Poly-victimization among Children with Disabilities

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Research on childhood exposure to violence indicates that children with disabilities are at greater risk of victimization.1,2,3,4,5,6 This White Paper describes how poly-victimization is associated with different types of childhood disability. Although there is no universal definition of disability, most definitions include a broad array of chronic conditions that limit functioning. Disability can encompass: emotional and behavioral disorders, like depression; physical disabilities that create limitations in hearing, sight, or mobility; as well as developmental and learning disabilities, such as attention deficit disorder, autism, or cognitive disability.

Children with a wide range of disabilities experience more physical maltreatment and neglect, and are more likely to be exposed to sexual assault.1,7,8 Research also shows children with internalizing emotional problems, like depression and anxiety9, and those with certain developmental or learning disorders10 are at greater risk for being bullied by peers. Youth with cognitive disabilities are more likely to experience theft and other property crime.8 Most past research focuses on single forms of victimization when assessing risk among children with disabilities.

The Importance of Poly-victimization

Clinical experience and research have repeatedly demonstrated the damaging effects of children’s exposure to abuse and violence. As with research on youth with disabilities, most of this work has focused on separate, relatively narrow categories of victimization, such as sexual abuse or exposure to community violence. But more recent evidence suggests that there is a
significant group of children whose victimization experiences are more complicated and multifaceted than many of our past research and intervention approaches have assumed. Many children who have experienced individual types of victimization are also poly-victims. “Poly-victimization” refers to the experience of multiple victimizations of different kinds, such as sexual abuse, physical abuse, bullying, witnessing family violence, and exposure to community violence (versus experiencing a single form of victimization). Research has also shown that poly-victimization is more highly related to trauma symptoms than experiencing repeated victimizations of a single type.

This new emphasis on poly-victimization offers to help child welfare advocates, counselors, medical professionals, psychologists, law enforcement, prosecutors, juvenile justice system personnel, teachers, and others who work with children, to identify the most endangered children and youth, to provide the most appropriate interventions and treatments, and to protect them from additional harm. Identifying children who may be at particular risk of poly-victimization is a crucial goal. One such group of children consists of those with disabilities.

**Disability and Child Victimization**

There are a number of reasons why disability may increase exposure to victimization. For one, disability may compromise the child’s ability to avoid or deter victimization, making children with disabilities easier targets. That is, children with disabilities can possess attributes or display behaviors that make them vulnerable to perpetrators, who typically target victims who are weaker than themselves. Children with disabilities may have more difficulty detecting the harmful intentions of others or may be less able to defend or stick up for themselves. Alternatively, youth with disabilities may experience greater exposure to victimization because they may be more socially isolated and less likely to be protected by allies. It is important to
note that this group includes children with emotional and behavioral problems, including poor impulse control and low emotional regulation.

Unfortunately, research suggests that this increased vulnerability to victimization among children with disabilities often operates across multiple contexts and perpetrators. As discussed in more detail below, findings from the National Survey of Children’s Exposure to Violence (NatSCEV) found that children with disabilities were significantly more likely than children without any disability to be poly-victims—that is, to experience multiple forms of victimization.

NatSCEV estimated violence and victimization exposure in a nationally representative sample of 4,549 children and adolescents from age one month to 17 years. NatSCEV provides the most up-to-date and comprehensive statistics on the co-occurrence among different forms of youth violence. Much of the research on poly-victimization, including the NatSCEV, is based on the Juvenile Victimization Questionnaire (JVQ), a questionnaire that asks about more than thirty different victimization exposures.11 The JVQ is ideal for assessing multiple victimization exposure in both research and clinical settings. The threshold used in research connected to NatSCEV classifies roughly the most victimized 10 percent of the survey sample as poly-victims.12, 13 In this sample, it means that poly-victims experienced seven or more different forms of victimizations in the past year.

With respect to disability status, findings from NatSCEV show that 13.1% of children and youth age 2-17 with any form of disability were poly-victims, compared to 6.8% of those without any disability. Therefore, almost twice the percentage of children with disabilities experienced poly-victimization in the past year, relative to those without disabilities.
**Disability Type and Poly-Victimization**

Data from the NatSCEV showed types of disability were most associated with poly-victimization. As seen in Figure 1, 11.6% of children with physical disabilities and 11.7% of children with a learning disorder (other than ADHD) were poly-victims. Those diagnosed with Attention Deficit with Hyperactivity Disorder (ADHD) were even more likely to be poly-victims, with 15% of children with this form of disability experiencing poly-victimization (seven or more different types of victimization) in the past year. Finally, children and youth with internalizing disorders, such as Major Depressive Disorder, Generalized Anxiety Disorder, or Post Traumatic Stress Disorder (PTSD), were particularly likely to fall in the poly-victimization category, with 22.6 percent of those with this type of disability experiencing poly-victimization.

![Figure 1: Rates of past year poly-victimization by type of disability](image)
It is worth noting that some particular types of disabilities were also linked to some specific forms of victimization. For example, children with ADHD were particularly likely to experience victimizations at the hand of peers, while those with developmental or other learning disorders appeared to be especially vulnerable to property victimizations. Youth with internalizing disorders, in addition to being most likely to experience poly-victimization, were also particularly likely to experience sexual victimizations and report maltreatment.\textsuperscript{14}

\textit{Implications}

Our findings show that children with disabilities are vulnerable to multiple forms of victimization. Although children with all types of disabilities are at greater risk than those without disabilities, children with ADHD and those with internalizing disorders are particularly likely to experience poly-victimization. This is consistent with the idea that both internalizing and externalizing symptoms can signal vulnerability and trigger hostility in perpetrators. This is noteworthy because when people think of “disability” it is generally physical disabilities that first come to mind. However, our findings suggest that it is emotional and behavioral disabilities—disorders that are typically more “invisible”—are most often associated with victimization. This suggests that disability-related problems that affect social skills and interaction patterns may create the greatest vulnerability.

In terms of implications for clinical, school, or home settings, these findings suggest the importance of incorporating victimization risk into assessments and interventions for children with disabilities. Practitioners should conduct comprehensive assessments of victimization exposure that take into account a wide array of different types of victimizations (e.g. child physical abuse, neglect, sexual abuse, bullying, community violence, property crime). We recommend that all providers, no matter their focus, inquire about the major settings of the
child's life: home, school, and neighborhood. Intervening in one area is less likely to be effective or helpful if children are unsafe elsewhere.

Comprehensive victimization assessments will help practitioners create more effective safety plans for children with disabilities. Practitioners can use more detailed assessments to develop treatment plans that consider the full range of victimizations to which children are exposed. Interventions might incorporate, for example, peer interaction and conflict management strategies, avoiding sexual exploitation, and improving parent-child communication skills. Classroom aides and others who work with children with disabilities need to be aware that some youth will need extra monitoring and protection from victimization in addition to interventions focused on their disability. This monitoring and support needs to take place across multiple contexts, including the community and school. Further, we know that children who are poly-victims may require longer-term interventions to address the complex ways that poly-victimization can erode positive sense of self, perceptions of relationships, and other areas of mental and physical health. Accounting for the different intervention needs of poly-victims should be part of comprehensive service plans for children with disabilities. Clinicians knowledgeable about poly-victimization can play an important role in helping classroom aides, teachers, and other professionals understand how poly-victimization can influence their relationships with the children they serve and the timeframe and progress of interventions. In general, greater risk of poly-victimization among children with disabilities highlights the need to move toward a more child-centered approach to evaluating and supporting youth with disabilities, one that addresses risks in all aspects of the child life.
References

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