

Repositório ISCTE-IUL

Deposited in *Repositório ISCTE-IUL*:

2021-01-15

Deposited version:

Accepted Version

Peer-review status of attached file:

Peer-reviewed

Citation for published item:

Ferreira, C., Magalhães, E., Antunes, C. & Camilo, C. (2020). Victimization experiences and well-being in adulthood: a systematic review and meta-analysis. *Violence and Victims*. 35 (6), 783-814

Further information on publisher's website:

10.1891/VV-D-19-00026

Publisher's copyright statement:

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Abstract

Scientific research has explored the impact of violence during adulthood on psychopathology. Fewer efforts have been made from a positive theoretical framework, and no systematic evidence has been provided. This manuscript describes a literature review and meta-analysis on the relationship between victimization experiences and well-being in adulthood. A literature review was performed, and 27 studies met the inclusion criteria for the systematic review 16 for the meta-analysis. The meta-analysis yielded a medium and significant overall effect size ($r = -.309, p < .001$), which indicated that greater victimization experiences partly explain lower well-being outcomes. A set of theoretical and methodological issues are discussed, specifically considering the conceptualization of victimization and well-being as well as the studies design, sample characteristics, measures and data analysis. Derived from this integrative discussion, some recommendations are also provided for future research.

Key Words: Victimization, Adulthood, Well-being

Victimization Experiences during Adulthood

Violence is a socially and culturally grounded concept. Multiple definitions and cultural specificities are recognized, but in this study we adopted the World Health Organization (WHO) definition of violence, as involving “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation” (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002, p. 5). Also, we assume that violence might include physical, sexual, and psychological abusive behaviours, recognizing the high co-occurrence of these experiences (Dahlberg & Krug, 2007). Violence can put forward different typologies (self-inflicted, interpersonal and collective), may occur in distinct contexts (e.g., familial, social) and can be single or repeated throughout time (Lisboa, Barroso, Patrício, & Leandro, 2009; Krug et al., 2002). Finally, the gendered nature of violence should be recognized. According to the United Nations this includes “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life” (United Nations General Assembly, 1993, Article 1). Women are at more risk of violence, compared to men, in different relational contexts, namely, intimate partner relationships (WHO, 2013) or at the workplace (Lanthier, Bielecky & Smith, 2018). Gender-based violence is described as a threat to human rights and considered a public health issue (Decker et al., 2015) given the significant costs for women well-being and for households and economies (Ellsberg et al., 2015).

Actually, the impact of violence in the adults’ psychological functioning has been systematically explored in the last decades. Research has consistently pointed out a positive

association between violence (physical, psychological, sexual) and psychopathology (e.g., Amar & Gennaro, 2005; Koss, Koss, & Woodruff, 1991; Montero et al., 2011). Specifically, depression and anxiety play a major role (Bonomi, Anderson, Rivara, & Thompson, 2007; Coker et al., 2002; Ribeiro, Andreoli, Ferri, Prince, & Mari, 2009), as well as the post-traumatic stress (e.g., Avina & O'Donohue, 2002; Ribeiro et al., 2009), suicidal ideation/behaviour, use/abuse of alcohol and other substances (Lacey, McPherson, Samuel, Sears, & Head, 2013; Pico-Alfonso et al., 2006) and somatisation (Amar & Gennaro, 2005).

Though these results are relevant, studies tend to focus on the impact of violence on mental health problems and maladaptive functioning. However, mental health involves more than psychopathology and it cannot be defined as the mere absence of mental illness (Keyes, 2005; Ryff & Singer, 1996). It should be conceptualized as a multidimensional construct, that involves also assessing well-being outcomes (WHO, 2001). In this review, the well-being concept is framed on the positive psychology background, including an overall positive appraisal of life (subjective well-being) and the personal growth and self-fulfillment (psychological well-being) (Huta, 2015; Ryan & Deci, 2001). Exploring well-being outcomes is innovative in the violence and victims' context, and it is consistent with recent proposals for conceptualizing the impact of victimization on mental health from a more complex and holistic approach (Grych, Hamby, & Banyard, 2015). The inclusion of well-being in victimology studies provides important insights on the positive side of mental health (i.e., positive psychology). Also, if combined with traditional measures of psychopathology, a more holistic approach could be achieved.

Well-Being Conceptualization

The scientific study of well-being in Psychology started in the 60's decade in the context of Positive Psychology. After a major scientific investment of Psychology in mental illness, the research progressively focuses on prevention. That paradigmatic change allowed the identification of human being's resources (individual/social) that are important to deal with stressful events and highlighted the importance of exploring positive functioning outcomes (Seligman & Csikszentmihalyi, 2000).

The well-being literature could be organized in two main research lines: Hedonism and Eudaimonia (Ryan & Deci, 2001; Waterman, 1993). The hedonic tradition reflects a conceptualisation of well-being involving the achievement of happiness and the avoidance of pain or suffering (Ryan & Deci, 2001; Ryff & Singer, 2008; Waterman, Schwartz, & Conti, 2008). This approach is accomplished by the study of Subjective Well-Being (SWB), which includes a set of different concepts or indicators, namely, happiness, life satisfaction, optimism, positive and negative affection, affective balance and quality of life (Fernandes, 2007; Novo, 2005). Despite the significant contributes of the research on this topic, such perspective was highly criticised, namely by the lack of theoretical consistence, and consequently, with some empirical flaws (e.g., absence of strong psychometric measures; Ryff, 1989).

On the other hand, the eudaimonic approach conceptualises well-being as the full functioning of human being's capacities toward excellence (Ryan, Huta, & Deci, 2008). It assumes that the individual makes several efforts to achieve self-fulfilment, to pursuing virtues and develop a "flourishing" status (Huta, 2015; Huta & Waterman, 2014; Keyes, 2005; Ryff & Singer, 2006; Ryan et al., 2008). Flourishing implies to achieve the complete development of individual's potentials and the improvement of their virtues and qualities (Huta & Waterman,

2014). If the hedonistic approach is more focused on the outcomes (e.g., positive affection balance, satisfaction towards life), eudaimonia highlight also the process which lead to self-fulfilment (e.g., establishment and achievement of goals, finding a meaning to life, autonomy; Ryan et al., 2008). This approach is accomplished by the study of Psychological Well-Being (PWB) and Social Well-Being (SocialWB), using multidimensional measures that evaluate individual functioning (Robitscheck & Keyes, 2009). Currently, these distinct theoretical perspectives (hedonic and eudaimonia) should be viewed as complementary, which allow the researchers to have a more comprehensive and holistic approach of individual's well-being (Huta, 2015).

Research Problems and Objectives

Scientific research has been exploring the impact of violence regarding psychological functioning in adulthood. Despite the proliferation of studies in the last decades, these have been mostly focused their attention on psychopathology, putting aside the individual's well-being. Actually, the mere absence of significant problems does not mean necessarily an optimal functioning (WHO, 2001), and for that reason it is important to understand how victimization experiences can affect the well-being of victims. The reasons for investing in the study of well-being are now well established: well-being may motivate people toward success, improve health and longevity, strengthen relationships, boost the economy and can be enhanced in easy and inexpensive ways (Howell, et al., 2016).

This manuscript describes a systematic review and a meta-analysis of studies exploring the relationship between victimization experiences and well-being in adulthood. To date, as far as we known, a systematic review and/or meta-analysis on this research topic were never

conducted. Previous work has privileged the analysis of the negative impact/consequences, considering specific types of violence and/or specific contexts of occurrence (e.g., Cook, Dinnen, & O'Donnell, 2011; Neall & Tuckey, 2014).

Specifically, we aim: (a) to summarise the research exploring well-being outcomes relating them with previous victimization experiences as adults; (b) to provide evidence about the effect sizes of victimization on well-being, as well as the identification of potential moderators.

Method

Information Sources and Search Strategy

This literature review was performed by searching electronic databases and by scanning reference lists of articles. The following restrictions were used: academic journals and English language. No restriction on time was defined. This search was applied to PsycARTICLES, Academic Search Complete, Psychology and Behavioral Sciences Collection, PsycINFO, ERIC, Scopus and Web of Science and considering the entire article. Assuming a multidimensional and multi-context nature of violence (i.e., it may occur in different contexts and involve the co-occurrence and superposition of different types of acts), as well as a multidimensional approach of well-being, the studies were identified using the combinations of the following search terms: (a) Subjective well-being OR Psychological well-being OR Social well-being; AND (b) Crime OR Violence OR Victim* (c) NOT Psychopathology OR Psychological distress OR Psychological disorder. Finally, reference lists of relevant papers were hand searched. The last search was run on December 2018.

Inclusion Criteria

A set of inclusion criteria was considered to include studies for this review: 1) The manuscript is focused on the relationship between victimization experiences and well-being; 2) The victimization was directly experienced by participants, excluding for instance rates of crime or others' victimization; 3) The well-being measurement is framed on hedonic and eudaimonic perspectives, excluding psychopathology or mental health problems. When measures of well-being include both well-being and mental health problems, papers were considered eligible merely if data were available separately for these dimensions; 4) Participants had to be adults, with 18 years and older. Samples only consisting of children and adolescents were excluded, as well as adult samples reporting victimization experiences during childhood or adolescence; 5) The study is empirical and quantitative. Reviews, editorials, theoretical papers, qualitative or case studies were excluded; 6) Merely studies published in English in a peer-reviewed journal were considered.

Study Selection and Data Extraction

A four-step procedure (i.e., identification, screening, eligibility and included) was done according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Statement (Liberati et al., 2009), by selecting the studies based on a sequential analysis of title, abstract and full text. At each step, two authors (the first two authors of this paper) made their decisions separately and then inconsistencies were examined and consensus achieved in group discussion.

As showed in the Figure 1, an initial search found 4066 articles and the hand search produced 30 articles. When all duplicates were removed, 3682 were screened regarding the title

and abstract. From these, 111 were selected for full text analysis and then 27 were chosen for a qualitative synthesis. A specific form was used to extract data, summarizing methodological information of each study (i.e., samples description, variables and measurements, design and data analysis) and respective main results. Finally, 16 manuscripts were selected to the meta-analysis, given that merely these manuscripts provided univariate statistics on the association between victimization and well-being. Multivariate results (e.g., adjusted means or adjusted odds-ratios) were not considered as comparability is jeopardized (e.g., different authors use different covariates), which limit the ability to estimate a valid overall effect (Mulder, Kuiper, van der Put, Stams, & Assink, 2018).

INSERT FIGURE 1 HERE

Meta-analysis: coding and effect size calculation

In order to calculate the effect sizes, the following information was extracted and coded: manuscript information (authors, title, year of publication, country in which the study was conducted), sample (type of sample, age, sample size), information about variables (type of victimization, type of well-being), main results, and the respective effect sizes. When the effect sizes were not reported in reviewed studies, we calculated them through the available statistical information.

To quantify the effect of victimization in well-being outcomes, the Pearson product-moment correlation coefficient (r) was calculated for each association between victimization (psychological, sexual or physical) and well-being (subjective or psychological). Pearson's coefficient was chosen because our reviewed studies are correlational and correlations are readily interpretable (Field, 2005; Rosenthal & DiMatteo, 2001). Also, chi-square, t , F , and d values can be easily transformed into correlations (Hunter & Schmidt, 2004). These computes were

performed through the formulas proposed in the literature (Borenstein, Hedges, Higgins & Rothstein, 2009; Lipsey & Wilson, 2001).

The correlations were transformed into normally distributed Fisher's z-values prior the statistical analyses in meta-analytic research, as suggested in the literature (e.g., Cooper, 2010; Lipsey & Wilson, 2001). However, to enhance the interpretability of the results, correlation coefficients will be presented. The following rule thumbs for effect sizes will be considered: $r > .100$ were interpreted as small, $r > .243$ as medium, and $r > .371$ as large (Rice & Harris, 2005). The effect size direction is consistent with statistical evidence reported in the primary study.

Data analysis

The analyses were conducted in JASP (Version 0.9, JASP Team, 2018), and a random-effect-approach was applied in this study as suggested in the literature (Mulder et al., 2018), using the restricted maximum likelihood-method. Some studies reported multiple victimization variables, meaning that in many cases, various effect sizes could be extracted from one primary study. In cases where separate effect sizes were reported for similar variables (e.g., different dimensions of the same scale), the effect sizes were averaged to obtain merely one effect size for the same study (Lipsey & Wilson, 2001). Publication bias (i.e., the inclusion of studies presenting merely significant results) was assessed by means of funnel plots (i.e., Egger tests; Sterne, Becker, & Egger, 2005; Sterne and Egger, 2005). Results suggest that Egger test was not significantly different from zero, which means no publication bias (Bias = -1.10, $p = .270$).

Additionally, we examined a set of moderating variables: the type of sample (community-based / clinical based), type of victimization (sexual / physical/ psychological), type of well-being (subjective/ psychological), country of data collection (USA / Europe / other), age,

gender (only female/female and male), and publication year. Prior to the moderator analyses, dummy variables were created for each category of all discrete variables and continuous variables were mean centred.

Results

Overview of studies reviewed

Sample. Regarding sample characteristics across studies, this information was organized according to five categories: Social context, Dimension, Age, Gender and Type.

Social context. Most of these studies were developed in Europe (40.7%; e.g., Brenig & Proeger, 2016; Ferres et al., 2013) and North American contexts (29.6%; e.g., Buchanan et al., 2009; Shier et al., 2016), followed by Middle East/ Pakistan contexts (18.5%; Hamdan-Mansour et al., 2011; Hassan & Malik, 2012), Asian (7.4%; Leung et al., 2005; Bernardo & Estrellado, 2017) and Latin American and Caribbean countries (3.7%; Londiño et al., 2018).

Dimension. Large samples are an important strength of an empirical study. One third of these studies comprise samples larger than 1000 participants, with most of them (66.7%) including a sample size upper than 3000 subjects (e.g., Clausen et al., 2013; Londoño et al., 2018). The largest sample (290.000) involves a multi-country study with 34 European countries (Brenig & Proeger, 2016). The remaining studies encompassed samples up to 200 participants (33.3%; e.g., Beeble et al., 2010, 2011) and ranging from 201 and 1000 (33.3%; e.g., Dressing et al., 2005; 2007).

Age. Reviewed studies involved participants aged from 18.85 (Martins et al., 2014) to 85.6 (Trompetter et al., 2011). Most of these studies focused on adults aged around 30/40 years old (55.6%; e.g., Beeble et al., 2010; 2011; Hassan & Malik, 2012).

Gender. The studies reviewed in the present manuscript involved mostly samples only composed by women (40.7%; e.g., Beeble et al., 2010; Mir & Naz, 2017) or gender unbalanced samples, with higher percentage of women (33.3%; e.g., Buchanan et al., 2009; Shier et al., 2016). Only a minority of them involved more males than females (7.4%; Cramer et al., 2017; Dreßing et al., 2014) or are gender-balanced (7.4%; Londoño et al., 2018; Schütte et al., 2014).

Type. A great diversity of samples/participants was found in this literature review. Forty one percent can be described as community-based samples (e.g., Dressing et al., 2005; 2007), 22.2% of participants enrolled in social services or attending intervention programs (e.g., Beeble et al., 2010, 2011), 11.1% undergraduate students (e.g., Buchanan et al., 2009), 7.4% of participants from health contexts/hospitals (e.g., Leung et al., 2005), and also 7.4% from labor context (e.g., Schütte et al., 2014). The remaining studies encompassed more specific samples, namely people with disabilities (Ferres et al., 2013), HIV-positive LGB adults (Cramer et al., 2017) and post-gender confirming surgery clients (Prunas et al., 2016).

Measures.

Victimization experiences. The victimization measurement across these studies can be described mostly as involving scales (59.3%; with/or without reported validity evidence), for instance, the *Index of Psychological Abuse Scale*, *Conflict Tactics Scale*, *The Sexual Experiences Questionnaire* (Beeble et al., 2010; 2011; Martins et al., 2014), lists of violent behaviours or acts (22.2%; e.g., Dreßing et al., 2014; Schütte et al., 2014), screening tools (22%; Conway et al., 1995; Jradi & Abouabbas, 2017) and questions taken from larger surveys (7.4%; e.g., Brenig & Proeger, 2016; Ferres et al., 2013). These percentages are not mutually exclusive given that there are studies involving more than one measure. Data collection comprised different instruments in

25.9% of the studies, but the large majority of them including merely one tool (74.1%).

Considering the relevance of measurement psychometric properties, we analyzed how the studies described these properties in their methods section: 63% of these manuscripts did not report information on psychometric characteristics (e.g., Dressing et al., 2005, 2007), 22.2% reported internal consistency indicators (e.g., Beeble et al., 2010, 2011) and the remaining other studies (14.8%) advocate that the measures have adequate psychometric properties, however this data is not provided (e.g., (Buchanan et al. 2009; Buchanan & Fitzgerald, 2008).

Well-Being. The well-being measurement can be described mostly as involving one-dimensional scales (66.7%; e.g., *The Perceived Quality of Life Scale*; *The Satisfaction With Life Scale*; Beeble et al., 2010; 2011; Buchanan et al., 2009), and the others included multidimensional scales (22.2%; e.g., *The Psychological Well-Being Scale*; Hamdan-Mansour et al., 2011) or questions (11.1%), mainly taken from larger surveys (e.g., Brenig & Proeger, 2016).

Considering the relevance of measurement psychometric properties, we analyzed how the studies described these properties in their methods section: 59.3% reported internal consistency indicators (e.g., Beeble et al., 2010, 2011), 29.6% of these manuscripts did not report information on psychometric characteristics (e.g., Conway et al., 1995; Jradi & Abouabbas, 2017), and the remaining studies (11.1%) advocate that the measures have adequate psychometric properties, however this data is not provided (e.g., Buchanan & Fitzgerald, 2008; Dressing et al., 2014).

INSERT TABLE 1 HERE

Design and data analysis. Analysing the studies design, we found that there is a large predominance of cross-sectional studies (85.2%; e.g., Buchanan et al. 2009; Hassan & Malik, 2012) comparing with longitudinal ones (14.8%; e.g., Beeble et al., 2010; 2011; Clausen et al., 2013; Zlotnick et al., 2006).

The main objectives postulated by these reviewed articles were achieved by analyzing data using multivariate/simple regression analysis (51.9%; e.g., Buchanan et al., 2009; Jradi & Abouabbas, 2017), analysis of variance (e.g., ANOVA; 18.5%; Conway et al., 1995; Dressing et al., 2005, 2007), group differences or association tests (e.g., Chi-square, Mann Whitney, Pearson correlations; 51.9%; Hamdan-Mansour et al., 2011; Leung et al., 2005) and hierarchical linear models (14.8%; e.g., Beeble et al., 2010; 2011).

Conceptualization of Victimization and Well-Being

Victimization. Almost half of the reviewed studies (44.4%) assessed victimization experiences in the general/unspecified context (e.g., Brenig & Proeger, 2016; Conway, Hu, Warshaw, Kim, & Bullon, 1995), followed by intimate relational context (33.3%; e.g., Beeble, Bybee, & Sullivan, 2010; Hassan & Malik, 2012; Leung, Leung, Ng, & Ho, 2005). Only one study focused on two contexts (3.7%; Ferres, Megías, & Expósito, 2013), both previously mentioned (intimate relational and general/unspecified). The remain studies assessed victimization in the workplace (14.8%; e.g., Buchanan & Fitzgerald, 2008; Shier, Graham, & Nicholas, 2016) and in the peer-group context – among residents from assisted living facilities (3.7%; Trompetter, Scholte, & Westerhof, 2011).

Almost all the studies conducted in general/unspecified context (83.3%) analyzed just a specific form of violence: burglary or assault (10%; Brenig & Proeger, 2016), sexual and racial harassment (10%; Buchanan, Bergman, Bruce, Woods, & Lichty, 2009), lifetime sexual orientation-based hate crime (10%; Cramer, Burks, Ploderl, & Durgampudi, 2017), physical violence (10%; Conway et al., 1995), (cyber)stalking (40%; Dreßing, Bailer, Anders, Wagner, & Gallas, 2014; Dressing, Kuehner, & Grass, 2005; Dressing, Gass, & Kuehner, 2007; Stieger,

Burger, & Schild, 2008), cybervictimization (other than stalking; 10%; Musharraf & Anis-ul-Haque, 2018) and criminal violence (not specified; 10%; Londono, Mesa, Cardona-Sosa, & Toro, 2018). By another hand, just two out of 12 studies (16.7%) conducted in general/unspecified context assessed multiple forms of abuse: two (physical and emotional/psychological violence; Jradi & Abouabbas, 2017) or more (discrimination, harassment, violence and crime; Prunas et al., 2016).

The findings show that almost all of the Intimate Partner Violence (IPV) studies (88.9%) assessed physical acts of violence and two of them were restricted to this specific form of abuse (22.2%; Leung et al., 2005; Zlotnick, Johnson, & Kohn, 2006). Inversely, most of these studies included multiple forms of abuse (77.8%) ranging from two (e.g., Beeble, Sullivan, & Bybee, 2011) to four (e.g., Martins et al., 2014). More than half of IPV studies assessed psychological/emotional abuse (77.8%; e.g., Hamdan-Mansour, Arabiat, Sato, Obaid, & Imoto, 2011; Mir & Naz, 2017). Less than half of them examined others acts of IPV, namely sexual abuse (44.4%; e.g., Bernardo & Estrellado, 2017; Martins et al., 2014), economic (22.2%; Bernardo & Estrellado, 2017; Hamdan-Mansour et al., 2011) and stalking (11.1%; Martins et al., 2014). In the “double context” study (Ferres et al., 2013), IPV acts were not discriminated.

Results regarding workplace studies revealed that the majority of them (75%) assessed harassment/unwanted sexual attention. Two out of three these studies also examined other forms of violence in this context, namely bullying (66.7%; Clausen, Hogh, Carneiro, & Borg, 2013; Schütte et al., 2014), discrimination (33.3%; Schütte et al., 2014), psychological/emotional violence (33.3%; Clausen et al., 2013), physical violence (33.3%; Schütte et al., 2014) and/or other unspecified violence (33.3%; Clausen et al., 2013). One study conducted in this context (25%) assessed only and specifically negative workplace interpersonal interactions (without type

specification; Shier et al., 2016).

Finally, the only study conducted in the peer-group context (3.7%) focused on relational aggression, which was defined “(...) as a nonphysical form of aggressive behaviour that causes damage to peer relationships, such as friendships and acceptance (Hawker & Boulton, 2000, as cited in Trompetter et al., 2011, p. 60). The number of acts and its specific nature were not specified in this conceptualization of relational violence.

Well-Being. Analyzing how the studies conceptually frame their research problem, most of the reviewed studies drew on eudaimonic conceptualizations to provide their scientific rationale for the study (59.3%; e.g., Beeble et al., 2010; Hamdan-Mansour et al., 2011). Just a minority of them conceptually formulated their research review within hedonic assumptions (29.6%; Brenig & Proeger, 2016; Jradi & Abouabbas, 2017). In the remainder situations (11.1%), the conceptual framework underlying the type of well-being was not clear (Conway et al., 1995; Dreßing et al., 2014; Musharraf & Anis-ul-Haque, 2018).

Furthermore, we analyzed how well-being was operationalized across studies. Four mutually exclusive constructs were identified: ‘Quality of Life/Health related Quality of Life’ (14.8%; e.g., Beeble et al., 2011; Conway et al., 1995), ‘Life Satisfaction’ (37%; e.g., Bernardo & Estrellado, 2017; Zlotnick et al., 2006), ‘Subjective Well-Being’ (33.3%; e.g., Clausen et al., 2013; Stieger et al., 2008) and ‘Psychological Well-Being’ (14.8%; Hamdan-Mansour et al., 2011; Martins et al., 2014).

Taking into account the inherent link between conceptualization and operationalization of a conceptual construct, some inconsistencies were found across studies. Consistency between theory and measurement was analyzed by comparing the theoretical framework provided in the

original study (in the introduction) and the instruments selected to measure well-being. As such, if the authors describe their theoretical position anchored on hedonic/subjective well-being, consistent instruments should be focused on ‘Quality of Life/Health related Quality of Life’, ‘Life Satisfaction’ and ‘Subjective Well-Being’ (Fernandes, 2007; Novo, 2005) and not on ‘Psychological Well-Being’ which was originally formulated within the eudaimonic tradition. In this sense, just half (50%) of the manuscripts included in this review presented a coherent correspondence between well-being conceptual framework and construct (e.g., Brenig & Proeger, 2016; Leung et al., 2005). In the other cases, the construct selected as the well-being indicator was not compatible with the conceptual perspective assumed in the authors’ introduction/conceptualization (e.g., Beeble et al., 2011; Clausen et al., 2013).

The Relationship between Victimization Experiences and Well-Being

Results obtained in the systematic review consistently suggested that individual victimization experiences in adulthood (e.g., intimate partner physical or psychological abuse, sexual and racial harassment, stalking) negatively impact on victims’ well-being (e.g., subjective or psychological well-being). In terms of victimization in a general context, reviewed studies demonstrated that experiences of stalking (Dressing et al., 2005, 2007; Stieger et al., 2008), cyberstalking (Dreßing et al., 2014) and cybervictimization (Musharraf & Anis-ul-Haque, 2018) predicts lower levels of victims’ subjective well-being. Furthermore, different types of violence like burglary/assault (Brenig & Proeger, 2016), sexual/racial harassment (Buchanan et al., 2009), psychological (Jradi & Abouabbas, 2017), physical (Conway et al., 2015) and criminal violence (Londoño et al., 2018) showed to be associated with lower levels of life satisfaction or quality of life. Nevertheless, in one of the studies (Prunas et al., 2016), post-gender confirming surgery

clients (female to male) who were victims of discrimination, harassment, violence and crime showed higher levels of well-being, namely in terms of personal growth.

In the IPV context, the reviewed studies showed that experiences of victimization are associated with lower levels of quality of life (Leung et al., 2005) and low life satisfaction (Ferres et al., 2013; Hassan & Malik, 2012), namely physical abuse (Beeble et al., 2010, 2011; Zlotnick et al., 2006). Moreover, this literature found that IPV predicts low victims' subjective well-being (Bernardo & Estrellado, 2017), as well as psychological well-being (Hamdan-Mansour et al., 2011; Martins et al., 2014). Specifically, psychological spousal abuse is associated with lower levels of psychological well-being (Beeble et al., 2010, 2011; Mir & Naz, 2017). In terms of peer-group relations, one of the reviewed studies showed that, among resident from assisted living facilities, self-reported relational aggression predicts lower levels of life satisfaction (Trompetter et al., 2011). Regarding job context, results demonstrated that experiences of sexual harassment (Buchanan & Fitzgerald, 2008) and negative interactions with indirect violence (Shier et al., 2016) were associated with lower levels of life satisfaction, and experiences of discrimination, bullying or unwanted sexual attention (e.g., Clausen et al., 2013; Schütte et al., 2014) were predictors of lower levels of well-being.

Besides this relationship between victimization experiences and well-being, these studies also explored the role of other variables, including their mediating or moderating effect. As such, there were studies that explored the role of relational characteristics in the association between victimization and well-being. For example, Dressing and colleagues (2005), in a community-based study (conducted in a middle-sized German city), found that younger age, higher levels of psychological dependency (i.e., difficulties in defining boundaries to others or differentiating themselves from others) and being victim of stalking predict lower psychological well-being.

Additionally, mediation and moderation models were tested in some studies. For example, Beeble and colleagues (2010) explored the mediating role of resource constraints in the relationship between abuse and well-being with survivors of IPV experiences. Even considering that no statistically significant mediation effects were found, the authors suggest that difficulties in obtaining resources are greater when high levels of psychological abuse occurs, advising that abusive strategies tend to compromise the women abilities to get some resources. Furthermore, Clausen and colleagues (2013) tested the mediating role of well-being in the relationship between victimization (i.e., bullying, violence, threats, and/or unwanted sexual attention) and turnover (i.e., corresponding to the participants who left their job during from the baseline to follow up moment). The authors found that subjective well-being mediated that relationship, which means that these victimization experiences are associated with lower well-being and, these lower levels of well-being may explain higher rates of turnover.

In addition, there were also some studies exploring moderating effects of individual attributes. As such, if some of them have found significant moderating effects of race and sex in the relationship between victimization and well-being (e.g., Buchanan et al., 2009), others found no statistically significant moderating effects (e.g., Dressing et al 2007; Dreßing et al., 2014). Buchanan and colleagues (2009) explored the role of race and sex as moderators with a sample of north American undergraduate students, and they found a three-way interaction of sex, race and racial harassment on life satisfaction: the negative impact of racial harassment in the students' well-being was strongest for Asian and Multiracial men. However, two community-based studies focused on stalking victimization did not found significant interaction effects between sex and stalking victimization on their well-being (Dreßing et al., 2014; Dressing et al. 2007).

INSERT TABLE 2 HERE

Effect sizes of victimization experiences and well-being: a meta-analysis

Sixteen studies involving 24 different effect sizes examined the relationship between adults' victimization and well-being (Figure 2). The meta-analysis yielded a medium and significant overall effect size ($r = -.309$, $p < .001$), which indicated that greater victimization experiences partly explain lower well-being outcomes.

INSERT FIGURE 2 HERE

The test for residual heterogeneity indicated heterogeneity of the effect sizes and the need to test for moderators, ($Q(23) = 692.43$, $p < .001$; $I^2 = 99.22\%$, 95% CI: 98.66% and 99.62%), but none of the variables tested in the moderator analysis (Table 3) yielded a significant effect.

INSERT TABLE 3 HERE

Discussion

This systematic review and meta-analysis aimed to describe the evidence exploring the relationship between adults' victimization experiences and well-being outcomes, and specifically, the effect sizes of this association, as well as the identification of moderators. Generally, evidence from the qualitative synthesis (systematic review of 27 manuscripts) and from the quantitative analysis (meta-analysis of 16 manuscripts) suggest that victimization has a negative effect on individual well-being (subjective or psychological). A medium and significant overall effect size was obtained, supporting the detrimental effect of violence on well-being outcomes (Grych et al., 2015). Even considering that non-significant moderating effects were found, some promising findings emerged. For instance, the effect size was greater for psychological victimization (than physical and sexual), psychological well-being (than

subjective) and female samples (than mixed). Indeed, we hypothesize that psychological victimization might be more detrimental of well-being considering the content of these abusive behaviours (i.e., more focused on humiliating and intimidation) (Lagdon et al., 2014), compared to physical or sexual violence. The effect size seems to be slightly greater for psychological well-being than subjective well-being, which might suggest that victimization experiences may undermine the way people pursue their interests, values and self-fulfilment more than their pleasure or happiness. Finally, female samples revealed a greater effect size compared to mixed samples, suggesting that violence might be particularly harmful for women's well-being. Actually, not only women are more likely to be victim of different violent experiences (Lanthier et al., 2018; WHO, 2013) but also significant costs for their well-being have been reported (Ellsberg et al., 2015).

Analysing the type of studies here reviewed, a set of conceptual issues (i.e., violence and well-being) and methodological (sample characteristics, measurements and survey designs) questions should be discussed. First, violence is a multidimensional and complex construct (Krug et al., 2002), however, the reviewed studies lay on a restrictive conceptualisation (e.g., focusing on specific contexts and/or on particular types violence). Second, the literature on well-being is a little bit puzzling, as there are some inconsistencies between the theoretical rational and measurement options (e.g., some authors describe their theoretical argument on psychological well-being, but then measure subjective well-being), which undermines data comparability. Third, a significant percentage of these studies were developed in Europe/North America, which may be due to major difficulties from researchers in less developed countries to obtain financial support for their researches. Also, the majority of these studies included samples of only women, and many of them were conducted with specific groups (e.g., survivors of IPV following

intervention or community-based programmes), which impose added difficulties concerning the generalisability of these findings and implications. Finally, there are some studies involving small and convenient samples (e.g., N=138; Beeble et al., 2010; N=59; Prunas et al., 2016) that may hamper representativeness.

Fourth, regarding the measurement instruments, we found that these papers based their results merely on self-reported data from one informant. In fact, the use of multiple informants could overcome the possible bias derived from data filled out by the same informant. Also, there are some problems concerning the validity and reliability of these measures. Specifically, there are studies measuring victimization uniquely using a set of questions without validity and reliability evidence and others using some tools with poor reliability evidence. In addition, the well-being scales used in the majority of the reviewed studies are one-dimensional and consequently incompatible with the conceptualisation of well-being adopted by most of them: multidimensional and anchored in eudemonic perspective. Finally, the majority of these studies involve a cross-sectional design, with a smaller portion including longitudinal approaches (which prevents a discussion focused on causal relations).

Implications for further research

This paper is likely to contribute conceptually and methodologically to this topic, highlighting the importance of including well-being outcomes when exploring mental health. Overall, reviewed studies supported the general hypothesis that individual victimization in adulthood may be associated to worst victims' well-being. Nevertheless, further research should address the multidimensionality of both constructs - violence and well-being, in order to understand its co-occurrence. Theoretically-driven studies are needed, through a complementary

approach of well-being (i.e., including simultaneously hedonic and eudemonic perspectives; Huta, 2015) and selecting valid and reliable instruments that are consistent with the theoretical background. Considering that the majority of these studies are focused on women experiences of violence, further research efforts are needed on the relationship between abusive experiences and well-being against men and considering also homosexual couples (Frankland & Brown, 2014; Loveland & Raghavan, 2014; Machado, Hines, & Matos, 2016).

Finally, testing additional mediator and moderator effects is needed (e.g., personal characteristics of the victim, resources and prior vulnerabilities, characteristics of the aggressive behavior(s), type of relationship with the offender), providing a more comprehensive and integrative understanding of interpersonal violence and its different causes, contexts and consequences. In sum, this review provides initial insights on the need to a more holistic and integrated understanding of victims' mental health, by considering how their well-being might be affected by victimization (Bonanno, 2004; Grych et al, 2015).

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