

The author(s) shown below used Federal funds provided by the U.S. Department of Justice and prepared the following final report:

Document Title: National Survey of Children's Exposure to Violence (NATSCEV I), Final Report

Author(s): University of New Hampshire

Document No.: 248444

Date Received: October 2014

Award Number: 2006-JW-BX-0003

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NATIONAL SURVEY OF CHILDREN'S EXPOSURE TO VIOLENCE (NATSCEV I)

Final Report

ENCLOSED

1. *Appendix A: Peer-reviewed Publications (Note: Appendix A Removed Due to Copyright Restrictions)*

- **CV221**, Poly-victimization in developmental context.
- **CV225**, Specifying type and location of peer victimization in a national sample of children and youth.
- **CV217**, Disability and victimization in a national sample of children and youth.
- **CV209-DRAFT**, Family context, victimization, and child trauma symptoms: Variations in safe, stable, and nurturing relationships.
- **CV261-DRAFT**, Teen dating violence: Co-occurrence with other victimizations in the national survey of children's exposure to violence (NatSCEV).
- **CV239-DRAFT**, Let's prevent peer victimization, not just bullying.
- **CV235**, Family structure, victimization, and child mental health in a nationally representative sample.
- **CV246-DRAFT**, Recent victimization exposure and suicide ideation in adolescents.
- **CV249-DRAFT**, Poly-victimization as a factor in sexual re-victimization.

2. *Appendix B: OJJDP Bulletins*

- **CV197**, Children's exposure to intimate partner violence and other family violence.
- **CV229**, Polyvictimization: Multiple exposures to violence in a national sample of children.
- **CV224**, Questions and answers about the National Survey of Children's Exposure to Violence.
- **CV214B-DRAFT**, Child victimizations known to police and other authorities.
- **CV227-DRAFT**, Victimization and delinquency in a national sample of youth.

FINAL REPORT

National Survey of Children's Exposure to Violence (NATSCEV I)

Summary of Project. *The primary purpose of this project was to conduct a national study to document the incidence and prevalence of children's exposure to violence in the United States. We completed a comprehensive assessment of exposure to violence that incorporated a wide range of victimization experiences and that included children across a wide developmental spectrum. We also measured a variety of potential predictors and outcomes of children's exposure to violence. Telephone survey methodology was used to obtain a target sample of 4,549 children ages 0-17.*

Goals & Objectives

1. Assess event characteristics, including the location of exposure, the severity of the event (e.g., whether injury resulted), the frequency of occurrence across type of exposure, the child's relationship to the perpetrator, and, in the case of witnessing, to the victim.
2. Document variations in incidence and prevalence exposure across gender, race, socio-economic status, family structure, region, urban/rural residence, and developmental stage of child.
3. Specify how different forms of violent victimization "cluster" or co-occur.
4. Identify individual, family, and community-level predictors of violence exposure among children.
5. Examine associations between levels/types of violence exposure and child mental health and delinquency behaviors.
6. Assess the extent to which children disclose incidents of violence to various individuals and the nature and source of assistance or treatment (if any) given to the child.

Methodology

October 2006 to October 2007 was dedicated to planning and survey preparation phases of the study. The most important objective in this planning phase was establishing domains of violence exposure to be included and how they would be measured. In consultation among NATSCEV research team, OJJDP project supervisors, and 12 designated study consultants, we developed additional measures to supplement the Juvenile Victimization Questionnaire (JVQ).

We received human subjects approval for NATSCEV from the University of New Hampshire Institutional Review Board (IRB) in June 2007. This involved establishing a protocol for responding to cases of potential child endangerment revealed in the course of the survey. As part of this protocol, we developed a computer program to flag respondents who are potentially in danger and have included a clinical psychologist on the research team to re-contact respondent that require follow-up.

SCHULMAN, RONCA & BUCUVALAS, INC. (SRBI) were given the subcontract for the data collection. The principal investigators, David Finkelhor and Heather Turner, have worked extensively with SRBI on this and other surveys.

From October 2007 to December 2007, we finalized the questionnaire, completed CATI programming and testing, engaged in extensive interviewer training, and had the questionnaire translated into Spanish. The questionnaire was also translated into Spanish. We developed a national sampling strategy that included a national RDD cross-section and an over-sample of African-American, Hispanic, and low socio-economic status respondents.

We entered the field in December 2007 and completed the survey in July 2008. The sample size for the entire survey is 4,549. We have a sample 3,058 respondents associated with the national RDD sample (1,501 age 0-9; 1,552 age 10-17). We obtained 1,496 respondents from our over-sample of minority and low-income census tracts (954 age 0-9; 542 age 10-17). From July 2008 to December 2008 we engaged in data cleaning, scale construction, and sample weighting to adjust for the complex sample design. Since that time we have been actively engaged in data analysis and manuscript preparation.

In the six months since our last progress report, we have conducted additional analyses, written three manuscripts, and disseminated results at several conferences. In this recent time periods, one article was published, two additional articles are currently in press, and one more is in submission. NatSCEV findings have been presented at several national professional conferences and international venues.

Final Deliverables

All objectives have been met and as evidenced within the manuscripts, bulletins and presentations generated from this study. Peer-reviewed manuscripts using NatSCEV I data, completed within the full project period, are listed below. Also listed are all completed OJJDP Bulletins (either published or in press) and all conference presentations given during the project period that contain NatSCEV content. We note that, although the NatSCEV I project period is over and funding expended, we continue to analyze data and anticipate completing additional manuscripts using NatSCEV I data.

Peer Review Manuscripts (publications with an asterisk have been published and/or added since the last reporting period – July, 2011. These publications are included in **Appendix A**).

Mitchell, K., Finkelhor, D., Wolak, J., Ybarra, M., & Turner, H. (2011). Youth Internet victimization in a broader victimization context. *Journal of Adolescent Health*, 48: 128-134.

*Finkelhor, D., Shattuck, A., Turner, H.A., & Ormrod, R.K. (2011). Poly-victimization in developmental context. *Journal of Child & Adolescent Trauma*, 4: 291-300.

*Turner, H. A., Finkelhor, D., Hamby, S., Shattuck, A. & Ormrod, R. (2011). Specifying type and location of peer victimization in a national sample of children and youth. *Journal of Youth and Adolescence*. 40, 1052-67.

*Turner, H.A., Vanderminden, J., Finkelhor, D., Hamby, S. and Ormrod, R. (2011). Disability and victimization in a national sample of children and youth. *Child Maltreatment*. 16, 275-86.

Turner, H.A., Finkelhor, D. and Ormond, R. (2010). Poly-victimization in a national sample of children and youth. *American Journal of Preventative Medicine*. 38(3): 323-330.

- Finkelhor, D., Turner, H.A., Ormrod, R. and Hamby, S. (2010). Trends in childhood violence and abuse exposure: evidence from two national surveys. *Archives of Pediatric and Adolescent Medicine*, 164(3):238-242.
- Turner, H.A., Finkelhor, D., Ormond, R. and Hamby, S. (2010). Infant victimization in a nationally representative sample. *Pediatrics*, 126(1): 44-52.
- Hamby, S., Finkelhor, D., Turner, H.A., and Ormrod, R. (2010). The overlap of witnessing partner violence with child maltreatment and other victimizations in a nationally representative survey of youth. *Child Abuse and Neglect*.
- Finkelhor, D., Ormrod, R., Turner, H.A. and Hamby, S. (2010). Abuse and victimization known to school, police and medical officials in a national sample of children and youth. *Archives of Pediatric and Adolescent Medicine*.
- Finkelhor, D., Turner, H.A., Ormrod, R. and Hamby, S. (2009). Violence, abuse, and crime exposure in a national sample of children and youth. *Pediatrics* 124(5):1411-23.
- *Turner, H.A., Finkelhor, D., Ormond, R., Hamby, S., Leeb, R., Mercy, J. and Holt, M. (in press). Family context, victimization, and child trauma symptoms: Variations in safe, stable, and nurturing relationships. *American Journal of Orthopsychiatry*.
- *Hamby, S., Finkelhor, D., & Turner, H. (in press). Teen dating violence: Co-occurrence with other victimizations in the national survey of children's exposure to violence (NatSCEV). *Psychology of Violence*.
- *Finkelhor, D., Turner, H., & Hamby, S. (in press). Let's prevent peer victimization, not just bullying. *Child Abuse and Neglect*.
- *Turner, H. A., Finkelhor, D, Hamby, S., Shattuck, A. (in revision). Family structure, victimization, and child mental health in a nationally representative sample. *Journal of Marriage and the Family*.
- *Turner, H.A., Finkelhor, D., Shattuck, A., & Hamby, S. (in submission). Recent victimization exposure and suicide ideation in adolescents. *Journal of Adolescent Health*.
- *Finkelhor, D., Shattuck, A., Hamby, S.L., & Turner, H.A. (in preparation). Poly-victimization as a factor in sexual re-victimization. *Child Abuse & Neglect*.

OJJDP Bulletins: (Bulletins with an asterisk have been published and/or added since the last reporting period – July, 2011. These bulletins are included in **Appendix B**).

- *Hamby, S., Finkelhor, D., Turner, H., & Ormrod, R. (2011). Children's exposure to intimate partner violence and other family violence. *Juvenile Justice Bulletin - NCJ232272*. Washington, DC: U.S. Department of Justice.
- *Finkelhor, D., Turner, H., Hamby, S., & Ormrod, R. (2011). Polyvictimization: Multiple exposures to violence in a national sample of children. *Juvenile Justice Bulletin - NCJ235504*. Washington, DC: U.S. Department of Justice.
- *Finkelhor, D., Turner, H., & Hamby, S. (2011). Questions and answers about the National Survey of Children's Exposure to Violence. *Juvenile Justice Bulletin – NCJ235163*. Washington, DC: U.S. Department of Justice.
- Finkelhor, D., Turner, H., Ormrod, R., Hamby, S., & Kracke, K. (2009). *Children's exposure to violence: A comprehensive, national survey. Juvenile Justice Bulletin - NCJ227744*. Washington, DC: U.S. Department of Justice.
- *Finkelhor, D., Turner, H., & Hamby, S. (in press). Child victimizations known to police and other authorities. *Juvenile Justice Bulletin*. Washington, DC: U.S. Department of Justice.

*Finkelhor, D., Turner, H., & Hamby, S. (in submission). Victimization and delinquency in a national sample of youth. *Juvenile Justice Bulletin*. Washington, DC: U.S. Department of Justice.

Presentations

Finkelhor, D., Turner, H., & Hamby, S. (2011, October). *The National Survey on Children's Exposure to Violence: An Update for Policy and Practice*. Presented at Children's Justice & Safety: OJJDP National Conference. National Harbor, MD.

Hamby, S. Finkelhor, D., & Turner, H. (2011, October). *Issues of multiple victimization: Patterns among youth and implications for prevention*. Presented at the 16th International Conference on Violence, Abuse & Trauma. San Diego, CA.

Finkelhor, D. (2011, September). *Crime, Violence and Abuse in the Lives of Children: Developmental Victimology*. Presented at the 5th Violence Prevention Milestones Meeting. Cape Town, South Africa.

Hamby, S. Finkelhor, D., & Turner, H. (2011, September). *Using follow-up data on victimized youth from the National Survey of Children's Exposure to Violence to inform practice*. Presented at the 16th International Conference on Violence, Abuse & Trauma. San Diego, CA.

Turner, H.A., Finkelhor, D. & Hamby, S. (2011, September). *Findings from the U.S. National Survey of Children's Exposure to Violence (NatSCEV)*. Presented at the ISPCAN Regional Conference. Tampere, Finland.

Hamby S., Finkelhor, D., & Turner, H. (2011, July). *Using the JVQ-R2, the victimization questionnaire from NatSCEV*. Presented at APSAC's 19th Annual National Colloquium. Philadelphia, PA.

Finkelhor, D. (2011, June). *Crime, Violence and Abuse in the Lives of Children: Comprehensive Child Protection*. Presented at the One Child, Many Hands Conference. Philadelphia, PA.

Finkelhor, D. (2011, July). *The Juvenile Victimization Questionnaire: A Comprehensive Approach to Assessing Victimization from the National Survey of Children's Exposure to Violence*. Presented at APSAC's 19th Annual National Colloquium. Philadelphia, PA.

Finkelhor, D. (2011, May). *Crime, Violence and Abuse in the Lives of Children: Developmental Victimology*. Presented at the 32nd Annual Conference of Agencies and Organizations Serving Troubled Youth - "Creating Success in Uncertain Times: And How Are the Children?" Snowbird, Utah.

Hamby, S. (2011, April). *Community disorder: Nationally representative rates from NatSCEV, the National Survey of Children's Exposure to Violence*. Presented at the 2011 Biennial Meeting of the Society for Research in Child Development, Montreal, Quebec, Canada.

Finkelhor, D. (2011, April). *Poly-victimization in Developmental Context*. Presented at the 2011 Biennial Meeting of the Society for Research on Child Development. Montreal, Quebec, Canada.

Turner, H.A., Finkelhor, D., Hamby, S. & Shattuck, A. (2011, April). *Specifying Type and Location of Peer Victimization in a National Sample of Children and Youth*. Presented at the 2011 Biennial Meeting of the Society for Research on Child Development. Montreal, Quebec, Canada.

Finkelhor, D. (2011, March). *Poly-victimization: A Key to Understanding Childhood Adversity and Distress*. Presented at the InFocus Conference on Child Sexual Abuse. Gateshead, UK.

- Finkelhor, D. (2011, March). *Crime, Violence and Abuse in the Lives of Children: Developmental Victimology*. Presented at the BASPCAN Conference. London, UK.
- Finkelhor, D. (2011, March). *Crime, Violence and Abuse in the Lives of Children: Developmental Victimology*. Presented at Children as Victims: Prevalence and Prevention: An International One Day Conference. East Midlands Conference Centre. University Park, Nottingham, UK.
- Hamby, S., Finkelhor, D., & Turner, H. (2011, January). *Overview and key important findings from NatSCEV, the National Survey of Children's Exposure to Violence*. Presented at the 25th Annual San Diego International Conference on Child & Family Maltreatment. San Diego, CA.
- Finkelhor, D., Turner, H., Ormrod, R., & Hamby, S. (2011, January). *National Survey of Children's Exposure to Violence: Abuse and victimization known to school, police and medical officials*. Presented at the 25th Annual San Diego International Conference on Child & Family Maltreatment. San Diego, CA.
- Turner, H., Vanderminden, J., Finkelhor, D., & Hamby, S. (2011, January). *Disability and victimization in a national sample of children and youth*. Presented at the 25th Annual San Diego International Conference on Child & Family Maltreatment. San Diego, CA.
- Finkelhor, D. (2010, November). *A Comprehensive Approach to the Prevention of Youth Victimization*. Presented at The Suspected Child Abuse & Neglect (SCAN) Program Sickkids. Toronto, Ontario, Canada.
- Finkelhor, D. (2010, October). *Crime, Violence and Abuse in the Lives of Children: Developmental Victimology*. Presented at The Forum on Prevention of Child Abuse 2010. Yurakucyo Asahi Hall. Tokyo, Japan.
- Finkelhor, D. (2010, September). *National Survey of Children's Exposure to Violence, Crime and Abuse (NatSCEV)*. Presented at the XVII ISPCAN International Congress. Honolulu, Hawaii.
- Hamby, S., Finkelhor, D., & Turner, H. (2010, September). *Clinical Implications from NatSCEV, the National Survey of Children's Exposure to Violence*. Presented at the 15th Annual International Conference on Violence, Abuse, & Trauma. San Diego, CA.
- Finkelhor, D., Turner, H., Ormrod, R., & Hamby, S. (2010, July). *Violence, abuse, and crime exposure in a national sample of children and youth*. Presented at the International Family Violence & Child Victimization Research Conference. Portsmouth, NH.
- Hamby, S., Finkelhor, D., Turner, H., Ormrod, R., & Taylor, L. (2010, July). *Perpetrator gender and victim gender patterns for 22 forms of youth victimization*. Presented at the International Family Violence & Child Victimization Research Conference. Portsmouth, NH.
- Finkelhor, D., Turner, H., Ormrod, R., & Hamby, S. (2010, July). *Abuse and victimization known to school, police, and medical officials*. Presented at the International Family Violence & Child Victimization Research Conference. Portsmouth, NH.
- Turner, H., Vanderminden, J., Finkelhor, D., Hamby, S., & Ormrod, R. (2010, July). *Disability and victimization in a national sample of children and youth*. Presented at the International Family Violence & Child Victimization Research Conference. Portsmouth, NH.
- Finkelhor, D. (2010, June). *Preventing Child Maltreatment: Learning from our Successes*. Presented at Protecting Delaware's Children Conference. Dover, Delaware

- Finkelhor, D. (2010, June). *National Survey of Children's Exposure to Violence, Crime and Abuse (NatSCEV)*. Presented at the National Institute of Justice Conference. Washington, DC.
- Hamby, S., Taylor, L., Finkelhor, D., and Turner, H. (2010, March). *Perpetrator gender patterns for 22 forms of youth victimization*. Presented at the Annual Meeting of the Southeastern Psychological Association. Chattanooga, TN.
- Finkelhor, D. (2010, February). La Polyvictimisation des Jeunes: Résultats d'une Étude Populationnelle Américaine. *Regard sur la Situation des Jeunes Au Québec*. Le Centre Jeunesse de Montréal. Montreal, Québec, Canada
- Turner, H.A., Finkelhor, D., Ormond, R and Hamby, S. (2010, January). *Poly-victimization in a National Sample of Children and Youth*. Presented at the 24th Annual San Diego Conference on Responding to Child Maltreatment. San Diego, CA.
- Finkelhor, D. (2010, January). *National Survey of Children's Exposure to Violence, Crime and Abuse (NatSCEV)*. Presented at the 24th Annual San Diego Conference on Responding to Child Maltreatment. San Diego, CA
- Finkelhor, D. (2009, November). *New and Recycled Ideas for the Prevention of Child Maltreatment*. Presented at the Swedish Crime Victim Compensation and Support Authority's 6th Annual Conference on Victimology. Stockholm, Sweden.
- Finkelhor, D., Turner, H., Ormrod, R., & Hamby, S. (2009, June). *Trends in childhood violence and abuse exposure: Evidence from two national surveys*. Presented at the 17th Annual Colloquium for the American Professional Society on the Abuse of Children, Atlanta, GA.
- Finkelhor, D. (2009, March). *The Poly-Victimized Child: Concept and Measurement*. Presented at 24th Annual MacNamee Memorial Conference. West Lebanon, NH.
- Finkelhor, D. (2009, February). *The Poly-Victimized Child: An Update*. Presented at the University of Miami's Institute for Educational Sciences Speaker Series. Miami, FL.
- Finkelhor, D. (2009, January). *Crimes against Children and the Concept of Developmental Victimology*. Presented at the Crime, Violence, and Justice Speaker Series. Hamovitch Center for Science in the Human Services, School of Social Work. University of Southern California.
- Finkelhor, D. (2008, December). *A New Concept in Child Welfare Research & Practice: Multiple Victimization of Children*. Paper presented at Child Sexual Abuse: Understanding Recent Developments and New Findings. Social Work Education Consortium. Albany, NY.
- Finkelhor, D. (2008, December). Juvenile Victimization: *The Poly-Victimized Child*. Presented at the Advanced Research and Clinical Topics in Forensic Practice Conference. University of Virginia – Harrison Institute, Charlottesville, VA
- Finkelhor, D. (2008, June). *Juvenile Victimization: The Poly-Victimized Child*. Presented at the Division of Forensic Psychology Conference. Heriot-Watt University. Edinburgh, Ireland.



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JUVENILE JUSTICE BULLETIN



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Jeff Slowikowski, Acting Administrator

October 2011

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Children's Exposure to Intimate Partner Violence and Other Family Violence

Sherry Hamby, David Finkelhor, Heather Turner, and Richard Ormrod

This bulletin discusses the data on exposure to family violence in the National Survey of Children's Exposure to Violence (NatSCEV), the most comprehensive nationwide survey of the incidence and prevalence of children's exposure to violence to date, sponsored by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) and the Centers for Disease Control and Prevention (CDC) (see "History of the National Survey of Children's Exposure to Violence," p. 2). An earlier bulletin (Finkelhor, Turner, Ormrod, Hamby, and Kracke, 2009) presented an overview of children's exposure to conventional crime, child maltreatment, other types of physical and sexual assault, and witnessing community violence. For more information on the survey methodology, see "Methodology," p. 5.

This bulletin explores in depth the NatSCEV survey results regarding exposure to family violence among children in the United States, including exposure to intimate partner violence (IPV), assaults by parents on siblings of children surveyed, and other assaults involving teen

and adult household members. These results confirm that children are exposed to unacceptable rates of violence in the home. More than 1 in 9 (11 percent) were exposed to some form of family violence in the past year, including 1 in 15 (6.6 percent) exposed to IPV between parents (or between a parent and that parent's partner). One in four children (26 percent) were exposed to at least one form of family violence during their lifetimes. Most youth exposed to family violence, including 90 percent of those exposed to IPV, saw the violence, as opposed to hearing it or other indirect forms of exposure. Males were more likely to perpetrate incidents that were witnessed than females, with 68 percent of youth witnessing only violence by males. Father figures were the most common perpetrators of family violence, although assaults by mothers and other caregivers were also common. Children often witness family violence, and their needs should be assessed when incidents occur. These are the most comprehensive and detailed data ever collected at the national level on this topic.

DEFENDING CHILDHOOD PROTECT HEAL THRIVE

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.



Access OJJDP publications online at ojjdp.gov.

Learn more about the Attorney General's Defending Childhood Initiative at justice.gov/ag/defendingchildhood.

Find out more about OJJDP's Safe Start Initiative at safestartcenter.org.

Background

Exposure to IPV is distressing to children and is associated with a host of mental health symptoms both in childhood and in later life. The best documented mental health effects include symptoms of post-traumatic stress, depression, and anxiety (Kitzmann et al., 2003; Lang and Stover, 2008; Wolfe et al., 2003). Exposure to serious IPV as a child is also associated with offending as an adult. For example, one study found that, among a sample of IPV offenders, those who had as a child seen a parent use a weapon were more likely to commit an offense involving a weapon as an adult (Murrell et al., 2005). Despite the well-documented adverse consequences of IPV exposure and a growing discussion of the appropriate policy responses to IPV exposure (Jaffe, Crooks, and Wolfe, 2003; Nixon et al., 2007), surprisingly little information is available about how often such exposure occurs in the general population. Such information is important for determining the extent of the problem, assessing the need for services, and establishing a baseline for evaluating progress.

Previous Efforts To Estimate Children's Exposure to Family Violence

More than 20 years ago, in the second National Family Violence Survey (conducted in 1985), Straus and Gelles asked adults whether they had witnessed IPV during their childhood; they obtained a rate of 13 percent for total childhood exposure (Straus, 1992). McDonald and colleagues (2006) estimated IPV exposure at 15.5 million U.S. youth by calculating the number of children in two-parent homes where IPV had occurred. This measure was indirect, however, as some children may not have been aware of these incidents, especially the types of IPV most commonly reported in national surveys (i.e., one or two incidents of pushes and slaps) (Straus and Gelles, 1990; Tjaden and Thoennes, 1998).

The Developmental Victimization Survey (DVS)¹ included a single item on witnessing IPV (Finkelhor et al., 2005), which produced a 1-year incidence rate of 3 percent. Although this is probably the best existing estimate of 1-year incidence, it is well established that single items in surveys often underrepresent the true extent of violence (Bolen and Scannapieco, 1999). This percentage also counted only events that children saw, excluding other forms of exposure such as hearing or seeing evidence of the attack afterwards.

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

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 birth 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 study 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 followup 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 exposure to violence 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.

Most recently, Zinzow and colleagues (2009) obtained a lifetime estimate of 9 percent in the National Survey of Adolescents–Replication (NSA–R), but their sample included only adolescents and included only violence between parents. Further, they assessed only severe forms of physical violence, so in many ways their estimate is less comparable to most national data on IPV, which typically include a wide range of acts. Both the DVS and the NSA–R were also limited to the most direct forms of exposure (seen and seen or heard, respectively), and did not assess the relative frequency of different forms of exposure. Other estimates on exposure to family violence come from high-risk convenience samples, such as

women residing in domestic violence shelters. Not surprisingly, exposure percentages are often high in these settings, frequently exceeding 50 percent (Hutchison and Hirschel, 2001), but they do not provide a picture of the national extent of the problem. Many of these studies collect data on only one parental relationship (often the mother or other primary caregiver and her current partner), but in today's world, children may have multiple parents, stepparents, and other caregivers and are at risk for being exposed to violence between many family members. NatSCEV is one of the first studies to assess exposure for all key relationships in a child's life.



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Jeff Slowikowski, Acting Administrator

October 2011

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Polyvictimization: Children's Exposure to Multiple Types of Violence, Crime, and Abuse

David Finkelhor, Heather Turner, Sherry Hamby and Richard Ormrod

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 percent) reported in the previous year more than one type of direct victimization (a 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 percent) 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 1 in 10 (10.9 percent) reported 5 or more direct exposures to different types of violence, and 1.4 percent reported 10 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

DEFENDING CHILDHOOD PROTECT HEAL THRIVE

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.



Access OJJDP publications online at ojjdp.gov.

Learn more about the Attorney General's Defending Childhood Initiative at justice.gov/ag/defendingchildhood.

Find out more about OJJDP's Safe Start Initiative at safestartcenter.org.

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 percent 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 preexisting psychological symptoms.

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,

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, and with a growing need to document the full extent of children’s exposure to violence, OJJDP launched the National Survey of Children’s Exposure to Violence (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 1 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 followup 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.

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.

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 to 17, who were interviewed about their own experiences, and the parents or other primary caregivers of children ages 9 and 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 or 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 followup 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 to 17, who were interviewed about their own experience, and the parents or other caregivers of children ages 2 to 9, who provided information about these younger children (Finkelhor, Ormrod, et al., 2005b).

Researchers also conducted two followup surveys of the same population, the first from December 2003 to May 2004 (approximately 1 year after the baseline survey) and the second from December 2005 to August 2006. A total of 989 respondents (49 percent of the original sample) took part in all three waves. Attrition was greater among younger children, nonwhites, and lower socioeconomic 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 followup survey), researchers asked respondents the same set of questions about lifetime victimization experiences prior to the 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 the DVS, contains questions about 34 different kinds of victimization that cover 5 general areas of concern: conventional crime, child maltreatment, peer and sibling victimization, 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 followup 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 10 years old) (Briere et al., 2001). These checklists evaluate posttraumatic 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 or other trauma to others, major accidents, and disasters.

Notes

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 (Acerno 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.

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 percent 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 (see “Methodology,” p. 3). 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 percent of the sample and is used for exploratory purposes as the threshold for defining polyvictimization.

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 percent 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 percent 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 percent 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 percent) 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 overrepresent 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.

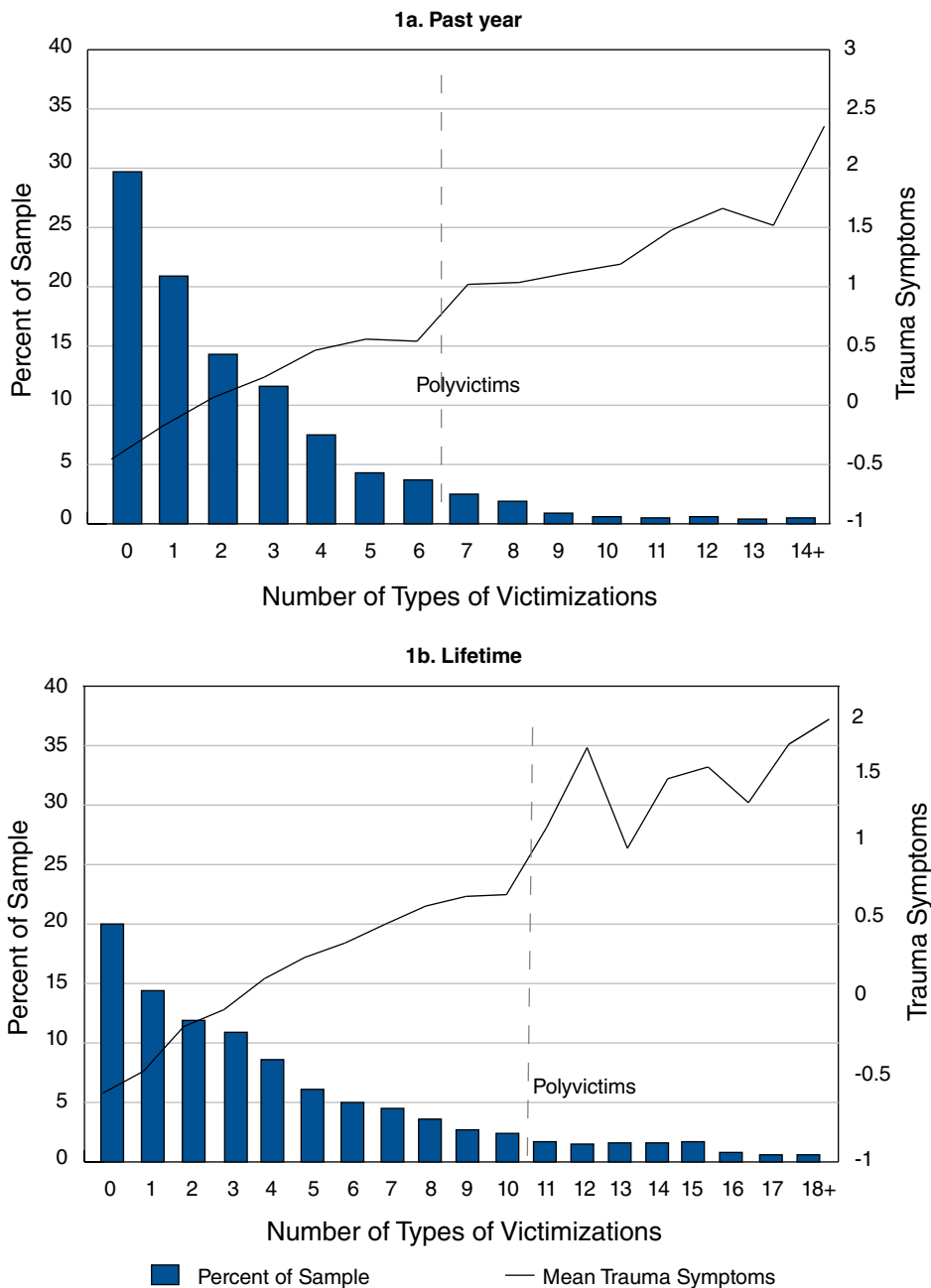
Incidence of Serious Victimizations Among Polyvictims

Polyvictims not only have many victimizations, they also suffer more serious victimizations. As figure 2 (p. 6) shows, in the past year, 55 percent of polyvictims had a victimization injury, 42 percent faced an assailant who carried a weapon or other harmful object, 36 percent experienced sexual victimization, and 53 percent 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 percent) had victimizations in five or more “domains” (e.g., maltreatment, sexual victimization, bullying) (see figure 3, p. 6). Such victimization exposure across so many domains

Figure 1: Relationship Between Multiple Types of Victimizations and Number of Trauma Symptoms: Past-Year and Lifetime Victimizations



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 percent of polyvictims were boys, whereas 46 percent

of polyvictims were girls. They are also overrepresented among older youth (41 percent of polyvictims were in the 14–17 age group, comprising 13.0 percent of all youth surveyed in that age group) (see table 1, p. 7). 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.

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 versus 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 percent of the distressed children, 30 percent 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 (p. 8) 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.

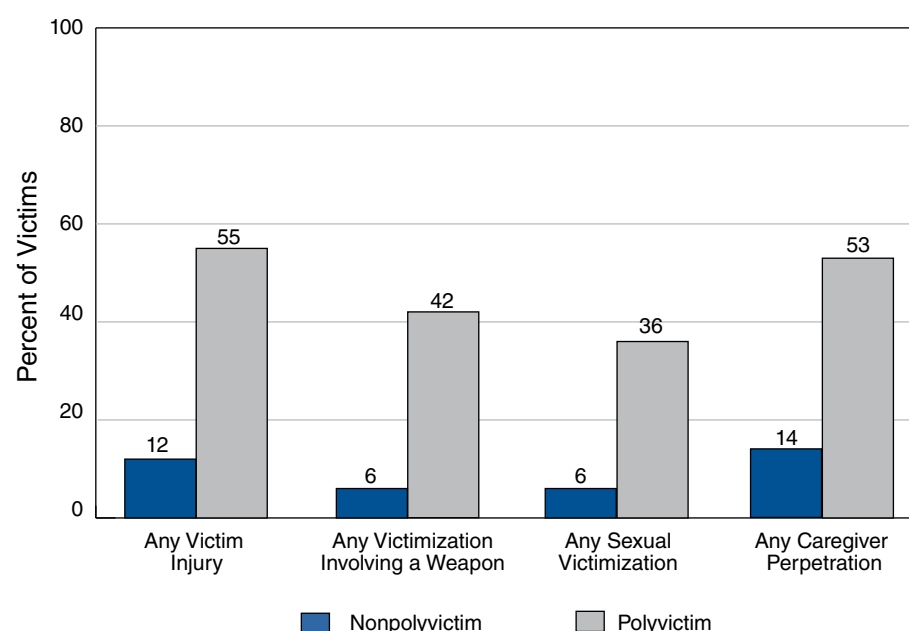
Development and Persistence of Polyvictimization

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 4-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 percent 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

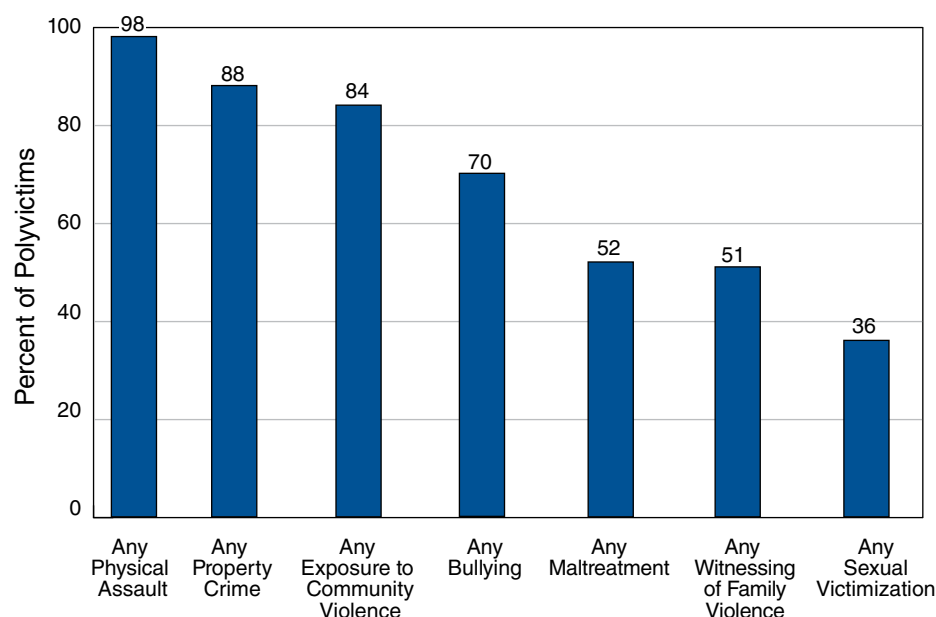
The DVS also looked at the characteristics of children who became *new* polyvictims over the course of the followup period. Children ages 7 and 15 at the time they were interviewed were most likely to have become polyvictims for the first time during the previous year (i.e., during the year that generally corresponded to their first year of grade school or high school) (see figure 5, p. 9). 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

Figure 2: Seriousness of Polyvictims' Victimization Experiences



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

Figure 3: Polyvictims' Domains of Victimization



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, p. 9). 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). The emotional problems pathway was most prominent for children younger than 10 years old, and the other pathways appeared to be more predictive for children 10 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

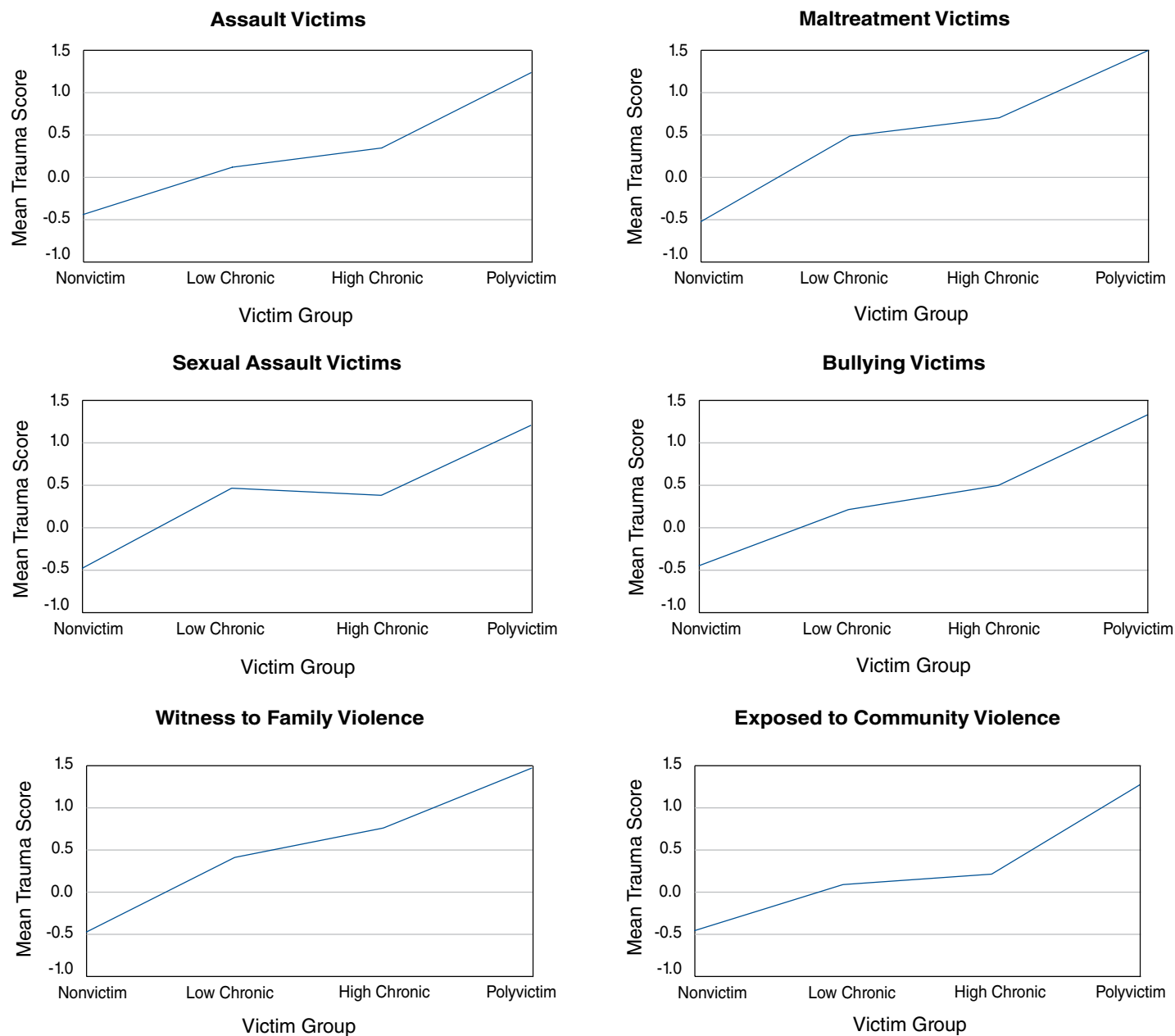
child welfare and other professionals intervene on these children’s behalf, they need to ensure that they are not minimizing polyvictims’ victimization histories (e.g., treating them simply as victims of child abuse when they are also being bullied, or simply as victims of bullying when they are also being sexually abused). In addition, as studies have shown that bully-victims (victims of violence who also bully others) have

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 * $p < .05$; details on p. 5.

Figure 4: Trauma Symptom Scores Across Victim Groups



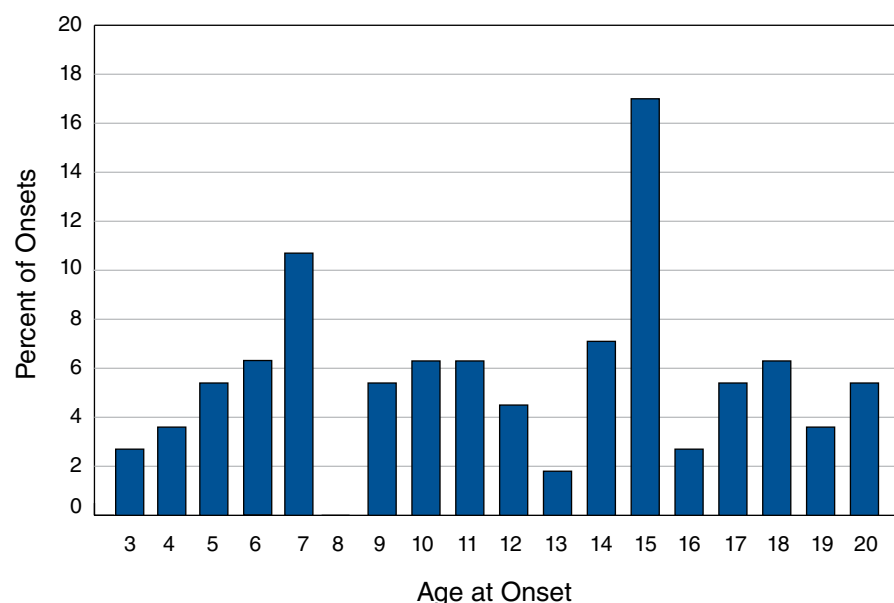
Note: NatSCEV past-year data, weighted. Analysis of variance between groups includes gender, age, race/ethnicity, family structure, and socioeconomic status as covariates.

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 multifaceted, 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.

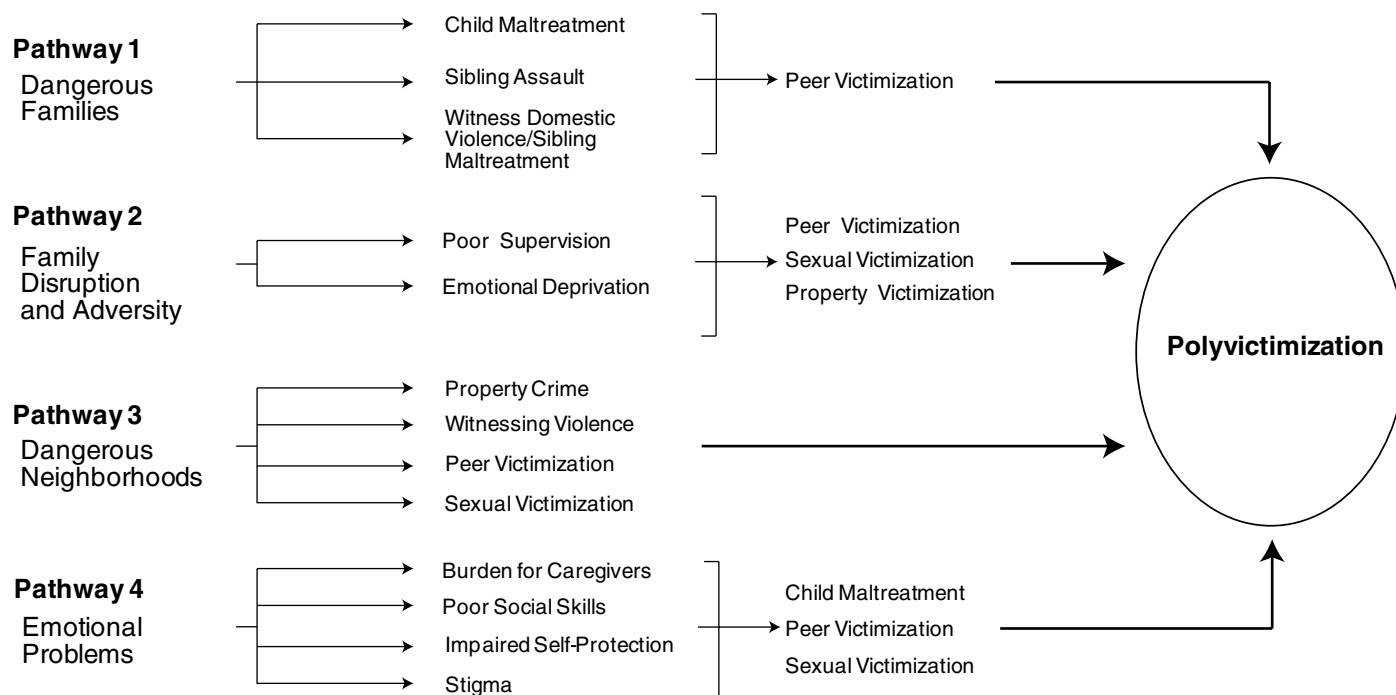
- ◆ **Treat underlying vulnerabilities.** Professionals who conduct interventions with polyvictims must recognize

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



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 an 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.

References

Acerno, R., Resnick, H., Kilpatrick, D.G., and Stark-Riemer, W. 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., Johnson, K., Bissada, A., Damon, L., Crouch, J., Gil, E., Hanson, R., and Ernst, V. 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., Blaustein, M., Spinazzola, J., and van der Kolk, B. 2003. *Complex Trauma in Children and Adolescents* (White Paper). Los Angeles, CA: National Child Traumatic Stress Network, Complex Trauma Task Force.

Dong, M., Anda, R.F., Felitti, V.J., Dube, S.R., Williamson, D.F., Thompson, T., Loo, C., and Giles, W.H. 2004. The interrelatedness of multiple forms of childhood abuse, neglect, and household dysfunction. *Child Abuse & Neglect* 28(7):771–784.

Finkelhor, D., Hamby, S.L., Ormrod, R.K., and Turner, H.A. 2005. The JVQ: Reliability, validity, and national norms. *Child Abuse & Neglect* 29(4):383–412.

Finkelhor, D., Ormrod, R.K., and Turner, H.A. 2007a. Poly-victimization: A neglected component in child victimization trauma. *Child Abuse & Neglect* 31:7–26.

Finkelhor, D., Ormrod, R.K., and Turner, H.A. 2007b. Poly-victimization and trauma in a national longitudinal cohort. *Development and Psychopathology* 19(1):149–166.

Finkelhor, D., Ormrod, R.K., and Turner, H.A. 2007c. Revictimization patterns in a national longitudinal sample of children and youth. *Child Abuse & Neglect* 31:479–502.

Finkelhor, D., Ormrod, R.K., and Turner, H.A. 2009. Lifetime assessment of poly-victimization in a national sample of children and youth. *Child Abuse & Neglect* 33:403–411.

Finkelhor, D., Ormrod, R.K., Turner, H.A., and Hamby, S.L. 2005a. Measuring poly-victimization using the JVQ. *Child Abuse & Neglect* 29(11):1297–1312.

Finkelhor, D., Ormrod, R.K., Turner, H.A., and Hamby, S.L. 2005b. The victimization of children and youth: A comprehensive, national survey. *Child Maltreatment* 10(1):5–25.

Finkelhor, D., Ormrod, R.K., Turner, H.A., and Holt, M.A. 2009. Pathways to poly-victimization. *Child Maltreatment* 14(4):316–329.

Finkelhor, D., Turner, H.A., Ormrod, R., and Hamby, S.L. 2009. Violence, abuse, and crime exposure in a national sample of children and youth. *Pediatrics* 124(5):1–13.

Finkelhor, D., Turner, H.A., Ormrod, R., Hamby, S.L., and Kracke, K. 2009. *Children's Exposure to Violence: A Comprehensive National Survey*. Bulletin. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Hamby, S.L., Finkelhor, D., Ormrod, R., and Turner, H. 2004. *The Juvenile Victimization Questionnaire (JVQ): Administration and Scoring Manual*. Durham, NH: Crimes Against Children Research Center.

Holt, M.K., Finkelhor, D., and Kaufman Kantor, G. 2007. Multiple victimization experiences of urban elementary school-students: Associations with psychosocial functioning and academic performance. *Child Abuse & Neglect* 31:503–515.

Lynch, M., and Cicchetti, D. 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., Hodges, E.V.E., and Egan, S.K. 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., Mathias, C.W., Marsh, D.M., Dougherty, D.M., and Liguori, A. 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 Cicchetti, D. 1998. Reactive aggression among maltreated children: The contributions of attention and emotion dysregulation. *Journal of Clinical Child and Adolescent Psychology* 27(4):381–395.

Tseloni, A., and Pease, K. 2003. Repeat personal victimization: 'Boosts' or 'flags'? *British Journal of Criminology* 43:196–212.

Turner, H.A., Finkelhor, D., and Ormrod, R. 2010. Poly-victimization in a national sample of children and youth. *American Journal of Preventive Medicine* 38(3): 323–330.

Acknowledgments

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This bulletin was prepared under cooperative agreement number 2005–JL–FX–0048 from the Office of Juvenile Justice and Delinquency Prevention (OJJDP), U.S. Department of Justice.

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Bulletin

NCJ 235504

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Important Features of Family Violence Incidents

In addition to annual incidence and lifetime prevalence estimates, NatSCEV also provides the first nationally representative data on certain characteristics of IPV exposure that have been of interest to those concerned about the problem.

Type of exposure. Many authors have pointed out that children can be exposed to IPV in multiple ways. Although as many as 10 different types of exposure have been identified (Holden, 2003), some of the most commonly mentioned include seeing and hearing violent acts, seeing injuries resulting from the violence, and being told about the violence. Usually these are arranged hierarchically. The most direct forms of exposure are seeing or direct eye-witnessing, which may also include lower levels of exposure such as hearing. Seeing the violence implies the child's presence, which may also put the child in danger, and is least subject to errors in interpretation. A child could also hear violence but not see it, for example, if the child is in another room in the house or apartment. This means the child was nearby during the assault, and so potentially in danger, but hearing is less likely to be accurate than seeing. For example, youth could mistakenly attribute violence heard on television to their parents, or, conversely, they might not hear an assault even though they are in the house or apartment where the assault occurs.

Youth can also become aware of violence after it occurs, for example, by seeing the victim's injuries afterwards. This type of exposure will usually be fairly contemporaneous with the assault because most injuries eventually heal. Finally, youth could be told about the assault after it occurs, even years after the incident. Several authors have suggested that these types of exposure other than direct eyewitness exposure make up a significant proportion of children's total exposure to family violence (Fantuzzo and Mohr, 1999; Holden, 2003); however, no nationally representative data on type of exposure have previously been collected.

Gender of perpetrator. There has been keen interest in gender patterns of IPV perpetration (Hamby, 2009), particularly whether women's participation in IPV deserves clinical and policy attention. Data from witnessed events are important both for examining gender patterns

in family violence and for characterizing children's experience of gender-related aggression. Studies that assess the gender of the perpetrator of witnessed IPV find that males perpetrate most family violence, but females also can be aggressors. In the DVS, males perpetrated 86 percent of the IPV incidents that were witnessed and 67 percent of the witnessed incidents of physical abuse of a sibling (Hamby, Ormrod, and Finkelhor, 2005). Straus found that one-half (50 percent) of youth exposed to family violence reported that only their fathers were violent, 31 percent reported that both parents were perpetrators, and 19 percent reported that only their mothers were perpetrators (Straus, 1992). NatSCEV provides an opportunity to explore this issue using a larger sample with more items and, as a result, generate more reliable estimates of gender patterns of family violence (see "Screening Questions: Exposure to Intimate Partner Violence and Other Family Violence," p. 9).

Reaction to incident. Finally, the nature of children's involvement in IPV episodes has been a topic of interest (Edleson, Shin, and Armendariz, 2008). The safety plans of many organizations recommend that parental victims of family violence teach their children how to seek help or get to safety during an attack (National Domestic Violence Hotline, 1998), but little information exists about how frequently they do this. One survey of police incidents revealed that 11 percent of calls to police were made by youth exposed to family violence (Fantuzzo et al., 1997). In a clinical sample, more than one-half of youth had yelled at their parents during a fight or tried to get away from the fighting (Edleson, Shin, and Armendariz, 2008). The current study includes an assessment of three responses: yelling, seeking help, and trying to get away.

Findings From the NatSCEV Study Regarding Children's Exposure to IPV and Other Family Violence

The purpose of this bulletin is to report the first comprehensive, nationally representative estimates of youth's exposure to IPV and other violence within the family. It presents information regarding types of exposure, the gender of the perpetrator, the relationship of the child witness to the perpetrator, and youth's reactions to

the incident. It then discusses the implications of the survey data for researchers, practitioners, and policymakers and makes policy recommendations, including better screening protocols for exposure to family violence, improved interventions for those exposed, increased coordination of services for adult and child victims of family violence, and more prevention and education programs to reduce family violence.

Percentages of Exposure to IPV and Other Family Violence

Table 1 shows the percentages of past-year and lifetime exposure to various forms of family violence for NatSCEV survey participants across both genders and four age groups: ages 0–5, 6–9, 10–13, and 14–17. The researchers looked at exposure to psychological violence between parents (threats and displaced aggression), physical violence between parents (including hitting or slapping or more serious violence, such as one parent kicking, choking, or beating up the other), and violence involving other family members (a parent hitting another child in the family or a grownup or teen in the family assaulting another family member). The researchers then aggregated the data to determine total past-year and lifetime percentages for exposure to psychological/emotional IPV between parents, physical IPV between parents, and any exposure to family violence.

Past-year exposure percentages. Approximately 1 in 15 youth, or 6.6 percent, had been exposed to some form of physical assault between their parents in the past year. A roughly equivalent percentage, 5.7 percent, was exposed to psychological/emotional IPV (verbal threats, punching walls, and throwing, breaking, or destroying household items) in the past year. If exposure to other forms of family violence is included, such as parental assaults on other children or assaults between teen or adult relatives in the household, then one in nine youth (11.1 percent) were exposed to physical or psychological violence in the family during the previous year. Not surprisingly, the most severe violence (one parent kicking, choking, or beating up the other) had the lowest exposure percentage (1.3 percent), while displaced aggression, including seeing a parent break something, punch a wall, or throw things, was reported most often (4.9 percent).

Table 1. Nationally Representative Percentages of Exposure to Family Violence and Abuse: Past-Year and Lifetime Percentages for Total Sample and by Youth Gender and Age

Item	Total	Gender of Youth		Age of Youth			
		Male	Female	0–5	6–9	10–13	14–17
	4,549	2,331	2,219	1,458	1,041	1,037	1,014
Exposure to Intimate Partner Violence (interparental)							
1. Verbal threat							
Past-Year	2.0	2.0	2.0	2.5	2.0	1.1	2.2
Lifetime	6.4	6.4	6.4	5.4	7.6	2.7	10.5***
2. Displaced aggression (broke something, punched wall, or threw things)							
Past-Year	4.9	4.8	5.0	6.7	3.8	2.3	6.2***
Lifetime	15.2	14.2	16.1	11.5	13.7	11.5	25.5***
3. Eyewitness to assault of parent							
Past-Year	2.6	2.4	2.9	3.2	1.6	2.3	3.2
Lifetime	11.7	11.2	12.3	7.1	10.0	11.4	20.6***
4. Pushed							
Past-Year	3.9	3.7	4.0	5.1	2.9	3.4	3.7*
Lifetime	13.7	13.2	14.2	10.5	12.9	11.0	22.0***
5. Hit or slapped							
Past-Year	2.4	2.1	2.6	3.6	1.4	1.9	2.1**
Lifetime	10.1	9.9	10.4	8.2	10.5	8.0	14.7***
6. Severe physical (kicked, choked, or beat up)							
Past-Year	1.3	1.2	1.4	1.6	0.8	1.4	1.2
Lifetime	5.3	5.2	5.5	4.6	5.7	4.0	7.3**
Exposure to Other Family Violence							
7. Parental assault of sibling							
Past-Year	1.8	1.7	1.9	1.6	0.9	2.1	2.9**
Lifetime	4.6	4.9	4.3	2.5	2.4	4.4	10.3***
8. Other family violence (Grownup or teen pushed, hit, or beat up another relative)							
Past-Year	3.4	3.1	3.7	3.0	2.3	2.6	5.9***
Lifetime	7.8	7.4	8.3	4.5	6.9	5.7	15.8***
Aggregate Percentages							
Any exposure to psychological/emotional IPV (1 and 2 above)							
Past-Year	5.7	5.5	6.5	6.5	5.2	3.9	7.7**
Lifetime	16.0	14.7	17.4 [†]	11.8	15.6	11.8	25.4***
Any exposure to physical IPV (3, 4, 5, and 6 above)							
Past-Year	6.6	6.3	7.6	6.6	5.6	7.9	7.8
Lifetime	17.9	16.9	19.0 [†]	11.9	15.5	17.9	27.7***
Any exposure to any family violence (1 through 8 above)							
Past-Year	11.1	10.5	11.7	10.2	9.0	11.4	13.8**
Lifetime	25.6	24.8	26.4	17.2	22.8	24.0	40.3***

Note: Weighted *n*; detail may not add to total due to rounding. Age differences are significant for **p* < .05; ***p* < .01; ****p* < .001. Gender differences are significant for [†]*p* < .05.

IPV = Intimate partner violence.

Methodology

The National Survey of Children's Exposure to Violence (NatSCEV) was conducted between January and May 2008. Researchers conducted interviews about the experiences of a nationally representative sample of 4,549 children and adolescents age 17 and younger. They interviewed by telephone youth ages 10 to 17 and adult caregivers of children age 9 and younger. Evidence shows that because telephone interviews afford greater anonymity and privacy than in-person interviews, they can 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). The interview and analysis sample ($n = 4,549$) consisted of two groups: a nationally representative sample of telephone numbers within the contiguous United States ($n = 3,053$) and an oversample of telephone exchanges with 70 percent or greater African American, Hispanic, or low-income households to ensure a proportion of minority and low-income households large enough for subgroup analysis. Both groups were sampled through random-digit dialing. The cooperation rate for the first group was 71 percent and the response rate was 54 percent. The oversample had somewhat lower cooperation (63 percent) and response rates (43 percent). A nonresponse analysis conducted on households that could not be contacted or that declined to participate indicated that the risk of victimization for those households did not differ systematically from the risk for households that took part in the survey. An adult, usually a parent, provided demographic information for each participating household, including race/ethnicity (one of four categories: white, non-Hispanic; black, non-Hispanic; other race, non-Hispanic; and Hispanic, any race) and household income. The child in the household with the most recent birthday was then selected to be surveyed. Interviewers spoke directly with children age 10 and older; for children age 9 and younger, the parent or other adult caregiver "most familiar with the child's daily routine and experience" was interviewed. Comparison of a number of indicators, including reports of child maltreatment or neglect and violence by family members, found no evidence that caregivers who answered for younger children failed to report neglect or violence that was occurring in the family. Comparison of proxy and self-reports using this instrument also found little evidence of reporter bias (Finkelhor et al., 2005; Finkelhor, Turner, Ormrod, and Hamby, 2009). Past studies have similarly found that caregivers are at least as likely as youth to disclose incidents of family violence (Grych, 1998; Jouriles and Norwood, 1995). Interviews averaged about 45 minutes in length and were conducted in both English and Spanish. Approximately 279 caregiver interviews were conducted in Spanish; almost all interviews with children and adolescents age 10 and older were in English.

Survey Assessment of Exposure to Family Violence

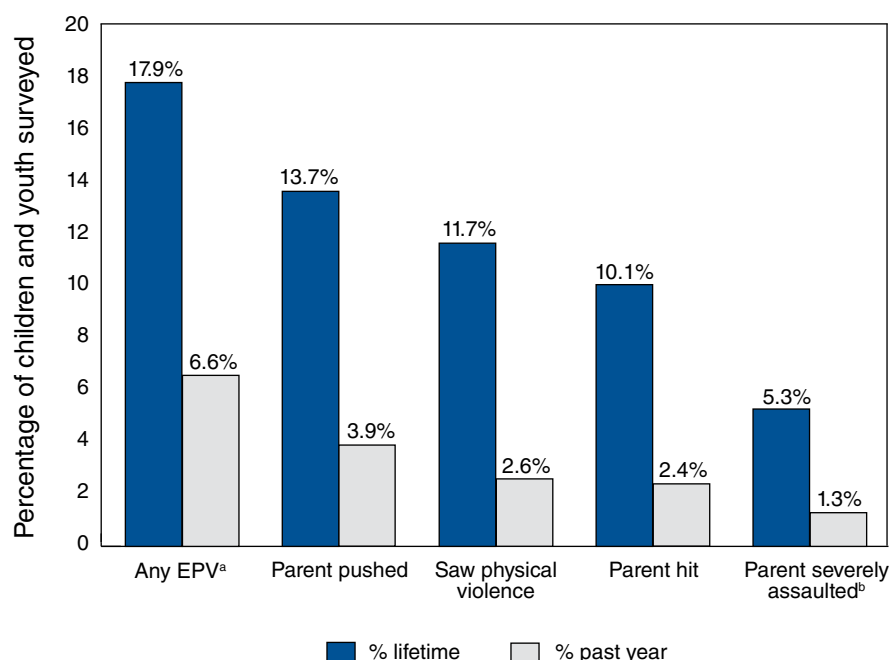
To determine rates of exposure to family violence, eight types of victimization were assessed: seeing, hearing, or otherwise learning of a parent being assaulted by a spouse, domestic partner, or boyfriend or girlfriend; seeing, hearing, or otherwise learning of a threat by one parent to assault the other; seeing, hearing, or otherwise learning of a threat by one parent to damage the other parent's property; seeing, hearing, or otherwise learning of one parent pushing the other; seeing, hearing, or otherwise learning of one parent hitting or slapping the other; seeing, hearing, or otherwise learning of one parent kicking, choking, or beating up the other; seeing a brother or sister assaulted by a parent; and witnessing an assault by another adult household member against a child or adult in the household. The researchers collected data on past-year and lifetime exposure to each of these types of family violence and categorized them by gender and age group. They then aggregated that data to create total scores for any exposure to emotional/psychological intimate partner violence (IPV), physical IPV, and any exposure to family violence.

In addition, the researchers asked followup questions relating to how the survey participants were exposed to family violence (whether they saw the incident, heard the incident, saw injuries resulting from the incident, or heard about the incident after it occurred); who perpetrated the violence (including the gender of the perpetrator and the perpetrator's relationship to the child surveyed); and the child's reaction to the violent incident (including yelling at the perpetrator to stop, trying to get help, and hiding or leaving the scene). For more detailed information on individual questions, see "Screening Questions: Exposure to Intimate Partner Violence and Other Family Violence," p. 9.

Limitations

The survey methodology has several limitations that may cause it to understate children's actual exposure to violence. First, because the survey required the cooperation of the family, it ran the risk of missing those children who were most vulnerable to being exposed either to violence in general or to specific types of violence. Second, parents or caregivers who answer for younger children may not know about all of a child's exposure to violence or may underreport or minimize certain types of victimization. Third, the screening and followup questions may miss some episodes of victimization and incorrectly classify others. Fourth, children may not recall some exposure to violence, particularly less serious exposure, or may not accurately recall the timing of their exposure (i.e., whether or not the exposure occurred within the past year). The researchers note that although this survey, to their knowledge, includes the most questions ever asked about exposure to family violence in a nationally representative sample, these rates may not be comparable to rates obtained using longer questionnaires such as the Conflict Tactics Scales (Straus et al., 1996). Because of time limitations, the researchers collected incident data on only the most recent incident for each form of family violence. Despite these limitations, NatSCEV provides the most detailed and comprehensive data available on children's exposure to violence.

Figure 1. Exposure to Physical Intimate Partner Violence



EPV = Exposure to physical violence.

^a Any EPV included any exposure to physical violence between intimate partners, including seeing, hearing, being told of the violence, or seeing the resulting injuries.

^b Severe assault included one partner kicking, choking, or beating up the other.

Lifetime exposure percentages. Lifetime percentages were higher, reflecting the longer period of possible exposure. The lifetime percentage was 17.9 percent for exposure to physical IPV alone. Lifetime and past-year percentages for exposure to different types of physical IPV can be compared in figure 1.

If, in addition to IPV exposure, parental assault of a sibling and violence between other teens and adults in the household are included, then lifetime exposure to physical or psychological violence within the family rises to 25.6 percent. As figure 2 shows, children are exposed to significant amounts of family violence other than IPV. A focus solely on IPV misses a substantial amount of the violence to which children are exposed.

These non-IPV incidents also were not infrequent. Among exposed youth, the mean number of lifetime exposures, aggregated across all screening questions, was 10.75 incidents (standard deviation = 21.22), and the median was 3 incidents.

Child age and gender. Age of youth was strongly associated with exposure to family violence. It is natural that this would be true for lifetime rates, as older age means longer exposure. If one looks only at the oldest group of children (ages 14–17), who have lived through most of their exposure period, 40.3 percent reported exposure to at least one form of family violence over their lifetimes, and 27.7 percent reported exposure to physical IPV.

Notably, however, there were also age-related patterns for past-year rates. Older youth (ages 14–17) had higher exposure rates for several forms of violence, particularly exposure to assaults on siblings and other (non-IPV) family violence. However, there were no significant differences by age in past-year exposure to physical IPV. Analyses by gender indicated that girls were somewhat more likely to report exposure to psychological and physical IPV over their lifetimes (see table 1, p. 4).

Types of Children's Exposure to Family Violence

Severity of exposure to family violence.

These are the first national data to characterize how children are typically exposed to violence in the family, and they show that most children who were exposed to family violence (IPV in particular) were eyewitnesses. The study assessed four different types of exposure in a hierarchical fashion from most to least direct: eyewitnessing or seeing the violence, hearing but not seeing it, seeing injuries afterwards but not seeing or hearing the actual assault, and being told about the violence without any of the above. The most immediate type of exposure, eyewitnessing, was by far the most common, accounting for 65 to 86 percent of all exposure. Other types of exposure nonetheless add significantly to the total, especially hearing but not seeing the violence.

Within this general pattern, however, there was some variation. Psychological aggression was more likely to be heard and not seen than physical aggression. Over their lifetimes, being told about family violence comprises a larger percentage of exposure (9.4 to 16.2 percent) for older youth (ages 10–17) than for younger children (4 to 7.6 percent for children ages 1 month to 9 years). Specifically, older children were more likely to be exposed to the following types of family violence by being told about them: exposure to verbal threats, displaced aggression, a family member being pushed, and a family member being hit or slapped. This same pattern was observed in past-year data; however, because of the smaller number of cases, it achieved significance only for displaced aggression. Youth's gender had no effect on the type of exposure.

Multiple types of exposure to family violence and eyewitnessing of family violence. Some youth may experience multiple types of exposure to family violence. For example, a youth could hear one act of violence (such as a verbal threat) and see another act (such as a slap). Although this youth would be coded at the "heard" level for verbal threat, he or she is also an eyewitness of IPV. To account for this, the researchers calculated lifetime percentages for eyewitnessing—the most direct exposure among those who reported exposure to a particular type of family violence: 72.7 percent of those exposed to psychological/emotional IPV were eyewitnesses, 90.1 percent of those exposed to physical IPV were eyewitnesses, and 87.1 percent of

those exposed to other types of family violence were eyewitnesses. When youth are exposed to family violence, they usually witness at least some assaults. Nine out of ten children who were exposed to physical IPV in their lifetimes were eyewitnesses (see figure 3).

Identification of Perpetrators of Family Violence

Violence by intimate partners. Survey respondents were asked to identify the perpetrator's gender and relationship to the youth. Lifetime data are presented, as the patterns are very similar to past-year data and these include all available incidents. The report of gender was relatively straightforward. Modern family relationships, however, proved to be somewhat complex. Open-ended descriptions of perpetrators have been combined into four broad categories: "father," "mother," "other males," and "other females" (see figure 4).² "Father" and "mother" include biological parents, adoptive parents, stepparents, foster parents, and cohabiting partners of any parents. The "other" categories include noncohabiting partners, caregiving relatives (e.g., grandparents), and occasional mentions of others in caregiving or parental roles, broadly construed, such as "godfather" or "foster mother's ex-husband" (to give specific examples). It is important to capture incidents involving all of these people to understand the true extent of children's exposure to family violence.

Males were identified as perpetrators in 78 percent of IPV incidents (with a range of 72 to 88 percent across different forms of IPV). The most severe violence (kicking, choking, or beating) had the highest percentage of male perpetrators (88 percent). Of specific perpetrator categories, fathers were the most commonly reported perpetrators, accounting for 61 to 71 percent of incidents involving males. The single largest category within "other males" was noncohabiting boyfriends of mothers, accounting for 45 to 76 percent of other males. The single largest category within "other females" was caregiving relatives such as grandmothers and aunts, accounting for 29 to 51 percent of other female perpetrators, although it should be noted that these were fairly rare reports—all other females together only accounted for about 5 percent of incidents.

Figure 2. Percentages of Youth Exposed to Assault by Other Household Members

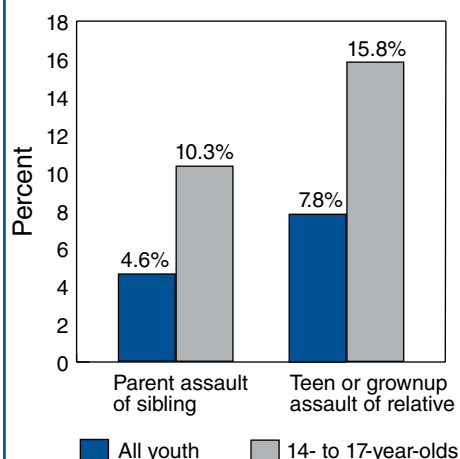
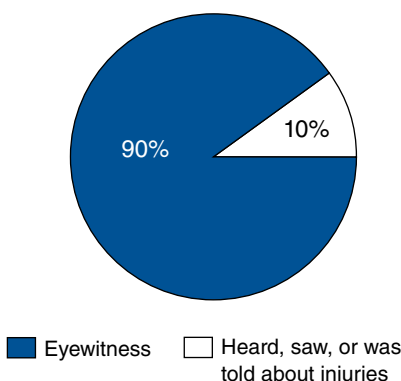


Figure 3. Percentages of Various Types of Exposure to Physical IPV



Aggregated perpetrator patterns for IPV incidents. A youth could be exposed to both male and female IPV perpetrators. For example, a youth might hear his or her father threaten his girlfriend and see his or her mother slap her ex-husband. This turned out to be infrequent, however. Of all youth exposed to IPV, most (68.8 percent) encountered only male IPV perpetrators. The next largest group (22.6 percent) consisted of those who described only female perpetrators, and few (8.6 percent) reported exposures to both male and female IPV perpetrators (see figure 5). In another indicator showing that both genders were seldom identified as perpetrators, the open-ended response of "both

Figure 4. Perpetrators of Family Violence in Front of Children

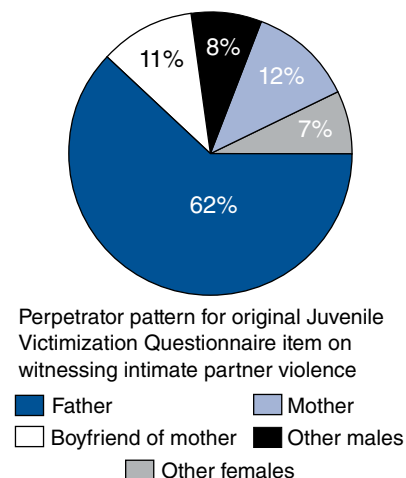
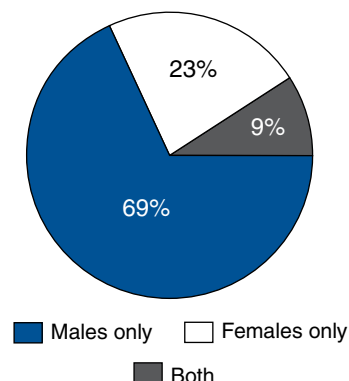


Figure 5. Perpetrator Patterns by Gender Across All IPV Incidents



parents" was recorded only nine times, or in less than 1 percent of IPV incidents.

Perpetrators of other family violence. Fathers were again the most common perpetrators when a child witnessed the parental assault of a sibling, but the rate for mothers was somewhat higher than for IPV exposure. For other family violence that did not involve one parent's violence against the other parent or a sibling of the study participant, the largest proportion of the perpetrators were adolescent brothers, accounting for 56 percent of "other males" and 24 percent of the total. Fathers comprised a substantial portion of perpetrators (23 percent), mothers comprised

10 percent, and all other females comprised 24 percent.

These findings align with most criminological data on IPV (Hamby, 2009; Snyder and McCurley, 2008) and are consistent with the “moderate asymmetry hypothesis” (Hamby, 2009), which indicates that males perpetrate most IPV and females perpetrate a substantial minority. It is also possible that youth are not true independent observers but are identifying the primary aggressor in ways that are influenced by the judgments of people calling the police or police officers making arrests (Snyder and McCurley, 2008). These findings nonetheless indicate how important it is to understand exposure to family violence from the child’s perspective. Some children have many “parents”—biological parents, stepparents, adoptive parents, foster parents, and other caregivers—and it is clear that they are being exposed to violence perpetrated by a wide variety of caregivers and family members.

Children’s Reactions to Family Violence

The information from the survey on children’s reactions to violence by one parent against another indicates that large numbers were not simply passive observers, as shown in figure 6. Almost one-half of the youth surveyed reported yelling to try to stop the violence or trying to get away from the violence: 49.9 percent of exposed youth had yelled at their parents to stop at least once, and 43.9 percent had tried to get away at least once (the range across individual IPV items was 34.2 to 65.7 percent for yelling at parents to stop and 36 to 47.5 percent for trying to get away). Calling for help was less prevalent but still fairly common at 23.6 percent or almost one in four youth (it ranged from 16.6 to 26.2 percent across individual forms of IPV).

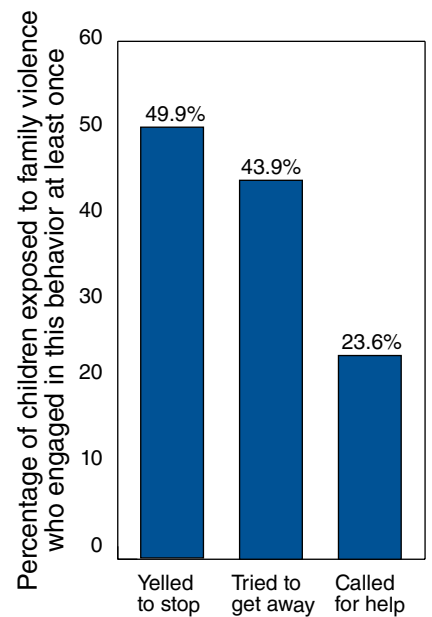
Very similar reactions were also found to parental assaults of a sibling (49.3 percent yelled at the parent to stop, 41.6 percent tried to get away from the fighting, and 20.2 percent called for help) and violence between other household teens and adults (48.9 percent yelled, 30.3 percent tried to get away, and 26.1 percent called for help). These findings support clinical reports that children often yell at the perpetrators, try to get away, and call for help in response to family violence (Edleson, Shin, and Armendariz, 2008).

Comparison of NatSCEV Findings With Previous Estimates of Exposure to Family Violence

Exposure to family violence was common in this nationally representative sample of youth, with 1 in 9 (11 percent) reporting any exposure in the past year and 1 in 15 (6.6 percent) reporting exposure to physical violence between their parents (see table 1, p. 4). Extended to the entire U.S. youth population, this yields an estimate of approximately 8.2 million children and youth who were exposed to family violence in the past year alone. Lifetime exposures were even higher, already reaching 1 in 4 youth even in this fairly young sample, or 18.8 million children extrapolated to the population as a whole. Most of these exposures involved direct eyewitnessing (90 percent for IPV; 76 percent for other family violence). Approximately half of the youth yelled at their parents during a violent episode between the parents or tried to get away; nearly a quarter had called for help at least once (see figure 6).

The addition of more detailed questions in NatSCEV (see “Screening Questions: Exposure to Intimate Partner Violence and Other Family Violence,” p. 9) resulted in estimates that are more than double the estimates from the earlier DVS survey (Finkelhor et al., 2005). The NatSCEV survey’s 1-year point estimate is somewhat lower than that provided by McDonald and colleagues (2006), although the total lifetime estimates are considerably higher than those produced by other national surveys (Straus, 1992; Zinzow et al., 2009). Methodological factors probably account for these differences. McDonald and colleagues’ (2006) analysis assumed that if IPV occurred in a household with children, the children were necessarily exposed to that violence, which would be unlikely given the private nature of some violence. The NatSCEV survey’s higher lifetime estimates, compared to those of Straus (1992) and Zinzow and colleagues (2009), are probably due to assessing a wider array of violent acts and including more forms of possible exposure.

Figure 6. Children’s Immediate Responses to Violence Against Parents



Implications for Policymakers, Researchers, and Practitioners

These comprehensive national estimates about children exposed to IPV and other family violence have several important ramifications. First, they provide a new, more scientifically grounded basis on which education, advocacy, and public policy can be advanced with authority and urgency. Second, they provide a baseline estimate using a sound and replicable methodology to monitor trends as professionals and policymakers attempt to reduce the toll of exposure to family violence. Third, they move the field toward a more systematic understanding of all types of exposure to IPV and other family violence.

Based on the epidemiology of exposure to family violence reflected in this research, several major public policy initiatives deserve consideration. These include:

- Better protocols to screen for children exposed to IPV and other family violence that can be used in many settings, including health care, education, mental health, family services, and the criminal justice system.

Screening Questions: Exposure to Intimate Partner Violence and Other Family Violence

The National Survey of Children's Exposure to Violence (NatSCEV) used an enhanced version of the Juvenile Victimization Questionnaire (JVQ) (referred to as the JVQ-R1), an inventory that covers five general areas of youth victimization: conventional crime, maltreatment, victimization by peers and siblings, sexual victimization, and witnessing and indirect victimization (Finkelhor et al., 2005; Hamby, Ormrod, and Finkelhor, 2005). The original JVQ had two items on witnessing family violence; NatSCEV asked six more questions on the topic. The directions to the additional questions read, "The next set of questions are about people who have taken care of you [or 'your child,' substituted throughout]—that would include your parents, stepparents, and your 'parents' boyfriends or girlfriends, whether you lived with them or not. It would also include other grownups, like grandparents or foster parents if they took care of you on a regular basis. When we say 'parent' in these next questions, we mean any of these people."** If respondents reported family perpetrators and victims in response to other more general screeners, these episodes were also included in the rates.

Questions Regarding Types of Exposure

In the six new NatSCEV items regarding exposure to family violence, respondents were asked, "How did you know it happened?" The response options were: "Did you see it?"; "Did you hear it, but not see it?"; "Did you not see or hear it, but see the person's bruise or injury?"; and "Did you not see or hear anything, but someone told you?" Additional incident data were collected only for the first three types of exposure. Respondents were directed to describe the most recent episode of family violence that they saw, heard, or saw a resulting injury from.

Questions Regarding Perpetrator Identity

Respondents were asked, "Who did this?" Interviewers coded respondents' open-ended answers into several categories, including father, mother, sibling, other relative who lives with the youth, other relative who does not live with the youth, a parent's boyfriend or girlfriend, and other grownup. "Father" and "mother" included biological parents, adoptive parents, stepparents, and cohabiting partners of a parent. Responses that the interviewers could not categorize were recorded verbatim and coded later.

Fathers were recorded as males, mothers as females. If the perpetrator's gender was not clear, respondents were asked, "Was this a man, woman, boy, or girl?"

Questions Regarding Reactions to Incidents of Family Violence

Three questions based on the Child Exposure to Domestic Violence scale (Edleson, Shin, and Armendariz, 2008) were asked: "When this happened, did you yell at them to stop?"; "When this happened, did you call someone else for help, like calling someone on the phone or going next door?"; and "When this happened, did you try to get away from the fighting by hiding or leaving the house?" The last two questions were asked only about youth age 2 and older. These questions were asked only of respondents who first described these incidents during the family violence portion of the interview (not if the episode was disclosed in response to one of the more general screening questions).

* For the exact wording of the questions, see Finkelhor, Turner, Ormrod, and Hamby, 2009.

school-based education, parenting education, and public awareness campaigns.

These new findings offer some guidance on issues that these protocols and programs should address. Perhaps most importantly, protocols and programs need to recognize that exposure to violence occurs in a wide array of family relationships. In today's society, many children have more than two parents, and assessments should be sure to document exposures to noncustodial parents, stepparents, boyfriends or girlfriends of parents, and other in-home caregivers (such as grandparents). Likewise, NatSCEV provides the strongest available data so far to indicate that children are witnessing violence between other family members, and this exposure should also be addressed. Evidence showing that nearly all exposed children are direct eyewitnesses to at least some violence in the home provides new urgency to longstanding calls to continue working on model protocols and programs.

Endnotes

1. The DVS, a precursor to NatSCEV, asked a nationally representative sample of 2,030 children ages 10 to 17 and caregivers of children ages 2 to 9 about their past-year exposure to crime and violence in five categories: conventional crime, child maltreatment, peer and sibling victimization, sexual assault, and witnessing and indirect victimization. The DVS was the first national survey to estimate the incidence of witnessing physical abuse (Finkelhor et al., 2005; Kracke and Hahn, 2008).

2. Because mothers' noncohabiting boyfriends constitute such a large proportion of perpetrators of IPV that children are exposed to (11 percent, versus 8 percent for all other males in the "other males" category), they are broken out into a separate category in figure 4.

References

- Acierno, R., Resnick, H., Kilpatrick, D.G., and Stark-Riemer, W. 2003. Assessing elder victimization—Demonstration of a methodology. *Social Psychiatry and Psychiatric Epidemiology* 38(11):644–653.
- Association for the Study and Development of Community. 2005. *National Evaluation of the Safe Start Demonstration Project, January Through December 2004, Volume 1: Cross-Site Process Evaluation*. Gaithersburg,

- Improved interventions to assist exposed children, particularly those who have been exposed to the most severe forms of violence or who experience chronic exposure to violence. These interventions could include safety planning that is targeted at children's safety, and evidence-based therapeutic programs to help children cope with their exposure (Graham-Bermann et al., 2007).
- Increased efforts to coordinate services between adult and child victims and witnesses, such as those advocated by the Greenbook and Safe Start Initiatives (Association for the Study and Development of Community, 2005; Schechter and Edleson, 1999).
- Prevention programs to reduce the amount of family violence to which children are exposed, through



MD: Association for the Study and Development of Community.

Bolen, R.M., and Scannapieco, M. 1999. Prevalence of child sexual abuse: A corrective meta-analysis. *Social Services Review* 73(3):281–313.

Edleson, J.L., Shin, N., and Armendariz, K. 2008. Measuring children's exposure to domestic violence: The development and testing of the Child Exposure to Domestic Violence (CEDV) Scale. *Children and Youth Services Review* 30:502–521.

Fantuzzo, J., Boruch, R., Beriama, A., Atkins, M., and Marcus, S. 1997. Domestic violence and children: Prevalence and risk factors in five major U.S. cities. *Journal of the American Academy of Child and Adolescent Psychiatry* 36(1):116–122.

Fantuzzo, J., and Mohr, W.K. 1999. Prevalence and effects of child exposure to domestic violence. *The Future of Children* 9(3):21–32.

Finkelhor, D., Turner, H., Ormrod, R., and Hamby, S.L. 2005. The victimization of children and youth: A comprehensive, national survey. *Child Maltreatment* 10(1):5–25.

Finkelhor, D., Turner, H.A., Ormrod, R.K., and Hamby, S.L. 2009. Violence, crime, and exposure in a national sample of children and youth. *Pediatrics* 124(5):1411–1423.

Finkelhor, D., Turner, H., Ormrod, R., Hamby, S., and Kracke, K. 2009. *Children's Exposure to Violence: A Comprehensive National Survey*. Washington, DC: U.S. Department of Justice, Office of Justice

Programs, Office of Juvenile Justice and Delinquency Prevention.

Graham-Bermann, S.A., Lynch, S., Banyard, V., DeVoe, E.R., and Halabu, H. 2007. Community-based intervention for children exposed to intimate partner violence: An efficacy trial. *Journal of Consulting and Clinical Psychology* 75(2):199–209.

Grych, J.H. 1998. Children's appraisals of interparental conflict: Situational and contextual influences. *Journal of Family Psychology* 12:437–453.

Hamby, S.L. 2009. The gender debate on intimate partner violence: Solutions and dead ends. *Psychological Trauma* 1(1):24–34.

Hamby, S.L., Ormrod, R., and Finkelhor, D. 2005. Victim gender, perpetrator gender and victim-offender relationship in a nationally representative study of youth victimization. Paper presented at the Ninth International Family Violence Research Conference, Portsmouth, NH, July 10–13.

Holden, G.W. 2003. Children exposed to domestic violence and child abuse: Terminology and taxonomy. *Clinical Child and Family Psychology Review* 6(3):151–160.

Hutchison, I.W., and Hirschel, J.D. 2001. The effects of children's presence on women abuse. *Violence and Victims* 16(1):3–17.

Jaffe, P.G., Crooks, C.V., and Wolfe, D.A. 2003. Legal and policy responses to children exposed to domestic violence: The need to evaluate intended and unintended consequences. *Clinical Child and Family Psychology Review* 6(3):205–219.

Jouriles, E.N., and Norwood, W.D. 1995. Physical aggression toward boys and girls in families characterized by the battering of women. *Journal of Family Psychology* 9:69–78.

Kitzmann, K.M., Gaylord, N., Holt, A., and Kenny, E. 2003. Child witnesses to domestic violence: A meta-analytic review. *Journal of Consulting and Clinical Psychology* 71(2):339–352.

Kracke, K., and Hahn, H. 2008. The nature and extent of childhood exposure to violence: What we know, why we don't know more, and why it matters. *Journal of Emotional Abuse* 8(1/2):29–49.

Lang, J.M., and Stover, C.S. 2008. Symptom patterns of youth exposed to intimate partner violence. *Journal of Family Violence* 23:619–629.

McDonald, R., Jouriles, E.N., Ramisetty-Mikler, S., Caetano, R., and Green, C.E. 2006. Estimating the number of children living in partner-violent families. *Journal of Family Psychology* 20(1):137–142.

Murrell, A.R., Merwin, R.M., Christoff, K.A., and Henning, K.R. 2005. When parents model violence: The relationship between witnessing weapon use as a child and later use as an adult. *Behavior and Social Issues* 14:128–133.

National Domestic Violence Hotline. 1998. Safety planning. Available online at: www.thehotline.org/get-help/safety-planning.

Nixon, K.L., Tutty, L.M., Weaver-Dunlop, G., and Walsh, C.A. 2007. Do good intentions beget good policy? A review of child protection policies to address intimate partner violence. *Children and Youth Services Review* 29:1469–1486.

Schechter, S., and Edleson, J.L. 1999. *Effective Intervention in Domestic Violence and Child Maltreatment: Guidelines for Policy and Practice*. Reno, NV: National Council of Juvenile and Family Court Judges.

Shannon, E.E., Mathias, C.W., Marsh, D.M., Dougherty, D.M., and Liguori, A. 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.

Snyder, H.N., and McCurley, C. 2008. *Domestic Assaults by Juvenile Offenders*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Straus, M.A. 1992. Children as witness to marital violence: A risk factor for lifelong problems among a nationally representative sample of American men and women. In *Children and Violence: Report of the Twenty-Third Ross Roundtable on Critical Approaches to Common Pediatric Problems*, edited by D.F. Schwarz. Columbus, OH: Ross Laboratories, pp. 98–104.

Straus, M.A., and Gelles, R.J. 1990. *Physical Violence in American Families: Risk Factors and Adaptations to Violence in 8,145 Families*. New Brunswick, NJ: Transaction Publishers.

Straus, M.A., Hamby, S.L., Boney-McCoy, S., and Sugarman, D.B. 1996. The Revised

Conflict Tactics Scales (CTS2). *Journal of Family Issues* 17:283–316.

Tjaden, P., and Thoennes, N. 1998. *Prevalence, Incidence, and Consequences of Violence Against Women: Findings from the National Violence Against Women Survey*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.

Wolfe, D.A., Crooks, C.V., Lee, V., McIntyre-Smith, A., and Jaffe, P.G. 2003. The effects of children's exposure to domestic violence: A meta-analysis and critique. *Clinical Child and Family Psychology Review* 6(3):171–187.

Zinzow, H.M., Ruggiero, K.J., Resnick, H., Hanson, R., Smith, D., Saunders, B., and

Kilpatrick, D. 2009. Prevalence and mental health correlates of witnessed parental and community violence in a national sample of adolescents. *Journal of Child Psychology and Psychiatry* 50(4):441–450.

For Further Information

To learn more about the Safe Start Initiative, visit www.safestartcenter.org.

For more information about the National Survey of Children's Exposure to Violence, visit the Crimes Against Children Research Center Web site at www.unh.edu/ccrc. Detailed supplementary tables of the rates reported here can be obtained by contacting Sherry Hamby at sherry.hamby@sewanee.edu.

Acknowledgments

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This bulletin was prepared under cooperative agreement number 2005–JL–FX–0048 from the Office of Juvenile Justice and Delinquency Prevention (OJJDP), U.S. Department of Justice.

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NATIONAL SURVEY OF

Children's Exposure to Violence



Jeff Slowikowski, Acting Administrator

October 2011

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Questions and Answers About the National Survey of Children's Exposure to Violence

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David Finkelhor, Heather Turner, and Sherry Hamby

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 part of this initiative and with the support of the Centers for Disease Control and Prevention (CDC), OJJDP launched the National Survey of Children's Exposure to Violence (NatSCEV) to document the full extent of children's exposure to violence. The Crimes Against Children Research Center of the University of New Hampshire designed and conducted the survey between January and May 2008. NatSCEV is the first nationwide study to examine comprehensively the extent and nature of children's exposure to violence across all ages and settings. The following questions and answers introduce the study and its findings. For a more detailed overview of NatSCEV, see the OJJDP bulletin, *Children's Exposure to Violence: A Comprehensive National Survey*, available online at www.ncjrs.gov/pdffiles1/ojjdp/227744.pdf.

What is the objective of NatSCEV?

The survey provides comprehensive estimates of children's exposure to a wide variety of violence, crime, and abuse, including child maltreatment, bullying, community violence, domestic violence, and sexual victimization.

What are the key features of NatSCEV?

NatSCEV bases its estimates on a large, nationally representative sample of more than 4,500 children ages 17 and younger, including interviews of caregivers of children ages 9 and

younger and children age 10 and older about 45 different kinds of violence, abuse, and victimization in the past year and over the course of their lifetime.

What new information does NatSCEV provide about children's exposure to violence?

For the first time, NatSCEV provides information on the overall scope of children's exposure to violence nationwide, both past-year and lifetime, across all ages from birth through age 17. Aggregating all of the direct and indirect exposures to different types of violence assessed in the study, it found that more than three in five children (61 percent) had at least some exposure to violence, crime, or abuse, direct or witnessed, during the previous year. As discussed below, however, this number includes many forms of exposure to violence, including indirect exposure (e.g., seeing an assault in the home or a shooting in the neighborhood) and psychological or emotional violence (e.g., neglect or bullying), that are not counted in more traditional measures of violence.

In addition, NatSCEV provides estimates of various kinds of childhood exposure to violence that were not available before. Researchers learned that nearly 1 in 10 children witnessed an assault in their family over the course of a year and that 1 in 10 had a violence-related injury in the past year. In addition, 6 percent of children and youth were victimized sexually in the past year, and 10 percent were maltreated by a caregiver in the past year.



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Find out more about OJJDP's Safe Start Initiative at safestartcenter.org.

What does the survey say about changes in exposure to violence as children grow up?

NatSCEV provides estimates of exposure to violence across the whole span of childhood. As figure 1 shows, children are exposed to high levels of physical assault and, to a somewhat lesser extent, property victimization even before their teens. By contrast, sexual assault victimization is relatively less common for younger children and increases as they grow up. Witnessing and indirect exposure to violence also rise sharply as children grow older. Nearly one-half of youth ages 14–17 witnessed violence in the previous year, and one-quarter of those youth were indirect victims of violence in the previous year (Finkelhor, Turner, Ormrod, and Hamby, 2009).

What happens when children are exposed to more violence and more kinds of violence?

The study reveals how many children are exposed to multiple kinds of victimization even in a short timespan. Eleven percent of children had five or more different kinds of victimization exposure in a single year. These are the children (called “poly-victims”) whose victimization is most associated with other adversities and mental health problems. Another bulletin in the NatSCEV series that discusses multiple exposures to violence describes the plight of these children more extensively.

The survey findings make it clear that when children are exposed to one form of violence, they are at increased risk for other kinds of violent victimization. For example, a child who was physically assaulted in the past year would be five times as likely to also be sexually assaulted in the same year.

In addition, though all exposures increase the risk of problems, children who are exposed to multiple types of violence, crime, and abuse have been found to suffer from particularly elevated levels of anxiety and depression, and aggression and conduct problems. They are prone to dating violence, delinquency,

further victimization, and involvement with the child welfare and juvenile justice systems. Moreover, being repeatedly exposed to violence may impair a child’s capacity for partnering and parenting later in life, continuing the cycle into the next generation (Finkelhor, Turner, Ormrod, Hamby, and Kracke, 2009).

Are all these exposures that NatSCEV measured really “violence”?

Most social scientists define violence as acts of physical aggression, like a punch or a sexual assault. Some child advocates and professionals who work with children think of violence as including nonphysical acts that have the potential to harm children, including psychological abuse and neglect. NatSCEV assesses exposure to a broad range of victimizations that concern child advocates, including bullying (both physical and emotional), neglect, property crime, and Internet victimization. For clarity, the researchers recommend referring to all of these together not just as “violence,” but rather “exposure to violence, crime, and abuse.” Thus, 61 percent of children in this sample were exposed to violence, crime, or abuse in the past year. Because this statistic includes such a variety of exposures of differing kinds and degrees, it is apt to be misunderstood. Therefore, the researchers recommend that citations from the study always mention not only the global 61 percent for all exposures, but also other statistics that reflect more familiar categories of violence, such as children who were physically assaulted or were physically abused by a caregiver.

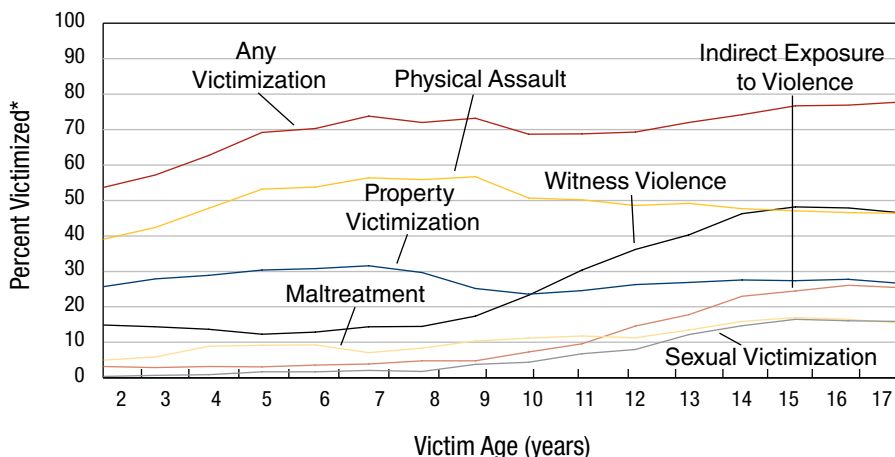
What is “indirect” exposure and why was it counted?

Mental health and trauma experts agree that children experience harm when they witness violence against others close at hand and in their neighborhood (Suglia et al., 2010). The study counted how many children saw or heard intimate partner violence in their households in the past year (6 percent) or violence among peers and in the community (19 percent). It also counted children whose school had been threatened with a bomb or attack in the past year (5 percent) or children exposed to wars and civil disturbances (0.7 percent), which would include recent refugees from war-ravaged areas of the world. The study did not, however, examine or count exposure to media violence.

The study counts it as an assault when siblings and young children hit one another. Is this really assault?

Some people wonder whether children hitting other children should be considered exposure to violence and abuse, in part because it is so common. In many cases, hitting among young children and siblings evokes considerable pain, fear, and humiliation. In terms of harm to the victims, research suggests that peer assaults by 4-year-olds differ little from peer assaults

Figure 1: Past-Year Victimization by Type and Victim Age



*Shown as 3-year age-group running average.

by 16-year-olds or 33-year-olds (Finkelhor, Turner, and Ormrod, 2006). Experts agree that peer and sibling violence can cause serious developmental problems. However, police and other authorities do not generally consider it a criminal assault when siblings and young children hit one another because they appreciate that family or schools can deal better with young aggressors than the criminal justice system. Although these acts are not criminal assaults, they are important to inventory as part of an assessment of children's exposure to violence and abuse.

Why would a parent tell the interviewers about child maltreatment?

First, the study promised respondents complete confidentiality. Second, many studies have shown that parents under conditions of confidentiality tell survey researchers about a great deal of their hitting, punching, and yelling at their children, in some cases because they do not see it as unusual or wrong (Grych, 1998; Kruttschnitt and Dornfeld, 1992). Third, the interviewees were often disclosing maltreatment that other parents or caregivers committed. Nonetheless, some maltreatment almost certainly was not reported because of embarrassment, fear of consequences, or lack of awareness on the part of the parent or caregiver. But a considerable amount was honestly disclosed.

Can NatSCEV estimates be compared to "official" estimates?

In general, NatSCEV estimates for crime victimization and abuse are tremendously higher than estimates from official sources such as police reports or child protection agencies. This is in part because most of the episodes that parents and children disclosed to NatSCEV are not reported to police or other authorities. For example, only 10 percent of physical assaults and 19 percent of sexual assaults disclosed in the survey were reported to police. It should also be noted that official agencies can use somewhat different criteria for classifying exposures. Therefore, many child protection agencies require evidence of harm before classifying something as abuse or maltreatment. It is inaccurate to describe all the unreported NatSCEV episodes as cases that official counts missed.

Are NatSCEV estimates available for individual states or localities?

The sample size used in NatSCEV is not large enough to afford reliable estimates for individual states or localities. States and localities, however, are free to use the NatSCEV questionnaire or portions of it to complete studies to estimate local rates. A toolkit for using the questionnaire and methodology are available at www.unh.edu/ccrc/jvq/index_new.html.

What plans are there to publish additional findings from NatSCEV? Are there plans for followup surveys to NatSCEV?

This fact sheet is part of a series that OJJDP and CDC are publishing jointly on the NatSCEV findings, including bulletins

on children's exposure to family and intimate partner violence, school victimization, and multiple exposures to violence (polyvictimization). In addition, the researchers have published articles on the NatSCEV study under the auspices of the Crimes Against Children Research Center. Plans are also underway for additional surveys to track longitudinal data as well as trends in children's exposure to violence, crime, and abuse.

References

Finkelhor, D., Turner, H., and Ormrod, R. 2006. Kid's stuff: The nature and impact of peer and sibling violence. *Child Abuse and Neglect* 30:1401–1421.

Finkelhor, D., Turner, H.A., Ormrod, R., and Hamby, S.L. 2009. Violence, abuse, and crime exposure in a national sample of children and youth. *Pediatrics* 124(5):1–13.

Finkelhor, D., Turner, H.A., Ormrod, R., Hamby, S.L., and Kracke, K. 2009. *Children's Exposure to Violence: A Comprehensive National Survey*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Grych, J.H. 1998. Children's appraisals of interparental conflict: Situational and contextual influences. *Journal of Family Psychology* 12(3):437–453.

Kruttschnitt, C., and Dornfeld, M. 1992. Will they tell?: Assessing preadolescents' reports of family violence. *Journal of Research in Crime and Delinquency* 29(2):136–147.

Suglia, S.F., Staudenmayer, J., Cohen, S., and Wright, R.J. 2010. Posttraumatic stress symptoms related to community violence and children's diurnal cortisol response in an urban community-dwelling sample. *International Journal of Behavioral Medicine* 17:43–50.

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Office of Justice Programs

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Child and Youth Victimization Known to Police and Other Authorities

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Considerable efforts have been made during the last generation to encourage children and their families to report victimization to authorities. Nonetheless, concern persists that most childhood victimization remains hidden. The recently completed 2008 inventory of childhood victimization—the National Study of Children's Exposure to Violence (NatSCEV) (see "History of the National Survey of Children's Exposure to Violence," p. 4)—allowed an assessment of whether victimizations were being identified by authorities, including police, school, and medical authorities. The victim, the victim's family, or a bystander may have disclosed the victimization to those authorities, or the authorities may have directly observed the victimization or evidence of that victimization. Among the survey findings:

- 13 percent of children victimized in the previous year had at least one of their victimizations known to police, and 46 percent had one known to school, police, or medical authorities.
- Authorities knew about a majority of serious victimizations, including incidents of sexual abuse by an adult,

gang assaults, and kidnappings, but they were mostly unaware of other kinds of serious victimizations, such as dating violence and completed and attempted rape.

- In general, school officials knew about victimization episodes considerably more often (42 percent) than police (13 percent) or medical personnel (2 percent). However, police were the most likely to know about kidnapping, neglect, and sexual abuse by an adult.
- More victimization and abuse appears to be known to authorities currently than was the case in a comparable 1992 survey.

Efforts To Increase Reporting of Child Abuse and Victimization

The National Crime Victimization Survey (NCVS) finds that violent crimes against juveniles are less likely to be known to authorities than are crimes against adults, and they are particularly unlikely

DEFENDING CHILDHOOD PROTECT HEAL THRIVE

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. Now 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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Learn more about the Attorney General's Defending Childhood Initiative at justice.gov/ag/defendingchildhood.

Find out more about OJJDP's Safe Start Initiative at safestartcenter.org.

to be known to the police (Finkelhor and Ormrod, 1999). Authorities are less likely to know about childhood victimizations for a number of reasons (Finkelhor and Wolak, 2003; Finkelhor, Wolak, and Berliner, 2001). Clearly children, both victims and bystanders, are easily intimidated by offenders and fear retaliation. In addition, children and their families often wish to deal with crime and victimization informally. They sometimes fear the consequences of disclosure to authorities, including interviews with child protection authorities and involvement with the police, courts, and child welfare agencies. In other cases, victims, families, and bystanders do not perceive the victimizations as something that would interest authorities.

One of the major public policy efforts of the past generation has been to increase the proportion of abuse and victimization cases known to authorities. The mandatory reporting statutes enacted in the wake of the Child Abuse Prevention and Treatment Act (CAPTA) of 1974¹ had this as a goal (O'Neill Murray and Gesiriech, 2010; Stoltzfus, 2009). The message of virtually all education programs dealing with child maltreatment, bullying, dating violence, and a host of other problems has been to "tell someone and get help" (Finkelhor, 2009). In addition, criminal justice and child protection agencies have instituted various reforms to try to increase victim and family confidence in those agencies as a way to promote disclosure (Cheung, 2008; Jones et al., 2005).

Despite these policy initiatives, efforts to promote disclosure and track its patterns are hampered by limited research on this topic. Cited research frequently refers to studies completed decades ago or is based on adult retrospective recollection (London et al., 2005).² It is not at all clear that such data reflect current experience after a generation of mobilization and increased awareness about childhood victimization in its many forms.

NatSCEV is the first comprehensive national survey to report on children's exposure to violence and its effects for both past-year and lifetime victimizations from 1 month to age 17. As part of the study, the researchers examined past-year victimizations that were known to authorities (see "Methodology"). This bulletin looks first at what and how much authorities know about child victimization; and then, at what the implications of the study findings are for increasing disclosure of child

Methodology

The National Survey of Children's Exposure to Violence (NatSCEV) was designed to obtain past-year and lifetime prevalence estimates of a wide range of childhood victimizations, and was conducted between January and May 2008. The survey recorded the experiences of a nationally representative sample of 4,549 children from ages 1 month to 17 years living in the contiguous United States.

Sampling Techniques

The interviews with parents and youth were conducted over the phone. Sample households were drawn from a nationwide sampling frame of residential telephone numbers through random digit dialing. To ensure that the study included an adequate number of minority and low-income respondents for more accurate subgroup analyses, the researchers oversampled telephone exchanges that had high concentrations of African American, Hispanic, or low-income households. Sampling methods and procedures have been described in greater detail elsewhere (Finkelhor, Turner, Ormrod, and Hamby, 2009; Finkelhor, Turner, Ormrod, Hamby, and Kracke, 2009).

Interviewers first spoke with an adult caregiver in each household to obtain family demographic information. They then randomly selected the child with the most recent birthday to be interviewed. Interviewers spoke directly with children ages 10 to 17. For children younger than 10, they interviewed the caregiver who "is most familiar with the child's daily routine and experiences."

Questions Regarding Authorities' Knowledge of Victimization

This survey used an enhanced version of the Juvenile Victimization Questionnaire (JVQ), an inventory of childhood victimization (Finkelhor, Hamby, Ormrod, and Turner, 2005; Finkelhor, Ormrod, Turner, and Hamby, 2005a; Hamby et al., 2004). The JVQ obtains reports on 48 forms of youth victimization covering 5 general areas of interest: conventional crime, maltreatment, victimization by peer and siblings, sexual victimization, and witnessing and exposure to violence (Finkelhor, Ormrod, Turner, and Hamby, 2005b).

Followup questions for each victimization item gathered additional information about each event, including whether, to the respondent's knowledge, school officials or police knew about the event. Authorities could learn about a victimization event from reports by the victim, by the family, or by another participant or bystander; or by witnessing the incident or seeing evidence of the incident.

Victimizations Analyzed for Authorities' Knowledge of Events

The analysis for this bulletin examined past-year victimizations. The researchers aggregated two categories of victimizations known to authorities: physical assaults and sexual victimizations. Physical assaults included assault with a weapon, assault without a weapon, attempted assault, threatened assault, kidnapping, bias-motivated attack, physical abuse, gang/group assault, peer/sibling assault, nonsexual genital assault, and dating violence. Sexual victimizations included sexual assault by a known adult, sexual assault by a nonspecified adult, sexual assault by a peer, completed or attempted rape, sexual exposure/flashings, and sexual harassment.

victimizations and for effective prevention and treatment.

Authorities' Knowledge of Child Victimization

According to the NatSCEV survey, 46 percent of the victimized youth had at least one victimization in the past year that was known to school, police, or medical authorities. Being known to an authority could mean that it was disclosed by

victims, family members, or other bystanders, or even directly observed by an authority like a teacher or police officer. The study analysis looked at authorities' knowledge of victimization from three perspectives:

- Which types of victimizations were authorities most likely to know about?
- Which authorities were more likely to know of various types of child victimizations?

- What factors were associated with authorities' knowledge of child victimizations?

Types of Victimization Known to Authorities

Direct victimization. The degree to which authorities knew about victimizations varied according to victimization type (table 1). Typically, authorities were most likely to know about more serious victimizations like sexual assault by a known (69 percent) or nonspecific adult (76 percent), kidnapping (73 percent), and gang or group assault (70 percent). Authorities also often knew about types of nonphysical victimization that are likely to occur in school, such as emotional bullying (51 percent) and property theft (47 percent), or that leave signs that might be seen by a teacher in the classroom or a doctor in the course of a medical examination, such as neglect (48 percent). Authorities were least likely to know about victimizations that were most likely to be committed by peers, including peer and sibling assault (17 percent), dating violence (15 percent), being flashed (17 percent), completed and attempted rape (14 percent), and statutory rape (3 percent).

Indirect victimization. Authorities' knowledge of indirect victimization also varied considerably. Obviously, murders that children were exposed to and other very public offenses, such as threats or vandalism against schools, were widely known. Also, authorities knew about approximately one-half (49 percent) of the episodes of children witnessing domestic violence.

Knowledge of Victimization by Police, School, and Medical Authorities

School officials most often knew about past-year victimization events (42 percent of victims had a victimization known to school authorities). Police knew about 13 percent of children who had been victimized in the past year. Medical authorities were the least likely to know about victimizations (2 percent of victims reported that medical authorities knew of past-year victimizations).

Although police were generally less likely to know about victimization events than school authorities, they were more likely to know about incidents of several types of victimization, including kidnapping (71 percent police versus 46 percent school), neglect (37 percent police versus 29

Table 1: Past-Year Victimization Known to Police, School, and Medical Services

Victimization Screener	Percent Known by:		
	Any*	Police*	School*
Any victimization	45.7	2.7	42.3
Direct victimizations			
Sexual abuse—nonspecific adult	76.1	76.1	28.5
Kidnapping	73.5	71.1	46.0
Gang/group assault	70.1	34.4	53.3
Sexual abuse—known adult	69.0	64.9	30.2
Custodial interference	54.0	35.5	36.9
Bias attack	52.5	17.0	52.5
Emotional bullying	51.5	3.8	51.5
Attempted assault	51.0	15.8	45.0
Neglect	47.8	36.9	29.2
Theft	46.8	17.9	37.7
Threaten	46.5	19.1	42.8
Assault—no weapon	43.6	8.6	41.7
Assault with weapon	43.5	14.2	38.1
Sexual abuse—peer	42.4	13.1	37.8
Sexual harassment	38.0	9.3	37.8
Physical abuse	33.0	19.1	28.8
Robbery	31.9	3.4	31.4
Vandalism	24.2	3.4	22.3
Psychological/emotional abuse	23.1	9.0	19.6
Bullying	22.2	0.8	22.2
Genital assault	19.1	4.3	16.0
Peer/sibling assault	16/9	1.5	16.4
Flashing/exposure	16/6	7.1	15.0
Dating violence	15.2	3.6	14.0
Rape (completed/attempted)	14.0	10.0	12.4
Indirect victimizations			
School threat	5.7	89.0	95.1
School vandalism	94.4	66.9	92.3
Close person murdered	87.2	86.5	39.8
Witnessing assault with no weapon	66.5	40.7	54.9
Know about robbery of close person	62.3	61.1	18.3
Witnessing assault with weapon	59.6	41.2	38.1
Experience shooting	59.2	57.7	16.3
Know about threat to close person with weapon	57.4	52.9	13.7
Parent beat parent	53.6	51.5	29.5
Household theft	53.0	48.0	14.3
Parent hit parent	49.1	44.8	22.0
Witnessing domestic violence	48.9	42.3	22.9
Know about sexual victimization of close person	47.4	44.2	18.5
Parent threatened parent	40.8	35.3	24.4
Witnessing physical abuse	38.8	29.8	31.7
Parent pushed parent	36.2	28.3	19.1
Parents argued and broke something	33.0	25.2	21.3
Household adult hit adult	29.1	24.3	16.9

*Based on weighted data; victim counts rounded to nearest whole number.

Source: Adapted from Finkelhor et al., 2011.

percent school), sexual abuse by a known (65 percent police versus 30 percent school) or nonspecific adult (76 percent police versus 29 percent school), and witnessing of domestic violence (42 percent police versus 23 percent school).

Although few episodes were known to medical authorities, the most common were sexual abuse by a known (7 percent) or nonspecific adult (19 percent), gang assault (9 percent), physical abuse by a caretaker (10 percent), and assault with a weapon (8 percent).

The finding that schools are more likely to find out about child victimization than other authorities is consistent with several earlier studies (Finkelhor and Dziuba-Leatherman, 1994; Sedlak and Broadhurst, 1996). This is understandable, given how much time children spend in school and interact with school professionals.

Factors Associated With Authorities' Knowledge of Victimization

The researchers used multivariable analyses to identify the characteristics of child victims and victimization episodes that made it more likely for authorities to know of those incidents.

Police. Police were more likely to know about physical assaults (see "Methodology" for specific types of victimization that were defined as physical assaults) that had the following characteristics compared to those without those characteristics: ones that occurred outside the home or school; involved a serious injury, a nonfamily or adult perpetrator, or bias motivations; or made the child very scared. They were also more likely to know about crimes against victims who were female, of lower socioeconomic status (SES), or living in a rural area. Police were more likely to know of sexual victimizations (see "Methodology" for a list of sexual victimizations) when an adult committed the offense; when the child was afraid; or when the victim was black, mixed race, or other race (including Asian-American, American Indian, and Pacific Islander).

School officials. School officials were more likely to know about physical assaults that had the following characteristics compared to those without those characteristics: ones that occurred in school; involved a serious injury or a nonfamily or an adult perpetrator; had a

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 and with a growing need to document the full extent of children's exposure to violence, OJJDP launched the National Survey of Children's Exposure to Violence (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 attempt to measure children's exposure to violence in the home, school, and community across all age groups from 1 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 study 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 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 followup 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 assistance or treatment provided (if any).

bias motivation; or made the victim afraid or feel bad. They were more likely to know about attempts and threats than actual assaults. School authorities were also more likely to know about physical assaults on girls, children younger than 13, children who were victims of other assaults in the past year, and lower SES youth. They were less likely to know about physical assaults on Hispanic victims.

School officials were more likely to know of sexual victimizations that occurred in school, were committed by an unidentified perpetrator, occurred to a child victim between 2 and 9 years old, or occurred to a child who lived with a stepparent or an unmarried partner of a parent.

Disclosure of Child Victimization to Authorities

Looking at the NatSCEV data from the perspective of disclosure of child victimization, some patterns emerge:

- The proportion of child victimizations that are disclosed to authorities appears to be increasing as compared with two decades ago.
- Victims of multiple victimizations may be more likely to come to authorities' notice.

- Authorities were less likely to learn of victimization episodes that involved certain groups of victims (boys, Hispanic youth, and higher SES youth) or peer or family perpetrators.

Increases in Victimization Known to Authorities During the Past Two Decades

Comparing the NatSCEV study findings with another national survey of victimization completed in 1992 (Finkelhor and Dziuba-Leatherman, 1994) suggests that victimizations known to authorities have increased over time. In the 1992 telephone survey of youth ages 10 to 16 only 25 percent of all victimizations of 10- to 16-year-olds were known to police or school (versus 51 percent in the NatSCEV study for that age group), only 29 percent of kidnappings (versus 73 percent in the NatSCEV study), and only 6 percent of incidents of sexual assault or sexual abuse (versus 11 percent in the NatSCEV study). These changes may reflect efforts by authorities and advocates to promote disclosure. Because early disclosure is believed to facilitate prevention, increased disclosure rates are consistent with the findings that childhood victimization rates have fallen considerably since the early 1990s (Finkelhor, 2008; Finkelhor, Turner, Ormrod, and Hamby, 2010).

Knowledge of Multiple Child Victimization

According to the youth and caregivers interviewed in the NatSCEV study, a considerable proportion of child victims are known to authorities. However, the figure given earlier—that school officials, police, or medical authorities knew about 46 percent of children who were victimized in the previous year—overstates the level of knowledge somewhat in that some of these victims had multiple victimizations, not all of which were disclosed. Moreover, the variable used in this study, “known to authorities,” does not necessarily mean that the victim disclosed the victimization. It could have been reported by a bystander or even witnessed by an authority, such as a teacher. Nonetheless, properly trained officials who know about at least one victimization have the opportunity to identify a child and ask about other victimizations. Moreover, the finding that school officials were more likely to know

about victims of more than one episode of physical abuse within the past year indicates that youth with multiple victimizations were some of those most likely to be known to authorities in general.

Factors That Impede Disclosure of Child Victimization

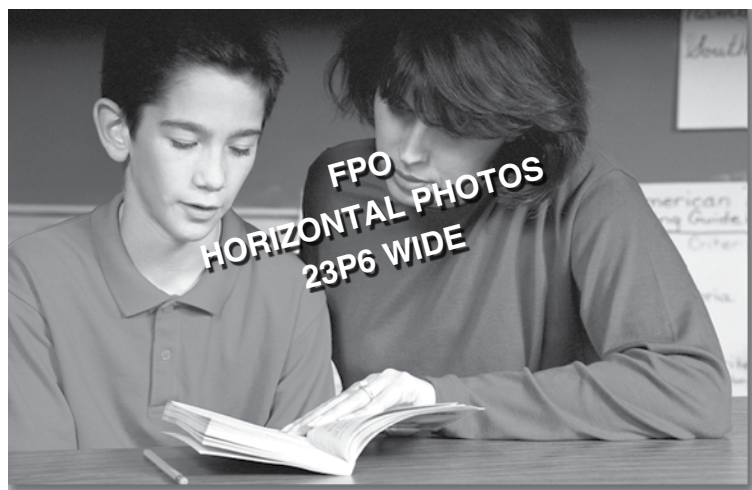
Victim characteristics. Authorities are less likely to know about victimizations of boys, probably reflecting male social norms, sometimes referred to as “the boy code,” of self-sufficiency that stigmatizes help seeking, norms that some educational programs are now trying to counteract (Pollack and Pipher, 1999). They are also less likely to know about Hispanic victims, perhaps reflecting specific Hispanic cultural concerns as well as issues about citizenship status and legitimacy. Authorities are less likely to know about higher SES victims, perhaps reflecting suspicion among these families about the negative impact on their children, combined with having the resources and status to deflect authorities’ involvement. Efforts to emphasize the helpful rather than stigmatizing features of professional intervention might be useful to counteract some of the concerns in these groups.

Perpetrator characteristics. In general, the study shows that authorities are less likely to know about victimizations involving peer and family perpetrators than those involving adult and nonfamily perpetrators. As noted earlier, authorities were least likely to know about peer or sibling assault, dating assault, attempted

or completed rape, and statutory rape, all of which are more likely to be committed by peers. In particular, authorities are far more likely to know about sexual offenses committed by adults than those committed by youth. This may be because adult sexual offenses are seen as more criminal, whereas peer allegiances may inhibit reporting of sexual crimes by younger perpetrators.

Implications for Authorities and Practitioners

The findings suggest both progress and challenges in the effort to identify abused and victimized children. The higher rates of victimizations known to authorities found in the NatSCEV study may mean that past efforts to promote disclosure have been working and need to be sustained. But the study also shows that a considerable portion of childhood exposure to victimization is still unknown to authorities. It suggests that more outreach is needed to boys, Hispanic youth, and higher SES groups in particular. It also suggests that disclosure promotion needs to be directed toward episodes that involve family members and peer perpetrators. Educators have long recognized the need to promote disclosures about such family and peer episodes. An important task for authorities is to persuade children and families that they have resources available to help in these situations and that they can protect victims against retaliation.



A benefit of increased disclosure of victimization to authorities is greater access to effective prevention and treatment. More interventions that are truly helpful in preventing future victimizations and treating the negative effects of victimization on development are being developed, tested, and deemed effective. These include conflict resolution programs (Grossman et al., 1997), parenting education (Chaffin et al., 2004), and cognitive-behavioral treatments for victimization trauma (Cohen, Mannarino, and Deblinger, 2006; Kolko and Swenson, 2002; Stein et al., 2003). Therefore, in addition to more education and awareness to encourage disclosure, communities need also to ensure that they have professionals trained in such evidence-based programs to work with children and families once victimization is disclosed. Not all communities have such resources, and when they do not, it may undermine the value of gaining disclosures and reports. To improve access to services, more collaboration is needed among agencies that work with children. In particular, because so many victimizations come to the attention of school authorities, it is crucial that schools be connected to multidisciplinary resources, including mental health, social service, medical, and law enforcement resources (Asnes and Leventhal, 2011)

Endnotes

1. Public Law 93-247, 88 Stat. 5, as amended (codified at 42 U.S.C. 5101-5119c). For information about the Act, see U.S. Department of Health and Human Services (2004). For an overview of federal and state child welfare programs under the Act, see Stoltzfus (2009).
2. For an overview of research on childhood exposure to violence and its aftermath, see Kracke and Hahn (2008).

References

- Asnes, A.G., and Leventhal, J.M. 2011. Editorial: Connecting the dots in childhood and adolescent trauma. *Archives of Pediatrics & Adolescent Medicine* 165(1), 87-88.
- Chaffin, M., Silovsky, J.F., Funderburk, B., Valle, L.A., Brestan, E.V., Balachova, T., Jackson, S., Lensgraf, J., and Bonner, B.L. 2004. Parent-child interaction therapy with physically abusive parents: Efficacy for reducing future abuse reports. *Journal of Consulting and Clinical Psychology* 72(3):500-510.
- Cheung, M. 2008. Promoting effective interviewing of sexually abuse children: A pilot study. *Research on Social Work Practice* 18(2):137-143.
- Cohen, J.A., Mannarino, A.P., and Deblinger, E. 2006. *Treating trauma and traumatic grief in children and adolescents*. New York, NY: Guilford Press.
- Finkelhor, D. 2008. *Childhood Victimization: Violence, Crime, and Abuse in the Lives of Young People*. New York, NY: Oxford University Press.
- Finkelhor, D. 2009. The prevention of childhood sexual abuse. *The Future of Children* 19(2): 169-194.
- Finkelhor, D., and Dziuba-Leatherman, J. 1994. Children as victims of violence: A national survey. *Pediatrics* 94(4):413-420.
- Finkelhor, D., Hamby, S.L., Ormrod, R.K., and Turner, H.A. 2005. The JVQ: Reliability, validity, and national norms. *Child Abuse and Neglect* 29(4):383-412.
- Finkelhor, D., and Ormrod, R.K. 1999. *Reporting Crimes Against Juveniles*. Juvenile Justice Bulletin. Washington, DC: United States Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. NCJ 178887.
- Finkelhor, D., Ormrod, R.K., Turner, H.A., and Hamby, S.L. 2005a. Measuring poly-victimization using the JVQ. *Child Abuse and Neglect* 29(11):1297-1312.
- Finkelhor, D., Ormrod, R.K., Turner, H.A., and Hamby, S.L. 2005b. The victimization of children and youth: A comprehensive, national survey. *Child Maltreatment* 10(1):5-25.
- Finkelhor, D., Ormrod, R., Turner, H., and Hamby, S. 2011. School, police, and medical authority involvement with children who have experienced victimization. *Archives of Pediatrics and Adolescent Medicine* 165(1):9-15.
- Finkelhor, D., Turner, H.A., Ormrod, R., and Hamby, S.L. 2009. Violence, abuse, and crime exposure in a national sample of children and youth. *Pediatrics* 124(5):1-13.
- Finkelhor, D., Turner, H., Ormrod, R., Hamby, S., and Kracke, K. 2009. *Children's Exposure to Violence: A Comprehensive National Survey*. Juvenile Justice Bulletin. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. NCJ 227744.
- Finkelhor, D., Turner, H.A., Ormrod, R., and Hamby, S.L. 2010. Trends in childhood violence and abuse exposure: Evidence from two national surveys. *Archives of Pediatrics and Adolescent Medicine* 164(3):238-242.
- Finkelhor, D., and Wolak, J. 2003. Reporting assaults against juveniles to the police: Barriers and catalysts. *Journal of Interpersonal Violence* 18(2):103-128.
- Finkelhor, D., Wolak, J., and Berliner, L. 2001. Police reporting and professional help for child victims: A review. *Child Maltreatment* 6(1):17-30.
- Grossman, D.C., Neckerman, H.J., Koepsell, T.D., Liu, P.Y., Asher, K.N., and Beland, K. 1997. Effectiveness of a violence prevention curriculum among children in elementary school: A randomized controlled trial. *Journal of the American Medical Association* 277:1605-1611.
- Hamby, S. L., Finkelhor, D., Ormrod, R. K., and Turner, H. A. 2004. *The Juvenile Victimization Questionnaire (JVQ): Administration and Scoring Manual*. Durham, NH: Crimes against Children Research Center.
- Jones, L.M., Cross, T.P., Walsh, W., and Simone, M. 2005. Criminal investigations of child abuse: The research behind "best practices." *Trauma, Violence, and Abuse* 6(3):254-268.
- Kolko, D.J., and Swenson, C.C. 2002. *Assessing and Treating Physically Abused Children and Their Families: A Cognitive Behavioral Approach*. Thousand Oaks, CA: Sage Publications.
- Kracke, K., and Hahn, H. 2008. The nature and extent of childhood exposure to violence: What we know, why we don't know more, and why it matters. *Journal of Emotional Abuse* 8(1/2):29-49.
- London, K., Bruck, M., Ceci, S.J., and Shuman, D.W. 2005. Disclosure of child sexual abuse: What does the research tell us about the ways that children tell? *Psychology, Public Policy, and Law* 11(1):194-226.
- O'Neill Murray, K., and Gesiriech, S. 2010. A brief legislative history of the child welfare system. Available online at <http://pewfostercare.org/research/docs/Legislative.pdf>
- Pollack, W., and Pipher, M. 1999. *Real Boys: Rescuing Our Sons From the Myths of Boyhood*. Markham, Ontario, Canada: Fitzhenry and Whiteside Ltd.

Sedlak, A. J., and Broadhurst, D.D. 1996. *Third National Incidence Study of Child Abuse and Neglect*. Washington, DC: U.S. Department of Health and Human Services.

Stein, B.D., Jaycox, L.H., Kataoka, S., Wong, M., Tu, W., Elliott, M.N., and Fink, A. 2003. A mental health intervention for school children exposed to violence: A randomized controlled trial. *Journal of the American Medical Association* 290(5):603–611.

Stoltsfus, E. 2009. *The Child Abuse Prevention and Treatment Act (CAPTA): Background, Programs, and Funding*. Washington, DC: Congressional Research Service.

U.S. Department of Health and Human Services. 2004. *The Child Abuse Prevention and Treatment Act, Including Adoption Opportunities & the Abandoned Infants Assistance Act, as Amended by the Keeping Children and Families Safe Act of 2003*.

2004. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, Office of Child Abuse and Neglect.

Acknowledgments

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This Bulletin was prepared under grant number 2005–JL–FX–0048 from the Office of Juvenile Justice and Delinquency Prevention (OJJDP), U.S. Department of Justice.

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Bulletin

NCJ 235394

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Victimization and Delinquency in a National Sample of Youth

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Introduction

The association between delinquency and victimization is common finding in juvenile justice research. In fact some observers have gone so far to argue that victims and delinquents are a largely overlapping population with most victims engaging in delinquency and vice versa (Lauritsen, Laub, & Sampson, 1992; Lauritsen, Sampson, & Laub, 1991; Singer, 1986). But the literature in the bullying and peer victimization field paints a different picture. It points to a group of children who are exclusively victims and another group who are exclusively offenders, in addition to a group who experience both victimization and offending, and are often referred to as bully-victims (Dodge, Coie, Pettit, & Price, 1990; Olweus, 1978; Olweus, 2000). An explanation of this contrast is that many studies have relied simply on measures of association between delinquency and victimization. When researchers step beyond associations, even when quite high, they still are likely to find groups of children who are primarily victims or primarily offenders. But how large these groups are, and how their characteristics and experiences differ is not something that has been fully explored.

The National Survey of Children Exposed to Violence is a national study that is both large and comprehensive in its assessment of both victimization and delinquency, and it thus provides an opportunity to look at how victimization and delinquency combine or differentiate among youth of different ages.

Defining Victim and Delinquent Groups

For the purposes of this study, adolescents aged 10 to 17 were categorized into one of 4 groups: those youth who were primarily delinquents and not victims (primarily delinquents),

those youth who were primarily victims and not delinquents (primarily victims), those youth who were both delinquents and victims (delinquent-victims) and those who were neither victims nor delinquents. The criteria for defining these groups are described in Box 2. They were based on work done in an earlier study (Cuevas, Finkelhor, Turner, & Ormrod, 2007), and take into account that many children have minor victimizations, and that there are different kinds of delinquency including violent delinquency, property delinquency, and mild delinquency forms such as skipping school and getting drunk,

Findings

Delinquency and victimization were strongly associated: .44 for the boys and .51 for the girls ($p < .001$).

Among boys overall, the primarily delinquent group comprised 20.8% of the total sample. Those who were primarily victims with no little or no delinquency comprised 17.9% of the total sample, while the group who were both victimized and delinquent together comprised 18.1% (Figure 1). Substantial percentages of all three groups persisted throughout the developmental course (Figure 2) for boys from 10 to 17. However, there appeared to be a permanent decline in the primarily victim group between ages 12 and 13 (down from 27.8% to 15.5%). A year later, between 13 and 14, there appeared to be an increase in the mixed victim-delinquent group (from 14.7% to 28.2%) which remained elevated.

Girls had a different pattern. The largest group for girls was the primarily victimized group (21.2%). The primarily delinquent group (13%) and delinquent victim group (13.3%) were smaller than the comparable groups among boys, reflecting the fact that girls engage in less delinquency than boys. There was a rise in both delinquency and victimization for girls that appeared particularly notably between ages 11 and 12 (Figure 3), although it was the

victimization component that remained stable and higher as girls got older while the delinquency component rose and fell.

The boys in the delinquent-victim group had considerably more victimization than the boys who were exclusively victims, disclosing 6.3 vs. 4.5 different kinds of victimization in the past year (Table 1). They were higher in every category of victimization except for exposure to community violence and bullying victimization. These boys were particularly higher in sex victimization (which includes sexual harassment), witnessing family violence and Internet victimization. The primarily victim group of boys was higher than the delinquent victim group in only one victimization category – bullying victimization.

At the same time, the boys in the delinquent-victim group were also *more delinquent* than the primarily delinquent group. The elevation of their drugs/minor delinquency score was particularly large.

The pattern for girls is generally similar. The delinquent-victim girls were more victimized than the primarily victimized girls (6.4 vs. 4.2 different victimizations in the past year). The delinquent-victim girls were higher in every category of victimization except exposure to community violence and bullying victimization. They were particularly higher (twice the rate) for sexual victimization and Internet victimization, for which the rate was more than 4 times higher than the victim girls and much higher than even the equivalent comparison among boys.

Delinquent-victim girls were also more delinquent than the primarily delinquent girls (3.3 vs. 2.0 delinquent activities). As with the boys, the elevation was particularly large in their score on drugs/minor delinquency.

The groups differ on some additional dimensions as well. Delinquent-victims tended to be higher than other groups on other life adversities, and on mental health symptoms, among both boys and girls. They were also lower on social support. Girl delinquent victims had higher rates of inconsistent/ harsh parenting. Interestingly, though, there were few significant differences among the delinquent, victim or delinquent-victim groups on features like SES status, ethnicity, family structure, disability status, school performance or physical features.

Implications

Delinquency and victimization are widespread among 10-17 year old youth, and they are statistically associated. But in addition to those who experience both, it is possible to identify large groups within this age range who are victimized but not delinquent, as well as those who are delinquent but not much victimized.

The relative sizes of these various groups appear to change as children age, and also differ by gender. The delinquent-victim group among boys is larger overall and increases substantially between ages 13 and 14. This may reflect an increase in delinquent activities among boys who had previously been primarily victims around the time they enter high school. The high school environment may expose them to older delinquent role models and present them with conditions of more independence and less supervision than middle school.

For girls, the pattern change appears to occur earlier, between ages 11 and 12, and is associated with an increase in both victimization and delinquency, but particularly victimization. This is likely related to the onset of pubertal changes in girls, and shows up in the data as a particularly marked increase in sexual harassment.

For both genders, the data reveal concerning facts about the group who are both victimized and delinquent. This group manifests higher levels of both victimization and

delinquency than either the just victim or just delinquent groups. This group also has more other adversities, lower levels of social support, and higher mental health symptoms. This is consistent with observations from the bullying literature that the so-called “bully-victims” are often the most distressed children.

The current study is not longitudinal, and so is limited in the inferences that can be made about how to identify children on track to become such distressed delinquent-victims. They do not appear to be discernible on the basis of demographic, family, or school variables collected in this study. But the age comparisons suggest that victims who have higher levels of victimization, additional adversities and mental health symptoms may be those at greatest risk to move into delinquent activities as well.

The study does point clearly to the importance of early intervention. For girls there is a large jump in victimization and delinquency between 11 and 12, and boys the victim-delinquent group enlarges between ages 13 and 14. This strongly suggests that delinquency and victimization prevention efforts need to be marshaled around or before 5th grade. These need to include components that minimize sexual aggression and harassment. The transition to high school may also be crucial juncture, especially for boys. More study may be useful of how children become targeted at this juncture and how they get recruited into delinquent activities. Better early warning systems may be needed to flag students who need special guidance and education from early in their high school careers.

Box 1

The National Study of Children Exposed to Violence (NatSCEV)

The National Survey of Children's Exposure to Violence (NatSCEV), designed to obtain 1-year and lifetime prevalence estimates of a wide range of childhood victimizations, was conducted between January 2008, and May 2008, concerning the experiences of a nationally representative sample of 4,549 children age 0-17 living in the contiguous United States. The interviews with parents and youth were conducted over the phone.

Sample households were drawn from a nationwide sampling frame of residential telephone numbers through random digit dialing (RDD). To ensure that the study included an adequate number of minority and low-income respondents for more accurate subgroup analyses, there was also an over-sampling of telephone exchanges that had high concentrations of African American, Hispanic, or low-income households. Additional information on sampling methods and procedures have been described elsewhere (Finkelhor, Turner, Ormrod, & Hamby, 2009).

A short interview was conducted with an adult caregiver in each household to obtain family demographic information. One child was randomly selected from all eligible children living in a household by selecting the child with the most recent birthday. If the selected child was 10-17 years old, the main telephone interview was conducted with the child. If the selected child was under age 10, the interview was conducted with the caregiver who "is most familiar with the child's daily routine and experiences."

Reports of victimization were obtained using the Juvenile Victimization Questionnaire (JVQ), an inventory of childhood victimization (Finkelhor, Hamby, Ormrod, & Turner, 2005; Finkelhor, Ormrod, Turner, & Hamby, 2005a; Hamby, Finkelhor, Ormrod, & Turner, 2004). The JVQ obtains reports on 48 forms of youth victimization covering five general areas of

interest: conventional crime, maltreatment, victimization by peer and siblings, sexual victimization, and witnessing and exposure to violence (Finkelhor, Ormrod, Turner, & Hamby, 2005b). Follow-up questions for each victimization item gathered additional information about each event, including, whether it occurred in the past year, perpetrator characteristics, weapon use, injury, and whether the event was known to school officials or police, among other characteristics.

The analysis for this bulletin examined victimizations that occurred in the past year. Eight aggregate types of victimization were constructed from 32 of the JVQ's 48 victimization screeners: physical assault, sexual victimization, maltreatment, property victimization, witnessing family violence, exposure to community violence, bullying, and internet victimization.

Reports of delinquency were obtained using the *Frequency of Delinquency Behavior (FDB)*, originally developed by Loeber and Dishion (1983), as a measure of self-reported delinquency. The scale was adapted for this study from its most recently published format (Dahlberg, Toal, & Behrens, 1998; Loeber & Stouthamer-Loeber, 1987). The form used asked participants only whether they had committed the delinquency listed in the past year, rather than how often they had done each delinquent behavior.

Box 2

Delinquents, Victims and Delinquent-Victim

In the interest of conceptual clarity we defined the subgroups in terms of key characteristics suggested by the literature. Table 2 shows the conceptual categories and defining criteria.

From previous analyses (Cuevas, et al., 2007), it has been determined that one of the best measures of victimization intensity is the number of different JVQ screeners endorsed. Although a simple screener sum does not take account of repeated victimizations of the same type, our analyses have suggested that factoring in repeated victimizations and other aspects of victimization severity does not produce substantively different results in the identifying highly victimized youth (Finkelhor, Hamby, et al., 2005). Since the JVQ includes many common kinds of victimizations (such as being hit by a sibling or having property stolen) and the mean number of victimization screeners endorsed in the past year is 2.98, we set the criterion for victimized youth at three or more victimizations. Thus, the category of non-victimized youth was those who suffered two or fewer victimizations.

From the literature on delinquency, we deemed it important to distinguish among types of delinquent behavior. The items in our delinquency measure could be clearly differentiated into those that involved violent behavior (assaults and weapon carrying), those that involved property delinquency (breaking something, stealing from a store), those that involved drug and alcohol use (drinking, smoking pot) and minor (truancy, cheating on tests) delinquency. We decided to treat violent and property delinquents as two separate groups, and for the most part treat those involved in substance use or minor forms of rule violating behavior as “mild delinquents”. As with victimization, “delinquent” youth for some of the categories were those above the mean on

delinquency (2 or more types of delinquent acts). Given the inclusion of relatively minor and perhaps normative delinquent acts in the FDB we felt that using the mean split would adequately identify youth without any or only minor delinquency.

Delinquent-Victims

We first defined three groups of the youth who fell into the delinquent victim overlap category. “Bully-victims,” consistent with the descriptions from the literature, were defined as youth who in the past year engaged in violent, interpersonal acts or weapon carrying and who also experienced a high level of violent victimization. We also defined another group of delinquent and highly victimized youth, the “Property Delinquent-Victims,” whose delinquencies were solely in the property crime domain. Along the lines of the trauma response literature, we defined a group termed “Delinquent Sex/Maltreatment-Victims,” who had experienced sexual victimization or a form of child maltreatment and had engaged in an above average level of delinquency.

Primarily Delinquent

In contrast to these 3 groups of delinquent-victims, we also categorized some youth as primarily delinquent, that is they had violent or property delinquencies with a low rate of victimizations. We subdivided them into “Assaulters” who had engaged in at least in one violent delinquency (but had little or no victimization), and “Property Delinquents,” those who had engaged in at least one property delinquency, but no violent delinquency and little or no victimization.

Primarily Victims

We also defined two groups who were primarily victims but not delinquents. These were the “Mild Delinquency-Victims,” who had above average levels of victimization, but no property

or violent delinquency. Based on the victimization literature suggesting special consequences among youth who experienced sexual victimization and child maltreatment, we also defined a group of “Non-Delinquent Sex/Maltreatment-Victims”, youth who had experienced a sexual victimization or a form of child maltreatment but only had a low level of delinquency.

REFERENCES

- Cuevas, C., Finkelhor, D., Turner, H. A., & Ormrod, R. K. (2007). Juvenile delinquency and victimization: A theoretical typology. *Journal of Interpersonal Violence*, 22, 1581-1602.
- Dahlberg, L. L., Toal, S. B., & Behrens, C. B. (1998). Measuring violence-related attitudes, beliefs, and behaviors among youth: A compendium of assessment tools. Atlanta, GA: Center for Disease Control and Prevention, National Center for Injury Prevention and Control.
- Dodge, K. A., Coie, J. D., Pettit, G. S., & Price, J. M. (1990). Peer status and aggression in boys' groups: Developmental and contextual analyses. *Child Development*, 61(5), 1289-1309.
- Finkelhor, D., Hamby, S. L., Ormrod, R. K., & Turner, H. A. (2005). The JVQ: Reliability, validity, and national norms. *Child Abuse & Neglect*, 29(4), 383-412.
- Finkelhor, D., Ormrod, R. K., Turner, H. A., & Hamby, S. L. (2005a). Measuring poly-victimization using the JVQ. *Child Abuse & Neglect*, 29(11), 1297-1312.
- Finkelhor, D., Ormrod, R. K., Turner, H. A., & Hamby, S. L. (2005b). The victimization of children and youth: A comprehensive, national survey. *Child Maltreatment*, 10(1), 5-25.
- Finkelhor, D., Turner, H. A., Ormrod, R., & Hamby, S. L. (2009). Violence, abuse, and crime exposure in a national sample of children and youth. *Pediatrics*, 124(5), 1-13.
- Hamby, S. L., Finkelhor, D., Ormrod, R. K., & Turner, H. A. (2004). The Juvenile Victimization Questionnaire (JVQ): Administration and Scoring Manual. Durham, NH: Crimes against Children Research Center.
- Lauritsen, J. L., Laub, J. H., & Sampson, R. J. (1992). Conventional and delinquent activities: Implications for the prevention of violent victimization among adolescents. *Violence and Victims*, 7(2), 91-108.

- Lauritsen, J. L., Sampson, R. J., & Laub, J. H. (1991). The link between offending and victimization among adolescents. *Criminology*, 29, 265-292.
- Loeber, R., & Dishion, T. J. (1983). Early predictors of male delinquency: A review. *Psychological Bulletin*, 94, 68-94.
- Loeber, R., & Stouthamer-Loeber, M. (1987). The prediction of delinquency. In H. C. Quay (Ed.), *Handbook of juvenile delinquency* (pp. 325-382). New York: Wiley.
- Olweus, D. (1978). *Aggression in the schools: Bullies and whipping boys*. Washington, DC: Hemisphere.
- Olweus, D. (2000). Bullying. In A. E. Kazdin (Ed.), *Encyclopedia of psychology* (Vol. 1, pp. 495). Washington, DC: American Psychological Association.
- Singer, S. I. (1986). Victims of serious violence and their criminal behavior: Subcultural theory and beyond. *Victims and Violence*, 1, 61-70.

Table 1.*Characteristics by delinquent victim group and gender*

NATSCEV - 10-17 year olds

	Delinquent-Victim Group					
	Males			Females		
	Primarily Delinquent (a)	Delinquent- Victim (b)	Primarily Victim (c)	Primarily Delinquent (d)	Delinquent- Victim (e)	Primarily Victim (f)
Total n (unweighted)	222	198	167	140	155	214
Age	13.9 ^c	14.2 ^c	12.7 ^{a,b}	13.9	14.4 ^f	13.3 ^e
Total number of victimization screeners	2.0 ^{b,c}	6.3 ^{a,c}	4.5 ^{a,b}	2.7 ^{e,f}	6.4 ^{d,f}	4.2 ^{d,e}
Victimization type (% yes):						
Witness family violence	15 ^b	26 ^{a,c}	12 ^b	18 ^e	36 ^{d,f}	19 ^e
Exposure to community violence	49 ^{b,c}	70 ^a	63 ^a	54 ^e	71 ^d	63
Assault	57 ^{b,c}	91 ^{a,c}	80 ^{a,b}	62 ^e	90 ^{d,f}	68 ^e
Sex victimization	0 ^{b,c}	40 ^{a,c}	13 ^{a,b}	7 ^{e,f}	58 ^{d,f}	27 ^{d,e}
Property victimization	24 ^{b,c}	56 ^{a,c}	43 ^{a,b}	38 ^e	63 ^{d,f}	45 ^e
Maltreatment	1 ^{b,c}	45 ^{a,c}	25 ^{a,b}	4 ^{e,f}	59 ^{d,f}	33 ^{d,e}
Bullying	16 ^{b,c}	40 ^{a,c}	58 ^{a,b}	34 ^{e,f}	51 ^d	53 ^d
Internet victimization	5 ^b	14 ^{a,c}	1 ^b	12 ^e	33 ^{d,f}	7 ^e
Past year adversity score	1.1 ^b	1.9 ^{a,c}	1.1 ^b	1.6 ^e	2.2 ^{d,f}	1.6 ^e
Total delinquency score	2.7 ^{b,c}	3.9 ^{a,c}	0.3 ^{a,b}	2.0 ^{e,f}	3.3 ^{d,f}	0.3 ^{d,e}
Violent delinquency score	1.3 ^{b,c}	1.5 ^{a,c}	0.0 ^{a,b}	1.0 ^{e,f}	0.8 ^{d,f}	0.0 ^{d,e}
Property delinquency score	0.6 ^{b,c}	0.9 ^{a,c}	0.0 ^{a,b}	0.4 ^{e,f}	0.8 ^{d,f}	0.0 ^{d,e}
Drugs/minor delinquency score	0.8 ^{b,c}	1.4 ^{a,c}	0.3 ^{a,b}	0.6 ^{e,f}	1.7 ^{d,f}	0.2 ^{d,e}
Mental health symptoms*:						
Anger	9.8 ^b	11.3 ^{a,c}	9.3 ^b	10.8 ^{e,f}	12.4 ^{d,f}	9.7 ^{d,e}
Depression	11.5 ^b	12.3 ^a	11.7	13.2 ^e	15.3 ^{d,f}	12.6 ^e
Anxiety	6.4 ^b	7.2 ^a	6.9	7.5 ^{e,f}	8.3 ^{d,f}	6.6 ^{d,e}
Parenting Characteristics* (mean scale scores)						
Warmth	38.0	37.9	38.5	38.5	37.9	38.1
Inconsistency/harshness	11.2	11.3	10.6	10.4 ^e	11.8 ^{d,f}	10.8 ^e
Supervision/monitoring	4.9	5.0	4.8	4.7	5.0	4.8
Social support score*	27.1 ^b	25.7 ^{a,c}	27.5 ^b	27.6 ^e	24.7 ^{d,f}	27.1 ^e

Superscript indicates that a value is significantly different from the value in the column labeled with that superscript.

* Mean scores for mental health symptoms, parenting characteristics, and social support are adjusted for age.

Table 2.*Typology Groups Delinquency and Victimization Criteria*

	Name	Delinquency Criteria	Victimization Criteria
Delinquent-Victims		Any interpersonal violence	≥ 3 violent
	<i>Bully-Victim</i>	or weapon carrying	victimizations
		Property delinquency, no	≥ 3 victimizations
	<i>Property Delinquent-Victim</i>	interpersonal violence	
Primarily Delinquents			Any sexual
	<i>Delinquent</i>	≥ 2 delinquencies	victimizations or child maltreatment
Primarily Victims			
	<i>Sex/Maltreatment-Victim</i>		
Primarily Delinquents		Any interpersonal violence	< 3 violent
	<i>Assaulters</i>	or weapon carrying	victimizations
Primarily Victims		Property delinquency, no	< 3 victimizations
	<i>Property Delinquents</i>	interpersonal violence	
Primarily Victims			Any sexual
	<i>Non- Delinquent</i>	< 2 delinquencies	victimizations or child maltreatment
Primarily Victims			
	<i>Sex/Maltreatment-Victims</i>		

		No violent and no property delinquency	≥ 3 victimizations
	<i>Mild Delinquency-Victims</i>		
None	<i>Mild Delinquency-Non</i>	No violent and no property	
	<i>Victims</i>	delinquency	< 3 victimizations

Figure 1.

Victimization-Delinquency Co-occurrence by Gender Ages 10-17

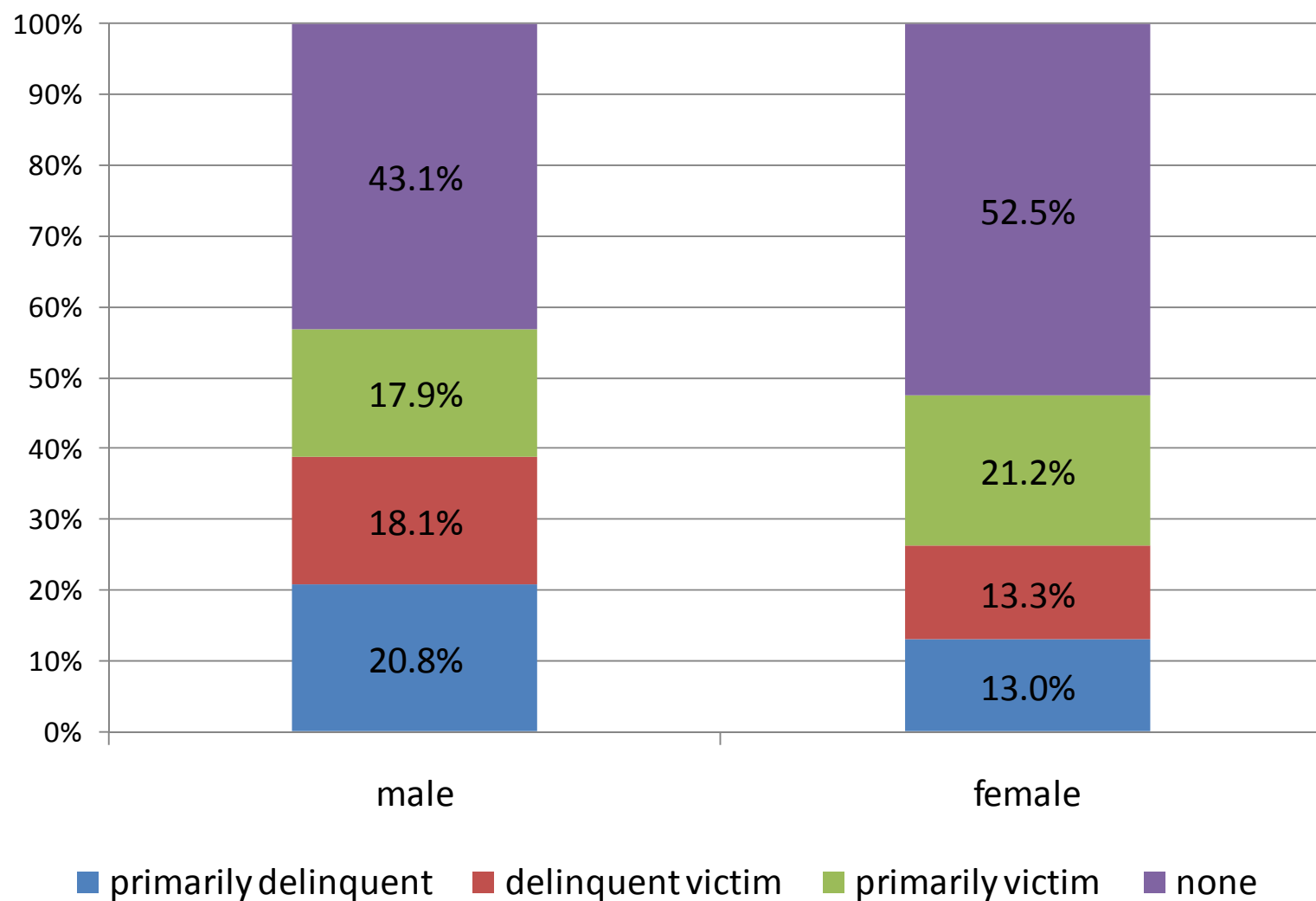


Figure 2.

Victimization-Delinquency Co-occurrence by Age 10-17 Year Old Males

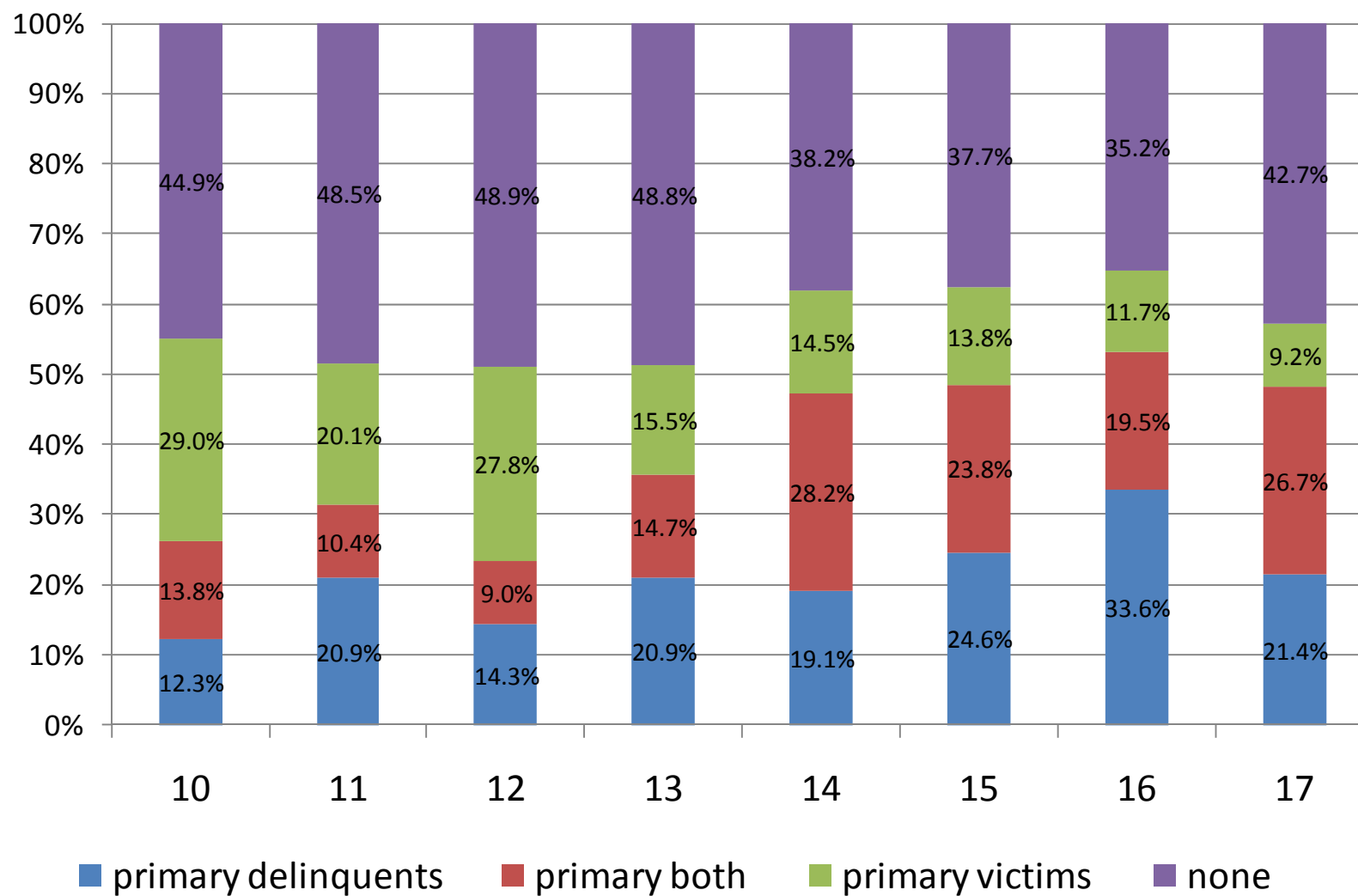


Figure 3.

Victimization-Delinquency Co-occurrence by Age 10-17 Year Old Females

