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PREVALENCE OF CHILD VICTIMIZATION, ABUSE, CRIME, AND VIOLENCE EXPOSURE

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Although the literature about the scope and nature of the problem of child victimization, abuse, crime, and violence exposure is large and growing, it is still far from satisfying the needs of policymakers, practitioners, and researchers. In this chapter, I examine and document the prevalence of the problem.

DEFINITIONAL MATTERS

The epidemiology of child victimization, abuse, crime, and violence exposure is muddled by terminology, making an accurate counting of the problem harder. For example, take three of the key terms used to define this field: *exposure to violence*, *child abuse*, and *child maltreatment*. Unfortunately, none of these terms accurately and distinctively covers the domain that professionals are actually concerned about. For example, *violence* (as in exposure to violence) rigorously defined means acts of physical force intended to cause pain. Yet many people concerned about these issues are interested in inappropriate but nonviolent sex offenses against children that do not require actual force and are not intended to cause pain. This is not technically violence; so *violence* is not a fully accurate term.

The same can be said about the term *child abuse*, usually used as shorthand for *child abuse and neglect* or *child maltreatment*. Those terms have the advantage that they conventionally do encompass many nonviolent offenses against children, like neglect and emotional abuse and nonviolent sexual abuse. But *child abuse* and *child maltreatment* also have limitations as general terms for this field. These terms apply by statute in many states (and thus in many tabulations) only to acts committed by caregivers. This means that acts of violence against children by peers, like gang assaults, and crimes like abduction by strangers are not technically child abuse. Thus, none of the most frequently used terms in this area is accurate and comprehensive.

Childhood Victimization

My preferred solution is to call this field *childhood victimization* or *developmental victimology*, using the broader victimization concept instead of the terms *violence* or *abuse* (Finkelhor, 2008). *Victimization* refers to harms caused by human agents acting in violation of social norms. The human agency component excludes things like natural disasters and illnesses, even though these are sometimes referred to as having victims. The victimization term is broad enough to include most of what people are concerned about in this realm: child maltreatment, extrafamily violence, sex crimes, exposure to violence, and even bullying. It does not solve all the problems (for more details, see Finkelhor, 2008), but it is more comprehensive and does not exclude any of the major areas of concern.

From this starting point, childhood victimization can then also be subdivided into three broad subcategories that differentiate the social response to this broad spectrum of child victimization:

1. Conventional crimes against children (rape, robbery, assault), which can be called *criminal offenses against children*, or just *crimes*.
2. Acts that violate child welfare statutes, including abuse and neglect, but also some less frequently discussed topics like the exploitation of child labor; they can be called child maltreatment.
3. Other victimizations that would clearly be crimes if committed by adults against adults, but by convention are not generally of concern to either the official criminal justice or child welfare system when they occur among or against children; these include peer and sibling violence. They might be termed *noncriminal juvenile crime equivalents* but can be called *noncrime victimizations* for short.

Each of these three categories is a complex domain, but each has its stereotypical forms, which sometimes help and at other times hinder thinking

about the category. When the public thinks of crimes against children, what stands out are stranger abductions and child molestations—situations of adults threatening children, in which the proper domain of protective and retributive action is clearly the police, courts, and criminal justice system. When the public thinks of child maltreatment, they tend to think of parents abusing or neglecting parental responsibilities, with the appropriate domain of intervention being family courts, social work, and mental health remedies. The public also is aware of noncriminal victimizations, such as bullying, that would be ordinarily handled by parents or school authorities.

Different as their stereotypes may be, however, these are not neat and distinct subcategories; there is substantial overlap. Child maltreatment is sometimes treated as criminal, sometimes not. Child molesting committed by a relative, for example, is often considered both as a crime and a child welfare violation, and can be dealt with through both criminal and child protective investigations. Noncrimes such as peer assault may actually result in an arrest in some jurisdictions but are delegated to parents or school authorities to sort out in other jurisdictions.

Indeed, this category of noncriminal juvenile crime equivalents is one that often creates confusion or draws objections. Many see its inclusion in discussions of crime, violence, and abuse as a watering down of the concept. Is it really violence, abuse, or victimization if a sibling hits another sibling or a sixth grader punches another sixth grader? But it is difficult to deny some behavioral equivalence, for example, between one adult hitting another, say, in a bar, and one child hitting another, say, on a playground. To study victimization in a developmental fashion, we must look at behaviorally equivalent acts across the life span, even if the social labels placed on the acts change as the participants get older.

The cultural assumption is that these acts are less serious or less criminal when they occur at earlier ages. Whether and how these acts are different should really, however, be a matter of empirical investigation. In research that my colleagues and I did previously, we did not, for example, find from the vantage point of the victim that violence between younger children is less physically or psychologically injurious (Finkelhor, Turner, & Ormrod, 2006). Understanding the basis for the social construction of victimization across the span of childhood should in fact be one of the key challenges for this field.

Corporal Punishment

An even more problematic type of juvenile crime equivalent, moreover, is spanking and corporal punishment, which certainly does fit the definition of violence if one defines violence as acts of physical force intended to cause physical pain. Some people may consider it prosocial violence and

claim not much pain is involved. But certainly an equivalent act among adults (e.g., a supervisor striking his or her employee on the rear or on the hand as a sanction for a workplace infraction) would be considered an assault and thus violence. Nonetheless, corporal punishment is not just typically viewed as minor victimization; it is actually viewed as salutary and educational by many segments of society. Because the proposed definition of victimization requires the violation of social norms, forms of normatively accepted corporal punishment may not strictly qualify.

However, there are signs that a normative transformation is in progress regarding corporal punishment (Greven, 1990). A majority of states have banned all its forms in schools; some 26 countries, mostly European but including Costa Rica, have outlawed spanking even by parents; and the American Academy of Pediatrics has officially opposed its use as a disciplinary technique. Social scientists have begun to study it as a form of victimization with short- and long-term negative consequences (Strassberg, Dodge, Pettit, & Bates, 1994; Straus, 1994). Some have argued that it is the template on which other violent behavior gets built (Straus, 1994). Even if negative consequences are small and infrequent, because corporal punishment is so widespread, the total societal impact may be considerable compared with even more traumatic but much less frequent forms of violence. All this suggests that the field could benefit from a great deal of definitional refinement and organization.

Fragmentation

The terminological confusion is in part a reflection of a field that is highly fragmented. This fragmentation is in part the result of the fact that different institutional domains—including law enforcement and child protection—claim jurisdiction in this area. The fragmentation is also a product of the fact that many topics in child victimization have been targets of advocacy mobilizations, which have often chosen to highlight a particular subset of the child victimization spectrum. Examples are date rape, bullying, and children exposed to domestic violence. Generally, these specialty categories can be nested within or have many overlapping dimensions with other categories. Nonetheless, many studies have been done on these specialty categories without locating them within the context of other broad categories, for example, date rape within general sexual assault epidemiology or exposure to domestic violence within general child maltreatment epidemiology. There is a shortage of clearly delineated categories in this field that all researchers and practitioners make reference to.

This fragmentation creates problems for epidemiology because studies have often been done on differently defined or subdivided categories. For example, some studies on what is labeled *sexual abuse* often count sex offenses

committed against a child by anyone—any adult or other child. However, some other studies of sexual abuse, if they are within the larger context of a study of child abuse and neglect, will typically only count sex offenses committed by caregivers. This makes the estimates difficult to compare. The fragmentation creates problems for institutions because they find themselves being asked to respond with limited resources to narrow segments of the child victimization problem. For example, should the school spend money on a date rape, a sexual harassment, a bullying, or a sexual abuse prevention curriculum?

I have argued that this field would benefit from a much more integrated approach that puts less emphasis on the subdivisions and more on the larger whole, in the way that the field of juvenile delinquency unifies the subcategories of youths who assault, steal, misuse drugs, commit sex crimes, and belong to gangs (Finkelhor, 2008). The subdivisions that should be emphasized most, if any, are the developmental ones: victimization patterns specific to infants, preschool, school age, or adolescent children. And approaches to identifying the causes and preventing occurrence of victimizations should be as unified and integrated as possible. These are the tasks I confer on the field of developmental victimology.

The discussion of how child victimization should be defined does highlight the fact that in some very important ways, child victimization differs from the victimization of adults. Children, of course, suffer from all the victimizations that adults experience—homicides, robberies, sexual assault, and even economic crimes like extortion and fraud. But one salient difference is that children also suffer from offenses that are particular to their status. The main status characteristic of childhood is its condition of dependency, which is a function, at least in part, of social and psychological immaturity. The violation of this dependency status results in forms of victimization, like physical neglect, that are not suffered by most adults (with the exception of those, such as older people and sick people, who also become dependent). Other aspects of childhood influence the dynamics of victimization, even in crimes that can occur to both children and adults. Inflicted blows that would not harm an adult can be lethal to a small child, which is one reason why the homicide rate is so high for infants. The differences between child and adult victimizations are an important reason why there needs to be a field of developmental victimology.

WHAT DO WE KNOW?

Not all of what is known about child victimization has been well publicized. Some has, but much has not. This section examines the scope of and trends in child victimization.

Scope of Child Victimization

Children are the most victimized segment of the population. It is interesting that this point has been so rarely made in the crime, violence, or maltreatment literatures. This is in part because data sources from which to make good age comparisons have not been that readily available. But some are available, and they point to children as having extremely high vulnerability.

The National Crime Victimization Survey (NCVS) is one of the most methodologically sound sources of information on crime and violence exposure. This survey, conducted annually by the U.S. Census Bureau, interviews tens of thousands of citizens about exposure to conventional crime, in particular, the more serious part of crime and violence spectrum.

The high vulnerability of children is clear-cut in the NCVS. For example, during the 1990s, the rate for aggravated assault against youths ages 12 to 17 was 15.5 per 1,000, more than twice the rate for the general population (i.e., 6.9 per 1,000). For rape, the comparison was 3.2 for youths to 1.3 for adults, almost 2.5 times higher. For violence overall, the ratio was 2.6 times higher for youths (Baum, 2005).

Unfortunately, the NCVS, which is the preferred source on crime victimization in general, has two deficiencies when it comes to child victimization. First, it does not gather information on victims younger than age 12. Second, it does not effectively encompass certain important forms of child victimization, such as child abuse, sexual abuse, and kidnapping, that preoccupy public policy regarding children. But national estimates that compensate for these deficiencies of the NCVS are available from other sources. Some of these various estimates are arrayed in Table 1.1.

Table 1.1 includes multiple estimates from different studies about some forms of victimization, and sometimes they show widely divergent rates. These differences stem from a variety of factors. Some of the studies listed base their rates on cases known to authorities (National Child Abuse and Neglect Data System) or professionals (Fourth National Incidence Study of Child Abuse and Neglect). Such studies are certain to count fewer cases than studies that obtain information directly from youths and their families. Although they miss many unreported cases, the advantage of studies based on authorities and professionals is that professional judgment is typically involved in assessing whether a real qualifying victimization (e.g., physical abuse) occurred.

Other discrepancies are more complicated to account for. For a variety of victimizations in Table 1.1, estimates are available both from the NCVS and the National Survey of Children Exposed to Violence (NatSCEV; Finkelhor, Turner, Ormrod, & Hamby, 2009), a study conducted by my colleagues and me. The NCVS is a survey conducted every year by the U.S. Census Bureau that interviews nearly 10,000 youths ages 12 to 17 years. The NatSCEV was

TABLE 1.1
One-Year Rate (per 1,000) and National Incidence Estimates for Various Childhood Victimizations

Type of victimization	Age	Rate/ 1,000 ^a	No. victimized	Year	Source ^b	Report type	Notes
Physical assault	0-17	463	34,335,000	2008	NatSCEV	Self/caretaker report	
	12-17	(72.8)	(1,686,842)	1993-2003	NCVS	Self-report	
Robbery	0-17	48	3,549,000	2008	NatSCEV	Self/caretaker report	Nonsibling
	12-17	7.8	(180,733)	1993-2003	NCVS	Self-report	
Theft	0-17	69	5,102,000	2008	NatSCEV	Self/caretaker report	Nonsibling
	12-15	2.1	(35,874)	2004	NCVS 2003	Self-report	
Sexual assault/rape	0-17	18	1,331,000	2008	NatSCEV	Self/caretaker report	
	12-17	3.2	(74,147)	1993-2003	NCVS	Self-report	
	7th-12th grades	(22.9)	NA	1995-1996	Ad Health	Self-report	
Sexual abuse (sexual assault by known adult)	0-17	4.1	285,400	1999	NISMART-2	Self/caretaker report	
	0-17	3	222,000	2008	NatSCEV	Self/caretaker report	
	0-17	2.4	180,500	2005-2006	NIS-4	Agency reports	
	0-17	(1.12)	83,810	2005	NCANDS	Agency reports	
Sexual harassment	0-17	26	1,922,000	2008	NatSCEV	Self/caretaker report	North and South Carolina
	8th-11th grades	(810)	(13,006,580)	2000	Hostile Hallways	Self-report	
Physical abuse	0-17	44	3,253,000	2008	NatSCEV	Self/caretaker report	
	0-17	(2.3)	166,920	2002	NCANDS	Agency reports	
	0-17	6.5	476,000	2005-2006	NIS-4	Agency reports	
	0-17	49	(3,359,195)	1995	CTSPC-Gallup	Self-reports	
	0-17	4.95	311,524	1986	SNIPSCDN	Agency reports	
	0-17	(2.00)	149,319	2005	NCANDS	Agency reports	
	0-17	43	NA	2002		Caretaker reports	North and South Carolina

TABLE 1.1
One-Year Rate (per 1,000) and National Incidence Estimates for Various Childhood Victimitizations (Continued)

Type of victimization	Age	Rate/ 1,000 ^a	No. victimized	Year	Source ^b	Report type	Notes
Neglect	0-17	15	1,109,000	2008	NatSCEV	Self/caretaker report	
	0-17	16.2	1,192,200	2005-2006	NIS-4	Agency reports	
	0-17	270	(18,509,850)	1995	CTSPC-Gallup	Self-reports	
	0-17	(7.58)	564,765	2005	NCANDS	Agency reports	
Psychological/ emotional abuse	0-17	64	4,732,000	2008	NatSCEV	Self/caretaker report	
	0-17	(0.85)	63,497	2005	NCANDS	Agency reports	
Witnessing/domestic violence	0-17	64	4,584,000	2008	NatSCEV	Self/caretaker report	
Family abductions (or custodial interference)	0-17	(2.9)	203,900	1999	NISMART-2	Caretaker reports	
Nonfamily abductions	0-17	(0.8)	58,200	1999	NISMART-2	Caretaker reports	Legal definition, includes stereotypical kidnappings
	0-17	(0.0016)	115	1999	NISMART-2	Law enforcement	Stereotypical kidnapping
Homicide	0-17	(0.02)	1,571	2002	SHR	Agency reports	
	0-4	(0.024)	NA	2004	NVDRS	State-based surveillance system	Alaska, Maryland, Massachusetts, New Jersey, Oregon, South Carolina, Virginia
	<1	(0.071)	NA	1998	CDC	Vital statistics	

Bullying	6th–10th grades	(168.8)	(3,245,904)	1998	HBSC	Self-report
	0–17	132	9,760,000	2008	NatSCEV	Self/caretaker report
Teasing or emotional bullying	0–17	614	42,092,770	1995	CTSPC-Gallup	Caretaker reports
	0–17	197	14,567,000	2008	NatSCEV	Self/caretaker report
Online victimization						
Sexual solicitations and approaches	10–17	130	3,220,000	2005	YISS-2	Self-reports
Harassment	10–17	90	2,230,000	2005	YISS-2	Self-reports
Corporal punishment	0–17	(147.6)	(29,887,672)	1999	PCAA	Caretaker reports
	0–17	(171.7)	34,800,000	2002	ABC News Poll	Caretaker reports

^aNumbers given in parentheses did not appear in original source but were derived from data presented therein.

^bSource acronyms: NatSCEV = National Survey of Children Exposed to Violence (Finkelhor, Turner, Ormrod, & Hamby, 2009); NCVS = National Crime Victimization Survey (Baum, 2005); NCVS 2003 = National Crime Victimization Survey, 2003 (Catalano, 2004); NA = not applicable/not able to calculate; Ad Health (Raghavan, Bogart, Elliot, Vestal, & Schuster, 2004); NISMART-2 = Second National Incidence Study of Missing, Abducted, Runaway and Thrownaway Children, 1999 (Finkelhor, 2008; Hammer, Finkelhor, & Sedlak, 2002; Sedlak, Finkelhor, Hammer, & Schultz, 2002); NIS-4 = Fourth National Incidence Study of Child Abuse and Neglect, 1993 (Sedlak et al., 2010); NCANDS = National Child Abuse and Neglect Data System, 2002 (U.S. Department of Health and Human Services, Administration on Children Youth and Families, 2004); Hostile Hallways (Axelrod & Markow, 2001); CTSPC-Gallup = Parent–Child Conflict Tactics Scales (Straus, Hamby, Finkelhor, Moore, & Runyan, 1998); SNIPSCDN = Second National Incidence and Prevalence Study of Child Abuse and Neglect (Cappelleri, Eckenrode, & Powers, 1993); SHR = Supplemental Homicide Reports (Fox, 2005); NVDRS = National Violent Death Reporting System (Bennett et al., 2006); CDC = Centers for Disease and Control and Prevention (Tomashek, Hsia, & Iyasy, 2003); HBSC = Health Behaviour in School-Aged Children (Nansel et al., 2001); YISS-2 = Second Youth Internet Safety Survey (Wolak, Mitchell, & Finkelhor, 2007); PCAA = Prevent Child Abuse America (Daro, 1999); ABC News Poll (Crandall, 2002).

a survey of both youths and caretakers regarding the experiences of over 4,500 children from the ages of 0 to 17 years. The NCVS estimates are considerably lower than those from the NatSCEV for every crime and also lower than many other survey estimates of specific forms of juvenile victimization.

The lower estimates from the NCVS are generally attributed to several factors. First, the NCVS uses complex definitions for each crime it measures, and respondents need to endorse several sets of questions in specific ways to qualify. Second, the NCVS interviews respondents on several occasions at 6-month intervals over a period of 3 years to make sure that the incidents reported clearly fall within and not outside an exact 1-year time period. Third, the NCVS survey clearly orients respondents to the topic of conventional "crime," so incidents that respondents might not think of as crimes (e.g., forced sex by a dating partner or being beaten by a parent) are less likely to get reported. Fourth, the NCVS does not require that youths be interviewed confidentially, and young people may fail to disclose incidents they would not want their parents or family members to know about. What this means is that the NCVS estimates are very conservative and count primarily incidents that would be considered conventional crimes in the narrow sense. By contrast, the NatSCEV estimates are inflated with less serious incidents and incidents that some observers might dismiss as "not real crimes," such as sibling and peer assaults and disciplinary acts.

It is important to note that the estimates in Table 1.1 are all single-year estimates. For some kinds of victimization, so-called lifetime prevalence estimates (i.e., over the course of the full childhood) have also been made. Such estimates are particularly familiar with regard to sexual abuse and sexual assault, for which one meta-analysis of 22 American-based studies suggested that 30% to 40% of girls and 13% of boys experienced sexual abuse during childhood (Bolen & Scannapieco, 1999). A different international meta-analysis of 169 studies found that lifetime prevalence rates of sexual abuse for females was 25% and for males was 8%, with the range in North America for females from 15% to 22% (Andrews, Corry, Slade, Issakidis, & Swanston, 2004).

However, there are several disadvantages to lifetime prevalence estimates, which is why they are not summarized in Table 1.1. First, single-year estimates are the more common currency in crime and victimization epidemiology and exist for a wider range of victimizations. Second, single-year estimates provide a better contrast between methods and among victimization types, especially since the long span of lifetime prevalence estimates blurs the contrast between rare and more frequently occurring events. Third, many childhood lifetime estimates are collected from adults after a long hiatus, which is problematic for the validity and reliability of the reports. Finally, many lifetime estimates are no longer current and apply only to an earlier generation of children,

a serious problem given the evidence of recent large changes in incidence rates (see below).

Even as single-year estimates, Table 1.1 reveals an enormous quantity and variety of victimization of children and youths. Based on the NatSCEV, almost half of all children experienced a physical assault in the course of the previous year, much of it by siblings and peers; 13.2% experienced physical bullying; 6.9% experienced a theft; and 4.8% experienced a robbery. The NCVS rates are typically only a fraction, in some cases a 10th or less of the NatSCEV estimates, which suggests how far we may still be from a consensus about the epidemiology of child victimization. But even the NCVS estimates suggest that conventional crime victimization rates for youths are at least 3 to 4 times larger than what is known to police (Finkelhor & Ormrod, 2001) and 2 to 3 times the victimization rate for adults (Finkelhor, 2008).

The scope and variety of victimization suggest some general comments rather than discussion of specific estimates. First, there is clearly a spectrum of victimization exposures, from the more serious to the less serious, from the less frequent to the more frequent. I have proposed dividing the spectrum into three groupings (Finkelhor, 2008). *Pandemic* victimizations, like peer assaults, occur to most or a large majority of children over the course of development. *Acute* victimizations, like child maltreatment by parents, occur to a minority but are generally considered to have quite lasting developmental consequences. *Extraordinary* victimizations refer to events like stranger abductions and homicides, which are rare but garner tremendous attention when they occur. Although the more serious victimizations receive the greatest attention, it is also important to recognize that relatively low-impact or low-risk events can have large public health and societal consequences when these events are widespread in the population. So it is important not to dismiss exposures to peer violence and other pandemic victimizations as of little consequence.

Second, the frequencies, particularly in comparison with adult frequencies, raise the question of why children are so intensively exposed to victimization, a question that has not received much theoretical or empirical attention. Elsewhere (Finkelhor, 2008), I have proposed four factors that help account for high levels of childhood violence and victimization exposure: (a) Children are smaller, weaker, and less experienced (and the younger more so than the older), which places them at disadvantage; (b) children have less behavioral self-control, which can entail at times provocative and risky behavior; (c) social norms are not as strong in the inhibition of violence against children as they are in violence against adults (e.g., it is a crime for a man to hit his wife but not his child); and (d) children have less choice over whom they associate with and are less able than adults to voluntarily leave dangerous families, neighborhoods, or schools.

Overall, the frequency of both acute and pandemic victimizations does suggest that childhood for ordinary American children runs a gauntlet of risky, unpleasant, and dangerous exposures. It violates our sense of what childhood should be and raises the question of whether society has been doing enough to promote the safety and security of children.

Poly-Victims

Because so many different victimizations occur to so many children, it is obvious that there must be considerable overlap. Ironically, though, the fragmentation of the field of child victimization has impeded inquiry into just how much overlap there is and why. Advocates and policymakers concerned about one form of child victimization or another, like dating violence, have tended to present estimates and studies about their victims as though this was the primary or only victimization that such children suffered from. They could do this because studies of one kind of victimization rarely asked about other kinds. Some studies might inquire about multiple forms of child maltreatment, such as physical and sexual abuse. Other studies, like the NCVS, inquire about multiple forms of conventional crime, like rape, robbery, and aggravated assault. But studies almost never asked about a very broad and comprehensive range of victimizations, including child maltreatment, conventional crime, and exposure to pure violence, for example.

It turns out that most juvenile victims do experience multiple victimizations. This was demonstrated in the Developmental Victimization Survey, which used a questionnaire (the Juvenile Victimization Questionnaire) that asked about 34 different kinds of child victimization in five broad domains: conventional crime, child maltreatment, peer and sibling, sexual victimization, and witnessing/indirect victimization.

Whereas 71% of the children and youths experienced at least one victimization in the past year, even more important was the percentage experiencing multiple victimizations (the Developmental Victimization Survey defined multiple victimizations as having a different kind of victimization in a different episode over the course of a year). This means that an assault and robbery on different occasions, even by the same perpetrator, would count as multiple victimizations, but two assaults by the same or even different perpetrators would not count as a multiple. This conservative way of defining multiple victimization was adopted in light of findings that different kinds of victimization seem to be more impactful than repeated episodes of the same type (see Finkelhor, Ormrod, & Turner, 2007; Finkelhor, Ormrod, Turner, & Hamby, 2005). Of the children with any victimization in the last year, two thirds had had two or more. The average number of victimizations for a victimized child was three in the past year, and the total ranged all the way up to 15.

One of the most important findings was the concentration of risk. Children who had had one kind of victimization were at increased likelihood of having other victimizations as well. For example, if you had been physically assaulted by a caretaker, you were 60% more likely than other children to also have been assaulted by a peer.

These children with multiple victimizations should be a particular policy concern. In other fields it has been widely recognized that multiple intersecting adversities frequently have impacts far beyond those of individual stressful events. For example, clients with several psychiatric diagnoses (comorbidity) or who abuse different kinds of drugs (polydrug users) have been found to pose particularly challenging problems. There is every reason to believe that this is also the case with children victimized in multiple ways.

My colleagues and I (Finkelhor, 2008) have proposed to call this group of multiply victimized children *poly-victims*. We prefer the term *poly-victim* over *multiple victim* because the term *multiple victim* can imply victimization in which there were several victims, a meaning that could be confused with what we were intending to designate: a victim who had several victimizations. We expected that the data would show them to be highly vulnerable and distressed young people, and that was the case.

We categorized as poly-victims the youths in our national survey who had experienced four or more victimizations over the course of the single year. Such youths represented 31% of all victims and 22% of the full sample. But they were the youths with the most serious kinds of victimization. Of the poly-victims, 40% had had a victimization injury, 42% had experienced a form of maltreatment, and 25% had been victimized by a weapon-toting assailant. They had considerably more other lifetime adversities, like major illnesses, accidents, or other family problems. They were also clearly the most distressed youths. They were 5.8 times more likely than other youths to be angry, 20.2 times more likely to be depressed, and 10.3 times more likely to be anxious. In fact, most of the clinically distressed kids were also poly-victims; 86% of the clinically depressed children also fit the criteria as poly-victims (Finkelhor et al., 2007).

The research concerning poly-victims has important implications. For one, it suggests that what professionals should be on the lookout for among children is poly-victimization, not just one individual type of victimization, even a serious one. Analyses have suggested that poly-victimization is the pattern most associated with mental health problems and bad outcomes, and that poly-victims are the kids harboring the greatest amount of distress. The associations between distress and individual victimizations disappear when poly-victimization is taken into account (Finkelhor et al., 2007). That is, children who experience a single kind of victimization, such as bullying or even child maltreatment, look like they are able to recover from it. But youths who

experience victimization of multiple kinds from multiple sources are showing signs that they are locked in a pattern or trapped in a downward spiral that should be of the greatest concern to those trying to help.

The poly-victim idea has implications for theory as well. Victimization has in the past mostly been conceptualized as stressful or traumatic *events*. This is in part a legacy of the child victimization field's close connection to the literature on posttraumatic stress. The earliest victimization experiences to be studied in detail were sexual assaults, which were considered to be highly threatening individual episodes, happening to otherwise ordinary victims who were overwhelmed by a short-term incident. But as victimization research has expanded, researchers have come to understand that many victims are subjected to repeated episodes over a period of time, as with the child who is bullied again and again on the playground or emotionally and physically abused again and again by a parent. The poly-victimization research highlights that many children are subjected to a variety of different kinds of victimization, like being beaten and sexually assaulted and robbed, over a relatively short period of time. This suggests that victimization for some children is more like a *condition* than an event. A condition is a much more stable and ongoing process, whereas an event is more time limited. It is like the difference between failing a test and failing a course, or the difference between an acute medical condition, such as appendicitis, and a chronic one, such as diabetes. One of the most important diagnostic challenges faced by professionals concerned about child victimization is discerning those children for whom victimization has become a condition rather than just an event. We should expect them to have different characteristics and a different prognosis.

In recent work (Finkelhor, Ormrod, Turner, & Holt, 2009), we found evidence to suggest at least four distinct pathways to this poly-victimization condition. The first pathway is through violent family environments, in which there may be exposure to domestic violence and direct maltreatment with such developmental experiences creating both cognitive sets and emotional deficits that make subsequent victimization outside the family more likely as well. There is a second pathway to poly-victimization through family disruption and adversity, including divorce and stepfamily environments, illnesses, accidents, homelessness, and the like. This pathway likely operates through mechanisms like poor supervision, emotional deprivation, and exposure to a lot of potentially predatory persons, deficits that lead to peer victimization, sexual victimization, and other victimizations.

The third pathway to poly-victimization has to do with living in dangerous neighborhoods and community environments. Children even without violent, disrupted, or disorganized families may become poly-victims in such environments, where there may be gangs, vandalism, and unsafe schools and where families may use coercive techniques for socializing children because

they believe these are helping to “protect” children from the dangerous environment.

Then there is a fourth pathway or set of pathways to poly-victimization that operate through the personal characteristics of children. These include certain temperaments, disabilities, and being different in ways that may mobilize dislike because of sociocultural stigmas (e.g., the stigma of gender-atypical behavior). Children with certain kinds of trauma or mental health problems may actually seek out or trigger conflicts that they are unable to handle.

These pathways to poly-victimization highlight some of the features that have been shown in past research to be associated with higher rates of victimization. Urban, lower income, and minority neighborhoods do have higher rates of many kinds of child victimization, although Lauritsen (2003) showed that the excess is primarily explained by the density of the youth population and the proportion from single-parent families (suggesting inadequate supervision) in such areas. Family disruption has consistently been shown to be associated with a wide variety of childhood victimization exposures. Certain personal characteristics have also been shown to be associated with vulnerability to various kinds of victimization, including disabilities and mental health problems (Finkelhor, 2008). With regard to gender differences, girls experience more sexual offenses, and boys somewhat more physical assaults.

Trends

A chapter on scope would not be complete without some commentary on historical trends. Most authors believe that the long-term trend is for less violence, abuse, and child victimization. Several authors have speculated on the basis of historical documents, for example, that the use of severe forms of corporal punishment (e.g., whippings, beatings, hitting on the head) has declined (Greven, 1990). Data also show declines in corporal punishment and decreasingly favorable attitudes toward corporal punishment from the 1970s to the present (Straus, 2001).

The tracking of data sources for child victimization for recent periods also shows declines since the early 1990s in various types of child abuse and crimes against children, in some cases very dramatic declines. Here are some specific trend findings:

- Sexual abuse reported by state child welfare authorities started to decline in the early 1990s, after at least 15 years of steady increases. From 1990 to 2000, sexual abuse substantiations were down 53%.
- Physical abuse substantiations (also reported by state authorities) joined the downward trend starting in the mid-1990s, in a decline

that was most dramatic between 1997 and 2000. From 1992 to 2006, physical abuse substantiations declined 48%.

- Sexual assaults of teenagers dropped, according to the NCVS. From 1993 to 2004, overall sexual assaults decreased 67%. The subgroup of sexual assaults by known persons was down even more.
- Other crimes against teens ages 12 to 17 were also down dramatically as measured by the NCVS. Aggravated assault was down 74%, simple assault down 63%, robbery down 72%, and larceny down 55%. This has been in the context of a crime decline for victims of all ages.
- Juvenile victim homicides declined 50% from 1993 to 2004, a drop that was larger than the 42% drop in homicide for victims 18 and older. The drop was also more dramatic for youths ages 14 through 17 (down 62%) than for younger children (down 36%).
- Domestic violence also declined in recent years according to the NCVS, down 49% from 1993 to 2001, meaning that children were probably being exposed to fewer violent parents.

The converging evidence points to a real decline. The decline appears in both official and self-report sources during a similar time interval. The decline has a persistence and breadth across a wide variety of crime and abuse categories as well as different regions and residential environments. Analyses to look for signs of changes in standards or willingness to report could not find much evidence for such explanations (Finkelhor & Jones, 2004). Among published reports on recent crime trends, the vast majority of criminologists accept the reality of a large and broad decline in crime, and it would be surprising if child forms of victimization were not included in these overall trends.

The declines have also occurred across a broad range of victimization types. They include victimizations, such as homicides, that are rare, serious, regionally variable, and indicative of more pathological circumstances, but they also include victimizations that are fairly common, like simple assaults. This is important because some of the factors that affect homicide trends, such as gun availability and the quality of medical care, are not likely to be factors in explaining trends for simple assaults among youths.

This suggests that children are escaping some portion of the perils faced by earlier generations. One of the implications is that widely cited statistics about the lifetime prevalence of certain childhood victimizations may no longer represent the experience of the current generation. Meta-analyses of general population surveys of adults, for example, have suggested that a quarter or a fifth of women suffered sexual abuse in childhood. But if recent trends are down, then these estimates, based on adults growing up in earlier decades, may not be predictive of what will be the lifetime experience of childhood

sexual abuse for the current cohort of children. This highlights one of the limitations of using adult retrospective surveys to develop policy for current child victimization.

The Context for Declines

It is interesting to note that as juvenile victimization has declined, other related social problems affecting youth have improved. Teen suicide fell 41% from 1994 to 2003. Births to teens fell 40% from 1994 to 2003. The number of children living in poverty declined 24% starting in 1994 until 1999, when it leveled off. Running away declined, both in police statistics and in reports from children and families. The decade of the 1990s also saw an improvement in child behavior problem and competence scores on the Child Behavior Checklist, reversing an earlier period of significant deterioration in this widely used child assessment measure.

There are conflicting opinions among scholars about what lies behind the crime decline and relatively little discussion among child victimization experts about the specific improvement in child victimization or child welfare indicators. One review highlighted some factors that were powerful enough to effect broad changes and temporally situated properly with respect to the onset of the recent declines in child victimization (Finkelhor & Jones, 2006). First, a large and sustained economic prosperity in the United States began in the early 1990s. Second, a new class of psychiatric medications to treat depression and anxiety became available in the late 1980s, and prescription trends show a huge boom in the numbers of children and adults taking psychiatric drugs (including the behavioral control drug Ritalin), which were being widely disseminated by primary care physicians. Third, there was a large deployment of police and child protection workers, many of whom were equipped with better training and a specific orientation to child victimization and family violence. It was during this period that many new shelter programs and children's advocacy programs were established, and aggressive new case finding and prosecution efforts were undertaken. Finally, there had been a considerable increase in the 1980s, continuing throughout the 1990s, in offenders incarcerated for crimes against children and other family-related offenders.

The declines in childhood victimization are certainly good news for those concerned about child well-being and the future quality of childhood. It is curious that they have not been publicized extensively by practitioners and advocates, in part because of questions about their validity, concern about whether they would persist, and fear that the improvements might be taken by funders as an opportunity to turn their attention elsewhere. They do pose a tremendous opportunity for policy if the declines can be analyzed in ways

that uncover the sources of success. Unfortunately, the existing data systems may be sufficiently limited to make these analyses impossible or inconclusive. But the potential learning opportunity of dramatic trends should be a lesson about the utility of rigorous, detailed, and repeated epidemiology, a lesson it is hoped will inspire future improvements.

HOW WE KNOW IT: THE BASIS FOR EPIDEMIOLOGY ON CHILDHOOD VICTIMIZATION

Epidemiological information on child victimization comes from two broadly defined sources: community surveys and agency tabulations. The main community survey source is the NCVS, which in recent years has been supplemented by topical studies such as the Developmental Victimization Survey. The main agency tabulations come from the Federal Bureau of Investigation in its national tabulations on reported crime and the U.S. Children's Bureau with the tabulation on child maltreatment, the National Child Abuse and Neglect Data System.

WHERE DO WE GO FROM HERE? GAPS AND RECOMMENDATIONS

The research needs for epidemiology about child victimization are vast and urgent, given the size of the problem and the seriousness of its impact. Ultimately, comprehensive yearly national and state figures are needed on all officially reported crimes and forms of child abuse committed against children of all ages. These need to be supplemented by regular national studies to assess the vast quantity of unreported victimization, including family violence, child-to-child, and indirect victimization such as exposure to domestic violence. Although such efforts pose methodological challenges, studies demonstrate that they are feasible. In addition, long-term longitudinal studies are needed to document the sequence of child victimizations and child victimization risk factors over the course of a full childhood.

It is not hard to imagine what an effective system for tracking the epidemiology of childhood violence exposure would look like. One only has to look at the public health system for tracking diseases and other health-related threats. Systems exist for gathering and reporting on a wide range of infectious diseases, illnesses, and accidental injuries and for providing national, regional, and local rate calculations with only a brief time lag. National health epidemiological surveys on the general population are also a feature of the comprehensive health assessment system. It is disappointing that similarly

comprehensive, detailed, and prompt systems do not exist for tracking childhood violence exposure, which arguably is every bit as much a threat to public health and certainly a major topic of public and policy concern. Such systems could be valuable resources in efforts to reduce the toll of exposure. Those concerned about such exposure should mobilize to make such systems a reality.

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