisation among this cohort of adolescents. The association between polyvictimisation, delinquency and problems in functioning is then presented. Following this, the methodology, the process for consent, and key findings of the analysis are reported. A succinct introduction to the succeeding chapter concludes this part of the thesis.

6.2 Justification for studying this cohort of Adolescents

Despite the legislative gains made in the area of Child Protection for adolescents in conflict with the law, a number of barriers to its efficiency persist. One such barrier is reflected

in the data collected of all young offenders. In a 2017 Situation Analysis Report funded by UNICEF, it was reported that "an integrated system for collecting and managing data on children's contact with the juvenile justice system is lacking in Saint Lucia" (p. 50). This paucity of information extends to the individual characteristics and history of the offenders themselves. No data exist that reflect the socio-economic and psychological profiles of these adolescents.

In Saint Lucia, to date, there are no published studies that have been conducted among adolescents in conflict with the law that focus on their exposure to trauma and/or multiple victimisations. However, research continues to show that young offenders are at a higher risk of experiencing several different victimisations during their childhood. While few research in the Caribbean region has explored social characteristics of young offenders (Harvey & MacLachalan, 1996), no study has examined experiences of multiple victimisations in the lives of young offenders. With no research of this nature in Saint Lucia and other Eastern Caribbean islands, acknowledgement and recognition of the trauma-history of these offenders rarely occur. Furthermore, such acknowledgements are not used to inform intervention programs for these offenders which ought to address their prior exposure to negative events. While there is no research in Saint Lucia that investigates polyvictimisation among child offenders, a myriad of studies has provided evidence of the presence of polyvictimisation among young offenders. Research has also shown the association between delinquency and polyvictimisation.

6.3 Polyvictimisation Prevalence among Young Offenders

Victimisations are common among adolescents involved in the juvenile justice system. In fact, polyvictimisation exposure is estimated to be three times higher than that of adolescents from community samples (Ford et al., 2012). Alvarez et al. (2016), for example, investigated

polyvictimisation among a sample of young offenders from a South-Western European country. Alvarez et al. (2016) employed the Finkelhor's 36-item Juvenile Victimisation Questionnaire which included two forms of Online Victimisations. Adolescent offenders experienced an average of 10 different types of victimisations in their lifetime. Almost two-thirds of that sample of offenders were identified as polyvictims and experienced an average of 12 victimisations in the past year.

Pereda et al. (2017) also investigated the prevalence of polyvictimisation among a sample of 101 young offenders aged 14 to 17 in Northeastern Spain. The Juvenile Victimisation Questionnaire was also used, with past year polyvictimisation being identified using three different methods: 1) using Finkelhor et al.'s (2005) cut off score of four, 2) using the top 10% percentile of both past year and lifetime victimisations, and 3) also using a cut off of six and nine different victimisations to represent past year and lifetime experiences respectively (Pereda et al., 2014). Approximately 60% of the sample were identified as polyvictims using Finkelhor et al.'s threshold of four victimisations. However, almost 42% of the sample were polyvictims with a threshold of six different victimisations. A higher rate of lifetime polyvictimisation among that sample of offenders was found (65.3%). A slightly lower rate of lifetime polyvictimisation (61.7%) was found by (Suarez-Soto et al., 2019) who also investigated polyvictimisation among 227 adolescents in "youth-serving systems" in Spain. The 36-item Juvenile Victimisation Questionnaire was also used.

Prior victimisations are considered a predisposing risk factor for the development of delinquent behaviour among adolescents (Fagan, 2005; Widom, 1989; Widom & Maxfield, 2001 cited by Pereda et al., 2017, p. 3273). This was supported by Kerig (2018) who investigated polyvictimisation among a sample of girls within the juvenile justice system. It that study,

polyvictimisation emerged as one of the risk factors for youth justice. Kerig (2018) alluded to those adolescents' exposure to multiple types of traumatic experiences prior to their incarceration. Such exposures were often reflected in lifetime polyvictimisation scores. Prior victimisations may give rise to poor functioning and disrupted prison life. As noted by Azimi et al. (2019), individuals in conflict with the law who have been exposed to polyvictimisation prior to incarceration tend to have higher risks for prison maladjustment and non-compliance.

6.4 Polyvictimisation, Delinquency and Psychosocial Problems

Many researchers have postulated that the association between victimisation experiences and delinquency, lies in the trauma that emerge from such experiences. Delinquency or delinquent acts refer to misconduct, primarily on the part of young persons. Ford et al. (2012) highlighted the multiple forms of traumatic stressors experienced by young people in secure juvenile justice settings in the United States. These stressors according to Ford et al. (2012, p.694) range from victimisations such as abuse and family violence, to life-threatening accidents and interpersonal losses, and increase adolescents' exposure to complex trauma. Such exposure places them more at risk for a range of debilitating internalising and externalising problems (Ford et al., 2012).

Ford et al. (2010) used latent class analyses and logistic regression analyses to create trauma profiles of delinquent adolescents. Possible correlates of polyvictimisation were also examined. In Ford et al.'s (2010, p. 546) study, delinquency was operationalised using a range of infractions, such as "stealing more than $100, stealing a motor vehicle, engaging in break-ins, gang fighting, using force to obtain money, perpetrating physical attack and friends' delinquency". Trauma exposure was measured using 24 items to record sexual or physical

assault or abuse victimisation and witnessing violence. Direct exposure to disaster, serious accident, or threat of or actual serious injury were also included. In that study, although six subgroups of adolescents were identified, adolescents in the polyvictimisation subgroups were more likely to meet the criteria for psychiatric disorders. Ford et al. (2010, p. 548) found adolescents in the polyvictimisation subgroups were "more likely than non-traumatised adolescents to meet criteria for psychiatric disorders". Additionally, they had "double the risk of depression, triple the risk of PTSD, three to five times increased risk of substance use disorders and five to eight times increased risk of comorbid disorders" compared with adolescents who had trauma histories who were not polyvictimised. Ford et al. (2010) explicitly noted that:

> *"In addition to the single diagnoses of Post-Traumatic Stress Disorder, Major Depressive Disorder, and Substance Use Disorders, the polyvictimised adolescents in this study were at substantial risk for complex comorbid combinations of these disorders. Thus, no single diagnosis, even when four DSM-IV Axis I diagnoses were considered, appeared sufficient to characterise polyvictimised adolescents"* (Ford et al. 2010, p. 551).

Problems in functioning were also reported by Charak et al. (2019) who conducted a latent class analysis involving adolescents within the juvenile justice system. Charak et al. (2019), similar to Ford et al. (2013), unearthed three distinct classes of youth: a Mixed Adversity group (n = 327), a group exposed to a Violent Environment (n = 337) and a Polyvictimised group (n = 145). Charak et al. (2019) investigated the association between polyvictimisation and related behavioural health problems. Internalised problem behaviours such as depression and anxiety, somatic complaints, and suicide ideation formed part of that study. Results showed that members of the polyvictimisation group reported greater levels of all internalised problems, PTSD symptoms, as well as greater risk for alcohol problems.

The purpose of this aspect of the study is to explore the presence of polyvictimisation specifically among young offenders. There is limited regional research that specifically examines the nature of polyvictimisation among this cohort of adolescents. Data from this cohort of adolescents were intentionally analysed separately to draw attention to the experiences of this group of adolescents and to record their psychosocial profile. Results of this analysis also expanded the literature regarding polyvictimisation by adding to the body of work done by Ford et al. (2013) and other researchers.

6.5 Objectives

This aspect of the study sought to explore the presence of polyvictimisation among child offenders. Psychosocial dysfunction and its relationship with polyvictimisation were also investigated.

6.6 Method

6.6.1 Research Procedure and Sampling Techniques

This chapter formed part of the study that was reviewed and approved by the Faculty of Medicine and Health Sciences Research Ethics Committee (Ethics Reference Number: 133-1810). Meetings were held with the Permanent Secretaries of the various Ministries involved in this aspect of the study. Given that one-on-one interviews could not be conducted with this cohort of adolescents without the presence of a prison or security officer, the decision was taken to pursue a quantitative approach. An outline of the study was submitted, and formal written approval was requested from each Ministry. After written approval was obtained from both the Ministry of Equity and Social Justice and the Ministry of National Security, another meeting was

held with the Directors/Managers of the Borderlais Correctional Facility, the Boys Training Center, and the Probations Department of the Ministry of National Security individually. At those meetings, a key person/s at the facility pertinent to the successful administration of the study was introduced, such as the Mental Health Counselor at the Boys Training Center, the Rehabilitation Officer at the Borderlais Corrrectional Facility and the Probations Officer at the Probations Department. Also discussed, was the logistics in conducting the survey such as the distribution and collection of consent forms, availability of a Computer Lab, the number of operational computers, availability of the Institution's Counselor to provide support if needed, possible conflicting events and/or inmates' daily routine. Participants' privacy when completing the survey was also discussed.

At the Boys Training Center, following consent from the Institutions' Directors, a follow up meeting was held with parents and Information Sheets and Consent forms distributed. These forms were signed, and then collected by the researcher. Consent was also given by the adolescents to participate in the study. At the Borderlais Correctional Facility, participants were administered the questionnaire at the facility's Library, while at the Probations Department, participants were surveyed in the Conference Room of the that Department. Parental Consent for these lads were also sought.

Given the small population of youth offenders in Saint Lucia, quota sampling was used to recruit participants. Only offenders who had been charged with an offense within the last year qualified for this survey. Once that had been established by each institution, convenience sampling was used as participants were contacted and invited to be a part of the study.

6.6.2 Participants

The sample consisted of nine male adolescents, aged 12 – 17, who had been charged with an offence within the past year. At the time of this study, fewer than 20 adolescents under the age of 18 had been officially charged with an offence within the last year. To protect the anonymity of these adolescents, the number of adolescents surveyed at each site is not reported.

6.6.3 Consent and Ethical Considerations

Consent for this aspect of the study was sought and granted at different levels. Since this sample of adolescents can be considered a defenseless subgroup in society, care was taken so as not to infringe on individual rights. All participants were repeatedly told of the non-obligatory nature of this study and reminded of their right to refuse participation and/or request that their responses be removed even after submission. Similar to the procedure involving the student sample, all participants were informed of the option to create a code with no personal identifier which could then be used to identify and remove their submission at a later date (See Chapter Five, p. 111).

6.6.4 Measures

The same measures used to assess polyvictimisation and determine psychosocial functioning among the student sample, were used with the young offenders (See Chapter Five, p. 107 - 109).

Demographic Information: Age and gender were also included in this study. However, all the young offenders fell within the 15 -17 age cohort.

Victimisation Measure: The Juvenile Victimisation Questionnaire, Screener Sum Version (SSV) was used with an additional Module, Online Victimisation, being included. The five other

modules were also examined: Conventional Crime, Child Maltreatment, Peer and Sibling Victimisation, Sexual Victimisation and Witnessing and Indirect Victimisation (Finkelhor et al., 2005; Hamby & Finkelhor, 2001).

Psychosocial Functioning: The instrument to assess psychosocial dysfunction also remained unchanged. TheY-PSC-17 comprises three sub-scales, Internalised Behaviours, Attention Behaviours and Externalised Behaviours, which when summed, yield a Total Psychosocial score.

6.6.5 Statistical Analyses

Despite the small sample, the data underwent a cleaning process similar to what had been done with the student sample. No participant met any of the criteria for exclusion. Again, polyvictimisation was measured by summing the number of endorsements on the past year items of the JVQ (Finkelhor et al., 2005). As with the student sample, participants were categorised as Past Year Polyvictims if they scored seven or more (Hamby et al., 2013). Scoring Lifetime Polyvictimisation again used the categorical 'above-the-mean' method (See Chapter Five, p. 110).

Crosstabulation analyses using categorical data were used to determine frequency. Also, given the small sample size, Kendall's Tau was used to determine correlation. This inferential statistic employed continuous data from both the polyvictimisation and psychosocial dysfunction variables.

6.7 Results of the Pilot Study

This aspect of the study was also piloted among a sample of young offenders. For the Pilot Study, convenience sampling was used. A total of four adolescents who had been charged with offences and were under the age of 17 were recruited for this study. The facility from which these adolescents were recruited is deliberately not stated to protect the identity of these adolescents. The research procedure outlined was used in the Pilot Study (Chapter Four, p. 74 – 76), with the same instruments being administered. Participants again completed the survey using the University of Nottingham's Online Survey Platform in the Library of the Center.

Results of the Pilot Study revealed that 75% (n < 4) of the young offenders were identified as Past Year Polyvictims (Mean = 12.25; SD = 11.35; Minimum = 1; Maximum = 28). All of these polyvictimised offenders displayed problems in psychosocial dysfunction (100% (n = < 4). Lifetime Polyvictim accounted for 50% (n < 3) of this sample of adolescents with both reporting more than 19 different victimisations in their lifetime (Mean = 18.75; SD = 7.93; Minimum = 11; Maximum = 27). These polyvictims reported psychosocial dysfunction.

6.8 Results

6.8.1 Main Findings

Polyvictimisation Prevalence. Approximately 88.9% (n = 8) of the offenders were identified as Past Year Polyvictims (Mean = 13.56, SD = 6.24). Fewer than three adolescents in this cohort reported no victimisations in the past year. However, 77.8% (n = 7) of the young offenders were Lifetime Polyvictims and experienced over 17 different types of victimisations (Mean = 17.44, SD = 6.28) at some point in their lives.

Polyvictimisation Modules. All eight offending Past Year Polyvictims (100%) reported more than two Conventional Crimes and Indirect Victimisations. Approximately 80% (77.8%, n = 7) reported more than two Sexual Victimisations and Peer/Sibling Victimisations.

Table 8 shows the mean victimisation for each module among polyvictimised offenders. Also shown are the number of polyvictimised offenders who reported victimisation experiences that were higher than the mean in each module. Offenders reported greater victimisation experiences in the area of Sexual Victimisation (75%, n = 6), Witnessing/Indirect Victimisation (75%, n = 6) and Online Victimisation (62.5%, n = 5).

Polyvictimisation and Psychosocial Dysfunction. Half of the Past Year Polyvictimised offenders, (50%, n = 4) showed problems in functioning. Of the seven Lifetime Polyvictimised offenders, 57.1% (n = 4) reported Psychosocial Dysfunction.

When the individual psychosocial subscales were analysed among the eight Past Year Polyvictims, (50%, n = 4) reported Internalised problems, 25% (n < 3) reported Attention problems and 12.5% (n < 3) reported Externalised problems. Similarly, of the seven Lifetime Polyvictimised offenders, 57.1% (n = 4) experienced Internalised problems, while 14.3% (n < 3) reported both Attention and Externalised problems.

A Kendall's tau-b correlation was run to determine the relationship between Polyvictimisation and Psychosocial Dysfunction among the Past Year and Lifetime Polyvictims. No statistical significance was found: (τ_b = .243, p >.05) and (τ_b = .141, p >.05) respectively. Neither was any significance found on any of the psychosocial scales.

Table 8

Number of Polyvictimised Offenders reporting Victimisations higher than the Mean in each Victimisation Module (N = 8)

	Conventional Crime (M = 5.25)		Peer/Sibling Victimisation (M = 2.63)		Child Maltreatment (M = 1.50)		Sexual Victimisation (M = 3.13)		Witness/Indirect Victimisation (M = 5.75)		Online Victimisation (M = .88)	
	Range	SD	Range	SD	Range	SD	Range	SD	Range	SD	Range	SD
	(4 - 8)	1.58	(1 - 4)	1.06	(1 - 3)	.92	(0 - 5)	1.64	(3 - 8)	1.58	(0 - 2)	.83
Polyvictimised Offenders	50.0 (n = 4)		50.0 (n = 4)		25.0 (n = <3)		75.0 (n = 6)		75.0 (n = 6)		62.5 (n = 5)	

6.9 Discussion

This aspect of the polyvictimisation study explored the presence of polyvictimisation and the relationship between polyvictimisation and psychosocial dysfunction among a small sample of young offenders. Although the sample size significantly limits the power of the study, a number of key findings were observed. These findings were in keeping with international research regarding justice involved youth. Also, the need for further research among this cohort of adolescents was supported.

6.9.1 Polyvictimisation Prevalence among Young Offenders

A major finding in this aspect of the study was the presence of polyvictimisation among this sample of young offenders. Of a sample of nine adolescents, eight were identified as Past Year Polyvictims. Lifetime polyvictimisation was also common. Approximately 80% of the offenders surveyed experienced over 17 different victimisations in their lifetime. It is also pertinent to highlight the difference in the number of victimisations students and young offenders experience. Whereas the mean of victimisations experienced by the student sample in the past year was seven, the mean for Past Year Polyvictimised young offenders was 13 different victimisations. Likewise, while polyvictimised students reportedly experienced 12 victimisations in their lifetime, a polyvictimised young offender on average experienced approximately 17 different victimisations in their lifetime. Furthermore, while under 40% of male students reported both Past Year Polyvictimisation and Lifetime Polyvictimisation, this rate doubled among male offenders.

These results were consistent with international research regarding the victimisation experiences of this small sample of justice-involved youth, and provide evidence of the “high

accumulation of victimisation experiences" among young offenders (Pereda et al., 2017, p. 3291). Pereda et al. (2014) found the average of victimisations reported in a young offender's lifetime, was twice that of the average of victimisations in the lifetime of adolescents in the community. A high prevalence of polyvictimisation was also found by Alvarez-Lister et al. (2016). In that study, the full 36-item JVQ was used among a sample of 100 adolescents from three juvenile detention facilities. Of the sample, 81 were male. Spanish polyvictimised offenders accounted for nearly two thirds of the 100 offenders aged 14 – 17.

6.9.2 Polyvictimisation Modules among Young Offenders

All polyvictimised offenders of this sample reported witnessing several victimisations or being indirectly victimised and being victims of at least two different types of conventional crimes. Both these victimisations, Witnessing/Indirect Victimisations and Conventional Crimes were also common among 93.8% and 91.6% of adolescents respectively, in the child welfare and juvenile justice systems in Spain (Suarez-Soto et al., 2019). Sexual victimisations and Peer/Sibling victimisations were also common among polyvictimised young offenders in this study. However, exposure to a high number of different types of victimisations *within* three main modules were found: Sexual Victimisation, Witnessing/Indirect Victimisation and Online Victimisation. This finding was similar to the previous analysis of students (Chapter Four). Approximately 72% and two thirds of polyvictimised students experienced above average Witnessing/Indirect Victimisations and Online Victimisations respectively. However, unlike the male polyvictimised offenders in this analysis, more female student polyvictims reported above average Sexual and Online Victimisations.

Witnessing Victimisations (72.3%, n = 73) was also a common form of victimisation experience among a sample of Spanish juvenile offenders (Pereda et al., 2017). Additionally, Azimi et al. (2019) also found sexual victimisation before the age of 18 to be present among a sample of adult offenders. These findings demonstrate that polyvictimised young offenders, 1) experience a greater number of victimisations, and 2) are also victimised across several modules. As Pereda et al. (2017) noted, this cohort of polyvictims are victimised in four or more modules. It appears therefore, that in spite of cultural differences, young adolescents in conflict with the law constitute a highly victimised group in society.

6.9.3 Polyvictimisation and Psychosocial Dysfunction

Results of this study showed that half of the polyvictimised young offenders in this sample, who reported victimisations within the past year, also reported problems in psychosocial functioning. However, 60% of the Lifetime Polyvictims reported psychosocial dysfunction.

In this study, specific psychosocial behavioural problems were examined. Internalised problems appeared to be more common among both Past Year and Lifetime Polyvictims. This contrasted with a fraction of literature regarding psychosocial problems among offending samples. Alvarez-Lister et al. (2016) found offending polyvictims to possess clinical severity criteria for both externalising behaviours and general impairment. Ford et al. (2013) also found evidence of an association between polyvictimisation among justice system youth and externalised problem behaviours. However, despite the widely documented association between polyvictimisation and externalised problem behaviours, much research show the presence of internalised problem behaviours among youth offenders. Studies show that polyvictimised youth offenders have greater symptom severity associated with emotion dysregulation problems,

PSTD, internalising behavioural health problems (depression, anxiety and suicidality risk), as well as clinical levels of externalising problem behaviours (Charak et al, 2019; Ford et al., 2013; Croysdale et al., 2008; Alvarez-Lister et al. 2016). Ford et al. (2013) found that polyvictims involved in the juvenile justice system reported all but one type of traumatic victimisation, multiple types of traumatic victimisations, and severe emotional and behavioral problems.

Postulations abound regarding this finding, with one being in relation to the screening instrument used to capture impairment in functioning among offenders in the Caribbean. While some researchers, like Alvarez-Lister et al. (2016) utilised Section Two of the Youth Self Report, Ford et al. (2013) employed the Massachusetts Youth Screening Instrument. This disparity may account for the likelihood of contradictory results. Also, it may be quite likely that the offenders in this research project were more distrusting and as such were apprehensive about disclosing the full gamut of their problem behaviours.

6.10 Limitations

It is important to note that the small sample of adolescents who participated in this study make significant interpretation limiting. The results obtained in this aspect of the study is not representative of the population of young offenders in Saint Lucia. However, despite not having robust statistical power, inclusion of this cohort of adolescents provided an avenue for young offenders to make known the different types of experiences they encounter.

This study, similar to other studies involving offending adolescents, did not record the offender's length of incarceration or the nature of their interaction. This is critical in establishing the occurrence of victimisations in the past year. Studies have shown that many incarcerated youth, specifically those housed at institutions, are repeatedly victimised. It therefore becomes

difficult to ascertain whether the victimisations that were reported in the past year took place while at the facility. Nonetheless, polyvictimisation among young persons in conflict with the law is of grave concern given that lifetime polyvictimisation experiences and poor psychological functioning are predominantly high among this cohort (Ford et al. 2013).

Another limitation to this aspect of the study was the type of sampling technique used. Quota sampling was used due to the small population of offending adolescents. Although this sampling technique allowed for ease of access, statistical inferences could not be made about the population of adolescent offenders. Additionally, this non-random technique reduced the element of chance which allowed for sampling bias. In spite of this limitation, this technique proved to be the most apt technique given the small population.

These findings highlight the need for future research among this cohort of polyvictims. To further the investigation of polyvictimisation, it may augur well to conduct a longitudinal study among a sample of young offenders. A study of this nature will allow researchers to track the victimisations these offenders experience. Additionally, given that this group of adolescents is largely understudied, it may be beneficial to also conduct a qualitative study. Using the qualitative method, researchers will be able to gather more in-depth information regarding, 1) the nature of their victimisations (e.g. perpetrator-victim relationships), and 2) narrative descriptions of the impact of these victimisations.

Two observations made in the analysis of these results also prompt further research: 1) that more male offenders were identified as polyvictims than male students, and 2) that more male offenders also reported Sexual Victimisation and Online Victimisation than male students. Consequently, it may augur well to investigate the role of Sexual and Online Victimisations in the development of offending behaviour among male polyvictims in Saint Lucia.

Finally, recognising the association between polyvictimisation and offending is critical in "crime prevention and criminal justice policies" (Pereda et al., 2017, p. 3275), particularly among adolescents. As such, to understand the trajectory of polyvictimisation among young offenders in Saint Lucia, it may be beneficial to investigate the socio-economic factors in the life of an offender. This is necessary since such factors may be risk factors for polyvictimisation exposure. This study, therefore, forms the basis for further investigation into the social environment of polyvictimised offenders. Finkelhor et al. (2009) presented four pathways to polyvictimisation. One such pathway was the 'problematic or disorganised families' pathway which consisted of a number of problematic situations or factors. It may be argued that such pathway, and each of its factors, contribute to polyvictimisation exposure. This study's results, and in keeping with the main objectives of this thesis, prompt further investigation. Consequently, the relationship between polyvictimisation and some of the factors outlined in Finkelhor's et al. (2009) disorganised families will be investigated. Polyvictimisation's relationship with parental monitoring and parent-child bonding will also be investigated in the final study of this thesis.

6.11 Chapter Summary

This chapter was dedicated to the analysis of polyvictimisation among young offenders in Saint Lucia. The small sample size impacted the statistical power of this aspect of the study, and thus limited its findings to just this sample of young offenders. Past Year Polyvictimisation among this sample of young offenders was found to be present among eight out of nine offenders aged 15 – 17, while seven out of nine offenders reported over 17 different victimisations in their lifetime. Additionally, psychosocial dysfunction was observed among the majority of lifetime

polyvictimised child offenders. A major finding of this aspect of the study, was support for international studies that young offenders are often the recipient of multiple different forms of victimisations. Results obtained from this sample of Saint Lucian child offenders were in keeping with the findings made by researchers such as Ford et al. (2012, 2013) and Alvarez-Lister et al. (2016).

In this chapter, key deficiencies in the juvenile justice system were highlighted. This aspect of the research project sought to address such deficiencies by providing analysis of the multiple victimisations that young offenders endure. Several studies were presented in this chapter which supported the association between polyvictimisation and delinquency. Evidence also showed the presence of polyvictimisation among adolescents within the juvenile justice system. Based on these results and those presented in the previous chapter which investigated polyvictimisation among students, it appears that polyvictimisation is prevalent among both secondary school adolescents ***and*** adolescent offenders in Saint Lucia.

In the Caribbean, parental monitoring and supervision practices have arguably been viewed as contributors to psychosocial functioning, particularly among adolescents. Jones et al. (2012) in Nassau, Bahamas, found adolescents who reported greater parental monitoring also reported less involvement in problem behaviours. Jones et al. (2012) pointedly cited increased parental monitoring as a means of keeping children safe, particularly in violent communities. Therefore, prior to delineating various probable family-related risk factors that may predispose multiple victimisation exposure among adolescents in Saint Lucia, it was critical to determine how are adolescents monitored by their parents.

CHAPTER SEVEN: Parental Monitoring Techniques in Saint Lucia: An Examination of Parental Knowledge, Parental Structure, Child Disclosure and Parental Solicitation

7.1 Chapter Overview

An approximated 46% of a sample of students, and 90% of a sample of young offenders were identified as polyvictims in this thesis. With the presence of polyvictimisation being established, it then became of interest to examine social factors. Another aim of this thesis was to identify the factors or stressors within the family that were related to polyvictimisation. The final study of this thesis addresses this aim. Parental monitoring has been regarded as a protective factor against victimisation exposure among adolescents. Consequently, this thesis set out to determine whether or not monitoring practices were associated with an increased risk for polyvictimisation. To do so, three scales on Stattin and Kerr's (2000) and Kerr, Stattin and Burk's (2010) Parental Knowledge Questionnaire (Parental Knowledge, Parental Solicitation, and Child Disclosure) and Wellborn and Grolnick's (1988) Parental Structure scale were used. The purpose of this study, therefore, was to determine which of these monitoring scales should be investigated in the final study.

This study's main objective was to identify the correlations between the Parental Knowledge scale and the other monitoring scales. The internal consistency of the three scales on the Parental Knowledge Questionnaire (PKQ) (Stattin & Kerr, 2000; Kerr, Stattin & Burk, 2010). Internal consistency of Wellborn and Grolnick's (1988) Parental Structure scale was also found.

In this chapter, parental monitoring in relation to parental knowledge is discussed. Various definitions of parental monitoring are presented and are used in operationalising 'parental monitoring techniques' for the purpose of this study. The distinction between 'parental

control' and 'parental structure' is also explained with the latter being used in this study. Finally, an overview of the study's objectives is explained, followed by the methodology. The results and description of the findings are then presented and the chapter's main points summarised.

7.2 Conceptualising Parental Monitoring

There is a much ambiguity in the operationalisation of the term 'parental monitoring'. For example, Neilsen (2019) regarded parental monitoring as only involving *knowledge* of children's daily activities and life routines. Similarly, Turner et al. (2007) examined parental monitoring using a summary score of three items which asked parents to rate the extent to which they ***knew*** an aspect of their child's whereabouts. On the other hand, some researchers have conceptualised parental monitoring as involving both knowledge *and* action. For example, Esbensen et al. (1999) regarded parental monitoring as a combination of knowledge and an *active* method of surveillance. Here, parental monitoring was thought to encompass both the knowledge parents have of their children *in addition to* active monitoring techniques.

Other researchers' definition of parental monitoring has excluded and/or made little reference to the knowledge parents have of their children's whereabouts. Dishion and McMahon (1998, p. 61) defined parental monitoring as "a set of correlated parenting behaviours involving attention to and tracking of the child's whereabouts, activities, and adaptations". Racz and McMahon (2011) cited good parental monitoring as referring to actions that purposely structure the child's environment, along with active efforts of tracking the child's whereabouts. Both definitions alluded to monitoring as a combination of actions or specific behaviours which track and surveil. However, little acknowledgement was given to parental *knowledge* as a component of monitoring.

The interchangeability of the terms 'parental monitoring' and 'parental knowledge' has been widely criticised by many researchers. According to Stattin and Kerr (2000), many studies reflect *parental knowledge* rather than *parental monitoring*. Racz and McMahon (2011, p. 378), supported this position, citing that many studies have examined parental knowledge, rather than the "active parental efforts of attending to and tracking children and their activities". Parental knowledge refers to the knowledge parents have of their children's whereabouts and activities. Kerr and Stattin (2000) argued that the term "monitoring" can be considered a misnomer when used to refer to parental monitoring measures. As highlighted by Stattin and Kerr (2000), these 'parental monitoring' measures assessed the end product of monitoring, the *knowledge* parents gain about their children, rather than the intended construct.

Given the extensive research undertaken regarding the operationalisation of 'parental monitoring', it is the position of this research that parents' knowledge of their children's whereabouts is only <u>one</u> aspect of the monitoring process. In isolation, parent's knowledge may not constitute 'monitoring', but it is an essential component. For the purpose of this study, parental monitoring involves *knowledge*, *actions* that lead to supervision and surveillance, and *information*. While knowledge encompasses what parents know, information is gained by asking questions and by children's disclosure. Consequently, three scales from Stattin and Kerr's (2000) and Kerr, Stattin and Burk.'s (2010) Parental Knowledge Questionnaire were used in this study (Parental Knowledge, Parental Solicitation and Child Disclosure). Whereas parental knowledge refers to the knowledge parents have of their children's whereabouts, parental solicitation describes how frequently parents seek information about their children. Child disclosure measures the extent to which adolescents disclose their activities and whereabouts to their parents.

In the Caribbean, parental structure, as opposed to parental control, was found to have better outcomes on adolescent well-being (Griffith & Grolnick, 2014). As such, in this study, Stattin and Kerr's (2000) Parental Control scale was replaced with Wellborn and Grolnick's (1988) Parental Structure scale. Whereas some of the items on Stattin and Kerr's (2000) Parental Control scale involve seeking permission, Parental Structure involves setting clear guidelines and establishing boundaries.

7.3 The Difference between Parental Control and Parental Structure

The outcome of parental control, and its effects on adolescent functioning have been debated by many researchers and have forged polarised findings. This, according to Marbell and Grolnick (2013, p. 80), may be partly due to the "conflation" of the two parenting dimensions: parental control and parental structure. For example, the concept of parental social control was used by Ellonen and Salmi (2011) in their investigation into the correlating risk factors for polyvictimisation. Ellonen and Salmi (2011, p. 32) referred to parent's social control as "a long-term experience of care and protection in a child's life". It was measured in their study using two items: joint family dinners and parents' *knowledge* of with whom their child is spending his or her free time. Social control was operationalised by Ellonen and Salmi (2011) as 'parental guardianship', depicted through life-style or routine activity theory. Ellonen and Salmi (2011) reported fewer rates of polyvictimisation among those adolescents whose parents knew with whom they were spending their free time, and those who dined frequently with their families.

The distinction between Control and Structure was also highlighted by Marbell and Grolnick (2013). In their study, the concepts of control and structure were differentiated and each concept's relation to early adolescents' psychosocial well-being examined. Parental Structure

referred to the provision of clear, consistent rules and expectations, with predictable consequences. It was measured using a Structure subscale of the Parenting Context Questionnaire (Wellborn & Grolnick, 1988). This subscale assessed the extent to which the home environment includes clear and consistent guidelines. Griffith and Grolnick (2014, p. 3) in their investigation of parenting in Caribbean families, also defined Parental Structure as parenting that is meant to "*guide* children's behaviour" by setting clear rules and guidelines. This was thought to create an organised environment for the child. According to Griffith and Grolnick (2014), setting rules allowed parents to create organisation in their children's environment. A total of 88 sixth-grade adolescents from Barbados participated in that study. Similar to findings by Marbell and Grolnick (2013), Parental Control was negatively associated with adolescent competence and self-regulation, and positively associated with depression. Conversely, Parental Structure was associated with higher levels of academic engagement, competence and intrinsic and identified self-regulation. Given that Griffith and Grolnick's (2014) Parental Structure scale was used with a sample of Caribbean adolescents and an acceptable Cronbach's alpha was found, Parental Structure replaced Stattin and Kerr's (2000) Parental Control scale.

Therefore, for the purpose of this study, 'parental monitoring techniques' will refer to the extent to which primary caregivers know the whereabouts of their children, the extent to which primary caregivers seek information about their children from others, the extent to which children disclose information to their main caregiver and the provision of structure (clear rules and guidelines) by these caregivers. Four subscales will constitute this instrument: Parental Knowledge, Child Disclosure, Parental Solicitation and Parental Structure.

7.4 Objectives

The main objective of this study was to determine the correlation between Parental Knowledge and Parental Solicitation, Child Disclosure (Stattin & Kerr, 2000) and the Parental Structure scale (Wellborn & Grolnick, 1988). The internal consistency and reliability of these scales were also found.

Since a study of this nature had never been conducted in Saint Lucia, it was hypothesised that the strongest association would be found between Parental Knowledge and Child Disclosure (Stattin & Kerr, 2000).

7.5 Method

7.5.1 Research Design

Similar to previous studies, this quantitative study used the cross-sectional research design and employed the survey method to gather data. It constituted a correlational research as it sought to determine the relationships between scales using statistical analyses.

7.5.2 Participants

A power analysis using Nquery Software was used to determine the appropriate sample size for this study. Calculations were performed using a Confidence Level of 95% and a confidence interval width (w) set at 0.2. Additionally, given the fact that Stattin & Kerr's (2000) study produced a minimum correlational value of 0.41, the Spearman correlation coefficient was set at (r) 0.4. This produced a sample size (n) of 295. As such, a total of 300 adolescents was the target population for this study. Over 300 consent forms were distributed.

This study however, comprised of a total of 129 school-attending adolescents ranging from Forms One to Forms Five. A Secondary School was randomly selected from a pool of fifteen schools. Two classes per Form were also randomly selected. Most of the participants were males (n = 79, 61.2 %), with females accounting for only 38.8 % (n = 50) of the sample. For analysis, two age cohorts were again created in keeping with the procedure in the first study: 12-14 (n = 39, 30.2%) and 15 – 17 (n = 90, 69.8%) (See Chapter Five, p. 104).

7.5.3 Procedure and Sampling Techniques

Similar to earlier studies involving students within the public education system, consent needed to be obtained from the Ministry of Education. A similar procedure was followed to gain consent for this study to take place at a Secondary School. A meeting with all the Permanent Secretary and Chief Education Officer was held to provide an introduction to the study. Permission to conduct this study in Secondary Schools was requested. This involved submitting to the Corporate Planning Unit, a detailed proposal of the study along with the instruments to be used. A list of the intended school, age cohort, and selection process, along with the Parental and Participant Information and Consent Forms, were also submitted.

Once written approval was obtained, a meeting was held with the School's Principal and the School Counsellors. During this meeting, the purpose and outline of the study were discussed and permission to conduct the study at the school was requested. Logistics regarding the administration of the study was also discussed, along with the student's privacy when completing the survey, the computerised online system, assessment location and other matters relevant to the study. A follow up meeting was held with the School Counsellor to confirm the logistics. The researcher addressed the student body, notifying them of the study and the purpose of the consent

forms. The parental consent forms were then distributed to each randomly selected class. Passive parental consent was approved by the Faculty of Medicine and Health Sciences Research Ethics Committee (Ethics Reference Number: 361-1907). Two returned consent forms were collected by the Counsellor and stored in a locked cabinet in the Counseling room.

Parents were sent information packages detailing the nature of the research and the school's participation letter. The option to withdraw their child from the study was made clear. Parents were allowed three weeks from distribution for consideration to return the forms. Since this study used the online platform, the Participant Information Sheet served as the first page of the survey. This page explained the nature of the study and their rights. Participant Consent was embedded at the beginning of the survey and participants were not able to move on to the survey without clicking the consent button.

On-going school activities prevented the recruitment of the target sample size in this study. Data were collected within one academic school term. Thirteen school visits were made to administer the questionnaire due to the high number of school events. Students were surveyed in their school's computer lab. No school official was allowed in the room at the time of the administration.

7.5.4 Measures

Demographic Information: Included in the survey, were two questions to capture the demographic variables: age and gender.

Primary Caregiver/s: In parental monitoring studies, a distinction is rarely made between parents and main caregivers. It is implicit that the parent/s identified are the primary caregivers. However, it is possible that both parents are not equally the main caregiver/s. Hence, participants

were instructed to think of and identify the main adult/s in their life who they live with and who takes care of them. The identified person was labelled the main/primary caregiver of the respondent. The responses were coded as 'Mother' = 1, 'Father' = 2, 'Mother and Father' or 'Both Parents' = 3, 'Mother/Stepfather' = 4, 'Father/Stepmother' = 5, 'Grandparent/s' = 6 and 'Other Relatives' = 7. Other relatives referred to aunts, uncles and/or cousins.

Parental Monitoring Techniques: Three of the four scales from Stattin and Kerr's (2000) and Kerr, Stattin and Burk's (2010) Parental Knowledge Questionnaire (PKQ) were used in this study. Cutrin et al. (2019) found the PKQ to be an effective measure in capturing the construct of parental knowledge and the proposed sources of such knowledge as identified by Stattin and Kerr (2000) and Kerr and Stattin (2000). As previously stated, Wellborn and Grolnick's (1988) Parental Structure scale replaced the Parental Control scale. In this study, the higher the score on each scale, the higher the frequency of that monitoring technique.

1. *Parental Knowledge* scale, the child version (Kerr, Stattin & Burk, 2010): This scale measures parents' knowledge of their child's whereabouts and activities. It consists of nine child report items regarding their parents' knowledge. The mean for these items was reported at .85. Test retest reliability was found to be substantial (r(36) = .83). This scale used a 5-point Likert scale: (1 = no, not at all, never, 2 = rarely, 3 = sometimes, 4 = often, 5 = yes, fully, always), and had a maximum score of 45. Participants were asked questions such as, *'do your parents know what you do during your free time?*, or, *do your parents know who you have as friends during your free time?*
2. *Child Disclosure* scale, the child version (Stattin & Kerr, 2000): This scale included five items with a .81 α reliability and a test-retest correlation of .87 for the child report. An example of a Child Disclosure items was, '*how often do you usually want to tell your parents*

about school (how each subject is going; your relationships with teachers)?' A 5-point Likert scale, (1 = no, not at all, never, 2 = rarely, 3 = sometimes, 4 = often, 5 = yes, fully, always), was also used on the scale. A maximum score of 25 was possible for this scale.

3. *Parental Solicitation* scale, the child version (Stattin & Kerr, 2000): Five items formed this scale (Stattin & Kerr, 2000). Items such as "*How often do your parents talk with your friends when they come over to your house?",* "*How often do your parents ask you about what happened during your free time?"* and "*How often do your parents ask you to sit and tell them what happened at school on a regular school day?"* assessed Parental Solicitation. The item "*How often do your parents ask to about your social media profiles or browsing history?"* was included on the Solicitation scale. Similar to the Parental Knowledge and Child Disclosure scales, the 5-point Likert scale was used. Hence, the maximum score was 35. The α reliability of .77 and test retest correlation of r(35) = .82 were found. An α value of .69 was reported by Cutrin et al. (2019).
4. *Parental Structure* subscale of the PCQ by (Wellborn & Grolnick, 1988): Six items comprised this scale with are coded on a 4-point Likert scale (not true at all = 4, not very true = 3, sort of true = 2, and very true = 1). This scale allowed for a maximum score of 24. Participants responded to statements such as, '*my parents let me get away with things I shouldn't'*. Cronbach's Alphas ranged from .8 to .9.

7.5.5 Statistical Analyses

Prior to analysis, a data-cleaning process was conducted which saw the elimination of 10 responses. Three participants chose not to participate in the study, while five responses were excluded due to the absence of the independent variable indicators such as age and gender. Two

additional responses were excluded due to more than 10% of the questions remaining unanswered. Missing responses on items were coded '999' and excluded from analysis.

Participants were also asked to identify the main parent/s or relative with whom they lived or who took care of them. The responses given were then coded and analysed using Crosstabs and Pearson Chi-Square for association. For example, 'Mother' = 1, 'Father' = 2, and 'Mother and Father' or 'Both Parents' = 3. The independent variables, Age and Gender, were analysed using the Mann-Whitney U statistic, while the Kruskal-Wallis H statistic was used to rank the various primary caregiver/s categories for each parental monitoring technique. Internal consistency for all scales was found using Cronbach's Alpha, while correlation coefficients were tabulated using Spearman's rank correlation.

7.5.6 Ethical Considerations

All necessary ethical approvals were sought in conducting this study. This study was reviewed by the Faculty of Medicine and Health Sciences Research Ethics Committee (Ethics Reference Number: 361-1907). Written approved was gained by the Ministry of Education after an outline of the study's proposal and instruments to be used were submitted.

The school's counsellors were on site to provide debriefing to participants who may have experienced psychological discomfort in recalling the nature of their relationship with their parents. Since the questionnaires in this study did not assess the potential danger and/or harm in which a participant may be (i.e. respondents only state "yes" or "no" to having prior experiences), coupled with the completely anonymous nature of the study, direct intervention could not be given. Participants were also made aware of their right to withdraw from the study

at any time prior to and after completing the questionnaires. Additionally, no personal data were asked during this survey as this survey was completely anonymous.

7.6 Results

Tests for normality was firstly conducted using the parental knowledge scale. The Shapiro-Wilk test was used. With a p value < .05, the null hypothesis of a normal distribution was rejected. Additionally, Skewness and Kurtosis z values falling out of the +/- 1.96 range also showed that the data differed significantly from normality.

7.6.1 Main Findings

Internal Consistency. Cronbach's alpha on the Parental Knowledge scale showed acceptable reliability ($\alpha = .746$, n = 121). Acceptable reliability ($\alpha = .768$, n = 125), the highest alpha level of all the scales, was also found on the Parental Solicitation Scale. Questionable and unacceptable reliability alpha levels were reported on the Parental Structure and Child Disclosure scales ($\alpha = .658$, n = 129; $\alpha = -.113$, n = 126) respectively

Correlation Coefficients. The strength and direction of associations between scales were examined using Spearman rank correlation statistics. Results showed that only two of the three monitoring scales correlated significantly with 'Parental Knowledge'. There was a moderate positive correlation between Parental Knowledge and Solicitation ($\rho = .579$, $p < .01$), and Parental Knowledge and Child Disclosure ($\rho = .421$, $p < .01$). That the strongest correlation would be found between Parental Knowledge and Child Disclosure was not supported. Furthermore, a small positive correlation ($\rho = .170$, $p < .05$) was found between Parental Knowledge and Parental Structure.

Partial correlations were also calculated to test the strength and direction of relationships between Parental Knowledge and Solicitation by controlling for Age Cohort and Gender. When Age was controlled for, a moderate positive correlation was still found ($\rho = .572$, $p < .01$). A similar correlation was also found when Gender was controlled ($\rho = .590$, $p < .01$). Additionally, both Age and Gender were found to be significant predictors of Parental Knowledge.

Two other noteworthy findings were made in this study.

7.6.2 Parental Monitoring Techniques among the Main Caregiver categories

Parental Knowledge mean was 31.37 (SD = 7.58, Minimum = 13, Maximum = 44) (See Table 9). Based on the responses provided by the participants, four main categories of 'Primary Parent/Caregiver' were identified: Mother Only (n = 53, 42.1%); Father Only (n = 17, 13.5%); Both Parents (n = 30, 23.8%); Other Relatives (n = 15, 11.9%). No foster parenting was identified. Kruskal-Wallis tests showed that students who identified Both Parents as the 'Primary Caregiver' ranked higher in Parental Knowledge (Mean Rank = 77.97) and all the other monitoring techniques scales, ***except*** the Parental Structure scale. Single mothers ranked the highest on that scale (Mean Rank = 73.35) Also noteworthy, was that 'Other Relatives' out ranked 'Mothers Only' and 'Fathers Only' on the Parental Solicitation scale (Mean Rank = 67.43) and 'Fathers Only' and 'Both Parents' on the Parental Structure scale (Mean Rank = 60.40) (Table 10).

Table 9

Mean, Standard Deviation and other Descriptive Statistics of the Parental Monitoring Techniques Scales (N = 129)

Parental Monitoring Techniques Scales	Descriptives			
	Mean	SD	Minimum	Maximum
Parental Knowledge	31.37	7.58	13	44
Child Disclosure	14.29	3.24	5	22
Parental Solicitation	15.88	5.95	5	30
Parental Structure	15.91	4.67	0	24

7.6.3 Parental Monitoring among Males and Females, and Older and Younger Adolescents

Female participants (Mean Rank = 79.96, n = 50) reported higher Parental Knowledge than males (Mean Rank = 55.53, n = 79) (U = 1227.0, $p < .01$). Also, younger adolescents, those falling within the 12-14 age cohort reported higher levels of Parental Knowledge (Mean Rank = 78.18, n = 39) than adolescents within the 15 – 17 age group (Mean Rank = 59.29, n = 90) (U = 1241.0, $p < .01$). A Pearson Chi Square test revealed a significant association between gender and Parental Knowledge ($\chi = 8.67$, df = 1, $p < .01$), as well as a statistically significant association between age groups and Parental Knowledge ($\chi = 5.78$, df = 1, $p < .05$).

Females also reported higher Child Disclosure (Mean Rank = 72.33), Parental Solicitation (Mean Rank = 69.21) and Parental Structure (Mean Rank = 66.75) than male adolescents. Also, in addition to Parental Knowledge, younger adolescents reported greater Child

Disclosure (Mean Rank = 74.05), Parental Solicitation (Mean Rank = 72.38) and Parental Structure (Mean Rank = 70.47), than adolescents in the older age cohort (See Table 11).

Table 10

Kruskal-Wallis Mean Ranks of the three main types of Caregivers ('Mother', 'Father' and 'Both Parents') regarding Parental Knowledge of whereabouts, Parental Structure and Sources of Information (N=126).

Primary Caregivers	Parental Monitoring Techniques			
	Parental Knowledge	Child Disclosure	Parental Solicitation	Parental Structure
Mother Only (n = 53)	60.51	63.73	59.14	73.35*
Father Only (n = 17)	58.03	69.26	63.53	54.85
Both Parents (n = 30)	77.97*	69.65*	69.62*	50.73
Other Relatives (n = 15)	57.47	48.53	67.43	60.40
Kruskal-Wallis H	8.41	7.97	6.77	10.00
df	6	6	6	6
p	.21 (>.05)	.24 (>.05)	.34 (>.05)	.13 (>.05)

Note. *Highest mean rank. Other categories of main caregivers included: Mother/Stepfather (n = 2, 1.6%); Father/Stepmother (n = 3, 2.3%); Grandparents (n = 6, 4.8%). Three participants did not identify a caregiver.

Table 11

Mann Whitney analysis of Parental Knowledge, Child Disclosure, Solicitation and Parental Structure between females (n = 50) and males (n = 79), and 12 – 14 year olds (n = 39) and 15 – 17 year olds (n = 90) (N = 129).

	Parental Knowledge				Disclosure				Solicitation				Parental Structure			
	Gender		Age Cohort		Gender		Age Cohort		Gender		Age Cohort		Gender		Age Cohort	
	Females	Males	12 – 14	15 – 17	Females	Males	12-14	15-17	Females	Males	12-14	15-17	Females	Males	12-14	15-17
Mean Rank	79.96	55.53	78.18	59.29	72.33	60.36	74.05	61.08	69.21	62.34	72.38	61.80	66.75	63.89	70.47	62.63
U	1227.0		1241.0		1608.5		1402.0		1764.5		1467.0		1887.5		1541.5	
p	< .001*		.008*		>.05		>.05		>.05		>.05		>.05		>.05	

Note. *Significance at 0.05 alpha level

7.7 Discussion

This study sought to determine the correlations between parental knowledge and parental solicitation, child disclosure and parental structure. The internal consistency of each scale was also investigated.

7.7.1 Internal Consistency and Correlations

Only the Parental Knowledge scale and the Parental Solicitation scale demonstrated acceptable reliability. Additionally, the strongest positive correlation was found between Parental Knowledge and Parental Solicitation. This suggests that as parents' efforts to gain information increase, they become more knowledgeable about their children's whereabouts, or vice versa. Similar results were observed by Waizenhofer et al. (2004) who investigated parental knowledge and the various methods of obtaining knowledge about adolescents' whereabouts. Results showed that active methods of obtaining knowledge such as asking children directly (i.e. solicitation) were the best predictors of parental knowledge.

These results however, contradicted those obtained by Stattin and Kerr (2000) and Kerr, Stattin and Burk (2010). In the former cross-sectional study, the correlation between Child Disclosure and Parental Knowledge (referred to in that study as "monitoring"), was significantly stronger than that between Parental Knowledge and Parental Solicitation. Furthermore, Kerr, Stattin and Burk (2010) found Child Disclosure to be the strongest predictor of increases in Parental Knowledge.

7.7.2 Parental Monitoring among Primary Caregivers

Further analysis of this data found greater parental knowledge, child disclosure and parental solicitation by 'Both Parents' caregivers. A Kruskal-Wallis analysis showed 'Both Parents' caregiving, as outranking the other two caregiving categories in all but one monitoring category. Only on the Parental Structure scale were 'Both Parents' ranked the lowest, with almost 60% of adolescents in this cohort reporting limited structure and/or guidelines. This indicated that among a sample of adolescents in Saint Lucia, when mothers and fathers are equally and jointly regarded as primary caregivers, they are more aware of their children's whereabouts. Together, these caregivers also inquire about their children more frequently and often receive information *from* their children. However, they provide less structure than mothers and fathers separately. In fact, although statistical significance was not observed, results of the Kruskal-Wallis showed that single mothers had the highest mean rank on the Parental Structure scale. This suggests that single mothers provide clear rules, boundaries and expectations more frequently than single fathers and 'both parents' caregivers.

Also of interest was the mean rank for 'Other Relatives' on the Parental Solicitation and Parental Structure scales. In this study, 'Other Relatives' were categorised as aunts, uncles, cousins, older siblings and/or any other adult who did not fall into the other primary caregiver/s cohorts. 'Other Relatives' inquired about and sought information about their charges more frequently than 'mothers' and 'fathers'. Additionally, 'Other Relatives' provided greater structure and guidelines for children than fathers only and both parent caregivers.

7.7.3 Parental Monitoring of Males, Females, Younger Adolescents and Older Adolescents

There was greater prevalence of the parental monitoring techniques among females and younger adolescents. This suggests that parents engage in more active forms of monitoring and are more aware of their daughter's whereabouts than their son's. Among this cohort of adolescents in Saint Lucia, primary caregivers inquired and sourced information about their daughters, as well as provided more structure for their teenage daughters than their sons. Also, females in this study reported that they shared information about their daily lives and activities with their primary caregivers more frequently than boys. This is an interesting finding since the first study which investigated the prevalence of polyvictimisation among Saint Lucian adolescents found more females than male polyvictims. With females reporting greater exposure to child maltreatment and sexual victimisations, it is plausible then, that in Saint Lucia, parents are more vigilant regarding their daughter's whereabouts *outside* of the home than their son's. It is therefore likely, that parents' knowledge of their daughter's whereabouts outside of the home does little to protect them from victimisations since these victimisations may be occurring within the family environment.

Furthermore, parental monitoring appears to decrease as adolescents got older. Polyvictimisation was also found to be more prevalent among older adolescents. It may be therefore, that older adolescents become more prone to victimisations in Saint Lucia when parents are unaware of their whereabouts and engage in little to no active monitoring techniques. As Kerr, Stattin and Burk (2010, p. 39) noted in their longitudinal study of parental monitoring:

> "*When children are young, vigilant parental monitoring is often the only thing that stands between them and physical harm. When they become adolescents…. parents are less able*

to monitor adolescents' activities directly because they spend so much time away from home."

7.8 Limitations

Several limitations in this study should be noted. Firstly, this study identified four main types of primary caregivers: mothers, fathers, both parents and other relatives. Participants were not asked to identify the family structure to which they belong. Instead, there was an implicit distinction between main caregiver/s in the adolescents' life and the family structure to which the adolescent belongs. While it is possible that the main caregiver can be representative of the family structure of the household, it is also possible that this adult/s was a subset of a different family structure. For example, mothers who were main caregivers knew less about their children's whereabouts and solicited information about their children less frequently. However, these mothers may be single-parents, or form part of nuclear or step-family structures. Such family structures may influence parental monitoring practices due to the nature to the relationships, the type of attachment bonds and the social dynamics that exist within such structures. Family structure then may be considered as a confounding variable in this study.

Another limitation to this study pertained to the nature of the relationship between caregivers and their children. Stattin and Kerr (2000) alluded to the need for an emotional bond to foster children's disclosure of information to their parents. Worthen (2011) also noted that parental knowledge increases parent-child bonds. This study however, did not establish the quality of the relationship between adolescents and their caregivers which influences caregivers' commitment to acquire knowledge of their children's whereabouts.

Socio-economic stressors that occur within families also engender limited supervision of children. These family problems have been described by several researchers as *family problems* or *stressors.* (Finkelhor et al., 2009; Conger & Conger, 2002; Masarik & Conger, 2017). It has been argued that stressors such as unemployment, job loss, parental incarceration and parental use of drugs and alcohol, disrupt parenting practices and engender poor supervision of children. Parental monitoring then becomes contingent on the existence and impact of these family problems. This study did not investigate the prevalence of socio-economic family problems. Therefore, it is unclear whether the parental monitoring techniques reported by the adolescents in this study were influenced by family problems.

It should also be noted that the sample in this study may not be representative of the student population in Saint Lucia. Although the random sampling technique used to select the schools allowed for an equal opportunity for selection, the pool of schools consisted of low academic performing schools. Therefore, students attending high or mid-range academic performing schools were excluded from the study. This becomes pertinent when considered within the context of the results obtained in the first study of this thesis. The first study investigated polyvictimisation among students. More students attending low academic performing schools were polyvictims, than students in high and mid-range schools. Although the generalisability of that study is arguable, the many victimisations to which the students of this study have been exposed may influence the extent of parental monitoring they reported. This, however, is difficult to assert and requires further investigation of the association between polyvictimisation and parental monitoring.

Finally, some key items on the questionnaire were not answered by some participants (e.g. age and gender). As a result, some respondents were excluded from the study since they did

not indicate their age and/or gender. This led to a reduction in the sample size of this study. Future studies should take precautions to obviate these exclusions by making essential items compulsory.

7.9 Chapter Summary

This study was conducted within the broader context of this thesis and its main objectives. One of the objectives of this thesis was to identify factors within the family that may be correlated to polyvictimisation. One such factor intended for investigation was parental monitoring. Studies show that while the adults in the family are dealing with multiple hardships, children are often left under supervised, leaving them vulnerable to victimisation (Finkelhor, 2008; Finkelhor et al, 2007b, cited by Lussier et al., 2016, p. 6). Such studies have emphasised the co-occurrence of social and financial stressors that contribute to poor monitoring and consequential victimisation exposure among children and adolescents.

In the final study of this thesis, the correlation between polyvictimisation and several stressors within the home environment will be investigated. The study presented in this chapter was therefore conducted to determine which parental monitoring technique would be investigated in the final study. Results showed the overall correlation between the items on Stattin and Kerr's (2000) Parental Knowledge and Parental Solicitation scales to be adequate. Results from this study also showed that as parents actively source information about their children, their knowledge of their children's whereabouts increases. Therefore, both the Parental Knowledge scale and the Parental Solicitation scale will be included in the final study. Two main findings guided that decision: 1) adequate internal consistency on both the Parental Knowledge scale and the Parental Solicitation scale, and 2) the strong correlation between these two scales.

This study also found that parental monitoring techniques were greater among teenage girls, younger adolescents and adolescents who reported having ‘both parents’ as main caregivers.

CHAPTER EIGHT: Family Stressors as Correlates of Polyvictimisation among Saint Lucian Adolescents

8. 1 Chapter Overview

The study conducted in this chapter explores the presence of family stressors within the home environment among polyvictims. The correlation between specific stressors and polyvictimisation is determined and is done using the family problems within Finkelhor et al.'s (2009) Disorganised Families variable. For the purpose of this study, stressors, family problems and family factors are used interchangeably and refer to socio-economic problems described by Finkelhor et al. (2009) on the Disorganised Families Variable that affect the functioning of the family. Four additional factors are also investigated: Parental Knowledge, Parental Solicitation, Family Structure, and Parent-Child Bonds, with the latter two being analysed and reported in the subsequent chapter.

Finkelhor et al.'s (2009) Disorganised Families variable and the family problems that constitute that variable are discussed. A rationale for using this variable to investigate family problems among Saint Lucian adolescents is then provided. Given that two parental monitoring practices are included in this study, the significance of parental monitoring and evidence of the association between parental knowledge and polyvictimisation are provided. The study's hypotheses, methods, results and significant findings are later discussed, with the conclusion introducing the final aspect of study of this research project.

8.2 Family Stressors and the Family Stress Model

The Family Stress Model, (Conger & Conger, 2002) describes the process whereby economic hardships occurring within the family engender adolescent dysfunction and poor

childhood outcomes through strained relationships, psychological distress and degenerated parenting practices. Masarik and Conger (2017, p. 8) defined the process from 'Disrupted Parenting (4b.)' to 'Child and Adolescent Adjustment Problems (5)' as occurring when "economic stress depletes psychological and relational resources of adults and children, leading to inconsistent or harsh parenting practices, less frequent monitoring of children or withdrawal of support and affection". While the Family Stress Model is used primarily to describe economic stress and family functioning, Masarik and Conger (2017) assert that the model can be applied to other environmental stressors. Family stress can be regarded as the effect of disruptions to a family's homeostasis, with family stressors referring to those situations or events that engender such disruptions. Within this thesis, family stressors, or family factors, refer to problems described by Finkelhor et al. (2009) on the Disorganised Families Variable.

8.3 The Disorganised Family Variable and Associated Factors of Polyvictimisation

The occurrence of social and economic problems within the family has long been considered a risk factor for violence exposure among children. According to Turner et al. (2007),

> "*Child victimisation often occurs against a backdrop of parental dysfunction and chronic family adversity, such as unemployment, parental alcohol or drug problems, parental imprisonment, marital discord, or episodes of homelessness. Such family problems, while often coexisting with victimisation, are likely to increase the risk of subsequent victimisation and, therefore, can themselves represent risk factors for victimisation exposure*" (p. 283).

Finkelhor et al. (2009) created a 'Disorganised Families' variable and tested its contribution to polyvictimisation. Finkelhor et al. (2009) defined disorganised families as those fraught with a

variety of problems. According to Finkelhor et al. (2009, p. 317), "considerable chaos and multiple, ongoing problems" occur within these types of families. Such problems, which constitute the Disorganised Families variable, include homelessness, parental job loss or unemployment, imprisonment of a parent/caregiver, family drug or alcohol problems, family trouble with the police, separation or divorced parents, parent/s moving to a worse job, money problems, loss of driver's license by parent, family enrolling in public assistance program and family forced off public assistance. In Finkelhor et al.'s (2009) study, endorsement of any of these situations represented its occurrence. The total number of family problems endorsed was summed. Post Turner et al.'s (2007) study, Finkelhor et al. (2009) later found disorganised families to be a trajectory to polyvictimisation among children and adolescents.

Many researchers have recognised the significant role these family stressors play in contributing to negative outcomes for children and adolescents. However, while much research has focussed on the relationship between socio-economic family problems and specific types of childhood victimisations, few studies have explored such problems within the context of multiple victimisation experiences. For example, parental drug and alcohol use was related to increased exposure to child maltreatment including physical and emotional abuse (Kepple, 2018; Murphy et al., 2018), increased child hospitalisations (Raitasalo & Holmila, 2017), and sexual abuse of children (Ward et al., 2018). Also, Sebre et al. (2004) recorded correlations between parental overuse of alcohol and emotional and/or physical abuse of children in four post-communist bloc countries (Latvia, Lithuania, Macedonia and Moldova). A sample size of 1145 10 to 14 year olds was used in that study. There is also a relationship between parental unemployment and joblessness and child maltreatment (Murphy et al., 2018; van Berkel et al., 2020) and being victims of bullying (Knaappila et al., 2018). However, Ellonen and Salmi (2011) investigated

correlates of polyvictimisation among a sample of Finnish adolescents. The financial situation of the family, and parental social control (not having dinner regularly with the family and parents not knowing with whom their child spent their free time) were correlated to polyvictimisation.

Investigating the 'Disorganised Families' variable identified by Finkelhor et al. (2009) among adolescents in Saint Lucia is appropriate due to the types of family problems that form the variable. For example, high alcohol consumption among the Saint Lucian population has been repeatedly noted in national and regional reports. Alcohol was reported as being the drug most often abused by Saint Lucians (45.45%) (Monrose, 2018), and is considered to be associated with high rates of domestic violence.

Although there is no official data to corroborate, unemployment, job loss and money problems have also been considered as major factors which disrupt family life in Saint Lucia. The relatively high unemployment rate in Saint Lucia has always been of concern. Over the past four years, one fifth to one fourth of the country's population has reportedly been unemployed (Urosevic, 2021). Saint Lucia has consistently recorded the highest unemployment rate in the region. In 2020, the unemployment rate in Saint Lucia stood at approximately 20% (O'Neill, 2021). Other family problems said to impact family functioning and children's well-being in Saint Lucia include parental separation or divorce and having a parent in conflict with the law and/or being imprisoned. To date however, these factors have never been collectively investigated among adolescents in Saint Lucia. There are no published studies that examine these factors and their contribution to, or association with, multiple victimisation exposure.

8.4 The Covid-19 Pandemic as an unexpected Family Stressor

Research has also emerged citing the stress associated with global pandemics, particularly the Covid-19 pandemic, as a contributor to overall family stress. Significant changes in lifestyles and daily living routines arose due to the pandemic, namely job losses, or fears due to loss of employment (Gray et al., 2020, p. 1), school closures, disruptions to medical care and reduced support for childcare systems (van Tilburg et al., 2020), decreased food security and changes in insurance status (Patrick et al., 2020).

Psychological distress was also reported. Van Tilburg et al. (2020) investigated the stress levels of parents during the 2020 pandemic. Parenting Stress was measured using the Parental Stress Scale (Berry & Jones, 1995), whereas anxiety and depression were assessed using the PROMIS Adult Health Profile six-item scale. Results showed clinically significant levels of anxiety and depression (44.6% and 42.2% respectively) among parents. Stress levels among parents were also higher among parents who care for children who suffer from chronic diseases. Patrick et al. (2020) also reported deteriorating mental health among parents (27%) and poorer behavioural health among children (14%).

In this study, parenting stress during the commencement of the Covid-19 pandemic was not measured. However, it aids to present the social context within which some of the data for this study was collected.

8.5 The Inclusion of Parental Monitoring in the investigation of Polyvictimisation

In discussing the contribution of family problems in the trajectory to polyvictimisation, Finkelhor et al. (2009) cited poor supervision of children as a possible consequence of problems in chaotic family environments. Lack of adequate supervision was not included among the list of

family problems on the Disorganised Families variable, but rather was regarded as a consequence of such problems (p. 317). The domino effect of such limited supervision by parents, as stated by Finkelhor et al. (2009), is that children in these environments are susceptible to continuous social disruptions. These disruptions occur as they move from place to place. This dislocation ultimately exposes them to victimisations within these different social settings. It was concluded that limited supervision which occurs as a result of the myriad family problems is likely to place children at greater risk for victimisation. However, research highlights the association between inadequate supervision and victimisation likelihood.

Whereas Finkelhor and his team did not include poor parental monitoring in his polyvictimisation trajectory study, other researchers recognised monitoring as a factor worth examination. Ellonen and Salmi (2011), investigated family characteristics and their associations with polyvictimisation and included an element of parental monitoring in their study. Ellonen and Salmi (2011, p. 22) acknowledged Finkelhor et al.'s (2009) assertion that the "background characteristics" of polyvictims differentiate them from children with little to no victimisation experiences. However, these researchers noted the limited set of background characteristics investigated by Finkelhor and his team. As a result, Ellonen and Salmi (2011) included 'parental social control' as a variable in their investigation of polyvictimisation. Ellonen and Salmi's (2011) parental social control variable which examined parent's knowledge of children's whereabouts was correlated to polyvictimisation.

To date, there are no studies in Saint Lucia which explore parental monitoring in relation to victimisations among children. Previously in this research project, parental monitoring was conceptualised as involving *knowledge, actions* that lead to supervision and surveillance, and *information*. Four parental monitoring techniques were investigated: Parental Knowledge,

Parental Solicitation, Child Disclosure and Parental Structure. Parental monitoring practices in this study focuses specifically on, 1) the awareness a parent has of his/her child's whereabouts, and 2) parents' active efforts to obtain information. This is measured using the Parental Knowledge scale and Parental Solicitation scale given the adequate Cronbach's alpha levels and the strong positive correlation that was found between these two scales (Chapter Seven, p. 165). These scales are included in this study to determine the relationship between parents' knowledge of their children's whereabouts and their tendency to source information about their children, and polyvictimisation.

8.6 Aims and Objectives

The study was based on the premise that family problems engender increased exposure to multiple forms of victimisations. Consequently, the aim was to explore the presence of family factors among polyvictims. Also explored were the presence of parental monitoring using two practices: parental knowledge and parental solicitation. The objectives of this study were to:

1. Examine the relationship between polyvictimisation and the presence of family stressors
2. Identify which family stressors were correlated to polyvictimisation
3. Determine the correlation between polyvictimisation and parental knowledge and parental solicitation.

8.7 Method

8.7.1 Participants

The sample size was calculated at 224 using the following: power of the test = 0.8, level of significance = 0.80, effect size = 0.2 and a population size of N =10000. The population level

risk of having these family issues (infrequent Parental Solicitation, little Parental Knowledge, several Family Problems) was 0.45. Consequently, a total of 300 adolescents was the targeted sample for this study. However, due to the Covid-19 pandemic which resulted in premature closure of the school term, only 142 students were recruited from Mid-Range and Low Academic Performing schools. A total of six responses were excluded due to aberrant responding. Of the 136 students surveyed, 77 (56.6%) were females and 59 (43.4%) were males. All adolescents were age 12 -17: 12 – 14 (42.6%, n = 58) and 15 – 17 (57.4%, n = 78).

8.7.2 Materials and Measures

Two main instruments were used in this aspect of the study along with the Disorganised Family Variable which consisted of 10 risk factors items.

1. *Polyvictimisation*: For the purpose of this study, the Reduced Items Version (RIV) of the Juvenile Victimisation Questionnaire (JVQ), a 12 item instrument, was used. One form of victimisation from each of the five modules on the original JVQ created by Finkelhor et al. (2009) (Conventional Crime, Peer/Sibling Victimisation, Child Maltreatment, Sexual Victimisation, Witnessing/Indirect Victimisation), is included in the RIV. A correlational value of .92 was found between the Reduced Item Version and the Screener Sum Version of the JVQ, the latter of which was used in the first study of this thesis which investigated polyvictimisation. To identify polyvictims, the total number of endorsements of different types of victimisations was firstly summed. Polyvictims were identified as those adolescents scoring five or more different types of victimisations in the *past year* (Finkelhor et al., 2005). Non-polyvictims were classified as endorsements of less than five different victimisations.

2. *Parental Monitoring Practices*: The two scales from the Parental Knowledge Questionnaire (Stattin & Kerr, 2000; Kerr, Stattin & Burk, 2010) were again used in this study: 1) the *Parental Knowledge* scale, and 2) the *Parental Solicitation* scale (See Chapter Seven, p. 162 - 163). Results from the previous Parental Monitoring Techniques study found Cronbach's alpha on the Parental Knowledge scale of $\alpha = .746$ ($n = 121$). An α of .768 ($n = 125$) on the Parental Solicitation Scale was found.

3. Finkelhor et al.'s (2009) Disorganised Family Factors Variable: In this study, only 10 of those items were used, with two items, "parent lose driver's license" and "family forced off public assistance", being excluded due to their inapplicability to the Caribbean context. Family factors included in this study were: 1) Family Homelessness, 2) Parental Unemployment, 3) Incarcerated Parent/s, 4) Parental Problems with Drugs/Alcohol, 5) Parent/s in trouble with the Police, 6) Parents Separated/Divorced, 7) Money Problems, 8) Parents in a worse Job than before, 9) Family on Welfare Assistance, and 10) Family Structure. These family problems formed the Family Stressors variable in this study. Family Stressors were also dichotomously scored and summed with 1 = yes and 0 = no. The 'Family Structure' factor was analysed in the subsequent chapter. As such, the maximum number of factors was nine. Stressors were also grouped: 0 – 2 factors, 3 – 5 factors and 6 or more factors. This was done to determine the number of polyvictims reporting multiple family stressors.

8.7.3 Procedure and Sampling Technique

This study followed the same procedural guidelines as the previous study since this study was also conducted within the public education system in Saint Lucia, with similar meetings

being held (See Chapter Five, p. 104). Random sampling occurred to identify schools for the third independent variable (Schools' Academic Standing): two from the High Academic Performing groups of schools, two from the Mid-Range Academic Performing schools, and two from the Low Academic Performing schools. However, convenience sampling had to be employed when the Covid-19 pandemic lockdown was enacted. This sampling technique was used given the fact that some schools opted out of the study, while students became unreachable.

A meeting was held with all school officials, including the Permanent Secretary, the Chief Education Officer and other stakeholders, followed by meetings with school officials. The nature of consent (active/passive) was discussed. Parents were sent an information package detailing the nature of the research and the school's participation letter. They were required to sign the form and return it if they did not give permission for their child to participate in the study. The option to withdraw their child from the study was also made clear. Parents were allowed one week from distribution for consideration to return the forms.

This study was conducted using the University of Nottingham's Online Bristol Survey Platform which covered all aspects of data storage, protection and encryption. Since this study used the online platform, the Participant Information Sheet served as the first page of the survey. This page explained the nature of the study and their rights. Participant Consent was embedded at the beginning of the survey and participants were not able to move on to the survey without clicking the consent button. Immediately after participants completed the questionnaire online, the file was sent to the SPSS Software and encrypted with a password. The file was then stored on the University of Nottingham's data protected Z drive.

Data collection for this study began in early 2020. Students were surveyed during the Information Technology period at respective computer labs. Several visits were made to each

school. Students who indicated that they had given the consent forms to their parent/s and these forms were not returned after two weeks, and who agreed to participate in the study, were surveyed. During the data collection period of this study, a national lockdown was implemented due to the Covid-19 pandemic. Recruitment for participants then moved online. Principals were contacted via the phone and through emails. The Home-Room teacher/s for classes who had previously been given consent forms were also contacted. The researcher addressed these classes via zoom, and provided students with the link for the study.

8.7.4 Ethical considerations

This study was reviewed by the Faculty of Medicine and Health Sciences Research Ethics Committee (Ethics Reference Number: 415-1910). Similar to previous studies, no physical harm was foreseen in the conducting of this research. Nonetheless, steps were taken to ensure high ethical standards were upheld. For example, counsellors were on site to provide debriefing, and participants were made aware of their right to decline participation in the study. Since the questionnaires in this study did not assess the potential danger and/or harm in which a participant may be (i.e. respondents only state "yes" or "no" to having prior experiences), added to the completely anonymous nature of the study, direct intervention could not be given. Also, as with the first study involving polyvictimisation among students, minimal deception was employed as the term "polyvictimisation" was not used with the participants. The phrase, 'Difficult Experiences' was used on the Information Sheets and Consent Forms. However, participants were made aware of the term 'polyvictimisation' and its relevance in the study during the debriefing sessions. No personal data were asked during this survey as this survey was completely anonymous.

8.7.5 Statistical Analyses

Prior to analysis, a data cleaning process was conducted which saw six responses being excluded. Grounds for exclusion were omission of age and/or gender and atypical responses such as omission of over 10% in total responses.

Descriptive and inferential analyses were conducted using the Statistical Package for Social Sciences (SPSS), version 26. Bivariate analyses were used to determine the correlation between polyvictimisation and factors. Relationships between Polyvictimisation, Family Stressors, Parental Knowledge and Parental Solicitation were analysed using non-parametric Spearman Rho's correlation coefficients. This correlation statistic was chosen although the Family Stressors variable was categorical and continuous. Spearman rho statistic was also used to determine the relationship between individual Family Stressors and Polyvictimisation (Abar, 2015).

8.8 Results

Tests for normality was conducted on the data set using the Shapiro-Wilk test which produced p values well below .05. The null hypothesis was therefore rejected, assuming non-normally distributed data.

8.8.1 Main Findings of this Study

Among the sample, 38.2% (n = 52) were identified as polyvictims having experienced five or more different victimisations (Mean = 3.96, SD = 2.47, Minimum = 0, Maximum = 11). Females accounted for more than half of the polyvictims in this sample (n = 33, 63.5%), whereas just under 40% were males (n = 19, 36.5%). Non-polyvictims, those adolescents who reported

zero to four different victimisations, accounted for 61.8% (n = 84) of the sample. Only 10 (7.4%) participants reported no victimisation experiences.

The Presence of Family Stressors among Adolescents. When family stressors were examined among the sample, *parental separation / divorce* was found to be the most common stressor (60.3%, n = 82). *Parental unemployment*, *money problems* and *parental use of drugs and alcohol* were also common (See Table 12).

The Relationship between Family Stressors and Polyvictimisation. Spearman's rho correlation coefficient calculated the relationship between Polyvictimisation and each of the nine stressors (See Table 13). Using bivariate analysis, weak albeit positive correlations were found between Polyvictimisation and five of the nine factors: family members in *trouble with the police* ($\rho = .277$, $p < .01$); *parental unemployment* ($\rho = .196$, $p < .05$); *parental problems with drugs / alcohol* ($\rho = .237$, $p < .01$), *money problems* ($\rho = .180$, $p < .05$) and *parents moved to a worse job than before* ($\rho = .173$, $p < .05$).

In this study, a weak positive correlation was found between Polyvictimisation and Family Stressors ($\rho = .341$, $p < .01$) (See Table 14). This was supported as polyvictims reported a larger number of family stressors than non-polyvictims. Whereas almost 80% of non-polyvictims reported zero to two family factors (76.2%, n = 64), less than half of the polyvictims reported zero to two factors (44.2%, n = 23). Among the polyvictims surveyed in this study, the majority of adolescents (55.8%, n = 29) reported having three or more family stressors. Specifically, 50% (n = 26) reported three – five stressors, while three student polyvictims (5.8%) reported having six or more. However, only 23.8% (n = 20) of the non-polyvictims reported more than three family stressors.

Parental Monitoring Practices. A significantly weak negative correlation as found between the Polyvictimisation and Parental Knowledge ($\rho = -.282$, $n = 136$, $p < .01$). However, although a negative correlation was also observed between Polyvictimisation and Parental Solicitation, no significance was observed ($\rho = -.135$, $p > .05$) (See Table 14).

Table 12

Presence of Family Stressors among the Sample of Students

N = 136	Homeless	Incarcerated Parent	Parental Drugs/Alcohol	Trouble with Police	Divorce/ Separation	Money Problems	Worse Job	Unemployed Parent	Welfare Assistance
n	< 5	< 5	42	21	82	48	27	54	16
%	1.5	1.5	30.9	15.4	60.3	35.3	19.9	39.7	11.8

Table 13

Spearman's Rho Correlation between Polyvictimisation and Family Stressors

Correlations											
		Polyvic	Homeless [a]	Parental unemployment	Incarcerated parent/s	Parental drugs or alcohol use	Parent trouble with police	Parents separated /divorced	Money problems	Worse job	Welfare Assistance
Polyvic	ρ	1.000	.	.196*	.140	.237**	.277**	.068	.180*	.173*	.037
	p	.	.	.023	.103	.006	<.001	.435	.037	.045	.672
	N	136	2	135	136	134	136	134	135	135	135

Homeless [a]	ρ	.	.	.	.	.	.	.	.	.	.
	p	.	.	.	.	.	.	.	.	.	.
	N	2	2	2	2	2	2	2	2	2	2
Parental	ρ	.196*	.	1.000	.150	-.002	.192*	.105	.416**	.212*	.120
unemployment	p	.023	.	.	.082	.984	.026	.229	< .001	.014	.168
	N	135	2	135	135	133	135	133	134	134	134
Incarcerated	ρ	.140	.	.150	1.000	.050	.117	.098	.037	-.061	-.045
parent	p	.103	.	.082	.	.570	.176	.260	.670	.480	.605
	N	136	2	135	136	134	136	134	135	135	135
Parental drugs	ρ	.237**	.	-.002	.050	1.000	.328**	.118	.062	.062	.097
or alcohol use	p	.006	.	.984	.570	.	< .001	.178	.478	.479	.268
	N	134	2	133	134	134	134	132	133	134	133
Family	ρ	.277**	.	.192*	.117	.328**	1.000	.175*	.194*	-.010	.159
members in	p	< .001	.	.026	.176	< .001	.	.043	.024	.906	.066
trouble with police	N	136	2	135	136	134	136	134	135	135	135
Parents	ρ	.068	.	.105	.098	.118	.175*	1.000	.008	.060	.054
separated /	p	.435	.	.229	.260	.178	.043	.	.930	.495	.537
divorced	N	134	2	133	134	132	134	134	134	133	133
Money	ρ	.180*	.	.416**	.037	.062	.194*	.008	1.000	.090	.109
problems	p	.037	.	< .001	.670	.478	.024	.930	.	.299	.210
	N	135	2	134	135	133	135	134	135	134	134
Worse job	ρ	.173*	.	.212*	-.061	.062	-.010	.060	.090	1.000	.102

	p	.045	.	.014	.480	.479	.906	.495	.299	.	.241
	N	135	2	134	135	134	135	133	134	135	134
Welfare	ρ	.037	.	.120	-.045	.097	.159	.054	.109	.102	1.000
Assistance	p	.672	.	.168	.605	.268	.066	.537	.210	.241	.
	N	135	2	134	135	133	135	133	134	134	135

Note. **Correlation is significant at the 0.01 level (2-tailed).

*Correlation is significant at the 0.05 level (2-tailed)

[a] A total of 133 participants responded NO, with only two responding YES on this Family Factor

Table 14

Spearman's Rho correlation between Polyvictimisation and Family Stressors, Parental Knowledge and Parental Solicitation (N = 136).

		Polyvictimisation	Family Stressors	Parental Knowledge	Parental Solicitation
Polyvictimisation	ρ	1.000	.341**	-.282**	-.135
	p	.	<.001	<.001	.116
Family Stressors	ρ	.341**	1.000	-.164	-.042
	p	< .001	.	.056	.624
Parental Knowledge	ρ	-.282**	-.164	1.000	.656**
	p	< .001	.056	.	< .001
Parental Solicitation	ρ	-.135	-.042	.656**	1.000
	p	.116	.624	<.001	.

Note. **Correlation is statistically significant at 0.01 (2-tailed)

Given these findings, further analysis was conducted. A mediation analysis was conducted given the following: 1) the significant positive correlation between Polyvictimisation and Family Stressors, and 2) the significantly negative correlation between Polyvictimisation and Parental Knowledge. The aim of this analysis was to determine the role Parental Knowledge played in the trajectory from the presence of stressors within the family to polyvictimisation.

Bivariate and multiple regressions were used to determine direct and indirect effect. To obtain mediation, PROCESS macro v3.5 (Hayes, 2017) in SPSS was used. This format of analysis was used as it is better suited for small sample sizes (Gangamma et al, 2020). Gangamma et al. (2020) cited the advantageous properties of employing a bootstrapped

confidence interval of 95% used by the PROCESS model in their investigation of ACE experiences and psychological distress. Use of this technique ensures removal of the maximum likelihood estimation associated with small sample sizes (Hayes et al., 2017, cited by Gangamma et al, 2020, p. 7). Camisasca et al. (2015) also noted, that preference for this technique in mediation analysis is based on the fact that other methods assume a standard normal distribution when calculating indirect effects, whereas the bootstrapping method does not assume normality of the distribution. Additionally, direct and indirect effects are tested in one step of the procedure, thereby improving simplicity in analysis and interpretation. Mediation was conducted using model four, with 5000 bootstrapped samples as outlined in Hayes et al. (2013, 2017). Simply put, the indirect effect is estimated with each resampled data set, 5000 times (Camisasca et al., 2015). Mediation is concluded if zero does not fall between the confidence interval ranges provided by the bootstrapped method. A regression analysis was conducted to test the following assumptions: 1) the presence of multicollinearity, 2) that the values of the residuals are independent, 3) that the variance of the residuals is constant (homoscedasticity), and 4) that there are no influential cases biasing the model.

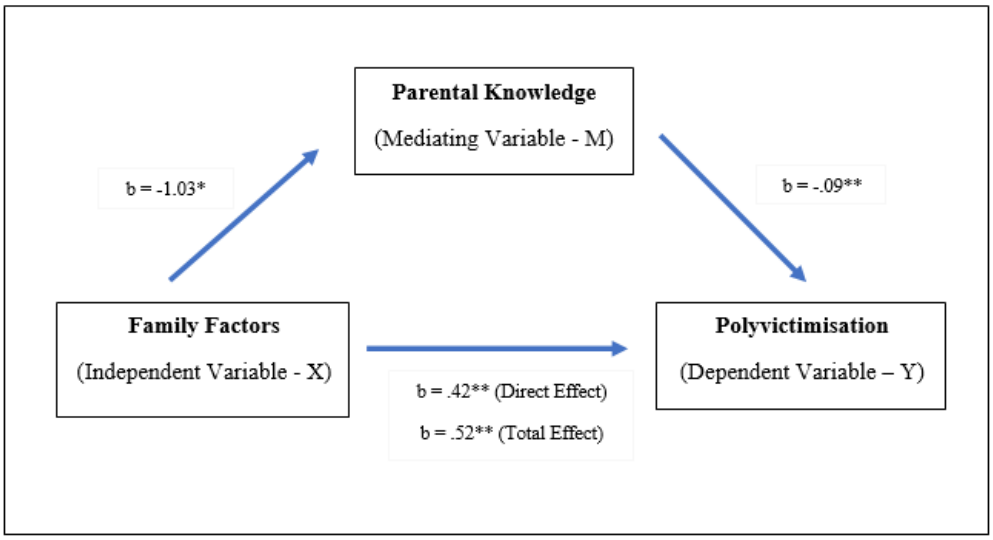
8.8.2 Parental Knowledge as a Mediator between Family Stressors and Polyvictimisation

Analysis of collinearity statistics showed no multicollinearity in the data as VIF scores were below 10 and the tolerance score was above 0.2 (VIF = 1.03; Tolerance = .97). The Durbin-Watson statistic showed that the residuals were independent (Durbin-Watson = 1.95). Finally, the scatterplot was observed to assess homoscedasticity. A random array of plots suggested that this assumption was met. Finally, Cook's Distance values all fell under one, which suggest that individual cases were not overly influencing the model.

Hayes (2013) macro PROCESS for SPSS (Model 4) was used which allowed for indirect a*b integration. Also, a bootstrap approach using 5000 samples to obtain confidence interval was used (Everri et al., 2015) (See Figure 3). Gender and Age were covariates. There was a significant indirect effect of Family Stressors on Polyvictimisation through Parental Knowledge. The statistically significant indirect effect differed from zero at a bootstrapped 95% confidence interval, indicative of mediation (a*b = .10, BootSE = .053, BootLLCI = .0153, BootULCI = .2186). Furthermore, the proportion of the total effect of Family Stressors on Polyvictimisation that operate indirectly was 19.22%.

Figure 3

Regression Coefficients for the Relationship between Family Stressors and Polyvictimisation as Mediated by Parental Knowledge (N = 136).



Note. * p < .05. ** p < .01. This figure shows the mediational analysis with covariates Gender (Males/Felames) and Age Group (12 – 14, 15 – 17).

8.9 Discussion

In this study, family problems among adolescent polyvictims and non-polyvictims were investigated. Polyvictims were identified as those students who experienced five or more different types of victimisations in the last year. Non-polyvictims reported zero to four victimisations. Family Stressors were explored using some Disorganised Family-related Factors (Finkelhor et al., 2009). Parental Knowledge of adolescents' whereabouts and Parental Solicitation were also explored.

8.9.1 Family Stressors as correlates of Polyvictimisation

The majority of this sample of students (62%) were non-polyvictims, with less than 10% reporting that they had no prior experiences of victimisations. Nonetheless, just under 40% of the sample were polyvictims. Of that cohort, approximately 64% were female students and 37% were male students.

Among the sample of adolescents, parental separation or divorce was found to be the most common family problem. Just over one third of the sample also reported having money problems, unemployed parent/s, and parents who use drugs and/or alcohol. These results are not surprising with Saint Lucia reporting a consistently high unemployment and drug and alcohol consumption rates.

One of the primary objectives of this study was to determine which stressor, among a group of family stressors, was associated with polyvictimisation exposure. Results showed a weak correlation between Polyvictimisation and five of the nine Family Stressors: i.e., *parents in trouble with the police*, *parental unemployment*, *parental use of drugs/alcohol*, *familial money problems* and *parents who moved to a worse job than before*. It should also be noted that the

relationship between parental incarceration and polyvictimisation remains inconclusive. Fewer than five participants endorsed this family stressor. As such, given the low cell count, there was insufficient statistical power to detect a significant association. Therefore, while parental incarceration may constitute a risk factor for polyvictimisation exposure, this study was not able to determine such.

Several researchers have found similar correlations with these family stressors and polyvictimisation. For example, Leoschut and Kafaar (2017) found parental substance misuse consistently and significantly predicted higher rates of polyvictimisation among South African adolescents. Similarly, Mossige and Huang (2017) found young people who were identified as polyvictims, 1) were more likely to have parents with a substance abuse problem 2) reported more parental unemployment and 3) were disproportionately from disadvantaged homes with bad economic situations. Ellonen and Salmi (2011) also found children whose parents were unemployed reported more polyvictimisation along with those who evaluated their family financial situation as poor. Alcohol use by parents was also closely associated with the polyvictimisation of adolescents (Ellonen & Salmi, 2011). These findings suggest that despite the seeming cultural differences that may exist among societies, some familial backgrounds appear to be common to polyvictims.

8.9.2 The Association between Polyvictimisation and Family Stressors

A weak positive correlation was found between polyvictimisation and the Family Stressors variable. It therefore means that as the number of family problems increases, so too does the number of different victimisations an adolescent experiences, or vice versa. Results of this study provided further evidence that polyvictimised adolescents are exposed to more family

risk factors. In this study, the majority of polyvictims reported having three or more of the nine family problems. On the contrary, only 24% of non-polyvictims reported three or more family problems. It may be, as Neppl et al. (2016) postulated, that the economic pressures that arise as a result of disruptions such as low income, unemployment and poverty, "spill over" into the interactions between parents and their children. Masarik and Conger (2017) also posited that economic stress drains the psycho-emotional and relational resources of adults, leading to the withdrawal of support and affection and less monitoring practices.

8.9.3 Parental Monitoring Practices among Polyvictims

A weak negative correlation was found between Polyvictimisation and Parental Knowledge. This suggests that the less parents know of their children's whereabouts, the more likely children are to be polyvictimised, or vice versa. Although a similar negative correlation was found between Polyvictimisation and Parental Solicitation, this relationship was not significant.

The significant correlation between Polyvictimisation and Family Stressors, as well as between Polyvictimisation and Parental Knowledge, led to further analysis of these three variables. It was postulated that family stressors influence the degree of monitoring meted out to adolescents, which then places them at risk for polyvictimisation. As such, a mediation analysis was conducted to determine the role that parental knowledge plays in the trajectory from the presence of family problems to polyvictimisation.

8.9.4 Parental Knowledge as a Mediating Variable between Family Stressors and Polyvictimisation

The knowledge parents have of their children's whereabouts was found to be a significant mediating variable between Family Stressors and Polyvictimisation. It suggests therefore, that the presence of family problems, influences the frequency of parental knowledge of an adolescent's whereabouts, which in turn affects the likelihood of polyvictimisation. The size of this effect was also calculated. Results showed that while the presence of family problems account for 81% of polyvictimisation exposure, 19% is managed by the knowledge parents have of their children's whereabouts.

8.10 Limitations

In spite of the relevant findings of this study, several limitations impede its generalisability. Of major importance was the timeframe within which this study was conducted. Data for this study was conducted during the period February 2020 and July 2020, within the period of the Covid-19 pandemic. The nationwide lockdown to curb the impact of this pandemic began in the month of March. Face to face data collection had already commenced. However, the closure of schools ended face-to-face recruitment and participants were recruited online during their online schooling sessions. The closure of schools created two situations which impacted this study: 1) the sample size was significantly reduced, and 2) the uncertainty of the psychological impact of the pandemic on the experiences reported by students.

Firstly, a reduced sample size may have contributed to the decline in the number of students categorised as polyvictims. In the polyvictimisation study conducted at the beginning of this thesis, just under 50% of the sample was identified as past year polyvictims. In this study

however, approximately 40% was classified as polyvictims. It can be argued that a larger sample has a greater likelihood of yielding a higher victimisation mean as more adolescents report more victimisations. Therefore, this study may not reflect the true rate of polyvictimisation as polyvictimisation may be common among a greater percentage of students.

Secondly, the results of this study should be considered within the context of the Covid-19 pandemic. In Saint Lucia, as with many other countries, the pandemic led to job losses. However, it is unlikely that there was a severe economic impact on families during the data collection period of this study since fiscal programs, such as financial moratoria, had been implemented. That cannot be said though for the psychological impact of the pandemic on parents. Several studies have emerged delineating increased parenting stress and psychological distress among parents prior to and during the Covid-19 pandemic lockdown (Van Tilburg et al., 2020). Therefore, it is unknown whether the family stressors, degree of parental knowledge and parental solicitation reported by participants were influenced by problems in the psychological functioning of parents. Such dysfunction among parents may have manifested in different parenting practices.

Similar to the previous studies conducted in this thesis, this sample is not representative of the student population. The sample consisted of students from a High Academic Performing school, a Mid-Range Academic Performing school and a Low Academic Performing school. However, it became difficult to determine from which category of schools the participants came when the recruitment process moved to online. As such, the findings of this study, as with previous studies, are limited to this sample of students.

Given these limitations, it may augur well for future research to replicate this study using the 36-item JVQ instrument. While the former study on polyvictimisation employed a

questionnaire that captured 36 different victimisations, this study employed the 12-item version of the JVQ. An instrument which lists 36 distinct victimisations may more accurately elicit a wider gamut of experiences. Future research then should investigate the presence of family stressors among adolescents who experience greater victimisations. Also, inclusion of demographic information such as income level, family size and parental educational history will allow for further in-depth analysis.

Finally, this study did not determine causation, but rather explored the correlation of specific family stressors. Identifying factors which *cause* polyvictimisation is essential to victimisation prevention policies. As such, there would be merit in replicating and extending this study by using a longitudinal approach. Such a research design would allow researchers to determine, 1) whether or not there are changes in the family stressors to which polyvictims are exposed over a period of time, 2) the impact of changed family stressors on polyvictims, 3) which family stressor contributes to greater polyvictimisation exposure over time, and 4) what factors may mediate the relationship between these variables and polyvictimisation.

8.11 Chapter Summary

In Saint Lucia, there is a weak correlation between polyvictimisation and five family stressors: i.e., parental unemployment, money problems, parental substance use, families in trouble with the police and parents who moved to a worse job than before. In fact, the more stressors present in the family, the greater the number of victimisations children report, or vice versa. Support was found for this correlation as more polyvictims than non-polyvictims reported having more than three family stressors. This study also found a weak negative correlation between parental knowledge and polyvictimisation. It may therefore be, that among this sample

of adolescents, the less parents know of their children's whereabouts, the more likely children are to be polyvictimised. It is also possible that the more parents know, the less victimisation experiences their children encounter. An interesting find was the mediating role parental knowledge played in the relationship between family stressors and polyvictimisation. It seems that among this sample of adolescents in Saint Lucia, when families experience multiple problems, parents become less aware of their children's whereabouts, which increases the risk of polyvictimisation occurring.

In this chapter, the Family Stress Model was discussed, as well as Finkelhor et al.'s (2009) Disorganised Families variable. Evidence of the association between various family problems and victimisation among children was also presented. The chapter then introduced the parental monitoring practices investigated in this study: Parental Knowledge and Parental Solicitation. This chapter concluded with details of the study's objectives, methodology, results and a discussion of the findings.

Stattin and Kerr (2000) noted that parental knowledge is facilitated within the context of a trusting parent-child relationship. The relevance of the relationship between the parent and child was also highlighted by Morton and Browne (1998), whose position was that an insecure relationship [or poor bond] between the mother or caregiver and child will not have a 'buffering effect' against external stressors, consequently leading to child maltreatment. Given the results of this study, along with acknowledgement of the important role 'family type' and 'parent-child relationships' play in facilitating or stymieing victimisation exposure, the following chapter explores both these factors and their relationship to polyvictimisation.

CHAPTER NINE: Family Structure, Parental Bonding and Parental Knowledge among Polyvictims in Saint Lucia

9.1 Chapter Overview

Chapter Eight explored family stressors and their relationship with polyvictimisation. Five family factors were correlated with polyvictimisation: parental unemployment, money problems, parental use of drugs and/or alcohol, families in trouble with the police and parents who moved to a worse job. Two factors, family structure and parent-child bonds, were not analysed in that chapter. This chapter focuses on these two factors. In this chapter, the type of bonds between polyvictims and their parents, and the family structure to which they belong are investigated. Analysis of the data is done using the same cohort of adolescents used in Chapter Eight's study entitled 'Family Stressors as Correlates of Polyvictimisation'.

Literature shows family structure as a risk factor for child and adolescent victimisations. Similarly, the nature of the relationship between the parent and child has been regarded as predicting adolescent maladjustment. These two variables are analysed separately to draw attention to the importance of the emotional parental bond, or lack thereof, between adolescents and their parents. It also seeks to identify the various family structures within which these bonds are found.

The chapter begins by describing the importance of parental bonding in preventing the likelihood of victimisation. Ainsworth's (1973) and Bowlby's (1969) Attachment Theory is briefly discussed within the context of the Parental Bonding Instrument (Parker, Tupling & Brown, 1979). This instrument is used in this study to examine different patterns of parent-child bonds reported by participants. The association between parent-child bonds and knowing the whereabouts of children as it relates to victimisation likelihood is also briefly highlighted. The

chapter then explores the significant association between family structure and victimisations among children. Special mention is made of single-parent families. The aims and objectives of the analysis conducted in this chapter, along with the instruments and statistical computations performed, are then presented. The chapter then ends with details of the results, a discussion of the findings and limitations.

9.2 The Importance of Parent-Child Bonds

The emotional bond between parents and their children has been argued by many to be a major factor in victimisation exposure. Attachment Theory, purported by Ainsworth (1973) and Bowlby (1969), is an earlier parent-child bonding theory which places emphasis on the quality of the bonds formed between the primary caregiver and the child. This theory was first proposed by John Bowlby (1969). As noted by Bowlby (1969), affectional bonds between a main caregiver and child are protective and reduce the risk of harm (Bowlby, 1969). Attachment Theory puts forward four main attachment styles to describe the bonds children have to their primary caregiver. However, these bonds describe the child's reactions to separation from and reunification with their main caregiver. Parker, Tupling & Brown (1979) however, employed bonding quadrants to highlight the importance of parents' actions and behaviours in creating parent-child emotional bonds.

In keeping with Parker, Tupling and Brown's (1979) emphasis on parental behaviours, the emotional bonds in this study were operationalised using Parker, Tupling and Brown's (1979) four parental bonding structures. The four quadrants outlined in Parker, Tupling and Brown's (1979) Parental Bonding Instrument, bring to the fore the attitudes and behaviours of parents. Parker, Tupling and Brown (1979) postulated that aberrant parenting practices influence

the psychological and social functioning of recipients. These practices centered around two main dimensions: Care and Control / Overprotection. Parental Care was defined by the existence of affection and warmth, the reverse of which is indicative of rejection and emotional coldness. The Parental Overprotection dimension examines the degree of control and intrusion by parents, the opposite of which speaks to the allowance and encouragement of autonomy and independence of the child. Four quadrants depicting the various parent-child interactions emerged, allowing for classification. High care and low control behaviours constituted 'optimal bonding/parenting', whereas 'affectionate constraint' was defined by acts of high care and affection and high control. Low levels of care also produced two categories: 'neglectful parenting' (low care/low control) and 'affectionless control' (low care/high control).

Kerr and Stattin (2000) in the reinterpretation of the parental monitoring construct, offered emotional parental attachment as a plausible explanation for the strong associations between child disclosure, parental knowledge and adolescent adjustment. As noted by Kerr and Stattin (2000), the relationship between the parent and child, and by extension the consequential bonds, serve as contributing factors which explain why some adolescents are more likely to disclose than others. Similarly, Vieno et al. (2009, cited by Racz & McMahon, 2011), found that positive parent-child relationships were positively related to child disclosure.

There is no research regarding parental bonding among victimised adolescents in Saint Lucia. It was the assumption of this aspect of the study, that polyvictims in Saint Lucia do not experience optimal, positive parent-child bonds. This type of emotional bond assumes that parents provide opportunities of autonomy and also show care and affection. With this contextual framework, parental bonding was examined using Parker, Tupling & Brown's (1979) Parental Bonding Instrument. This 25-item measure assesses two dimensions of the parent child

relationship: parental care/rejection and control/autonomy. Details of each dimension is discussed further. Both dimensions were explored in this study using Young, Lennie and Minnis's (2011) shortened version of this instrument.

9.3 Family Structure and its Association with Polyvictimisation

There is also increasing evidence within the literature that points to family structure as a contributing factor to child well-being and exposure to victimisation. Van Ijzendoorn et al. (2009) investigated child maltreatment among various family structures. In that study, data were collected from 17 Child Protective agencies. A total of 13,538 child maltreatment cases were reviewed. Approximately 39% of the maltreated cases were identified as belonging to single parent families. Also, a greater risk for maltreatment occurred among children belonging to step-parent families (van Ijzendoorn, 2009).

Turner et al. (2013) also explicitly highlighted the association between family structure and victimisation experiences among children. In their study which explored family structure in relation to victimisation and child mental health, Turner et al. (2013, p. 41) aptly postulated that:

> *There is reason to suspect that child victimisation is higher in non-traditional family structures and may represent a significant risk factor for explaining higher levels of mental health symptoms among children.*

Consequently, Turner et al. (2013) sought to add to the body of knowledge regarding this correlation by assessing 1) the extent to which victimisation types vary across family types, 2) the socio-contextual factors inherent to the various family structures, and 3) the mental health symptoms among adolescents. A total of 4046 children aged two – 17 participated in that study. Results demonstrated higher victimisation rates among children living in single parent and step-

parent families than among those adolescents living in nuclear families. When specific victimisation experiences were analysed, adolescents living in step-parent families and single parent families accounted for 19% and 16% of adolescents exposed to maltreatment respectively. This as opposed to the seven percent of adolescents belonging to nuclear families. Additionally, 28% of adolescents belonging to the step-parent household, and 26% belonging to the single parent household reported a conventional crime-type of victimisation, as opposed to the 17% of adolescents who reported living with both parents. Higher rates of victimisations such as witnessing violence, both within the family and in the community, and sexual victimisation, were reported among adolescents living with only one parent and those belonging to step-parent families.

While Turner et al.'s (2013) study provided significant insight into the relationship between victimisation and family structure, several limitations were noted. Firstly, that study did not extend this relationship between family type and victimisation exposure to *polyvictimisation*. Turner et al. (2013), 1) assessed victimisations individually, and 2) did not identify polyvictims among the sample. Another significant element of the study that was limiting in scope was the non-descriptive composition of two of the main family types. In total, two family types were explored in that study: the '*one biological parent plus partner*' (step-families) and the '*single biological parent*' families. Both family types constitute common family structures. However, no specification was made regarding the gender and actual make-up of such families. For example, it is unclear whether the victimisations reported among adolescents in step-family structures occurred in families with biological mothers and step-fathers, or biological fathers and step-mothers.

Ellonen and Salmi (2011) addressed such ambiguities in their investigation of polyvictimisation among adolescents. It that study, family structure and other living situations within the family were related to polyvictimisation. With specific reference to the description of the family type, 12% of adolescent polyvictims reported living in single *father* families, as opposed to the nine percent of polyvictims living in single *mother* households. Furthermore, polyvictimisation was reported among 10% of the polyvictims living in 'mother / stepfather' families, compared to the seven percent living in 'father / stepmother' households. Also, eight percent of the polyvictims in that study reported having a nuclear family structure.

An explanation posited by researchers regarding the increased propensity for multiple victimisation occurrence within single parent households, pertains to the degree of parental monitoring and/or supervisory behaviours that occur within those family structures. Turner et al. (2007, p. 284) in postulating their hypotheses, cited the work of Astone and McLanahan, (1991) and Cookston (1999) where single parents monitored their children "less adequately" than married parents. According to Ram & Hou (2003, also cited by Turner et al., 2007, p. 284), single parents are faced with more external demands which in turn affects their ability to monitor their children and "maintain involvement in school and extra school activities". As argued by Turner et al. (2007), children and adolescents within these single parent type families may be at increased risk for victimisations. This occurs due to the decreased monitoring practices that result from the myriad of socio-economic demands. It is imperative to note though, that the results garnered by Turner et al. (2007) did not support their hypothesis of low monitoring in single parent families. In fact, single parent and step-families had higher parental monitoring than two-parent families.

In the Caribbean, step-families and single parent families are common. In a study conducted by Reichert et al. (2016), of a sample of approximately 1500 adolescents, 47.1% (n = 7199) belonged to nuclear families, while 30.5% (n = 465) belonged to single mother households. This research project sought to determine the type of family structure common to polyvictims in Saint Lucia. It was anticipated that most polyvictims would report belonging to single parent families. Gender distinctions in both the 'single-parent' and 'step-family' family structures were made. For example, single mother, single father, mother and step-father and father and step-mother, were all presented as types of family structures in this study.

9.4 Study's Aims and Objectives

This aspect of the study explored parent-child bonds and family structures most common to adolescents, inclusive of polyvictims. Four main objectives were:

8 To identify the main parent-child bond among adolescents, inclusive of polyvictims

9 To determine the relationship between parental bonding and polyvictimisation

10 To identify the most common family structure among adolescents

11 To investigate which is the main type of parent-child bond in each of the family structures.

9.5 Method

9.5.1 Materials and Analyses of Data

The instruments used to determine polyvictimisation and parental knowledge were outlined in the previous chapter (See Chapter Eight, p. 184 - 185). Family structure was also included in the socio-demographic section of the questionnaire. Participants were required to select the family structure that best represented their household.

Parent-Child Bonding: The shortened eight-item Parental Bonding Instrument (PBI-BC) (Young, Lennie & Minnis, 2011), was used in this study. Similar to the original 25-item measure (Parker, Tupling & Brown, 1979), this instrument assesses the role of parenting in the development of appropriate emotional bonds between parents and the off-springs (Karim & Begum, 2017, p. 231). Young, Lennie and Minnis (2011) used the PBI-BC instrument with children aged 11-15 and used a single measure for both mothers and fathers, labelling it 'Parents'. Test-retest reliability of this instrument has been demonstrated by several studies (Favaretto et al., 2001 cited by Young, Lennie & Minnis., 2011, p. 891). The PBI-BC was employed since it focused primarily on parental behaviours, rather than the participant's attachment style. The eight items use a three-point Likert scale, which assess Care/Rejection and Autonomy/Control dimensions. Therefore, the maximum Parent-Child Bonding score was 24.

The Care/Rejection dimension examines parents' *Care* using two items (e.g. *My parents appear to understand my problems*). A three-point Likert scale is used where 1 = never, 2 = sometimes and 3 = always/usually. Parents' *Rejection* is also measured on this Care/Rejection dimension using two items (e.g. *My parents seem emotionally cold to me (are not loving*). The Likert scale, 1 = always, 2 = sometimes and 3 = never, was used.

The Autonomy/Control scale represents a continuum ranging from *Autonomy* (two items) to *Control* (2 items). *Autonomy* was measured by items such as '*My parents like me to make my own decisions*' and used the three-point Likert scale: 1 = never, 2 = sometimes, 3 = always/usually. *Control* also used a three-point Likert scale (1 = always, 2 = sometimes and 3 = never). One of the two items included '*My parents try to control me*'.

High and low scores along the Care/Rejection and Autonomy/Control continuum allow for classification of parenting bonds into four quadrants: Affectionless Control (low Care / high

Control), Affectionate Constraint (high Care / high Control), Neglectful Parenting (low Care / low Control), and Optimal Parenting (high Care / low Control). Using these scales, scores closer to the maximum score of 24 are indicative of parenting bonding that is caring with little rejection and provide children with autonomy. After scores were summed, the above-the-mean method was used to indicate 'high' or 'low' on each bonding dimension: Low Care (0 – 8); High Care (9 – 12); Low Control (0 – 8) and High Control (9 – 12).

Cross tabulations were performed to determine, 1) the presence of each type of parent-child bond among the sample, inclusive of polyvictims, 2) the various family structures among the sample, and 3) the type of parent-child bonds in each family structure. Also, Spearman's Rho correlation was performed to determine the relationship between parental bonding and polyvictimisation using continuous data.

9.6 Results

A mean of 8.51 was found on the Care/Rejection bonding dimension (SD = 1.88, Minimum = 4, Maximum = 12). On the Autonomy/Control dimension the mean was 8.26 (SD = 1.61, Minimum = 5, Maximum = 12).

9.6.1 Main Findings

Parent-Child Bonding. Neglectful Parenting was most common among the sample and the cohort of polyvictims (See Table 15). However, while only 30.1% (n = 41) of the sample reported this type of parent-child bond, over 40% of polyvictims reported Neglectful Parenting (42.3%, n = 22). Additionally, while 27.9% (n = 38) of the sample reported Optimal Parenting, less than 20% (17.3% (n = 9) polyvictims reported this type of parent-child bond. Furthermore,

while Optimal Parenting was the second most common parent-child bond among the sample, Affectionless Control was the second most common bond among polyvictims (23.1%, n = 12). Furthermore, a weak negative correlation was found between Parent-Child Bonding and Polyvictimisation ($\rho = -.282$, $p < .01$)

Table 15

Percentage of Adolescents found in each Parent-Child Bond Quadrant for the Sample and Polyvictims

		Parental Bonding Quadrants			
		Affectionless Control	Affectionate Constraint	Neglectful Parenting	Optimal Parenting
Sample	n	29	28	41	38
(N = 136)	%	21.3	20.6	30.1	27.9
Polyvictims	n	12	9	22	9
(N = 52)	%	23.1	17.3	42.3	17.3

Family Structures among Sample and Polyvictims. Almost one third of the polyvictims reported belonging to single mother families (32.7%, n = 16) (See Table 16). This family structure was also the most common among the sample (30.5%, n = 40). Both Parent families and Mother/Stepfather households were also common among adolescents, including polyvictims.

Table 16

Family Structures among the Sample (N = 131) and Polyvictim Cohort (N = 49)

		Family Type						
		Both Parents	Single Mother	Single Father	Mother/ Stepfather	Grandparents	Foster Parent	Other Relative/s
Sample	n	39	40	7	28	9	2	6
	%	29.8	30.5	5.3	21.4	6.9	1.5	4.6
Polyvictims	n	15	16	3	9	2	1	3
	%	30.6	32.7	6.1	18.4	4.1	2.0	6.1

The type of Parent-Child Bond found in Family Structures. A crosstabulation analysis was conducted to determine the occurrence of the various parent-child bonds in each of the three most common family structures among polyvictims. The majority of polyvictims in Mother/Stepfather households reported Neglectful Parenting (44.4%, n = 4) (See Table 17). Similarly, the majority of polyvictims in Nuclear families (Both Parents) (60%, n = 9) reported Neglectful Parenting. However, most of the polyvictims in Single Mother households reported Affectionate Constraint bonding (37.5%, n = 6).

Table 17

Types of Parent-Child Bonds among Polyvictims (N = 49) who live in single Mother, Mother/Stepfather and Nuclear Family Structures.

Family Structure		Parent-Child Bonding Quadrants				
		Affectionless Control	Affectionate Constraint	Neglectful Parenting	Optimal Parenting	Total
Mother and Stepfather	n	3	0	4	2	9
	%	33.3	0.0	44.4	22.2	100.0
Mother only	n	5	6	5	0	16
	%	31.3	37.5	31.3	0.0	100.0
Both Parents	n	2	0	9	4	15
	%	13.3	0.0	60.0	26.7	100.0

9.6.2 The Role of Parental Bonding in the pathway from Parental Knowledge to Polyvictimisation

In Chapter Eight, a negative statistically significant correlation was found between Parental Knowledge and Polyvictimisation. Mediation analysis sought to determine the effect of parental bonding in this relationship. Similar to the mediation analysis in Chapter Eight, a regression analysis was conducted to test the same four assumptions: 1) the presence of multicollinearity, 2) that the values of the residuals are independent, 3) that the variance of the residuals is constant (homoscedasticity), and 4) that there are no influential cases biasing the model. The mediating role that Parent-Child Bonds plays was investigated using Hayes' (2013)

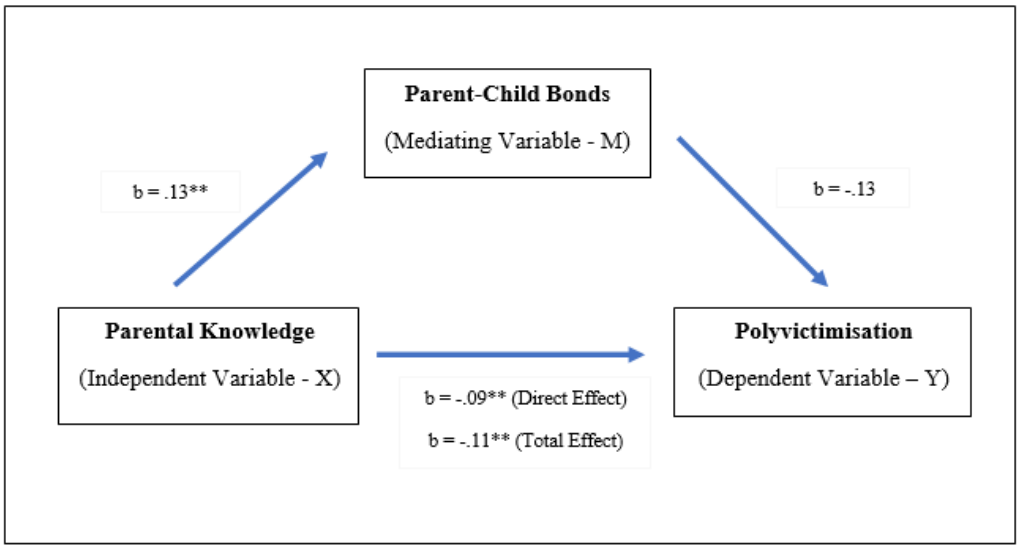
macro PROCESS for SPSS (Model 4). A model 4, with 5000 bootstrapped samples as outlined in Hayes et al. (2013, 2017) was used.

No multicollinearity in the data were found as VIF scores were below 10 and the tolerance score was above 0.2 (VIF = 1.11; Tolerance = .89). The residuals were independent (Durbin-Watson = 1.92). The scatterplot showed a random array of plots which suggests that the assumption of homoscedasticity was met. Also, Cook's Distance values all fell under one. Therefore, individual cases did not overly influence the model.

A significant indirect effect (a*b = -.02, BootSE = .012) was observed (95% CI: BootLLCI = -.0438, BootULCI = .0045) using Hayes' (2013) macro PROCESS (See Figure 4). Both Age and Gender were entered as covariates. Also, the total effect size of Parental Knowledge on Polyvictimisation that operate indirectly was 15.33%.

Figure 4

Regression Coefficients for the Relationship Between Parental Knowledge and Polyvictimisation as Mediated by Parent-Child Bonds (N = 136)



Note. **significant at both .05 and .01.

9.7 Discussion

9.7.1 Parent-Child Bonds and Family Structures among Adolescents including Polyvictims

In this study, Neglectful Parenting was the most common parent-child bond among the sample. This type of bond was also the most common among polyvictims. This meant that the majority of the sample, inclusive of polyvictims reported that their parent/s showed little affection and warmth, but were not overly controlling. The presence of Optimal Parenting was also noted among the adolescents in this study. Approximately 30% of the sample reported having parents who showed affection and caring with little controlling behaviours. However, less than 20% of polyvictims reported this type of bond with their parents.

Further analysis revealed a negative statistically significant correlation between parental bonding and polyvictimisation. It appears then, that when polyvictimisation experiences decrease, parent-child bonds increase in affection, caring and autonomy with little rejecting and controlling behaviours, or vice versa.

The three most prevalent types of family structures among adolescents in this study were single mother households, mother/stepfather families and both parents families (nuclear). These family structures were also the most common among polyvictims. In fact, the majority of adolescents, inclusive of polyvictims, belonged to single mother households. These results support earlier research which found higher victimisation rates among children living in single-parent families (Van Ijzendoorn et al., 2009; Turner et al., 2007, 2013; Ellonen & Salmi, 2011). These results may be a reflection of the common family structures found in Saint Lucia and the Caribbean. Reichert et al. (2016) found approximately 31% of a sample of 1500 adolescents reported belonging to single parent families.

9.7.2 The type of Parent-Child Bonds that exist in Single Mother Households, Step-Families and Nuclear Families of Polyvictims

This study also examined the type of parent-child bonds occurring within each of the three common family structures. Results found the majority of polyvictims who lived with their mother and stepfather experienced Neglectful Parenting. Turner et al. (2007, p. 288) noted that "family problems are highest in stepfamilies". Therefore, the neglectful type of parenting within these families may be due to the occurrence of situational and financial stressors within these households.

Most of the polyvictims who belonged to nuclear families (Both Parents) also reported Neglectful Parenting. Another factor that may account for Neglectful Parenting in both step-families and nuclear families may be the quality of the relationship between the parents. Studies have shown that increased marital conflict contributes to ineffective and harsh parenting (Camisasca et al., 2016). As Camisasca et al. (2016) noted, negative parenting practices may be due to the negative emotions that emerge during conflictual marital interactions. Such practices include little to no monitoring and harsh and inconsistent parenting. According to Camisasca et al. (2016, p. 734), the negative emotions of parents during conflicts "spill over" into the parent-child relationship. While this presents a credible explanation for the type of bond found in step and nuclear families of polyvictims, the quality of the relationships between biological and step-parents was not assessed in this study.

Additionally, this study found the majority of polyvictims belonging to single mother families reported Affectionate Constraint bonds. This suggests therefore that overall, polyvictims within the single mother families, perceive their parental emotional bond as high in 'Control', but also high in 'Care'. It appears therefore that single mothers of polyvictims show affection

and warmth, but are also overprotective and controlling, providing little opportunity for their children to be autonomous.

9.7.3 The Mediating Role of Parent-Child Bonds

In this study, the type of bond between parents and children appears to explain the underlying interaction between parental knowledge and polyvictimisation. In Saint Lucia, among this sample of adolescents, it appears that the extent of knowledge a parent has of their child influences the type of parent-child bond between them. This then ultimately affects the degree of polyvictimisation to which an adolescent is exposed. In fact, the knowledge a parent has of their child's whereabouts accounts for 85% of polyvictimisation exposure. However, 15% of the exposure is managed through parent-child bonds.

9.8 Limitations

The limitations of this study were outlined in Chapter Seven (p. 162). The small sample recruited again affected the generalisibility of the results obtained. Also, the sample was not representative of the student population. It is again imperative to note, that data for this study was collected at the onset of the national lockdown which was implemented after confirmation of one locally transmitted case of the Covid-19 virus on the island. However, it is unlikely that the parental bonding reported was severely influenced by the psychological, social and financial stressors experienced by parents during that period. This is because the survey was conducted within 3 months of the lockdown and prior to the national economic fallout. For example, at the time of the data collection for this study, social provisions in the form of meals and food supplies, along with financial moratoria were in place. While the possible presence of parental

psychological stress is acknowledged, this study did not assess such confounding variables. Nonetheless, the psychological impact of the pandemic should be considered when interpreting these results.

Another limitation which emerged in this analysis was the failure to include compulsory questions on the questionnaire. For example, participants were not barred from continuing the questionnaire for excluding information such as family structure. As such, a number of responses were lost in the analysis. Future research should address this by structuring the questionnaire in a manner that reminds participants to answer all questions.

Furthermore, it may be beneficial for this study to be conducted using a longitudinal approach. According to Tsaousis et al. (2012), parenting behaviours may differ according to the developmental stage of children. For example, while care and warmth may be more essential to children during childhood, parental control may be "more significant during adolescence" (p. 241). This leads to changes in children's perceptions of their relationship with their parents. Using a longitudinal approach will allow researchers to monitor changes in the parent-child bonds reported by adolescents, inclusive of polyvictims. The impact of these changes on polyvictimisation exposure can then be explored.

9.9 Chapter Summary

Analysis of this study commenced in Chapter Eight. One of the objectives of this study was to investigate factors within the home environment of polyvictims. Five family factors were correlated with polyvictimisation: '*parents in trouble with the police'*, '*parental unemployment'*, '*parental use of drugs/alcohol'*, '*familial money problems'* and *'parents who moved to a worse job than before'*. The knowledge a parent has of their adolescent's whereabouts was also

correlated with polyvictimisation. Furthermore, a parent's knowledge mediated the relationship between the presence of family problems and polyvictimisation exposure. This chapter introduced two additional family factors: parent-child bonds and family structure.

As evidenced by the data analysis in this chapter, most adolescents, including polyvictims reported having the 'Neglectful Parenting' type of bond with their parent/s. In this type of bond, parents provide autonomy but show very little affection. Additionally, single mother households were the most common family structure among polyvictims. Data analysis further showed that most of the polyvictims belonging to nuclear families and step-families with the biological mother, also reported Neglectful Parenting. However, most of polyvictims who belonged to single mother homes reported that their mother frequently showed affection but were controlling and overly protective. Another unintentional finding of this analysis was the mediating role of parental bonding between the knowledge parents have of their children's whereabouts and polyvictimisation.

This research project sought to investigate polyvictimisation among adolescents in Saint Lucia, a relatively new area of focus among Eastern Caribbean islands. Three studies were conducted in this research project. Emerging from these studies were a number of findings essential to the expansion of literature regarding adolescent victimisation experiences in the Caribbean. The following chapter will synthesise such key findings and present possible explanations for such findings using the theoretical framework presented in Chapter Two.

CHAPTER TEN: General Discussion

10.1 Chapter Overview

This thesis concludes by synthesising the major findings presented in all three studies and provides an understanding of polyvictimisation among a sample of adolescents in Saint Lucia. The Family Stress Theory and the Attachment Theory, integrated within the Ecological Model were used to conceptualise this research. Support was found for this theoretical framework, as evidence of stressors within the exosystem were found to be related to polyvictimisation. These stressors impacted functioning within the microsystem via fewer monitoring practices and neglectful parental bonding. The results of this thesis allowed for further analysis of two mediating variables: parental knowledge of adolescents' whereabouts and parent-child bonding. A comprehensive analysis of the limitations and implications of this research within the Saint Lucian context is presented. Additionally, the directions for future research in the field of polyvictimisation in Eastern Caribbean countries are discussed. The chapter and thesis conclude by succinctly recapping the achieved objectives of the entire project.

10.2 Summary of Major Findings

The overarching goal of this thesis was to explore polyvictimisation among adolescents in Saint Lucia. Two main objectives were pursued:

1. Examination of polyvictimisation and psychosocial dysfunction among two cohorts of adolescents: those within the Secondary school system and those in conflict with the law.
2. Investigation of stressors within the family that correlate with polyvictimisation.

Three studies were conducted. In the first study, polyvictimisation was explored. The 36-item Juvenile Victimisation Questionnaire (JVQ) was used among a sample of students and young offenders aged 12 – 17. The main purpose of this study was to determine whether polyvictimisation was present among adolescents in Saint Lucia. Given that polyvictimisation had never been investigated in Saint Lucia, establishing the presence of polyvictimisation was essential to the thesis. Additionally, with the plethora of research highlighting the negative impact of polyvictimisation on adolescent functioning, this thesis also examined the emotional and behavioural dysfunction experienced by polyvictims. The Youth Pediatric Symptom Checklist was used to garner this information.

With the presence of polyvictimisation having been established, the aim of the research was then to investigate possible conditions within the family that were associated with polyvictimisation. Much of the literature regarding childhood exposure to negative experiences have cited parental monitoring as a protective factor. Parent-child bonds have also been associated with parental monitoring practices. However, no research had explored parental monitoring and supervision practices or parental bonding within the context of polyvictimisation in Saint Lucia. In this study, parental monitoring involved *knowledge*, *information* and *active* surveillance. Parental monitoring techniques were defined as the extent to which parents, 1) know where their children are, 2) receive information from their children, 3) source information about their children from others, and 4) provide clear rules. These techniques were investigated using Kerr, Stattin and Burk's (2010) and Stattin and Kerr's (2000) Parental Knowledge Questionnaire which consisted of three scales: Parental Knowledge, Child Disclosure and Parental Solicitation. Wellborn and Grolnick's (1988) Parental Structure scale was also used. The main objective of the second empirical study was to determine the correlations between the

monitoring scales. The internal consistency of each scale was also found. The scales with the highest internal consistency and strongest correlation to Parental Knowledge were included in the final study.

The final study of this thesis was dedicated to identifying factors related to polyvictimisation. It examined the various stressors within the home environment common to polyvictims. Finkelhor et al. (2009), in their pathways to polyvictimisation study, presented a number of socio-economic factors within the family that lead to polyvictimisation exposure. This research project examined the family setting by employing most of the family problems put forward by Finkelhor et al. (2009) in their Disorganised Families variable. However, additional factors were introduced in this study, namely 1) the knowledge parents have of their adolescents' whereabouts (Parental Knowledge), 2) the extent to which parents source information about their children (Parental Solicitation) and 3) the type of bonds between parents and adolescents (Parent-Child Bonds). In this study, polyvictims were identified using the Reduced Items Version of the JVQ. The Parental Knowledge and Parental Solicitation scales (Kerr, Stattin & Burk, 2010; Stattin & Kerr, 2000) were used in this study given that these scales were found to have the highest internal consistency and strongest correlation (See Chapter Seven, p. 165). Also, the shortened Parental Bonding Instrument (Young, Lennie and Minnis, 2011) was used to capture four main types of bonds between parents and their adolescents.

The results of these three studies provided an overview of polyvictimisation among a sample of adolescents in Saint Lucia. Synthesis of the major findings showed the following:

1. Polyvictimisation within the past year was present among approximately 46% of the students in this sample. This meant that four out of every 10 students were polyvictimised in the past year. Approximately 52% (five in every 10) had been polyvictimised in their

lifetime. Psychosocial dysfunction was also present among these polyvictims, with most reporting internalised problem behaviours. In fact, results showed a moderate positive correlation between polyvictimisation and psychosocial dysfunction. Additionally, Past Year and Lifetime Polyvictims were 4.5 and 5.8 times more likely to display psychosocial dysfunction than non-polyvictims respectively.

2. Approximately 90% or nine in every 10 of a sample of young offenders were polyvictimised in the past year, while 80% were lifetime polyvictims. The latter cohort of polyvictimised offenders had experienced over 17 different types of victimisations in their lifetime. Additionally, the majority of lifetime polyvictimised offenders reported having internalised problem behaviours.
3. Almost every polyvictimised student (97.6%, n = 208) reported at least two Conventional Crimes in the past year. However, over 70% stated that they had experienced more than four different types of Witnessing/Indirect Victimisations (Mean = 4.33) in that period. Similarly, while all polyvictimised offenders (n = 8) reported at least two forms of Conventional Crimes in the past year, 75% (n = 6) reported that they had experienced more than the average number of Sexual Victimisations (Mean = 3.13) and Witnessing/Indirect Victimisations (Mean = 5.75) in the past year.
4. Most polyvictims reported having several socio-economic problems in their family. Whereas 80% of non-polyvictims reported having less than two family stressors, only 44% of polyvictims reported less than two family stressors. Approximately 56% of a sample of polyvictims reported more than three family stressors. In fact, as the number of family stressors increase or decrease, so too does polyvictimisation, or vice versa.

5. A weak correlation was found between polyvictimisation and five family stressors: family members in trouble with the police, parental unemployment, parental problems with drugs / alcohol, family money problems and having parents who moved to a worse job than before.
6. As a parent's knowledge of their children's whereabouts increases or decreases, polyvictimisation experiences also increase or decrease. In fact, results showed that the knowledge a parent has is influenced by the family stressors within the home, which then influence polyvictimisation exposure.
7. Most polyvictims reported, 1) belonging to single mother families, and 2) having parents who gave them autonomy but showed little to no affection (Neglectful Parenting). The polyvictims who belonged to nuclear families and mother/stepfather households commonly reported Neglectful Parenting. However, polyvictims from single mother households reported that their parent frequently showed affection but was overly controlling and overprotective (Affectionate Constraint).
8. Furthermore, 1) polyvictimisation decreases when parent-child bonds increase in affection, caring and autonomy with little rejecting and controlling behaviours, or vice versa, and 2) the knowledge a parent has of their child influences the type of bonds they share, which then influences polyvictimisation exposure.

10.3 General Limitations of the Thesis

In conducting this thesis, several situations limited the generalisability and applicability of the results obtained. Firstly, the samples recruited in all three studies were not representative of the population of students. Repeated and multiple disruptions were cited by some principals as

reasons why their school could not participate in all three studies. Secondly, stratifying schools using the Common Entrance Examination led to many schools being placed in the Low Academic Performing category. This is not representative of the overall academic performance of the student population. Finally, the gender imbalance among students recruited in the High Academic Performing schools also prevented achieving generalisability. While the first study of this thesis stratified schools according to academic performance, more than two-thirds of the students recruited in the High Academic Performing Schools category were females. This is not representative of the gender ratio of that population of students.

The cross-sectional research design of the studies in this thesis, despite yielding significant findings, limited the extent of the results obtained. Data in these studies were collected at a specific point in time. As such, in spite of the many significant findings generated from this research, cause and effect relationships could not be determined. It remains inconclusive whether the experience of different forms of victimisations *caused* the dysfunction observed among the polyvictims. A cross-sectional research design also did not allow for causation to be established between specific family problems and polyvictimisation.

A smaller sample size than anticipated also affected the outcome of these studies. This was particularly evident in the final study which investigated the family stressors and polyvictimisation association. A targeted sample of approximately 250 students was set. This was calculated using N-Query analysis. However, the Covid-19 pandemic disrupted the data collection process and reduced the number of students recruited. A small sample potentially reduces the power of a study and increases the likelihood of Type II error. To decrease this likelihood, the significance level was set at the standard .05 with a 95% confidence.

Several participants in this thesis were excluded from analysis due to aberrant responding. In some instances, participants omitted information such as age, gender, and family structure on the online instruments. Such questions, for example, “what type of family best describes you?”, were essential to the analysis. These response questionnaires were excluded from the data analysis. This led to a further reduction in the sample size and proved to be another limitation. Future research therefore should take extra precaution in carefully outlining important response items.

Finally, another limitation in the applicability of the findings garnered during this research project was the occurrence of polyvictimisation among the offending sample. This study was of major significance as it presented data regarding the types of violent exposures meted out to this sample of adolescents. As several researchers have highlighted, polyvictimisation among this vulnerable cohort of adolescents is not only prevalent, but also constitutes a risk factor for offending behaviour. However, in this research project, young offenders were not asked to state the location of these victimisations, or whether these past year victimisations occurred prior to their involvement in the justice system. Consequently, while this study is able to report on the nature and extent of multiple victimisation experiences of offenders, it did not delineate whether victimisations occurred within juvenile facilities. Nonetheless, the lifetime victimisation experiences of these offenders were captured in this project. As such, this thesis was able to highlight the experiences of this cohort of adolescents throughout their lifetime.

10.4 Implications of the Results obtained in this Thesis

The results of this thesis are meaningful as they: 1) support the mandates set out in the United Nations Convention of the Rights of the Child (1989), and 2) provide support for existing

literature and the theoretical framework used in this thesis. Additionally, the findings can be used to formulate individual-level interventions as well as inform policy prevention programs.

10.4.1 Promotion and Support of Child Rights

The practice of 'roungement' and familial concealment provided the cultural context within which this research project was carried out. Additionally, in Saint Lucia, there is the misconception of what constitutes a victimisation against children. This research project addressed these ideologies by directly eliciting the experiences of adolescents from the adolescents themselves. Furthermore, this research project was conducted to support and advocate for Child and Human Rights. Part I, Article 13 of the United Nations Convention of the Rights of the Child (1989), speaks to a child's right to freedom of expression which involves the freedom "to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of the child's choice". Article 19 directly addresses childhood exposure to adverse experiences, stating that measures should be taken to "protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse" (Convention on the Rights of the Child, 1989). To ensure good care and protection of children, it is paramount that all societies adopt and enact measures that support the Rights of the child.

Both these Articles served as the overarching principles of this research project. While acknowledging and adhering to ethical guidelines and local school policies, this thesis sought to promote these Rights by directly surveying adolescents and by identifying the broad range of negative experiences they encounter. Also mentioned in Article 19, is the need for "identification…of instances of child maltreatment" (Convention on the Rights of the Child,

1989). Such instances were identified in this research project. Furthermore, while there is discrepancy in what constitutes a victimisation against a child, this thesis was able to elicit a broad range of adolescent experiences which "create a *potential* for traumatic impact" (Finkelhor et al., 2007, p. 10).

10.4.2 Support for Extant Literature

The results obtained in these studies add to existing literature by supporting cross-cultural applicability of polyvictimisation during childhood. Although this thesis employed a polyvictimisation perspective which assessed the contribution of socio-familial factors separately and allowed adolescents to be directly surveyed, the tenets of research surrounding childhood adverse experiences were supported. Namely, that this sample of Saint Lucian adolescents experience several different types of adversities, and that these experiences are correlated with negative outcomes. Even through the lens of a developmental victimology perspective, findings of these studies show that this sample of adolescents experience 'functionally equivalent acts' (Finkelhor, 2007, p. 12), such as being struck or hit.

This thesis also demonstrated that students from a sample of adolescents in Saint Lucia experience situations and events that are common to adolescents in high-income countries. Polyvictimisation has been investigated and confirmed among adolescents in the United States, the United Kingdom, China, South Africa, Finland, Spain and Canada. In Saint Lucia, some children and adolescents also experience multiple victimisations. It appears therefore, that negative experiences are present among young people in spite of geographic location and cultural differences. Additionally, consistent with more recent studies surrounding adverse childhood experiences, this sample of student polyvictims reported experiencing victimisations across several domains, for example, conventional crimes and exposure to community violence.

Findings of this research project therefore supported both the adverse experiences and polyvictimisation perspectives in broadening the scope negative experiences among adolescents.

Findings also supported extant literature highlighting the higher rates of polyvictimisation among young offenders. This research paper presented data regarding the presence of polyvictimisation among a specific vulnerable group of adolescents, those in conflict with the law. Research showed polyvictimisation to be three times higher among young offenders when compared to adolescents in the community (Ford et al., 2012). Results of this thesis indicate that a small group of young offenders in Saint Lucia experience twice the rate of polyvictimisation than students. These offenders in Saint Lucia represent a highly polyvictimised group and draw attention to the need to further study this population.

Also, evidence in this thesis supported the association between polyvictimisation and poorer emotional well-being among adolescents. Poor psychosocial functioning and psychopathology have been found among adolescents who have been polyvictimised (Finkelhor et al., 2005; Turner et al., 2012; Segura et al., 2017). In this thesis, among this sample of student polyvictims, over 50% of the adolescents reported psychosocial dysfunction. Furthermore, internalising problems were the most common form of psychosocial dysfunction. Similar psychosocial problems were reported (Guerra et al., 2016; Charak et al., 2019).

This thesis further provided evidence of the occurrence of family problems in the lives of polyvictims. Similar results were reported by Ellonen and Salmi (2011). They cited support for the accumulative nature of background family risk factors and its association to polyvictimisation. These researchers found that as the risk factors, both individual and familial, increased in a child's life, so too did the child's probability of belonging to the polyvictimised cohort of children. In Saint Lucia, most polyvictims from a sample of adolescents reported

familial money problems, parents who were unemployed, parents who used drugs and/or alcohol, parents or relatives in trouble with the police and parents who moved to a worse job. According to Finkelhor et al. (2009), such families that were "problematic and/or chaotic" created a pathway to polyvictimisation. This was demonstrated by Finkelhor and his colleagues using a longitudinal research design. This research project was not able to establish the trajectory of family problems given its cross-sectional design. However, the occurrence of family stressors, particularly among polyvictims, was established.

The findings of this thesis also expanded the literature regarding parental knowledge and parent-child bonding. Research on parental knowledge and parent-child bonding as protective factors extend to Saint Lucia since a correlation was found between both variables and polyvictimisation. Parental knowledge, defined as the knowledge parents have of their children's whereabouts was negatively correlated with polyvictimisation. Therefore, in Saint Lucia, among a sample of adolescents, polyvictimisation experiences appear to decrease or increase when parents are either more aware or less aware of their children's whereabouts. Additionally, parental knowledge played a significant role in the relationship between the presence of family stressors and polyvictimisation experiences. Similarly, polyvictimisation among this sample of adolescents in Saint Lucia appears to increase or decrease when parent-child bonds are characterised by warmth and care with little rejection and control. Extant literature regarding the role of parental bonding was also further expanded, as parent-child bonding mediated the relationship between parental knowledge and polyvictimisation. Therefore, among a cohort of adolescents in Saint Lucia, it appears that the knowledge parents have of their children influences the bond between parent and child, which in turn influences polyvictimisation

exposure. This is significant to child victimology research, as it provides the platform for further investigation of the characteristics of parenting in victimisation prevention.

10.4.3 Support for the Theoretical Framework

Several theoretical perspectives regarding childhood experiences were discussed in this research project. The multi-type maltreatment, adverse experiences perspective and polyvictimisation approach to negative childhood experiences, all concur that:

1. There is continued need to identify the negative experiences to which children are exposed
2. Children do in fact experience several different types of adversities, at times simultaneously
3. These experiences engender or are associated with negative outcomes, physically and psychologically

The polyvictimisation framework was employed in this thesis given its exploration of socio-familial factors as contributing to the polyvictimisation trajectory. The polyvictimisation perspective also incorporated a broader range of victimisations and solicited experiences directly from children and adolescents. Nonetheless, the three tenets common to childhood victimisation research were accomplished in this research project. This sample of adolescents in Saint Lucia experience a number of different types of adversities which are associated with negative outcomes such as psychosocial dysfunction. This supports the need for continued investigation of child and adolescent experiences.

The theoretical framework put forward in this research project was helpful in conceptualising polyvictimisation among a sample of adolescents in Saint Lucia. The theoretical tripod consisting of the family stress theory, attachment theory and the ecological theory,

provided insight into the occurrence of polyvictimisation in these studies. This thesis posited that family stressors within the exosystem, such as parental unemployment and job loss, affect microsystemic factors such as parental monitoring and parental-child bonds, which in turn influence polyvictimisation. It should be noted that while merit was found in the use of the ecological model among this sample of adolescents in Saint Lucia, this research project did not examine all of the systems but focused primarily on the exosystem and the microsystem.

The mediation analyses conducted in this thesis supported this theoretical framework. Firstly, the relationship between family stressors and polyvictimisation was mediated by parental knowledge. It appears then, that among this sample of adolescents, the knowledge parents have of their children was influenced by exosystemic family stressors which then influenced polyvictimisation exposure. Secondly, parent-child bonding mediated the relationship between parental knowledge and polyvictimisation. This suggests that parent-child bonds among the adolescents surveyed in this research, are influenced by the knowledge parents have of their children's whereabouts, which then influences polyvictimisation.

Other findings of this thesis also support the theoretical framework. Firstly, the sample of polyvictims in this thesis reported having several exosystemic family stressors. These included parental unemployment, money problems, parents moving to a worse job were found, parental drug and alcohol use, and parents/relatives in trouble with the police. Support was further found for the ecological cumulative model with increases in the number of problems within the family leading to increases in polyvictimisation exposure. Additionally, most polyvictims in this research project reported having three or more stressors within the home environment. Problems within the microsystem were also observed. For example, it appears that there is a relationship between polyvictimisation and the awareness of children's whereabouts. Most polyvictims also

reported having neglectful parent-child bonds. This type of bond emerged from an attachment theory perspective and was put forward by Parker, Tupling and Brown (1979) to describe a parent-child bond that is low in both care and control.

10.5 Application of the Findings of this Thesis in formulating Interventions

As Le et al. (2018) noted, intervention and prevention programs for violence against children and adolescents, more specifically polyvictimisation, would be more effective if informed by local evidence. The results of the studies conducted in this research project underscore the presence of multidimensional victimisation exposure among young people in Saint Lucia. Data show that the Caribbean and Latin American region has some of the highest rates of victimisations against children per capita. Yet a paucity of literature specific to concurrent experiences exit. This is even more so for Eastern Caribbean countries. In Saint Lucia, like many other member states, one overarching child and protection agency is charged with the responsibility of the 'Care and Protection' of children. The efficiency and success of these agencies and the interventions they provide, hinge on the data collected.

With the absence of robust research and/or a methodologically sound data collection process specifically geared toward ascertaining the nature of experiences had by children and adolescents, the wide-ranging scope of childhood and adolescent victimisations may be lost. Presently, much of the current data that exist, employ a 'singular experience' approach, by categorising victimisations individually. This research project constituted the first of its kind to employ the multidimensional approach to investigate victimisation experiences in Saint Lucia. The data obtained in this research project present an inventory of adolescent experiences which could furnish Child Protection agencies and other Ministerial Departments with the evidence-

based data needed to formulate targeted interventions. Such interventions may include awareness of peer victimisations and online victimisations which are often unreported and may also target internalised problem behaviours. Furthermore, given adolescents exposure to Conventional Crimes and Indirect Victimisations, interventions may include pro-safety strategies, self-defense courses and community development programs.

The results of these studies also highlight the need for social programs that, 1) encourage and reinforce positive parenting practices, and 2) focus on improving socio-economic conditions. This thesis presents an overview of the familial circumstances faced by a sample of polyvictims in Saint Lucia. Furthermore, the knowledge a parent has about his/her child's whereabouts as well as the quality of the bond between the parent and the child were also significantly related to polyvictimisation. Given the key role parental knowledge plays in polyvictimisation exposure, positive parenting programs should emphasise specific techniques and strategies parents can incorporate to ensure they are aware of their child's whereabouts. Parenting programs should also incorporate familial coping strategies and community support interventions that promote family resilience (Patterson, 2002). As noted by several researchers, promoting family resilience will buffer the effect of family stressors. Patterson (2002) recognised the role of the macro and chronosystems in which families exist, and noted that public programs, norms, and community institutions all influence the extent to which families are able to adapt to stressors. The absence of such community support may undermine the family's potential for resilience.

It is therefore imperative, that social and economic programs be created which specifically target and address macrosystemic family stressors. In this thesis, five distinct socio-economic factors were correlated to polyvictimisation. Programs which focus primarily on these stressors may aid in indirectly reducing polyvictimisation exposure among young people. For

example, reducing the unemployment rate by creating sustainable job for parents, promoting and increasing self-employment initiatives, increasing unemployment relief packages for families and creating family supportive fiscal plans are likely to improve family functioning by reducing economic stressors. However, implementation of these forms of governmental interventions may not occur until 2022 due to the economic fallout from the Covid-19 pandemic. Covid-19 has contributed to "significant socio-economic damages" (The World Bank, 2021, p. 136), with the poor and vulnerable being mostly affected. The World Bank (2021) reports that the contraction of the tourism industry will likely increase the unemployment rate but projects an economic rebound in 2022. As reported by The World Bank (2021), short term fiscal support and other measures by the government such as the extension of the Public Assistance Program are key in mitigating the impact of the pandemic and preventing long-term socio-economic damage (p. 136-137).

Finally, this research project drew attention to the mental health challenges parents may face and its association with multiple victimisation exposure. Most polyvictims reported parental drug/alcohol use. Such a report may be indicative of a societal substance abuse problem. It may augur well therefore, for both governmental agencies and non-profit organisations to, 1) strengthen drug and alcohol rehabilitative programs, 2) formulate adult anti-drug and anti-alcohol programs, and 3) promote healthy living life choices among parents.

10.6 Directions for Future Research

The findings of these three studies create a platform for future research. Having highlighted several psychosocial issues in Saint Lucia regarding adolescent polyvictimisation, it may be beneficial for future research to focus on: 1) exploring polyvictimisation nationally, 2)

conducting longitudinal and qualitative studies, 3) investigating factors in other social settings, and 4) continuing research among young offenders.

Future research should explore adverse childhood experiences at a national level to capture a truer representation of the victimisation experiences among young people. As Cyr et al. (2013) noted, the Juvenile Victimisation Questionnaire is apt for use as a form of "public surveillance" to garner the full scope of polyvictimisation among Saint Lucian adolescents. Polyvictimisation studies therefore should be conducted nationally and regionally and incorporate children from as young as two years old. Whereas studies within this thesis focused primarily on adolescents, Finkelhor et al. (2011) provided evidence of multiple victimisation experiences and consequential trauma-related symptoms in children aged 2 – 11. Finkelhor et al. (2011) advocated for early identification and intervention among younger children since it was found that younger children were not less affected by multiple victimisations. Although the number and type of victimisations experienced varied to those of the older cohort of children, elevated distress levels remained consistently high across all age groups. This may be a similar occurrence among Caribbean children. Studies of this nature are even more necessary now as current research have reported increases in child abuse and psychological maltreatment (Fore, 2020, p. 1) as well as online harassment and exploitation arising from the Covid-19 pandemic period. It may also be prudent to include in these further studies a method of establishing which experience of those listed contributed to or caused emotional distress. This will allow researchers to accurately identify which of the victimisations are considered adverse by the participants.

A polyvictimisation study using a qualitative method is warranted to fully capture the effects of polyvictimisation, and the role multiple victimisation experiences may have played in changing lives. Much of the research on polyvictimisation has focused on identifying its

prevalence among adolescents. A qualitative study on polyvictimisation would fill the research gap between the prevalence of polyvictimisation and its psychosocial impact via self-reported narratives. A major aspect of polyvictimisation research, particularly in unfamiliar jurisdictions, is the impact the condition has on an individual's daily functional living. Several studies have shown the deleterious effects of polyvictimisation among adolescents. Some mental health challenges closely associated with the condition are post-traumatic stress, substance use and suicidality (Ford et al. 2010, 2011). It may be beneficial then, for a qualitative study to be conducted to gather the personal experiences of polyvictims as they face these psychosocial problems. Protective, resilient factors can also be elicited from interviews and focus groups that will assist in developing a Resiliency Plan for Polyvictims.

There would also be merit in conducting longitudinal studies on polyvictimisation in Saint Lucia. As Finkelhor et al. (2009) noted, "if researchers can more effectively identify the children most clearly on the path to becoming polyvictims, they might be able to direct prevention resources to forestall the lengthy victimisation careers and other negative mental health outcomes that confront these children" (Finkelhor et al., 2009, p. 316). A study spanning two or more years will allow researchers to determine the relationship between early victimisation experiences and later victimisations. Additionally, factors supporting such an occurrence can also be ascertained. Finkelhor et al. (2007) recognised the limitations and confounding variables in cross-sectional polyvictimisation studies, and used the longitudinal research design to establish re-victimisation vulnerability patterns. Such studies are necessary in Saint Lucia given that both past year and lifetime polyvictimisation among adolescents have been established in this thesis suggesting the occurrence of re-victimisations.

It may be prudent to also explore factors within other social settings, outside of the family, that may be related to polyvictimisation That multiple victimisations occur both within and external to the home environment has been widely researched and supported (Ho & Cheung, 2010; Jackson-Hollis et al. 2017). This thesis explored factors occurring within the family environment. However, it may be beneficial for exploration of risk factors within the school and community. Analysis of these findings will aid in determining which social setting, if any, contributes more significantly to polyvictimisation exposure among adolescents. With Peer Victimisations (bullying and cyberbulling) occurring across territories, it may be that the school environment and community account for a significant amount of variance in the degree of victimisation to which an adolescent is exposed.

Furthermore, a continuation of polyvictimisation studies among young offenders is paramount. Results of this study demonstrated the high occurrence of polyvictimisation among young persons in conflict with the law. Also, this cohort was found to be more exposed to victimisations than secondary school students. Therefore, this research project advocates for further research among young offenders, particularly among polyvictimised offenders. Understanding the nature of their experiences, its impact, and risk factors which have contributed to their victimisation experiences are critical for intervention formulation.

10.6.1 New Family Stressors Pathway Models for Future Research

Based on the results obtained in this research project, it may be worthwhile to explore pathways to polyvictimisation among Saint Lucian adolescents. Such pathways should incorporate the two mediating variables found: parental knowledge and parent-child bonds. The following models can be explored using a longitudinal research design to dissect the interplay

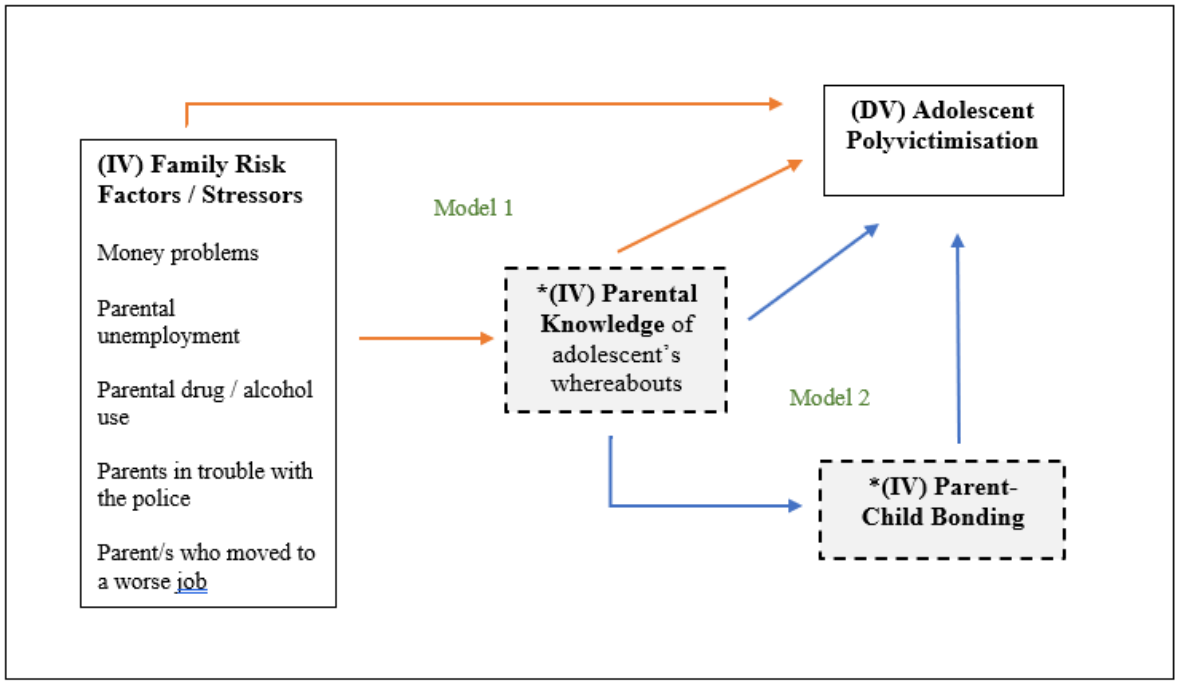
between the presence of family factors, the knowledge parents have of children's whereabouts, emotional parent-child bonds and polyvictimisation exposure.

- Model 1

Model 1 introduces the parental knowledge mediating variable. Depicted in Figure 12, this model describes the associations existing between each of the three variables: Family Stressors, Parental Knowledge and Polyvictimisation. Results of the final study of this thesis found direct associations between the family stressors, *money problems*, *parents in trouble with the police*, *parental unemployment*, *parental use of drugs / alcohol* and *parents who moved to a worse job than before,* and polyvictimisation exposure. Model 1 therefore, proposes using the longitudinal approach to investigate the involvement of these variables in the development of polyvictimisation in Saint Lucia.

Figure 5

New Family Stressors Models of Polyvictimisation Exposure which introduces three Independent and Mediating Variables: Family Risk Factors/Stressors, Parental Knowledge and Parent-Child Bonding.



Note. *Mediating Variables ----

Direct associations ——→

Indirect effects ——→

- Model 2

This model also purports another pathway to polyvictimisation exposure. In this model, Parent-Child Bonding is introduced as the mediating variable. Using a longitudinal approach, it may augur well to investigate the changes in the parent-child bonds in a child's life over time, and its contribution to polyvictimisation.

10.7 General Conclusion

This thesis, in acknowledging that children are exposed to several adverse experiences during childhood, explored polyvictimisation among a sample of adolescents in Saint Lucia. This

was done by, 1) examining the presence of polyvictimisation and psychosocial dysfunction among students and young offenders, and 2) by identifying family stressors that were correlated to polyvictimisation, inclusive of parental monitoring and parent-child bonds. Three main studies were conducted and were framed theoretically using the ecological model along with the family stress theory and the attachment theory.

Polyvictimisation within the past year was found among 46% and 90% of the sample of students and young offenders respectively. Lifetime Polyvictimisation was present among 52% of the student sample and 80% of the offending sample. While experiences of Conventional Crimes were common among almost every polyvictimised student and offender, 72% of polyvictimised students reported more than average Indirect Victimisations. Most polyvictimised offenders (75%), on the other hand, reported above average Indirect Victimisations as well as Sexual Victimisations. Also, the majority of student polyvictims in this thesis were found to have evidence of psychosocial dysfunction, particularly internalised problem behaviours. A correlation between the knowledge parents have of their children and actively sourcing information was found. Consequently, these parental monitoring techniques and their association with polyvictimisation were investigated with other family stressors.

In this thesis, the greater the number of family stressors reported, the greater the number of different victimisations reported by adolescents. In fact, there was a correlation between having unemployed parents, family money problems, parents in trouble with the police, parents who use alcohol and/or drugs, and parents who moved to a worse job than before. Furthermore, it appears that the less parents know of their children's whereabouts, the more likely children are to be polyvictimised, or vice versa. Single mother households and parents who showed little affection and caring were also common among polyvictims.

This thesis supports use of a multi-dimensional investigation of adolescent victimisation experiences. Evidence was also found of the presence of several exosystemic family stressors which contribute to polyvictimisation exposure. Literature on adolescent polyvictimisation was extended with the introduction of two mediating variables: parental knowledge and parental bonding. These variables require further investigation using a longitudinal approach to determine the developmental pathways for polyvictimisation in Saint Lucia. The results obtained in this thesis can be used to strategically frame data-driven parenting and family intervention programs. Furthermore, it provides governmental and non-governmental agencies with the data needed to create social intervention programs targeting unemployment, drug and alcohol use and other socio-economic challenges which indirectly affect family functioning. This thesis concluded by outlining the various avenues for future research which would expand the concept of polyvictimisation among young people in Saint Lucia.

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Glossary of Terms

1.2 Definitions of Key Terms

1.2.1 Adolescence

For the purpose of this research project, adolescence is defined as "the developmental period between childhood and adulthood – beginning with the changes associated with puberty and culminating in the acquisition of adult roles and responsibilities" (NSW Kids and Families, 2014, p. 15). This project explored on the factors of polyvictimisation exposure and associated problem behaviours of adolescents during the adolescent development period from ages 12 to 17. Two developmental cohorts were created: 12 – 14 and 15 – 17.

1.2.2 Young Offender

According to the Child (Care, Protection and Adoption) Act 2018 and Child Justice Act 2018, a 'child' refers to a person who is under the age of eighteen years, and a 'child in conflict with the law' describes a child who is alleged to have committed an offence. For the purpose of this thesis therefore, a young offender referred to an individual under the age of eighteen who has committed an offence contrary to the Law of Saint Lucia and has been charged for such offence within the last year. In Saint Lucia, a criminal offence refers to any act, attempt or omission punishable by Law (Saint Lucia Criminal Code, 2004). As stated in the Child Justice Act 2018, (Part 1, Section 5), a child under the age of twelve years is not capable of or guilty of committing a criminal offence. However, a child over the age of twelve and under the age of sixteen years is criminally responsible for an act or omission if at the time of doing the act or making the omission, he/she had the capacity to know that he/she ought not to do the act or make

the omission. The Act further states that it is the responsibility of the Crown to prove such criminal responsibility via a medical examination and/or evaluation.

1.2.3 Child Maltreatment

Child maltreatment encompasses all forms of physical and emotional ill-treatment, sexual abuse, neglect, and exploitation that results in actual or potential harm to a child's health, development or dignity and is regarded as behaviour toward a child that is outside the norms of conduct which entails substantial risk of causing physical or emotional harm (World Health Organisation [WHO], 2017, Violence Against Children). The United States 1974 Child Abuse Prevention and Treatment Act (CAPTA) defined Child Maltreatment as any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act which presents an imminent risk of serious harm (U.S. Department of Health and Human Services, 2011). For the purpose of this project, maltreatment among children referred to all forms of physical abuse, neglect and negligent treatment, emotional abuse, as well as custodial interference and/or family abduction as defined by Finkelhor et al. (2005) (Hamby et al., 2005).

1.2.4 Polyvictimisation

Finkelhor et al. (2007) used the term *polyvictimisation* to refer to the condition exhibited by adolescents who experienced multiple forms of victimisations. In their investigation of trauma symptomatologies and exposure to different types of victimisations, Finkelhor et al. (2011) found that adolescents who experienced a single traumatic event displayed significantly less or no measurable trauma symptoms, as opposed to those adolescents who experienced multiple victimisations across different social settings. It was argued therefore, that caution should be

taken when investigating maltreatment among children and adolescents since an overestimation of the impact of a single experience is likely. Hence, it augurs well for developing countries, in an effort to present a holistic representation of childhood and adolescent victimisation experiences, to use Finkelhor et al.'s (2005) polyvictimisation approach.

For the purpose of this research project, polyvictimisation referred to the experience of multiple victimisations of the 36 different kinds categorised into six modules: conventional crime, sexual victimisation, peer/sibling victimisation, child maltreatment, witnessing/indirect victimisation and online victimisation. Polyvictimisation was quantified by summing the total number of different types of victimisations, with a *polyvictimised* adolescent being identified as one who has experienced *seven or more* different types of victimisations when using the 36-item Screener Sum Version (SSV) of the polyvictimisation questionnaire, or *five or more* different types when using the 12-item Reduced Item Version (RIV).

1.2.5 Psychosocial Dysfunction

In this research project, the term 'psychosocial dysfunction' referred to the extent to which an adolescent exhibited internalised problem behaviours, externalised problem behaviours and attention problems. Dysfunction was assessed using the Y-PSC-17. The three scales on this instrument were summed to produce an overall psychosocial score. Higher scores were indicative of dysfunction.

1.2.6 Parental Knowledge

Regarded as a form of indirect supervision (Neilsen, 2017), parental knowledge has been used interchangeably with other terms such as parental monitoring (Li et al., 2000), guardianship (Ahlin & Antunes, 2015) and parental social control (Ellonen & Salmi, 2011). Ambiguity in its

conceptualisation has led to mixed findings regarding its association with adolescent maladjustment and victimisation exposure. For the purpose of this thesis, parental knowledge referred to the knowledge parents have of their children's whereabouts as cited by Kerr and Stattin (2000).

1.2.7 Sources of Information

The construct 'Parental Monitoring' has been widely researched in literature pertaining the degree and quality of supervision meted out by parents. Other constructs have assisted in providing a more holistic perspective of parental supervision. Such constructs, including 'Child Disclosure' and 'Parental Solicitation' refer to techniques used by parents to gather information. These techniques constitute active tracking and surveillance. Whereas Child Disclosure refers to the process by which the child willingly divulges information, Parental Solicitation involves asking for information from various sources (Stattin & Kerr, 2000). For the purpose of this study, the term 'Sources of Information' described to two techniques, operationalised using the constructs, Child Disclosure and Parental Solicitation, and explained the extent to which children disclose information to their parents and parents' engagement in soliciting information about their children.

1.2.8 Parental Monitoring Techniques

For the purpose of this study, Parental Monitoring Techniques encompassed, 1) knowledge parents have of their children's whereabouts (parental knowledge), 2) two techniques used to source information (parental solicitation and child disclosure), and 3) parental structure (the provision of guidelines).

1.2.9 Parental Bonding

Affectional bonds between a parent and a child are necessary for attachment (Hoeve et al., 2012). Parental bonding then, referred to the quality of the affectional parent-child bond, and in this research project, will be operationalised as the extent of 'care' and 'control' meted out by parents (Parker et al, 1979), with 'care' being indicative of parental warmth and affection and 'control' being that of a lack of autonomy.

Appendices

Appendix A. Ethical Approvals from the University of Nottingham

University of Nottingham
UK | CHINA | MALAYSIA

Email: FMHS-ResearchEthics@nottingham.ac.uk

Faculty of Medicine & Health Sciences
Research Ethics Committee
c/o Faculty PVC Office
School of Medicine Education Centre
B Floor, Medical School
Queen's Medical Centre Campus
Nottingham University Hospitals
Nottingham, NG7 2UH

8 November 2018

Ms Ginelle Nelson
PhD Forensic Psychology Student
c/o Dr Shihning Chou
Associate Professor
Division of Psychiatry and Applied Psychology
Floor B, YANG Fujia Building
Jubilee Campus
Wollaton Road
Nottingham, NG8 1BB

Dear Ms Nelson

Ethics Reference No: 133-1810 – **please always quote**	
Study Title: Poly-victimisation & Psychosocial Functioning among Secondary School Adolescents and Juvenile Offenders in Saint Lucia.	
Chief Investigator/ Supervisor: Dr Shihning Chou, Deputy Director of Centre for Forensic & Family Psychology, Psychiatry and Applied Psychology, School of Medicine.	
Lead Investigators/student: Ms Ginelle Nelson, PhD Forensic Psychology	
Other key Investigators: Stephen Joseph, Professor and Cluster convenor for counselling and psychotherapy teaching and training, School of Education	
Type of Study: PhD, overseas	
Proposed Start Date: 01/10/2018	**Proposed End Date:** 30/06/2019
No of Subjects: 1,536	**Age:** 18+years

Thank you for submitting the above application and the following documents were received:

- FMHS REC Application form and supporting documents version 1.0: 05.07.2018

These have been reviewed and are satisfactory and the study has been given a favourable opinion.

A favourable opinion has been given on the understanding that:

1. All appropriate ethical and regulatory permissions are respected and followed in accordance with all local laws of the country in which the study is being conducted and those required by the host organisation/s involved.
2. The protocol agreed is followed and the Committee is informed of any changes using a notice of amendment form (please request a form).
3. The Chair is informed of any serious or unexpected event.
4. An End of Project Progress Report is completed and returned when the study has finished (Please request a form).

Yours sincerely

Professor Ravi Mahajan
Chair, Faculty of Medicine & Health Sciences Research Ethics Committee

University of Nottingham
UK | CHINA | MALAYSIA

Email: FMHS-ResearchEthics@nottingham.ac.uk

Faculty of Medicine & Health Sciences
Research Ethics Committee
c/o Faculty PVC Office
School of Medicine Education Centre
B Floor, Medical School
Queen's Medical Centre Campus
Nottingham University Hospitals
Nottingham, NG7 2UH

4 January 2019

Ms Ginelle Nelson
PhD Forensic Psychology Student
c/o Dr Shihning Chou
Associate Professor
Division of Psychiatry and Applied Psychology
Floor B, YANG Fujia Building
Jubilee Campus
Wollaton Road
Nottingham, NG8 1BB

Dear Ms Nelson

Ethics Reference No: 133-1810 – **please always quote**	
Study Title: Poly-victimisation & Psychosocial Functioning among Secondary School Adolescents and Juvenile Offenders in Saint Lucia.	
Chief Investigator/ Supervisor: Dr Shihning Chou, Deputy Director of Centre for Forensic & Family Psychology, Psychiatry and Applied Psychology, School of Medicine.	
Lead Investigators/student: Ms Ginelle Nelson, PhD Forensic Psychology	
Other key investigators: Stephen Joseph, Professor and Cluster convenor for counselling and psychotherapy teaching and training, School of Education	
Type of Study: PhD, overseas	
Proposed Start Date: 01/10/2018	**Proposed End Date:** 30/06/2019
No of Subjects: 1,536	**Age:** 18+years

Thank you for notifying the Committee of amendment no 1: 20.11.2018 as detailed and attaching the supporting documents:

These have been reviewed and are satisfactory and the study amendment 1: 20.11.2018 has been given a favourable opinion.

A favourable opinion has been given on the understanding that:

1. All appropriate ethical and regulatory permissions are respected and followed in accordance with all local laws of the country in which the study is being conducted and those required by the host organisation/s involved.
2. The protocol agreed is followed and the Committee is informed of any changes using a notice of amendment form (please request a form).
3. The Chair is informed of any serious or unexpected event.
4. An End of Project Progress Report is completed and returned when the study has finished (Please request a form).

Yours sincerely



Professor Ravi Mahajan
Chair, Faculty of Medicine & Health Sciences Research Ethics Committee

University of Nottingham
UK | CHINA | MALAYSIA

Faculty of Medicine & Health Sciences Research Ethics Committee
Faculty Hub
Room E41, E Floor, Medical School
Queen's Medical Centre Campus
Nottingham University Hospitals
Nottingham, NG7 2UH
Email: FMHS-ResearchEthics@nottingham.ac.uk

11 November 2019

Ms Ginelle Nelson
PhD Forensic Psychology
c/o Dr Shining Chou
Associate Professor/Director in Forensic Psychology
B Floor, YANG Fujia Building
Psychiatry and Applied Psychology
Jubilee Campus
Wollaton Road
Nottingham
NG8 1BB

Dear Ms Nelson

Ethics Reference No:361-1907 **– please always quote**
Study Title: Parental Knowledge of Adolescent Children in Saint Lucia
Location of Study: Saint Lucia
Chief Investigator/ Supervisor: Dr Shining Chou, Associate Professor/Director in Forensic Psychology, Division of Psychiatry and Applied Psychology, School of Medicine
Lead Investigators/student: Ms Ginelle Nelson, PhD Student Forensic Psychology, School of Medicine
Other Key Investigators/Collaborators: Professor Stephen Joseph, Counselling and Psychotherapy, School of Education.
Proposed Start Date: 01/10/2019 **Proposed End Date:** 30/12/2019

The Committee considered this application on 16 August 2019 and the following documents were received:

- FMHS REC Application form and supporting documents version 1.0: 16.07.2019
- Ministry of Education St Lucia, Human Resource Development & Labour, Research in Education official approval dated 01/11/2019

These have been reviewed and are satisfactory and the study has been given a favourable opinion.

A favourable opinion has been given on the understanding that:

1. All appropriate ethical and regulatory permissions are respected and followed in accordance with all local laws of the country in which the study is being conducted and those required by the host organisation/s involved
2. The protocol agreed is followed and the Committee is informed of any changes using a notice of amendment form (please request a form).
3. The Chair is informed of any serious or unexpected event.
4. An End of Project Progress Report is completed and returned when the study has finished (Please request a form).

Yours sincerely

Professor Ravi Mahajan
Chair, Faculty of Medicine & Health Sciences Research Ethics Committee

University of Nottingham
UK | CHINA | MALAYSIA

Faculty of Medicine & Health Sciences Research Ethics Committee
Faculty Hub
Room E41, E Floor, Medical School
Queen's Medical Centre Campus
Nottingham University Hospitals
Nottingham, NG7 2UH
Email: FMHS-ResearchEthics@nottingham.ac.uk

11 November 2019

Ms Ginelle Nelson
PhD Forensic Psychology
c/o Dr Shining Chou
Associate Professor/Director in Forensic Psychology
B Floor, YANG Fujia Building
Psychiatry and Applied Psychology
Jubilee Campus
Wollaton Road
Nottingham
NG8 1BB

Dear Ms Nelson

Ethics Reference No: 415-1910 – **please always quote**	
Study Title: Family-Related Correlates of Polyvictimisation among Saint Lucian Adolescents	
Location of Study: Saint Lucia	
Chief Investigator/ Supervisor: Dr Shining Chou, Associate Professor/Director in Forensic Psychology, Division of Psychiatry and Applied Psychology, School of Medicine	
Lead Investigators/student: Ms Ginelle Nelson, PhD Student Forensic Psychology, School of Medicine	
Other Key Investigators/Collaborators: Professor Stephen Joseph, Counselling and Psychotherapy, School of Education.	
Proposed Start Date: 01/01/2020	**Proposed End Date:** 30/03/2020

Thank you for submitting the above application and the following documents were received:

- FMHS REC Application form and supporting documents version 1.0: 07/10/2019
- Ministry of Education St Lucia, Research in Education permission dated 01/11/2019.

These have been reviewed and are satisfactory and the study has been given a favourable opinion.

A favourable opinion has been given on the understanding that:

1. All appropriate ethical and regulatory permissions are respected and followed in accordance with all local laws of the country in which the study is being conducted and those required by the host organisation/s involved
2. The protocol agreed is followed and the Committee is informed of any changes using a notice of amendment form (please request a form).
3. The Chair is informed of any serious or unexpected event.
4. An End of Project Progress Report is completed and returned when the study has finished (Please request a form).

Yours sincerely



Professor Ravi Mahajan
Chair, Faculty of Medicine & Health Sciences Research Ethics Committee

Appendix B. Ministry Approvals

1.Ministry of National Security

GOVERNMENT OF SAINT LUCIA

MINISTRY OF HOME AFFAIRS, JUSTICE AND NATIONAL SECURITY
Department of Home Affairs and National Security

Tel: (758) 468-3600
Fax: (758) 456-0228
Email: [redacted]

Sir Stanislaus James Building
Waterfront, Castries
Saint Lucia, West Indies

May 10, 2018

Ms. Ginelle Nelson
Castries
SAINT LUCIA

Dear Ms. Nelson

I am in receipt of your letter dated April 17, 2018.

Further to our telephone conversation (Degazon/Nelson) on April 25, 2018, approval is granted to conduct a nationwide study involving adolescents at the Bordelais Correctional Facility and the Probation and Parole Services. As indicated in our telephone conversation the Boys' Training Centre falls under the Department of Equity, Social Justice, Empowerment and Human Services.

Please note that the approval is granted on condition that the requisite permission is obtained from the adolescents and/or their parents/guardians.

I wish you success in your assignment.

Yours sincerely,

Agosta Degazon (Mr.)
PERMANENT SECRETARY

Copy: Mr. Verne Garde, Director of Corrections
Mrs. Yolanda Jules-Louis, Director of Probation and Parole Services
Mr. Wang Sonson, Manager, Boys' Training Centre

2. Ministry of Equity and Social Justice

GOVERNMENT OF SAINT LUCIA MINISTRY OF EQUITY, SOCIAL JUSTICE, EMPOWERMENT, YOUTH DEVELOPMENT, SPORTS, CULTURE AND LOCAL GOVERNMENT

FROM Permanent Secretary

TO Department Heads, Division of Human Services; Boy's Training Center; Transit Home; Upton Girls Garden Centre

DATE September 20, 2018

SUBJECT Facilitation of Study Involving the Adolescent

Ms. Ginelle Nelson a Clinical Psychologist assigned to the Division of Human Services is currently undertaking her PhD in Forensic Psychology with the University of Nottingham in the United Kingdom. As part of her studies, Ms. Nelson will be conducting research involving adolescents in Saint Lucia. More specifically, her research will investigate the prevalence of Poly-victimization among Adolescents who are in the care of the state.

Such a study is the first of its kind, and will contribute to deepening our understanding of the extent and the associated impact of poly-victimization of adolescence in Saint Lucia, which should help in guiding future policy formulation and programmatic interventions geared towards adolescents.

In order to carry out this research, Ms. Nelson would need to administer survey instruments to all children who are in some form of state care. In light of this, the Department of Equity, Social Justice, Empowerment and Human Services solicits your agency's kind assistance in accommodating Ms. Nelson conduct her post-graduate research project. Please see attached correspondence from Ms. Nelson which provides more details on the said study.

Kind Regards,

.....

Donovan Williams

PERMANENT SECRETARY DVV/td Tel•. 758-468-5125/5108 Fax.• 758-453-7921 E-mail: most@gosl.gov

3. Ministry of Education

SAINT LUCIA

MINISTRY OF EDUCATION, HRD & LABOUR

Application for Permission to Undertake Research in Public Schools

A. ***(Please write legibly)***

RESEARCHER:

Surname: NELSON First Name: GINELLE

Gender: Male ___ Female ✓ Other___

Address: RODNEY HEIGHTS, CRUS ISLET

Email Address: ginelle.nelson@nottingham.ac.uk

Telephone Number(s): +44 7864 743866 *Mobile:* 717-5300

School/Institution: UNIVERSITY OF NOTTINGHAM

Department/Faculty: DIVISION OF PSYCHIATRY & APPLIED PSYC.

Programme of Study: FORENSIC PSYCHOLOGY Year: 1

Level: *Bachelor* ☐ *Masters* ☐ *PHD* ☑ *Other* _____

Title of Study: POLYVICTIMISATION & PSYCHOSOCIAL FUNCTIONING AMONG SEC. SCH. ADOLESCENTS & JUVENILE OFFENDERS

Completion date of Programme of study: SEPT 2021

Research Topic: POLYVICTIMISATION

Objective(s) of Research: 1. To determine the prevalence of poly-victimisation among both samples of adolescents whilst exploring their degree of psychosocial functioning.
2. To identify risk factors within the family associated with polyvictimisation.

Data required for: *Long essay* ☐ *Dissertation/Thesis* ☑ *Publication* ☐

School(s) where research is to be carried out: *(Please List)*

1. Sir Arthur Lewis Com. College 2. Leon Hess Sec.
3. Castries Compre Sec. 4. V.F. Campus A 5. Saltree Comp.
6. Cicero Sec. 7. Choiseul Sec. 8. V.F. Technical
9. Entrepot Sec. 10. Babonneau Sec. 11. Margot Sec
12. Bocage Sec. 13. Praye Sec. 14. Corinth Sec.

Proposed Sample* SECONDARY SCHOOL - ATTENDING ADOLESCENTS AGED 12-17 YRS

Estimated duration of research in school(s): From: SEPT 2018 To: JUNE 2019

Documents/Materials obtained from the Ministry of Education: *(Please List if applicable)*

Signature of Applicant: ..... Date: 09.10.18

B. **Tutor's Approval (where applicable)**

The above mentioned research work is being carried out under my supervision.

Tutor's Name: SHINING CHOU Signature: .....

C. **Ministry of Education – Official Approval**

The above request for permission to carry out research in Public Schools is hereby approved according to the conditions overleaf.

Signature of Authorizing Officer: ..... Date: 12/10/18
Research Officer

Ministry of Education, Innovation, Gender Relations and Sustainable Development
12 OCT 2018
Corporate Planning Unit
(Social Listing)

SAINT LUCIA

MINISTRY OF EDUCATION, HRD & LABOUR

Application for Permission to Undertake Research in Public Schools

A. *(Please write legibly)*

RESEARCHER:

Surname: NELSON First Name: GINELLE

Gender: Male ___ Female ✓ Other ___

Address: Rodney Heights, Gros Islet

Email Address: ginelle.nelson@nottingham.ac.uk

Telephone Number(s): Mobile: 717 5500

School/Institution: University of Nottingham

Department/Faculty: Division of Psychiatry & Applied Psychology

Programme of Study: Forensic Psychology Year: 2

Level: *Bachelor* ☐ *Masters* ☐ *PHD* ☑ *Other* _____

Title of Study: Parental Knowledge Among Adolescents in SLU

Completion date of Programme of study: Sept 2021

Research Topic: Polyvictimisation

Objective(s) of Research: 1. To determine which information gathering technique is most strongly correlated to the Parental Knowledge scale

2. To identify ~~the~~ parents' information gathering technique most prevalent among St Lucian adolescents.

Data required for: *Long essay* ☐ *Dissertation/Thesis* ☑ *Publication* ☐

School(s) where research is to be carried out: *(Please List)*

Entrepot Secondary

Proposed Sample: Students Aged 12-17 yrs (800-400)

Estimated duration of research in school(s): From: Oct. 2019 To: Dec. 2019

Documents/Materials obtained from the Ministry of Education: *(Please List if applicable)*

Signature of Applicant: [signature] Date: 17.07.19

B. **Tutor's Approval (where applicable)**

The above mentioned research work is being carried out under my supervision.

Tutor's Name: Dr. Shirley Clem Signature: [signature]

C. **Ministry of Education – Official Approval**

The above request for permission to [illegible] Public Schools is hereby approved according to the conditions [illegible]

Signature of Authorizing Officer: [signature] Date: 7/31/2019

Ministry of Education, Innovation, Gender Relations and Diaspora Affairs
02 AUG 2019
Corporate Planning Unit

SAINT LUCIA

MINISTRY OF EDUCATION, HRD & LABOUR

Application for Permission to Undertake Research in Public Schools

A. ***(Please write legibly)***

RESEARCHER:

Surname: NELSON First Name: GINELLE

Gender: Male ___ Female ✓ Other___

Address: RODNEY HEIGHTS, GROS ISLET SLU

Email Address: ginellenelsonrcsl@gmail.com

Telephone Number(s): ..... Mobile: 717-5300

School/Institution: UNIVERSITY OF NOTTINGHAM

Department/Faculty: DIVISION OF PSYCHIATRY + APPLIED PSYCHOL.

Programme of Study: FORENSIC PSYCHOLOGY Year: 3RD

Level: *Bachelor* ☐ *Masters* ☐ *PHD* ☑ *Other* _____

Title of Study: FAMILY-RELATED CORRELATES OF POLYVICTIMISATION

Completion date of Programme of study: SEPT 2021

Research Topic: POLYVICTIMISATION AMONG ADOLESCENTS

Objective(s) of Research: 1. TO screen for polyvictimisation
2. TO examine the parent/child bond among polyvictims and non-polyvictims
3. TO identify other parental/family related correlates of the condition, polyvictimisation

Data required for: *Long essay* ☐ *Dissertation/Thesis* ☑ *Publication* ☐

School(s) where research is to be carried out: *(Please List)*

St Mary's College — Chaiseul Secondary
St Joseph's College —
Lepreleas Secondary —
Visiya Vats. Comprehensive —
Soncrise Comprehensive —

Proposed Sample* 224 Secondary School adolescents aged 12-17

Estimated duration of research in school(s): From: Jan 1st 2020 To: Mar 30th 2020

Documents/Materials obtained from the Ministry of Education: *(Please List if applicable)*

1. The Study's Proposal
2. Instruments to be used
3. Parental Consent Forms

Signature of Applicant: [signature] Date: 3rd Oct 2019

B. **Tutor's Approval (where applicable)**

The above mentioned research work is being carried out under my supervision

Tutor's Name: Dr S. CHOU Signature: [signature]

C. **Ministry of Education – Official Approval**

The above request for permission to carry out research in Public Schools is hereby approved according to the conditions overleaf.

Signature of Authorizing Officer: [signature] Research Officer Date: 1/11/19

Ministry of Education, Innovation, Gender Relations and Sustainable Development
01 NOV 2019
Copy: Planning Unit

Appendix C. Permission Request Letters

4. Borderlais Correctional Facility

Ms. Ginelle Nelson (MSc.)

CLINICAL PSYCHOLOGIST
CASTRIES, ST LUCIA
WEST INDIES

TEL NO: 1 (758) 717-5300
1 (758) 724-8496

November 30th, 2018

Mr. Terrence
Director of Corrections (Ag.)
Borderlais Correctional Facility
St Lucia

Dear Sir:

I write to you seeking official permission to conduct a study involving 16 – 17 year old adolescents at your institution.

Currently I am pursuing my PhD in Forensic Psychology at the University of Nottingham, UK. For my dissertation I am investigating **Poly-victimisation among Adolescents**. This is the first study of this kind in Saint Lucia and will be conducted during the academic year **2018/2019**.

Research has shown that much of the considered antisocial and deviant behaviour, as well as depression and anxiety displayed among adolescents are in fact manifestations of psychological trauma due to polyvictimisation. Polyvictimisation is the experiencing of multiple forms of victimisations and/or adverse experiences.

This study therefore seeks to determine the prevalence of polyvictimisation among school aged adolescents between 12-17, and also identify which risk factors within the home environment are associated with, or contribute to, polyvictimisation experiences. Polyvictims among the juvenile offending population will also be included in this study and their psychosocial functioning compared to adolescents within the school system.

Participation in this study will require inmates to complete 2 online questionnaires which take approximately 30mins to complete. Attached is a copy of the questionnaires. Depending on the number of inmates falling within that age range, this exercise may take one day. What is required from the institution is the following:

- Permission to use the inmates (note that consent has already been gained from Mr. Degazon, Permanent Secretary in the Ministry of Justice).
- A total number for the inmates 16 – 17.
- Wifi password to be entered into a computer

- Use of the on-site Computer Lab (providing one is available)

This study will be conducted in phases, **the first part being a Pilot Study carded to commence in October of this year**. The Pilot Study may utilize some of the inmates at your institution.

Note that given the sensitivity of this topic, strong ethical practices will be adhered to. For example, this study has already been approved by the Ethics Committee at the University of Nottingham.

Should additional information regarding this study be required, I can be contacted at the numbers above. Also, my supervisor at the University of Nottingham, **Dr. Shihning Chou**, can be emailed at shihning.chou@nottingham.ac.uk

Thanking you in advance.



Yours respectfully
Ms. Ginelle Nelson (Dipl.; BSc.; MSc.)
Consultant Clinical Psychologist

5. Ministry of Equity and Social Justice

CLINICAL PSYCHOLOGIST
CASTRIES, ST LUCIA
WEST INDIES

Ms. Ginelle Nelson (MSc.)

TEL NO: 1 (758) 717-5300
1 (758) 724-8496

April 30th, 2018

Mr. Donovan Williams
Permanent Secretary
Ministry of Equity and Social Justice

cc: Mr. Sonson
Director,
Boys Training Center
Massade, Gros Islet

Mrs. Louis
Director,
Probations Department
Castries, Saint Lucia

Dear Mr. Williams:

I write to you seeking official permission to conduct a nationwide study involving adolescents within the following agencies of your Ministry.

- Boys Training Center
- Probation Department

Currently I am pursuing my PhD in Forensic Psychology at the University of Nottingham, UK. For my dissertation I am investigating **Polyvictimisation among Adolescents**. This is the first study of this kind in Saint Lucia and will be conducted simultaneously in Grenada.

Research has shown that much of the considered antisocial and deviant behaviour, as well as depression and anxiety displayed among adolescents are in fact manifestations of psychological trauma due to polyvictimisation. Polyvictimisation is the experiencing of multiple forms of victimisations and/or adverse experiences.

This study therefore seeks to determine the prevalence of polyvictimisation among school aged adolescents between 12-17, and also identify which risk factors within the home environment are associated with, or contribute to, poly-victimisation experiences. Polyvictims among the juvenile offending population will also be included in this study and their psychosocial functioning compared to adolescents within the school system.

This research will be conducted during the academic year **2018/2019**. Note though, that schools will be randomly assigned, and as such the list of schools that will be participating cannot be identified at this time.

Furthermore, given the sensitivity of this topic, strong ethical practices will be adhered to. For example, this study will only be conducted after approval has been granted by the Ethics Committee at the University of Nottingham, notice will be given to the Division of Human Services should participants require debriefing, and permission will be sought from the schools and agencies participating in the study.

Should additional information regarding this study be required, I can be contacted at the numbers above. Also, my supervisor at the University of Nottingham, **Dr. Shihning Chou**, can be emailed at shihning.chou@nottingham.ac.uk

Thanking you in advance.



Yours respectfully
Ms. Ginelle Nelson (Dipl.; BSc.; MSc.)
Consultant Clinical Psychologist

11 School Letters

CLINICAL PSYCHOLOGIST
CASTRIES, ST LUCIA
WEST INDIES

Ms. Ginelle Nelson (MSc.)

TEL NO: 1 (758) 717-5300
1 (758) 724-8496

Principal

_____

St Lucia

Dear Sir/Madam,

I write to you seeking official permission to conduct a study involving adolescents at your school.

Currently I am pursuing my PhD in Forensic Psychology at the University of Nottingham, UK. For my dissertation I am investigating **Polyvictimisation among Adolescents**. This is the first study of this kind in Saint Lucia and will be conducted during the academic year **2018/2019**.

Research has shown that much of the considered antisocial and deviant behaviour, as well as depression and anxiety displayed among adolescents are in fact manifestations of psychological trauma due to polyvictimisation. Polyvictimisation is the experiencing of multiple forms of victimisations and/or adverse experiences.

This study therefore seeks to determine the prevalence of polyvictimisation among school aged adolescents between 12-17, and also identify which risk factors within the home environment are associated with, or contribute to, polyvictimisation experiences. Polyvictims among the juvenile offending population will also be included in this study and their psychosocial functioning compared to adolescents within the school system.

Participation in this study will require some students to be excused from class for approximately 30mins to complete an online questionnaire. Should you agree to have your school participate in this ground-breaking study, a meeting will be scheduled to discuss matters pertinent to the efficient facilitation of this study such as:

- Participation consent
- Date / Time / Room Allocation of the study

Note that given the sensitivity of this topic, strong ethical practices will be adhered to. For example, this study will only be conducted after approval has been granted by the Ethics Committee at the University of Nottingham, notice will be given to the Division of Human Services should participants require debriefing, and permission will be sought from all of the schools participating in the study.

Should additional information regarding this study be required, I can be contacted at the numbers above. Also, my supervisor at the University of Nottingham, **Dr. Shihning Chou**, can be emailed at lwzsc1@exmail.nottingham.ac.uk

Thanking you in advance.



Yours respectfully
Ms. Ginelle Nelson (Dipl.; BSc., MSc.)

Ms. Ginelle Nelson (MSc.)

CLINICAL PSYCHOLOGIST
CASTRIES, ST LUCIA
WEST INDIES

TEL NO: 1 (758) 717-5300
1 (758) 724-8496

Mr. Scott
Principal
Entrepot Secondary
St Lucia

Dear Sir,

I write to you seeking official permission to conduct a study involving adolescents at your school.

Currently I am pursuing my PhD in Forensic Psychology at the University of Nottingham, UK. For my dissertation I am investigating **Polyvictimisation among Adolescents**. This is the first study of this kind in Saint Lucia and will be conducted during the academic year **2019/2020**.

Research has shown that much of the considered antisocial and deviant behaviour, as well as depression and anxiety displayed among adolescents are in fact manifestations of psychological trauma due to poly-victimisation. Poly-victimisation is the experiencing of multiple forms of victimisations and/or adverse experiences. It has also been found that poor monitoring techniques on the part of parents contribute to victimisation exposure.

This aspect of the study therefore seeks to determine what are ***the monitoring techniques used by parents in Saint Lucia***.

Participation in this study will require some students to be excused from class for approximately 30mins to complete an online questionnaire. Should you agree to have your school participate in this ground-breaking study, a meeting will be scheduled to discuss matters pertinent to the efficient facilitation of this study such as:

- Participation consent
- Date / Time / Room Allocation of the study

Should additional information regarding this study be required, I can be contacted at the numbers above. Also, my supervisor at the University of Nottingham, **Dr. Shihning Chou**, can be emailed at lwzsc1@exmail.nottingham.ac.uk

Thanking you in advance.

Yours respectfully
Ms. Ginelle Nelson (Dipl.; BSc.; MSc.)

Ms. Ginelle Nelson (MSc.)

CLINICAL PSYCHOLOGIST
CASTRIES, ST LUCIA
WEST INDIES

TEL NO: 1 (758) 717-5300
1 (758) 724-8496

Principal

_____

St Lucia

Dear Sir/Madam:

I write to you seeking official permission to conduct a study involving adolescents at your school.

Currently I am pursuing my PhD in Forensic Psychology at the University of Nottingham, UK. For the final study of my dissertation I am investigating **Family-Related Correlates of Polyvictimisation among Adolescents**. This study seeks to identify risk factors associated with or contributing to polyvictimisation.

Polyvictimisation is the experiencing of multiple forms of victimisations and/or adverse experiences. Research has shown that much of the considered problem behaviours, as well as depression and anxiety displayed among adolescents are in fact manifestations of psychological trauma due to polyvictimisation.

Participation in this study will require some students to be excused from class for approximately 30mins to complete an online questionnaire. Should you agree to have your school participate in this ground-breaking study, a meeting will be scheduled to discuss matters pertinent to the efficient facilitation of this study such as availability of functioning computers.

Note that given the sensitivity of this topic, strong ethical practices will be adhered to. For example, this study will only be conducted after approval has been granted by the Ethics Committee at the University of Nottingham, notice will be given to the Division of Human Services should participants require debriefing, and permission will be sought from all of the schools participating in the study.

Should additional information regarding this study be required, my supervisor at the University of Nottingham, **Dr. Shihning Chou**, can be emailed at shihning.chou@nottingham.ac.uk

Kindly contact me at **717-5300** or **724-8496** at your earliest convenience to schedule a logistics meeting.

Thanking you in advance.

Yours respectfully
Ms. Ginelle Nelson (Dipl.; BSc.; MSc.)
Consultant Clinical Psychologist

Appendix D. Information Sheets and Consent Forms

6. Participant Parent Information Sheets

Study Title: Difficult Experiences & Psychosocial Functioning among Secondary School Adolescents and Juvenile Offenders in Saint Lucia

PARTICIPANT'S PARENT / GUARDIAN INFORMATION SHEET

Research Ethics Reference:
Version 1.0: 133 1810 Date: 08/11/2018

We would like to invite your son/daughter to take part in a research study. Before you decide, it is important for you to understand why the research is being done and what it will involve. I will go through the information sheet with you and answer any questions you have. Please take time to read this carefully and discuss it with others if you wish. Ask me anything that is not clear.

1. What is the purpose of the research?

The main purpose of this study is to understand how experiencing different types of difficult situations affect a teenager's behaviour, and which conditions in the home make it more likely for these difficult experiences to occur.

2. Why has your child been invited to take part?

Your child has been invited because this study focusses on 1,536 adolescents between the ages of 12 and 17 who attend Secondary School, as well as those who are in conflict with the law. All teenagers in the latter group will be surveyed.

3. Does he/she have to take part?

No. It is up to you to decide if your child take part in this research. If you agree, you will have to sign a consent form of which a copy will be given to you. However, your child would still be free to withdraw from the study before he/she completes the questionnaires, without giving a reason and without any negative consequences, by advising the researcher of this decision.

4. What will happen to your child if he/she takes part?

This study will start in October this year and end in June 2019. The researcher will meet with your child twice to discuss the study and what he/she will be asked to do. Both meetings will happen at your school or institution.

If you give consent, he/she will be asked to:

1. Be excused from class / other daily tasks for approximately 20 – 30 minutes
2. Complete an online questionnaire answering all the questions as honestly as you can using a computer at your school or institution

5. Are there any risks in taking part?

Taking part in this study may involve remembering difficult experiences. If that happens there will be a Counselor on stand-by to assist. Your child also has the option of submitting his/her email address so that he/she can be invited to a subsequent psychological debriefing meeting at a nearby Center. Furthermore, all participants will be given a card with information about all the places you can go to get counselling or additional help.

6. Are there any benefits in taking part?

I cannot promise that the study will help your child immediately or directly, but the information from this study may help School Counselors and Law Enforcement officials understand how experiencing different difficult situations affect teenagers' behaviour so that they can create better programs to assist them.

7. ***What happens to the data provided?***

Your child, along with hundreds of other teenagers, will be completing these questions online. They are NOT going to be asked to provide their name or any information that can identify them. This study is completely anonymous making it impossible for anyone to know who your child is. They will only be asked to make up their own secret code and type this code onto the questionnaire IF he/she choose to. This code will only come in handy if during or after your child fills in the questionnaire they decide to stop or not hand in their answers.
The questionnaire is online and will use the University of Nottingham's Bristol Online Survey. Only the researcher and her supervisors in the United Kingdom will have access to your child's answers.

8. What will happen if I don't want my child to carry on with the study?

Attached is a consent form that MUST BE RETURNED if you wish for your child to **NOT PARTICIPATE** in this study. Not returning the form means you have given consent. Your child is still free to withdraw from the study at any time before completing the questionnaires without giving any reason.

9. What will happen to the results of the research?

The research will be written up as a thesis. Once the study is done well and the thesis is good, it will be placed both in print and online in the University archives, to allow other researchers to do other studies. It may also be published in several psychology journals. The thesis will be published in open access.

10. Who has reviewed this study?

All research involving people is looked at by an independent group of people, called a Research Ethics Committee, to protect your interests. This study has been reviewed and given favourable opinion by the Faculty of Medicine and Health Sciences Research Ethics Committee (Reference number: FMHS)

11. Contact Details

If you would like to discuss the research with someone beforehand (or if you have questions afterwards), please contact: Ms. Ginelle Nelson 717-5300 Ginelle.nelson@nottingham.ac.uk

Study Title: Parental Knowledge of Adolescent Children in Saint Lucia

PARTICIPANT PARENT INFORMATION SHEET

Research Ethics Reference: 361 1907
Version 1.0 Date: 11.11.2029

Before you decide, it is important for you to understand why the research is being done and what it will involve. I will go through the information sheet with you and your child and answer any questions you have. Please take time to read this carefully and discuss it with others if you wish. Ask me anything that is not clear.

1. What is the purpose of the research?

The reason for doing this study is to understand from your child what techniques you use to learn about your whereabouts.

2. Why has your son/daughter been invited to take part?

Your child have been invited because this study focusses on 300 teenagers between the ages of 12 and 17 who have been randomly selected.

3. Does your child have to take part?

No. It is up to you to decide if you want your child to take part in this research. If you agree for your child to take part, I will ask you to **sign the consent form** attached and **RETURN IT** if you **DO <u>NOT</u> GIVE CONSENT** for your child to participate. However, your child would still be free to stop answering the questions at any time, without giving a reason. Everyone taking part will be allowed to create their own code. If they choose to stop answering the questions, or decide they do not want me to use their answers, they can place their code in a box I will leave. The box will be here at your school for one week. This would not affect their legal rights and they will not be treated differently for not participating.

4. What will happen to your son/daughter if they take part?

This study will start in October this year and end in December 2019. I will meet with the participants only once to discuss the study and what they will be asked to do. The meeting will happen at their school. If they choose to take part, they will be asked to:

- Be excused from class / other daily tasks for approximately 15 minutes
- Complete an online questionnaire answering all the questions as honestly as they can using a computer at your school

5. Are there any risks in taking part?

The questions will ask your child about what techniques you use to monitor them. No risks in taking part in this study can be foreseen.

6. Are there any benefits in taking part?

I cannot promise that the study will help them immediately or directly, but the information from this study will be used in another study that forms parts of a research project on adolescents.

7. ***What happens to the data provided?***

Your child, along with other teenagers, will be completing these questions online. Your child is NOT going to be asked to provide their name or any information that can identify him/her. This study is completely anonymous making it impossible for anyone to know who your son/daughter is. Your child will only be asked to make up his/her own secret code. They can type this code onto his/her questionnaire IF he/she chooses to. This code will only come in handy if during or after you fill in the questionnaire they decide to stop or not hand in their answers. The questionnaire is online and will use the University of Nottingham's Bristol Online Survey. Only the researcher and her supervisors in the United Kingdom will have access to your answers. Only the results and recommendations of this study will be given to the Ministry of Education. Your child's personal information will not be included. You can get the results of this study from the Ministry as well if you like.

8. What will happen if my child does not want to carry on with the study?

Even after you have signed the consent form, your son/daughter is free to stop or not hand in his/her answers at any time. They just place their code in the box and their questionnaire will be take out.

9. What will happen to the results of the research?

The research will be written up as a thesis. Once the study is done well and the thesis is good, it will be placed both in print and online in the University archives, to allow other researchers to do other studies. It may also be published in several psychology journals. The thesis will be published in open access.

10. Who has reviewed this study?

All research involving people is looked at by an independent group of people, called a Research Ethics Committee, to protect your interests. This study has been reviewed and given favourable opinion by the Faculty of Medicine and Health Sciences Research Ethics Committee (Reference number: FMHS?

11. Contact Details

If you would like to discuss the research with someone beforehand (or if you have questions afterwards), please contact: Ms. Ginelle Nelson 717-5300 Ginelle.nelson@nottingham.ac.uk

If you have any concerns about any aspect of this study please contact the Research Supervisor: Dr. Shihning Chou. If you remain unhappy and wish to complain formally, you should then contact the FMHS Research Ethics Committee Administrator, c/o The University of Nottingham, Faculty PVC Office, B Floor, Medical School, Queen's Medical Centre Campus, Nottingham University Hospitals, Nottingham, NG7 2UH. E-mail: FMHS-ResearchEthics@nottingham.ac.uk

Study Title: Family-Related Correlates of Polyvictimisation among Saint Lucian Adolescents

PARTICIPANT'S PARENT / GUARDIAN INFORMATION SHEET

Research Ethics Reference:415 1910
Version 1.0 Date: 01.15.2020

We would like to invite your son/daughter to take part in a research study. Before you decide, it is important for you to understand why the research is being done and what it will involve. I will go through the information sheet with you and answer any questions you have. Please take time to read this carefully and discuss it with others if you wish. Ask me anything that is not clear.

1. What is the purpose of the research?

The reason for doing this study is to understand what are the risk factors within any family that may contribute to polyvictimisation. Polyvictimisation is being exposed to and experiencing different types of difficult experiences at home, school and even in the community.

2. Why has your child been invited to take part?

Your child has been invited because this study focusses on 250 adolescents between the ages of 12 and 17 who attend Secondary Schools.

3. Does he/she have to take part?

No. It is up to you to decide if your child take part in this research. If you agree, you will have to sign a consent form and return it if you **DO <u>NOT</u> GIVE CONSENT** for your child to participate, of which a copy will be given to you. However, your child would still be free to withdraw from the study before he/she completes the questionnaires, without giving a reason and without any negative consequences, by advising the researcher of this decision.

4. What will happen to your child if he/she takes part?

This study will start in January 2020 and end in June 2020. The researcher will meet with your child twice to discuss the study and what he/she will be asked to do. Both meetings will happen at your school or institution.

If you give consent, he/she will be asked to:

- Be excused from class / other daily tasks for approximately 20 – 30 minutes
- Complete an online questionnaire answering all the questions as honestly as you can using a computer at your school or institution

5. Are there any risks in taking part?

Taking part in this study may involve remembering difficult experiences. If that happens there will be a Counselor on stand-by to assist. Your child also has the option of submitting his/her email address so that he/she can be invited to a subsequent psychological debriefing meeting at a nearby Center. Furthermore, all participants will be given a card with information about all the places you can go to get counselling or additional help.

6. Are there any benefits in taking part?

I cannot promise that the study will help your child immediately or directly, but the information from this study may help School Counselors understand what are the family characteristics that contribute to difficult experiences that they can create better home intervention programs to assist young people.

7. ***What happens to the data provided?***

Your child, along with hundreds of other teenagers, will be completing these questions online. They are NOT going to be asked to provide their name or any information that can identify them. This study is completely anonymous making it impossible for anyone to know who your child is. They will only be asked to make up their own secret code and type this code onto the questionnaire IF he/she choose to. This code will only come in handy if during or after your child fills in the questionnaire they decide to stop or not hand in their answers.
The questionnaire is online and will use the University of Nottingham's Bristol Online Survey. Only the researcher and her supervisors in the United Kingdom will have access to your child's answers.

8. What will happen if I don't want to carry on with the study?

Even after you have signed the consent form, your child is free to withdraw from the study at any time before completing the questionnaires without giving any reason.

9. What will happen to the results of the research?

The research will be written up as a thesis. Once the study is done well and the thesis is good, it will be placed both in print and online in the University archives, to allow other researchers to do other studies. It may also be published in several psychology journals. The thesis will be published in open access.

10. Who has reviewed this study?

All research involving people is looked at by an independent group of people, called a Research Ethics Committee, to protect your interests. This study has been reviewed and given favourable opinion by the Faculty of Medicine and Health Sciences Research Ethics Committee (Reference number: FMHS)

11. Contact Details

If you would like to discuss the research with someone beforehand (or if you have questions afterwards), please contact: Ms. Ginelle Nelson 717-5300 Ginelle.nelson@nottingham.ac.uk

If you have any concerns about any aspect of this study please contact the Research Supervisor: Dr. Shihning Chou. If you remain unhappy and wish to complain formally, you should then contact the FMHS Research Ethics Committee Administrator, c/o The University of Nottingham, Faculty PVC Office, B Floor, Medical School, Queen's Medical Centre Campus, Nottingham University Hospitals, Nottingham, NG7 2UH. E-mail: FMHSResearchEthics@nottingham.ac.uk

7. Participant Information Sheets

Study Title: Difficult Experiences & Psychosocial Functioning among Secondary School Adolescents and Juvenile Offenders in Saint Lucia

PARTICIPANT INFORMATION SHEET

We would like to invite you to take part in a research study. Before you decide, it is important for you to understand why the research is being done and what it will involve. I will go through the information sheet with you and answer any questions you have. Please take time to read this carefully and discuss it with others if you wish. Ask me anything that is not clear.

1. What is the purpose of the research?

The reason for doing this study is to understand how experiencing different types of difficult situations affect a teenager's behaviour, and what may happen in the home that makes it more likely for these difficult experiences to occur.

2. Why have I been invited to take part?

You have been invited because this study focusses on 1,536 teenagers between the ages of 12 and 17 who attend Secondary School, as well as those who are in conflict with the law. All teenagers in the latter group will be surveyed.

3. Do I have to take part?

No. It is up to you to decide if you want to take part in this research. I will tell you about the study and go through this information sheet with you to answer any questions you may have. If you agree to take part, I will ask you to sign a consent form and will give you a copy to keep. However, you would still be free to stop answering the questions at any time, without giving a reason. Everyone taking part will be given a code for their questionnaire. If you choose to stop answering the questions, or you decide you do not want me to use your answers, you can place your code in a box I will leave. The box will be here at your school / institution for one week. This would not affect your legal rights and you will not be treated differently for not participating.

4. What will happen to me if I take part?

This study will start in October this year and end in June 2019. You will meet with the researcher twice to discuss the study and what you will be asked to do. Both meetings will happen at your school or institution.

If you choose to take part, you will be asked to:

- Be excused from class / other daily tasks for approximately 20 – 30 minutes
- Complete an online questionnaire answering all the questions as honestly as you can using a computer at your school or institution

5. Are there any risks in taking part?

Some of the questions may cause you to remember difficult experiences. If that happens, you can give your email address so that you can be invited to a psychological debriefing meeting at a nearby Center some time later. This will not be added or linked to your answers to the survey in any way. Furthermore, all participants will be given a card with information about all the places you can go to get counselling or additional help.

6. Are there any benefits in taking part?

I cannot promise that the study will help you immediately or directly, but the information from this study may help School Counselors and Law Enforcement officials understand how experiencing different difficult situations affect teenagers' behaviour so that they can create better programs to assist them.

7. ***What happens to the data provided?***

You, along with hundreds of other teenagers, will be completing these questions online. You are NOT going to be asked to provide your name or any information that can identify you. This study is completely anonymous making it impossible for anyone to know who you are. You will only be asked to make up your own secret code. You can type this code onto your questionnaire IF you choose to. This code will only come in handy if during or after you fill in the questionnaire you decide to stop or not hand in your answers.

The questionnaire is online and will use the University of Nottingham's Bristol Online Survey. Only the researcher and her supervisors in the United Kingdom will have access to your answers. Only the results and recommendations of this study will be given to the Ministry of Education. Your personal information will not be included. You can get the results of this study from the Ministry as well if you like.

8. What will happen if I don't want to carry on with the study?

Even after you have signed the consent form, you are free to stop or not hand in your answers at any time. Just place your code in the box and your questionnaire will be take out.

9. What will happen to the results of the research?

The research will be written up as a thesis. Once the study is done well and the thesis is good, it will be placed both in print and online in the University archives, to allow other researchers to do other studies. It may also be published in several psychology journals. The thesis will be published in open access.

10. Who has reviewed this study?

All research involving people is looked at by an independent group of people, called a Research Ethics Committee, to protect your interests. This study has been reviewed and given favourable opinion by the Faculty of Medicine and Health Sciences Research Ethics Committee (Reference number: FMHS?

11. Contact Details

If you would like to discuss the research with someone beforehand (or if you have questions afterwards), please contact: Ms. Ginelle Nelson 717-5300 Ginelle.nelson@nottingham.ac.uk

Study Title: Parental Knowledge of Adolescent Children in Saint Lucia

PARTICIPANT INFORMATION SHEET

We would like to invite you to take part in a research study. Before you decide, it is important for you to understand why the research is being done and what it will involve. I will go through the information sheet with you and answer any questions you have. Please take time to read this carefully and discuss it with others if you wish. Ask me anything that is not clear.

1. What is the purpose of the research?

The reason for doing this study is to understand what techniques your parents use to learn about your whereabouts.

2. Why have I been invited to take part?

You have been invited because this study focusses on 300 teenagers between the ages of 12 and 17 who have been randomly selected.

3. Do I have to take part?

No. It is up to you to decide if you want to take part in this research. I will tell you about the study and go through this information sheet with you to answer any questions you may have. If you agree to take part, I will ask you to sign a consent form online before you begin the survey. However, you would still be free to stop answering the questions at any time, without giving a reason. Everyone taking part can create their own code. If you choose to stop answering the questions, or you decide you do not want me to use your answers, you can place your code in a box I will leave. The box will be here at your school for one week. This would not affect your legal rights and you will not be treated differently for not participating.

4. What will happen to me if I take part?

This study will start in October this year and end in December 2019. You will meet with the researcher only once to discuss the study and what you will be asked to do. The meeting will happen at your school. If you choose to take part, you will be asked to:

- Be excused from class / other daily tasks for approximately 15 minutes
- Complete an online questionnaire answering all the questions as honestly as you can using a computer at your school

5. Are there any risks in taking part?

The questions will ask you about what techniques your parents use to monitor you. No risks in taking part in this study can be foreseen.

6. Are there any benefits in taking part?

I cannot promise that the study will help you immediately or directly, but the information from this study will be used in another study that forms parts of a research project on adolescents.

7. What happens to the data provided?

You, along with other teenagers, will be completing these questions online. You are NOT going to be asked to provide your name or any information that can identify you. This study is completely anonymous making it impossible for anyone to know who you are. You will only be asked to make up your own secret code. You can type this code onto your questionnaire IF you choose to. This code will only come in handy if during or after you fill in the questionnaire you decide to stop or not hand in your answers. The questionnaire is online and will use the University of Nottingham's Bristol Online Survey. Only the researcher and her supervisors in the United Kingdom will have access to your answers.

Only the results and recommendations of this study will be given to the Ministry of Education. Your personal information will not be included. You can get the results of this study from the Ministry as well if you like.

8. What will happen if I don't want to carry on with the study?

Even after you have signed the consent form, you are free to stop or not hand in your answers at any time. Just place your code in the box and your questionnaire will be take out.

9. What will happen to the results of the research?

The research will be written up as a thesis. Once the study is done well and the thesis is good, it will be placed both in print and online in the University archives, to allow other researchers to do other studies. It may also be published in several psychology journals. The thesis will be published in open access.

10. Who has reviewed this study?

All research involving people is looked at by an independent group of people, called a Research Ethics Committee, to protect your interests. This study has been reviewed and given favourable opinion by the Faculty of Medicine and Health Sciences Research Ethics Committee (Reference number: FMHS?

11. Contact Details

If you would like to discuss the research with someone beforehand (or if you have questions afterwards), please contact: Ms. Ginelle Nelson 717-5300 Ginelle.nelson@nottingham.ac.uk

If you have any concerns about any aspect of this study please contact the Research Supervisor: Dr. Shihning Chou. If you remain unhappy and wish to complain formally, you should then contact the FMHS Research Ethics Committee Administrator, c/o The University of Nottingham, Faculty PVC Office, B Floor, Medical School, Queen's Medical Centre Campus, Nottingham University Hospitals, Nottingham, NG7 2UH. E-mail: FMHSResearchEthics@nottingham.ac.uk

Study Title: Family-Related Correlates of Difficult Experiences among Adolescents in Saint Lucia

PARTICIPANT INFORMATION SHEET

We would like to invite you to take part in a research study. Before you decide, it is important for you to understand why the research is being done and what it will involve. I will go through the information sheet with you and answer any questions you have. Please take time to read this carefully and discuss it with others if you wish. Ask me anything that is not clear.

1. What is the purpose of the research?

The reason for doing this study is to understand what are the risk factors within any family that may contribute to various difficult experiences.

2. Why have I been invited to take part?

You have been invited because this study focusses on 250 teenagers between the ages of 12 and 17 who attend Secondary School.

3. Do I have to take part?

No. It is up to you to decide if you want to take part in this research. I will tell you about the study and go through this information sheet with you to answer any questions you may have. If you agree to take part, I will ask you to sign a consent form and will give you a copy to keep. However, you would still be free to stop answering the questions at any time, without giving a reason. Everyone taking part will be given a code for their questionnaire. If you choose to stop answering the questions, or you decide you do not want me to use your answers, you can place your code in a box I will leave. The box will be here at your school for one week. This would not affect your legal rights and you will not be treated differently for not participating.

4. What will happen to me if I take part?

This study will start in January this year and end in April 2020. You will meet with the researcher twice to discuss the study and what you will be asked to do. Both meetings will happen at your school.
If you choose to take part, you will be asked to:

- Be excused from class / other daily tasks for approximately 20 – 30 minutes
- Complete an online questionnaire answering all the questions as honestly as you can using a computer at your school or institution

5. Are there any risks in taking part?

Some of the questions may cause you to remember difficult experiences. If that happens, you can give your email address so that you can be invited to a psychological debriefing meeting at a nearby Center some time later. This will not be added or linked to your answers to the survey in any way. Furthermore, all participants will be given a card with information about all the places you can go to get counselling or additional help.

6. Are there any benefits in taking part?

I cannot promise that the study will help you immediately or directly, but the information from this study may help School Counselors, Child Protection Officers, Family Case Workers and Community Development Personel understand what are the family characteristics that contribute to difficult experiences that they can create better home intervention programs to assist young people.

7. ***What happens to the data provided?***

You, along with hundreds of other teenagers, will be completing these questions online. You are NOT going to be asked to provide your name or any information that can identify you. This study is completely anonymous making it impossible for anyone to know who you are. You will only be asked to make up your own secret code. You can type this code onto your questionnaire IF you choose to. This code will only come in handy if during or after you fill in the questionnaire you decide to stop or not hand in your answers.

The questionnaire is online and will use the University of Nottingham's Bristol Online Survey. Only the researcher and her supervisors in the United Kingdom will have access to your answers.

Only the results and recommendations of this study will be given to the Ministry of Education. Your personal information will not be included. You can get the results of this study from the Ministry as well if you like.

8. What will happen if I don't want to carry on with the study?

Even after you have signed the consent form, you are free to stop or not hand in your answers at any time. Just place your code in the box and your questionnaire will be take out.

9. What will happen to the results of the research?

The research will be written up as a thesis. Once the study is done well and the thesis is good, it will be placed both in print and online in the University archives, to allow other researchers to do other studies. It may also be published in several psychology journals. The thesis will be published in open access.

10. Who has reviewed this study?

All research involving people is looked at by an independent group of people, called a Research Ethics Committee, to protect your interests. This study has been reviewed and given favourable opinion by the Faculty of Medicine and Health Sciences Research Ethics Committee (Reference number: FMHS?

11. Contact Details

If you would like to discuss the research with someone beforehand (or if you have questions afterwards), please contact: Ms. Ginelle Nelson 717-5300 Ginelle.nelson@nottingham.ac.uk

If you have any concerns about any aspect of this study please contact the Research Supervisor: Dr. Shihning Chou. If you remain unhappy and wish to complain formally, you should then contact the FMHS Research Ethics Committee Administrator, c/o The University of Nottingham, Faculty PVC Office, B Floor, Medical School, Queen's Medical Centre Campus, Nottingham University Hospitals, Nottingham, NG7 2UH. E-mail: FMHS-ResearchEthics@nottingham.ac.uk

8. Consent Forms

Title of Study: *Difficult Experiences and Psychosocial Functioning among Adolescents*

Lead Researcher: *Ms. Ginelle Nelson (ginelle.nelson@nottingham.ac.uk)*

Primary Supervisor: *Dr. Shihning Chou (shihning.chou@nottingham.ac.uk);*

Secondary Supervisor *Professor Stephen Joseph (stephen.joseph@nottingham.ac.uk)*

Participant's Parents / Guardian Consent Form
Final version 1.0: 133 1810 Date: 08.11.2018

Name of Participant:

1. I confirm that I have read and understand the information sheet for the above study which is attached and have had the opportunity to ask questions.

2. I understand that my child's participation is voluntary and that he/she is free to withdraw before completing the questionnaires, without giving any reason.

3. I understand that my child's responses in this study **may** be looked at by the researcher and by the researcher's supervisors in the UK. I give permission for these individuals to have access to my child's responses and to collect, store, analyse and publish information obtained from my child's participation in this study. I understand that no personal details will be collected.

4. I understand that my child's responses to the questionnaires will be kept confidential.

5. I understand that my child's responses during the study will be completely anonymous and will be done online using the University of Nottingham's Online Survey Platform. Data will be kept for 7 years after the study has ended and then destroyed.

6. **Optional:** I agree that my child's research data may be stored and used in possible future research during and after 7 years, and shared with other researchers including those working outside the University.

7. I **DO NOT** agree for my child to take part in the above study.

Name of Participant	Date	Signature
Name of Parent / Guardian	Date	Signature

Title of Study: ***Parental Knowledge of Adolescent Children in Saint Lucia***

Lead Researcher: *Ms. Ginelle Nelson (ginelle.nelson@nottingham.ac.uk)*

Primary Supervisor: *Dr. Shihning Chou (shihning.chou@nottingham.ac.uk);*

Secondary Supervisor *Professor Stephen Joseph (stephen.joseph@nottingham.ac.uk)*

Participant's Parents / Guardian Consent Form
Final version 1.0: 30.06.2019

Name of Participant:

1. I confirm that I have read and understand the information sheet for the above study which is attached and have had the opportunity to ask questions.

2. I understand that my child's participation is voluntary and that he/she is free to withdraw before completing the questionnaires, without giving any reason.

3. I understand that my child's responses in this study **may** be looked at by the researcher and by the researcher's supervisors in the UK. I give permission for these individuals to have access to my child's responses and to collect, store, analyse and publish information obtained from my child's participation in this study. I understand that no personal details will be collected.

4. I understand that my child's responses to the questionnaires will be kept confidential.

5. I understand that my child's responses during the study will be completely anonymous and will be done online using the University of Nottingham's Online Survey Platform. Data will be kept for 7 years after the study has ended and then destroyed.

6. **Optional:** I agree that my child's research data may be stored and used in possible future research during and after 7 years, and shared with other researchers including those working outside the University.

7. I DO NOT agree for my child to take part in the above study.

Name of Participant	Date	Signature
Name of Parent / Guardian	Date	Signature

Title of Study: *Family-Related Correlates of Difficult Experiences among Saint Lucia Adolescents*

Lead Researcher: *Ms. Ginelle Nelson (ginelle.nelson@nottingham.ac.uk)*

Primary Supervisor: *Dr. Shihning Chou (shihning.chou@nottingham.ac.uk);*

Secondary Supervisor *Professor Stephen Joseph (stephen.joseph@nottingham.ac.uk)*

Participant's Parents / Guardian Consent Form
Final version: 01.15.20 REC ref: 415-1910

Name of Participant:

1. I confirm that I have read and understand the information sheet for the above study which is attached and have had the opportunity to ask questions.

2. I understand that my child's participation is voluntary and that he/she is free to withdraw before completing the questionnaires, without giving any reason.

3. I understand that my child's responses in this study **may** be looked at by the researcher and by the researcher's supervisors in the UK. I give permission for these individuals to have access to my child's responses and to collect, store, analyse and publish information obtained from my child's participation in this study. I understand that no personal details will be collected.

4. I understand that my child's responses to the questionnaires will be kept confidential.

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6. **Optional:** I agree that my child's research data may be stored and used in possible future research during and after 7 years, and shared with other researchers including those working outside the University.

7. I DO NOT agree for my child to take part in the above study.

_____	_____	_____
Name of Participant	Date	Signature
_____	_____	_____
Name of Parent / Guardian	Date	Signature

Appendix E. Questionnaires / Instruments

9.Demographic Information

1. Please indicate your age:
   12 13 14 15 16 17

2. Please state your Gender: Male Female

10. Juvenile Victimisation Questionnaire (Screener Sum Version)

1)At any time in your life, did anyone use force to take something away from you that you were carrying or wearing?
__ Yes
_ No
Did this happen in the last year? - YES - NO

2) At any time in your life, did anyone steal something from you and never give it back? Things like a backpack, money, watch, clothing, bike, stereo, or anything else?
_ Yes
_ No
Did this happen in the last year? - YES - NO

3) At any time in your life, did anyone break or ruin any of your things on purpose?
_ Yes
_ No
Did this happen in the last year? - YES - NO

4) Sometimes people are attacked <u>with</u> sticks, rocks, guns, knives, or other things that would hurt. At any time in your life did anyone hit or attack you on purpose <u>with</u> an object or weapon? Somewhere like: at home, at school, at a store, in a car, on the street, or anywhere else?
_ Yes
_ No
Did this happen in the last year? - YES - NO

5) At any time in your life, did anyone hit or attack you <u>without</u> using an object or weapon?
_ Yes
_ No
Did this happen in the last year? - YES - NO

6) At any time in your life, did someone start to attack you, but for some reason, it didn't happen? For example, someone helped you or you got away?
_ Yes
_ No

Did this happen in the last year? - YES - NO

7) At any time in your life, did someone threaten to hurt you when you thought they might really do it?

_ Yes
_ No

Did this happen in the last year? - YES - NO

8) When a person is kidnapped, it means they were made to go somewhere, like into a car, by someone who they thought might hurt them. At any time in your life, did anyone try to kidnap you?

_ Yes
_ No

Did this happen in the last year? - YES - NO

9) At any time in your life, have you been hit or attacked because of your skin color, religion, or where your family comes from? Because of a physical problem you have? Or because someone said you were gay?

_ Yes
_ No

Did this happen in the last year? - YES - NO

Next, we are going to ask about grown-ups who take care of you. This means parents, babysitters, adults who live with you, or others who watch you. Before we begin, I want to remind you that your answers will be kept totally private. If there is a particular question that you don't want to answer, that's O.K. But it is important that you be as honest as you can, so that we can get a better idea of the kinds of things that kids your age sometimes face.

10) Not including spanking on your bottom, At any time in your life, did a grown-up in your life hit, beat, kick, or physically hurt you in any way?

_ Yes
_ No

Did this happen in the last year? - YES - NO

11) At any time in your life, 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?

_ Yes
_ No

Did this happen in the last year? - YES - NO

12) When someone is neglected, it means that the grown-ups in their life didn't take care of them the way they should. They might not get them enough food, take them to the doctor when they are sick, or make sure they have a safe place to stay. At any time in your life, were you neglected?

_ Yes
_ No

Did this happen in the last year? - YES - NO

13) Sometimes a family fights over where a child should live. At any time in your life, did a parent take, keep, or hide you to stop you from being with another parent?

__ Yes
__ No

Did this happen in the last year? - YES - NO

14) Sometimes groups of kids or gangs attack people. At any time in your life, did a group of kids or a gang hit, jump, or attack you?

__ Yes
__ No

Did this happen in the last year? - YES - NO

15) At any time in your life, did any kid, even a brother or sister, hit you? Somewhere like: at home, at school, out playing, in a store, or anywhere else?

__ Yes
__ No

Did this happen in the last year? - YES - NO

16) At any time in your life, did any kids try to hurt your private parts on purpose by hitting or kicking you there?

__ Yes
__ No

Did this happen in the last year? - YES - NO

17) At any time in your life, did any kids, even a brother or sister, pick on you by chasing you or grabbing you or by making you do something you didn't want to do?

__ Yes
__ No

Did this happen in the last year? - YES - NO

18) At any time in your life, did you get scared or feel really bad because kids were calling you names, saying mean things to you, or saying they didn't want you around?

__ Yes
__ No

Did this happen in the last year? - YES - NO

19) At any time in your life, did a boyfriend or girlfriend or anyone you went on a date with slap or hit you?

__ Yes
__ No

Did this happen in the last year? - YES - NO

20) At any time in your life, did a grown-up you know touch your private parts when they shouldn't have or make you touch their private parts? Or did a grown-up you know force you to have sex?

__ Yes
__ No

Did this happen in the last year? - YES - NO

21) At any time in your life, did a grown-up you did not know touch your private parts when they shouldn't have, make you touch their private parts or force you to have sex?

__ Yes
__ No

Did this happen in the last year? - YES - NO

22) Now think about other kids, like from school, a boy friend or girl friend, or even a brother or sister. At any time in your life, did another child or teen make you do sexual things?

__ Yes
__ No

Did this happen in the last year? - YES - NO

23) At any time in your life, did anyone try to force you to have sex; that is, sexual intercourse of any kind, even if it didn't happen?

__ Yes
__ No

Did this happen in the last year? - YES - NO

24) At any time in your life, did anyone make you look at their private parts by using force or surprise, or by "flashing" you?

__ Yes
__ No

Did this happen in the last year? - YES - NO

25) At any time in your life, did anyone hurt your feelings by saying or writing something sexual about you or your body?

__ Yes
__ No

Did this happen in the last year? - YES - NO

26) At any time in your life, did you do sexual things with anyone 18 or older, even things you both wanted?

__ Yes
__ No

Did this happen in the last year? - YES - NO

27) At any time in your life, did you SEE a parent get pushed, slapped, hit, punched, or beat up by another parent, or their boyfriend or girlfriend?

__ Yes

_ No
Did this happen in the last year? - YES - NO

28) At any time in your life, did you SEE a parent hit, beat, kick, or physically hurt your brothers or sisters, not including a spanking on the bottom?
_ Yes
_ No
Did this happen in the last year? - YES - NO

29) At any time in your life, in real life, did you SEE anyone get attacked on purpose WITH a stick, rock, gun, knife, or other thing that would hurt? Somewhere like: at home, at school, at a store, in a car, on the street, or anywhere else?
_ Yes
_ No
Did this happen in the last year? - YES - NO

30) At any time in your life, in real life, did you SEE anyone get attacked or hit on purpose WITHOUT using a stick, rock, gun, knife, or something that would hurt?
_ Yes
_ No
Did this happen in the last year? - YES - NO

31) At any time in your life, did anyone steal some thing from your house that belongs to your family or someone you live with? Things like a TV, stereo, car, or anything else?
_ Yes
_ No
Did this happen in the last year? - YES - NO

32) At any time in your life, was anyone close to you murdered, like a friend, neighbor or someone in your family?
_ Yes
_ No
Did this happen in the last year? - YES - NO

33) At any time in your life, were you in any place in real life where you could see or hear people being shot, bombs going off, or street riots?
_ Yes
_ No
Did this happen in the last year? - YES - NO

34) At any time in your life, were you in the middle of a war where you could hear real fighting with guns or bombs?
_ Yes
_ No
Did this happen in the last year? - YES - NO

35) At any time in your life, has anyone ever used the Internet to bother or harass you or to spread mean words or pictures about you?

__ Yes
__ No

Did this happen in the last year? - YES - NO

36) At any time in your life, did anyone on the Internet ever ask you sexual questions about yourself or try to get you to talk online about sex when you did not want to talk about those things?

___ Yes
___ No

Did this happen in the last year? - YES - NO

11. Youth Pediatric Symptom Checklist 17

Please mark under the heading that best fits you:		NEVER	SOMETIMES	OFTEN
◆	Fidgety, unable to sit still ◆	0	1	2
❊	Feel sad, unhappy ❊	0	1	2
◆	Daydream too much ◆	0	1	2
❑	Refuse to share ❑	0	1	2
❑	Do not understand other people's feelings ❑	0	1	2
❊	Feel hopeless ❊	0	1	2
◆	Have trouble concentrating ◆	0	1	2
❑	Fight with other children ❑	0	1	2
❊	Down on yourself ❊	0	1	2
❑	Blame others for your troubles ❑	0	1	2
❊	Seem to be having less fun ❊	0	1	2
❑	Do not listen to rules ❑	0	1	2
◆	Act as if driven by a motor ◆	0	1	2
❑	Tease others ❑	0	1	2
❊	Worry a lot ❊	0	1	2
❑	Take things that do not belong to you ❑	0	1	2
◆	Distract easily ◆	0	1	2

12.Parental Knowledge Questionnaire

PARENTAL KNOWLEDGE

Think of the main adult or adults in your life you live with and who take care of you. Who is this person? _____

1. Do your parents know what you do during your free time?

No/Not at all Rarely Sometimes Often Yes/Always

2. Do your parents know who you have as friends during your free time?

No/Not at all Rarely Sometimes Often Yes/Always

3. Do your parents usually know what type of homework you have?

No/Not at all Rarely Sometimes Often Yes/Always

4. Do your parents know what you spend your money on?

No/Not at all Rarely Sometimes Often Yes/Always

5. Do your parents usually know when you have an exam or paper due at school?

No/Not at all Rarely Sometimes Often Yes/Always

6. Do your parents know how you do in different subjects at school?

No/Not at all Rarely Sometimes Often Yes/Always

7. Do your parents know where you go when you are out with friends at night?

No/Not at all Rarely Sometimes Often Yes/Always

8. Do your parents normally know where you go and what you do after school?

No/Not at all Rarely Sometimes Often Yes/Always

9. In the last month, have your parents ever had no idea of where you were at night?

No/Not at all Rarely Sometimes Often Yes/Always

PARENTAL SOLICITATION

1. How often do your parents talk with your friends when they come over to your house?

No/Not at all Rarely Sometimes Often Yes/Always

2. How often do your parents ask you about what happened during your free time?

No/Not at all Rarely Sometimes Often Yes/Always

3. During the past month, how often have your parents initiated a conversation with you about your free time?

No/Not at all Rarely Sometimes Often Yes/Always

4. When did your parents last have extra time to sit down and listen to you when you talk about what happened during your free time?

No/Not at all Rarely Sometimes Often Yes/Always

5. How often do your parents ask you to sit and tell them what happened at school on a regular school day?

No/Not at all Rarely Sometimes Often Yes/Always

6. How often do your parents ask to about your social media profiles or browsing history?

No/Not at all Rarely Sometimes Often Yes/Always

7. Is there any other way parents use to find out about where you are or what you do when you are not with them? If so, please write in the space below.

_____

CHILD DISCLOSURE

- "Do you spontaneously tell your parents about your friends (which friends you hang out with and how they think and feel about various things)?"
- "How often do you usually want to tell your parents about school (how each subject is going; your relationships with teachers)?"
- "Do you keep a lot of secrets from your parents about what you do during your free time?"
- "Do you hide a lot from your parents about what you do during nights and weekends?"
- "Do you like to tell your parents about what you did and where you went during the evening?

No/Not at all Rarely Sometimes Often Yes/Always

PARENTAL STRUCTURE

(taken from the Parental Context Questionnaire (Grolnick and Wellborn, 1988). Responses are coded on 4-point Likert scales ranging from 'not true at all' to 'very true.'

- When I don't do well in school, I never know how my parents will act. (reversed scored)
- When I don't do my best in school, I never know how my parents will act.
- When I get in trouble in school, I never know how my parents will act.
- A lot of times I don't know what my parents want me to do. (reversed scored)
- I don't know what my parents expect of me in school.
- My parents let me get away with things I shouldn't.

not true at all =4 not very true = 3 sort of true = 2 very true = 1

13.Disorganised Families Factors

1. Please indicate your type of family
   Lives with both parents
   Lives with mother only
   Lives with father only
   Lives with mother and stepfather
   Lives with father and stepmother
   Lives with grandparent/s
   Lives with foster parents
   Lives with other relatives
   If none of these, please state _____

2. Are you and your family currently homeless or have ever been homeless?
   YES NO

3. Are any of your parents or caregivers unemployed?
   YES NO

4. Is any of your parents/caregivers currently in jail?
   YES NO

5. Do any of your parents or family member have problems with drugs or alcohol?
   YES NO

6. Are any of your family members in trouble with the police?
   YES NO

7. Are your parents currently separated or divorced?
   YES NO

8. Does your family have money problems?
   YES NO

9. In the past year, has any or your parents/caregivers moved to a worse job than they had before?
   YES NO

10. Does your family receive Welfare Assistance from the Government?
   YES NO

13.Juvenile Victimisation Questionnaire (Reduced Items Version)

JVQ Questionnaire (Reduced Item Version)

1) At any time in your life, did anyone steal something from you and never give it back? Things like a backpack, money, watch, clothing, bike, stereo, or anything else?

__ Yes
__ No

Did this happen in the past year? YES NO

2) At any time in your life, did anyone hit or attack you on purpose with an object or weapon? Somewhere like: at home, at school, at a store, in a car, on the street, or anywhere else?

__ Yes
__ No

Did this happen in the past year? YES NO

3) At any time in your life, did anyone hit or attack you without using an object or weapon?

__ Yes
__ No

Did this happen in the past year? YES NO

4) At any time in your life, 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?

__ Yes
__ No

Did this happen in the past year? YES NO

5) Sometimes groups of kids or gangs attack people. At any time in your life, did a group of kids or a gang hit, jump, or attack you?

__ Yes

__ No

Did this happen in the past year? YES NO

6) At any time in your life, did any kid, even a brother or sister, hit you? Somewhere like: at home, at school, out playing, in a store, or anywhere else?

__ Yes

__ No

Did this happen in the past year? YES NO

7) At any time in your life, did you get scared or feel really bad because kids were calling you names, saying mean things to you, or saying they didn't want you around?

__ Yes

__ No

Did this happen in the past year? YES NO

8) At any time in your life, did a grown-up you know touch your private parts when they shouldn't have or make you touch their private parts? Or did a grown-up you know force you to have sex?

__ Yes

__ No

Did this happen in the past year? YES NO

9) At any time in your life, did a grown-up you did not know touch your private parts when they shouldn't have, make you touch their private parts or force you to have sex?

__ Yes

__ No

Did this happen in the past year? YES NO

10) At any time in your life, did you SEE a parent get pushed, slapped, hit, punched, or beat up by another parent, or their boyfriend or girlfriend?

__ Yes

__ No

Did this happen in the past year? YES NO

11) At any time in your life, in real life, did you SEE anyone get attacked on purpose WITH a stick, rock, gun, knife, or other thing that would hurt? Somewhere like: at home, at school, at a store, in a car, on the street, or anywhere else?

__ Yes

__ No

Did this happen in the past year? YES NO

12) At any time in your life, were you in any place in real life where you could see or hear people being shot, bombs going off, or street riots?

__ Yes

__ No

Did this happen in the past year? YES NO

14. Parental Bonding

PARENTAL BONDING INSTRUMENT

1. My parents/caregivers appear to understand my problems and worries.

Never Sometimes Usually/Almost Always

2. My parents/caregivers could make me feel better when I am upset.

Never Sometimes Usually/Almost Always

3. My parents/caregivers are loving

Never Sometimes Usually/Almost Always

4. My parents/caregivers help me as much as needed

Never Sometimes Usually/Almost Always

5. My parents/caregivers try to control me

Never Sometimes Usually/Almost Always

6. My parents/caregivers treat me like a baby.

Never Sometimes Usually/Almost Always

7. My parents/caregivers like me to make my own decisions

Never Sometimes Usually/Almost Always

8. My parents/caregivers let me do things I like

Never Sometimes Usually/Almost Always