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Protective Factors for Multiple Forms of Interpersonal Violence experienced by Adolescent Latinas

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Abstract

Interpersonal violence during adolescence is associated with a variety of detrimental physical and mental health outcomes. Cross-sectional data from Latinas ($n = 1087$) attending 19 high schools in Colorado during the 2017–2018 school year were analyzed to capture protective factors associated with interpersonal violence victimization. The purpose of the present study is to inform the literature on the potential protective factors for multiple forms of victimization experienced by adolescent Latinas. A series of multiple regression models were conducted for the outcomes of peer victimization, dating violence victimization, sexual violence victimization, and polyvictimization. Specifically, the eight protective factors included family support, positive friends, generosity, trusted adults, healthy activities, spirituality, access to counseling, and access to medical services. Results indicated that family support, access to counseling, access to medical services, and healthy activities were each negatively associated with various forms of interpersonal victimization. However, other protective factors like generosity and trusted adults were positively associated with other forms of interpersonal victimization. As the Latinx community continues to grow in the U.S., it is imperative that interpersonal violence prevention approaches center the experiences of adolescent Latinas.

Abstract

La violencia interpersonal durante la adolescencia está asociada con resultados perjudiciales para la salud física y mental. Se analizaron datos de latinas ($n = 1087$) que asistieron a 19 escuelas secundarias en el estado de Colorado, USA durante el año escolar 2017–2018 para capturar los factores de protección asociados con la victimización de violencia interpersonal. El propósito del presente estudio es informar a la literatura sobre los posibles factores protectores para varias formas de victimización interpersonal que pueden experimentar latinas adolescentes.

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Declarations

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Se llevó a cabo una serie de modelos de regresión múltiple para los resultados de victimización entre estudiantes (e.j., acoso escolar o bullying), entre parejas íntimas (e.j., noviazgo), violencia sexual y polivictimización. Específicamente, los ocho factores protectores incluidos en el análisis son apoyo familiar, amigos positivos, generosidad, adultos de confianza, actividades saludables, espiritualidad, acceso a servicios de salud mental y acceso a servicios médicos. Los resultados indicaron que el apoyo familiar, acceso a servicios de salud mental, el acceso a los servicios médicos y las actividades saludables se asociaron negativamente con varias formas de victimización interpersonal. Sin embargo, otros factores protectores como la generosidad y los adultos de confianza se asociaron positivamente con otras formas de victimización interpersonal. A medida que la comunidad Latinx continúa creciendo en los EE. UU., es imperativo que los enfoques de prevención de la violencia interpersonal se enfoquen en las experiencias de latinas adolescentes.

Around the world, interpersonal violence is a leading cause of death among adolescents and young adults (Mercy et al., 2017). Specifically, individuals who experience interpersonal violence are at a higher risk of homicide and suicide (Decker et al., 2018). Interpersonal violence is often conceptualized within the context of romantic relationships, but throughout this article we use the term to refer broadly to violence between two or more people, including peer and sexual violence victimization which may occur outside of a dating relationship. Experiencing interpersonal violence increases an individual's vulnerability to a broad range of emotional, behavioral, and physical health problems across the lifespan (Briere & Jordan, 2004; Browne, 1993; Mechanic, 2004). In addition, individuals who experience interpersonal violence during childhood or adolescence are at-risk for experiencing other forms of violence, referred to as polyvictimization. Although anyone can experience interpersonal violence, decades of research indicate that individuals who identify as female are more likely to experience interpersonal violence (Krantz & Garcia-Moreno, 2005; Mercy et al., 2017). Additionally, female-identifying racial and ethnic minorities are at a higher risk for experiencing interpersonal violence (Gonzalez et al., 2020).

Despite the generational cycle of violence against all women and in particular against Latinas in the U.S., there are protective factors that may reduce their likelihood to experience different types of interpersonal violence and polyvictimization. Unfortunately, few studies have examined interpersonal violence against Latinas or protective factors within the U.S. context (Gonzalez et al., 2020). For example, Gonzalez and colleagues (2020) conducted a systematic review of the prevalence of interpersonal violence among Latinas and found 41 studies that were primarily focused on intimate partner violence (IPV) and domestic violence. It should be noted that these studies only included samples of women who were over the age of 18. Thus, there is a need for research on Latina adolescents and the protective factors that may be associated with different types of interpersonal violence victimization. The current study analyzes secondary data from adolescents who participated in a large scale evaluation of *Sources of Strength* and identified as female and Hispanic/Latino across 19 schools in Colorado to understand the potential protective factors for multiple forms of interpersonal violence including peer victimization, teen dating violence victimization, sexual violence victimization, and polyvictimization. Given the exponential growth of the Latina population in the U.S., findings from this research have implications for

polymakers, educators, practitioners, and researchers interested in preventing and reducing interpersonal violence.

Theoretical Framework

A robust evidence base has demonstrated *Sources of Strength*'s efficacy in increasing school belonging, healthy coping skills, and related protective factors (Calear et al., 2022; Petrova et al., 2015; Wyman et al., 2010). *Sources of Strength* is an upstream, peer-led, suicide prevention program aimed at promoting mental health and well-being broadly through increasing help-seeking behaviors and peer connectedness (LoMurray, 2005). The program utilizes a visual representation of eight "strengths" that are central to the *Sources of Strength* model, including mental health, physical health, family support, positive friends, mentors, healthy activities, generosity, and spirituality. This model is based on the medicine wheel used in Indigenous cultures, which emphasizes balance between the mental, physical, emotional, and spiritual aspects of humanity (Lavallée, 2007). These eight "strengths" from the Sources of Strength model are the eight protective factors examined in the current study.

The current study is also framed with the understanding that social identities overlap and various forms of privilege and oppression operate together creating experiences of discrimination (Cho et al., 2013; Crenshaw, 1991) and in this case, victimization. Similar to other marginalized overlapping identities (e.g., Black women, Asian women, Native American women, etc.), Latinas face a 'double jeopardy' because their identity is partly formed by both gender and racial stereotypes (Beale, 1970; Correa, 2010). For example, Latinas are simultaneously hypersexualized in our society (López & Chesney-Lind, 2014), while culturally specific narratives like that of marianismo emphasize women's passivity, nurturance, and subordinate position to men (Lopez, 2013). The competing tropes about Latinas present a complicated understanding of Latina women's womanhood and sexualities that may be related to their experiences of violence. Furthermore, the misrepresentation of Latinas based on racial and gender stereotypes may influence how protective factors are associated with various forms of interpersonal violence.

Peer Victimization

Peer victimization, often referred to as bullying, occurs when an individual is the target of physical, verbal, and/or social aggression committed by other peers (Robinson et al., 2021). Forms of peer victimization can include intentional group exclusion, teasing, and physical hostility (Reijntjes et al., 2010). Literature on bullying victimization among adolescents in the U.S. has mostly focused on non-Latinx White and African American experiences (Lutrick et al., 2020). However, the emerging literature on Latinx experiences with peer victimization suggests that Latinx youth experience higher rates of peer victimization and depression than non-Latinx peers due to unique factors, such as language barriers, perceived immigration status, and physical appearance as it relates to African and Indigenous ancestry (Lutrick et al., 2020; Robinson et al., 2021). Cardoso et al. (2018) introduced the term "ethnic-biased bullying" after conducting a study that considered the overlap between bullying and discrimination among minority adolescents (Lutrick et al., 2020). Ethnic-based victimization has been linked to adverse mental and behavioral health outcomes, such

as substance use (Cardoso et al., 2018; Garnett et al., 2014; Robinson et al., 2021). Several protective factors have been shown to mitigate the relation between bullying and negative health outcomes among Latinx and minority adolescents who experience peer victimization. Among Latinas, protective factors include high self-esteem, emotional regulation, prosocial friendships, positive peer relationships, and peer sociability (Romero et al., 2013). Additionally, Robinson et al. (2021) demonstrated that greater willingness to seek help among Latinx students and higher ethnic representation at school were significantly associated with lower levels of depression.

Teen Dating Violence

Teen dating violence (TDV) is a form of victimization that occurs when adolescents experience psychological, physical, or sexual aggression within a romantic or intimate relationship (Cutter-Wilson & Richmond, 2011). In 2016, more than 10% of the adolescent population in the U.S. reported experiencing TDV, and TDV continues to be a prevalent health concern (Shaffer et al., 2018). According to the Youth Risk Behavior Survey, Latinx adolescents reported experiencing significantly higher rates of sexual TDV compared to non-Latinx White and non-Latinx Black adolescents (Shaffer et al., 2018). The survey also showed that Latinas reported significantly higher rates of physical and sexual dating violence victimization than Latinos, indicating a gender disparity among Latinx adolescents (Shaffer et al., 2018). Adolescents who experience TDV are at an increased risk for developing depressive symptoms, practicing unsafe sex, developing substance abuse, and suicidal ideation (Espelage et al., 2018; Shaffer et al., 2018). Furthermore, being victimized by peers and family can be a predictor of TDV due to increased exposure to and acceptance of violence in interpersonal relationships (Sabina et al., 2016). Among Latinx youth, protective factors include open parent-adolescent communication, helping adolescents identify trustworthy, non-parental figures to speak to about intimate experiences, and addressing cultural values that may influence dating behaviors, such as gender role expectations (Shaffer et al., 2018). In this study, we will explore additional protective factors for TDV among Latina adolescents.

Sexual Violence

Sexual violence (SV) victimization is defined by the Centers for Disease Control and Prevention (CDC) as any sexual act perpetrated against an individual's consent, involving unwanted, completed, attempted, or alcohol/drug facilitated penetration, sexual coercion, unwanted physically sexual contact, or verbal sexual harassment (Basile et al., 2014). Sexual violence victimization disproportionately affects high school girls. In the U.S. (grades 9–12), 10.5% of females compared to 4.2% of male students reported being physically forced to have sexual intercourse at some point during their childhood or adolescence (Johns et al., 2019; Kann et al., 2018). For Latinas, SV victimization is related to numerous health and wellbeing concerns, including increased risk for post-traumatic stress disorder (PTSD), depression, and suicidality (Basile et al., 2014). Intersecting identities must be considered as well. For example, one study found that Latinas who were born outside of the U.S. experienced higher levels of SV victimization than those born in the U.S. (Cavanaugh et al., 2013). Given that compounding experiences of risk and inequities can be detrimental to

a Latina's physical and psychological health, it is important to consider relevant protective factors for this population in particular. For example, some research has indicated that mothers' involvement and parenting style has played an important role in protecting against sexual and dating violence among Latina adolescents (East & Hokoda, 2015). Largely, however, literature on factors protective of sexual violence victimization has not focused specifically on Latina adolescents. Based on our theorizing, we argue that the multiplicity of identities that individuals hold warrant the examination of protective factors relevant to specific populations, especially those who may inherently be at greater risk for experiencing oppression because of their marginalized identities.

Polyvictimization

Polyvictimization refers to experiencing multiple forms of traumatic stressors, such as sexual abuse, physical abuse, bullying, dating violence, and exposure to family violence (Dierkhising et al., 2019; Finkelhor et al., 2007). In the U.S., approximately 64.5% of youth concurrently experience two forms of victimization (Finkelhor et al., 2011; Sterzing et al., 2017). Of youth between the ages of 2–17, 20% report experiencing five or more forms of victimization and 7% experience seven or more forms (Finkelhor et al., 2007; Sterzing et al., 2017). Polyvictimization has been shown to increase the likelihood of experiencing adverse mental health including depression, anxiety, post-traumatic stress, and suicidal ideation (Cudmore et al., 2015; Finkelhor et al., 2007; Ford et al., 2010; Sterzing et al., 2017; Turner et al., 2006).

Increased symptoms of depression, anxiety, and anger are prominent among Latinx identifying adults and polyvictimized adolescents (Cuevas et al., 2010; Sabina & Cuevas, 2013; Sterzing et al., 2017). Studies support that experiencing multiple forms of victimization can also impact behavior among Latinx adolescents. Sterzing et al. (2017) demonstrated that polyvictimization was associated with increased delinquency among a sample of Latinx adolescents across the nation. Social support was found to decrease levels of anger, which has been found to be an outcome of experiencing polyvictimization (Sterzing et al., 2017). Greater social support also decreases the likelihood of experiencing polyvictimization among Latino adolescents (Sabina & Cuevas, 2013). Other protective factors for polyvictimized youth include having a high IQ, living in a positive family environment, and residing in a neighborhood with high levels of social cohesiveness (Crush et al., 2018).

The Current Study

The purpose of this study is to inform the literature on protective factors for multiple forms of victimization among Latina adolescents, including peer victimization, dating violence victimization, sexual violence victimization, and polyvictimization. Examining victimization through a *Sources of Strength* framework and given the literature on protective factors for this group, we hypothesize that family support, positive friends, spirituality, and access to counseling will be associated with lower incidence of peer victimization, dating violence victimization, sexual violence victimization, and polyvictimization. Furthermore, additional

research suggests that protective factors associated with multiple outcomes for marginalized groups deserve sufficient inquiry to inform public health initiatives (Mintz et al., 2021).

Methods

Participants

Participants ($N = 1,087$, Mean Age = 14.9, Range = 12–18) were students who identified as 100% female and 100% Latino/Hispanic from 19 high schools in Colorado, U.S., participating in a randomized clinical trial of 20 schools evaluating the effectiveness of a school-based, upstream suicide prevention program, *Sources of Strength*, on interpersonal violence outcomes (Wyman et al., 2010). *Sources of Strength* is a program focused on harnessing eight specific protective factors: positive friends, family support, healthy activities, mentors, access to counseling, access to medical care, generosity, and spirituality through peer-led campaigns. The eight protective factors that are referred to as “sources of strength” were identified and developed in North Dakota in 1998 by the program’s founder Mark LoMurray, in partnership with rural communities and several Northern Plains tribes (Sources of Strength, n.d.). The theory of change that informs the program is social network theory, such that each participating school recruits and trains a group of peer leaders to develop and diffuse campaigns promoting the eight protective factors during the academic year. Therefore, interpersonal violence and only these eight protective factors were measured in the data collected from the sample.

Participating schools agreed to random assignment to either a treatment or a waitlist control condition. Thus, all data reported here were collected in Fall 2017 at baseline, prior to any school receiving the intervention. Data from one school was not included in this secondary analysis because the school did not have any students who identified as Latino/Hispanic. All 9–11th graders students in each high school were invited to participate. The current study includes students enrolled in 9th to 11th grade (81% response rate), 9–11th graders were selected for the trial because they would be in school long enough to complete the intervention. See Table 1 for sample demographics and values on study variables.

Procedures

The study was approved by four institutional review boards (IRBs). A waiver of documentation of parental consent was approved, meaning all parents in participating schools received information letters and could opt their student out of participation by returning a form, calling the school, or emailing research staff. Eligible students were provided information about the study through an assent form on the online survey, which was also explained by the research staff. Students provided assent by clicking through the survey after the assent form. Data collection occurred during regular class times with the supervision of two researchers in each classroom. Students were given the option to complete an online survey in English, Spanish, or Braille, most students completed the survey in English. All students were given resources after completing the survey related to suicide, depression, and sexual violence.

Measures

Demographics—Each student was asked to report their gender, whether they identified as transgender, their age, and race/ethnicity. Students were asked their gender and allowed to select all options that applied: male, female, transgender, and other (open-ended). Open-ended responses included “non-binary”, “genderfluid”, and “demiboy” after removing fraudulent or jokester responses (e.g., “helicopter”). Transgender was coded separately and not included in the analysis due to low frequencies. Students were asked to check all racial and ethnic identities that applied from this list: African-American/Black, American Indian/Alaskan Native, Asian, Hispanic/Latino, Multiracial, Native Hawaiian/Pacific Islander, and White. For the analysis, only students who responded that their gender was female and their ethnicity was Hispanic/Latino were included.

Protective Factors—Eight single-item indicators developed for this study were used to measure protective factors. The protective factors are based on the eight personal and social strengths that inform the evidence-based suicide prevention program *Sources of Strength* (Wyman et al., 2010). Students were asked, “How much, if at all, in the last six months would you agree or disagree with the following statements about yourself?”. Response options for all items included 0 (*Strongly Disagree*), 1 (*Disagree*), 2 (*Agree*), and 3 (*Strongly Agree*). The protective factors included were: (1) Family support: “I feel supported and cared for by my family”; (2) Peer support: “I have positive, caring friends”; (3) Trusted adults: “I have friendships with adults that I trust”; (4) Healthy activities: “I am active in healthy activities, hobbies, etc.”; (5) Generosity: “I take time to be generous and helpful to others”; (6) Spirituality: “I feel very spiritual in my faith, beliefs, and culture”; (7) Counseling access: “If needed, I could get counseling or help”; and (8) Medical access: “I get any medical services I need.”

Peer Victimization—The four-item Illinois Peer Victimization Scale (Espelage & Holt, 2001) was used to assess peer victimization and asked students how often other students picked on them, called them names, pushed/hit them and made fun of them during the last 30 days. Response options included 0 (*Never*), 1 (*1 or 2 times*), 2 (*3 or 4 times*), 3 (*5 or 6 times*), and 4 (*7 or more times*) on a 5-point Likert-type scale. Exploratory and confirmatory factor analysis demonstrated the construct validity of this scale and scores on this self-report scale converged with peer nominations of victims of bullying (Espelage et al., 2003; Espelage & Holt, 2001). Scale reliability was $\alpha = .89$ for this sample.

Teen Dating Violence Victimization—The teen dating violence victimization scale measures the extent to which students experience verbal, physical, or sexual teen dating violence victimization. The physical and sexual teen dating violence items were adapted from the Youth Risk Behavior Surveillance Survey (YRBSS) and have shown good reliability and validity across state and national level samples (Basile et al., 2020; Centers for Disease Control and Prevention, 2017). The verbal teen dating violence item was created for this survey by mirroring the items in the YRBSS. Students who answered yes to having ever dated someone ($n = 711$) responded to three items after the prompt, “During the past six months...How many times has someone you were dating or going out with done the following things to you”: (1) verbally hurt you on purpose, (2) physically hurt you on

purpose, (3) forced you to do sexual things that you did not want to do? Response options included 0 (*Never*), 1 (*1 time*), 2 (*2 or 3 times*), 3 (*4 or 5 times*), and 4 (*6 or more times*). The scale was constructed by averaging all three items. The sexual violence victimization was included in the teen dating violence scale to measure sexual violence victimization specifically within dating relationships in addition to sexual violence victimization from anyone which is captured with the construct Sexual Violence Victimization. Scale reliability was $\alpha = .87$ for this sample.

Sexual Violence Victimization—Sexual violence victimization was measured using a 13-item modified survey from the American Association of University Women Sexual Harassment Survey—Victimization Scale (American Association of University Women, 2001; Espelage et al., 2012, 2015). Previous studies have found support for the measure's reliability and validity in adolescent samples and the adapted subscale has been evaluated using exploratory factor analysis (Espelage et al., 2012). The scale was adapted by dropping one item from the original 14-item AAUW scale which was dated for a high school sample ('flashed or mooned you'). For each victimization item, they were asked "How often, if at all, have others done the following things to you at school when you did not want them to in the past six months?" These items assessed two types of unwanted sexual violence: (1) sexual harassment (4 items, e.g., made sexual comments, jokes or looks), (2) forced sexual contact (9 items, e.g., pulled at clothing in a sexual way, forced sexual acts). Response options were 0 (*Never*), 1 (*1–2 times*), 2 (*3–4 times*), 3 (*5–6 times*), and 4 (*7 or more times*). Scale reliability was $\alpha = .91$ for this sample.

Analytic Plan

A series of multiple regression models were conducted for each outcome. All analyses were run with the statistical software R and the package Lavaan (Rosseel, 2012). Full Information Maximum Likelihood (FIML) was used to handle missing data (Enders & Bandalos, 2001). FIML is an analytic technique that retains all cases with available data to maximize the likelihood that the model parameters are unbiased representations of the true population parameters (Enders & Bandalos, 2001). FIML has been shown to produce unbiased estimates in the presence of missing data and is robust to violations of missingness completely at random (Myrtveit et al., 2001). Missing data for this study was low and ranged from 0.2 to 8.6% across study variables.

The structural equation modeling package Lavaan was used as an alternative to ordinary least squares (OLS) regression because it allowed us to employ all information available rather than using list wise deletion to handle missing data. Multiple regression models can be expressed as a simple path analysis model with a set of predictors and only one outcome (Figure 1). Path analysis is an extension of multiple regression that allows us to examine the relationships between multiple independent and dependent variables as well as direct and indirect relationships between variables (Jeon, 2015). We chose to use multiple regression rather than a more complex path analysis model because we did not hypothesize any mediating or moderating relationships between independent and dependent variables or between multiple dependent variables. Further, we chose to examine each outcome independently which has the advantage of producing findings that are readily comparable

to the published literature and avoids any issues with multiple collinearity between the polyvictimization variable and each of the outcomes. Because a multiple regression model was fully saturated when expressed as a path analysis, model fit statistics (e.g., CFI, TLI, RMSEA) were not available.

Each model was examined among Latinas for the outcomes of peer victimization, dating violence victimization, sexual violence victimization, and polyvictimization. The demographic predictor age was included as a covariate in the models as well as single item indicators for the protective factors positive family, caring friends, trusted adults at school, healthy activities, helping others, being spiritual, having access to counseling, and having access to medical services. The variables peer victimization, dating violence victimization, and sexual violence victimization were entered as a mean scale of all items in the measures, all other variables were entered as single item indicators.

The polyvictimization variable was created based on the responses to other forms of victimization. Specifically, the variable was created by adding the number of reported victimizations for the following types of interpersonal violence: peer victimization, teen dating violence victimization, and sexual violence victimization. Students were assigned the value of zero if they did not experience any form of victimization, one if they experienced at least one form, two if they experienced any two forms of victimization, and three if they experienced all three forms of victimization. Additionally, descriptive statistics and bivariate correlations were computed for each outcome.

Results

Table 1 presents descriptive statistics for all demographics and study variables. Table 2 shows bivariate correlations. The following paragraphs present unstandardized coefficients for each predictor in the multiple regression models (standardized coefficients can be found in Table 3).

Table 3 presents results for the outcome of peer victimization. Age ($b = -.05$, $S.E. = .02$, $p < .05$) was significantly associated with lower peer victimization, such that older Latinas reported less peer victimization. Family support ($b = -.12$, $S.E. = .03$, $p < .01$), access to counseling ($b = -.08$, $S.E. = .03$, $p < .05$), and access to medical services ($b = -.08$, $S.E. = .03$, $p < .05$) were associated with lower rates of peer victimization. However, generosity ($b = .14$, $S.E. = .04$, $p < .001$) and having a trusted adult ($b = .07$, $S.E. = .03$, $p < .05$) were associated with higher rates of peer victimization.

Table 3 presents results for the outcome teen dating violence victimization. Healthy activities ($b = -.11$, $S.E. = .03$, $p < .001$) was significantly associated with less teen dating violence victimization.

Table 3 presents results for the outcome sexual violence victimization. Age ($b = -.02$, $S.E. = .01$, $p < .01$) was significantly associated with less sexual violence victimization, such that older Latinas reported less sexual violence

victimization. Family support ($b = -.04$, $S.E. = .01$, $p < 0.01$) and access to counseling ($b = -.05$, $S.E. = .01$, $p < .001$) were significantly associated with less sexual violence victimization.

Table 3 presents results for the outcome polyvictimization. Age ($b = -.08$, $S.E. = .03$, $p < .01$) was significantly associated with lower polyvictimization, such that older Latinas reported less polyvictimization. Family support ($b = -.23$, $S.E. = .05$, $p < .01$) and access to medical services ($b = -.13$, $S.E. = 0.05$, $p < 0.01$) were significantly associated with less polyvictimization. However, generosity ($b = .18$, $S.E. = .06$, $p < .01$) was significantly associated with higher rates of polyvictimization.

Discussion

The identity of adolescent Latinas is simultaneously shaped by at least two social constructs: their gender and their Hispanic/Latinx ethnic identity (Beale, 1970; Correa, 2010). As adolescent Latinas explore and develop their identity, they often seek representation in their environments (e.g., home, school, community) which over the past three decades have increasingly become online environments controlled largely by the media, which perpetuates socially constructed norms including negative or conflicting stereotypes (Correa, 2010). In this study, the *Sources of Strength* framework (LoMurray, 2005) was used to understand how protective factors were associated with interpersonal violence victimization among Latinas acknowledging the intersectionality of gender and ethnic identities. This study examined cross-sectional data from Latinas attending 19 high schools in Colorado to capture which protective factors were associated with less interpersonal violence victimization. A series of multiple regression models were conducted for the outcomes of peer victimization, dating violence victimization, sexual violence victimization, and polyvictimization. Results from the current study indicated that family support, access to counseling, access to medical services, and healthy activities were associated with lower incidents of various forms of interpersonal forms of violence. However, other protective factors like generosity and trusted adults were associated with higher peer victimization and polyvictimization.

Peer victimization and polyvictimization resulted in the same significant protective factors. Family support, access to counseling, and access to medical services were protective for peer victimization and polyvictimization among adolescent Latinas. One of the most salient features of Latinx culture is the emphasis on family. The value of *familismo* encompasses family interdependence and cohesion such that there is a sense of loyalty and reciprocity within the immediate and extended family (Calzada et al., 2013). The role of family support and resiliency within immigrant families have also been protective for experiences of discrimination and internalizing factors (Lee et al., 2020; Ramos et al., 2021) but largely understudied as it relates to peer victimization. A limited amount of research has identified family-level protective factors for peer victimization in general, but specifically among Latinx and Asian youth (Hong et al., 2014). Extant literature indicates that parent-child bonding and parent-child communication are some of the family components that are protective for bullying behaviors (Maffini et al., 2011; Spriggs et al., 2007). Other studies suggest the absence of interpersonal violence in the home as protective for bullying

involvement (Espelage et al., 2012; Spriggs et al., 2007). How family support within Latinx culture serves as protective for bullying has not yet been studied, and our findings suggest that future research should examine what factors within the families are protective for peer victimization and polyvictimization.

Although access to counseling and medical services as protective factors for peer victimization and polyvictimization among Latinx adolescents has not been studied before, these findings suggest the importance of access to services for victimization. When it comes to access, there are significant disparities in the Latinx community in receiving physical and mental health services (Cook et al., 2017). Some of these barriers to counseling and medical services include low income, immigration status, acculturation level, employment status, health insurance coverage, and English language proficiency (Carrillo et al., 2011; Rastogi et al., 2012; Velasco et al., 2016). Some of these barriers to services overlap with factors associated with bias-based or ethnic-based peer victimization towards Latinx youth, such as low income, perceived immigration status, acculturation level and English language fluency (Lorenzo-Blanco et al., 2016; Shetgiri et al., 2012). It is possible that the Latinas in this sample who reported having access to medical services and counseling may also have been U.S. born Latinas, more assimilated to U.S. culture, speak English fluently, or may not be low-income relative to other Latinx youth in their respective schools.

Unexpectedly, generosity was not protective and was associated with greater peer victimization and polyvictimization. Although these findings have not been explored in the extant literature, adolescent females and adolescent females of color specifically are surrounded by gender and racial stereotypes while developing their own identities (Correa, 2010). Latinas are hypersexualized within U.S. media while simultaneously being expected to uphold cultural values such as *Marianismo* that are aligned with the social construction of femininity and its role in collectivism to include characteristics such as the subordination to men, self-sacrifice and nurturance (Lopez, 2013). The expectations for females to be generous and fulfill a caretaking role within a collectivist cultural framework may place them at greater risk of being victimized by peers who view this trait as a “weakness” in U.S. individualistic culture. Because generosity was also associated with polyvictimization, it is possible that Latinas who reported being generous may uphold some of the *Marianismo* values that increase their likelihood of other types of interpersonal victimization. The literature on younger Latinas and the relationship between cultural values and violence is growing. One recent study examined relationship factors associated with early adolescent dating violence among Latinx youth in an agricultural community (Boyce et al., 2020). Findings suggested that endorsement of marianismo beliefs, specifically regarding female virtue and chastity, were associated with dating violence victimization among preadolescent Latinas.

Having a trusted adult was associated with higher peer victimization among Latinas. Given that our data are cross-sectional we cannot predict causality, thus it is also possible that Latinas connected with more trusted adults because they were victimized by peers. Another consideration that may have influenced this association is the nature of the relationship between Latina adolescents and their trusted adults. Campos-Castillo et al. (2021) found that Latinx adolescents sought out mental health support from trusted adults with experiential

knowledge, authority, and close emotional and physical proximity to the adolescents. Their findings also showed that having immigrant parents influenced the type of support the adolescents sought out due to unique barriers, making it imperative that Latinx adolescents receive the proper type of instrumental and emotional support from trusted adults that are not their parents (Campos-Castillo et al., 2021). In this study, the Latina participants may have had trusted adults who did not provide the resources and support they needed to protect against peer victimization.

Of the eight protective factors, healthy activities was the only protective factor for TDV victimization among Latina adolescents. Although no study has examined healthy activities as protective for TDV, extracurricular activities and hobbies can be protective for adolescents through additional social support (Mendonça et al., 2014). Research suggests that for females, the relation between social support and TDV is protective (Richard & Branch, 2012). Thus, Latinas who reported involvement in healthy activities such as extracurriculars may be protected from TDV through social support and spending time with peers who are likely to influence dating behaviors. However, it is unknown what kinds of healthy activities are protective for TDV among Latinas. Lastly, family support and access to counseling were the two protective factors for experiencing SV among Latinas. Research on interpersonal violence suggests that parental support, involvement and monitoring are protective factors for SV (Basile & Smith, 2011; DeGue et al., 2013). However, it is unknown what elements of family support are protective for SV among Latinas. Access to counseling has also not been examined as protective for SV and rather, it has been studied as a moderator between SV and mental health outcomes (Caplan & Wittemore, 2013; Pico-Alfonso et al., 2006). The aforementioned ways in which access to counseling may be protective for peer victimization and polyvictimization may be similar for SV, such that factors like citizenship, acculturation level, English fluency, and income may contribute to SV prevention for Latinas.

Further, age emerged as a significant protective factor of peer victimization, SV victimization, and polyvictimization. These findings are aligned with previous research that has found that bullying victimization increases through the elementary grades, peaks during middle school, and gradually decreases during the high school years (Craig et al., 2009; Lien et al., 2009; Peskin et al., 2006). For instance a study examining bullying perpetration and victimization among Black and Hispanic adolescents found that these experiences peaked around 9th grade (Peskin et al., 2006). It is possible that younger Latinas are perceived as weaker and more vulnerable to being targets of bullying victimization compared to older Latinas, as previous evidence suggests that younger students even within the same grade are more likely to be targeted (Tiiri et al., 2020; Mühlenweg, 2010). Older Latinas may also develop stronger connections to trusted adults as they progress through high school and due to maturation may develop social emotional skills that may be protective against multiple forms of victimization and SV.

The findings here, coupled with the extant literature, highlight the need for a strengths-based lens to interpersonal violence prevention among women of color (Gonzalez et al., 2020). The protective factors in this study included family support, access to counseling and medical services, and healthy activities which can help shape interpersonal violence prevention research, policy and practice to account for the experiences of adolescent

Latinas. Currently and historically, non-Latinx White women are centered in research and mainstream views of interpersonal violence, which fails to capture the experiences of Latinas and other women of color and delegitimizes them as victims and survivors of violence (Crenshaw, 1991; Klein et al., 2021). Given the growing number of Latinx youth in the U.S. and the deleterious impact of interpersonal violence on long term physical and mental health, research, policy, and practice must examine and challenge socially constructed risk factors while simultaneously working to enhance and promote existing protective factors.

Limitations

The need for research that centers the experiences of Latina adolescents is critical to interpersonal violence prevention efforts, but there are several limitations to consider when extrapolating the findings presented in this study. First, the use of cross-sectional data does not allow for causal conclusions because it fails to capture how interpersonal violence, protective factors and even gender or ethnic identity change over time. Adolescence is a period of rapid and frequent change; thus, future research should strongly consider utilizing longitudinal data to better understand how these constructs unfold over time among Latina adolescents. Second, the protective factors included in this study were limited because each protective factor used a single-item indicator and only included protective factors related to the *Sources of Strength* program. Future studies should incorporate stronger measurement to capture additional protective factors (e.g., cultural identity) and the nuances around different aspects of protective factors, such as family support and how much of that is immediate family versus extended family support. Further, although the measures included in the study capture the frequency to which adolescents experience polyvictimization, they do not capture the severity of such experiences which may influence the impact they have on the victim. Future studies should consider including measures that specifically capture both the frequency of polyvictimization as well as the severity of such experiences.

Third, peer victimization was used as a proxy for bullying victimization which did not directly measure a power imbalance. In addition, bias victimization due to race/ethnicity or other identities was not measured, and thus, it is unclear whether Latinas in our sample were targeted because of their identity. Research indicates that Latinx youth experience bias-based victimization (Cardoso et al., 2018; Garnett et al., 2014) but have only measured this type of victimization with one item. Thus, there is a need for a reliable measure that detects bias-based victimization that captures intersecting identities beyond gender and ethnicity. Lastly, the current study included Latinas who reported being Hispanic/Latinx and identified as cisgender female. This method fails to capture the heterogeneity within the Latinx community and could be expanded with measures that we were unable to include in this secondary data analysis because they were not part of the original data collection. Secondary data analyses are inherently limited to the variables that were available in the original study. Therefore, future studies should ask participants other demographic questions including language spoken at home, skin color, ethnic nationality (e.g., Mexican, Puerto Rican, Dominican, Cuban, etc.), generational status (e.g., first-, second-, third-generation immigrant, etc.) and birthplace (e.g., foreign born vs. U.S. born). Furthermore, this study allowed students to identify as transgender and other, but data were underpowered to

examine the associations among transgender Latinas and non-binary Latinx adolescents. However, we acknowledge the struggles unique to being a transgender Latina and a non-binary Latinx youth and call for more research for and by these individuals to prevent interpersonal violence.

Implications

The current study emphasized the importance of studying Latinas with specific attention to their position in society, and we pass the onus to practitioners and future scholars to similarly situate their work based upon individuals' identities and how this may impact their experiences and overall wellbeing. The protective factors we identified have the potential to reduce rates of interpersonal violence victimization for Latinas and the subsequent mental health consequences that may ensue as a result. Access to medical and counseling services is cost-prohibitive for many individuals, and mixed immigration statuses may raise an additional barrier to access these services as well. Policies that allow all individuals to affordably and safely access comprehensive medical and mental health care are vital to the health and wellbeing of individuals across the country, especially for Latinas who face marginalization from multiple identities.

Practitioners who work with these populations should be equipped to understand the unique experiences of identifying as a Latina. For example, protective factors identified in this study like family support, positive friends, trusted adults, and spirituality may play a significant role in the lives of Latinas in ways different than would be expected of the dominant, White-centered narrative around supporting people's health and wellbeing. The influence of concepts like *Marianismo* and *familismo* in the lives of Latinas should be considered in ways that can be both protective and harmful, as discussed in the current study. Practitioners must be able to provide culturally-relevant and sensitive tools for supporting the lives of Latinas, understanding that they may face discrimination and the subsequent internalization of negative ideas about themselves because of stereotypes related to their gender and sexuality.

It is essential that schools and communities engage with Latinx communities in particular to involve these youth in positive, healthy activities and provide them with safe environments to explore and understand their identities. Finally, the current study provides direction for future studies and guidance for researchers. We must support research that seeks to holistically understand the experiences of specific populations (e.g., Latinas), as opposed to studying their experiences only to compare outcomes to non-Latinx White populations. Research should examine attitudes toward Latinas to better understand how to combat problematic stereotypes about this group of women in society, and great attention should be placed on identifying protective factors of interpersonal violence victimization and ways to promote resilience for this population. When identifying risk factors and disproportionately poor mental and physical health outcomes of marginalized groups, it is imperative that scholars provide recommendations for ways to reduce such outcomes and how to better understand what prevention measures should be taken.

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References

- American Association of University Women. (2001). Hostile hallways: The AAUW Survey on Sexual Harassment in America's Schools 2001. <https://files.eric.ed.gov/fulltext/ED454132.pdf>
- Basile KC, & Smith SG (2011). Sexual violence victimization of women: Prevalence, characteristics, and the role of public health and prevention. *American Journal of Lifestyle Medicine*, 5(5), 407–417.
- Basile KC, Smith SG, Breiding MJ, Black MC & Mahendra RR (2014). Sexual Violence Surveillance: Uniform Definitions and Recommended Data Elements, Version 2.0. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Basile KC, Clayton HB, DeGue S, Gilford JW, Vagi KJ, Suarez NA, ... & Lowry R (2020). Interpersonal violence victimization among high school students—youth risk behavior survey, United States, 2019. *MMWR Supplements*, 69(1), 28. [PubMed: 32817605]
- Berg CR (1997). Stereotyping in Films in. *Latin Looks: Images Of Latinas And Latinos In The Us Media*, 104.
- Beale F (1970). Double jeopardy. *Words of fire: An anthology of African-American feminist thought*, 154–155.
- Briere J, & Jordan CE (2004). Violence against women: Outcome complexity and implications for assessment and treatment. *Journal of Interpersonal Violence*, 19(11), 1252–1276. [PubMed: 15534329]
- Browne A (1993). Violence against women by male partners: Prevalence, outcomes, and policy implications. *American Psychologist*, 48(10), 1077. [PubMed: 8256881]
- Boyce SC, Deardorff J, & Minnis AM (2020). Relationship factors associated with early adolescent dating violence victimization and perpetration among Latinx youth in an agricultural community. *Journal of Interpersonal Violence*, 37(11–12).
- Calear AL, McCallum SM, Christensen H, Mackinnon AJ, Nicolopoulos A, Brewer JL, Werner-Seidler A, Morse AR, Kazan D, Farrer LM and Kampel L, & Batterham PJ (2022). The Sources of Strength Australia project: A cluster randomised controlled trial of a peer-connectedness school-based program to promote help-seeking in adolescents. *Journal of affective disorders*, 299, 435–443. [PubMed: 34952104]
- Calzada EJ, Tamis-LeMonda CS, & Yoshikawa H (2013). Familismo in Mexican and Dominican families from low-income, urban communities. *Journal of Family Issues*, 34(12), 1696–1724. 10.1177/0192513X12460218
- Caplan S, & Whittemore R (2013). Barriers to treatment engagement for depression among Latinas. *Issues in Mental Health Nursing*, 34(6), 412–424. [PubMed: 23805926]
- Cardoso JB, Szlyk HS, Goldbach J, Swank P, & Zvolensky MJ (2018). General and ethnic-biased bullying among Latino students: Exploring risks of depression, suicidal ideation, and substance use. *Journal of Immigrant and Minority Health*, 20(4), 816–822. 10.1007/s10903-017-0593-5 [PubMed: 28493116]
- Carrillo JE, Carrillo VA, Perez HR, Salas-Lopez D, Natale-Pereira A, & Byron AT (2011). Defining and targeting health care access barriers. *Journal of Health Care for the Poor and Underserved*, 22(2), 562–575. [PubMed: 21551934]
- Campos-Castillo C, Thomas BJ, Reyes F, & Laestadius LI (2021). Seeking help from trusted adults in response to peers' social media posts about mental health struggles: Qualitative interview study among Latinx adolescents. *JMIR Mental Health*, 8(9), e26176. 10.2196/26176 [PubMed: 34524088]
- Cavanaugh CE, Martins SS, Petras H, & Campbell JC (2013). Mental disorders associated with subpopulations of women affected by violence and abuse. *Journal of Traumatic Stress*, 26(4), 459–466. 10.1002/jts.21821 [PubMed: 23813596]

- Centers for Disease Control and Prevention (2017). Youth Risk Behavior Survey (YRBS) 2017 Standard Questionnaire Item Rationale. https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2017/2017_standard_YRBS_item_rationale.pdf
- Cho S, Crenshaw KW, & McCall L (2013). Toward a field of intersectionality studies: Theory, applications, and praxis. *Signs: Journal of Women in Culture and Society*, 38(4), 785–810. 10.1086/669608
- Cook BL, Trinh N-H, Li Z, Hou SS-Y, & Progovac AM (2016). Trends in racial-ethnic disparities in access to mental health care, 2004–2012. *Psychiatric Services*, 68(1), 9–16. 10.1176/appi.ps.201500453 [PubMed: 27476805]
- Correa T (2010). Framing Latinas: Hispanic women through the lenses of Spanish-language and English-language news media. *Journalism*, 11(4), 425–443. 10.1177/1464884910367597
- Craig W, Harel-Fisch Y, Fogel-Grinvald H, Dostaler S, Hetland J, Simons-Morton B, ... & Pickett W (2009). A cross-national profile of bullying and victimization among adolescents in 40 countries. *International journal of public health*, 54(2), 216–224. [PubMed: 19623475]
- Crenshaw K (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, 43, 1241–1299.
- Crush E, Arseneault L, Jaffee SR, Danese A, & Fisher HL (2018). Protective factors for psychotic symptoms among poly-victimised children. *Schizophrenia Bulletin*, 44(3), 691–700. 10.1093/schbul/sbx111 [PubMed: 28981896]
- Cuevas CA, Sabina C, & Picard E (2010). Interpersonal victimization patterns and psychopathology among Latino women: Results from the SALAS study. *Psychological Trauma: Theory, Research, Practice, and Policy*, 2, 296–306.
- Cutter-Wilson E, & Richmond T (2011). Understanding teen dating violence: Practical screening and intervention strategies for pediatric and adolescent healthcare providers. *Current Opinion in Pediatrics*, 23(4), 379–383. 10.1097/MOP.0b013e32834875d5 [PubMed: 21670679]
- Decker MR, Wilcox HC, Holliday CN, & Webster DW (2018). An integrated public health approach to interpersonal violence and suicide prevention and response. *Public Health Reports*, 133(1_suppl), 65S–79S. [PubMed: 30426878]
- DeGue S, Massetti GM, Holt MK, Tharp AT, Valle LA, Matjasko JL, & Lippy C (2013). Identifying links between sexual violence and youth violence perpetration: New opportunities for sexual violence prevention. *Psychology of Violence*, 3(2), 140. [PubMed: 29644117]
- Dierkhising CB, Ford JD, Branson C, Grasso DJ, & Lee R (2019). Developmental timing of polyvictimization: Continuity, change, and association with adverse outcomes in adolescence. *Child Abuse & Neglect*, 87, 40–50. 10.1016/j.chiabu.2018.07.022 [PubMed: 30049476]
- East PL, & Hokoda A (2015). Risk and protective factors for sexual and dating violence victimization: A longitudinal, prospective study of Latino and African American adolescents. *Journal of Youth and Adolescence*, 44(6), 1288–1300. [PubMed: 25788124]
- Espelage DL, Basile KC, De La Rue L, & Hamburger ME (2015). Longitudinal associations among Bullying, homophobic teasing, and sexual violence perpetration among middle school students. *Journal of Interpersonal Violence*, 30(14), 2541–2561. 10.1177/0886260514553113 [PubMed: 25315484]
- Espelage DL, Basile KC, & Hamburger ME (2012). Bullying perpetration and subsequent sexual violence perpetration among middle school students. *Journal of Adolescent Health*, 50(1), 60–65.
- Espelage DL, Davis J, Basile KC, Rostad WL, & Leemis RW (2018). Alcohol, prescription drug misuse, sexual violence, and dating violence among high school youth. *Journal of Adolescent Health*, 63 (5), 601–607.
- Espelage DL, & Holt MK (2001). Bullying and victimization during early adolescence: Peer influences and psychosocial correlates. *Journal of Emotional Abuse*, 2(2–3), 123–142. 10.1300/J135v02n02_08
- Espelage DL, Holt MK, & Henkel RR (2003). Examination of peer-group contextual effects on aggression during early adolescence. *Child Development*, 74(1), 205–220. 10.1111/1467-8624.00531 [PubMed: 12625446]

- Enders CK, & Bandalos DL (2001). The relative performance of full information maximum likelihood estimation for missing data in structural equation models. *Structural Equation Modeling*, 8(3), 430–457. 10.1207/S15328007SEM0803_5
- Fergus S, & Zimmerman MA (2005). Adolescent resilience: A framework for understanding healthy development in the face of risk. *Annual Review of Public Health*, 26, 399–419.
- Finkelhor D, Ormrod RK, & Turner HA (2007). Poly-victimization: A neglected component in child victimization. *Child Abuse & Neglect*, 31(1), 7–26. 10.1016/j.chiabu.2006.06.008 [PubMed: 17224181]
- Finkelhor D, Turner HA, Hamby SL, & Ormrod RK (2011). Polyvictimization: Children's exposure to multiple types of violence, crime, and abuse. *National Survey of Children's Exposure to Violence*, 1–12. Retrieved from <https://scholars.unh.edu/ccrc/25/>
- Ford JD, Elhai JD, Connor DF, & Frueh BC (2010). Poly-victimization and risk of posttraumatic, depressive, and substance use disorders and involvement in delinquency in a national sample of adolescents. *Journal of Adolescent Health*, 46(6), 545–552. 10.1016/j.jadohealth.2009.11.212
- Garnett BR, Masyn KE, Austin SB, Miller M, Williams DR, & Viswanath K (2014). The intersectionality of discrimination attributes and bullying among youth: An applied latent class analysis. *Journal of Youth and Adolescence*, 43(8), 1225–1239. 10.1007/s10964-013-0073-8 [PubMed: 24318776]
- Gonzalez FR, Benuto LT, & Casas JB (2020). Prevalence of interpersonal violence among Latinas: A systematic review. *Trauma, Violence, & Abuse*, 21(5), 977–990.
- Hong J, Peguero AA, Choi S, Lanesskog D, Espelage DL, & Lee N (2014). Social ecology of bullying and peer victimization of Latino and Asian youth in the United States: Review of the literature. *Journal of School Violence*, 13(3), 315–338.
- Johns MM, Lowry R, Andrzejewski J, Barrios LC, Demissie Z, McManus T, Rasberry CN, Robin L, & Underwood JM (2019). Transgender identity and experiences of violence victimization, substance use, suicide risk, and sexual risk behaviors among high school students - 19 states and large urban school districts, 2017. *Morbidity and Mortality Weekly Report*, 68(3), 67–71. 10.15585/mmwr.mm6803a3 [PubMed: 30677012]
- Kann L, McManus T, Harris WA, Shanklin SL, Flint KH, Queen B, Lowry R, Chyen D, Whittle L, Thornton J, Lim C, Bradford D, Yamakawa Y, Leon M, Brener N, & Ethier KA (2018). *Youth Risk Behavior Surveillance - United States, 2017. Morbidity and mortality weekly report. Surveillance summaries* (Washington, D.C.: 2002), 67(8), 1–114. 10.15585/mmwr.ss6708a1
- Klein LB, Brewer NQ, Mennicke A, Christensen MC, Baldwin-White A, Cloy C, & Wood L (2021). Centering minoritized students in campus interpersonal violence research. *Journal of Family Violence*, 36, 911–921.
- Krantz G, & Garcia-Moreno C (2005). Violence against women. *Journal of Epidemiology & Community Health*, 59(10), 818–821. [PubMed: 16166351]
- Lee J, Hong J, Zhou Y, & Robles G (2020). The relationships between loneliness, social support, and resilience among Latinx immigrants in the United States. *Clinical Social Work Journal*, 48(1), 99–109. [PubMed: 33583968]
- Lien L, Green K, Welander-Vatn A, & Bjertness E (2009). Mental and somatic health complaints associated with school bullying between 10th and 12th grade students; results from cross sectional studies in Oslo, Norway. *Clinical Practice and Epidemiology in Mental Health*, 5(1), 1–8.
- Lutrick K, Clark R, Nuño Velia Leybas, Bauman S, & Carvajal S (2020). Latinx bullying and depression in children and youth: a systematic review. *Systematic Reviews*, 9, 1–10. 10.1186/s13643-020-01383-w [PubMed: 31907078]
- Lopez JP (2013). Speaking with them or speaking for them: A conversation about the effect of stereotypes in the Latina/Hispanic women's experiences in the United States. *New Horizons in Adult Education and Human Resource Development*, 25(2), 99–106. 10.1002/nha.20020
- López V, & Chesney-Lind M (2014). Latina girls speak out: Stereotypes, gender and relationship dynamics. *Latin Studies* 12, 527–549 10.1057/lst.2014.54
- National Institute of Justice (NIJ). (2016). Dating Violence Among Latino Teenagers. Retrieved from <https://nij.ojp.gov/topics/articles/dating-violence-among-latino-teenagers>

- Myrtveit I, Stensrud E, & Olsson UH (2001). Analyzing data sets with missing data: An empirical evaluation of imputation methods and likelihood-based methods. *IEEE Transactions on Software Engineering*, 27(11), 999–1013.
- Lavallée L (2007). Physical activity and healing through the medicine wheel. *Pimatisiwin*, 5(1), 127–153.
- LoMurray M (2005). Sources of strength facilitators guide: Suicide prevention peer gatekeeper training. Bismarck, ND: The North Dakota Suicide Prevention Project.
- Lorenzo-Blanco EI, Unger JB, Oshri A, Baezconde-Garbanati L, & Soto D (2016). Profiles of bullying victimization, discrimination, social support, and school safety: Links with Latino/a youth acculturation, gender, depressive symptoms, and cigarette use. *American Journal of Orthopsychiatry*, 86(1), 37. [PubMed: 26752445]
- Lutrick K, Clark R, Nuño VL, Bauman S, & Carvajal S (2020). Latinx bullying and depression in children and youth: A systematic review. *Systematic Reviews*, 9(1), 1–10. [PubMed: 31907078]
- Maffini CS, Wong YJ, & Shin M (2011). The potential impact of violent victimization on somatic symptoms among Asian American adolescents: A national longitudinal study. *Asian American Journal of Psychology*, 2(3), 157–167. 10.1037/a0024920
- Mechanic MB (2004). Beyond PTSD: Mental health consequences of violence against women: A response to Briere and Jordan. *Journal of Interpersonal Violence*, 19(11), 1283–1289. [PubMed: 15534331]
- Mendonça G, Cheng LA, Mélo EN, & de Farias Júnior JC (2014). Physical activity and social support in adolescents: A systematic review. *Health Education Research*, 29(5), 822–839. [PubMed: 24812148]
- Mercy JA, Hillis SD, Butchart A, Bellis MA, Ward CL, Fang X, & Rosenberg ML (2017). Injury prevention and environmental health. *Interpersonal Violence: Global Impact and Paths to Prevention*. 3(7), 71–97. 10.1596/978-1-4648-0522-6
- Mintz S, Valido A, Rivas-Koehl M, Kuehl T, Espelage DL, Woolweaver A, & Ingram KM (2021). Supporting sexual minority youth: Protective factors of adverse health outcomes and implications for public health. *Journal of Adolescent Health*, 69(6), 983–990. 10.1016/j.jadohealth.2021.05.021
- Mühlenweg AM (2010). Young and innocent: international evidence on age effects within grades on victimization in elementary school. *Economics Letters*, 109(3), 157–160.
- Peskin MF, Tortolero SR, & Markham CM (2006). Bullying and victimization among Black and Hispanic adolescents. *Adolescence*, 41(163), 467. [PubMed: 17225662]
- Petrova M, Wyman PA, Schmeelk-Cone K, & Pisani AR (2015). Positive-themed suicide prevention messages delivered by adolescent peer leaders: Proximal impact on classmates' coping attitudes and perceptions of adult support. *Suicide and Life-Threatening Behavior*, 45(6), 651–663. [PubMed: 25692382]
- Pico-Alfonso MA, Garcia-Linares MI, Celda-Navarro N, Blasco-Ros C, Echeburúa E, & Martinez M (2006). The impact of physical, psychological, and sexual intimate male partner violence on women's mental health: Depressive symptoms, posttraumatic stress disorder, state anxiety, and suicide. *Journal of Women's Health*, 15(5), 599–611.
- Ramos G, Ponting C, Bocanegra E, Chodzen G, Delgadillo D, Rapp A, Escovar E, & Chavira D (2021). Discrimination and internalizing symptoms in rural Latinx adolescents: The protective role of family resilience. *Journal of Clinical Child & Adolescent Psychology*, 1–14. 10.1080/15374416.2021.1923018
- Rastogi M, Massey-Hastings N, & Wieling E (2012). Barriers to seeking mental health services in the Latino/a community: A qualitative analysis. *Journal of Systemic Therapies*, 31(4), 1–17.
- Reijntjes A, Kamphuis JH, Prinzie P, & Telch MJ (2010). Peer victimization and internalizing problems in children: a meta-analysis of longitudinal studies. *Child Abuse & Neglect*, 34(4), 244–252. 10.1016/j.chiabu.2009.07.009 [PubMed: 20304490]
- Richards TN, & Branch KA (2012). The relationship between social support and adolescent dating violence: A comparison across genders. *Journal of Interpersonal Violence*, 27(8), 1540–1561. [PubMed: 22204945]
- Robinson LE, Espelage DL, Valido A, Ingram KM, El Sheikh AJ, Torgal C, Mintz S, & Kuehl T (2021). Ethnic representation and willingness to seek help as moderators between peer

- victimization and mental health outcomes among Latinx adolescents. *School Mental Health*, 13, 561–577. 10.1007/s12310-021-09419-9
- Rodríguez CE (1997). Visual retrospective: Latino film stars. *Latin looks: Images of Latinas and Latinos in the US media*, 80–84.
- Romero AJ, Wiggs CB, Valencia C, & Bauman S (2013). Latina teen suicide and bullying. *Hispanic Journal of Behavioral Sciences*, 35(2), 159–173. 10.1177/0739986312474237
- Rosseel Y (2012). Lavaan: An R Package for Structural Equation Modeling. *Journal of Statistical Software*, 48(2), 1–36. 10.18637/jss.v048.i02
- Sabina C & Cuevas CA (2013). Final report: Dating Violence among Latino Adolescents (DAVILA) Study. U.S. Department of Justice, National Institute of Justice.
- Sabina C, Cuevas CA, & Cotignola-Pickens HM (2016). Longitudinal dating violence victimization among Latino teens: Rates, risk factors, and cultural influences. *Journal of Adolescence*, 47, 5–15. 10.1016/j.adolescence.2015.11.003 [PubMed: 26708954]
- Shaffer CM, Corona R, Sullivan TN, Fuentes V, & McDonald SE (2018). Barriers and supports to dating violence communication between Latina adolescents and their mothers: A qualitative analysis. *Journal of Family Violence*, 33(2), 133–145. 10.1007/s10896-017-9936-1
- Shetgiri R, Lin H, Avila RM, & Flores G (2012). Parental characteristics associated with bullying perpetration in US children aged 10 to 17 years. *American Journal of Public Health*, 102(12), 2280–2286. [PubMed: 23078471]
- Spriggs AL, Iannotti RJ, Nansel TR, & Haynie DL (2007). Adolescent bullying involvement and perceived family, peer and school relations: Commonalities and differences across race/ethnicity. *Journal of Adolescent Health*, 41(3), 283–293. 10.1016/j.jadohealth.2007.04.009
- Sources of Strength (n.d.). History. Sources of Strength. <https://sourcesofstrength.org/discover/history/>
- Sterzing PR, Ratliff GA, Gartner RE, McGeough BL, & Johnson KC (2017). Social Ecological correlates of polyvictimization among a national sample of transgender, genderqueer, and cisgender sexual minority adolescents. *Child Abuse & Neglect*, 67, 1–12. 10.1016/j.chiabu.2017.02.017 [PubMed: 28226283]
- Tiiri E, Lempinen L, Chudal R, Vuori M, & Sourander A (2020). Relative age is associated with bullying victimisation and perpetration among children aged eight to nine. *Acta Paediatrica*, 109(12), 2656–2663. [PubMed: 32496630]
- Turner HA, Finkelhor D, & Ormrod RK (2006). The effect of lifetime victimization on the mental health of children and adolescents. *Social Science & Medicine*, 62(1), 13–27. 10.1016/j.socscimed.2005.05.030 [PubMed: 16002198]
- Velasco-Mondragon E, Jimenez A, Palladino-Davis AG, Davis D, & Escamilla-Cejudo JA (2016). Hispanic health in the USA: a scoping review of the literature. *Public Health Reviews*, 37(1), 1–27. [PubMed: 29450043]
- Wyman PA, Brown CH, LoMurray M, Schmeelk-Cone K, Petrova M, Yu Q, Walsh E, Tu X, & Wang W (2010). An outcome evaluation of the Sources of Strength suicide prevention program delivered by adolescent peer leaders in high schools. *American Journal of Public Health*, 100(9), 1653–1661. 10.2105/AJPH.2009.190025 [PubMed: 20634440]

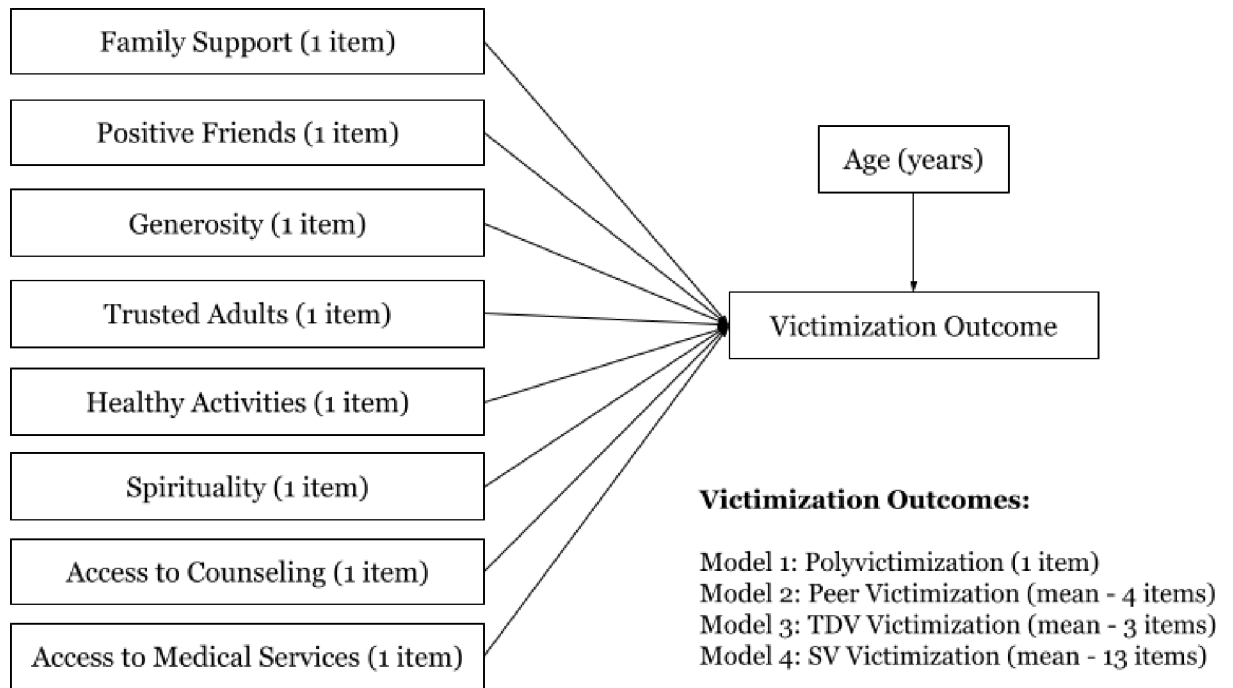


Figure 1.
Hypothesized Multiple Regression Model as a Path Diagram

Table 1.**Descriptive Statistics**

Measure (N = 1087)	N^a	Range	n / Mean	% / SD
<i>Age (years)</i>	1085	12-18	14.90	.91
<i>Grade</i>	1067			
9th grade			479	44.9%
10th grade			408	38.2%
11th grade			180	16.9%
<i>Gender</i>	1087			
Female		-	1087	100%
Transgender Status		-	13	1.2%
<i>Race and Ethnicity</i>	1087			
Latinx		-	1087	100%
<i>Sexual Orientation</i>	1080			
Gay/Lesbian		-	24	2.2%
Bisexual		-	168	15.6%
Questioning		-	33	3.1%
Other		-	26	2.4%
Heterosexual		-	829	76.8%
<i>Polyvictimization Outcome</i>	1070	0-3		
(0) No victimization			499	46.6%
(1) One form of victimization			283	26.4%
(2) Two forms of victimization			209	19.5%
(3) All three forms of victimization			79	7.4%
<i>Victimization Outcomes</i>				
Peer Victimization	1052	0-4	.33	.67
TDV Victimization	706	0-4	.23	.51
SV Victimization	1060	0-4	.12	.29
<i>Protective Factors</i>				
Family Support	1016	0-3	2.19	.83
Positive Friends	1013	0-3	2.26	.72
Generosity	1010	0-3	2.18	.67
Trusted Adults	1011	0-3	2.06	.81
Healthy Activities	1008	0-3	1.93	.85
Spirituality	1000	0-3	1.98	.83
Access to Counseling	1004	0-3	1.89	.84
Access to Medical Services	993	0-3	1.95	.82

Note.

^aTotal number of responses for each measure.

Table 2.

Bivariate Correlations

	A	B	C	D	E	F	G	H	I	J	K	L	M
A	-												
B	-.08	-											
C	-.06	.57	-										
D	.06	.51	.19	-									
E	-.08	.54	.44	.32	-								
F	-.02	-.26	-.19	-.14	-.17	-							
G	-.02	-.14	-.14	-.09	-.08	.53	-						
H	.01	-.07	-.02	-.05	-.09	.41	.47	-					
I	.07	-.18	-.09	-.14	-.11	.56	.55	.44	-				
J	-.05	-.16	-.11	-.19	-.10	.45	.46	.52	.46	-			
K	-.05	-.14	-.09	-.10	-.13	.47	.47	.53	.50	.52	-		
L	.02	-.21	-.18	-.10	-.20	.46	.41	.41	.48	.40	.40	-	-
M	.02	-.21	-.17	-.11	-.16	.42	.39	.42	.38	.40	.40	.59	1

Note. A = Age in years, B = Polyvictimization, C = Peer victimization, D = Teen dating violence victimization, E = Sexual violence victimization, F = Family support, G = Positive Friends, H = Generosity, I = Adult support, J = Healthy activities, K = Spirituality, L = Access to counseling, M = Access to medical services

Table 3.**Model Results**

	Polyvictimization <i>n</i> = 1085			Peer victimization <i>n</i> = 1085			TDV victimization <i>n</i> ^a = 711			SV victimization <i>n</i> = 1085		
	<i>b</i>	<i>S.E.</i>	β	<i>b</i>	<i>S.E.</i>	β	<i>b</i>	<i>S.E.</i>	β	<i>b</i>	<i>S.E.</i>	β
Age (years)	-.08**	.03	-.08	-.05*	.02	-.07	.03	.02	.05	-.02**	.01	-.08
Family Support	-.23**	.05	-.19	-.12**	.03	-.15	-.03	.03	-.06	-.04**	.01	-.11
Positive Friends	.03	.05	.02	-.07	.04	-.07	.02	.04	.03	.02	.02	.04
Generosity	.18**	.06	.12	.14***	.04	.14	.07	.04	.09	.01	.02	.02
Trusted Adults	-.02	.05	-.01	.07*	.03	.09	-.05	.03	-.08	.02	.02	.04
Healthy Activities	-.08	.04	-.07	-.03	.03	-.04	-.11***	.03	-.18	-.01	.01	-.02
Spirituality	-.01	.05	-.01	-.01	.03	-.01	.01	.03	.01	-.01	.01	-.04
Access to Counseling	-.08	.05	-.07	-.08*	.03	-.10	.01	.03	.01	-.05***	.01	-.14
Access to Medical Services	-.13**	.05	-.11	-.08*	.03	-.10	-.03	.03	-.05	-.02	.01	-.06

Note.

p < .001**
p < .01*
p < .05*b* = unstandardized coefficient; β = standardized coefficient.^aTDV model only includes youth who reported dating.