



## Victimization and risk factors in children and adolescents admitted into outpatient protection center in northern Chile

Victimización y factores de riesgo en niños y adolescentes ingresados en centros de protección en el norte de Chile.


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### Abstract:

The present study aimed to identify the proportion of victimization, types of victimization, and risk factors associated to children and adolescents who were admitted into an outpatient protection center for children and adolescents in northern Chile during the years 2016 and 2017. Secondary data from the database pertaining to the protection center was used. The sample was non-probabilistic and included 6,499 cases. The research was descriptive-comparative with a non-experimental retrospective cross-sectional design. The results showed a higher percentage of victimization by neglect, followed by witnessing domestic violence and child sexual abuse. The socio-demographic variables showed a higher percentage of victimization at the age of 6 to 9 and 14 to 17 years old, in children and adolescents who were in the first and second cycle of elementary school and were Chilean. It was found that children victimized by child sexual abuse and bullying also had a drug diagnosis record. Logistic regression analyses showed that gender, age, schooling, nationality, and a drug diagnosis record increase the probability of occurrence of certain types of victimization. The results showed the magnitude of the problem concerning victimizations experienced by children and adolescents in northern Chile and the need to generate prevention strategies for this population.

**Keywords:** victimization, risk factors, children and adolescents, protection center.

### Resumen

El presente estudio tuvo como objetivo identificar la proporción de victimización, tipos de victimización y factores de riesgo asociados a los niños, niñas y adolescentes que ingresaron a un Centro de Protección a la infancia en el norte de Chile durante los años 2016 y 2017. Se utilizaron datos secundarios de la base de datos del sistema de protección a la infancia. La muestra fue no probabilística e incluyó 6.499 casos. La investigación fue descriptiva-comparativa con un diseño no experimental retrospectivo de corte transversal. Los resultados mostraron un mayor porcentaje de victimización por negligencia, seguido por presencia de violencia doméstica y abuso sexual infantil. Las variables sociodemográficas mostraron un mayor porcentaje de victimización en la edad de 6 a 9 y de 14 a 17 años, en niños y adolescentes que cursaban el primer y segundo ciclo de primaria y eran chilenos. Se encontró que los niños víctimas de abuso sexual infantil y bullying también tenían un registro de diagnóstico de drogas. Los análisis de regresión logística mostraron que el género, la edad, la escolaridad, la nacionalidad y un registro de diagnóstico de drogas aumentan la probabilidad de ocurrencia de ciertos tipos de victimización. Los resultados evidencian la magnitud del problema de las victimizaciones que sufren los niños, niñas y adolescentes del norte de Chile y la necesidad de generar estrategias de prevención para esta población.

**Palabras clave:** victimización, factores de riesgo, niños y adolescentes, centros de protección.

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## Introduction

Childhood is one of the most significant evolutionary periods in a person's life, in which the relationships established during this period are decisive to achieve harmonious development in all their capacities (Ruiz de Valasco & Abad, 2016). On the other hand, adolescence is a period marked by changes and experiences that shape the personality of the young, preparing them for adult life (Gaete, 2015). Unfortunately, many children and adolescents have experienced the interruption of these normative processes, due to the fact that they have been subjected to different types of interpersonal victimization. These interpersonal victimizations include common crimes perpetrated by caregivers or by peers, such as sexual aggression or abuse, digital violence or indirect violence (Finkelhor et al., 2007). These practices are considered as behaviors rooted in culture, economic and social models (Riquelme et al., 2020).

The victimization process in children and adolescents is a serious public health problem worldwide (Carlos et al., 2020). Each country has had to face the traumatic effects of the variety of victimizations that this population presents (Hillis et al. 2016).

In this sense, interpersonal violence is a transgression of any kind (physical, psychological, sexual and others) that generates a negative personal impact on the victim, causing different experiences depending on multiple individual factors (Chan, 2019; Sani et al., 2021). This type of interpersonal violence suffered by children and adolescents tends to occur in different socialization contexts (Sani, 2019). The consequences of these interpersonal violence differ from the consequences of negative events such as accidents, illnesses or natural disasters, since the first ones have important emotional impact on the development of children and adolescents, experiencing injustices and violations by others (Finkelhor, 2007).

It should be remarked that victimization is multifactorial and usually occurs in different spaces, even in those considered safe, such as the family, school, or protective institutions (Junco, 2014). Segura and Pereda (2018) point out that several studies focus on categorizing the multiple typologies of victimization. This provides the magnitude and characteristics associated to this phenomenon, which could guide public policies in its prevention and eradication of victimization.

Some of the most common forms of interpersonal violence to which children and adolescents may be exposed are: physical and sexual abuse, intimidation, and

exposure to domestic violence, among others (Finkelhor et al., 2007; Ford & Delker, 2018). In particular, a study regarding child abuse in Chile carried out by United Nations International Children's Emergency Fund ([UNICEF], 2012) identified the following forms of interpersonal violence: physical, emotional or psychological abuse, abandonment, negligence and sexual abuse. However, recent studies recognize other forms of violence to which children and adolescents are exposed, such as: peer victimization, domestic victimization, community victimization, parental abandonment, digital bullying, and victimization that occurs in the legal system or in protection centers (Finkelhor et al., 2007; Pinto-Cortez et al., 2018).

Regarding the prevalence of victimization in children and adolescents, it has been studied in several western countries using various methods (Finkelhor et al., 2015). In the research conducted by Hillis et al. (2016), it was estimated that 1 billion children worldwide are victimized by their parents, caregivers, peers, or third parties. Chandan et al. (2019) stated that child maltreatment affects one in three children worldwide, which is a risk factor in developing mental health problems. Finkelhor et al. (2015) reported that, in their study, 60% of the participating population presented some form of violence.

Concerning the prevalence in victimization typologies, Finkelhor et al. (2007) have proposed six types, which have been used in numerous investigations in child and youth populations both internationally (Pereda et al., 2012; Yu & Chan, 2019) and nationally (Consejo Nacional de la Infancia, 2018; Pinto-Cortez et al., 2017).

In Chile, the prevalence of the typologies raised from 70 to 73% in the case of victimization by conventional crimes; 36 to 52% in victimization by a caregiver; 50 to 62% in victimization by peers; 15.9 to 26% in sexual victimization; 20.7 to 32% digital victimization and 20.7 to 82% in indirect victimization, in the latter, indirect victimization by intrafamily violence is 19 to 23.1% (Consejo Nacional de la Infancia, 2018; Pinto-Cortez et al., 2017). Likewise, the National Service for Minors (Servicio Nacional de Menores [SENAME], 2014) points out that from a total of 111,440 children and adolescents who entered the Chilean outpatient protection system, 21% of them were admitted for sexual abuse, 14.7% for being victims of neglect, 8.7% for being victims of bullying and 3.5% for physical abuse.

Furthermore, victimizations have been associated with several sociodemographic risk factors, such as age (Assink et al., 2019; Pinto-Cortez et al., 2021), gender (Consejo Nacional de la Infancia, 2018; Meinck et al., 2016; Pereda et al.,

2012), schooling (Andrews et al., 2016) and nationality (Sani, 2020). Moreover, children exposed to physical, sexual, neglect, and intrafamilial victimization have been substantially affected in their health, manifesting negative consequences in their education and behaviors throughout their lives (Mathews et al., 2020). More specifically, it can lead them to alcohol and drug abuse, mental problems, interpersonal violence, and risky sexual behaviors (Hughes et al., 2017). One of the consequences that can generate interpersonal violence in children and adolescents is drug use (de Waal et al., 2017).

Based on the information above, it is possible to visualize some theoretical gaps in the research on the victimization of children and adolescents in Chile. Until now, studies regarding this issue have focused on community samples or the general population, with few studies of these same characteristics in children and adolescents who have been admitted to an outpatient protection center. This population has higher levels of victimization (Segura et al., 2017) as well as a greater risk of presenting problems at a physical, social and psychological level (Hillis et al., 2016). Therefore, it is important to know the different types of victimization and its associated risk factors because it can provide feedback about the children and adolescents needs to create or maintain specialized interventions programs at the outpatient protection center; also, it might strengthen intervention programs due to the focus on specific types of interpersonal violence promoting children and adolescents rights (UNICEF, 2019); and, it can help professionals who work directly with children and adolescents, carrying out contextualized interventions in favor to the protection of children and adolescents (van Berkel et al., 2020).

Thus, the present study aims to identify the proportion of victimization, the types of victimization, and the associated risk factors of children and adolescents admitted into an outpatient protection center in northern Chile. It is important to note that this is a mining area where the largest copper deposits in Chile are located. In this context, a patriarchal culture prevails, where the concept of masculinity influences men's behaviors, and they may become more aggressive and less emotional in their role as husband and father, affecting sometimes, the physical and psychological well-being of children and adolescents (Silva et al., 2016). On the other hand, families in which the father does not work in the mines are not in similar economic terms with those in which the father works in the mines. Given the high cost of living in the region, these families may experience more significant stress due to not being able to access the same quality of life, which has repercussions on their treatment of the children. They may distance themselves from understanding their children's demands and engage in negligent, aggressive behav-

ior, and be disconnected from what their children may be feeling and experiencing (Silva et al., 2016).

## Methods

### Design

The present study is a descriptive-comparative research with a non-experimental retrospective cross-sectional design. The descriptive dimension is linked to the analysis of the frequency of different forms of abuse in the participants. Additionally, comparisons are made based on variables such as gender, age, education and origin. It is a non-experimental study since variables are not controlled or manipulated. The study is cross-sectional and data collection is retrospective since a single measurement is made referring to events that occurred previously.

### Participants

Secondary data extracted from the outpatient protection center for children and adolescents database was used. This database consisted of 8,744 cases of children and adolescents admitted to the outpatient protection center between 2016 and 2017 in northern Chile. For this study, 6,499 cases were used because these were the ones with all the required information (for more details, see Table 1). The cases included in this study correspond to three intervention modalities: *Prevention focused program*, which emphasizes work on parental competencies, to prevent medium-complexity violations from worsening. They serve children and adolescents from 0 to 18 years of age who live in a specific commune or association of communes. The *Maltreatment victims recovery program*, whose objective is to protect victims' rights, promoting their comprehensive recovery through a specialized intervention to repair abusive experiences; serves children and adolescents from 0 to 18 years of age who have suffered severe physical or psychological abuse and sexual aggression. Finally, the *Specialized Intervention Program* seeks to contribute to the interruption and termination of scenarios of rights violations; it serves children and adolescents between 12 and 16 years of age who experience highly complex situations (UNICEF, 2019).

### Instrument

An electronic database pertaining to an outpatient protection center for children and adolescents was used to obtain data and participants' information. This

Database is the main database available to and administrated at a national level, helping to manage and evaluate the intervention programs at the center. This Database stores information regarding the interventions programs and information about children and adolescents attending the intervention programs at the center. The information of the children and adolescents is recorded by professionals working in the outpatient protection center and includes data from the time the children and adolescents enter into the programs until they are discharged from the intervention process; therefore, the Database contains reliable and updated information. In addition, the Database as a management tool, allows to improve the technical guidelines, the adequate execution of the programs and the quality of the work carried out with children and adolescents (SENAME, 2015).

The following variables were used for this study: sociodemographic (such as sex, age, education and nationality); type of victimization (such as, physical, psychological, neglect, child sexual abuse, rape, witnessing domestic violence and bullying); and, drug diagnosis.

## Procedures

This study is part of a research project led by the Observatory for Children and Youth of the Antofagasta Region, financed by the Innovation Fund for Competitiveness belonging to the Regional Government of Antofagasta in Chile and executed by academics from the School of Psychology at the *Universidad Católica del Norte* (Católica del Norte University), in Antofagasta, Chile.

First and in this context, to access the Database, a collaboration agreement was signed between the Católica del Norte University and the outpatient protection center for children and adolescents, according to approval by exempt resolution No. 1,076 dated October 22, 2018, with the Regional Directorate of the center.

Secondly, the research was presented to the Scientific Ethical Committee of the Católica del Norte University to have its sponsorship, which was accepted according to the official letter N°052/2018.

Once the information was obtained from the protection center, a database was prepared to carry out the corresponding analyses and thus, respond to the study's general objective. In total, there were 8,745 data on children and adolescents admitted for care in the outpatient protection area. However, we worked with 6,499 data due to incomplete information in the database.

It is important to point out that the information provided by the protection center did not include identification data of the children and adolescents or their families, thus respecting the anonymity and confidentiality of the individuals.

**Table 1. Description of the characteristics of the participants**

Variables	Total	
	N	%
Intervention Modality		
Prevention focused program	2.997	46.1
Maltreatment victims recovery program	2.658	40.9
Specialized intervention program	844	13
Gender		
Male	2.916	44.9
Female	3.583	55.1
Age by range		
0 a 5 years	1.371	21.1
6 a 9 years	2.009	30.9
10 a 13 years	1.650	25.4
14 a 17 years	1.465	22.6
18 and beyond	1	0
Schooling		
Pre-school education	740	11.4
I Cycle of Primary Education	2.096	32.3
II Cycle of Primary Education	1.519	23.4
High School	653	10
Primary Education Adults	40	0.6
No information	1.451	22.3
Nationality		
Chilean	5.997	92.3
Foreigners	486	7.5
No information	16	0.2
Drug diagnosis record		
No drug diagnosis	4.449	68.5
Presents drug diagnosis	2.050	31.5

## Data Analysis

Descriptive analyses of the causal variables of access and sociodemographic variables were performed to analyze the data. Additionally, contingency table analysis was performed to determine the intensity and relationship between the study variables.

Also, to estimate the association between the seven types of victimization and the risk factors associated, binary logistic regression analysis was performed to predict the probability of occurrence of each of the seven victimizations. The predictors included in each regression analysis were gender, age range, school-

ing, nationality and drug diagnosis record. Statistical analyses were carried out with the SPSS statistical program, version 22.

## Results

### Descriptive Analysis

As it can be seen in Table 2, the three main types of victimizations on children and adolescents who attended the outpatient protection programs were: neglect (34.8%), followed by witnessing domestic violence (25.9%), and child sexual abuse (21.9%). Detailed information regarding the percentages of the study variables, such as gender, age range, schooling, nationality, and drug diagnosis record, can also be found in Table 2.

Regarding physical victimization, it can be seen that males are the ones who present a higher percentage of this type of abuse, being in the age range of 6 to 9 years old, in the first cycle of elementary school, of Chilean nationality, and with no record of drug diagnosis.

In the case of psychological victimization, the percentage was higher in females, in the age range of 10 to 13 years old, in the second cycle of primary education, of Chilean nationality, and with no record of drug diagnosis. As for negligence, the highest percentage was in males, in the age range of 14 to 17 years old, in the first cycle of primary education, of Chilean nationality, and with no record of drug diagnosis.

Regarding child sexual abuse, the highest percentage was shown by females, within the age range of 6 to 9 years old, attending first cycle primary education, of Chilean nationality and with an equal percentage in terms of presence/absence of drug diagnosis records. Regarding rape, the highest percentage was also shown by females, in the age range of 14 to 17 years old, in the second cycle of primary education, of Chilean nationality, and with no record of drug diagnosis.

Regarding witnessing domestic violence, the highest percentage belonged mainly to males, within the age range of 6 to 9 years old, attending the first cycle of primary education, of Chilean nationality, and with no record of drug diagnosis. Finally, regarding the victims of bullying, the highest percentage belongs to females, who are in the age range of 14 to 17 years old, attending primary education



in the second cycle and secondary education, of Chilean nationality and with a record of drug diagnosis.

**Tabla 2.** Types of victimizations, gender, age range, schooling, nationality and drug diagnosis record.

	PV	PsV	NEG	CSA	R	WDF	VB
% of types of victimizations shown by children and adolescents.	12,7	2,1	34,8	21,9	2	25,9	0,6
Gender							
Male	50,4	45,2	51	27,1	18,6	50,8	48,8
Female	49,6	54,8	49	72,9	81,4	49,2	51,2
Age range							
0 - 5	16	6,7	25,1	17,2	3,1	24,6	2,5
6 - 9	34,2	31,9	25	35,9	12,4	34,9	12,5
10 - 13	31,9	38,5	21,2	25,4	36,4	25,7	37,5
14 - 17	17,9	23	28,8	21,5	48,1	14,8	47,5
<18	0	0	0	0	0	0,1	0
Schooling							
Pre-school education	9,2	4,4	10,6	12,2	1,6	14,4	2,4
primary education I cycle	33,5	28,1	28,6	37,3	14,7	34,3	19,5
primary education II cycle	26,9	31,9	24,4	22,4	35,7	19,5	24,4
High school education	10,5	5,9	9,1	10,2	27,1	9,7	24,4
Adult primary education	0,1	1,5	1,5	0,2	0	0	0
No information	19,7	28,1	25,9	17,7	20,9	22,1	29,3
Nationality							
Chilean	87,9	97,8	94,1	93	83,7	91,4	97,6
Foreign	12,1	2,2	5,7	7	15,5	8	2,4
No information	0	0	0,2	0	0,8	0,6	0
Drug diagnosis record							
No diagnosis recorded	73,8	80	72,9	50	52,7	76,9	24,4
Recorded diagnosis	26,2	20	27,1	50	47,3	23,1	75,6

*Note:* Significant corrected residual > +/- 2. All values are %. PV = Physical victimization; PsV = Psychological victimization; NEG = Neglect; CSA = Child sexual abuse; R = Rape; WDF = Witness to domestic violence; VB = Victim of bullying; N/I= No information; NRD = Does not record drug diagnosis; RD = Does record drug diagnosis.

## Binary logistic regression analysis

In order to have more detailed information on the relationship of the factors that may increase the probability of occurrence of the seven types of victimization in the study, binary logistic regression analysis was performed for each of the types of victimization. Table 3 shows the regression coefficients ( $\beta$ ) and standard error for each independent variable in the seven types of victimization.

Thus, for physical victimization, the probability of presenting this type of victimization is higher among males (OR: 1.288, 95% CI [1.113, 1.490]), among 6 to 9

years old (OR: 1.186, 95% CI [1.016, 1.384]) and 10 to 13 years old (OR: 1.445, 95% CI [1.234, 1.694]); attending secondary primary education (OR: 1.875, 95% CI [1.250, 2.811]), being foreigners (OR: .532, 95% CI [.421, .671]) and with no drug diagnosis record (OR: 1.349, 95% CI [1.144, 1.591]).

Regarding psychological victimization, the probability of occurrence of this type of victimization is higher in the age range of 10 to 13 years old (OR: 1.867, 95% CI [1.314, 2.653]), in the second cycle of primary education (OR: 1.875, 95% CI [1.250, 2.811]), of Chilean nationality (OR: 3.624, 95% CI [1.149, 11.422]) and no drug diagnosis record (OR: 1.869, 95% CI [1.219, 2.851]).

In the case of neglect, the probability of presenting this type of victimization is higher in males (OR: 1.463, 95% CI [1.320, 1.621]), among the age range of 0 to 5 years old (OR: 1.427, 95% CI [1.263, 1.613]) and 14 to 17 years old (OR: 1.698, 95% CI [1.508, 1.912]), who attend primary education (OR: 1.216, 95% CI [1.078, 1.380]) and adult primary education (OR: 11.616, 95% CI [1.078, 1.380]). 912]), attending second cycle primary education (OR: 1,216, 95% CI [1,072, 1,380]) and adult primary education (OR: 11,616, 95% CI [4,867, 27,724]), of Chilean nationality (OR: 1,539, 95% CI [1,250, 1,897]) and with no drug diagnosis record (OR: 1,376, 95% CI [1,230, 1,540]).

Regarding child sexual abuse, the probability of occurrence of this type of victimization is higher in females (OR: .374, 95% CI [.329, .426]), in the age range of 6 to 9 years old (OR: 1.337, 95% CI [1.181, 1.514]), attending first cycle primary education (OR: 1.225, 95% CI [1.074, 1.398]) and with drug diagnosis record (OR: .358, 95% CI [.317, .404]).

Regarding rape, the probability of presenting this type of victimization is higher in females (OR: .275, 95% CI [.176, .429]), in the age ranges of 10 to 13 years old (OR: 1.703, 95% CI [1.185, 2.449]) and 14 to 17 years old (OR: 3.274, 95% CI [2.306, 4.648]), attending secondary primary education (OR: 1.937, 95% CI [1.305, 2.874]), being foreigners (OR: .427, 95% CI [.263, .695]) and with drug diagnosis record (OR: .506, 95% CI [.357, .718]).

In regards to witnessing domestic violence, the probability of occurrence of this type of victimization is higher in males (OR: 1.380, 95% CI [1.235, 1.543]), in the age range of 6 to 9 years old (OR: 1.279, 95% CI [1.137, 1.439]), attending pre-school (OR: 1.471, 95% CI [1.243, 1.740]) and not having a drug diagnosis record (OR: 1.748, 95% CI [1.538, 1.986]).

Finally, concerning the cause of admission as a victim of bullying, the probability of occurrence of this type of victimization is higher in the age range of 14 to 17 years old (OR: 3.135, 95% CI [1.681, 5.847]), in high school (OR: 3.582, 95% CI [1.658, 7.737]) and with drug diagnosis record (OR: .147, 95% CI [.072, .300]).

**Table 3.** Logistic regression coefficient (and standard error) of the factors associated to the seven types of victimization.

	PV	PsV	NEG	CSA	R	WDV	VB
Gender (cat.ref: male)	0,253*** (0,075)	0,013 (0,175)	0,380*** (0,052)	-0,984*** (0,066)	-1,291*** (0,228)	0,322*** (0,057)	0,158 (0,313)
Age by age range (ref.cat):							
0 - 5	-0,384*** (0,100)	-1,339*** (0,346)	0,356*** (0,062)	-0,319*** (0,078)	-2,145*** (0,509)	-0,271*** (0,067)	-2,352* (1,013)
6 - 9	0,171* (0,079)	0,044 (0,187)	-0,441*** (0,058)	0,291*** (0,063)	-1,169*** (0,268)	0,246*** (0,060)	-1,148* (0,479)
10 - 13	0,368*** (0,081)	0,625*** (0,179)	-0,353*** (0,062)	0,002 (0,069)	0,533** (0,185)	0,021 (0,065)	0,571 (0,328)
14 - 17	-0,325*** (0,096)	0,024 (0,207)	0,529*** (0,061)	-0,080 (0,073)	1,186*** (0,179)	-0,668*** (0,076)	1,143*** (0,318)
<18	-19,275 (40192,97)	-17,350 (40192,97)	-20,576 (40196,97)	-19,929 (40196,97)	-17,304 (40192,97)	22,252 (40192,97)	-16,119 (40192,97)
Schooling (cat.ref:)							
Pre-school education	-0,971* (0,423)	-0,971* (0,423)	-0,041 (0,085)	0,014 (0,094)	-2,171** (0,715)	0,386*** (0,086)	-1,576 (1,018)
Primary edu- cation I cycle	-0,099 (0,210)	-0,099 (0,210)	-0,185** (0,061)	0,203** (0,067)	-1,151*** (0,256)	-0,140* (0,065)	-0,626 (0,416)
Primary edu- cation II cycle	0,628** (0,207)	0,628** (0,207)	0,196** (0,064)	-0,182* (0,074)	0,661*** (0,201)	-0,334*** (0,073)	0,202 (0,392)
Second- ary education	-0,511 (0,372)	-0,511 (0,372)	-0,095 (0,090)	-0,062 (0,101)	-1,297*** (0,213)	-0,062 (0,097)	1,276*** (0,393)
Adult primary education	1,001 (0,733)	1,001 (0,733)	2,452*** (0,444)	-1,320* (0,601)	-17,330 (6355,067)	-20,167 (6355,067)	-16,057 (6355,067)
Nationality (cat. ref: Chil- ean)	-0,632*** (0,119)	1,287* (0,586)	0,431*** (0,106)	0,100 (0,117)	-0,850*** (0,248)	-0,107 (0,105)	1,181 (1,014)
Drug diagno- sis (cat. ref: NDDR)	0,229*** (0,084)	0,623** (0,217)	0,319*** (0,057)	-1,028*** (0,062)	-0,681*** (0,178)	0,558*** (0,065)	-1,919*** (0,365)

**Note.** \*\*\*p<0.001; \*\* p<0.01; \* p<0.05. PV = Physical victimization; PsV = Psychological victimization; NEG = Neglect; CSA = Child sexual abuse; R = Rape; WDV = Witnessing domestic violence; VB = Victim of bullying; N/I = No information; NDDR = No drug diagnosis recorded.

## Discussion

The present study aimed to identify the proportion of victimization, types of victimization, and associated risk factors of children and adolescents admitted to an outpatient protection center in northern Chile during the years 2016 and 2017. According to the descriptive results of this study, of the seven types of victimization (physical, psychological, neglect, child sexual abuse, rape, witnessing domestic violence and bullying), a higher proportion could be observed in neglect, followed by witnessing domestic violence and child sexual abuse. These results are similar to other studies of the same kind (SENAME, 2016; García-Cruz et al., 2019).

These results may reflect how a patriarchal, adult-centered Chilean society is structured, where children and adolescents may be conceived as objects owned by their families, who have every right to raise them according to their beliefs and values (Gaitan, 2006), without taking their opinions into account. In this paternalistic culture, obedience is seen as a form of protection, even if it incurs into different types of victimization, correcting them and resolving conflicts for their "good" (Junco, 2014; Su et al., 2010).

Regarding the variable gender, females presented the highest percentage of children attending the outpatient protection center. Likewise, a slight percentage difference was observed regarding the types of victimization presented by children and adolescents. Thus, males presented a higher percentage of physical victimization, neglect, and witnesses to domestic violence. Meanwhile, in the case of females, they presented higher percentages in psychological victimization, child sexual abuse, rape, and bullying. In this regard, Baker and Nascimento (2010) stated that, in general, boys are more likely to suffer and witness physical fights that can hurt them, receive slaps, blows with objects, etc.; on the other hand, girls are more likely to experience sexual and psychological victimization, discrimination and exclusion. One explanation for this result may be that being immersed in a context where social and cultural norms have influenced the patterns of upbringing and gender socialization; it has been naturalized that, in boys, corporal punishment or other types of victimization are valid ways to correct or teach behaviors in order to develop "physical strengths" and "emotional stoicism" (Junco, 2014; Barker & Nascimento, 2010). Females have a higher probability of presenting child sexual abuse and rape, results that are consistent with previous research (Pereda et al., 2012; Consejo Nacional de la Infancia, 2018; Pinto-Cortez & Guerra, 2019). Barker and Nascimento (2010) stated that gender socialization may be an important factor that explains these types of victimization in girls. Cultural norms and practices contribute to a representation of the female gender as fragile, inferior and subordinate to boys and men, impacting a greater transgression of the personal and intimate limits of the female gender as systematic aggressive practices (Pinto-Cortez & Guerra, 2019).

Concerning to gender the obtained results are different from those found by Pinto-Cortez, Pereda and Alvarez-Lister (2018) in a previous study in the same geographical area, these authors found that males suffered more frequently some forms of victimization by peers and females presented more frequently physical abuse, psychological abuse, bullying, sexual victimization and exposure to violence. It should be noted that the study by Pinto-Cortez et al. (2018) was conducted with a community sample from northern Chile, and the differences with the pre-

sent study may be due to the type of sample used, which leads us to establish that children and adolescents of protection services practically experience violence in multiple contexts, beyond the gender, a phenomenon that has been described in the literature as polyvictimization (PV). Although the present study did not evaluate PV. Future studies should be more deeply into this aspect, since such an analysis could contribute to a more precise identification of the vulnerability of children and adolescents of the protection child system respect to psychological consequences in their lifetime trajectories.

Regarding the age and type of victimization, it was found that neglect occurred in two age ranges, 0 to 5 years old and 14 to 17 years old. These results are consistent with those reported by Egry et al. (2015). These authors pointed out that the types of neglect vary according to the child's age. On the other hand, health neglect is more characteristic in children with an average age of 3 years old, and educational neglect is more frequent in the case of older children. Concerning physical and psychological victimization, the results show that the probability of occurrence of these types of victimization fluctuates between 6 and 13 years old, and 10 to 13 years old respectively. These age ranges coincide, in many cases, with difficulties in adapting to the school system, the characteristics of the developmental period itself, a higher level of motor activity or difficulties in responding to the demands of the family or school system (Vizcarra et al., 2001). Concerning child sexual abuse, the age range considered the highest risk goes from 6 to 9 years old, a range concordant with other studies (Zayas, 2016). In the case of rape, the age range with the highest probability of occurrence is between 10 and 17 years old. One explanation for this type of victimization may be from the patriarchal and androcentric culture, where men represent the center of social relations, so when young girls begin their physical development typical of adolescence, some men in their androcentric thinking, endorsed by the prevailing "macho" culture in Latin America (Eggleton, 2018). They would interpret these changes as forms of insinuation and provocation towards them, so that girls or adolescents would become the center of their sexual desires, even reaching the transgression of personal limits, committing this type of crime (Acevedo, 2010). As for being a witness of domestic violence, the age range was 6 to 9 years old. Because of this, Arrom et al. (Arrom et al., 2015) point out that this pediatric population, growing up and developing in climates of domestic victimization, can become a risk factor with possible consequences for the mental health of both girls and boys. Viola (2010) points out that there is strong evidence that children exposed to acts of violence have the same consequences as those who suffer direct violence.

For decades, children and adolescents have been considered as invisible victims or passive witnesses of domestic violence. However, today children and adolescents are considered active human beings, with their own capacity to carry out a series of actions to protect themselves and others (Callaghan et al., 2017b; Elliffe & Holt, 2019). Recognizing children and adolescents as victims of domestic violence and abuse implies two aspects to consider. On one hand, children and adolescents who experience violence or abuse must be actively listened by adults; and, on the other hand, the family system must recognize the children's strategies used as a response to the violence or abuse (Callaghan et al., 2017b). It must be considered that when it comes to interventions with children or adolescents who experience domestic violence, there is a strong desire from adults to protect them, which paradoxically can make them silence again (Øverlien & Holt, 2018).

Another important finding was related with bullying. Results showed that bullying is more likely to occur in the age range of 14 to 17 years, consistent with other studies on the subject (Finkelhor, 2007; Pinto-Cortez et al., 2021; Guerra et al., 2011). In this sense, Guerra et al. (2011) suggest the need to manage programs aimed at this age group to modify violent relationship patterns among students.

Regarding school grade that the children were attending at the time of entering the outpatient protection center and the type of victimization they presented, it can be said that children in pre-school education were more likely to be victims of domestic violence as witness. In addition, children in the first cycle of primary education, i.e., from first to fourth grade, were more likely to be victims of child sexual abuse. On the other hand, children in the second cycle of primary education, i.e., from fifth to eighth grade, were more likely to be victimized by physical and psychological abuse, neglect, and rape. Likewise, adolescents in high school had a higher risk of experiencing bullying. Finally, adolescents in elementary school were more likely to be victims of neglect. In this regard, it is essential to note that schools are places where children and adolescents stay for long periods. Interactions among peers and other educational community members reveal different aspects of their personalities and how the way they interact with their environment. In this context, it is possible to identify specific situations in the child's cognitive, social and emotional development that can be not "normal". In this sense, any abrupt change in their behavior or academic performance can indicate that the teacher should consider adopting an active role with the child, who may be presenting some victimization outside or inside school (Flores, 2016).

Another important finding in this study is related to the children's nationality. According to the results, there is a greater probability of victimization by psycho-

logical abuse and neglect in Chilean children. This may be due to the cultural and transgenerational factors in our idiosyncrasy. Sometimes victimizations can be executed as a way of "correcting" and "teaching" children. This behavioral pattern has been normalized and passed from generation to generation in our culture. Therefore, the victims repeat the patterns and maintain violent life histories with parents, partners and their children (Bedregal et al., 2017).

On the other hand, physical abuse and rape victims are more likely to occur in foreign or migrant children. These results are consistent with the findings of Pavez-Soto et al., (2020), who point out that there are some differences and inequalities in the type of victimization in groups of national and migrant children and adolescents. Migrant children are considered a high-risk population in terms of victimization (Del Grossi, 2017; Ford & Delker, 2018), being in a foreign country without ties and social support networks to which they can turn (Sánchez et al., 2019). In this sense, they do not have sufficient resources to meet their security and protection needs, such as deprivation of housing, basic services or insertion in neighborhoods with high levels of insecurity or crime (Yuan et al., 2022). Thus, migrant children and adolescents face harsh realities as a result of multiple intersecting and overlapping issues as they move on uncertain and often distressing journeys, impacting their ability to protect themselves, making them more vulnerable to violence, abuse and exploitation (McAlpine et al., 2016). In Chile, migratory flows have increased considerably in recent times, generating a series of socio-political challenges (Pavez-Soto et al., 2020). This situation has aroused the interest of researchers, who have found that migrant children and adolescents present a series of victimizations at both micro and macrosocial levels (Pavez-Soto, 2018; Soto et al., 2021). Likewise, migrant families generally tend to live in marginalized areas, generating poverty and socio-economic exclusion (Del Grossi, 2017; Instituto Nacional de Estadística, 2018). These are risk factors that favor victimization in children and adolescents.

Finally, the results showed that children who have been victimized by child sexual abuse, rape, and bullying, presented a higher probability of registering a drug diagnosis than other children who had other types of victimization. This result is consistent with other studies on the subject (Daigre et al., 2015; Radliff et al., 2012), where being a victim of child sexual abuse and bullying can lead to alcohol and drug abuse in children (Hughes et al., 2017).

Daigre et al. (2015) state that sexually victimized individuals present a series of negative consequences, with a higher risk of initiating substance use as a way to avoid discomfort. In the case of children and adolescents victimized by bullying,

Niemelä et al. (2011) point out that they are more likely to externalize their behaviors through drug use.

## Limitations

This study is not exempt of bias. First, we identified that, due to the results were based on secondary data, there could be the possibility that the professionals working at the protection center and who were in charge of entering the data of the children and adolescents could have made a typing error in the database, or lack of clarity in the interpretation of the information for the categories. Second, the present study was carried out with information from only one region of Chile; therefore, the possibility of generalizing the results to other regions of the country is still unknown. Thirdly, being a cross-sectional study, it does not establish causality in the relationships. Also, the database did not include other sociodemographic and psychosocial factors, which undoubtedly could have made the analyses more complex and further enriched the discussion. For example, socioeconomic level, information related to the people who perpetrated the victimizations, mental health, and psychological impact on the victims. Also, the information provided by the database was only on one type of victimization per subject. This is a complex situation since it is widely accepted that victimizations do not occur on independent ways; on the contrary, a large number of people experience a set of victimizations throughout their lives. This information could have further contributed to studies of child victimization.

## Practical implications

The present study provides contextualized information in the North of Chile regarding the main victimizations experienced by children and adolescents who attends the outpatient protection center. In addition, it identifies predominant risk factors in the victimizations on children and adolescents from northern Chile.

Based on the above, the results reveal the need to intervene preventively in educational and socio-community contexts at different age ranges, with respect to the main victimizations that are visualized in the Region, all this from a gender and human rights perspective towards childhood and adolescence. Likewise, this study contributes to regional public policy on designing and implementing programs that favor the prevention of the victimizations presented in the study.

Finally, it is suggested that future research could incorporate to this theoretical model variables such as: information regarding the family system, the victimizers, mental health and psychological impact on the victims, and the types of vic-



timizations throughout the life of children and adolescents. Likewise, it is suggested that future investigations can incorporate a gender perspective and human rights perspective, in order to question the relations of power between men and women and between adults and children and adolescents.

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