Juvenile victimization (JV) has become a major public health issue and affects everyone, either directly or indirectly. JV is comprised of several forms of victimization, including neglect, physical abuse, emotional abuse, sexual abuse, performed by peers, caretakers, or strangers. Previous research suggests that victims of abuse are more likely to display symptoms of depression and anxiety, have difficulty with emotional regulation, and have lower self-esteem. Additionally, research also suggests that victims of JV are more likely to experience multiple types of abuse, as opposed to only experiencing one type. Interestingly, much research on juvenile victims has focused on one outcome at a time. The current presentation is based on a study that used the Juvenile Victimization Questionnaire to uncover five subgroups indicated by participants’ constellations of JV experiences. As part of a larger survey on personal growth and self-efficacy, 2,565 individuals from largely rural areas of the Southeastern U.S. participated in the study. I investigated a variety of health-related outcomes across the JV subgroups, such as overall health, alcohol use, post-traumatic growth, religiosity, and perceived quality of life. I accomplished this by comparing means on each outcome across the JV subgroups. Most groups reported similar levels of healthy days, post-traumatic growth, and base religiosity, but one of the more interesting results was that a subgroup with elevated likelihood of peer victimization had a similar Subjective Well-Being score ($m=0.07$) to a class with no elevated likelihood to experience any victimization. These findings have implications for public policy, clinical application, and public health prevention and implementation. These findings caution against public policies that might limit access to mental health facilities in rural areas. Future efforts
should attempt to help clinicians understand cycles of abuse, which might help mental health advocates in their quest for more resources.