

## Poly-victimization: Childhood Exposure to Multiple Forms of Victimization

*Heather Turner, Sherry Hamby, & Victoria Banyard*

We know from clinical and research practice that far too many children are exposed to abuse, violence, and crime and that this exposure damages their mental and physical health.<sup>1-6</sup> However, most of this work focuses on separate, relatively narrow categories of victimization. A new emphasis on what is being called “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.

Many studies show higher rates of mental health problems for physically abused children<sup>7-8</sup>, for those who were sexually abused<sup>9-11</sup>, witnessed neighborhood violence,<sup>12, 13</sup> were bullied by peers,<sup>14, 15</sup> or saw violence between their parents<sup>16, 17</sup> when each group is compared to children who did not have that experience. Practitioners also tend to focus on each type of victimization separately. For example, school principals, teachers and guidance counselors are concerned with school bullying; child protection workers are concerned with child maltreatment; law enforcement personnel are concerned with neighborhood crime, property crime, drugs or gang activity; and domestic violence professionals often incorporate a consideration of children’s witnessing of parental violence. Although these research and treatment efforts have certainly been important, this work often does not consider how children are exposed to many *different* forms of victimization. In some ways the narrow focus of many professional practices even

obscures the true mission of all of these professionals: to ensure the well-being of children. Understanding poly-victimization has the potential to improve services to victimized youth.

This paper summarizes the key findings on poly-victimized youth in the United States, using data from the National Survey of Children Exposed to Violence (NatSCEV). 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. Poly-victimization refers to the experience of multiple victimizations of *different kinds*, such as sexual abuse, physical abuse, bullying, and exposure to family violence, not just multiple episodes of the same kind of victimization. The threshold used in research connected to NatSCEV classifies roughly the most victimized 10 percent of the survey sample as poly-victims.<sup>18, 19</sup>

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<sup>20</sup>. The JVQ is ideal for assessing multiple victimization exposure in both research and clinical settings. Details regarding the administration and interpretation of the JVQ for poly-victimization assessment are available in the NCAC White paper entitled, "How to Assess Poly-victimization in Your Work: Approaches & Tools."

### **Poly-victimization in the National Survey of Children's Exposure to Violence (NatSCEV)**

Eight percent of all youth in the NatSCEV sample and 11 percent of those who reported being exposed to any violence had experienced seven or more different kinds of victimization in the past year. These were the poly-victimized children. As seen in Figure 1, poly-victimized youth

experienced many types of victimization, including a disproportionate share of the most serious kinds of victimizations, like sexual victimization and maltreatment. Moreover, they typically experienced victimizations across several general domains or categories, such as maltreatment, peer bullying, witnessing parental violence and physical assault; almost 58% of poly-victims reported victimization events in five or more of these general domains. Poly-victims were also more likely to have been injured during a victimization relative to other victimized youth (55% vs. 12%) or have had a weapon used against them (36% vs. 6%)<sup>21</sup>. Children who were sexually victimized were more likely than victims of any other type of victimization to also experience poly-victimization. In fact, about one-half of all children and adolescents who reported *any* form of sexual victimization also qualified as poly-victims. In other words, when children are sexually abused, it is very often only one component of a larger set of multiple victimization experiences.

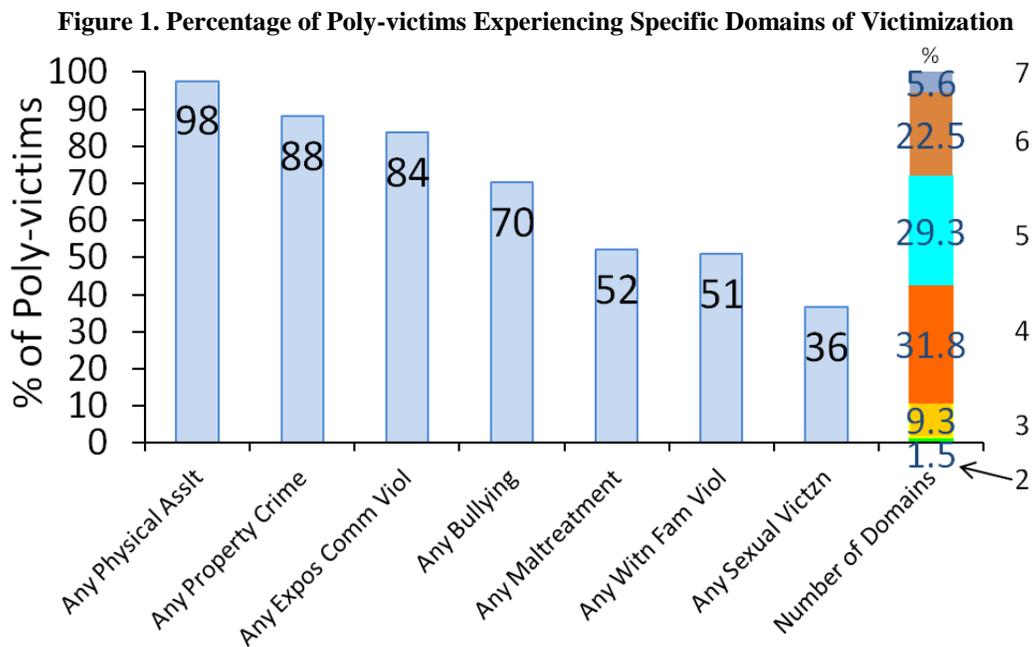
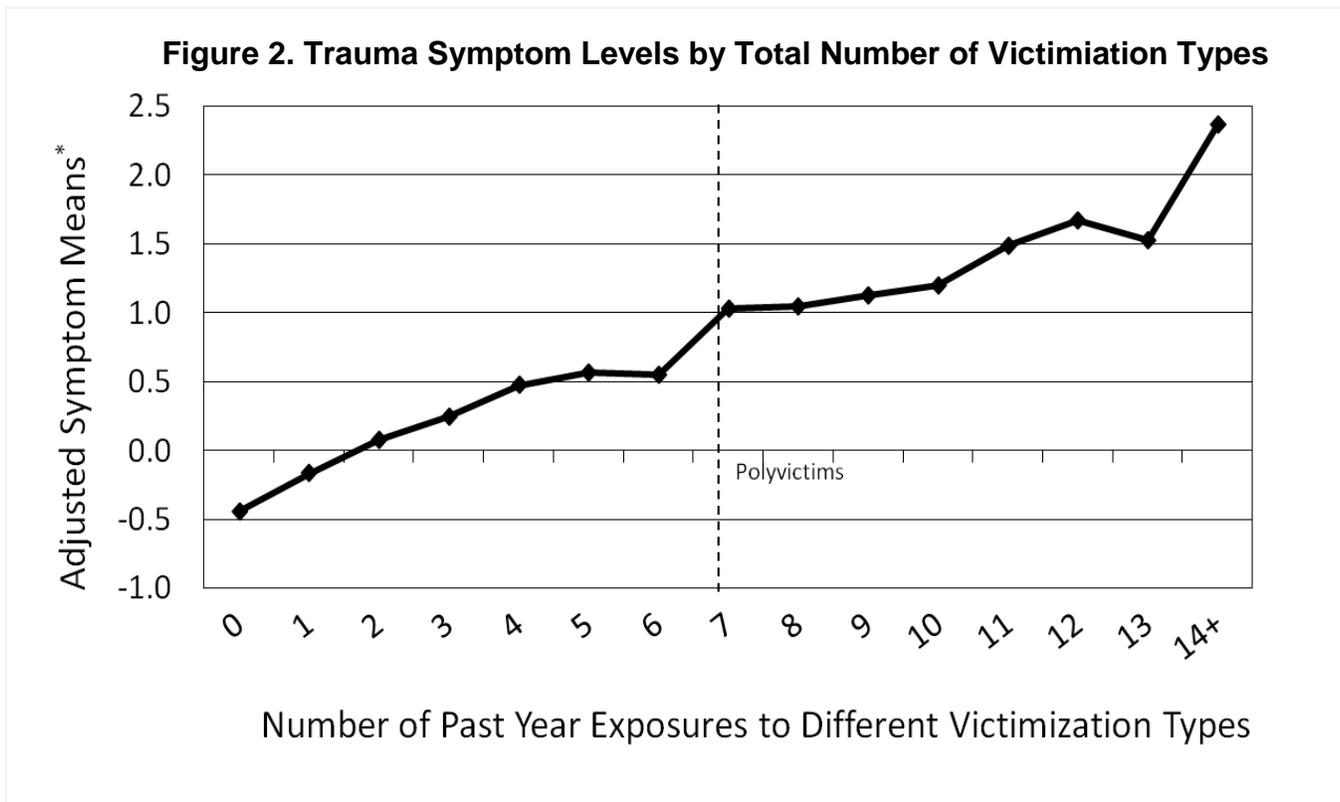


Table Note: The last column of the figure shows how many of the seven victimization domains (physical assault, property crime, community violence, bullying, maltreatment, witnessing family violence, sexual victimization) were experienced by poly-victims. For example, 31.8% of poly-victims reported victimization in four different domains and 29.3% were exposed to victimization in five different domains.

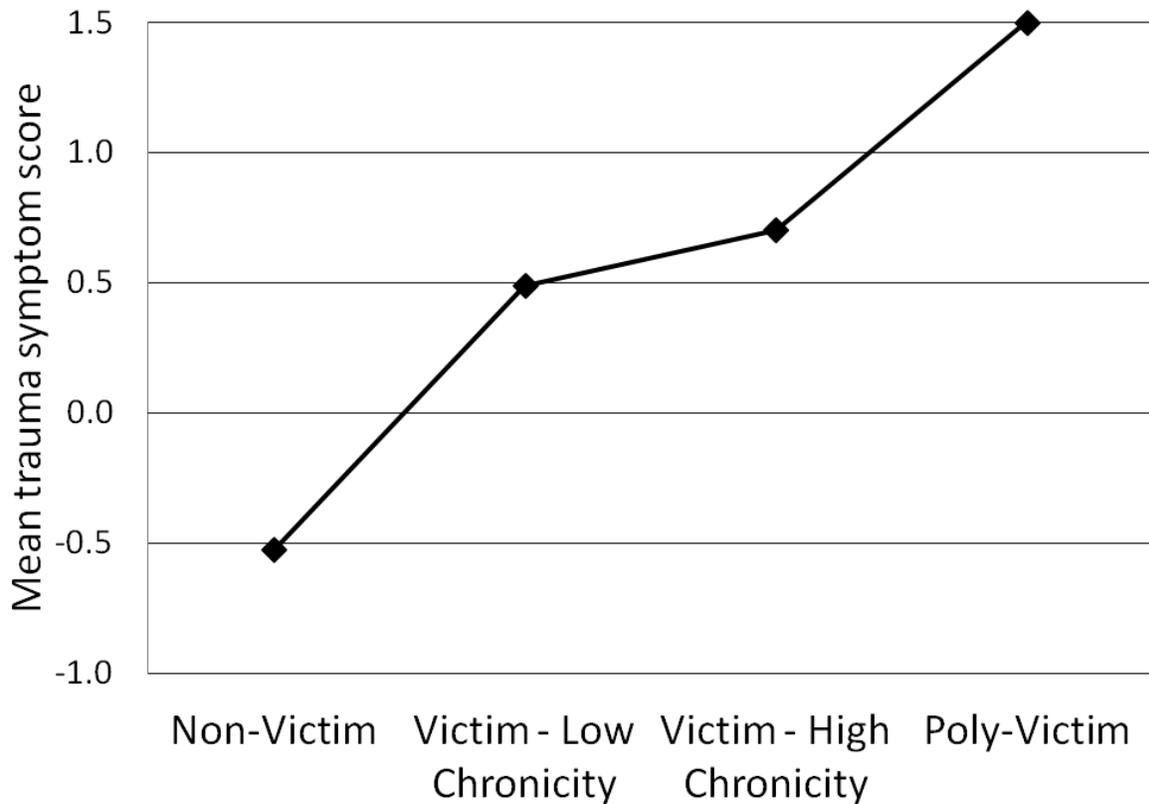
Poly-victims report higher levels of psychological distress and more often report suicidal ideation, even in comparison to other victimized children<sup>18, 19, 21, 22</sup>. As seen in Figure 2, for each additional type of victimization to which children were exposed in a one-year period, there was an increase in their trauma symptoms. At seven victimizations, the lower bound of our poly-victim group, trauma symptoms jump particularly high.



We also found that poly-victimization accounted for much of the negative effect that is often attributed to individual types of victimization. In other words, most of the psychological damage associated with particular victimization events, like sexual assault and physical abuse, is actually because many of these sexual assault or physical abuse victims are also poly-victims. The detrimental effect of multiple types of victimization is even stronger than the effect of repeated, even chronic, victimization of a single type<sup>19, 22</sup>. Figure 3 demonstrates this with

respect to child maltreatment. The graph shows a comparison of trauma symptom scores across four groups. The first point represents non-victims, the second point represents those who experienced maltreatment at a low chronicity, the third point represents those that experienced maltreatment at a high chronicity and the fourth point represents poly-victims. Poly-victims not only had greater symptoms than non-victims and maltreatment victims with fewer episodes (low chronic), but poly-victims also were much more distressed than those experiencing high chronic levels of maltreatment. The same pattern was evident for other specific types of victimization including property crime, peer-sibling victimization, sexual victimization, witnessing family violence, and exposure to community violence.

**Figure 3: Comparison of Trauma Symptoms Scores across Four Groups: Non-victims, Maltreatment Victims (Low Chronicity), Maltreatment Victims (High Chronicity), Poly-**



## Implications for Practitioners

Why the powerful effects of poly-victimization on children? They often have no safe haven. Poly-victims are likely to experience victimization by peers at school, by family members at home, and by a variety of individuals within their neighborhoods and communities.

For such children, victimization represents more of a life condition than a set of events.

Widespread victimization is not only stress-producing but also can reduce children's potential for resiliency by damaging self-esteem and support resources that would normally help children to cope with victimization <sup>22</sup>.

Poly-victimization highlights the need for a more comprehensive approach to child victimization than has been typical in clinical, educational, juvenile justice and child protection contexts. The following are recommendations that follow from this research.

- 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). We recommend that all providers, no matter their focus, inquire about the major settings of a child's life: home, school, and neighborhood. Intervening in one area is less likely to be effective or helpful if children are unsafe elsewhere. Further, when assessments are conducted in treatment team consultation settings, practitioners on those teams should frame their discussions in terms of poly-victimization.
- More comprehensive assessments will help practitioners create more effective safety plans for children. Interventions that focus on only one form of victimization, such as sexual abuse, without attention to other types of violence

exposure, may fail to identify the contexts placing children at greatest risk and may not adequately assess where children can find safety and strength.

- Practitioners can use more detailed assessments to identify the most at-risk children and develop treatment plans that consider the full range of victimizations to which children are exposed. A treatment plan focused only on bullying may produce unsuccessful results for children who are also witnessing parental violence on a daily basis at home, and who have a history of sexual abuse.
- Practitioners can use poly-victimization assessments to better understand and promote treatment effectiveness. Although we have excellent tools for assessing poly-victimization, important next steps are required to determine which combinations of interventions are most helpful for poly-victimized children. Practitioners trained in understanding poly-victimization are needed to develop these new interventions.

In general, poly-victimization points to the importance of moving towards a more holistic and child-centered approach to evaluating and responding to victimized youth, one that addresses risks in all aspects of the child's life. A child-centered approach, instead of an institution-centered approach, holds out hope for improving the well-being of children.

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The research reported in this publication was produced by the Crimes Against Children Research Center of the University of New Hampshire with funding by the Office of Juvenile Justice and Delinquency Prevention. Production and dissemination of this publication is supported by the National Children's Advocacy Center under Grant No. 2012-VF-GX-K010, Awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in these materials are those of the contributors, and do not necessarily represent the official position or policies of the U.S. Department of Justice.

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## ***ABOUT THE AUTHORS***

**Heather A. Turner** is Professor of Sociology and Senior Research Associate at the Crimes against Children Research Center at the University of New Hampshire. Dr. Turner's research program has concentrated on social stress processes and mental health, including the effects of violence, victimization, and other forms of adversity on the social and psychological development of children and adolescents. Dr. Turner has 13 years of research experience on childhood exposure to violence, has conducted numerous national surveys, and has published over 70 articles, many focusing on the epidemiology of childhood victimization and mental health. She is currently co-principal investigator for the OJJDP funded *National Survey of Children's Exposure to Violence (NATSCEV)* – a study designed to obtain comprehensive estimates of children's exposure to multiple forms of violence and victimization across the full developmental spectrum (age 0-17). Dr. Turner is the Director of the International Conference on Social Stress Research and past the Chair of the Sociology of Mental Health Section of the American Sociological Association (ASA). Email: [heather.turner@unh.edu](mailto:heather.turner@unh.edu)

**Sherry Hamby** is Research Professor of Psychology at the University of the South and founding editor of the APA journal *Psychology of Violence*. She is co-investigator on the *National Survey of Children's Exposure to Violence*, which is the U.S.'s primary surveillance of youth victimization and the first national effort to measure crimes against children under 12 that are not reported to authorities. A licensed clinical psychologist, she also conducted the first reservation-based study of domestic violence among American Indians and collaborated on *Sortir Ensemble et Se Respecter*, the first Swiss dating violence prevention program. She is a member of the Board of Scientific Counselors at the CDC's National Center for Injury Prevention and Control

and was selected in 2013 as a "Woman Making an Impact on Children's Exposure to Violence" by the Safe Start National Resource Center, among other recognitions. She is author or co-author of more than 100 works including *The Web of Violence: Exploring Connections among Different Forms of Interpersonal Violence and Abuse* and *The Conflict Tactics Scales Handbook*. Her most recent book, *Battered Women's Protective Strategies: Stronger than You Know*, is due later this year from Oxford University Press. Email: [sherry.hamby@sewanee.edu](mailto:sherry.hamby@sewanee.edu).

**Victoria Banyard, Ph.D.** is a Professor in the Department of Psychology at the University of New Hampshire. She is a licensed clinical psychologist who has experience working with children and families exposed to trauma. She has authored over 50 articles on interpersonal violence. Topics of her research include the mental health effects of child maltreatment, trauma and parenting, recovery and resilience of survivors, and community approaches to violence prevention. She has been the principal investigator on several longitudinal program evaluation studies of prevention effectiveness. She is on the editorial board for the journal *Psychology of Violence*, a former Senior Associate Editor for the journal *Child Abuse and Neglect* and a member of the Advisory Council for the National Sexual Violence Resource Center.