

POLYVICTIMIZATION: CHILDREN'S EXPOSURE TO MULTIPLE TYPES OF VIOLENCE, CRIME, AND ABUSE*

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Abstract

A Message from OJJDP: Children are exposed to violence every day in their homes, schools, and communities. Such exposure can cause them significant physical, mental, and emotional harm with long-term effects that can last well into adulthood. The Attorney General launched Defending Childhood in September 2010 to unify the Department of Justice's efforts to address children's exposure to violence under one initiative. Through Defending Childhood, the Department is raising public awareness about the issue and supporting practitioners, researchers, and policymakers as they seek solutions to address it. A component of Defending Childhood, OJJDP's Safe Start initiative continues efforts begun in 1999 to enhance practice, research, training and technical assistance, and public education about children and violence. Under Safe Start, OJJDP conducted the National Survey of Children's Exposure to Violence, the most comprehensive effort to date to measure the extent and nature of the violence that children endure and its consequences on their lives. This is the first study to ask children and caregivers about exposure to a range of violence, crime, and abuse in children's lives. As amply evidenced in this bulletin series, children's exposure to violence is pervasive and affects all ages. The research findings reported here and in the other bulletins in this series are critical to informing our efforts to protect children from its damaging effects.

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INTRODUCTION

All too often, children are victims of violence, crime, and abuse. This victimization may take the form of physical assault, child maltreatment, sexual abuse, or bullying. They may also witness such events in their homes, schools, and communities. Some children suffer several different kinds of such victimization even over a relatively brief timespan. These children and youth are at particularly high risk for lasting physical, mental, and emotional harm.

The National Survey of Children's Exposure to Violence (NatSCEV) was the first comprehensive national survey to look at the entire spectrum of children's exposure to violence, crime, and abuse across all ages, settings, and timeframes. NatSCEV examined past-year and lifetime exposure to physical and emotional violence through both direct victimization and indirect exposure to violence (either as an eyewitness or through other knowledge).

A focus of NatSCEV was multiple and cumulative exposures to violence. A large proportion of children surveyed (38.7%) reported in the previous year more than one type of direct victimization (victimization directed toward the child, as opposed to an incident that the child witnessed, heard, or was otherwise exposed to). Of those who reported any direct victimization, nearly two-thirds (64.5%) reported more than one type. A significant number of children reported high levels of exposure to different types of violence in the past year: more than one in ten (10.9%) reported five or more direct exposures to different types of violence, and 1.4% reported ten or more direct victimizations.

Children who were exposed to even one type of violence, both within the past year and over their lifetimes, were at far greater risk of experiencing other types of violence. For example, a child who was physically assaulted in the past year would be five times as likely also to have been sexually victimized and more than four times as likely also to have been maltreated during that period. Similarly, a child who was physically assaulted during his or her lifetime would be more than six times as likely to have been sexually victimized and more than five times as likely to have been maltreated during his or her lifetime (Finkelhor, Turner, Ormrod, Hamby, and Kracke, 2009). This helps explain why victimizations cumulate. More attention needs to be paid to children who are exposed to multiple types of violence, crime, and abuse. Most research has looked only at individual forms of child victimization –such as sexual abuse or bullying– without investigating the other exposures these same children may face. A new emphasis on the study of what is being called “polyvictimization” offers to help teachers, counselors, medical professionals, psychologists, child welfare advocates, law enforcement, juvenile justice system personnel, and others who work with children identify the most endangered children and youth and protect them from additional harm.

This bulletin summarizes some of the key findings on polyvictimized youth, based on NatSCEV (see “History of the National Survey of Children's Exposure to Violence”) and the closely related Developmental Victimization Survey (DVS) (see “Methodology”). Among the key findings: 8% of all youth in the nationally representative NatSCEV sample had seven or more different kinds of victimization or exposures to violence, crime, and abuse

in the past year. These polyvictimized youth had a disproportionate share of the most serious kinds of victimizations, such as sexual victimization and parental maltreatment. They also had more life adversities and were more likely to manifest symptoms of psychological distress. Polyvictimization tended to persist over time. It was most likely to start near the beginning of grade school and the beginning of high school, and was associated with a cluster of four prior circumstances or pathways: living in a violent family, living in a distressed and chaotic family, living in a violent neighborhood, and having pre-existing psychological symptoms.

METHODOLOGY

National Survey of Children's Exposure to Violence

The National Survey of Children's Exposure to Violence (NatSCEV) is based on a cross-sectional national telephone survey¹ involving a target sample of 4,549 children and youth conducted between January and May 2008, including an oversample of 1,500 respondents from areas with large concentrations of black, Hispanic, and low-income populations. Participants included youth ages 10-17, who were interviewed about their own experiences, and the parents or other primary caregivers of children ages nine or younger, who provided information about these younger children (Finkelhor, Turner, Ormrod, and Hamby, 2009; Finkelhor, Turner, Ormrod, Hamby and Kracke, 2009).

Interviewers asked the children of their caregivers about their exposure to selected types of violence, crime, and abuse in the past year and over their lifetimes. In addition, interviewers asked follow-up questions about the perpetrator; the use of a weapon; injury; and whether multiple incidents of violence, crime, and abuse occurred together. A total of 51 victimization items were extracted in the following categories: assaults, bullying, sexual victimization, child maltreatment by an adult, and witnessed and indirect victimization.

Developmental Victimization Survey

The Developmental Victimization Survey (DVS) was based on a cross-sectional national telephone survey involving a target sample of 2,030 children and youth between December 2002 and February 2003. Participants included youth ages 10-17, who were interviewed about their own experience, and the parents or other caregivers of children ages 2-9, who provided information about these younger children (Finkelhor, Ormrod et al. 2005b).

Researchers also conducted two follow-up surveys of the same population, the first from December 2003 to May 2004 (approximately one year after the baseline survey) and the second from December 2005 to August 2006. A total of 989 respondents (49% of the original sample) took part in all three waves. Attrition was greater among younger children, non-whites, and lower socio-economic status families, but did not differ by initial level of victimization (Finkelhor, Ormrod, Turner, and Holt, 2009).

All three waves of the DVS questioned the

respondents about past-year victimizations, using identically worded questions. In addition, in wave 2 (the first follow-up survey), researchers asked respondents the same set of questions about lifetime victimization experiences prior to past-year data collection period for that wave.

Juvenile Victimization Questionnaire

In both surveys, the research team measured victimization with versions of the Juvenile Victimization Questionnaire (JVQ) (Finkelhor, Hamby, Ormrod, and Turner 2005; Finkelhor, Ormrod et al. 2005b). The basic questionnaire, used in DVS, contains questions about 34 different kinds of victimization that cover five general areas of concern: conventional crime, child maltreatment, peer and sibling victimizations, sexual victimization, and witnessing and indirect victimization. The researchers asked respondents who indicated that they had been victimized in any of these ways a series of follow-up questions about the frequency of the exposure, the identities of offenders, and whether injury occurred, among other things.² NatSCEV used an enhanced version of the JVQ (JVQ-R1) with 14 additional questions about further types of victimization, including an item about threatening and several items each about exposure to community violence, exposure to family violence, school violence and threats, and Internet victimization.³

Measurement of Distress

In both surveys, the researchers measured distress with items from the Trauma Symptom Checklist for Children (TSCC) for children ages 10-17 (Briere 1996), and the closely related Trauma Symptom Checklist for Young Children (TSCYC) for children younger than ten years old (Brier, et al. 2001). These checklists evaluate post-traumatic symptoms and other symptom clusters in children and adolescents, including the effects of child abuse (sexual, physical, and psychological) and neglect, other interpersonal violence, peer victimization, witnessing violence and other trauma to others, major accidents, and disaster.

HISTORY OF THE NATIONAL SURVEY OF CHILDREN'S EXPOSURE TO VIOLENCE

Under the leadership of then Deputy Attorney General Eric Holder in June 1999, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) created the Safe Start Initiative to prevent and reduce the impact of children's exposure to violence. As a part of this initiative,

¹ Because telephone interviews afford greater anonymity and privacy than in-person interviews, they may encourage those interviewed to be more forthcoming about such sensitive matters as being exposed to violence or being victims of crime (Acierno et al. 2003; Shannon et al. 2007).

² For a complete list of the questions in the JVQ, see appendix A to Finkelhor, Ormrod, and Turner, 2007c. For information about administration and scoring, see Hamby, et al. 2004.

³ For a list of all NatSCEV questions, see appendix A to Finkelhor, Ormrod, Turner, and Hamby, 2009.

and with a growing need to document the full extent of children's exposure to violence, OJJDP launched NatSCEV with the support of the Centers for Disease Control and Prevention (CDC).

NatSCEV is the first national incidence and prevalence study to comprehensively examine the extent and nature of children's exposure to violence across all ages, settings, and timeframes. Conducted between January and May 2008, it measured the past-year and lifetime exposure to violence for children age 17 and younger across several major categories: conventional crime, child maltreatment, victimization by peers and siblings, sexual victimization, witnessing and indirect victimization (including exposure to community violence and family violence), school violence and threats, and Internet victimization. This survey marks the first comprehensive attempt to measure children's exposure to violence in the home, school, and community across all age groups from one month to age 17, and the first attempt to measure the cumulative exposure to violence over the child's lifetime. The survey asked children and their adult caregivers about not only the incidents of violence that children suffered and witnessed themselves, but also other related crime and threat exposures, such as theft or burglary from a child's household, being in a school that was the target of a credible bomb threat, and being in a war zone or an area where ethnic violence occurred.

The survey was developed under the direction of OJJDP and was designed and conducted by the Crimes Against Children Research Center of the University of New Hampshire. It provides comprehensive data on the full extent of violence in the daily lives of children. The primary purpose of NatSCEV is to document the incidence and prevalence of children's exposure to a broad array of violent experiences across a wide developmental spectrum. The research team asked follow-up questions about specific events, including where the exposure to violence occurred, whether injury resulted, how often the child was exposed to a specific type of violence, and the child's relationship to the perpetrator and, when the child witnessed violence, the victim. In addition, the survey documents differences in exposure to violence across gender, race, socioeconomic status, family structure, region, urban/rural residence, and developmental stage of the child; specifies how different forms of violent victimization "cluster" or co-occur; identifies individual, family, and community-level predictors of violence exposure among children; examines associations between levels/types of exposure to violence and children's mental and emotional health; and assesses the extent to which children disclose incidents of violence to various individuals and the nature and source of any assistance or treatment provided.

ADVERSITIES RELATED TO POLYVICTIMIZATION

A number of independent lines of thinking have pointed to the importance of examining polyvictimization in

childhood. The research on cumulative adversity suggests that especially intense and long-lasting effects occur when problems aggregate, particularly in childhood (Dong et al. 2004; Rutter, 1983). Other research shows that victimizations are not randomly distributed but tend to cumulate for certain individuals and in certain environments (Tseloni and Pease, 2003). Observers have proposed mechanisms for understanding why such adversities may cumulate and some children are victimized repeatedly, including "ecological-transactional" models (Lynch and Cicchetti, 1998) and models that emphasize the impact of victimization on the formation of "cognitive schemas" (Perry, Hodges, and Egan, 2001) or on the "dysregulation" of emotions (Shields and Cicchetti, 1998). At the same time, traumatic stress theory—the dominant framework for understanding the impact of victimization—has evolved toward the notion that for some children victimization is not a single overwhelming event (like a sexual assault) but a condition like neglect or bullying (Finkelhor, Ormrod, and Turner, 2007a). This concept is sometimes referred to as "complex trauma" (Cook et al. 2003). Children who experience repeated victimizations and several types of victimizations may be at greater risk for suffering this complex trauma.

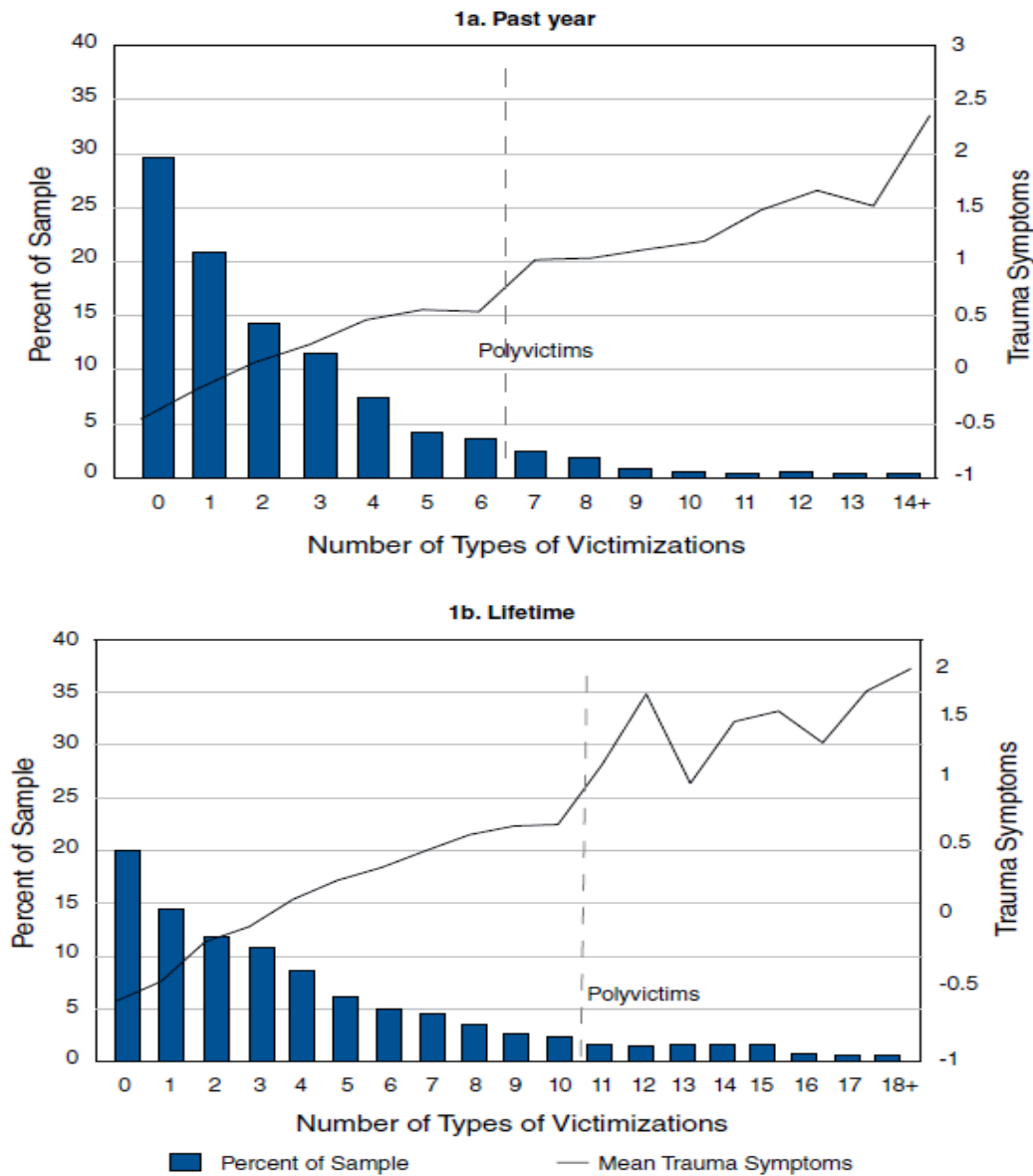
DETERMINING THE THRESHOLD FOR POLYVICTIMIZATION

Polyvictimization can be defined as having experienced multiple victimizations of different kinds, such as sexual abuse, physical abuse, bullying, and exposure to family violence. This definition emphasizes different kinds of victimization, rather than just multiple episodes of the same kind of victimization, because this appears to signal a more generalized vulnerability. The field has not yet developed a consensus about what the exact numerical threshold should be for a child to qualify as a polyvictim. The threshold used in research connected to NatSCEV designates approximately the most victimized 10% of the survey sample as polyvictims (Finkelhor, Ormrod, and Turner, 2009).

Much of the research on polyvictimization has been based on the Juvenile Victimization Questionnaire (JVQ), an instrument that asks about almost three dozen kinds of different victimization exposures (Finkelhor, Ormrod, and Turner, 2007b; Finkelhor, Ormrod et al. 2005a). The JVQ was the basis for the questions in both the DVS and NatSCEV. Both the JVQ and NatSCEV's JVQ-R1 asked children and youth about exposures to conventional crime, including property crime, child maltreatment, peer and sibling victimization, sexual victimization, and the witnessing of family and community violence.

NatSCEV found a significantly greater level of distress among children and youth who suffered seven or more kinds of victimization in a single year (Figure 1). This cutoff designates 8% of the sample and is used for exploratory purposes as the threshold for defining polyvictimization.

Figure 1: Relationship Between Multiple Types of Victimization and Number of Trauma Symptoms (Past Year Victimizations)



Past-Year Versus Lifetime Exposures as a Measure of Polyvictimization

Some researchers have preferred to assess for polyvictimization in the context of a child’s full lifetime experience rather than simply for a single year. When defining polyvictimization over the course of childhood, one must keep in mind that older youth will accumulate more victimizations than younger children simply because they have lived longer. One option when using lifetime measures of polyvictimization is to establish lower thresholds for younger children if a goal is to identify vulnerable children at an earlier age (Finkelhor, Ormrod, and Turner, 2009).

Some have wondered whether weighting more heavily some victimization experiences that are presumed to be more serious, such as sexual abuse, would be more

advantageous when assessing vulnerability. Various schemes for weighting victimizations made little difference in predicting distress when working with past-year victimizations (Finkelhor, Ormrod et al. 2005a). In lifetime assessments, however, weighting the experiences of sexual assault and child maltreatment more heavily improved prediction of distress from victimization (Finkelhor, Ormrod, and Turner, 2009).

Past-Year and Lifetime Polyvictimization Rates among NatSCEV Respondents

In NatSCEV’s representative sample of U.S. children, 49% of children and youth surveyed suffered two or more types of victimization (including both direct and indirect victimizations) in the past year. The largest number of different types of victimizations was 18. The median

number of past-year exposures to violence among victims was three. Figure 1a, which illustrates the relationship between past-year exposure to violence and the number of trauma symptoms, shows that distress scores rise significantly from the overall trend at the level of seven or more victimization types in the past year. These children and youth (about 8% of the sample) are designated as polyvictims.

A graph of the number of different victimizations over the child's lifetime (Figure 1b) shows a similar, if more extended distribution. The median number of lifetime exposures to violence among victims was three. The plot for distress symptoms shows an elevation above the linear trend at the level of 11 or more exposures, which designates 10% of the survey participants, totaling the percentage of all participants who had a given number of lifetime exposures.

The remainder of the bulletin will primarily discuss polyvictims as classified by their past-year experiences. Nearly three-quarters (72%) of these children would also qualify as lifetime polyvictims using the cutoff of 11 or more lifetime exposures to violence. This bulletin focuses on past-year polyvictims for two reasons: (1) the multiple exposures are closer in time to each other and to the survey for this group, and thus signify a high level of current vulnerability; and (2) this group has a less skewed age distribution, as lifetime calculations tend to over represent older youth who accumulate more exposures over time. (For an analysis of the experiences of children who qualify as polyvictims on the basis of lifetime experiences, see Turner, Finkelhor, and Ormrod, 2010.)

CHARACTERISTICS OF POLYVICTIMS

Among the characteristics that distinguish polyvictims from children who are less exposed to violence are the more serious nature of their victimizations; the greater range of victimizations they suffered; and their overrepresentation among certain demographic groups: boys, older children, children of medium socioeconomic status (SES), African American children, and children in single-parent, stepparent, and other adult caregiver families.

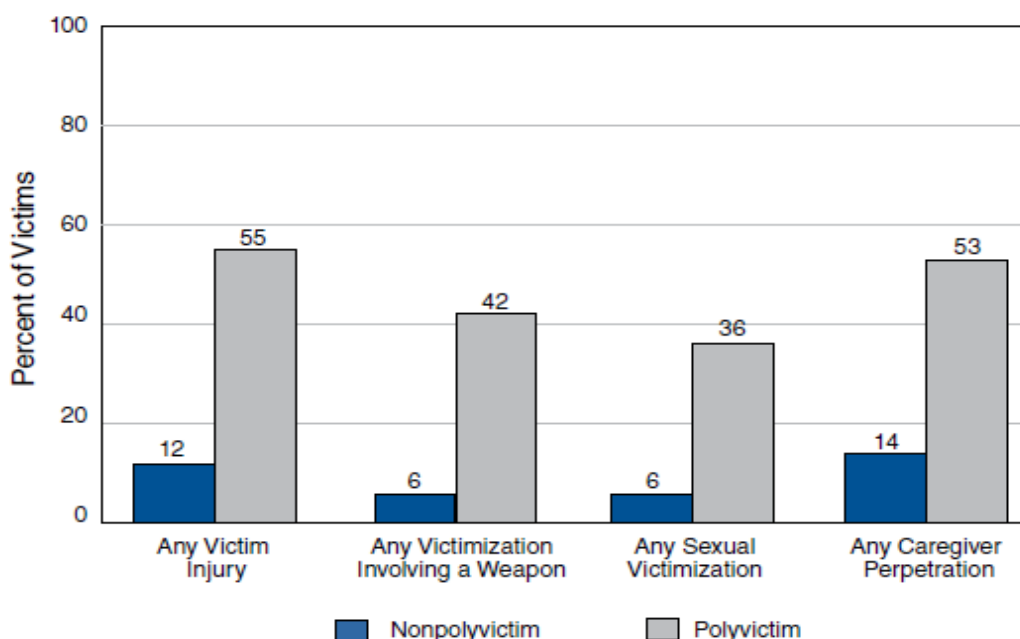
Incidence of Serious Victimizations among Polyvictims

Polyvictims not only have many victimizations, they also suffer more serious victimizations. As Figure 2 shows, in the past year, 55% of polyvictims had a victimization injury, 42% faced an assailant who carried a weapon or other harmful object, 36% experienced sexual victimization, and 53% had been victimized by a caretaker. These levels of serious victimization were four to six times greater than the levels for other victimized children.

Exposure to Multiple Domains of Victimization

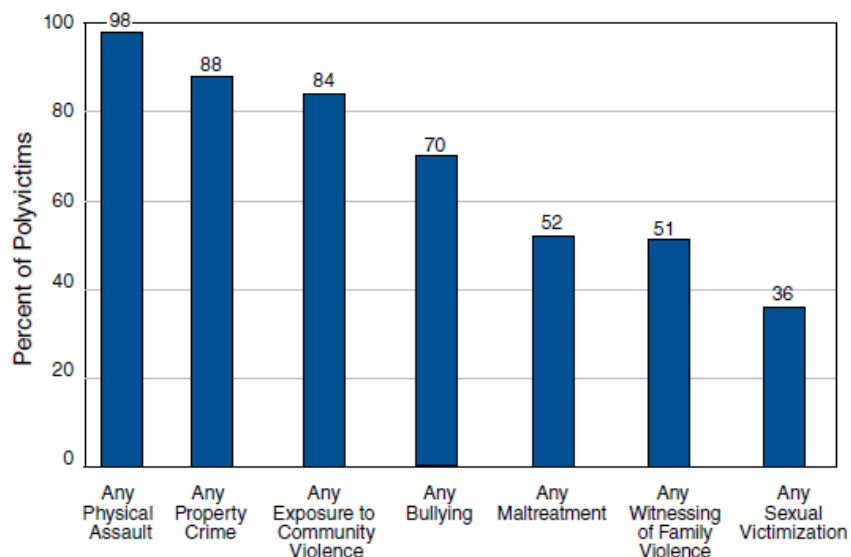
The polyvictims had also experienced victimization across a broad range of different types of victimization. Nearly three out of five polyvictims (58%) had victimizations in five or more "domains" (e.g., maltreatment, sexual victimization, bullying) (Figure 3). Such victimization exposure across so many domains

Figure 2: Seriousness of Polyvictims' Victimization Experiences



Source: NatSCEV data for children age 2 and older, weighted.

Figure 3: Polyvictims' Domains of Victimization



may be what leaves these children so particularly distressed. There are relatively few areas of safety for them.

Demographic Characteristics of Polyvictims

Polyvictims are somewhat more likely to be boys than girls: 54% of polyvictims were boys, whereas 46% of polyvictims were girls. They are also over represented among older youth (41% of polyvictims were in the 14-17

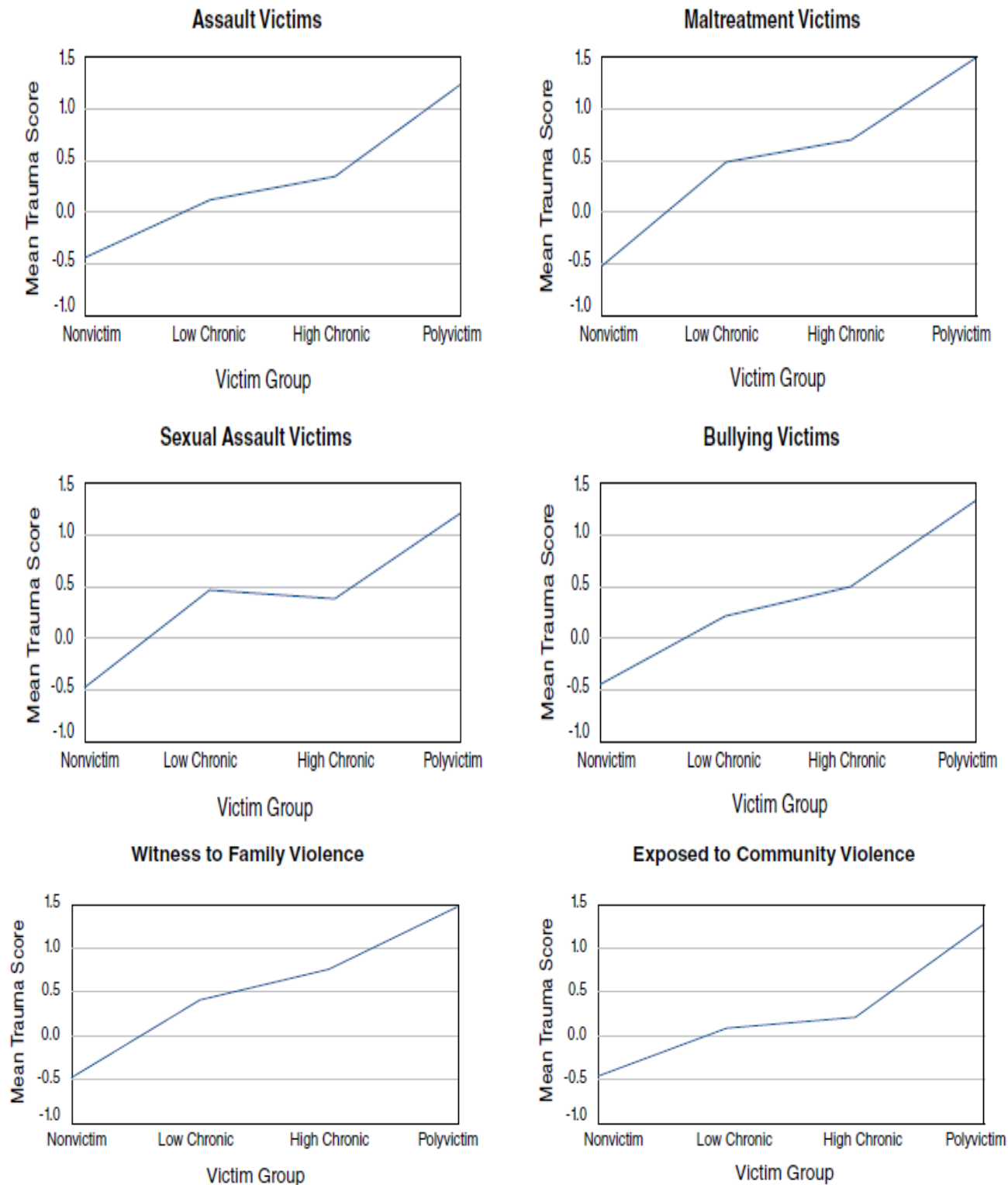
age group, comprising 13% of all youth surveyed in that age group) (see Table 1). NatSCEV found lower polyvictimization rates among both higher and lower SES families compared to families in the middle. It found no difference in polyvictimization rates in urban and rural areas. However, there were higher rates among African-Americans and lower rates among Hispanics. Youth living in single-parent and stepparent families had higher rates of polyvictimization.

Table 1: Past-Year Polyvictimization Rate by Demographic Characteristic (NatSCEV, ages 2-17)

Characteristic	Polyvictim (%)
Gender	
Female	7.5
Male	8.4
Age Group*	
2-5 years	5.2
6-9 years	4.0
10-13 years	9.5
14-17 years	13.0
Socioeconomic Status*	
Low	7.3
Middle	8.8
High	4.7
Race/Ethnicity*	
White, non-Hispanic	7.7
Black, non-Hispanic	12.8
Other race, non-Hispanic	7.9
Hispanic, any race	4.5
Family Structure	
Two-Parent family	5.2
Stepparent or Partner family	12.8
Single-Parent family	12.4
Other adult caregiver	13.9
City Residence (300,000+ population)	
Yes	8.3
No	7.8

Note: Values derived from weighted data. Differences in values for these characteristics are significant at * $p < 0.05$

Figure 4: Trauma Symptom Scores Across Victim Groups



Note: NatSCEV past-year data, weighted. Analysis of variance between groups includes gender, age, race/ethnicity, family structure, and socioeconomic status as covariates.

OTHER LIFETIME ADVERSITIES AND LEVELS OF DISTRESS AMONG POLYVICTIMS

A notable characteristic of polyvictimization is the far greater level of additional lifetime adversities and levels of distress these children experience. Polyvictims were more likely to have had other kinds of lifetime adversities such as illnesses, accidents, family unemployment, parental substance abuse, and mental illness (an average of 4.7 adversities v. 2.1 for nonpolyvictims).

Polyvictims were clearly experiencing high levels of distress as measured by a checklist of symptoms that included indicators of anxiety, depression, anger, and posttraumatic stress disorder (PTSD). The symptom score for polyvictims was more than one standard deviation higher than for other victims and nonvictims. Further, polyvictims were well represented among distressed children. Among children who were in the top 10% of the distressed children, 30% could be classified as polyvictims.

Polyvictims were not only more distressed than other victims in general; they were also more distressed than those who experienced frequent victimization of a single type. Figure 4 shows symptom levels for four groups of children with different kinds of victimization profiles: (1) those who had experienced no victimization, (2) those who were exposed to less than the average frequency of one type of victimization (e.g., bullying), (3) those with a more than average frequency of one type of victimization (e.g., chronic bullying), and (4) those exposed to a specific type of victimization who were also polyvictims (meaning, for example, that they had been bullied and had also been exposed to victimizations of several other types). The polyvictims were considerably more distressed than the children who were victims of one type of chronic victimization but did not have additional different kinds of victimization.

As Figure 4 shows, this was true for virtually every individual form of victimization. Having multiple sexual victimizations, for example, was not associated with nearly as much distress as having any sexual victimization in combination with several other different kinds of victimization. This suggests that among children identified with a single kind of victimization (such as sexual assault) the ones with the most distress will generally be those with other kinds of victimization as well. This may be because these children have no or few environments in which they feel truly safe. It suggests that studies and intervention programs targeted at any particular kind of victimization, like bullying or exposure to family violence, need also to assess children for other kinds of victimization. Exposure to multiple types of victimization may be the most important feature underlying high levels of distress.

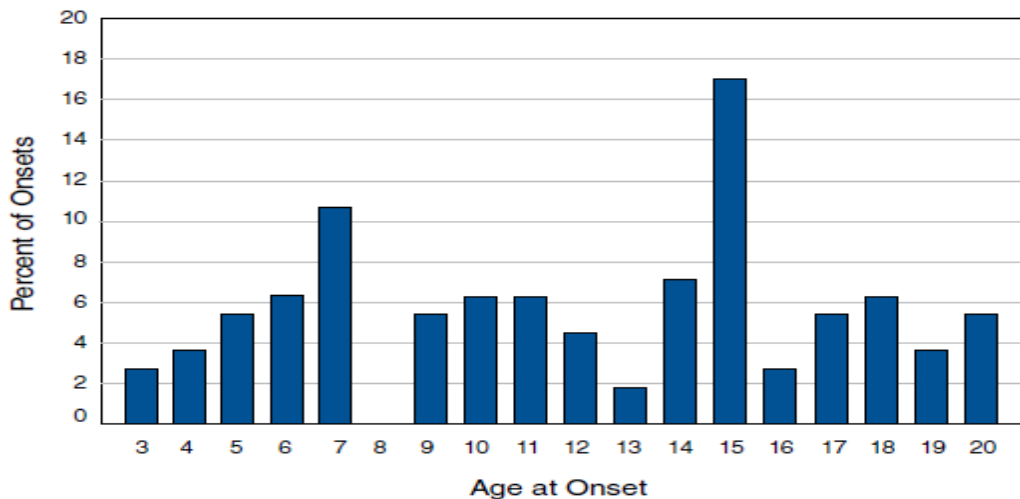
DEVELOPMENT AND PERSISTENCE OF POLYVICTIMIZATION

Given how serious polyvictimization appears to be, little is now known about how it develops and progresses. In the Developmental Victimization Survey (DVS) (Finkelhor, Ormrod, et al. 2005b), a similar but smaller national survey that preceded NatSCEV, researchers followed up with children three times during a four year period to learn more about such developmental patterns. They found that polyvictimization tended to persist. Of the children the researchers categorized as polyvictims prior to the first wave of the study, 55% were still polyvictims in one of the next two waves (Finkelhor, Ormrod, Turner, and Holt, 2009). This suggests that many youth find it hard to escape polyvictimization.

Onset of Polyvictimization

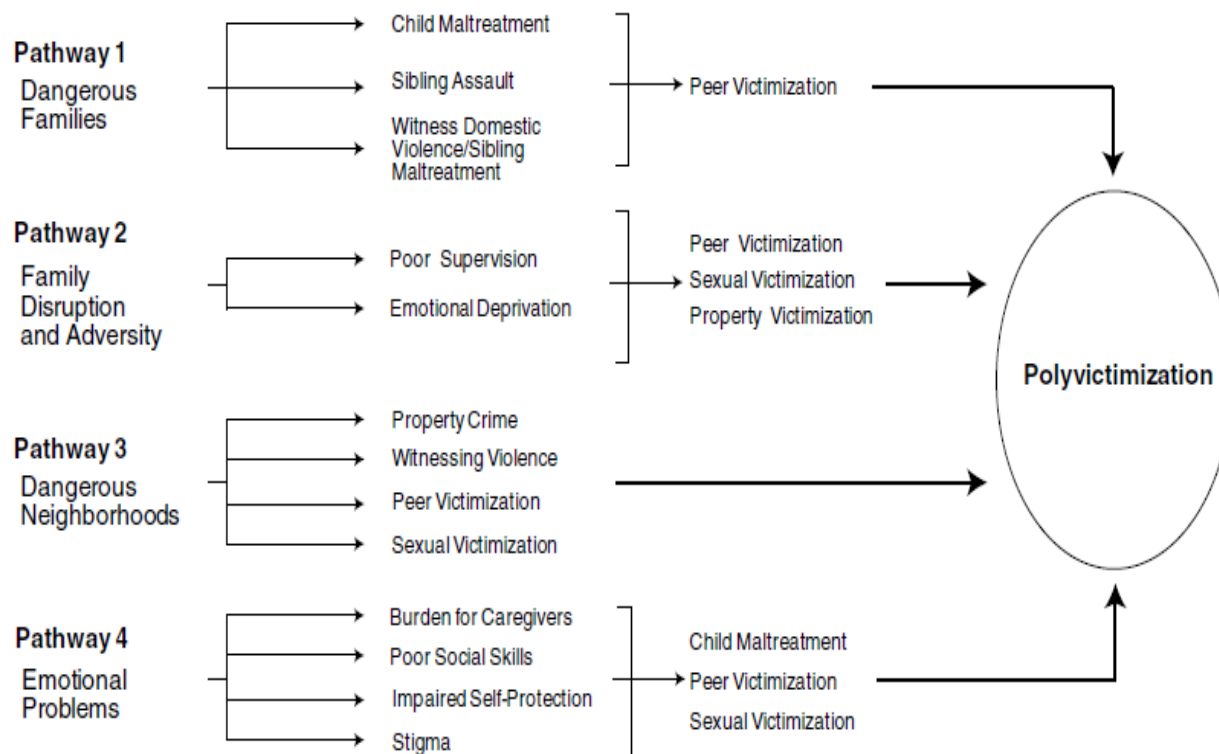
The DVS also looked at the characteristics of children

Figure 5: Polyvictimization Onset by Age



Note: $\chi^2 = 46.8$, $df = 17$, $p < .001$, $n = 112$ for new polyvictims identified in Wave 2 of the Developmental Victimization Survey.

Figure 6: Conceptual Models of Pathways to Polyvictimization



who became *new* polyvictims over the course of the follow-up period. Children ages 7 and 15 at the time they were interviewed were most likely to have become polyvictims for the first time during the previous year (i.e., during the year that generally corresponded to their first year of grade school or high school) (see Figure 5). It may be that some children are particularly vulnerable when they make the transition into a new school environment. It is a time when they have to deal with many new people and navigate new environments without knowing yet where the dangers are. Children who became new polyvictims during the course of the DVS tended to average more victimizations in the year prior to their onset than other children who were not polyvictims. However, no particular constellation of victimizations seemed to predict the onset of polyvictimization. In their year of onset, new polyvictims registered on average four different kinds of new victimizations and disproportionate increases in sexual victimizations, property victimizations, and physical assaults.

Pathways to Polyvictimization

Using the DVS, the researchers developed and tested a conceptual model that specifies four distinct pathways for children culminating in Polyvictimization (see Figure 6). These four pathways are: (a) living in a family that experiences considerable violence and conflict (dangerous families); (b) having a family beset with problems around such things as money, employment, and substance abuse that might compromise a child's supervision or create

unmet emotional needs (family disruption and adversity); (c) residing in or moving into a dangerous community (dangerous neighborhoods); and (d) being a child with preexisting emotional problems that increase risky behavior, engender antagonism, and compromise the capacity to protect oneself (emotional problems). The study confirmed that each of these appears to contribute independently to the onset of polyvictimization (Finkelhor, Ormrod, Turner, and Holt, 2009). Polyvictimization is more predictive for children ten and older.

IMPLICATIONS FOR PRACTITIONERS, POLICYMAKERS, AND RESEARCHERS

Awareness about polyvictimization has many potential implications for those who work with juvenile victims and what they can do to identify and intervene on behalf of children who are exposed to multiple forms of violence:

- **Assess for more victimizations.** Children need to be assessed for a broader range of victimizations. When children are identified as victims of sexual abuse or bullying, professionals who work with them need to find out what else is going on, as these children often experience other victimizations and adversities.
- **Priority for polyvictims.** Professionals who work with children need to pay particular attention to polyvictims because of their vulnerability to mental health, behavioral, school performance, and other problems. These children can be identified in

schools, in social welfare and mental health caseloads, and in the foster care and juvenile justice systems; and they warrant priority in victimization interventions. When child welfare and other professionals intervene on these children's behalf, they need to ensure that they are not minimizing polyvictims' victimization histories (e.g., treating them simply as victims of child abuse when they are also being bullied, or simply as victims of bullying when they are also being sexually abused). In addition, as studies have shown that bully victims (victims of violence who also bully others) have the worst outcomes and are more likely to have multiple victimizations, educators and other child welfare professionals who work with children who bully should recognize the need for more comprehensive assessments to identify them as potential polyvictims and for treatment that takes into account their multiple domains of victimization (Holt, Finkelhor, and Kaufman Kantor, 2007).

- **Polyvictim interventions.** Interventions need to be developed to encompass multiple victimizations. Therapies should not just focus on (for example) sexual abuse alone, but should be multi-faceted, addressing multiple types of victimizations, as many of the risk factors for one type of victimization are shared among multiple types of victimization. Therefore, prevention interventions that focus on addressing common underlying risk factors are likely to have the greatest benefit. Strategies for reducing stigma or traumatic reminders also need to be applied to the full range of victimization exposure.
- **Treat underlying vulnerabilities.** Professionals who conduct interventions with polyvictims must recognize that such children not only suffer from victimization trauma but may also be caught in an overall environment or individual-environmental-interactive conditions that perpetuate victimization. Therefore, intervention professionals must assess for these conditions and develop strategies –such as teaching parenting and guardianship skills to parents and other adult caregivers– that address them.
- **Broaden child protection.** Awareness of the importance of polyvictimization suggests that the traditional child protective services (CPS) approach might benefit from some broadening of its capacities. An intervention system that helps children only in regard to threats from family members may be too narrow. Although it is unrealistic to expand CPS to respond to reports of all forms of child victimization, children within the current CPS system may benefit if child protection workers are trained to assess children for exposure to multiple forms of victimization in the same way that police are trained to assess for multiple crimes. CPS systems could then design and implement service responses that are pertinent to the variety

of threats children face. They have to be prepared to work with law enforcement, educators, and mental health professionals.

- **Interrupt onset sequences.** Because polyvictimization is associated with so much distress, it should be a priority to figure out how to interrupt the pathways into this condition. Early intervention and primary prevention are needed, along with awareness that dangerous and disrupted families, dangerous neighborhoods, and emotional problems can all be early warning indicators of current or future polyvictimization. Professionals who work with children need to help build the supervision and protection capacities of family members, legal guardians, caregivers, teachers, and other adults who may be in a position to intervene to help children, and thus stop the onset of and progression toward polyvictimization.

One strategy may be to target the transition to new schools, particularly elementary and high schools. It may be useful to sensitize teachers and other school staff to quickly identify children in these entering classes who may be victimized to ensure that prevention and intervention approaches that address multiple forms of victimization experiences and focus on the prevention of perpetration are in place for children during these important transitional phases.

The findings also suggest another strategy, to encourage teachers and child welfare professionals to be more aware of younger children with emotional distress symptoms. In addition to whatever mental health interventions these children might receive to address their victimization experiences and associated symptoms, these professionals can take advantage of the opportunity to refer children and their families to preventive interventions that can address individual, relationship, and community factors that predict perpetration and prevent repeated or additional forms of victimization experiences from occurring. Another implication is that school staff and child welfare workers should pay particular attention when children report sexual victimization, including sexual harassment by peers. These events may signal broader victimization vulnerability, and responding adults may need to extend their focus beyond the specific sexual report to include an assessment of other forms of exposure to victimization.

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References

- Acierno, R., H. Resnick, D.G. Kilpatrick, and W. Stark-Riemer. 2003. Assessing elder victimization—Demonstration of a methodology. *Social Psychiatry and Psychiatric Epidemiology* 38(11):644-653.
- Briere, J. 1996. Trauma Symptoms Checklist for Children (TSCC): Professional Manual. Odessa, FL: Psychological Assessment Resources.
- Briere, J., k. Johnson, A. Bissada, L. Damon, J. Crouch, E. Gil, R. Hanson, and V. Ernst. 2001. The Trauma Symptom Checklist for Young Children (TSCYC): Reliability and association with abuse exposure in a multi-site study. *Child Abuse & Neglect* 25:1001-1014.
- Cook, A., M. Blaustein, J. Spinazzola, and B. van der Kolk. 2003. Complex Trauma in Children and Adolescents (White Paper). Los Angeles, CA: National Child Traumatic Stress Network, Complex Trauma Task Force.
- Dong, M., R.F. Anda, V.J. Felitti, S.R. Dube, D.F. Williamson, T. Thompson, C. Loo, and W.H. Giles. 2004. The interrelatedness of multiple forms of childhood abuse, neglect, and household dysfunction. *Child Abuse & Neglect* 28(7):771-784.
- Finkelhor, D., S.L. Hamby, R.K. Ormrod, and H.A. Turner. 2005. The JVQ: Reliability, validity, and national norms. *Child Abuse and Neglect* 29(4):383-412.
- Finkelhor, D., R.K. Ormrod, and H.A. Turner. 2007a. Polyvictimization: A neglected component in child victimization trauma. *Child Abuse and Neglect* 31:7-26.
- 2007b. Polyvictimization and trauma in a national longitudinal cohort. *Development and Psychopathology* 19(1):149-166.
- 2007c. Revictimization patterns in a national longitudinal sample of children and youth. *Child Abuse and Neglect* 31:479-502.
- 2009. Lifetime assessment of polyvictimization in a national sample of children and youth. *Child Abuse and Neglect* 33:403-411.
- Finkelhor, D., R.K. Ormrod, H.A. Turner, and S.L. Hamby. 2005a. Measuring polyvictimization using the JVQ. *Child Abuse and Neglect* 29(11):1297-1312.
- 2005b. The victimization of children and youth: A comprehensive, national survey. *Child Maltreatment* 10(1):5-25.
- Finkelhor, D., R.K. Ormrod, H.A. Turner, and M.A. Holt. 2009. Pathways to polyvictimization. *Child Maltreatment* 14(4):316-329.
- Finkelhor, D., H.A. Turner, R.K. Ormrod, and S.L. Hamby. 2009. Violence, abuse, and crime exposure in a national sample of children and youth. *Pediatrics* 124(5):1-13.
- Finkelhor, D., H.A. Turner, R.K. Ormrod, S.L. Hamby, and K. Kracke. 2009. *Children's Exposure to Violence: A Comprehensive National Survey*. Bulletin. Washington, D.C: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Hamby, S.L., D. Finkelhor, R. Ormrod, and H. Turner 2004. *The Juvenile Victimization Questionnaire (JVQ): Administration and Scoring Manual*. Durham, NH: Crimes Against Children Research Center.
- Holt, M.K., D. Finkelhor, and G. Kaufman Kantor. 2007. Multiple victimization experiences of urban elementary school students: Associations with psychosocial functioning and academic performance. *Child Abuse and Neglect* 31:503-515.
- Lynch, M. and D. Cicchetti. 1998. An ecological transactional analysis of children and contexts: The longitudinal interplay among child maltreatment, community violence, and children's symptomatology. *Development and Psychopathology* 10:235-257.
- Perry, D.G., E.V.E. Hodges, and S.K. Egan. 2001. Determinants of chronic victimization by peers: A review and new model of family influence. In *Peer Harassment in School: The Plight of the Vulnerable and Victimized*, edited by J. Juvonen and S. Graham. New York, NY: Guilford Press, pp. 73-104.
- Rutter, M. 1983. Statistical and personal interactions: Facets and perspectives. In *Human Development: An Interactional Perspective*, edited by D. Magnusson and V. Allen. New York, NY: Academic Press, pp. 295-319.
- Shannon, E.E., C.W. Mathias, D.M. Marsh, D.M. Dougherty, and A. Liguori. 2007. Teenagers do not always lie: Characteristics and correspondence of telephone and in-person reports of adolescent drug use. *Drug and Alcohol Dependence* 90(2-3):288-291.
- Shields, A. and D. Cicchetti. 1998. Reactive aggression among maltreated children: The contributions of attention and emotion dys-regulation. *Journal of Clinical Child and Adolescent Psychology* 27(4):381-395.
- Tseloni, A. and K. Pease. 2003. Repeat personal victimization: 'Boosts' or 'flags'? *British Journal of Criminology* 43:196-212.
- Turner, H.A., D. Finkelhor, and R.K. Ormrod. 2010. Polyvictimization in a national sample of children and youth. *American Journal of Preventive Medicine* 38(3): 323-330.