



CHILDHOOD VICTIMIZATION AND ADULT MENTAL HEALTH

A QUANTITATIVE STUDY ON THE
PREVALENCE OF DEPRESSION, ANXIETY
AND HAZARDOUS ALCOHOL USE IN
SWEDISH UNIVERSITY STUDENTS

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ABSTRACT

This thesis investigates whether an association can be established between childhood victimization (CV) and current mental health (MH) among Swedish university students, focusing on the prevalence of anxiety, depression and hazardous alcohol use (HAU) in relation to different forms of CV. The data comes from the World Mental Health International College Student Initiative, a global survey designed to generate data on MH disorders, as well as implement and evaluate web-based interventions aimed at preventing and treating said disorders. The thesis hypothesized that high levels of CV would be positively associated with the prevalence of the aforementioned conditions and that females with a history of CV would have a higher prevalence of these conditions. Using SPSS, 23 variables related to CV were analyzed using an exploratory factor analysis (EFA), which extracted 6 factors. The 23 variables were condensed into 6 additive indexes according to findings from the EFA, as well as one additive index making up all 23 variables to check for general CV. Eight consecutive hierarchical multiple linear regression analyses (OLS) were conducted, two for each of the dependent variables; anxiety, depression, HAU as well as an index combining all three dependent variables to indicate the presence of one or more conditions. Each analysis had gender in the first block and added the CV index or the six factors in the second block. The results show positive associations between four CV factors and depression, and positive associations between anxiety and two CV factors, as well as a positive association between females and anxiety. The results also indicate a positive association between males and HAU. The findings are in line with previous research, but further research is needed to provide stronger evidence of an association between CV and MH/HAU among Swedish university students.

Keywords: anxiety; childhood victimization; depression; hazardous alcohol use; mental health

LIST OF ABBREVIATIONS

AUD – Alcohol Use Disorder

AUDIT – Alcohol Use Disorders Identification Test

AUDIT-C – Alcohol Use Disorders Identification Test-Concise

CM – childhood maltreatment

CPP – child physical punishment

CV – childhood victimization

EFA – exploratory factor analysis

GAD – Generalized Anxiety Disorder

HAU – hazardous alcohol use

IPV – intimate partner violence

MDD – Major Depressive Disorder

MH – mental health

OLS – hierarchical multiple linear regression analysis

SV – sexual victimization

WHO – World Health Organization

WMH-ICS – World Mental Health International College Student Initiative

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INTRODUCTION

Within the field of victimology, it can be argued that children are some of the most victimized people. Children are not only victims of many of the same crimes adults are victims of, but they are also at risk for victimization related to their status as children. Childhood victimization (CV) refers to victimizations experienced by an individual before the age of 18 and include, in addition to conventional crimes, e.g. child abuse, child maltreatment (CM) and neglect, bullying and partner abuse.¹ It is well known that being victimized can fundamentally affect an individual's health and CV is no exception, as several studies have demonstrated associations between CV and adult mental health (MH) issues.² Because CV sufferers are among the victims least likely to report their victimizations, the full scope of CV is hard to estimate.³

This study utilizes material on CV and MH in newly accepted university students in Sweden in order to examine possible associations between CV and current adult MH issues. It is estimated that approximately 75% of all lifetime MH disorders have their onset before the age of 24. Additionally, the university years are associated with risky behaviors, such as excessive consumption of alcohol.⁴ Studies indicate that experiencing CV has long lasting effects on all aspects of health; including heightened risks for anxiety, depression and hazardous alcohol use (HAU).⁵ While the MH associations with CV are many, this paper will focus on the three aforementioned ones; HAU and symptoms of depression and anxiety, as these are some of the most common MH symptoms associated with victimization.⁶

Furthermore, some gender differences have been identified in studies of CV. E.g., an association between CV and alcohol related problems have been found in multiple studies on both women and men,⁷ but many studies indicate a stronger association in females.⁸ While HAU is generally more prevalent in males than females both in Sweden and in Europe,⁹ several studies show that victimized females, especially those who have been sexually victimized, are overrepresented in those with substance abuse issues, including HAU. Additionally, women who have experienced CV report higher levels of anxiety and depression compared to men.¹⁰ Many individuals with CV experiences develop anxiety and depression that often persist into adulthood,¹¹ and women with these experiences tend to report higher levels of depression and anxiety.¹²

¹ Finkelhor 2008

² Cater et al. 2014, Fowler et al. 2020, Herman 2015, Richmond et al. 2009

³ Finkelhor 2008

⁴ The World Mental Health (WMH) Study Initiative 2022

⁵ Cater et al. 2014, Fowler et al. 2020

⁶ Alborn 2012, Cater et al. 2014

⁷ Herman 2015, Miller & Mancuso 2004

⁸ Lundgren et al. 2002, Young-Wolff et al. 2011

⁹ Hensing 2012

¹⁰ Cater et al. 2014, Cater et al. 2015, Gershon et al. 2008, Richmond et al. 2009

¹¹ Herman 2015, Janoff-Bulman 1992

¹² Herman 2015

This study will be based on the national Swedish material from the World Mental Health International College Student (WMH-ICS) Initiative by the World Health Organization (WHO), an extensive global survey designed to “generate accurate epidemiological data on [...] mental, substance, and behavioral disorders among college students worldwide”¹³ as well as implement and evaluate web-based interventions aimed at preventing and treating these disorders.¹⁴ The study will utilize survey material on CV, gender, depression, anxiety and HAU in order to check for associations between CV, gender and MH/HAU.

Aim and Research Hypotheses

The objective of this paper is to investigate whether a positive association between self-reported experiences of CV and current, self-reported MH issues can be identified in a sample of newly admitted university students in Sweden. The MH issues investigated are symptoms of depression and anxiety, and HAU. Additionally, the thesis will investigate whether certain forms of CV are more associated with MH issues than other forms of CV, and whether there are any gender differences in the sample.

The paper has two hypotheses:

- 1) High levels of CV will have a positive association with the occurrence of depression, anxiety and HAU.
- 2) Individuals assigned female at birth, who report high levels of CV, will be more likely to report symptoms of anxiety and depression, and HAU, compared to individuals assigned male at birth.

Definitions

Childhood victimization (CV) refers to victimizations experienced before the age of 18. The definition of CV is quite broad, as it encompasses more than victimization by conventional crime.¹⁵ In the present essay, CV refers to child abuse (including verbal, physical and sexual abuse), CM and neglect, child physical punishment (CPP), witnessing parents engage in intimate partner violence (IPV), different forms of bullying, having parents with severe MH problems (including suicide attempts and suicide completion), having parents engaged in criminal activities, having parents with alcohol/substance abuse problems and partner abuse (verbal and physical). The CVs in this study only covers victimizations by family members (parents) and peers (bullies or partners).

Hazardous alcohol use (HAU) refers to “drinking patterns that *could* lead to health and social consequences, but where the consumption has *not yet* led to any somatic symptoms”.¹⁶ HAU is measured using the first three questions from the *Alcohol Use Disorders Identification Test (AUDIT)* created by WHO to screen for HAU.¹⁷ The first three questions are usually referred to as AUDIT-C, where the C stands for “concise”. High scores on AUDIT-C are common for the demographic this survey was done on, as binge drinking – i.e. drinking with the primary goal of

¹³ WMH Study Initiative 2022

¹⁴ *ibid*

¹⁵ Finkelhor 2008

¹⁶ Andersson & Spak 2012: 67, translation by the present author, emphasis added

¹⁷ *ibid*, Agerberg 2004

being intoxicated quickly – is common among younger adults¹⁸ and university students. This does not necessarily mean that these individuals will develop alcohol related disorders, only that the consumption of alcohol reported could put them at risk for developing disorders in the future.¹⁹

Symptoms of anxiety include feeling worried or anxious, worrying excessively or “too much”, having trouble controlling one’s worry, muscle aches/tension, sleep issues and feeling restless or “on edge”. **Symptoms of depression** include feeling sad or depressed, feeling discouraged about how things are going in life, taking little/no interest or pleasure in things, feeling down on oneself, thinking a lot about death, sleep issues and feeling so low it causes distress or interferes with home, work, school or social life. These lists of symptoms are not exhaustive, but include some of the symptoms the WMH-ICS mentions.

Paper Outline

This *Introduction* chapter has given a brief introduction to the study, as well as introduced the aim and research hypotheses. A section on definitions was also included for better understanding of the coming chapters. Before presenting the material on which the thesis builds on, the Swedish WMH-ICS Initiative, a *Background* chapter provides context and an overview of previous research on the associations between CV, MH, HAU and gender differences. Under *Material*, the WMH-ICS Initiative is presented, along with descriptions of the dependent and independent variables. In *Method and Ethical Considerations*, the methods used are described and the ethics surrounding the study are addressed. In *Results*, the main analyses which test the paper’s hypotheses are presented, followed by the *Discussion* chapter in which the results are analyzed and problematized. Finally, the *Conclusion* chapter summarizes the results and presents ideas for future research.

BACKGROUND

Many studies indicate that HAU is particularly high in students.²⁰ This can be due to a number of factors which will not be elaborated upon here, but one possible explanation is that many individuals at this age go to university, and are away from their parents and their social control, for longer periods of time.²¹ The Public Health Agency of Sweden reported that 16% of the Swedish population engaged in HAU in 2020.²² The university years are also the time where many people will experience onset of MH disorders, as 75% of all lifetime MH disorders have their onset before the age of 24.²³ According to the Public Health Agency of Sweden, roughly 66% of women and 42% of men between the ages of 16 to 29 reported symptoms of anxiety in 2020.²⁴ Additionally, MH and HAU are related to the experience of CVs. The estimated global prevalence of self-reported child physical neglect and emotional neglect in 2014 was 16% and 18%, respectively,

¹⁸ Alborn & Fahlke 2012, Weibull 2012

¹⁹ Weibull 2012

²⁰ WMH Study Initiative 2022

²¹ Alborn & Fahlke 2012, Bunting & Bharat 2019, Tidefors 2012

²² Public Health Agency of Sweden 2021

²³ WMH Study Initiative 2022

²⁴ Public Health Agency of Sweden 2021

and CPP was estimated to be between 15% and 22% in Sweden the same year.²⁵ While these numbers are an indication of the prevalence of CV, the actual numbers are hard to estimate, as many CV sufferers never actually report their experiences.²⁶ This chapter provides a brief background on these topics, along with some literature on the gender differences associated with these experiences.

Childhood Victimization, Mental Health and Alcohol Use

A Swedish study on adolescents reported that sexual victimization (SV) and CM were more common among females than males, and that the MH effects of victimization affected females to a larger extent than males.²⁷ A study on college women in the US also demonstrated that CM and childhood SV could predict anxiety and depression.²⁸ A 2022 study found that CV is “associated with an elevated risk of onset and impairment among 12-month cases of diverse mental disorders” in first-year college students from nine countries.²⁹ Mental disorders, including major depressive disorder (MDD), generalized anxiety disorder (GAD) and alcohol use disorder (AUD), were all associated CV.³⁰ In an Irish sample of first-year university students, one study reported that many students enter university with high levels of MH issues, especially relating to depression. Females were more likely than males to present with MH issues upon starting university.³¹ A study from South Africa showed that experiences of CM increased the risk of developing MDD and GAD in first year university students³² and a 2011 study from Japan demonstrated that CV experiences showed a significant effect on MH disorders. The study also indicated that the number of CVs experienced had a strong effect on the onset of anxiety disorders.³³

A study from 1997 reported that 62% of the Swedish female alcohol and substance abusers in a sample were sexually victimized in their childhood. The study reported that women who experienced SV before the age of 13 were five times as likely as women from the general population to develop alcohol problems as adults.³⁴ In those with severe alcohol problems as adults, there is in fact often an early history of abuse (sexual or other) and child neglect.³⁵ Studies on the relationship between SV and MH issues (including alcohol problems) report that females are at a higher risk of experiencing MH issues and alcohol problems in adulthood after SV.³⁶ A US study conducted as a follow-up on females who, as children, were victims of child abuse and neglect, reported that CV may be one of the causal factors in the development of alcohol problems in adult females.³⁷ A German study reports that having parents with alcohol issues can also predict the escalation of alcohol use and the development of AUD in the children.³⁸ A

²⁵ Cater et al. 2014

²⁶ Finkelhor 2008

²⁷ Aho et al. 2016

²⁸ Richmond et al. 2009

²⁹ Husky et al. 2022: 1

³⁰ *ibid*

³¹ Ward et al. 2022

³² Myers et al. 2021

³³ Fujiwara & Kawakami 2011

³⁴ Spak et al. 1997

³⁵ Hensing 2012

³⁶ Gershon et al. 2008

³⁷ Schuck and Widom 2001

³⁸ Lieb et al. 2002

Chinese study found that CPP was associated with alcohol problems in adulthood.³⁹ A Brazilian study also reported that CVs are associated with MH disorders. The Brazilian study reported that parental mental disorders and family violence were the main predictors of MH disorders, and that SV predicted anxiety and mood disorders, while physical abuse predicted impulse-control and substance (including alcohol) disorders.⁴⁰

Another type of CV that has been known to affect adult MH is witnessing IPV. The prevalence of children witnessing IPV in Sweden is estimated to be between 6% and 12%.⁴¹ A Swedish study showed that those who had witnessed IPV in childhood reported more MH problems, including anxiety and depression. The study also showed that women were more likely to report having witnessed IPV than men.⁴² Moreover, it is reported that children who experience bullying are more “socially anxious, avoidant, depressed, and suicidal”,⁴³ and are more likely than others to experience depression in adulthood. Again, there are indications that the lingering MH effects of bullying affect girls more than boys.⁴⁴ A Canadian study reported that bullying was associated with MH in young adulthood, including depression, anxiety and HAU.⁴⁵ A Swedish study on young adults also found that the amount of bullying and levels of MH problems were correlated. For females, the study indicated that high amounts of CV perpetrated by parents or partners were related to higher levels of MH problems during young adulthood.⁴⁶

Mental Health and Alcohol

It is well-known that depression and anxiety are common in the general population, but these types of illnesses are twice as common in those with alcohol or other substance problems.⁴⁷ Depression and anxiety disorders are more common among women than men, which means that a woman with alcohol problems is more likely to have depression or an anxiety disorder.⁴⁸ However, one can not simply assume that one problem came before the other as the issue is far more complex. HAU increases the chances of developing other MH issues, for both men and women,⁴⁹ but the opposite is also true – that MH issues increase the risk of developing alcohol problems.⁵⁰ Alcohol is the most common drug in Sweden and it therefore comes as no surprise that individuals who struggle with MH issues *and* substance issues are often struggling with alcohol.⁵¹ In fact, comorbidity between substance abuse (including alcohol) and MH illnesses is more common in females than in men, with 60% versus 40%, respectively, for each group.⁵² While this study is not able to explore any possible interactions between HAU and MH, many studies indicate that they are often present

³⁹ Cheng et al. 2011

⁴⁰ Coêlho et al. 2021

⁴¹ Cater et al. 2014

⁴² Cater et al. 2015

⁴³ Knack et al. 2014: p. 112

⁴⁴ *ibid*

⁴⁵ Oncioiu et al. 2021

⁴⁶ Källström et al. 2020

⁴⁷ Agerberg 2004, Alborn 2012

⁴⁸ Hensing 2012

⁴⁹ *ibid*

⁵⁰ Alborn 2012

⁵¹ *ibid*

⁵² Birath Scheffel 2012

simultaneously and it is likely that many respondents will report more than one MH issue and/or HAU in this study.

The Present Study

As this brief literature review has elucidated, there seems to be a knowledge gap when it comes to CV and associations with symptoms of anxiety, depression and HAU in Swedish university students. While other Swedish studies on CV and MH have been conducted, these studies have not used a sample from college students specifically. As the college years are associated with the emergence of mental health disorders and HAU,⁵³ it is clear that this demographic needs further research. The outcomes of this study are largely expected to fall in line with previously mentioned studies, but it is nonetheless important to get Swedish college student data on the subject.

MATERIAL

Setting and Measures

The material used for the analyses conducted in this study comes from the WMH-ICS Initiative by WHO, supplied to the present author by Claes Andersson who is one of the collaborators on the project. The WMH-ICS is a global initiative aimed at estimating the prevalence of mental disorders among college students, as well as collecting data on the consequences of these mental disorders (i.e the effects on personal, social and academic life) and identifying help-seeking patterns and barriers to treatment. For this purpose, the WMH-ICS survey is designed to generate mental health diagnoses, e.g. MDD, GAD and substance (including alcohol) dependence and abuse. Part of the project is also to evaluate internet-based interventions aimed at preventing and treating the problems identified in the surveys.⁵⁴ Sweden joined the WMH-ICS in 2019 and started collecting data using the global survey in 2020. Seven Swedish universities are part of the project thus far; Göteborgs universitet, Kungliga musikhögskolan, Linnéuniversitetet, Malmö universitet, Stockholms universitet, Umeå universitet and Uppsala universitet. As mentioned previously, it is only the Swedish national data from the WMH-ICS that will be used for analyses in this project.

The survey was sent to students starting programmes at the seven Swedish universities in autumn 2020 and in spring 2021. A link to the survey was sent to the students via their email, which was obtained along with their personal identification numbers from Ladok. Students were sent the initial invitation to participate, as well as two reminders. A total of 31,298 students were invited to take the survey and 3,178 students (approximately 10%) responded. The survey first presented the respondent with information about the study and its purpose, and the student was then asked to give their informed and voluntary consent before proceeding to the survey. Respondents would answer varying amounts of questions depending on their answers to the screening questions and randomizations within the survey.

⁵³ WMH Study Initiative 2022

⁵⁴ *ibid*

Procedure

The data from the two survey groups (autumn 2020 and spring 2021) was sent to the present author as a dataset in *IBM SPSS Statistics (SPSS)* which contained 471 variables, 27 of which will be used for analyses in this thesis. This includes 23 variables relating to CV, a gender variable, two mental health variables (anxiety and depression) and finally a variable screening for HAU.

The survey contained extensive questions relating to depression and anxiety, for the purpose of generating diagnoses related to these symptoms but due to the construction of the survey, not all respondents were asked all questions relating to depression and anxiety, as described above. For this reason, the screener variables (checking for the prevalence of symptoms) were decided upon for the depression and anxiety variables as these were presented to all survey takers. These variables can not be equated to diagnoses of anxiety and depressive disorders, which is what the survey's primary purpose is. These two variables only account for the prevalence of symptoms of depression and anxiety, but does not say anything about the frequency, duration or level of such experiences. The survey included the full AUDIT, which is a 10-item survey. However, the number of questions presented to the respondent depended on answers to previous questions, as described above. For this reason, the AUDIT-C variable, based on the scores on the first three questions, was decided upon for the study as these three questions were presented to everyone.⁵⁵ The three AUDIT-C questions are: 1) *How often do you have a drink containing alcohol?*, 2) *How many drinks containing alcohol do you have on a typical day when you are drinking?* and 3) *How often do you have [quantity reported in previous question] or more drinks on one occasion?*

Variables

Gender and Dependent Variables

Gender. The gender variable refers to the respondent's gender assigned at birth, with the options "female" (=0) or "male" (=1). Gender identity was also surveyed and included the option "other", in addition to "female" and "male". The complexity of gender identity unfortunately falls outside the scope of this paper, which is why gender assigned at birth was deemed a more suitable option for the study. The gender variable will be used as a control variable in the analyses.

Depression screener and Anxiety screener, self-reported. This question was asked as *Have you ever in your life had any of the following emotional problems? – Depression* and *Have you ever in your life had any of the following emotional problems? – Problems with anxiety (nerves, worries, fears, compulsions, obsessions)*, respectively. Response options were "yes" (=1) and "no" (=0).

Hazardous alcohol use screener, generated by survey answers. This variable is based on the respondents' answers to the AUDIT-C questions (see *Procedure*). A

⁵⁵ Those who answered "I never drink alcohol" on the first AUDIT-C question were not presented with the next two AUDIT-C questions or any further questions pertaining to alcohol, but everyone else was presented with all three AUDIT-C questions.

total score of 13 or below generated a positive screen (=1), and a total score of 14 or above generated a negative screen (=0).⁵⁶ Thus, 0=no HAU and 1=HAU.

Mental Health Screener, index. This additive index, composed of the three screener variables, gives respondents the score 1 if they have a positive screen on any of the previously presented screeners. Thus, the score 1 indicates 1 to 3 positive screens, while the score 0 was given to those who did not screen positive on either of the three screeners.

Independent Variables: Childhood Victimization

The 23 items relating to CV were asked under the section *Childhood Background* in the survey. This section also inquired about the highest education level of the respondent's parents, but this variable was not included in the present study. The 23 items were scored on a Likert scale, with scores ranging from 1 to 5, where 1 is equal to "very often" and 5 is equal to "never". Thus, a low score indicates higher levels of victimization. *Table 1b* shows the percentage of respondents scoring a 1, "very often". Four of the variables (Variables 10, 15, 16 and 17) were reverse-coded in order to match the scale level of the remaining variables (see *Table 1b*).⁵⁷ The variable numbers in *Table 1b* reflect the original order in which the questions were presented in the survey, the table presents them in order of prevalence in descending order. The original order as well as full variable names can be found in *Appendix 1*.

METHOD AND ETHICS

The dataset was analyzed using *SPSS*. Due to many missing items on the CV variables, the sample size was reduced before conducting any analyses. Using the "select cases" function in *SPSS*, responses that had missing items on the 23 variables related to CV were excluded, which decreased the sample size from 3,178 to 2,292 (592 male, 1,696 female, 4 missing responses). Because gender is central to the study, the 4 missing responses to the gender question were also excluded, resulting in a final sample size of 2,288. With the sample finalized to 2,288 responses, initial descriptive analyses were carried out, resulting in frequency tables and cross-tabulations.

The main analysis was then conducted in two steps. First, an exploratory factor analysis (EFA) was conducted, followed by eight hierarchical multiple linear regression analyses (OLS) to test the two hypotheses stated in the *Aim* chapter. A Missing Value Analysis (MVA) was considered, but ultimately deemed redundant due to the structure of the survey. Upon first glance, the high number of missing values might indicate a systematic drop-out, however, the questions relating to CV were only presented to those who screened positive on the MH disorder screeners (*Anxiety* and *Depression Screeners*, detailed in the previous chapter).⁵⁸ The

⁵⁶ The exception to these cut-off scores was those who answered "I never drink alcohol" on the first AUDIT-C question, who were given a total score of 5. This score, while lower than 13, still generated a negative screen, as there is **no alcohol consumption at all**.

⁵⁷ Pallant 2005

⁵⁸ The childhood victimization questions were also presented to those who screened positive on *other* mental health screeners that are not included in this particular study. These include e.g. panic attacks and manic-depression/mania.

number of missing items of each of the CV variables ranged between 847 and 853, with 845 cases missing variables on all 23 CV items. This means that approximately 26.6% of all participants did not answer any questions related to CV.

Exploratory Factor Analysis

An EFA was decided upon in order to group together different forms of CV and allow for comparison between them. An EFA would reduce the number of independent variables into factor groupings, which would make the subsequent analyses more manageable. As stated previously, the 23 variables used in the EFA were scored between 1 (“very often”) and 5 (“never”), with four of the variables being reverse coded before analyses in order to have a uniform scale level. The EFA was done using Principal Axis Factoring as the extraction method and Varimax with Kaiser Normalization as the rotation method. The rotation method chosen attempts to minimize the number of variables that have high loadings on each of the factors and only take factors with an eigenvalue above 1 into consideration,⁵⁹ which was helpful in the current analysis as the least number of factors possible would make the following analyses more manageable. Cronbach’s Alpha, which is a value that indicates how well the indexes measure the components it is intended to measure, was calculated for all the factors (which would then be grouped together in indexes), as well as for the 23 CV variables. Cronbach’s Alpha values should ideally exceed .7, but this value is also sensitive to the number of items included in the indexes. Indexes with fewer items typically present with lower Cronbach’s Alpha values.⁶⁰

Multiple Linear Regression Analyses

Eight OLSs were conducted, two OLSs for each outcome variable; *Depression Screener*, *Anxiety Screener*, *Hazardous Alcohol Use Screener* and *Mental Health Screener*. The outcome variables have all been described in the previous chapter. Gender was entered as a control variable in the first block for all analyses, with the remaining predictor variables being entered in the second block for all analyses. For the first OLS, for each outcome, gender was entered in the first block, followed by all six factors extracted from the EFA. In the second OLS for each outcome variable, gender was again entered in the first block, followed by the CV index. Gender is labeled *Gender (Male)* in the models for easier interpretation, as a high score on this variable is indicative of the male gender, and a low score is indicative of the female gender.

Ethical Considerations

In accordance with the *Swedish Act concerning the Ethical Review of Research Involving Humans* (2003:460), all procedures and information, including sending invitation emails to participants and informed consent materials, were vetted by the Swedish Ethical Review Authority (Ref. No. 2020-01465) and approved May 12, 2020. While the provided material does contain information about place of study (university), age, gender and a response-ID, any other identifying information is not included in the dataset. Thus, the sensitive information provided by students (mental health status, alcohol habits, victimization experiences, etc.) cannot be traced back to the individuals that provided them by

⁵⁹ Pallant 2005

⁶⁰ *ibid*

the present author. The material has been handled by the present author with utmost discretion, and all material will be deleted following the examination of the thesis.

RESULTS

Initial descriptive analyses were run on all variables before further analyses. Frequencies, percent and results of the Chi²-tests carried out in the cross-tabulations are presented in *Tables 1a* for the outcome variables and *Table 1b* for the predictor variables.

Table 1a. Frequencies (%) positive screenings on depression, anxiety, hazardous alcohol use and Mental Health Screener, presented as total and gender differentiated (n = 2,288)⁶¹

Item	Valid percent			Pearson Chi ² (df = 1)
	Total (n = 2,288)	Female (n = 1,696, 74.1%)	Male (n = 592, 25.9%)	
Depression Screener	1,512 (66.1)	1,128 (74.6)	384 (25.4)	.397
Anxiety Screener	1,967 (86.0)	1,516 (77.1)	451 (22.9)	62.264**
Hazardous Alcohol Use Screener / AUDIT-C	1,726 (75.4)	1,259 (72.9)	467 (27.1)	5.124*
Mental Health Screener	2,234 (97.6)	1,659 (74.3)	575 (25.7)	.907

As *Table 1a* shows, 97.6% of all respondents screened positively on one or more of the three screeners. Anxiety was the most common positive screen among all respondents (86%) and for females (77.1%), while HAU was the most common positive screen for males (27.1%). Pearson Chi² tests indicate that the gender distribution for anxiety and HAU is not random, but that there is a relationship between gender and anxiety, and gender and HAU. Gender does not have a significant influence on the remaining two screeners.

Table 1b. Frequencies (%) childhood victimization variables, answered “very often” (n = 2,288), presented as total and gender differentiated, in descending order⁶²

Item	Total	Total		Pearson Chi ² (df = 4)
		Female	Male	
1. One of your parents had a serious emotional or mental health problem	199 (8.7)	170 (85.4)	29 (14.6)	22.585**
20. How often were you bullied at school by someone who purposefully ignored you, excluded you, or spread rumors about you behind your back?	199 (8.7)	164 (82.4)	35 (17.6)	14.181*

⁶¹ *p < .05, **p < .001

⁶² *ibid*

19. How often were you bullied at school verbally?	171 (7.5)	129 (75.4)	42 (24.6)	40.439**
10. Someone in your family made you feel unimportant	168 (7.3)	116 (69.1)	52 (30.9)	8.539
8. Someone in your family repeatedly said hurtful or insulting things to you	140 (6.1)	122 (87.1)	18 (12.9)	31.572**
2. One of your parents had a serious alcohol or drug problem	117 (5.1)	92 (78.6)	25 (21.4)	5.192
9. You were emotionally abused at home	117 (5.1)	100 (85.5)	17 (14.5)	18.186*
17. You felt emotionally distant to your family members	112 (4.9)	71 (63.4)	41 (36.6)	11.396*
15. You did not feel loved and cared for by your family/at home	64 (2.8)	41 (64.1)	23 (35.9)	6.765
23. How often were you in a romantic relationship where your partner repeatedly said hurtful or insulting things to you?	56 (2.4)	50 (89.3)	6 (10.7)	21.849**
18. How often were you bullied at school physically?	45 (2.0)	34 (75.6)	11 (24.4)	108.309**
16. People in your family did not look out for you or took care of you	38 (1.7)	18 (47.4)	20 (52.6)	19.148**
13. You were seriously neglected at home (e.g., nobody took care of you or protected you or made sure you had the things you needed)	34 (1.5)	29 (85.3)	5 (14.7)	4.994
5. Your parents hit each other or were violent to each other	31 (1.3)	28 (90.3)	3 (9.7)	12.633*
14. You had to do chores too hard or dangerous for someone your age	30 (1.3)	26 (86.7)	4 (13.3)	6.331
6. Someone in your family hit you so hard that it left bruises or marks	23 (1.0)	18 (78.3)	5 (21.7)	4.372
21. How often were you bullied over the internet (e.g., Facebook, twitter) or by text messaging?	23 (1.0)	19 (82.6)	4 (17.4)	9.861*
7. You were physically abused at home	20 (0.9)	15 (75.0)	5 (25.0)	.975
3. One of your parents attempted suicide or died by suicide	18 (0.8)	15 (83.3)	3 (16.7)	10.239*
4. One of your parents was involved in criminal activities	13 (0.6)	6 (46.2)	7 (53.8)	7.984
22. How often were you in a romantic relationship where your partner repeatedly	13 (0.6)	11 (84.6)	2 (15.4)	10.180*

hit you or hurt you?				
11. Someone in your family touched you or made you touch them in a sexual way against your will	7 (0.3)	7 (100.0)	0 (0.0)	11.122*
12. You were sexually abused at home	5 (0.2)	5 (100.0)	0 (0.0)	6.181

As seen in *Table 1b*, Pearson Chi² tests indicate that gender was related to 14 out of the 23 variables, with females scoring “very often” more frequently than males on all 14 of those items but one. For item 16, *People in your family did not look out for you or took care of you*, males scored positively slightly more frequently than females (52.6% versus 47.4%). Specifically, gender was significantly related to items 1, 3, 5, 8, 9, 11, 16, 17, 18, 19, 20, 21, 22 and 23. Despite the significance of gender, the prevalence of high levels of CV was relatively low in the total sample, ranging from 0.2% (*You were sexually abused at home*) to 8.7% (*One of your parents had a serious emotional or mental health problem*).

Exploratory Factor Analysis

As shown in *Table 2*, the EFA extracted 6 valid factors with an eigenvalue above 1 which cumulatively account for 66.1% of the variance. *Table 2* presents the results as a rotated factor matrix, for easier interpretation.⁶³ The 6 factors each explain 29.3% (Factor 1), 10.6% (Factor 2), 8.6% (Factor 3), 6.7% (Factor 4), 5.7% (Factor 5) and 5.2% (Factor 6) of the variance. The Kaiser-Meyer-Olkin (KMO) value for the EFA was .854, which is in line with the recommendations of a KMO above .6 for a suitable factor analysis.⁶⁴ Furthermore, the correlation matrix should ideally show factor loadings of .3 or greater to be considered suitable for factor analysis,⁶⁵ which this EFA does. The factors and the variable items that load on them (items with factor loadings below .10 are not included in the matrix) are presented in *Table 2*. The six factors (highlighted in yellow) are named *Lack of emotional bonds* (four items), *Neglect or indirect victimization* (eight items), *Physical and emotional abuse* (three items), *Bullying* (four items), *Sexual abuse* (two items) and *Partner abuse* (two items).

Table 2. Rotated Factor Matrix, Childhood Victimization Exploratory Factor Analysis and Cronbach’s Alpha Values⁶⁶

		Factor					
Factor	Item Number	1	2	3	4	5	6
1. Lack of emotional bonds <i>Cronbach’s Alpha: .875</i>	15.	.87 2	.17 4	.16 8			
	17.	.80 4	.118				
	16.	.76 3	.26 3	.19 1			

⁶³ Pallant 2005

⁶⁴ *ibid*

⁶⁵ *ibid*

⁶⁶ *Factor loadings with an absolute value below .10 have been excluded from the matrix*

	10.	.66 5					
2. Neglect or indirect victimization <i>Cronbach's Alpha: .781</i>	1.	.20 1	.66 5	.16 5	.14 5		
	2.		.61 4				
	5.	.16 0	.48 8	.42 5		.12 1	
	3.		.45 0				
	13.	.36 6	.44 8	.31 2			.12 9
	14.	.22 8	.42 9	.30 1		.13 2	.12 2
	8.	.36 8	.42 5	.41 1	.22 7		
	4.		.41 7	.13 0		.12 2	
3. Physical and emotional abuse <i>Cronbach's Alpha: .767</i>	7.	.17 9	.18 2	.86 2			
	6.	.17 9	.20 2	.82 1		.119	
	9.	.38 9	.46 3	.46 9	.20 0		
4. Bullying <i>Cronbach's Alpha: .798</i>	19.				.90 0		
	20.				.80 0		
	18.			.12 1	.60 7		.12 1
	21.				.47 6		.13 4
5. Sexual abuse <i>Cronbach's Alpha: .875</i>	12.		.13 2	.10 2		.88 5	.10 2
	11.		.17 5	.12 1		.83 9	
6. Partner Abuse <i>Cronbach's Alpha: .683</i>	22.			.10 3	.17 7		.79 9
	23.		.12 2		.22 0		.66 3

Extraction Method: Principal Axis Factoring Rotation Method: Varimax with Kaiser Normalization

Additive indexes were created using the factors extracted in the EFA, and all 23 variables were also combined in an additive index named *Childhood Victimization*. This allowed for a comparison between the different kinds of victimizations (reflected in the factor groupings) in the OLSs. The *Childhood Victimization* index was created to allow for a comparison between “general” CV and more specific kinds of CV. Cronbach’s Alpha for the *Childhood Victimization* index was .880, and Cronbach’s Alpha for the six factors can be seen in *Table 2*. Indexes with fewer items typically present with lower Cronbach’s Alpha values⁶⁷, as seen in *Partner Abuse* (factor 6) with the value .683, which only includes two items. However, the number .683 is not too far off from .7, so it will nonetheless be included in the following analyses.

Multiple Linear Regression Analyses

All eight models were statistically significant. The Variance Inflation Factors (VIF) values for the eight OLSs range from 1.000 to 2.200, which indicates that multicollinearity would not be a concern for the models, as none of the VIF values exceed 10.⁶⁸ The F ratio, “which represents the variance between the groups, divided by the variance within the groups”,⁶⁹ was significant for all four *Anxiety models* and all four *HAU models*, as well as on *Depression models 2.1 and 2.2*. The largest F ratios were found in *Anxiety models 1.1 and 1.2* (F ratio 63.951) and *Depression model 2.2* (F ratio 93.655). These large F ratios indicate that there is “more variability *between* the groups (caused by the independent variable) than there is *within* each group”.⁷⁰

Due to the coding of the variables, negative values on the predictor variables will be interpreted as positive and vice versa. This is because low values on these variables actually indicate high levels of CV, as described in the *Material* section. Likewise, the variable Gender will be presented as *Gender (Male)* in the tables, since positive values indicate the male gender (male=1) and negative values indicate the female gender (female=0).

Table 3a. Coefficients, 95% C.I., F value and R² for OLS Regression with Depression Screener as Outcome Variable⁷¹

Model		B	SE B	β	95.0% C.I. for EXP (B)	
					Lower	Upper
1.1 ⁷²	(Constant)	.665	.011		.643	.688
	Gender (Male)	-.014	.023	-.013	-.059	.030
2.1 ⁷³	(Constant)	1.673	.156		1.367	1.978

⁶⁷ *ibid*

⁶⁸ Pallant 2005

⁶⁹ *ibid*, p. 214

⁷⁰ Pallant 2005: 214, emphasis added

⁷¹ *p < .05, **p < .001

⁷² F Ratio: .396, R²: .000

⁷³ F Ratio: 32.145**, R²: .090

	Gender (Male)	-.008	.022	-.007	-.051	.035
	1. Lack of emot. bonds	-.038	.012	-.074*	-.061	-.014
	2. Neglect/indirect vict.	-.139	.024	-.169**	-.187	-.091
	3. Phys. and emot. abuse	.028	.020	.041	-.012	.069
	4. Bullying	-.094	.012	-.169**	-.118	-.070
	5. Sexual abuse	.047	.031	.032	-.014	.109
	6. Partner abuse	-.043	.015	-.062*	-.072	-.014
1.2⁷⁴	(Constant)	.665	.011		.643	.688
	Gender (Male)	-.014	.023	-.013	-.059	.030
2.2⁷⁵	(Constant)	1.888	.090		1.711	2.065
	Gender (Male)	-.005	.022	-.004	-.047	.038
	Childhood Victimization	-.276	.020	-.275**	-.315	-.236

Lack of emotional bonds, Neglect or indirect victimization, Bullying and Partner abuse were significantly negatively associated with depression, as seen in *Table 3a*. However, because low scores on these factors indicate high levels of CV, this association is instead interpreted as positive. Thus, *Depression model 2.1* shows a positive association between these four types of CV and the prevalence of depression. Gender was not significant in any of the *Depression models*.

Table 3b. Coefficients, 95% C.I., F value and R² for OLS Regression with Anxiety Screener as Outcome Variable⁷⁶

Model		B	SE B	β	95.0% C.I. for EXP (B)	
					Lower	Upper
1.1⁷⁷	(Constant)	.894	.008		.878	.910
	Gender (Male)	-.131	.016	-.165**	-.163	-.099
2.1⁷⁸	(Constant)	1.218	.117		.988	1.447
	Gender (Male)	-.126	.017	-.159**	-.158	-.093
	1. Lack of emot. bonds	.010	.009	.027	-.008	.028
	2. Neglect/indirect vict.	-.043	.018	-.071*	-.079	-.007
	3. Phys. and emot. abuse	-.002	.015	-.005	-.032	.028
	4. Bullying	-.037	.009	-.090**	-.055	-.019

⁷⁴ F Ratio: .396, R²: .000

⁷⁵ F Ratio: 93.655**, R²: .076

⁷⁶ *p < .05, **p < .001

⁷⁷ F Ratio: 63.951**, R²: .027

⁷⁸ F Ratio: 14.870**, R²: .044

	5. Sexual abuse	.007	.024	.006	-.040	.053
	6. Partner abuse	-.008	.011	-.016	-.030	.014
1.2⁷⁹	(Constant)	.894	.008		.878	.910
	Gender (Male)	-.131	.016	-.165**	-.163	-.099
2.2⁸⁰	(Constant)	1.223	.067		1.091	1.355
	Gender (Male)	-.128	.016	-.162**	-.160	-.096
	Childhood Victimization	-.074	.015	-.101**	-.104	-.045

Gender was shown to be a significant factor in the prevalence of anxiety, as shown in *Table 3b*. The gender association is negative and significant for all four *Anxiety models*. This negative association shows that females are more likely to struggle with anxiety. *Neglect or indirect victimization* and *Bullying* were also significantly negatively associated with anxiety, as seen in *Anxiety model 2.1*. As low scores on these factors indicate high levels of victimization, this model shows that high levels of *Neglect or indirect victimization* and *Bullying* are positively associated with the prevalence of anxiety symptoms. The *CV Index* was also negatively associated with anxiety, as seen in *Anxiety model 2.2*, which indicates that high levels of CV experiences is associated with the prevalence of anxiety.

Table 3c. Coefficients, 95% C.I., F value and R² for OLS Regression with Hazardous Alcohol Use Screener as Outcome Variable⁸¹

Model		B	SE B	β	95.0% C.I. for EXP (B)	
					Lower	Upper
1.1⁸²	(Constant)	.742	.010		.722	.763
	Gender (Male)	.047	.021	.047*	.006	.087
2.1⁸³	(Constant)	.490	.147		.201	.779
	Gender (Male)	.057	.021	.058*	.016	.098
	1. Lack of emot. bonds	.024	.011	.051*	.001	.046
	2. Neglect/indirect vict.	-.027	.023	-.036	-.072	.018
	3. Phys. and emot. abuse	.038	.019	.060*	.000	.076
	4. Bullying	.041	.011	.082**	.019	.064
	5. Sexual abuse	.020	.030	.015	-.038	.078
	6. Partner abuse	-.036	.014	-.058*	-.064	-.009

⁷⁹ F Ratio: 63.951**, R²: .027

⁸⁰ F Ratio: 44.376**, R²: .037

⁸¹ *p < .05, **p < .001

⁸² F Ratio: 5.131*, R²: .002

⁸³ F Ratio: 5.406**, R²: .016

1.2⁸⁴	(Constant)	.742	.010		.722	.763
	Gender (Male)	.047	.021	.047*	.006	.087
2.2⁸⁵	(Constant)	.417	.085		.250	.583
	Gender (Male)	.044	.020	.045*	.004	.084
	Childhood Victimization	.073	.019	.080**	.036	.111

As seen in *Table 3c*, gender was positively and significantly associated with all *HAU models*, indicating that there is an association between males and HAU. *Lack of emotional bonds, Physical and Emotional Abuse and Bullying* also showed a positive association with HAU in *HAU Model 2.1*, which demonstrates that low levels of these CV experiences are associated with the presence of HAU. *HAU Model 2.2* shows a positive association with the *CV index* as well, again demonstrating that low levels of CV are associated with the presence of HAU. *Partner abuse* was negatively correlated with HAU in the same model, indicating that higher levels of partner abuse are associated with HAU.

Table 3d. Coefficients, 95% C.I., F value and R² for OLS Regression with Mental Health Screener as Outcome Variable⁸⁶

Model		B	SE B	β	95.0% C.I. for EXP (B)	
					Lower	Upper
1.1⁸⁷	(Constant)	.978	.004		.971	.985
	Gender (Male)	-.007	.007	-.020	-.021	.007
2.1⁸⁸	(Constant)	1.042	.052		.940	1.145
	Gender (Male)	-.004	.007	-.013	-.019	.010
	1. Lack of emot. bonds	.002	.004	.015	-.006	.010
	2. Neglect/indirect vict.	-.016	.008	-.060	-.032	.000
	3. Phys. and emot. abuse	.001	.007	.004	-.012	.014
	4. Bullying	.000	.004	-.002	-.008	.008
	5. Sexual abuse	.002	.011	.005	-.018	.023
	6. Partner abuse	-.003	.005	-.016	-.013	.006
1.2⁸⁹	(Constant)	.978	.004		.971	.985
	Gender (Male)	-.007	.007	-.020	-.021	.007

⁸⁴ F Ratio: 5.131*, R²: .002

⁸⁵ F Ratio: 10.038**, R²: .009

⁸⁶ *p < .05

⁸⁷ F Ratio: .906, R²: .000

⁸⁸ F Ratio: 1.160, R²: .004

⁸⁹ F Ratio: .906, R²: .000

2.2 ⁹⁰	(Constant)	1.039	.030		.980	1.098
	Gender (Male)	-.006	.007	-.019	-.021	.008
	Childhood Victimization	-.014	.007	-.043*	-.027	-.001

The *Mental Health models*, seen in *Table 3d*, only showed significant values on *Mental Health model 2.2*, with a negative association between the *CV index* and general mental health. This indicates an association between higher levels of CV and the prevalence of one or more MH issues and/or HAU. There is a non-significant, but positive association between females and the prevalence of one or more MH issues and/or HAU in all *Mental Health models*.

DISCUSSION

It was hypothesized that females reporting high levels of CV would be more likely to report symptoms of anxiety, depression and HAU. This hypothesis is supported for depression and anxiety, but the results indicate that more males reported symptoms of HAU. This is more in line with the prevalence of HAU in the general population. The results also show that 97.6% of all respondents have more than one MH/HAU issue (seen in *Table 1a*), which is indicative of comorbidity. As the literature review showed, the prevalence of more than MH issue is very common and this result was expected. Moreover, only certain types of CV were positively associated with depression and anxiety; *Neglect or indirect victimization* and *Bullying* were positively associated with anxiety and depression, and *Lack of emotional bonds* and *Partner abuse* were positively associated with depression. *Partner abuse* was also positively associated with HAU. Interestingly enough, while much of the literature demonstrates a particular link between childhood SV in females and adult MH/HAU, *Sexual abuse* was not a significant factor in any of the models. In conclusion, the hypothesis that the prevalence of depression, anxiety and HAU would be positively associated with CV is only partially supported by the results. It should also be noted that the ratio of male to female respondents in the study is skewed, with far more females participating. Results might have been different if there was an equal number of male and female participants.

The survey is extensive with many questions regarding sensitive topics. It can not be ruled out that answers on the CV, MH and AUDIT-C questions are understated, whether due to memory bias or reluctance to answer due to the questions' sensitive nature.⁹¹ The levels of CV appear to be low in the sample, with the question most frequently answered "very often" only amounting to 8.7%, as seen in *Table 1b*. It is possible that the actual prevalence is higher than what is reflected in the survey data. This could be one explanation as to why the study showed no correlation between childhood SV and adult MH/HAU in women. SV is particularly sensitive for many, and it is possible that many individuals did not report accurate experiences on these variables.

⁹⁰ F Ratio: 2.543, R²: .002

⁹¹ Coêlho et al. 2021, Herman 2015, Husky et al. 2022

While some may have understated their answers to the questions, it is also possible that individuals with CV experiences that were not perpetrated by parents or peers (partners and bullies) were not able to report their experiences, as no questions asked about these experiences. Moreover, this study has not examined whether experiencing *multiple* types of CV had any influence on the association between CV and MH/HAU. Some studies indicate that experiencing many kinds of CV has an even stronger association with adult MH, but this was not examined in this sample. Furthermore, due to the structure of the survey, not all respondents were asked all questions. Only individuals who screened positive for any MH were asked about CVs. This means that in the sample, everyone who was presented with questions about CV, had already screened positive for one or more MH issues. It follows, then, that there are no cases with items on the CV variables that have *not* experienced any MH illness or HAU in the sample.

The material used was collected for the purpose of generating MH diagnoses and offering therapeutic help to those affected by the MH diagnoses. Due to the low number of generated diagnoses in the sample, this study was based on screener questions. For anxiety and depression, this means that anyone who ever reported experiencing these emotional problems, regardless of intensity, frequency and duration, screened positive on these two questions. Similarly, for the HAU screener, although this variable was generated by respondents' answer to multiple questions, it is important to bear in mind the characteristics of the sample. AUD was one of the diagnoses generated by the survey, but diagnoses of AUD were very low in the sample. The alcohol screener used in the current study tests individuals for HAU, which is overall more present in the group who participated in the study, as discussed in the *Background* chapter. As previously stated, research indicates that while many individuals may engage in HAU in their university years, many of them do not actually develop harmful alcohol use or alcohol related disorders like AUD. It is likely that the results of the analyses would be different if the variables reflected actual diagnoses rather than symptoms of depression and anxiety and HAU.

CONCLUSION

This study demonstrated positive associations between certain kinds of CV and depression, anxiety and HAU in Swedish university students. The findings of this study are to some extent in line with previous research in the area, with certain findings showing different results. For future studies, it would be beneficial to obtain a college sample for the specific purpose of investigating the relationship between CV and current MH issues/HAU. Such a survey could be formulated in a different way, include more CVs, and would allow those without positive mental health screens to report on their CV experiences, too. This would perhaps allow for a control group, so the contribution of CV to current MH/HAU could be more accurately assessed. Future studies should also aim to have a more even distribution between males and females, if the goal is to control for gender differences. Follow up studies could also be useful here, as university students overall score higher on AUDIT-C but often decrease their alcohol consumption as they get older. This would allow for investigation on whether the HAU turned into harmful alcohol use later.

Overall, the associations between CV, MH, HAU and gender in university students, and in general, could use more research, as findings in this area can help further our understanding of CV and its consequences. Ideally, more studies on CV would lead to better interventions and preventions for victimizations of the vulnerable children. This requires a broader understanding of victimization, one that encompasses more than conventional crime, as elucidated by this study. If or when CV cannot be prevented, knowing the long term effects of these victimizations could hopefully lead to better treatment and interventions so that the effects of CV can be mediated.

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APPENDIX

Appendix 1. Variable numbers, original variable names and corresponding labels

Variable number used in thesis	Original variable name	Full, original label
1.	ChildhExp1_1	How much of the time did you have each of the following experiences through age 17? – One of your parents (or the people who raised you) had a serious emotional or mental health problem
2.	ChildhExp1_2	How much of the time did you have each of the following experiences through age 17? – One of your parents (or the people who raised you) had a serious alcohol or drug problem
3.	ChildhExp1_3	How much of the time did you have each of the following experiences through age 17? – One of your parents (or the people who raised you) attempted suicide or died by suicide
4.	ChildhExp1_4	How much of the time did you have each of the following experiences through age 17? – One of your parents (or the people who raised you) was involved in criminal activities
5.	ChildhExp1_5	How much of the time did you have each of the following experiences through age 17? – Your parents (or the people who raised you) hit each other or were violent to each other
6.	ChildhExp1_6	How much of the time did you have each of the following experiences through age 17? – Someone in your family hit you so hard that it left bruises or marks
7.	ChildhExp2_1	And how much of the time did you have each of the following experiences through age 17? – You were physically abused at home
8.	ChildhExp2_2	And how much of the time did you have each of the following experiences through age 17? – Someone in your family repeatedly said hurtful or insulting things to you
9.	ChildhExp2_3	And how much of the time did you have each of the following experiences through age 17? – You were emotionally abused at home
10.	ChildhExp2_4*	And how much of the time did you have each of the following experiences through age 17? – Someone in your family made you feel special or important
11.	ChildhExp2_5	And how much of the time did you have each of the following experiences through age 17? – Someone in your family touched you or made you touch them in a sexual way against your will
12.	ChildhExp3_1	And how much of the time did you have each of the following experiences through age 17? – You were

		sexually abused at home
13.	ChildhExp3_2	And how much of the time did you have each of the following experiences through age 17? – You were seriously neglected at home (e.g., nobody took care of you or protected you or made sure you had the things you needed)
14.	ChildhExp3_3	And how much of the time did you have each of the following experiences through age 17? – You had to do chores too hard or dangerous for someone your age
15.	ChildhExp3_4*	And how much of the time did you have each of the following experiences through age 17? – You felt loved and cared for by your family/at home
16.	ChildhExp3_5*	And how much of the time did you have each of the following experiences through age 17? – People in your family looked out for you and took care of you
17.	ChildhExp3_6*	And how much of the time did you have each of the following experiences through age 17? – You felt emotionally close to your family members
18.	ChildhBully_1	How often were you bullied at school physically?
19.	ChildhBully_2	How often were you bullied at school verbally?
20.	ChildhBully_3	How often were you bullied at school by someone who purposefully ignored you, excluded you, or spread rumors about you behind your back?
21.	ChildhBully_4	How often were you bullied over the internet (e.g., Facebook, twitter) or by text messaging?
22.	ChildhBully_5	How often were you in a romantic relationship where your partner repeatedly hit you or hurt you?
23.	ChildhBully_6	How often were you in a romantic relationship where your partner repeatedly said hurtful or insulting things to you?
*indicates the variables that were reverse-coded		