
THEORY & REVIEW

THE VICTIMIZATION OF CHILDREN: A Developmental Perspective

David Finkelhor, Ph.D.

A framework is presented for a new field called developmental victimology, and two major branches are described. One would analyze developmental changes that affect children's risk for victimization, particularly in three areas: children's suitability as targets, their ability to protect themselves, and the environments they inhabit. A second branch would focus on developmental processes that affect children's reactions to victimizations and in particular, developmental tasks and critical periods, the process of cognitive appraisal, and the forms of symptom expression.

Although child victims of crime and abuse have received a great deal of public and professional attention, the scholarship concerning this problem—the victimology of childhood—is conceptually undeveloped. One reason is the way in which professional interest has focused independently on distinct types of child victimization, such as sexual abuse or child abduction, without much effort to integrate the topics. Another has been a lack of sound statistics and data bases to fertilize discussion. To some extent, child victims, like women at an earlier date, have simply escaped the interest of mainstream academic criminology, a discipline that could have provided the conceptual grounding. Moreover, victimization other than child abuse has also been a relatively minor theme in the field of child development, another discipline with a possible stake in the subject.

This absence of scholarship is ironic for two reasons. First, when taken as a group, children are at even higher risk for victimization than are adults. Analyses of the National Crime Survey and Uniform Crime Reports (*Bureau of Justice Statistics, 1991; Moone, 1994*) show teenagers to be at substantially higher risk than their elders for all crimes except homicide. Second, in spite of this, the primary joint interest pursued by the fields of criminology and child development, extending back for several generations (*Gibbons & Krohn, 1991*), has been concerned with children as offenders—delinquents—rather than as victims. The victimization of children has only recently come to merit academic concern, due in part to the insight that childhood victimization may, in fact, be a prime cause of delinquency (*Widom, 1991*).

One consequence of this disciplinary ne-

glect is that stereotypes and myths about child victimization have proliferated, uncorrected and unmodified by careful scholarly analysis. The problems have been relegated to the media, politicians, and advocacy groups. For example, the issue of children and homicide is largely viewed in the public arena and among many professionals as a problem of teenage victims (*Richters & Martinez, 1993*). Recent increases in the rate of teen homicide and publicized instances of gang killings and drive-by shootings have firmly implanted this stereotype of child murder in public awareness. However, the risk of child homicide is, in fact, bimodally distributed, with infants at high risk, in addition to older teens. Young children are killed primarily by parents who do not want them or are ill-equipped to care for them. Adolescents are killed by strangers and peers, often with guns, in a pattern that resembles adult homicide (*Christoffel, 1990; Crittenden & Craig, 1990; Jason, 1983*). Discussion of child homicide needs to incorporate the full range and diversity of the problem.

TOWARD A DEVELOPMENTAL PERSPECTIVE

An important shortcoming of much of the discussion of children and crime is the failure to grasp fully the developmental nature of childhood and its implications for criminal victimization. Childhood is a period of enormous change in size, strength, cognitive capacities, gender differentiation, relationships, and social environments—all of which affect the potential for victimization. Moreover, the impact of these changes, which interact with one another, is not simple. Children do not simply become safer because they become stronger. To understand the nature and impact of victimization on children, a devel-

opmental perspective must be adopted. A means of organizing its complexity and relating it to what is known about victimology in general must be found.

This article seeks to begin the task by creating an initial framework for a new field of *developmental victimology*,* the study of victimization across the changing phases of childhood and adolescence. Some of the key aspects of these changes, and the ways in which they affect the nature and impact of victimization, will be delineated.

The developmental victimology of childhood can be subdivided into two elementary and fairly distinct domains. The first concerns developmental aspects of *risk*. The types of victimization that children suffer depend on their age and level of development in a very basic way. To state the obvious, toddlers are rarely the targets of gang violence. A less obvious example is that teenagers suffer the most stranger abduction, while family abduction tends to occur more with younger children (*Finkelhor, Hotaling, & Sedlak, 1990*). The types of developmental factors that affect and explain these patterns of risk and vulnerability will be discussed later.

The second domain concerns the developmental aspect of *impact*. How children respond to victimization depends on stage-specific capacities and vulnerabilities (*Newberger & De Vos, 1988*). For example, a teenager's reaction to parental neglect or abandonment will certainly be different from that of a toddler. General principles can be drawn about the nature of these reactions, the ways in which they develop and change, and the extent to which they are specific to certain kinds of victimization or common to many. Because they are conceptually distinct, these two aspects of

*Victimology, a subfield within the larger field of criminology, was organized in the 1960s in an effort to understand and analyze the experience of victims (*Karmen, 1990*). Some of its early contributions were widely criticized for appearing to hold victims responsible for their own misfortune (*Amir, 1971*), but it has grown extensively and has spawned considerable theory and social policy, including victim compensation legislation and victimization prevention education programs (*Fattah, 1991*).

developmental victimology—risk and impact—will be considered separately.

DEVELOPMENTAL ASPECTS OF RISK

The literature on children's victimization is replete with evidence of the developmental aspects of risk. Child-abuse homicides have been found to be heavily concentrated among children under the age of two (McClain, Sacks, Proehlke, & Ewigman, 1993). Handgun homicides rise rapidly for teenagers as they reach the ages of 15 to 17 (Jason, 1983). The risk for sexual abuse appears to increase markedly between the ages of six and ten (Finkelhor & Baron, 1986).

Unfortunately, reliable data that cover all of childhood do not exist for many forms of victimization because statistical sources, such as the National Crime Survey and the Uniform Crime Report, do not collect or tabulate these data for all ages. Further, a child's age often affects not only the likelihood of victimization, but the likelihood of disclosure or reporting. For example, it appears to be much more difficult for children under six to disclose sexual abuse than for those over 12 (Finkelhor & Baron, 1986). Thus distributions of victimization risk by age often say more about disclosure than about risk.

Nonetheless, given that risk varies by age, the need for general principles that explain variations in risk seems obvious. One approach is to note some of the domains affecting risk that vary over the course of development. These domains can be divided into two subcategories: 1) the characteristics of children themselves and 2) the characteristics of the environments they inhabit. Characteristics of children, in turn, can be broken down into: 1) those affecting their suitability as targets and 2) those relating to their ability to protect themselves.

Changes in Children as Targets

Over the course of development, children both acquire and lose characteristics

that make them more or less suitable as targets for various types of victimization. An obvious example is sexual maturation, which tends to make children (especially girls) more vulnerable to sexually motivated crimes. This sexual maturation principle must be qualified, however, since for certain pedophiles (Barbaree, 1990; Marshall, Barbaree, & Christophe, 1986) children become less suitable as they mature.

There are other obvious examples of developmental targeting. As children grow older and begin to carry money and acquire increasingly valuable possessions, their suitability as targets for theft and robbery increases. At earlier ages, such victimization would obviously be rare.

Targeting may also change as a result of what might be called children's relative suitability as objects of parental possessiveness. One reason why younger children are more often abducted by parents in custody disputes is that parents tend to feel stronger attachment to them than to adolescents, from whom they may feel more alienated. In the same vein, the crime of stealing a child to raise as one's own primarily happens to infants, who are at the pinnacle of their value as love objects.

Personality characteristics also may affect targeting. Researchers have identified a group of children (about one-tenth of the elementary-school-age population) who seem to be repeatedly victimized by their peers (Olweus, 1978; Perry, Kusel, & Perry, 1988). This group appears to consist of both distinctively aggressive and passive children, whose personalities seem to attract rejection and assaults. The study of the development of these and other characteristics (physical, personality, and social class) that can affect a child's suitability as a target thus seems a worthwhile endeavor.

Changes in Capacity for Self-Protection

Children also change with age in their ability to protect themselves. One reason why only a third of 15–17-year-olds are hit

by their parents, compared to 97% of three-year-olds (*Wauchope & Straus, 1990*), is that older children are better able to run away, to use verbal and intellectual skills to placate, and to fight back. Equalization of size and strength may also be the deterrent that explains the decline in sibling violence from 90% among 3–4-year-olds to 64% among 15–17-year-olds (*Straus, Gelles, & Steinmetz, 1980*). The greater independence of adolescents, who are able to travel on their own and who are generally more difficult to control, may also help to explain why they are less likely to be abducted by parents during custody disputes (*Finkelhor et al., 1990*).

However, this correlation of the capacity for self-protection with age may not be entirely uniform. It could be argued that some of the urges and pressures to take risks (e.g., to drink or take drugs) that characterize adolescence represent a decline in the capacity for self-protection. Such risk-taking seems to be associated with certain kinds of victimization (*Esbensen & Huizinga, 1991*). Developmental disabilities also appear to be associated with increased risk (*National Center on Child Abuse and Neglect, 1994; Sobsey, 1994*); intellectual or physical limitations could be conceptualized as compromising children's ability to protect themselves, including their ability to disclose victimization and abuse. In addition, victimization itself seems to compromise children's capacities to resist subsequent victimization (*Boney-McCoy & Finkelhor, in press*), perhaps by undermining their confidence, assertiveness, and ability to assess trustworthiness (*Finkelhor & Browne, 1985*).

Changes in Environment

The environments in which children live, travel, and work change over the course of their development, dramatically affecting their risk for victimization. In keeping with the observations of routine activities theory, a prominent conceptual framework in criminology (*Cohen & Felson, 1979*), en-

vironmental characteristics can be divided between those that increase the presence of "motivated offenders" (people who might want to victimize the child) and "capable guardians" (people interested in and capable of protecting the child). The basic proposition at the core of routine activities theory is that risk for victimization is higher in environments with more motivated offenders, lower in those with more capable guardians. For example, when children are allowed to stay out at night, they enter into environments where they are exposed to more potentially motivated muggers. When girls spend time alone on dates with boys in cars, they are more vulnerable to rape due to the absence of capable guardians in their immediate vicinity.

However, one of the implicit assumptions of routine activities theory—that public environments like streets and parks are associated with more motivated offenders and fewer capable guardians than are private environments like the home (*Lauritsen, Laub, & Sampson, 1992*)—is called into question by the victimization profile of children. Much of the physical and sexual abuse, neglect, and sibling violence that young children experience at high rates occurs at home (*Straus et al., 1980*). The picture is not a simple one of children becoming vulnerable to more victimization as they move into less supervised environments, but a complex pattern of change in type of victimization as children change environments. When children are in the home, the "motivated" offenders may be parents, relatives, and siblings, and the "capable guardians" may be nonfamily members, such as neighbors or community professionals.

That children have limited autonomy over their own environments is a key aspect in understanding children's victimization. Lack of choice over associates, and hence the ability to regulate contact with motivated offenders and capable guardians, has been correlated with victimization potential (*Lynch, 1991*). Like the poor, mi-

norities, and dependent women, who also face restrictions in choices affecting safety, children are disadvantaged in this regard (Foster & Freed, 1972). Children do not generally choose their family, neighborhood, or school. They cannot easily opt to leave settings that become unpleasant or dangerous. They are unlikely to have cars, offices, or work environments that afford protection from threatening individuals. Instead, their daily routine confines them to large, heterogeneous environments—namely, schools—where they may have direct and involuntary exposure to motivated offenders. When children are employed, their jobs are usually in newspaper delivery, restaurants, or supermarkets (Block, Felson, & Block, 1985), which tend to involve undesirable hours and involuntary contact with large, heterogeneous publics.

As children acquire relatively greater control over their environments, their risk of victimization appears to be less a matter of compulsory circumstances than of personal choices. For example, one youngster may elect to spend free time as a gang member, thus exposed to a relatively risky environment, while another decides to join the school orchestra, which is likely to be less risky. Similarly, when they acquire driver's licenses, some teenagers may use them to go to bars and parties, others to go fishing. A variety of developmental processes seem to affect these choices, including the formation of personal identities, acquisition of self-esteem, evolution of a style in interpersonal relationships, history of academic performance, and prior experience of violence and abuse.

Unfortunately, there has been a tendency in both professional and lay thinking to overemphasize this single developmental pattern, which tends to result in the view that adolescents are largely responsible for their own victimization, while younger children are not. In one of the few forays of traditional criminology into the field of children's victimization, the hypothesis was advanced that adolescents victimization is

predicted primarily by involvement in delinquent activities and with delinquent peers (Lauritsen, Sampson, & Laub, 1991). This generalization may be true for certain groups of children and for some forms of victimization, but the proposition can be questioned on a number of grounds. Fagan, Piper, and Cheng (1987) pointed out that delinquency and victimization may have a reciprocal relationship, so that in many cases victimization may be the cause, rather than the result, of delinquent affiliations. For example, children may join gangs for protection from repetition of past victimization or to compensate for deprivation and abuse in their families of origin. Moreover, there are many forms of victimization, such as intrafamilial assaults, that cannot be blamed on delinquent affiliations. Most importantly, the proposition that victimization stems primarily from delinquency, when taken in isolation from a full understanding of children's victimization, fails to recognize much of the generally involuntary and high-risk nature of the adolescent environment.

The Dependency Continuum

Child development and risk of victimization are linked by the extent of children's dependency needs, another factor that encompasses both personal and environmental characteristics. It is noteworthy that, while children can suffer all the forms of victimization to which adults are subject (e.g., rape, robbery, assault), they are also vulnerable to some (e.g., physical neglect or family abduction) that are specific to their status. What is unique about these special types of victimization is that they violate both children's dependency needs and the social expectation that adults will respect these needs; they are forms of victimization that do not apply to adults other than those who become incapacitated and thus, like children, are deemed in need of special protection.

The types of victimization to which children are subject may be viewed on some-

thing of a continuum, according to the degree to which they are related to children's dependency status. At one extreme is physical neglect, which has practically no application other than in the case of a dependent child. Similarly, family abduction, which involves the unlawful removal of a child from his or her caretaker, is a dependency-specific form of victimization. At the other end of the continuum are acts that are defined without reference to dependency and that exist in similar forms for both children and adults. Stranger abduction is prototypical in this instance, since both children and adults may be taken against their will and imprisoned for ransom or sexual purposes. Homicide also would be placed at the non-dependency-related end of the scale. In between these extremes are forms of child victimization that involve dependency in some contexts, but not in all. Sexual abuse fits in this central portion of the scale, since it may involve nonviolent acts that are ordinarily acceptable between adults, but are deemed victimizing in the case of children because of their immaturity and dependency. Other forms of sexual abuse, however, involve violence and coercion that would be victimizing even with a non-dependent adult.

The fact that children become progressively less dependent as they get older allows for a simple proposition concerning development and victimization risk. Victimization stemming from the dependent status of children is more common among the most dependent, hence the youngest, children. As children get older, their victimization profile becomes more like that of adults. To the extent that data are available, this proposition is indeed borne out. Dependency-related victimization, such as family abduction and physical neglect, are most concentrated among younger children, while non-dependency-related acts, such as homicide and stranger abduction, involve a greater percentage of teenagers (*Finkelhor & Dziuba-Leatherman, 1994*).

This proposition leads to another—that

younger children suffer a greater proportion of victimization at the hands of intimates than at the hands of strangers. This is because dependency-related victimization involving younger children also involves perpetrators who are caretakers and family members—the people on whom the responsibilities created by children's dependency status fall. They are the individuals in a position to violate those responsibilities in a way that creates victimization. Thus, when a sick child fails to receive medical attention, the parents are charged with neglecting the child, even if the neighbors also did nothing. Available statistics bear this out as well. Parents comprise 100% of the perpetrators of neglect (*Sedlak, 1991*), perhaps the most clearly dependency-related form of victimization, but they represent only half or less of the perpetrators of sexual abuse (*Sedlak, 1991*) and 28% of the perpetrators of homicide (*Federal Bureau of Investigations, 1992*).

Risk and Gender

Developmental factors affect boys' and girls' risk for victimization in different ways. The obvious example is rape, since sexual maturation results in a dramatic increase in the risk of this crime for girls and little equivalence for boys. One plausible generalization about risk and gender derives from the fact that gender differences tend to become more pronounced as children get older. A developmental hypothesis taking this trend into account predicts patterns of victimization to be less gender-specific for younger children and more so as children grow older. That is, because younger boys and girls are more similar in their activities and physical characteristics, there is less difference between the sexes in the rates and types of victimization in the early years than in adolescence, when physical and social characteristics diverge.

This pattern appears to hold for homicide, the type of victimization for which there exist the best data for gender and age (*Finkelhor & Dziuba-Leatherman, 1994*).

Rates of homicide are similar for boys and girls up to age 14, at which point the vulnerability of boys increases dramatically. Reliable data on gender and age are not so readily available for other forms of victimization, so it remains to be seen if this proposition applies more generally. However, developmental victimology needs to look at a variety of age and gender interactions in understanding variations in children's risk.

DEVELOPMENTAL ASPECTS OF VICTIMIZATION IMPACT

Just as it is useful to take a developmental approach to the risk of victimization, so it is useful to take the same approach to its impact. Unfortunately, the literature on the impact of child victimization is fragmented into many subfields and infrequently reflects a developmental analysis. It is a lopsided literature; a great deal has been written about the impact of sexual abuse and early physical abuse and neglect, but there is comparatively little about other forms of victimization. The classic works consist of several small, in-depth studies of such extremely traumatizing events as stranger kidnapping (*Terr, 1979, 1983*), witnessing the homicide of a parent (*Pynoos & Eth, 1985*), and being present at a playground massacre (*Pynoos et al., 1987*). Until recently, little research had been done on a broader spectrum of victimization (*Boney-McCoy & Finkelhor, in press; Singer, Anglin, Song, & Lunghofer, 1995*).

The most developmentally oriented of all research on child victimization has been the extensive literature on physical abuse and neglect (*Cicchetti Lynch, 1993; Conway & Hansen, 1989; Golson, 1987*). In this field, there are developmental conceptual frameworks for thinking about impact (*Shirk, 1988*) and empirical longitudinal studies that have followed young children for extended periods of time (*Dodge, Bates, & Pettit, 1990; Egeland, 1991; Egeland, Sroufe, & Erickson, 1983; Herrenkohl, Herrenkohl, Egolf, & Wu, 1991*).

This research shows a pervasive impact of abuse and neglect on the development of social competence, autonomy, self-esteem, peer relations, cognitive and intellectual capacities, adaptation to school, and a variety of other areas. The clearest examples of studies that have tried to differentiate developmentally the impact of different kinds of maltreatment such as abuse or neglect can also be found in this literature (*Egeland et al., 1983*).

The literature on the impact of sexual abuse is also extensive, and has established that the effects of victimization can be varied and lasting (*Beitchman, Zucker, Hood, dacosta, & Akman, 1991; Browne & Finkelhor, 1986; Kendall-Tackett, Williams, & Finkelhor, 1993*). However, with some exceptions (*Cole & Putnam, 1992; Downs, 1993; Newberger & De Vos, 1988; Trickett & Putnam, 1993; Wachtel & Scott, 1991*), little of this literature has adopted a specific developmental analysis.

Outside the field of child abuse, the literature on the impact of victimization in general is organized around the concept of post-traumatic stress disorder (PTSD) (*Foa, Rothbaum, Riggs, & Murdock, 1991; Kilpatrick et al., 1989; Kilpatrick, Saunders, Veronen, Best, & Von, 1987; Kiser, Heston, Millsap, & Pruitt, 1991; March & Amaya-Jackson, 1993*). PTSD has been conceptualized in psychiatric nosology as a psychological response to an event threatening death or injury that entails: 1) a sense of re-experiencing the trauma and the intrusion of memories and feelings; 2) a pattern of avoidance, a numbing of responsiveness, or reduced involvement in the external world; and 3) a persistent state of physiologic arousal, reflected by such problems as difficulty sleeping, startle responses, and angry outbursts (*American Psychiatric Association, 1994*).

Developmental issues have primarily been explored in regard to how the syndrome may differ when applied to younger children (*Davidson & Baum, 1990; March & Amaya-Jackson, 1993; McNally, 1993*;

Pynoos et al., 1987) but without the resolution and consensus that exist in regard to adults (*Terr, 1991*). For example, *Terr (1985)* contended that, unlike adults and adolescents, traumatized young children do not so clearly exhibit psychic numbing or experience sudden visual flashbacks. She noted certain PTSD responses distinctive among children, including post-traumatic play and a "foreshortened view of the future" (a sense that life will end soon or hold few rewards). However, some doubt remains about the actual frequency of flashbacks, the foreshortened viewpoint, and irritability and psychogenic amnesia in traumatized children (*McNally, 1993*).

Another developmentally oriented difference is that researchers studying victimization in children have felt a stronger need than those studying adults for models of impact that go beyond PTSD (*March & Amaya-Jackson, 1993*). This need is based in part on research showing that not even all clinically identified child victims meet the diagnostic criteria for PTSD (*Kendall-Tackett et al., 1993; McLeer, Deblinger, Atkins, Foa, & Ralphe, 1988*) and in part on the recognition that many child victims who experience serious and lasting effects suffer from problems that are not readily encompassed within the PTSD model (*Corwin, 1992; Finkelhor, 1988*), one example being the sexualization seen in victims of sexual abuse. (*Herman [1992]* has made a similar point with regard to adults.)

Localized vs. Developmental Effects

The contrast between the approach taken by developmentally oriented child-abuse researchers and PTSD-focused adult crime victimization researchers points to an important way in which the study of child victimization needs to differ conceptually from the study of adults. There are many burgeoning developmental processes in childhood that are sensitive to disturbances from the environment (*MacDonald, 1985; Shirk, 1988*), and the impact of victimization on these processes needs to be system-

atically taken into account. To bring together the insights from crime victimization and child abuse, two types of effects should be distinguished: those that could be called developmental, which reflect a disturbance of the developmental process, and those specific to the trauma experience but without major developmental ramifications, which could be called localized effects.

Localized effects refer to such common post-traumatic symptoms as fearfulness, which is relatively frequent in victimized children (*Conte & Schuerman, 1987a; Kendall-Tackett et al., 1993*), even when it is at levels that do not constitute a full PTSD (*Blank, 1993; McNally & Saigh, 1993*). These symptoms can be called localized not only in the sense that they are short-term, which they often are (*Kendall-Tackett et al., 1993*), but also in the sense that they primarily affect behavior associated with the victimization experience and similar classes of experience. Among children, localized effects may include the fear of returning to the place where victimization occurred, anxiety around adults who resemble the offender, nightmares, being upset by television depictions of violence, and so forth.

In contrast, developmental effects refer to deeper and generalized types of impact, more specific to children, that result when a victimization experience and its related trauma interfere with developmental tasks or dysfunctionally distort their course. Developmental effects include the impairment of attachment (*Cicchetti & Lynch, 1993*) or self-esteem (*Putnam, 1990*), adoption of highly sexualized (*Finkelhor & Browne, 1985; Friedrich, et al., 1992*) or highly aggressive (*Egeland & Sroufe, 1981; Friedrich, Beilke, & Urquiza, 1988*) modes of interpersonal relating, failure to acquire competence in peer relations (*Wolfe & Mosk, 1983*), or the use of drugs, dissociation, self-injury, or other dysfunctional ways of dealing with anxiety (*Briere, 1992*).

Most victimization results in some localized effects, at the very least, increased lev-

els of fear and vigilance (*Browne & Finkelhor, 1986; Conte & Schuerman, 1987b*). These localized effects can be pervasive and persistent, yet not interfere to a great extent with development. For example, as a result of victimization in a certain environment (e.g., a movie theater), a child can be afraid of that setting for the rest of his or her life, but can have relatively normal functioning otherwise (*Blank, 1993*). In contrast, developmental effects have broader and more disruptive ramifications that may impair the completion not only of current but of future developmental tasks (*Cicchetti & Lynch, 1993*).

Based on related research on the severity of victimization impact, developmental effects are more likely to occur under a number of conditions: 1) The victimization is repetitive and ongoing (*Briere & Runtz, 1988; Friedrich, Urquiza, & Beilke, 1986; Kirby, Chu, & Dill, 1993*), for example, when a child continues to get beaten up at school or home over a period of months. 2) The victimization dramatically changes the nature of the child's relationship with his or her primary support system (*Osofsky, Wewers, Hann, & Fick, 1993*); victimization by a parent obviously creates such an interference, but similar effects may result when parents reject a child or become overprotective as a result of an incident of victimization (*Everson, Hunter, Runyan, Edelsohn, & Coulter, 1989; Newberger, Gremy, Waternaux, & Newberger, 1993*). 3) The victimization adds to other serious stressors (*Mullen, Martin, Anderson, Romans, & Herbison, 1993; Waterman, 1993*), for instance, victimization of a child who is already or simultaneously suffering from bereavement, parental divorce, racial discrimination, etc. 4) Because of its timing or source, the victimization interrupts a crucial developmental transition, for example, when a young girl is sexually assaulted on her first date; not many studies of this particular condition have been undertaken, but some possible examples of its effects are cited below.

Although there are some parallels, the proposed distinction between localized and developmental effects is different from the distinction that has been drawn in the PTSD literature between Type I (single blow or "acute") and Type II (chronic or repeated) traumas (*Famularo, Kinscherff, & Fentaon, 1990; Terr, 1991*). While developmental effects are more likely with Type II chronic episodes, they may also result from single-episode, Type I events (*Terr, 1991*), especially when the latter interrupt a crucial developmental transition. Moreover, in both instances, the impact may be a mixture of localized and developmental effects.

Developmentally Specific Effects

One of the challenges for a field of developmental victimology is to document how the effects of victimization can vary at different stages of development (*Trickett & Putnam, 1993*). Following a conceptualization by Shirk (1988) in regard to physical abuse, developmentally specific effects can be subdivided into three areas, based on three developmental domains: 1) the impact of victimization may differ as a result of the developmental tasks or developmentally critical periods the child is facing at the time of victimization; 2) the impact may differ as a result of developmentally specific cognitive abilities of children that affect their appraisal of the victimization; 3) the impact may differ as a result of differences in the forms of symptom expression available to the child at particular stages of development. Each of these will be discussed in turn.

A number of models in the developmental literature point to pivotal tasks that children need to accomplish at various ages (*Egeland & Sroufe, 1981; Erikson, 1968*) and the related idea that there are sensitive periods during which developmental tasks or processes are particularly vulnerable to disturbance (*MacDonald, 1985*). Several attempts have been made to document how victimization can interfere with such stage-specific processes.

Interference with attachment. Attachment to a primary caretaker is considered one of the first developmental tasks of childhood (Ainsworth, 1969; Bowlby, 1969). According to child abuse research (Carlson, Cicchetti, Barnett, & Braunwald, 1989; Crittenden, 1988; Egeland & Sroufe, 1981), children victimized at an early age by their primary caretakers seem to suffer a serious developmental impact in the form of insecure attachments to these figures. This mode of relating seems to be carried into subsequent phases of development and other relationships (Cicchetti & Lynch, 1993). The magnitude and character of victimization in this developmental period may have an impact unlike that in any subsequent period (Rutter, 1989).

Chronic dissociation. The preschool years appear to be a period when even non-victimized children explore their capacities for dissociation by learning to fantasize, having imaginary playmates, and being able baldly to deny having done things they did (Putnam, 1991). Children victimized during this period may become the most likely to use dissociation as a defense mechanism and develop a chronic pattern of dissociation (Kirby et al., 1993). The developmental effects of victimization can include periods of derealization, large memory losses, a tendency to trance-like behavior, and auditory or visual hallucinations (Briere, 1992; Ellenson, 1986). The literature on multiple personality, an extreme condition of dissociation, suggests that almost all individuals so diagnosed suffered severe forms of victimization prior to age eight or nine (Kluft, 1985, 1990). However, even minor forms of victimization may leave dissociative scars, as indicated by Hilgard's (1970) observation that children who had been physically punished were easier to hypnotize (a benign form of dissociation).

Physiological alterations. Researchers have increasingly come to believe that severe psychological trauma may have long-lasting effects on physiological processes, including endocrine functioning and neu-

rological processes (Herman & van der Kolk, 1989; Pitman, Orr, Forgue, de Jong, & Claiborn, 1987). Because these systems are in development during childhood, they may be particularly sensitive to disruption and distortion, which may have permanent effects. Preliminary data from a longitudinal study of preadolescent sexually abused girls suggests that they have altered patterns of cortisol secretion, a hormone associated with a range of cognitive and behavior effects (Putnam & Trickett, 1993). Neuroendocrine abnormalities have also been detected in preadolescent sexually and physically abused boys (Jensen, Pease, ten Bense, & Garfinkel, 1991). Perhaps most important is evidence that sexual abuse and other trauma can hasten the onset of puberty (Herman-Giddens, Sandler, & Friedman, 1988; Putnam & Trickett, 1993). The onset of menarche is known to be affected by stress (Moffit, Caspi, Belsky, & Silva, 1992), but some researchers have speculated that exposure to male pheromones and sexual stimulation in the course of ongoing sexual abuse may also be a factor in hastening the onset of menarche (Putnam & Trickett, 1993).

Cognitive Developmental Effects

Trauma theorists have increasingly analyzed the ways in which cognitive appraisals—what victims believe about what happened—may mediate the experience of victimization (Rutter, 1989). Victims seem to be affected more by crime in which they believed they were going to die or be seriously injured, or in which they felt helpless and out of control (Kilpatrick, Best, Veronen, Villeponteaux, & Amick-McMullan, 1986; Kilpatrick et al., 1989; Resnick, Kilpatrick, Dansky, Saunders, & Best, 1993).

The cognitive appraisal process goes through stages of development in childhood during which it works very differently from that of adults (Dalenberg, Bierman, & Furman, 1984; Flavell & Ross, 1981; Leahy & Shirk, 1984). Younger children's appraisals of the threat of a trauma are taken more from how their parents

viewed it than from the objective nature of the threat (*Green et al., 1991*). This means that the developmental immaturity of young children does not necessarily increase the trauma from victimization. It can buffer the impact as well, perhaps explaining the fact that comparative research has failed to find younger victims consistently more damaged (*Browne & Finkelhor, 1986; Kendall-Tackett et al., 1993*).

Buffering can occur because recognition of some forms of victimization (e.g., sexual abuse or robbery) may require a variety of concepts that may not be acquired until later in development. However, it is clear that even if a child does not recognize victimization when it occurs, recognition can occur in retrospect with negative consequences. Clinicians report that it can be extremely traumatizing for a child to learn of earlier unremembered sexual abuse or family abduction (*Gelinas, 1983*).

One important cognition thought to be relevant to victimization is attribution of blame. Victims of crimes and other misfortunes are believed to cope better if they do not engage in "characterological self-blame," seeing uncontrollable aspects of oneself ("I'm too trusting") as the cause of the victimization (*Janoff-Bulman, 1992; Morrow, 1991*). There has been substantial debate about how blame attributions apply in the case of children. A staple belief among therapists who treat sexual abuse is that in order for children to recover, they need to be taught categorically that they were not to blame for the abuse (*Bass & Davis, 1988*). It has been argued (*Lamb, 1986*), however, that the attribution of all responsibility to the perpetrator diminishes a child's sense of efficacy, and that some self-blame, what has been termed "behavioral self-blame" ("I should have yelled"), may be adaptive because it gives a child a sense of being able to do something to avoid future victimization.

However, in a valuable developmental analysis, Celano (*1992*) pointed out the extreme complexity of the issue. Some children, she contended, may not have the cog-

native capacity to distinguish characterological and behavioral self-blame. For young children, the most important issue may not be whether they think they have the power to prevent future victimization, but whether they think their parents do. More crucial than whether they blame themselves or others for the victimization (internal or external attribution), may be whether they think the cause of the victimization is constantly present across time and across situations (termed "stable" and "global" attributions respectively). Celano also identified specific attributional issues that may come into play selectively for children of different ages. For example, a latency-age child might feel responsibility for failure to protect a sibling that a preschool-age child would not. A developmental analysis of blame attributions would help greatly in understanding children's reactions to victimizations.

In addition to blame, changing cognitive appraisals can also affect the social and interpersonal meaning of victimizations (*Rutter, 1989*). For example, as puberty approaches, sexually abused girls' sense of isolation may increase and their self-esteem may decline in light of worry about their sexual desirability or reputation (*Kendall-Tackett et al., 1993*). The willingness of sexually abused boys to disclose abuse seems to decrease as they approach puberty as a result of the increased awareness of the stigma related to homosexuality (*Urquiza & Keating, 1990; Watkins & Bentovim, 1992*). Elementary-school-age children who are publicly identified as targets of victimization can lose status with other children (*Best, 1983; Olweus, 1978*).

For quite young children, an interesting but rarely discussed cognitive developmental issue concerns how and when children acquire the concept of victimization and its related meanings. Some aspects of the concept, such as the sense of being hurt by an outside agency, may be relatively simple but other aspects are much more complex and require knowledge of social norms, conceptions of personal rights and respon-

sibilities, and the ability to make social comparisons. The outcome of such childhood learning may influence willingness in adulthood to see oneself in the role of victim and to engage in such behavior as reporting crimes, bringing lawsuits, or identifying with political demagogues who portray whole countries as international victims. Thus, the study of children and their relationship to victimization may yield broader insights into the functioning of the larger society.

Developmentally Specific Symptoms

In addition to stage-specific vulnerabilities and cognitive appraisals, a third domain highlighted by Shirk (1988) is developmental differences in symptom expression. Whatever the stage at which a child is victimized or whatever appraisals a child makes, the subjective distress from that victimization will usually be expressed within a vocabulary of types of behavior or symptoms specific to the current stage of development. Thus, distress expressed by preschool-age children in the form of disruptive behavior may take the form of self-blame or depression at a later stage. Shirk labeled this process "developmental symptom substitution."

Although this is a phenomenon appreciated by clinicians, it has not received much attention in the research literature on child victimization. In a recent review of the literature on sexual abuse, however, it was observed that, aggregating across studies, certain symptom patterns can be associated with specific developmental stages (Kendall-Tackett et al., 1993; Trickett & Putnam, 1993). For example, the characteristic overt sexualized behavior often described as sequela to sexual abuse seems to be more associated with 2-6-year-olds than with older girls, who seem to respond to sexual abuse more with inhibition than with acting out (Friedrich et al., 1992). Among adolescents, more common symptoms appear to be depression, self-injurious behavior, running away, and substance

abuse—patterns noted only infrequently among younger children. There is still much to be disentangled about the degree to which symptoms are specific to certain stages, as well as specific to other factors, such as type of victimization and individual characteristics of the child.

Victimization vs. Other Childhood Stressors

Arguing for a more integrated approach to understanding the impact of child victimization raises the question of whether the integration shouldn't be carried a step further. The focus of some of the most developmentally oriented analyses, in fact, has been on childhood stress or trauma in general, which, in addition to victimization, usually encompasses natural disasters, poverty, bereavement, divorce, and illness. While this level of analysis has its merits, certain features of victimization make it worthy of special attention.

First, the agency of harm is very identifiable human and personal, as opposed to the more physical, biological, or remote social forces that lie behind other stressors. Second, the harm is very often directed at a particular individual, rather than at the family or community, as is the case with other stressors. Third, there is some evidence that victimization is responsible for more serious impact on children than many other traumas, such as natural disasters (McNally, 1993). Finally, the system of intervention and the social policy environment have a unity concerning victimization that does not encompass other stressors such as illness, divorce, or natural disasters. Thus police, child protection workers, courts, and judges are involved in victimization in ways that dramatically affect children's experience.

FUTURE DIRECTIONS

The developmental victimology of childhood is a potentially large and important field of inquiry. The need for new theory and research is vast and urgent, and ranges from how children view victimization at

different ages and how it affects them, to what can be done to minimize their risk. Given the space limitations of this paper, however, only three crucial steps in the development of the field will be mentioned.

First, better statistics are needed to document and analyze the scope, nature, and trends of child victimization, including comprehensive annual state and national figures on all officially reported crimes and forms of abuse committed against children. These statistics should be supplemented by regular national studies that assess the vast quantity of unreported victimization, including family violence, child-to-child, and indirect forms of victimization. The National Crime Survey currently records data only on crime victims age 12 and above. In the past, the Uniform Crime Report has made no age information available (except for homicides). The national system of data collection on child abuse does not have complete and systematic data from all states and has severe methodological limitations, thus the information cannot be aggregated nationally or compared across states (*National Center on Child Abuse and Neglect, 1993*). Basic questions about child victimology cannot be answered until better epidemiologic data are available.

Second, lines of theory and research that cut across and integrate the various forms of child victimization need to be promoted. It must be recognized that many of the symptoms seen in sexually abused children are not specific to sexual abuse, for instance, but characterize more generalized responses to victimization and trauma. Such modes of enquiry can be found in research illustrating how forms of victimization occur together (*Clausen & Crittenden, 1991*) or create vulnerability for one another (*Boney-McCoy & Finkelhor, in press; Russell, 1986*). To be truly synthetic, everyday types of victimization (e.g., peer assault) should be studied in addition to the clinical types (e.g., sexual abuse) that have been the main focus in the past.

Finally, the field of child victimology

needs to study, borrow from, and integrate a variety of fields, including child development and criminology. Much theory in the field of child development can be applied to child victimization. Even in its methodology, which has relied heavily on observational studies and longitudinal follow-up studies, victimology can learn valuable lessons. Criminology can offer the ability to look at the social context, provide access to victimized children, and analyze the institutions that impinge on their experience. These two fields have successfully combined to explicate the origins of aggression and delinquency, one of the major social scientific accomplishments of our era. To these fields need to be added the intellectual resources of psychiatry, pediatrics, law, and social work, among others that have made active contributions. It is only through such a collaborative approach that the pressing problem of how victimization leaves its mark on children's lives can be understood.

REFERENCES

- Ainsworth, M. (1969). Object relations, dependency and attachment: A theoretical review of mother-infant relationship. *Child Development, 40*, 969-1025.
- American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.
- Amir, M. (1971). *Patterns of forcible rape*. Chicago: University of Chicago Press.
- Barbaree, H.E. (1990). Stimulus control of sexual arousal: Its role in sexual assault. In W.L. Marshall, D.R. Laws, & H.E. Barbaree (Eds.), *Handbook of sexual assault: Issues, theories, and treatment of the offender* (pp. 115-142). New York: Plenum Press.
- Bass, E., & Davis, L. (1988). *The courage to heal: A guide for women survivors of child sexual abuse*. New York: Harper & Row.
- Beitchman, J.H., Zucker, K.J., Hood, J.E., daCosta, G.A., & Akman, D. (1991). A review of the short-term effects of child abuse. *Child Abuse and Neglect, 15*, 537-556.
- Best, R. (1983). *We've all got scars*. Bloomington: Indiana University Press.
- Blank, A.R., Jr. (1993). The longitudinal course of posttraumatic stress disorder. In J.R.T. Davidson & E.B. Foa (Eds.), *Posttraumatic stress disorder: DSM-IV and beyond*, (1st ed.) (pp. 3-22). Washington, DC: American Psychiatric Press.
- Block, R., Felson, M., & Block, C.R. (1985). Crime

- victimization rates for incumbents of 246 occupations. *Sociology and Social Research*, 69, 442-451.
- Boney-McCoy, S., & Finkelhor, D. (in press). Psychosocial impact of violent victimization on a national youth sample. *Journal of Consulting and Clinical Psychology*.
- Bowlby, J. (1969). *Attachment and loss: Vol. I: Attachment*. London: Hogarth Press.
- Briere, J. (1992). *Child abuse trauma: Theory and treatment of the lasting effects*. Newbury Park, CA: Sage Publications.
- Briere, J., & Runtz, M. (1988). Symptomatology associated with childhood sexual victimization in a non-clinical sample. *Child Abuse and Neglect*, 12, 51-59.
- Browne, A., & Finkelhor, D. (1986). The impact of child sexual abuse: A review of the research. *Psychological Bulletin*, 99(1), 66-77.
- Bureau of Justice Statistics. (1991). *Teenage victims*, NCJ-128129. Washington, DC: U.S. Department of Justice.
- Carlson, V., Cicchetti, D., Barnett, D., & Braunwald, K. (1989). Disorganized/disoriented attachment relationships in maltreated infants. *Developmental Psychopathology*, 25, 525-531.
- Celano, M.P. (1992). A developmental model of victims' internal attributions of responsibility for sexual abuse. *Journal of Interpersonal Violence*, 7, 57-69.
- Christoffel, K.K. (1990). Violent death and injury in US children and adolescents. *American Journal of Diseases of Children*, 144, 697-706.
- Cicchetti, D., & Lynch, M. (1993). Toward an ecological/transactional model of community violence and child maltreatment: Consequences for child development. In D. Reiss, J.E. Richters, & M. Radke-Yarrow (Eds.), *Children and violence* (pp. 96-118). New York: Guilford Press.
- Clausen, A.H., & Crittenden, P.M. (1991). Physical and psychological maltreatment: Relations among types of maltreatment. *Child Abuse and Neglect*, 15, 5-18.
- Cohen, L., & Felson, M. (1979). Social change and crime rate trends: A routine activity approach. *American Sociological Review*, 44, 505-524.
- Cole, P.M., & Putnam, F.W. (1992). Effects of incest on self and social functioning: A developmental psychopathological perspective. *Journal of Consulting and Clinical Psychology*, 60(2), 174-184.
- Conaway, L.P., & Hansen, D.J. (1989). Social behavior of physically abused and neglected children: A critical review. *Clinical Psychology Review*, 9, 627-652.
- Conte, J., & Schuerman, J. (1987a). The effects of sexual abuse on children: A multidimensional view. *Journal of Interpersonal Violence*, 2, 380-390.
- Conte, J., & Schuerman, J. (1987b). Factors associated with an increased impact of child sexual abuse. *Child Abuse and Neglect*, 11, 201-211.
- Corwin, D.L. (1992). Sexually abused children's symptoms and disorders of extreme stress not otherwise specified: Does this proposed psychiatric diagnosis fit? In A.W. Burgess (Ed.), *Child trauma I: Issues and research* (pp. 87-115). New York: Garland Publishing.
- Crittenden, P.A., & Craig, S.E. (1990). Developmental trends in the nature of child homicide. *Journal of Interpersonal Violence*, 5, 202-216.
- Crittenden, P.M. (1988). Distorted patterns of relationship in maltreating families: The role of internal representational models. *Journal of Reproductive & Infant Psychology*, 6, 183-199.
- Dalenberg, C., Bierman, K., & Furman, W. (1984). A re-examination of developmental changes in causal attributions. *Developmental Psychology*, 20, 575-583.
- Davidson, L.M., & Baum, A. (1990). Posttraumatic stress in children following natural and human-made trauma. In M. Lewis & S.M. Miller (Eds.), *Handbook of developmental psychopathology: Perspectives in developmental psychology* (pp. 251-259). New York: Plenum Press.
- Dodge, K.A., Bates, J.E., & Pettit, G.S. (1990). Mechanisms in the cycle of violence. *Science*, 250(4988), 1678-1683.
- Downs, W.R. (1993). Developmental considerations for the effect of childhood sexual abuse. *Journal of Interpersonal Violence*, 8, 331-345.
- Egeland, B. (1991). A longitudinal study of high-risk families: Issues and findings. In R.H. Starr & D.A. Wolfe (Eds.), *The effects of child abuse and neglect* (pp. 33-56). New York: Guilford Press.
- Egeland, B., & Sroufe, L.A. (1981). Developmental sequelae of maltreatment in infancy. *New Directions for Child Development*, 11, 77-92.
- Egeland, B., Sroufe, L.A., & Erickson, M. (1983). The developmental consequence of different patterns of maltreatment. *Child Abuse and Neglect*, 7, 459-469.
- Ellenson, G.S. (1986). Disturbances of perception in adult female incest survivors. *Social Casework*, 67(3), 149-159.
- Erikson, E. (1968). *Identity, youth and crisis*. New York: Norton.
- Esbensen, F.A., & Huizinga, D. (1991). Juvenile victimization and delinquency. *Youth and Society*, 23(2), 202-228.
- Everson, M.D., Hunter, W.M., Runyan, D.K., Edelson, G.A., & Coulter, M.L. (1989). Maternal support following disclosure of incest. *American Journal of Orthopsychiatry*, 59, 197-207.
- Fagan, F., Piper, E.S., & Cheng, Y. (1987). Contributions of victimization to delinquency in inner cities. *Journal of Criminal Law and Criminology*, 78, 586-613.
- Famularo, R., Kinscherff, R., & Fentaon, T. (1990). Symptom differences in acute and chronic presentation of childhood post-traumatic stress disorder. *Child Abuse and Neglect*, 14, 439-444.
- Fattah, E.A. (1991). *Understanding criminal victimization*. Scarborough, Ontario: Prentice Hall Canada.
- Federal Bureau of Investigations. (1992). *Crime in the United States, 1991: Uniform Crime Reports*. Washington, DC: U.S. Department of Justice.
- Finkelhor, D. (1988). The trauma of child sexual abuse: Two models. In G. Wyatt (Ed.), *The lasting effects of child sexual abuse* (pp. 61-84). Newbury Park, CA: Sage Publications.

- Finkelhor, D., & Baron, L. (1986). High-risk children. In D. Finkelhor (Ed.), *A sourcebook on child sexual abuse* (pp. 60-88). Newbury Park, CA: Sage Publications.
- Finkelhor, D., & Browne, A. (1985). The traumatic impact of child sexual abuse: A conceptualization. *American Journal of Orthopsychiatry*, *55*, 530-541.
- Finkelhor, D., & Dziuba-Leatherman, J. (1994). Victimization of children. *American Psychologist*, *49*(3), 173-183.
- Finkelhor, D., Hotaling, G.T., & Sedlak, A. (1990). *Missing, abducted, runaway and throwaway children in America: First report*. Washington, DC: Juvenile Justice Clearinghouse.
- Flavell, J., & Ross, L. (1981). *Social cognitive development*. Cambridge, MA: Cambridge University Press.
- Foa, E.B., Rothbaum, B.O., Riggs, D.S., & Murdock, T.B. (1991). Treatment of post-traumatic stress disorder in rape victims: A comparison between cognitive-behavioral procedures and counseling. *Journal of Consulting and Clinical Psychology*, *59*, 715-723.
- Foster, H.H., & Freed, D.J. (1972). A bill of rights for children. *Family Law Quarterly*, *6*, 343-350.
- Friedrich, W., Beilke, R.L., & Urquiza, A.J. (1988). Behavior problems in young sexually abused boys. *Journal of Interpersonal Violence*, *2*, 391-402.
- Friedrich, W.N., Grambasch, P., Damon, L., Hewitt, S.K., Koverola, C., Lang, R., & Wolfe, V. (1992). Child sexual behavior inventory: Normative and clinical comparisons. *Psychological Assessment*, *4*, 303-311.
- Friedrich, W.N., Urquiza, A.J., & Beilke, R.L. (1986). Behavior problems in sexually abused young children. *Journal of Pediatric Psychology*, *11*, 47-57.
- Gelinas, D. (1983). The persisting negative effects of incest. *Psychiatry*, *46*, 312-332.
- Gibbons, D.C., & Krohn, M.D. (1991). *Delinquent behavior*. Englewood Cliffs, NJ: Prentice Hall.
- Golson, E. (1987). Child development and the response to maltreatment. In D.C. Bross & L. Freeman-Michaels (Eds.), *Foundations of child advocacy: Legal representation of the maltreated child* (pp. 3-20). Longmont, CO: Bookmakers Guild.
- Green, B.L., Korol, M., Grace, M.C., Vary, M.G., Leonard, A.C., Gleser, G.C., & Smitsons-Cohen, S. (1991). Children and disaster: Age, gender, and parental effects on PTSD symptoms. *Journal of the American Academy of Child and Adolescent Psychiatry*, *30*, 945-951.
- Herman, J.L. (1992). Complex PTSD: A syndrome in survivors of prolonged and repeated trauma. *Journal of Traumatic Stress*, *5*(3), 377-391.
- Herman, J.L., & van der Kolk, B.A. (1989). Childhood trauma in borderline personality disorder. *American Journal of Psychiatry*, *146*, 490-495.
- Herman-Giddens, M.E., Sandler, A.D., & Friedman, N.E. (1988). Sexual precocity in girls: An association with sexual abuse? *American Journal of Diseases of the Child*, *142*, 431-433.
- Herrenkohl, R.C., Herrenkohl, E.C., Egolf, B.P., & Wu, P. (1991). The developmental consequences of child abuse: The Lehigh Longitudinal Study. In R.H. Starr & D.A. Wolfe (Eds.), *The effects of child abuse and neglect* (pp. 57-81). New York: Guilford Press.
- Hilgard, J.R. (1970). *Personality and hypnosis: A study of imaginative involvement*. Chicago: University of Chicago Press.
- Janoff-Bulman, R. (1992). *Shattered assumptions: Towards a new psychology of trauma*. New York: Free Press.
- Jason, J. (1983). Child homicide spectrum. *American Journal of Diseases of Children*, *137*, 578-581.
- Jensen, J.B., Pease, J.J., ten Bonsel, R., & Garfinkel, B.D. (1991). Growth hormone response patterns in sexually or physically abused boys. *Journal of the American Academy of Child Adolescent Psychiatry*, *30*, 784-790.
- Karmen, A. (1990). *Crime victims: An introduction to victimology* (2nd ed.). Belmont, CA: Brooks/Cole Publishing Co.
- Kendall-Tackett, K.A., Williams, L.M., & Finkelhor, D. (1993). Impact of sexual abuse on children: A review and synthesis of recent empirical studies. *Psychological Bulletin*, *113*(1), 164-180.
- Kilpatrick, D.G., Best, C.L., Veronen, L.J., Villepontoux, L.A., & Amick-McMullan, A.E. (1986, March). *Predicting the impact of a stressful life experience: Criminal victimization*. Paper presented at the annual meeting of the Society of Behavioral Medicine, San Francisco.
- Kilpatrick, D.G., Saunders, B.E., Amick-McMullan, A., Best, C.L., Veronen, L.J., & Resnick, H.S. (1989). Victim and crime factors associated with the development of crime-related post-traumatic stress disorder. *Behavior Therapy*, *20*, 199-214.
- Kilpatrick, D.G., Saunders, B.E., Veronen, L.J., Best, C.L., & Von, J.M. (1987). Criminal victimization: Lifetime prevalence, reporting to police, and psychological impact. *Crime and Delinquency*, *33*, 479-489.
- Kirby, J.S., Chu, J., & Dill, D.L. (1993). Correlates of dissociative symptomatology in patients with physical and sexual abuse histories. *Comprehensive Psychiatry*, *34*(4), 258-263.
- Kiser, L.J., Heston, J., Millsap, P.A., & Pruitt, D.B. (1991). Physical and sexual abuse in childhood: Relationship with post-traumatic stress disorder. *Journal of the American Academy of Child and Adolescent Psychiatry*, *30*, 776-783.
- Kluft, R.P. (1985). *Childhood antecedents of multiple personality*. Washington, DC: American Psychiatric Press.
- Kluft, R.P. (Ed.). (1990). *Incest related syndromes of adult psychopathology*. Washington, DC: American Psychiatric Press.
- Lamb, S. (1986). Treating sexually abused children: Issues of blame and responsibility. *American Journal of Orthopsychiatry*, *56*, 303-307.
- 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.

- Leahy, R., & Shirk, S. (1984). The development of social cognition: Conceptions of personality. In G. Whitehurst (Ed.), *Annals of child development* (pp. 175-200). Greenwich, CT: JAI Press.
- Lynch, J.P. (1991). Victim behavior and the risk of victimization: Implications of activity-specific victimization rates. In G. Kaiser, H. Kury, & H.J. Albrecht (Eds.), *Victims and criminal justice* (pp. 543-566). Freiburg, Germany: Eigen verlag Max Planck Institute.
- MacDonald, K. (1985). Early experience, relative plasticity, and social development. *Developmental Review*, 5, 99-121.
- March, J.S., & Amaya-Jackson, L. (1993). Post-traumatic stress disorder in children and adolescents. *PTSD Research Quarterly*, 4(4), 1-7.
- Marshall, W.L., Barbaree, H.E., & Christophe, D. (1986). Sexual offenders against female children: Sexual preferences for age of victims and type of behavior. *Canadian Journal of Behavioral Science*, 18, 424-439.
- McClain, P.W., Sacks, J.J., Froehle, R.G., & Ewigman, B.G. (1993). Estimates of fatal child abuse and neglect, United States, 1979 through 1988. *Pediatrics*, 91, 338-343.
- McLeer, S.V., Deblinger, E., Atkins, M.S., Foa, E.B., & Ralphe, D.L. (1988). Post-traumatic stress disorder in sexually abused children. *Journal of the American Academy of Child and Adolescent Psychiatry*, 27, 650-654.
- McNally, R.J. (1993). Stressors that produce post-traumatic stress disorder in children. In J.R.T. Davidson & E.B. Foa (Eds.), *Posttraumatic stress disorder: DSM-IV and beyond* (pp. 57-74). Washington, DC: American Psychiatric Press.
- McNally, R.J., & Saigh, P.A. (1993). On the distinction between traumatic simple phobia and post-traumatic stress disorder. In J.R.T. Davidson & E.B. Foa (Eds.), *Posttraumatic stress disorder: DSM-IV and beyond* (pp. 207-221). Washington, DC: American Psychiatric Press.
- Moffit, T.E., Caspi, A., Belsky, J., & Silva, P.A. (1992). Childhood experience and the onset of menarche: A test of a sociobiological model. *Child Development*, 63, 47-58.
- Moone, J. (1994). *Juvenile victimization: 1987-1992: Fact Sheet 17*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice.
- Morrow, K.B. (1991). Attributions of female adolescent incest victims regarding their molestation. *Child Abuse and Neglect*, 15, 477-483.
- Mullen, P.E., Martin, J.L., Anderson, J.C., Romans, S.E., & Herbison, G.P. (1993). A study of the impact of child sexual abuse on social, interpersonal and sexual function in adult life. *Journal of Psychiatry*, 163, 721-732.
- National Center on Child Abuse and Neglect. (1994). *A report on the maltreatment of children with disabilities* (Grant No. 105-89-1630). Washington, DC: Administration on Children, Youth, and Families, U.S. Department of Health and Human Services.
- National Center on Child Abuse and Neglect. (1993). *National Child Abuse and Neglect Data System, Working Paper 1*. Washington, DC: Department of Health, Education, and Welfare.
- Newberger, C.M., & DeVos, E. (1988). Abuse and victimization: A life-span developmental perspective. *American Journal of Orthopsychiatry*, 58, 505-511.
- Newberger, C.M., Gremy, I.M., Wateraux, C.M., & Newberger, E.H. (1993). Mothers of sexually abused children: Trauma and repair in longitudinal perspective. *American Journal of Orthopsychiatry*, 63, 92-102.
- Olweus, D. (1978). *Aggression in the schools: Bullies and whipping boys*. New York: Hemisphere.
- Osofsky, J.D., Wewers, S., Hann, D.M., & Fick, A.C. (1993). Chronic community violence: What is happening to our children? *Psychiatry*, 56(1), 36-45.
- Perry, D.G., Kusel, S.J., & Perry, L.C. (1988). Victims of peer aggression. *Developmental Psychology*, 24, 807-814.
- Pitman, R.K., Orr, S.P., Foa, D.F., de Jong, J.B., & Claiborn, J.M. (1987). Psychophysiological assessment of posttraumatic stress disorder imagery in Vietnam combat veterans. *Archives of General Psychiatry*, 44, 970-975.
- Putnam, F.W. (1990). Disturbances of "self" in victims of childhood sexual abuse. In R. Kluff (Ed.), *Incest-related syndromes of adult psychopathology* (pp. 113-131). Washington, DC: American Psychiatric Press.
- Putnam, F.W. (1991). Dissociative disorders in children and adolescents: A developmental perspective. *Psychiatric Clinics of North America*, 14, 519-531.
- Putnam, F.W., & Trickett, P.K. (1993). Child sexual abuse: A model of chronic trauma. In D. Reiss, J.E. Richters, & M. Radke-Yarrow (Eds.), *Children and violence* (pp. 82-95). New York: Guilford Press.
- Pynoos, R.S., & Eth, S. (1985). Children traumatized by witnessing acts of personal violence: Homicide, rape, or suicide behavior. In S. Eth & R.S. Pynoos (Eds.), *Post-traumatic stress disorder in children* (pp. 17-43). Washington, DC: American Psychiatric Press.
- Pynoos, R.S., Frederick, C., Nader, K., Arroyo, W., Steinberg, A., Eth, S., Nunez, F., & Fairbanks, L. (1987). Life threat and posttraumatic stress in school-age children. *Archives of General Psychiatry*, 44, 1057-1063.
- Resnick, H.S., Kilpatrick, D.G., Dansky, B.S., Saunders, B.E., & Best, C.L. (1993). Prevalence of civilian trauma and posttraumatic stress disorder in a representative national sample of women. *Journal of Consulting and Clinical Psychology*, 61, 984-991.
- Richters, J.E., & Martinez, P. (1993). The NIMH community violence project: Children as victims of and witnesses to violence. *Psychiatry*, 56(1), 7-21.
- Russell, D.E.H. (1986). *The secret trauma: Incest in the lives of girls and women*. New York: Basic Books.
- Rutter, M. (1988). The role of cognition in child development and disorder. *Annual Progress in Child Psychiatry and Child Development*, 21, 77-101.

- Sedlak, A.J. (1991). *National incidence and prevalence of child abuse and neglect: 1988—Revised report*. Rockville, MD: Westat, Inc.
- Shirk, S.R. (1988). The interpersonal legacy of physical abuse of children. In M.B. Straus (Ed.), *Abuse and victimization across the life span* (pp. 57–81). Baltimore: Johns Hopkins University Press.
- Singer, M.I., Anglin, T.M., Song, L., & Lunghofer, L. (1995). Adolescents' exposure to violence and associated symptoms of psychological trauma. *Journal of the American Medical Association*, *273*, 477–482.
- Sobsey, D. (1994). *Violence and abuse in the lives of people with disabilities: The end of silent acceptance?* Baltimore: Paul H. Brooks.
- Straus, M.A., Gelles, J., & Steinmetz, S.K. (1980). *Behind closed doors*. Newbury Park, CA: Sage Publications.
- Terr, L.C. (1979). Children of Chowchilla: A study of psychic trauma. *Psychoanalytic Study of Children*, *34*, 547–623.
- Terr, L.C. (1983). Chowchilla revisited: The effects of psychic trauma four years after a school-bus kidnapping. *American Journal of Psychiatry*, *140*, 1543–1550.
- Terr, L.C. (1985). Children traumatized in small groups. In S. Eth & R.S. Pynoos (Eds.), *Posttraumatic stress disorder in children: Progress in psychiatry* (pp. 45–70). Washington, DC: American Psychiatric Press.
- Terr, L.C. (1991). Childhood traumas: An outline and overview. *American Journal of Psychiatry*, *148*, 10–20.
- Trickett, P.K., & Putnam, F.W. (1993). Impact of child sexual abuse on females: Toward a developmental psychobiological integration. *Psychological Science*, *4*(2), 81–87.
- Urquiza, A.J., & Keating, L.M. (1990). The prevalence of sexual victimization of males. In M. Hunter (Ed.), *The sexually abused male, Vol. 1: Prevalence, impact and treatment* (pp. 90–103). Lexington, MA: Lexington Books.
- Wachtel, A., & Scott, B. (1991). The impact of child sexual abuse in developmental perspective. In C.R. Bagley & R.J. Thomlison (Eds.), *Child sexual abuse: Critical perspectives on prevention* (pp. 79–120). Middletown, OH: Wall and Emerson.
- Waterman, J. (1993). Mediators of effects on children: What enhances optimal functioning and promotes healing? In J. Waterman, R.J. Kelly, J. McCord, & M.K. Oliveri (Eds.), *Behind the playground walls: Sexual abuse in preschools* (pp. 222–239). New York: Guilford Press.
- Watkins, B., & Bentovim, A. (1992). The sexual abuse of male children and adolescents: A review of current research. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, *33*(1), 197–248.
- Wauchope, B.A., & Straus, M.A. (1990). Physical punishment and physical abuse of American children: Incidence rates by age, gender, and occupational class. In M.A. Straus & R.J. Gelles (Eds.), *Physical violence in American families: Risk factors and adaptations to violence in 8,145 families* (pp. 133–148). New Brunswick, NJ: Transaction Books.
- Widom, C.S. (1991). Childhood victimization: Risk factor for delinquency. In M.E. Colten & S. Gore (Eds.), *Adolescent stress: Causes and consequences* (pp. 201–222). Hawthorn, NY: Aldine de Gruyter.
- Wolfe, D., & Mosk, M. (1983). Behavioral comparisons of children from abusive and distressed families. *Journal of Consulting and Clinical Psychology*, *51*, 702–708.