More than 60% of children in the United States have experienced numerous, different types of victimization such as sexual abuse, physical abuse, bullying, witnessing family violence and exposure to community violence. Identification of these children, known as poly-victims, is a significant challenge.

Large numbers of children (30%) have had contact with some form of therapist or counselor in the past year regarding a mental health problem or adversity, including school counselors, psychologists, social workers, pastoral counselors, and health care professionals. A starting point would be to increase awareness and recognition with professionals having contact with children in a therapeutic or counseling setting.

**Poly-victimization and Therapy Contact**

- Fully 1 in 4 children (26%) in therapy are poly-victims with more than 13 different types of victimization experienced over their lifetime.
- Poly-victimization is 3 times more common in children in therapy than children not in therapy.
- Therapists typically know only about one (or none) incidents though 89% of children who have seen a therapist have experienced two or more forms of victimization.
- A majority of children who have seen a therapist have experience five or more types of victimizations.
- Children in therapy are more likely to have experience serious violence with their rates of victimization involving a weapon or injury twice as high as for youth with no therapist contact.
- Children in therapy are twice as likely to have experienced sexual violence (22% vs. 9%).

Almost half of children in therapy have been exposed to family violence.

**Clinical Implications for Children and Youth in Therapy**

- The majority of children (9 out of 10) who have seen a therapist in the past year have experience two or more forms of victimization and more than half have sustained more than 5 types.
- Interventions that focus on only one type of victimization, such as sexual abuse, without attention to other types of violence, may fail to identify the contexts placing children at greater risks.
- Assessing for suicidality or depression is standard during intake, however an extensive burden of victimization and even the possibility of ongoing safety issues are far more common problems in children seeking therapy.
- It is essential that providers go beyond the presenting problem and conduct a full assessment of all potential violence and safety issues confronting children.

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