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RESEARCH ARTICLE

EXPLORING THE EXTENT OF POLYVICTIMIZATION AND PSYCHOLOGICAL CHALLENGES AMONG ADOLESCENTS IN INDIA

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ABSTRACT

This study explores the extent of polyvictimization and its psychological consequences among adolescents in India. Drawing on a sample of 348 adolescents aged 12 to 19, the research investigates the prevalence of multiple victimization types, such as conventional crime, child maltreatment, peer and sibling victimization, sexual abuse, and indirect victimization—and their association with trauma symptoms, self-esteem, and psychological distress. Utilizing validated instruments including the Juvenile Victimization Questionnaire (JVQ), Child and Adolescent Trauma Screen (CATS), Rosenberg Self-Esteem Scale, and the General Health Questionnaire (GHQ-12), the study reveals high rates of victimization, with over 80% of participants reporting exposure to at least four forms of abuse. The findings indicate that polyvictimized adolescents experience moderate trauma symptoms, low self-esteem, and high psychological distress, highlighting the compounded impact of cumulative victimization. These results emphasize the urgent need for targeted mental health interventions and policies that address the complex psychosocial needs of adolescents in vulnerable settings. The study contributes to the growing body of research on polyvictimization and calls for culturally sensitive, trauma-informed approaches to adolescent mental health care in India.

KEYWORDS

Polyvictimization, Psychological, Adolescents, Trauma

1. INTRODUCTION

Across the globe, children and adolescents under 18 face disturbingly high levels of victimization, with recent data indicating that nearly one billion young individuals may experience some form of violence each year (World Health Organization, 2017). This violence encompasses a range of experiences, including abuse within the family, traditional criminal acts, neighborhood or community violence, cyberbullying, witnessing domestic violence, and aggression from peers or siblings. Historically, studies tended to focus on individual types of victimization; however, recent perspectives acknowledge that such experiences are often interconnected and do not occur in isolation. Therefore, it has become increasingly important to examine the overlapping and complex situations in which youth are subjected to multiple forms of victimization.

They introduced the concepts of 'polyvictim' and 'polyvictimization' to highlight the experiences of youth exposed to multiple types of victimization, which may lead to particularly severe consequences for their overall well-being (Finkelhor et al., 2007a). Since then, the notion of polyvictimization has gained prominence in both academic and practical contexts, serving as a framework to understand the simultaneous and often overlapping forms of violence and abuse that affect young individuals (Ford and Delker, 2018; Sterzing et al., 2019).

Polyvictimization refers to the exposure of multiple forms or different kinds of victimizations, such as, sexual harassment, emotional abuse, bullying, family violence, exposure to community violence, etc., not simply repeated instances of the same type of victimization (Turner et al., 2017). Recent research has highlighted the profound impact that multiple forms of victimization can have on mental health, identifying it as a critical stressor and a contributing factor in the development of various psychiatric conditions (Rindestig et al., 2025; Soler et al., 2013). Studies across diverse contexts including community settings, educational institutions, psychiatric facilities, child protection services, and juvenile justice systems—have consistently identified a subset of youth who experience polyvictimization (Oxford Bibliography, 2017). Alarmingly, the effects of polyvictimization can be both severe and enduring, potentially disrupting biopsychosocial development throughout crucial stages of a child's and adolescent's growth (Miller et al., 2023; Charak et al., 2016). Moreover, previous studies have also highlighted the link between peer victimization and psychological symptoms among adolescents (Ali and Khan, 2022).

Recent research on polyvictimization has progressed beyond merely documenting its prevalence and impacts, shifting focus toward exploring the underlying vulnerabilities, risk factors, and developmental pathways that lead to experiencing multiple forms of victimization (Finkelhor et al., 2007b; Finkelhor, Ormrod, Turner, and Holt, 2009; Mossige and Huang, 2017). In parallel, attention has also turned to identifying protective factors that may buffer against such experiences (Grych et al., 2015; Hamby et al., 2018; Hamby et al., 2020). To further advance the field, scholars have proposed theoretical models, commonly referred to as the polyvictimization framework or theory that now serve as foundational guides for investigating youth polyvictimization (Ford and Delker, 2018; Sterzing et al., 2019). These models are built on the premise that exposure to multiple types of victimization results in more severe and widespread negative health outcomes, and they challenge the tendency to overemphasize the impact of single forms of victimization in isolation (Finkelhor et al., 2007b; Turner et al., 2016).

There has been a growing global interest in gaining a comprehensive understanding of youth polyvictimization. While the expanding body of research in this area is undoubtedly valuable, it has also resulted in inconsistent approaches to defining and measuring polyvictimization,

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which complicates efforts to compare results across studies. A unified understanding of how polyvictimization should be conceptualized and measured remains lacking. Several researchers have identified this ambiguity as a significant barrier to the field's progress (Álvarez-Lister et al., 2017; Haahr-Pedersen et al., 2020; Mossige and Huang, 2017). Despite this concern, no existing study has systematically explored how youth polyvictimization is defined and operationalized in order to bring coherence to this developing area of victimization research.

Furthermore, building on prior research that highlighted how external stressors such as the COVID-19 pandemic influenced parenting styles and parental mental health (Yakub et al., 2024), the present study extends this line of inquiry by examining how adolescents, particularly in vulnerable contexts, experience psychological distress as a consequence of polyvictimization. While the previous work emphasized parental experiences, this study shifts focus to the adolescent population, aiming to understand how compounded victimization contributes to trauma symptoms, low self-esteem, and heightened psychological distress within a similar socioecological framework. Together, these studies provide a broader understanding of how family-level stressors influence mental health outcomes across generations.

In general, adolescents and children are frequently exposed to various forms of violence, abuse, and criminal acts. These experiences can manifest as physical assault, child abuse, sexual violence, or bullying, among others (WHO, 2019; Finkelhor et al., 2011). Notably, polyvictimization, where multiple types of victimization occur has been associated with heightened risk factors, increased engagement in risky health behaviors, suicidal tendencies, and various mental health issues among youth (Le et al., 2016). One of the most serious forms, interpersonal violence, ranks among the top five leading causes of injury and, in severe cases, death among children and adolescents (United Nations Children's Fund, 2021).

2. Research Method

This study employed a correlational research design and utilized purposive sampling to select participants. A total of 348 adolescents, aged between 12 and 19 years, were included in the study. The inclusion criteria required participants to have experienced at least two or more forms of victimization in their lifetime. Data were gathered through three standardized instruments: the Juvenile Victimization Questionnaire, the Child and Adolescent Trauma Screen, and the General Health Questionnaire-12. Participants were fully informed about the nature and purpose of the research and were given the opportunity to ask questions before and during the completion of the questionnaires. Informed consent was obtained from all participants, and all necessary ethical guidelines were followed throughout the study. Ethical approval was secured from the university's institutional ethics committee prior to data collection. Furthermore, the data was concluded using the software SPSS 23.

2.1 Research Instruments

2.1.1 Demography

For the demographic details of this study, six questions were asked about the participants regarding the requirements of this study. These questions are as follows: gender, age, school type (government/private), class, family type (nuclear/joint).

2.1.2 Juvenile Victimization Questionnaire (JVQ)

The Juvenile Victimization Questionnaire (JVQ), developed by David Finkelhor, Sherry Hamby, Turner, and Ormrod (2005), was created to capture a wide spectrum of victimization experiences among youth. Designed for use with children and adolescents aged 8 to 17 years, the JVQ includes 34 items grouped into five primary categories: Conventional Crime (items 1–8), Child Maltreatment (items 9–12), Peer and Sibling Victimization (items 13–18), Sexual Victimization (items 19–25), and Witnessing and Indirect Victimization (items 26–34). Responses are recorded in a binary format, with participants indicating "yes" or "no" to each item. In the current study, the reliability of the instrument was confirmed, with item reliability measured at 0.9 and person reliability at 0.7 (Ali et al., 2024).

2.1.3 Child and Adolescents Trauma Screen (CATS) – Youth Report Questionnaire

The Child and Adolescent Trauma Screen (CATS) – Youth Report is a concise tool grounded in the DSM-5 criteria for diagnosing Post-Traumatic Stress Disorder (PTSD), designed to assess both exposure to potentially traumatic experiences and related trauma symptoms (Sachser et al., 2017). Originally developed, the instrument is divided into three main parts: the first section contains 15 items assessing traumatic events, the second includes 20 items evaluating trauma-related symptoms, and the third comprises 5 items focused on psychosocial functioning (Goldbeck and Berliner, 2014). In this study, only the second section was utilized to assess the trauma symptoms experienced by participants. Responses in this section are rated using a 4-point Likert scale: 0 = never, 1 = once in a while, 2 = half the time, and 3 = almost always. The instrument demonstrated strong psychometric properties in this study, with item reliability at 0.8 and person reliability at 0.74.

2.1.4 Rosenberg Self-Esteem Scale

The Rosenberg Self-Esteem Scale, developed by Morris Rosenberg in 1965, is one of the most commonly used self-assessment tools for measuring self-esteem. This 10-item scale assesses overall self-worth by capturing both favorable and unfavorable attitudes individuals hold about themselves. It is a unidimensional measure, and responses are rated using a 4-point Likert scale. The items are grouped into two key domains: self-competence (items 1–5) and self-liking (items 6–10). Participants indicate their level of agreement using the following scale: 1 = strongly agree, 2 = agree, 3 = disagree, and 4 = strongly disagree. In this study, the scale demonstrated high internal consistency, with a Cronbach's alpha coefficient of 0.92.

2.1.5 General Health Questionnaire (GHQ-12)

The General Health Questionnaire (GHQ) is one of the most widely used tools for assessing general psychological distress. Developed by Goldberg in 1972, the 12-item version of the GHQ is designed to evaluate the intensity of mental health issues through a 4-point Likert scale. The questionnaire is structured around four core dimensions: anxiety (items 1–3), depression (items 4–6), social dysfunction (items 7–9), and loss of confidence (items 10–12). In the present study, the instrument demonstrated satisfactory psychometric properties, with item reliability recorded at 0.83 and person reliability at 0.79 (Ali et al., 2023).

3. Results

Table 1: Demographic Details

Demographic Variable	Category	Frequency	Percentage
Gender	Male	194	55.7%
	Female	154	44.3%
Age	12-14	101	29.02%
	15-17	191	54.8%
	18-19	56	16.09%
School Type	Private	183	52.6%
	Government	165	42.4%
Class	Primary	42	12.1%
	High School	125	35.9%
	Secondary	181	52%
Family Type	Nuclear	206	59.2%
	Joint	142	40.8%
Total		348	100%

The demographic profile of the 348 adolescent participants revealed that 55.7% were male (n = 194) and 44.3% were female (n = 154). The age distribution showed that a majority (54.8%) were between 15–17 years, followed by 29.02% aged 12–14 years, and 16.09% aged 18–19 years. In terms of school type, 52.6% attended private schools, while 47.4% were from government schools. Educationally, most participants (52%) were in secondary classes, 35.9% were in high school, and 12.1% were at the primary level. Regarding family structure, 59.2% of the adolescents came from nuclear families and 40.8% from joint families. This diverse demographic composition provides a broad representation of adolescents across age, education, school type, and family background

For this study, understanding and accurately measuring the levels of variables is the key to analysing the impact of polyvictimization on adolescents' mental health and well-being. By employing valid and reliable tool for assessment, a nuanced picture can be created about how these variables interact and affect the population. To evaluate this the levels of the variable polyvictimization among adolescents, descriptive analysis using frequency distribution and percentage was performed as shown in the table 2, as the instrument was in the form of dichotomous items. However, for the examining the levels of other variables, that is, trauma, self-esteem and psychological distress among adolescents, descriptive analysis using mean was performed as shown in the table 3, table 4, and table 5, as the items of the instrument were polytomous. The table for polvicitmization indicates the percentage for each of the sub-construct, that is, which type of the victimization is higher and most frequent among adolescent and which are less frequent. Furthermore, the table for trauma, self-esteem and psychological distress indicates the mean value for each of the variable, and the level was identified based on the cut-score of the value respectively. The cut-score value can be calculated by the simple formula:

$$= \frac{\text{Total Number of Scales} - \text{Degree of Freedom}}{\text{Total Number of Levels}}$$

$$= \frac{(4 - 1)}{3}$$

$$= \frac{3}{3}$$

$$= 1$$

Table 2: Frequency Table for Level of Polyvictimization

Category	Frequency (No)	Percentage (No)	Frequency (Yes)	Percentage (Yes)	Mean	Std Deviation	Total
Conventional Crime	42	12.1%	306	87.9%	0.879	0.326	348
Child Maltreatment	56	16.1%	292	83.9.1%	0.839	0.367	348
Peer and Sibling Victimization	63	18.1%	285	81.9%	0.819	0.385	348
Sexual Victimization	209	60.1%	139	39.9%	0.399	0.490	348
Witnessing and Indirect Victimization	66	19.0%	282	81.0%	0.810	0.392	348

Table 2 talks about the level of polyvictimization among adolescents in India. The study analysed the data from 348 participants, with no missing values, across five categories of victimization: conventional crime, child maltreatment, peer and sibling victimization, sexual victimization, and indirect victimization. The median values of these categories varied, indicating differing prevalence rates. The majority of adolescents reported experiencing conventional crime (87.9%), child maltreatment (83.9%), peer and sibling victimization (81.9%), and witnessing and indirect victimization (81.0%), with a small proportion of experiencing sexual victimization (39.9%).

Table 3: Frequency Table for Level of Trauma Symptoms

Category	N	Minimum	Maximum	Mean	Std. Deviation
Trauma	348	.00	3.00	2.307	.683

Trauma symptoms can vary widely among individuals. The level of trauma symptoms indicates the severity and frequency of these symptoms as a result of exposure to traumatic events. This can range from mild, occasional symptoms to severe, persistent symptoms that significantly impair daily functioning. For this study, these levels are often qualified using the standardized assessment tool. Table 3 shows the dataset, comprising 348 adolescents, showed a range in trauma symptoms score from .00 (no symptoms) to 3.00 (severe symptoms). The study's findings, characterized by a mean trauma symptom level of 2.307 and a standard deviation of 0.683, indicate that, on average, the adolescents experience moderate trauma symptoms, significantly above the established cut-score of 1 for minimal.

Table 4: Frequency Table for Level of Self-Esteem

Category	N	Minimum	Maximum	Mean	Std. Deviation
Self-Esteem	348	1.00	4.00	1.860	.602

Level of self-esteem as an average refers to an individual's overall subjective sense of personal worth value. Low self-esteem is characterized by feeling od unworthiness and negative self-perception, while high self-esteem is associated with a positive view of oneself and a sense of competence and worthiness. Table 4 indicated the self-esteem among adolescents in India, based on a sample of 348 respondents, reveals an average self-esteem score of 1.860 with a standard deviation of 0.602, on a scale from 1 to 4. Considering a cut-score of 1, the mean significantly above this threshold indicates a general trend towards low self-esteem among the cohort, although with some variability as indicated by the standard deviation.

Table 5: Frequency Table for Level of Psychological Distress

Category	N	Minimum	Maximum	Mean	Std. Deviation
Psychological Distress	348	1.00	4.00	3.327	.722

The levels of psychological distress indicate the degree to which an individual experiences emotional suffering, which can include symptoms of anxiety, depression and stress. Table 5 indicates the scores for psychological distress among adolescents in India, utilizing data from 348 individuals, demonstrates an average score of 3.327 with a standard deviation of 0.722 on a scale from 1 to 4. This average, substantially above the cut-score of 1, indicates a high level of psychological distress among the sample population of adolescent.

4. Discussion

The findings of this study underscore the pervasive nature and

psychological ramifications of polyvictimization among adolescents in India. A significant proportion of the respondents reported experiences across multiple victimization domains, with conventional crime (87.9%), child maltreatment (83.9%), peer and sibling victimization (81.9%), and witnessing indirect victimization (81.0%) being alarmingly prevalent. Although sexual victimization was less commonly reported (39.9%), its impact remains critical due to the sensitive and often underreported nature of such experiences, especially in culturally conservative contexts like India.

These findings align with global studies that emphasize the high prevalence and often overlapping forms of victimization adolescents face (Finkelhor et al., 2007; Turner et al., 2010). The data also affirm that polyvictimization is not a rare phenomenon but a widespread reality for many adolescents, thereby supporting the conceptual premise of the polyvictimization framework, which posits that the cumulative burden of multiple victimizations leads to more severe psychological outcomes compared to single-type victimization.

The mean trauma symptom score (2.307) indicated moderate trauma levels among participants, suggesting that polyvictimized adolescents are experiencing sustained and distressing emotional consequences. These findings support prior literature which demonstrates a robust association between cumulative traumatic exposures and the development of PTSD-related symptoms (Sachser et al., 2017; Ford and Delker, 2018). The current results suggest that the trauma symptoms experienced by the participants are not isolated or short-term reactions, but rather indicative of enduring psychological distress, likely exacerbated by repeated and varied victimization experiences.

The low mean self-esteem score (1.860) further suggests that adolescents subjected to multiple forms of victimization internalize negative self-beliefs, which may affect their self-worth, coping abilities, and resilience. This is consistent, who reported that self-esteem not only mediates but also moderates the relationship between victimization and psychological outcomes (Soler et al., 2013). The present findings emphasize the importance of considering self-esteem not merely as an outcome but as a potential protective or risk factor within the cycle of trauma.

Moreover, the elevated psychological distress scores (mean = 3.327) indicate a high level of emotional suffering among the sample population. This reflects the complex interplay between polyvictimization, trauma, and self-perception. The psychological distress documented includes symptoms of anxiety, depression, and impaired social functioning—all of which are frequently reported in similar research (Haahr-Pedersen et al., 2020; Le et al., 2016). These results reaffirm the urgent need for mental health interventions tailored to polyvictimized adolescents, particularly in underserved areas where support systems are minimal or non-existent.

Additionally, the demographic data revealed that adolescents from both private and government schools, nuclear and joint families, and across various age groups reported similar levels of victimization and psychological consequences. This reinforces the notion that polyvictimization transcends socio-economic and structural boundaries, suggesting that broad-based prevention and intervention strategies are needed.

In summary, the study not only affirms the theoretical assertions of the polyvictimization model but also brings empirical clarity to the multifaceted psychological burdens faced by adolescents who endure multiple forms of abuse. It demonstrates that such experiences are linked with moderate to severe trauma symptoms, low self-esteem, and high psychological distress, forming a potentially harmful cycle that can persist across developmental stages.

5. Conclusion

This study provides compelling evidence on the widespread nature and severe psychological consequences of polyvictimization among adolescents in India. The data demonstrate that a significant majority of the participants experienced multiple forms of victimization, with corresponding moderate trauma symptoms, low self-esteem, and high psychological distress. These findings affirm the theoretical assertions of the polyvictimization framework and underscore the cumulative impact of overlapping victimization experiences on adolescent mental health. Importantly, the results suggest that polyvictimization is not confined to any one demographic group but affects youth across diverse social and educational backgrounds. These insights call for the urgent development and implementation of culturally sensitive, trauma-informed interventions and mental health services tailored to the needs of polyvictimized adolescents. Furthermore, the study highlights the necessity for policymakers, educators, and mental health professionals to adopt integrated prevention and support strategies that address the complex psychosocial realities faced by vulnerable youth populations in India.

References

Ali, S. F., and Khan, A., 2022. Association Between Bullying Or Peer Victimization And Psychopathology Symptoms Among Adolescents. Cultural Communication and Socialization Journal (CCSJ), 3(2), Pp. 31-33.

Ali, S. F., Khan, A., Latif, A. B. A., Pathath, A. W., Shabnam, S., Sriyanto, S., and Rosman, A. S., 2024. Towards a Culturally Adapted JVQ: Rasch Model Validation among Adolescents in India. Salud, Ciencia y Tecnología-Serie de Conferencias, (3), Pp. 675.

Ali, S. F., Khan, A., Latif, A. B. A., Pathath, A. W., Shabnam, S., Asif, M., and Rosman, A. S., 2023. Assessing adaptation of the psychometric properties of the General Health Questionnaire (GHQ-12) using the Rasch Measurement Model among Indian teenagers. Psikohumaniora: Jurnal Penelitian Psikologi, 8(2), Pp. 295-308.

Álvarez-Lister, M. S., Pereda, N., Abad, J., and Guilera, G., 2014. Polyvictimization and its relationship to symptoms of psychopathology in a southern European sample of adolescent outpatients. Child Abuse and Neglect, 38(4), Pp. 747-756.

Charak, R., Byllesby, B. M., Roley, M. E., Claycomb, M. A., Durham, T. A., Ross, J., and Elhai, J. D., 2016. Latent classes of childhood poly-victimization and associations with suicidal behavior among adult trauma victims: Moderating role of anger. Child Abuse and Neglect, 62, Pp. 19-28.

Finkelhor, D., Ormrod, R. K., and Turner, H. A., 2007. Poly-victimization: A neglected component in child victimization. Child abuse and neglect, 31(1), Pp. 7-26.

Finkelhor, D., Ormrod, R. K., and Turner, H. A., 2007. Re-victimization patterns in a national longitudinal sample of children and youth. Child abuse and neglect, 31(5), Pp. 479-502.

Finkelhor, D., Ormrod, R., Turner, H., and Holt, M., 2009. Pathways to poly-victimization. Child maltreatment, 14(4), Pp. 316-329.

Finkelhor, D., Turner, H., Hamby, S. L., and Ormrod, R., 2011. Polyvictimization: Children's Exposure to Multiple Types of Violence, Crime, and Abuse. National survey of children's exposure to violence.

Ford, J. D., and Delker, B. C., 2018. Polyvictimization in childhood and its adverse impacts across the lifespan: Introduction to the special issue. Journal of Trauma and Dissociation, 19(3), Pp. 275-288.

Grych, J., Hamby, S., and Banyard, V., 2015. The resilience portfolio model: Understanding healthy adaptation in victims of violence. Psychology of violence, 5(4), Pp. 343.

Haahr-Pedersen, I., Ershadi, A. E., Hyland, P., Hansen, M., Perera, C., Sheaf, G., ... and Vallières, F., 2020. Polyvictimization and psychopathology among children and adolescents: A systematic review of studies using the Juvenile Victimization Questionnaire. Child Abuse and Neglect, 107, 104589.

Hamby, S., Grych, J., and Banyard, V., 2018. Resilience portfolios and poly-strengths: Identifying protective factors associated with thriving after adversity. Psychology of violence, 8(2), 172.

Hamby, S., Taylor, E., Mitchell, K., Jones, L., and Newlin, C., 2020. Poly-victimization, trauma, and resilience: Exploring strengths that promote thriving after adversity. Journal of Trauma and Dissociation, 21(3), Pp. 376-395.

Le, M. T., Holton, S., Nguyen, H. T., Wolfe, R., and Fisher, J., 2016. Poly-victimisation and health risk behaviours, symptoms of mental health problems and suicidal thoughts and plans among adolescents in Vietnam. International journal of mental health systems, 10, Pp. 1-12.

Miller, L., Butera, N. M., Ellsberg, M., and Baird, S., 2023. Polyvictimization and adolescent health and well-being in Ethiopia: the mediating role of resilience. International journal of environmental research and public health, 20(18), 6755.

Mossige, S., and Huang, L., 2017. Poly-victimization in a Norwegian adolescent population: Prevalence, social and psychological profile, and detrimental effects. PloS one, 12(12), e0189637.

Oxford Bibliography., 2017. Polyvictimization Introduction.

Rindestig, F. C., Gådin, K. G., Jonsson, L., Svedin, C. G., Landberg, Å., and Dennhag, I., 2025. A latent class analysis of technology-facilitated

sexual violence: Associations to other victimizations, psychiatric symptoms, and gender. Child Abuse and Neglect, 161, 107309.

Soler, L., Kirchner, T., Paretilla, C., and Forns, M., 2013. Impact of poly-victimization on mental health: The mediator and/or moderator role of self-esteem. Journal of interpersonal violence, 28(13), Pp. 2695-2712.

Sterzing, P. R., Gartner, R. E., Goldbach, J. T., McGeough, B. L., Ratliff, G. A., and Johnson, K. C., 2019. Polyvictimization prevalence rates for sexual and gender minority adolescents: Breaking down the silos of victimization research. Psychology of violence, 9(4), 419.

Turner, H. A., Finkelhor, D., and Ormrod, R., 2010. Poly-victimization in a national sample of children and youth. American journal of preventive medicine, 38(3), Pp. 323-330.

Turner, H. A., Shattuck, A., Finkelhor, D., and Hamby, S., 2017. Effects of poly-victimization on adolescent social support, self-concept, and psychological distress. Journal of interpersonal violence, 32(5), Pp. 755-780.

United Nations Children's Fund.org. New York: United Nations Children's Fund. 2011. State of the World Children. Updated 2011 February. http://www.unicef.org/ Prevalence and Determinants of Child Maltreatment _ 239 adolescence/files/SOWC_2011_Main_Report_EN_02242011.pdf

World Health Organization., 2017. Child maltreatment. Violence info. https://apps.who.int/violence-info/child-maltreatment

World Health Organization., 2020. Youth violence. https://www.who.int/news-room/fact-sheets/detail/youth-violence

Yakub, N. A., Ali, S. F., Farid, N. D. N., Shari, N. I., and Panatik, S. A., 2024. A Systematic Review Comparing Pre-Post Covid-19 Pandemic Parenting Style and Mental Health-Related Factors. Journal of Affective Disorders Reports, 100826.