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The Victimization of Children and Youth

Developmental Victimology

DAVID FINKELHOR

Concern about children's victimization is not new. In modern times, there have been recurring public alarms about child abduction, child molestation, and child abuse dating back to the turn of the century (Alix, 1978; Gordon, 1988; McCormack, 1938). What is new, however, is the sustained professional and scientific attention being directed at these problems.

This attention is the product of several social changes. There has been a tremendous growth in the number of professionals whose occupations are concerned with child welfare, in fields such as education, medicine, social work, mental health, law, and nursing. This has coincided with, and has been fueled to some extent by, the entry into the professions—and particularly those that are justice related—of larger numbers of women (De Titta, Robinowicz, & More, 1991; Martin, Arnold, & Parker, 1988). These women have tended to have more interest in the problems of children, including child victimization (Kendall-Tackett & Watson, 1991). Women police, prosecutors, and judges have brought into their work new concern about children as victims.

At the same time, there has also been a disintegration of the traditional, culturally sanctioned veil of privacy surrounding the family. This has meant that it has been easier to study and gather testimony about the previously shrouded widespread violence and abuse that occurs among and against family members, including children (Carter, 1974).

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Table 5.1 Crime Victimization Rates: Adolescents Versus Adults, 1992

<table>
<thead>
<tr>
<th>Type of Crime</th>
<th>Age 12-17</th>
<th>Age 18+</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simple assault</td>
<td>41.8</td>
<td>13.9</td>
<td>OJJDP92</td>
</tr>
<tr>
<td>Aggravated assault</td>
<td>20.1</td>
<td>7.7</td>
<td>OJJDP92</td>
</tr>
<tr>
<td>Robbery</td>
<td>10.9</td>
<td>5.4</td>
<td>OJJDP92</td>
</tr>
<tr>
<td>Rape</td>
<td>1.6</td>
<td>0.5</td>
<td>NCVS93</td>
</tr>
<tr>
<td>Homicide</td>
<td>0.09</td>
<td>0.1</td>
<td>UCR93</td>
</tr>
</tbody>
</table>

Children Are More Victimized Than Adults

Unfortunately, with some exceptions (Best, 1990; Christoffel, 1990; McDermott, Stanley, & Zimmerman-McKinney, 1982; Morgan & Zedner, 1992), the interest in child victimization has been fragmented into specific topics such as child abuse, child molestation, or stranger abduction, and few researchers have considered the larger whole. The goal of this chapter is to assemble these individual problems into a larger framework, termed developmental victimology, that encompasses the study of the victimizations of children across the span of childhood. We review findings on the incidence, risk factors, and effects of child victimization and suggest some integrative concepts.

One reality not widely recognized about child victimization because of the fragmentation is that children are more prone to victimization than adults. This is clearly true for teenagers. According to the National Crime Survey (NCVS), the overall violent crime victimization rate for youth aged 12 to 17 in 1992 was 2.3 times higher than the average national rate (Moone, 1994). It was three times higher for rape, two times higher for robbery, more than two times higher for aggravated assault, and three times higher for simple assault (Table 5.1). Teenagers as a group are murdered somewhat less frequently than adults, but the rate for 16- to 17-year-olds is 50% higher than the adult average, and the rate for all youth has been growing much faster than the overall average in the last decade.

With the exception of homicide, the picture for children under 12 is not so clear. Studies suggest that assaults and sexual assaults are very common below age 12 (Finkelhor, 1994; Kilpatrick, 1992). Kilpatrick found that 29% of forcible rapes occurred among girls under age 11, although this age group makes up only 17% of the population. Other studies show assault rates for youth ages 10 and 11 that are just as high as for older youth (Finkelhor & Dziuba-Leatherman, 1994a), and school observation studies show a great deal of assault throughout grade school (Olweus, 1991). However, for homicide, rates for children under 12 are quite low, running about a quarter of the adult rate. The only exception is for infants, whose intentional deaths are often masked as accidents and whose homicide rate, according to some estimates, may reach or exceed the level of the adult population (McClain, Sacks, Froehlke, & Ewigman, 1993).

It is unfortunate that few comparative statistics exist for younger children. But the victimization rates for 12- to 17-year-olds in the NCVS are so much higher than the rate for adults that the overall rate for all children aged 0 to 17 would still be higher than the overall rate for adults (Moone, 1994), even under the limiting assumption of no victimizations at all for children under 12.
Table 5.2  Family Violence Victimization Rate per 1,000: Children Versus Adults, 1985

<table>
<thead>
<tr>
<th>Perpetrator-Victim Relationship</th>
<th>Any Violence</th>
<th>Severe Violencea</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse to spouse</td>
<td>158</td>
<td>58</td>
</tr>
<tr>
<td>Parent to child</td>
<td>620</td>
<td>107</td>
</tr>
</tbody>
</table>


a. Includes kicking, biting, hitting with a fist or object, beating up, or using or threatening to use a knife or gun.

Victimization is in the case of theft: Fewer of their stolen objects are worth more than $50. But overall, there is little support for the idea that their victimizations are less serious than those of adults.

Statistics on Child Victimization

Although there is no single source for statistics on child victimizations, national estimates have been made for a variety of specific types. These types can be organized into four roughly characterized categories.

Conventional violent crimes include the crimes of homicide, assault, sexual assault, theft, and robbery. The primary source for these is the NCVS.

Child abuse and neglect includes physical and sexual abuse as well as physical neglect and emotional abuse. Not all these acts are violent or criminal; they include victimizations that stem from the dependent status of children and the social responsibility of parents to protect them and care for their needs. In contrast to the crime data, most child abuse statistics are based on agency reports. Their categories also lack the standardized definitions that have been developed for crime, but one of their main sources, the National Incidence Study (NIS; Sedlak & Broadhurst, 1996), does use uniform and detailed definitions in its data collection effort.

A category of specialized crimes includes abduction of children by strangers and abduction of children by family members: two specific crimes that have attracted attention and have been the subject of a national study (Finkelhor, Hotaling, & Sedlak, 1990).

A final category is noncriminalized violent acts toward children. One of the interesting special features of child victimology is that children suffer from certain types of violence that have been largely excluded from traditional criminologic concern. The first is assaults against young children by other children, including violent attacks by siblings.
Prevailing ideology has tended to treat these as relatively inconsequential victimizations. But from the point of view of the child, it is not clear, for example, why being beaten up by a peer would be any less traumatic or violative than it would be for an adult (Greenbaum, 1989). Even if these acts do not warrant formal adjudication, they are deserving of attention from the point of view of victimology.

An even more problematic type of non-criminalized violence toward children is spanking and corporal punishment. Corporal punishment is not typically viewed as victimization and is even viewed as educational by many segments of society. However, there are signs that a normative transformation is in progress regarding corporal punishment (Greven, 1990). A majority of states have banned it in schools, several Scandinavian countries have outlawed its use even by parents, and the American Academy of Pediatrics has condemned it. Social scientists have begun to study it as a form of victimization with short and long-term negative consequences (Straus, 1994; Straus & Gelles, 1990). Several national surveys have been done about the use of corporal punishment as self-reported by parents (Daro & McCurdy, 1991; Straus & Gelles, 1990; Straus, Gelles, & Steinmetz, 1980).

This is far from an exhaustive inventory of all the victimizations children may suffer. There are many types even of criminal victimizations for which we could identify no reliable national statistics, such as involvement in child prostitution. Moreover, children could be plausibly described as victims when crimes are committed against the households in which they live or other members of their household (Morgan & Zedner, 1992).

A Guide to the Estimates

The national statistics about child victimization gleaned from more than a dozen sources are arrayed in Table 5.3 in rough order of magnitude. The categories by which they are listed are certainly not distinct or mutually exclusive. For example, rape estimates include some sexual abuse and vice versa; assault includes some physical abuse and nonfamily abduction.

Under some victimization categories, the estimates of several different studies have been listed, sometimes showing widely divergent numbers. These differences stem from two factors in particular: the source of the report and the definition of the activity. Of the three main sources of reports—children themselves, caretakers knowledgeable about children's experiences, and agencies such as the police and child protection services—children and caretakers are likely to provide many more accounts than are available from agencies alone. This in part explains, for example, why the estimate of physical abuse from the National Family Violence Survey (a caretaker study) is more than double that of the 50 State Survey (agency statistics). Estimates also diverge because some studies used more careful or restrictive definitions.

What follows are some specific notes and observations about the statistics in Table 5.3:

- Sibling assault appears to be the most common kind of victimization for children, affecting 80% of all children in some form and over half of all children in its more severe form (which includes hitting with an object, kicking, biting or punching, beating up, or threatening with a knife or gun). These rates are confirmed in other smaller scale self-report studies of children (Goodwin & Roscoe, 1990; Roscoe, Goodwin, & Kennedy, 1987).
- Of the several estimates available for theft, assault, and robbery, the NCVS estimates tend to be substantially lower than other self-report estimates. This may be, in part, a result of the NCVS method, which interviews children in the company of the other family members, and whose context has, in the past, especially emphasized people's stereotypical ideas about crime (Wells & Rankin, 1995).
- Assault figures (as well as theft, robbery, vandalism, and rape) pertain only to older children (age 11 and older). However, it should not be
### Table 5.3 Rates and Incidence of Various Childhood Victimization

<table>
<thead>
<tr>
<th>Age</th>
<th>Rate/1,000</th>
<th>No. Victimized</th>
<th>Year</th>
<th>Source</th>
<th>Report Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sibling Assault</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3-17</td>
<td>800.0</td>
<td>50,400,000d</td>
<td>1975</td>
<td>NFVS-1</td>
<td>C</td>
</tr>
<tr>
<td>3-17</td>
<td>530.0</td>
<td>33,300,000e</td>
<td>1975</td>
<td>NFVS-1</td>
<td>C</td>
</tr>
<tr>
<td>Physical Punishment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-17</td>
<td>(498.6)</td>
<td>(31,401,329)</td>
<td>1985</td>
<td>NFVS-2</td>
<td>C</td>
</tr>
<tr>
<td>Theft</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11-17</td>
<td>(497.0)</td>
<td>—</td>
<td>1978</td>
<td>NYS</td>
<td>S</td>
</tr>
<tr>
<td>12-15</td>
<td>95.3</td>
<td>—</td>
<td>1993</td>
<td>NCVS93</td>
<td>S</td>
</tr>
<tr>
<td>Assault</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11-17</td>
<td>(310.6)</td>
<td>—</td>
<td>1978</td>
<td>NYS</td>
<td>S</td>
</tr>
<tr>
<td>Gr. 8</td>
<td>(172.0)</td>
<td>—</td>
<td>1988</td>
<td>NASHS</td>
<td>S</td>
</tr>
<tr>
<td>12-17</td>
<td>61.8</td>
<td>—</td>
<td>1992</td>
<td>OJJDP92</td>
<td>S</td>
</tr>
<tr>
<td>Vandalism</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11-17</td>
<td>(257.6)</td>
<td>—</td>
<td>1978</td>
<td>NYS</td>
<td>S</td>
</tr>
<tr>
<td>Robbery</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11-17</td>
<td>(245.8)</td>
<td>—</td>
<td>1978</td>
<td>NYS</td>
<td>S</td>
</tr>
<tr>
<td>Gr. 8</td>
<td>(160.9)</td>
<td>—</td>
<td>1988</td>
<td>NASHS</td>
<td>S</td>
</tr>
<tr>
<td>12-17</td>
<td>9.8</td>
<td>—</td>
<td>1992</td>
<td>OJJDP92</td>
<td>S</td>
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<tr>
<td>Rape</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gr. 8</td>
<td>(118.0)</td>
<td>—</td>
<td>1988</td>
<td>NASHS</td>
<td>S</td>
</tr>
<tr>
<td>11-17</td>
<td>(78.0)</td>
<td>—f</td>
<td>1978</td>
<td>NYS78</td>
<td>S</td>
</tr>
<tr>
<td>12-15</td>
<td>8.6</td>
<td>—</td>
<td>1993</td>
<td>NCVS93</td>
<td>S</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-17</td>
<td>(23.5)</td>
<td>(1,480,007)</td>
<td>1985</td>
<td>NFVS-2</td>
<td>C</td>
</tr>
<tr>
<td>0-17</td>
<td>9.1</td>
<td>614,100</td>
<td>1993</td>
<td>NIS</td>
<td>A</td>
</tr>
<tr>
<td>0-17</td>
<td>(3.5)</td>
<td>(252,900)</td>
<td>1993</td>
<td>NCCAN93</td>
<td>A</td>
</tr>
<tr>
<td>Neglect</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-17</td>
<td>(19.9)</td>
<td>(1,335,100)</td>
<td>1993</td>
<td>NIS</td>
<td>A</td>
</tr>
<tr>
<td>0-17</td>
<td>(7.3)</td>
<td>(510,980)</td>
<td>1993</td>
<td>NCCAN93</td>
<td>A</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-17</td>
<td>(2.2)</td>
<td>(151,611)</td>
<td>1993</td>
<td>NCCAN93</td>
<td>A</td>
</tr>
<tr>
<td>0-17</td>
<td>4.5</td>
<td>300,200</td>
<td>1993</td>
<td>NIS</td>
<td>A</td>
</tr>
</tbody>
</table>

assumed that they would necessarily be lower if younger children were included. For example, serious sibling assaults are actually highest for children aged 3 to 4 and decline with age (from 592 per 1,000 down to 309 per 1,000 for ages 15 to 17). It is possible that nonfamily peer assaults are also higher for primary-school-age children than for teens.

- The rape figures from the NCVS are extremely low and have been widely criticized—in this case, not just because they are elicited in interviews with other family members present but also because respondents prior to 1994 were only asked specifically about a rape if they volunteered a "yes" to a previous general question about assault (Russell, 1984). Many adult prevalence studies suggest that the higher figures in Table 5.3 are more accurate (Kilpatrick, 1992; Russell, 1984).
- The child abuse and neglect figures are relatively crude. All but one come from either the National Incidence Study (NIS) or the 50 State Survey, both of which counted only cases known to professionals. Much child abuse, however, is not identified by professionals (Garbarino, 1989).
### Table 5.3 Continued

<table>
<thead>
<tr>
<th>Age</th>
<th>Rate/1,000</th>
<th>No. Victimized&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Year</th>
<th>Source&lt;sup&gt;b&lt;/sup&gt;</th>
<th>Report Type&lt;sup&gt;c&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Abductions</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>0-17</td>
<td>5.6</td>
<td>354,100&lt;sup&gt;b&lt;/sup&gt;</td>
<td>1988</td>
<td>NISMART</td>
<td>C</td>
</tr>
<tr>
<td>Emotional Abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-17</td>
<td>7.9</td>
<td>532,200</td>
<td>1993</td>
<td>NIS</td>
<td>A</td>
</tr>
<tr>
<td>0-17</td>
<td>(0.8)</td>
<td>(53,000)&lt;sup&gt;b&lt;/sup&gt;</td>
<td>1993</td>
<td>NCCAN93</td>
<td>A</td>
</tr>
<tr>
<td>Nonfamily Abductions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-17</td>
<td>0.05-0.07</td>
<td>3,200-4,600&lt;sup&gt;b&lt;/sup&gt;</td>
<td>1988</td>
<td>NISMART</td>
<td>A</td>
</tr>
<tr>
<td>0-17</td>
<td>0.003-0.005</td>
<td>200-300&lt;sup&gt;b&lt;/sup&gt;</td>
<td>1988</td>
<td>NISMART</td>
<td>A</td>
</tr>
<tr>
<td>Homicide</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-17</td>
<td>(0.039)</td>
<td>2,697</td>
<td>1993</td>
<td>UCR93</td>
<td>A</td>
</tr>
<tr>
<td>Abduction Homicide</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-17</td>
<td>0.001-0.002</td>
<td>43-147</td>
<td>1988</td>
<td>NISMART</td>
<td>A</td>
</tr>
</tbody>
</table>

**NOTE:** Numbers given in parentheses did not appear in original source, but were derived from data presented there.

<sup>a</sup> Numbers were computed only for complete populations (i.e., ages 0-17).

<sup>b</sup> Source acronyms are as follows:
- NASHS—National Adolescent Student Health Survey (American School Health Association, 1989)
- NCCAN93—National Center on Child Abuse and Neglect (1995)
- NFVS—National Family Violence Resurvey, 1985 (Straus & Gelles, 1990)
- NYS—National Youth Survey (Lauritsen, Sampson, & Laub, 1991)
- OJDNP—Office of Juvenile Justice and Delinquency Prevention (Moore, 1994)
- UCR91—Uniform Crime Reports, 1991 (FBI, 1992)
- UCR93—Uniform Crime Reports, 1993 (FBI, 1995)

<sup>c</sup> Report types: A = agency reports, C = caretaker reports, S = self-reports.

<sup>d</sup> Any violence.
<sup>e</sup> Severe violence.
<sup>f</sup> Girls only.
<sup>g</sup> Physical neglect.
<sup>h</sup> Legal definition.
<sup>i</sup> Stereotypical kidnapping.

### A Typology of Child Victimization

Examining the figures in Table 5.3 and recognizing their methodological limitations, definitional imprecision, and variability, we nonetheless suggest that the types of child victimization reflected should be broken into three broad categories according to seriousness and pervasiveness (Figure 5.1). First, there are the **pandemic** victimizations that occur to a majority of children at some time in the course of growing up. These include at a minimum assault by siblings, physical punishment by parents, and theft, and probably also peer assault, vandalism, and robbery. Second, there are what might be called **acute victimizations**. These are less frequent—occurring to a minority, although perhaps a sizable minority, of children—but may be on average of a greater severity. Among these we would include physical abuse, neglect, and family abduction. Finally, there are the **extraordinary** victimizations that occur to only a very small number of children but that attract a great deal...
of attention. These include homicide, including gang homicide, child abuse homicide, and nonfamily abduction.

Several observations follow from this typology. First, much more public and professional attention has been paid to extraordinary and acute victimizations than to pandemic ones. For example, sibling violence, the most frequent victimization, is conspicuous for how little it has been studied in proportion to how often it occurs. This neglect of pandemic victimizations needs to be rectified. For one thing, it fails to reflect the concerns of children themselves. In a recent survey of 2,000 children aged 10 to 16, three times as many were concerned about the likelihood of their being beaten up by peers as were concerned about being sexually abused (Finkelhor & Dziuba-Leatherman, 1995). The pandemic victimizations deserve greater attention, if only for the alarming frequency with which they occur and the influence they have on children's everyday existence.

Second, this typology can be useful in developing theory and methodology concerning child victimization. For example, different types of victimization may require different conceptual frameworks. Because they are nearly normative occurrences, the impact of pandemic victimizations may be very different from the impact of extraordinary ones that children experience in relative isolation.

Finally, the typology helps illustrate the diversity and frequency of children's victimiz-
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tion. Although homicide and child abuse have been widely studied, they are notable for how inadequately they convey the variety and true extent of the other victimizations that children suffer. Almost all the figures in Table 5.3 have been promoted in isolation at one time or another. When we view them together, we note that they are just part of a total environment of various victimization dangers in which children live.

Why Is the Victimization of Children So Common?

When the victimization of children is considered as a whole and its scope and variety are more fully appreciated, a number of interesting and important theoretical questions arise. The first concerns why the victimization of children is so common. Obviously, this is a complex question; a complete answer will require the explanation of elevated risks for different categories of children for different kinds of victimization. However, some generalizations may apply. Certainly, the weakness and small physical stature of many children and their dependency status put them at greater risk. They can be victimized because they cannot retaliate or deter victimization as effectively as those with more strength and power. The social tolerance of child victimization also plays a role. Society has an influential set of institutions, the police and criminal justice system, to enforce its relatively strong prohibitions against many kinds of crime, but much of the victimization of children is considered outside the purview of this system.

Another important generalization about why children are at high risk for victimization concerns the relationship between choice and vulnerability (Lynch, 1991). Children have comparatively little choice over whom they associate with, less choice perhaps than any segment of the population besides prisoners. This can put them into more involuntary contact with high-risk offenders and thus at greater jeopardy for victimization. For example, when children live in families that mistreat them, they are not free or able to leave. When they live in dangerous neighborhoods, they cannot choose on their own to move. If they attend a school with many hostile and delinquent peers, they cannot simply change schools or quit. The absence of choice over people and environments affects children's vulnerability to both intimate victimization and street crime. Some adults—for example, battered women and the poor—suffer similar limitations, but still, many adults are able to seek divorces or change their residences in reaction to dangerous conditions. Adults also have more ready access to cars and sometimes have the option to live and work alone. Children are obliged to live with other people, to travel collectively, and to work in high-density, heterogenous environments (i.e., schools). To put it in more abstract language, children have difficulty gaining access to the structures and mechanisms in society that help segregate people from dangerous associates and environments. This makes them more vulnerable.

Differential Character of Child Victimization

A second interesting theoretical question concerns how the victimization of children differs from the victimization of adults. Children, of course, suffer from all the victimizations that adults do (including economic crimes such as extortion and fraud), but they also suffer from some that are particular to their status. The main status characteristic of childhood is its condition of dependency, which is partially a function of social and psychological immaturity. The violation of this dependency status results in forms of victimization (e.g., physical neglect) that are not suffered by most adults (with the exception of those such as the elderly and sick, who also become dependent).

The dependency of children creates a spectrum of vulnerability. Interestingly, the victimi-
zation categories that we identify in Table 5.3 can be arrayed on a continuum, according to the degree to which they involve violations of children's dependency status (Figure 5.2). At the one extreme is physical neglect, which has practically no meaning as a victimization except in the case of a person who is dependent and needs to be cared for by others. Similarly, family abduction is a dependency-specific victimization because it is the unlawful removal of a child from the person who is supposed to be caring for him or her. Emotional abuse happens to both adults and children, but the sensitive psychological vulnerability of children in their dependent relationship to their caretakers is what makes society consider emotional abuse of children a form of victimization that warrants an institutional response.

At the other end of the continuum are forms of victimization that are defined without reference to dependency and that exist in very similar forms for both children and adults. Stranger abduction is prototypical in this instance because both children and adults are taken against their will and imprisoned for ransom or sexual purposes. Homicide is similar; the dependency status of the victim does little to define the victimization. In some cases, to be sure, children's deaths result from extreme and willful cases of neglect, but there are parallel instances of adult deaths resulting from extreme and willful negligence.

Finally, some forms of child victimization should be located along the midsection of the dependency continuum. Sexual abuse falls here, for example, because it encompasses at least two different situations, one dependency related and one not. Some sexual abuse entails activities ordinarily acceptable between adults that are deemed victimizing in the case of children because of their immaturity and dependency. But other sexual abuse involves violence and coercion that would be victimizing even with a nondependent adult.

In the case of physical abuse, there is also some mixture. Although most of the violent acts in this category would be considered victimizing even between adults, some of them—for example, the shaken-baby syndrome—develop almost exclusively in a caretaking relationship in which there is an enormous differential in size and physical control.

The dependency continuum is a useful concept in thinking about some of the unique features of children's victimizations. It is also helpful in generating some hypotheses about the expected correlates of different types of victimization such as variations according to age.

Developmental Propositions

Childhood is such an extremely heterogeneous category—4-year-olds and 17-year-olds having little in common—that it is inherently misleading to discuss child victimization in general without reference to age. We would expect the nature, quantity, and impact of victimization to vary across childhood with the different capabilities, activities, and environments characteristic of different stages of development. An apt term for the study of this phenomenon might be developmental victimology. Unfortunately, we do not have strong studies of the different types of victimization across all the ages of childhood with which to examine such changes.

Two plausible propositions about age and child victimization could be a starting place for developmental victimology. One is that victimizations stemming from the dependent status of children should be most common among the most dependent and hence the youngest children. A corollary is that as children get older, their victimization profile should come more and more to resemble that of adults.

We can examine such propositions in a crude way with the data that are available. In fact, we can see in Table 5.4 that the types of victimization that are most concentrated in the under-12 age group are the dependency-related ones (see the dependency continuum in Figure.
Dependency Related Victimization Types

Not Dependency Related Victimization Types

Table 5.4 Victimization of Younger Children

<table>
<thead>
<tr>
<th>Type of Victimization</th>
<th>% of Victims Under 12</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family abduction</td>
<td>81</td>
<td>NISMAN</td>
</tr>
<tr>
<td>Physical neglect</td>
<td>70</td>
<td>NIS</td>
</tr>
<tr>
<td>Emotional abuse</td>
<td>56&lt;sup&gt;b&lt;/sup&gt;</td>
<td>NIS</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>56</td>
<td>NIS</td>
</tr>
<tr>
<td>Homicide</td>
<td>43&lt;sup&gt;c&lt;/sup&gt;</td>
<td>UCR93</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>40</td>
<td>NIS</td>
</tr>
<tr>
<td>Stranger abduction</td>
<td>27</td>
<td>NISMAN</td>
</tr>
</tbody>
</table>

* Source acronyms are as follows:
  - UCR93—Uniform Crime Reports, 1993 (FBI, 1994).
  - <sup>b</sup> Reflects the midpoint of two divergent estimates.
  - <sup>c</sup> Age group for this category is under 10.

5.2), particularly family abduction and physical neglect. Victimizations such as homicide and stranger abduction, which we grouped at the nondependency end of the continuum, involve a greater percentage of teenagers. However, not everything falls neatly into place; sexual abuse seems anomalously concentrated among teenagers too. We believe this to be an artifact of the NIS data on sexual abuse, which were based on reported cases only and thus undercounted sexual abuse of young children. When we look at sexual abuse, using data from retrospective self-reports, we find that 64% of victimizations occur before age 12 (Finkelhor et al., 1990), a pattern more consistent with the dependency hypothesis and the place of sexual abuse on the dependency continuum.

For additional insights about development and victimization, we can also look at child homicide, the type of victimization to which a developmental analysis has been most extensively applied (Christoffel, 1990; Christoffel, Anzinger, & Amari, 1983; Crittenden & Craig, 1990; Jason, 1983; Jason, Carpenter, & Tyler, 1983). Child homicide has a conspicuous bimodal frequency, with high rates for the very youngest and the oldest children (Figure 5.3). But the two peaks represent very different phenomena. The homicides of young children are primarily committed by parents using choking, smothering, and battering. In contrast, the homicides of older children are committed
mostly by peers and acquaintances, most often using firearms (Figures 5.4 and 5.5).

Although the analysts do not agree entirely on the number and age span of the specific developmental categories for child homicides, some propositions are clear. There is a distinct group of neonaticides—children killed in the first day or few weeks of life. The proportion of female and rural perpetrators is unusually high in this group (Jason et al., 1983). Homicide at this age is generally considered to include many isolated parents dealing with unwanted children.

After the neonatal period, there follows a period through about age 5 in which homicides are still committed primarily by caretakers using "personal weapons," but the motives and circumstances are thought to be somewhat different. These appear to be mostly cases of fatal child abuse that occur as a result of parents' attempts to control child behavior or reactions to some of its aversive qualities (Christoffel, 1990; Crittenden & Craig, 1990). Because of their small size and physical vulnerability, many children at this age die from acts of violence and force by adults that would not be fatal to older children.

As children reach school age, the rate of child homicide declines and the nature of child homicide becomes somewhat different. Among school-age children, killings by parents and caretakers gradually decline and those by peers and acquaintances rise. There are more firearm deaths. Children are targeted by suicidal parents killing their whole families. Children are killed in sexual assaults and are innocent victims in robberies and arsons.

Then, at age 13, the homicide picture changes again and rapidly. The rate for boys diverges sharply from that for girls. Acquaintances be-
come the predominant killers. Gangs and drugs are heavily involved, and the rate for minority groups—African Americans, Hispanics, and Asians—soars.

These trends clearly suggest that the types of homicide suffered by children are related to the nature of their dependency and to the level of their integration into the adult world. They provide a good case for the importance and utility of a developmental perspective on child victimizations and a model of how such an approach could be applied to other types of victimization.

Intrafamily Victimization

Unlike many adults, children do not live alone; they mostly live in families, so another plausible principle of developmental victimology is that more of the victimization of children occurs at the hands of relatives. We illustrated this in Table 5.2, and also Table 5.3, showing the sheer quantity of victimization by relatives apparent in the elevated figures on sibling assault, which outstrip those for any other kind of victimization.

The findings on homicide also suggest a developmental trend: Younger children have a greater proportion of their victimizations at the hands of intimates and correspondingly fewer at the hands of strangers. This is because they live more sheltered lives, spend more time in the home and around family, and have fewer of the characteristics that might make them suitable targets for strangers, such as money and valuable possessions.

An additional possible principle is that the identity of perpetrators may vary according to the type of victimization and its place on the
dependency continuum (Figure 5.2). Victimizations that are more dependency related should involve more perpetrators who are parents and family members. As shown in Table 5.5, parents are 100% of the perpetrators of neglect (Sedlak, 1991), the most dependency-related victimization, but only 28% of the perpetrators of homicide (Federal Bureau of Investigation [FBI], 1992). This pattern occurs because the responsibilities created by children's dependency status fall primarily on parents and family members. They are the main individuals in a position to violate those responsibilities in a way that would create victimization. Thus, when a sick child fails to get available medical attention, it is the parents who are charged with neglecting the child, even if the neighbors also did nothing.

**Gender and Victimization**

Developmental victimology needs to take account of gender as well. On the basis of the conventional crime statistics available from the NCVS and Uniform Crime Report, boys would appear to suffer more homicide (2.3 to 1), more assault (1.7 to 1), and more robbery (2.0 to 1) than girls, whereas girls suffer vastly more rape (8.1 to 1; Bureau of Justice Statistics, 1992; FBI, 1992). But this primarily pertains to the experience of adolescents and does not consider age variations.

Because gender differentiation increases as children get older, a developmental hypothesis might predict that the pattern of victimization would be less gender specific for younger children. That is, because younger boys and girls are more similar in their activities and physical
Table 5.5 Childhood Victimization Perpetrated by Parents

<table>
<thead>
<tr>
<th>Type of Victimization</th>
<th>% Victimized by Parent</th>
<th>Sourcea</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical neglect</td>
<td>100</td>
<td>NIS</td>
</tr>
<tr>
<td>Emotional abuse</td>
<td>100</td>
<td>NIS</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>90</td>
<td>NIS</td>
</tr>
<tr>
<td>Abductions</td>
<td>80</td>
<td>NISMART</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>51</td>
<td>NIS</td>
</tr>
<tr>
<td>Homicide</td>
<td>28</td>
<td>UCR93</td>
</tr>
</tbody>
</table>

a. Source acronyms are as follows:
- UCR93—Uniform Crime Reports, 1993 (FBI, 1994).

characteristics, there might be less difference between sexes in the rate of victimization.

This pattern does indeed appear to be the case at least for homicide, the type of victimization for which we have the best data. Rates of homicide are quite similar for younger boys and girls, even up to age 13, after which point the vulnerability of boys increases dramatically (Figure 5.6).

However, this increased differentiation with age is less apparent for other types of victimization. Physical abuse does appear to have such a trend in one data set, but not in another. Caretaker reports from the National Family Violence Survey show more abuse of boys after age 5, rising particularly high in later adolescence. But data from another source, the NIS, contradict this trend, showing girls to be the predominant victims of physical abuse during adolescence. It could be that the physical abuse of adolescent boys is particularly underdetected by professionals (on whose observations the NIS is based).

It is possible that a developmental pattern in gender differentiation may apply to some forms of victimization but not others. The mixed picture in regard to gender and age merits more study. Some victimization types may have unique gender patterns reflecting their particular dynamics.

Routine Activities Theory and Children

Routine activities theory (RAT), which has been a popular conceptual framework in the victimology field, has been applied to the analysis of youth victimization as it has to other issues. The application has tended to focus on how increased exposure and decreased guardianship heighten youth vulnerability. Young people are viewed as engaging in risky behaviors, such as staying out late, going to parties, and drinking, that compromise the guardianship provided by parents and adults and expose them to more possibilities for victimization (Jensen & Brownfield, 1986). Much of the RAT approach to youth victimization has particularly stressed its connection to delinquent activities (Lauritsen, Laub, & Sampson, 1992; Lauritsen, Sampson, & Laub, 1991). Delinquency is seen as a lifestyle that puts a person in close proximity to other offenders—aggressive or delinquent companions or rival gang members—and also greatly reduces guardianship because delinquents tend to avoid conventional social environments and through their activities also largely forfeit their claims on the protection of police and other authorities (Sparks, 1982). Empirical research has confirmed that delinquents are indeed more prone to victimization than other youth (Lauritsen et al., 1991, 1992).

However, this perspective on youth victimization has some obvious limitations. For one thing, many youth who get victimized have no involvement in delinquency. Delinquent activities are primarily the domain of adolescents, particularly adolescent boys. But even young children get assaulted, kidnapped, and sexually abused (Finkelhor & Dziuba-Leatherman, 1994b) without any connection to delinquent behavior. Moreover, the lifestyle and routine activities theories were designed
for, and have always been best at explaining, variations in stereotypical street crime such as stranger assaults and robberies. But much of youth victimization occurs at the hands of acquaintances and family members. This is particularly true for younger children (Finkelhor & Dziuba-Leatherman, 1994b).

These acquaintance and intrafamily victimizations are not well suited to the RAT concepts. For example, routine activities studies often operationalize guardianship as the amount of time routinely spent within the family household. However, for a child at risk of parental violence, time spent in the family household does not increase guardianship. Nor does being out at night—another popular lifestyle variable—increase exposure. In fact, for intrafamily victimization, it is not entirely clear that time "exposed" outside or inside the family makes much difference at all.

Thus it is not surprising that theories developed to explain many specific forms of acquaintance and family victimization among youth have virtually ignored RAT and have relied on other concepts besides exposure and guardianship. For example, in trying to account for who becomes the target of bullying, observers have noted that these tend to be children who have "avoidant-insecure" attachment relationships with primary caregivers, lack trust, have low self-confidence, expect hostility from others, and are socially isolated (Smith, Bowers, Binney, & Cowie, 1993). Bullied boys tend to be physically weaker and may be more likely to have physical impairments (Olweus, 1993). Something about the behavior of these children—both their physical and psychological vulnerability and perhaps a relational style irritating to other children—seems to attract victimization. Interestingly, as
opposed to lacking guardianship, this literature suggests that victims of bullies tend to be, if anything, overprotected by parents and bullied in part because of it (Smith et al., 1993).

The literature on parental assault on children also takes a very different tack from the lifestyles approach. This literature tends to equate victimization risk primarily with family and parental attributes, such as family stress, isolation, alcoholic and violence-prone caretakers, and parents who have victimization histories and unrealistic expectations of their children (National Research Council, 1993). To the extent that victim factors play a role, particularly in the case of adolescents, the parental assault literature notes that such youth may be more at risk if they are disobedient, uncooperative, or temperamental or if they have problems or impairments that are a burden or source of disappointment for caregivers (Berdie, Berdie, Wexler, & Fisher, 1983; Garbarino, 1989; Libby & Bybee, 1979; Schellenbach & Guerney, 1987).

A still different victimization literature, the one on child sexual assault, notes some other risk factors. For this form of victimization, girls are at substantially greater risk than boys (Finkelhor, 1994). Also at risk are children from step-parent families and children whose parents fight or are distant and punitive (Finkelhor, 1993). Finkelhor (1984) hypothesized that risk for sexual abuse is increased by factors that reduce parental supervision as well as those that create emotional deprivation. Emotional deprivation makes children and youth vulnerable to the offers of attention and affection that sexual predatory offenders sometimes use to draw children into sexual activities.

A challenge for the field of developmental victimology is to find ways to blend the theoretical approaches relevant to specific forms of child victimization together with the insights of RAT to the extent that they apply. Elsewhere, Finkelhor and Asdigan (1996) have proposed a framework for beginning this task.

Effects of Child Victimization

Inflicted injuries, neglect, and criminal acts are responsible for the deaths of more than 2,000 children per year, and homicide is currently one of the five leading causes of child mortality in the United States (Goetting, 1990; Martinez-Schnell & Waxweiler, 1989). Victimization also results in a substantial toll of nonfatal injuries that are more difficult to count accurately. The NIS estimated that, as a result of abuse or neglect over the course of one year, 565,000 children suffered serious injuries (i.e., life threatening conditions, long-term physical, mental, or emotional impairment) and 822,000 others suffered moderate injuries (i.e., observable injuries or impairments that lasted for at least 48 hours) (Sedlak & Broadhurst, 1996). From the NCVS, one can estimate that approximately half a million teenagers aged 12 to 17 sustained physical injury due to an assault in a single year and that about 100,000 received hospital care as a result of any kind of violent crime (BJS, 1995). Another national survey of 10- to 16-year-olds suggests that the annual number of injured youth is on the order of 2.8 million, with 250,000 needing medical attention (Finkelhor & Dziuba-Leatherman, 1994a). A Massachusetts study suggested that each year 1 in every 42 teenage boys receives hospital treatment for an assault-related injury (Guyer, Lescohier, Gallagher, Hausman, & Azzara, 1989).

Children's level of development undoubtedly influences the nature and severity of injuries resulting from victimization, although few analyses have taken such a developmental approach. An obvious example is the greater vulnerability of small children to death and serious harm as a result of blows inflicted by hands and other so-called “personal objects.” Another obvious example is the higher likelihood of older children to contract sexual-abuse-related HIV infection because older

In addition to physical injury, a growing literature documents that victimization has grave short and long-term effects on children's mental health. For example, sexually victimized children appear to be at substantially increased lifetime risk for virtually all categories of psychiatric disorder (Table 5.6), a finding supported by Saunders, Villeponteaux, Lipovsky, Kilpatrick, and Veronen (1992), Scott (1992) estimated that about 8% of all psychiatric cases within the population can be attributed to childhood sexual assault.

Although they do not involve such specific epidemiological assessments, other studies have also demonstrated increased rates of mental health morbidity for other types of childhood victimization, including physical abuse (Kolko, 1992), emotional abuse (Briere & Runz, 1990), and physical punishment (Straus & Gelles, 1990). A national survey has demonstrated that victimized youth have higher levels of posttraumatic stress disorder (PTSD) and depression, that a wide variety of specific forms of victimization result in such effects, and that such effects are independent of prior levels of symptoms (Boney-McCoy & Finkelhor, 1995; in press). A number of other studies also show the traumatic impact of violence exposure and in particular its serious effects on those from minority communities and communities with higher violence rates (DuRant, Getts, Cadenhead, Emans, & Woods, 1995; Martinez & Richters, 1993; Singer, Anglin, Song, & Lunghefor, 1995).

In addition to general mental health impairments, a proposition that has been established across various types of victimization is that a history of such victimization increases the likelihood that someone will become a perpetrator of crime, violence, or abuse. Although this popular shibboleth has been criticized and qualified (Kaufman & Ziegler, 1987), evidence to support it comes from a wide variety of methodologies—longitudinal follow-ups (McCord, 1983; Widom, 1989a), studies of offender populations (Hanson & Slater, 1988; Lewis, Shanok, Pincus, & Glaser, 1979), and surveys of the general population (Straus et al., 1980)—and concerns a wide variety of perpetuations, including violent crime, property crime, child abuse, wife abuse, and sexual assaults (for review, see Widom, 1989b). An important qualification is that victims are not necessarily most prone to repeat their own form of victimization. But the proposition that childhood victims are more likely to grow up to victimize others is firmly established.

Theory about PTSD is being applied to, and may be a unifying concept for, understanding common psychological effects of a wide variety of child victimizations (Eh & Pynoos, 1985). Terr (1990) has made some effort to cast PTSD in a more developmental framework, but its application is mostly anecdotal.

Sexual abuse is the only area in which a developmental approach to the psychological impact of victimization has been advanced on the basis of empirical studies (Kendall-Tackett, Williams, & Finkelhor, 1993). For example, in reaction to sexual abuse, symptoms of sexualization seem to appear more frequently among preschool than among school-age girls, who

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**Table 5.6 Increased Risk for Psychiatric Disorders Among Victims of Child Sexual Abuse**

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Risk Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any disorder</td>
<td>3.8</td>
</tr>
<tr>
<td>Any affective disorder</td>
<td>2.4</td>
</tr>
<tr>
<td>Any substance abuse or dependence</td>
<td>3.1</td>
</tr>
<tr>
<td>Drug abuse or dependence</td>
<td>5.2</td>
</tr>
<tr>
<td>Alcohol abuse or dependence</td>
<td>2.1</td>
</tr>
<tr>
<td>Phobia</td>
<td>3.4</td>
</tr>
<tr>
<td>Depression</td>
<td>3.4</td>
</tr>
</tbody>
</table>

**NOTE:** Only risks significantly different from risk for nonvictims are included.

**SOURCE:** Scott (1992).
The Victimization of Children and Youth

seem more aware of appropriate and inappropriate sexual conduct (Friedrich et al., 1992). This is the direction that the whole area of child victimization needs to take.

One of the challenges for a field of developmental victimology is to document how victimization at different stages of development can have different kinds of effects (Trickett & Putnam, 1993). Such developmentally specific effects can be related to three different aspects of development, according to a formulation Shirk (1988) made in regard to physical abuse: (a) differences in the developmental tasks children are facing at the time of victimization, (b) differences in the cognitive abilities that affect children’s appraisal of the victimization, and (c) differences in the forms of symptom expression available to the child at that stage of development. Each of these processes is worthy of further study (Finkelhor & Kendall-Tackett, in press).

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 specific examples exist in the research literature of attempts to document how victimization can interfere with such stage-specific processes. For example, young children victimized at an early age by their primary caretakers seem to suffer a big developmental impact in the form of insecure attachments to caregivers (Carlson, Cicchetti, Barnett, & Braunwald, 1989; Crittenden, 1988; Egeland & Sroufe, 1981). Children victimized during preschool years, when children experiment with normal dissociative skills, may be those who become most likely to use dissociation as a defense mechanism and to develop a pattern of dissociation that becomes chronic (Kirby, Chu, & Dill, 1993). And sexual abuse and other trauma can hasten the onset of puberty (Herman-Giddens, Sandler, & Friedman, 1988; Putnam & Trickett, 1993).

A second developmental component to the impact of victimization concerns how children’s beliefs about what happened may mediate the experience of victimization (Rutter, 1989). For example, victims seem to be more affected 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 et al., 1989; Resnick, 1993). But this cognitive appraisal process works very differently among children, who know much less about the world or make assumptions different from those of adults (Dalenberg, Berman, & Furman, 1984), and these cognitive appraisal skills, including those that apportion responsibility and blame for bad events, change over the course of development.

Finally, 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 may have been victimized or whatever appraisals a child may make, the subjective distress from that victimization will usually be expressed within a vocabulary of behaviors or symptoms specific to the current stage of development. Thus distress expressed by preschool-age children in the form of disruptive behavior in preschool may take the form of self-blame or depression at a later stage. Shirk labels this process “developmental symptom substitution.” In understanding how children respond to victimization over the course of development, all these processes need to be better described, documented, and related to the child victimization literature.

Research Needs

The research needs in this field of child victimization are vast and urgent, given the size of the problem and the seriousness of its
impact, and they range from studies of risk factors to studies of treatment efficacy. But in the limited space of this review, I will mention only three important points.

First, if we are to take it seriously, we need much better statistics to document and analyze the scope, nature, and trends of child victimization. The NCVS records only crime victimizations down to age 12. The Uniform Crime Reports in the past have made no age information available about crimes with the exception of homicide (something that may change under a proposed new National Incident Based Reporting System [NIBRS], but the implementation of this system is still a long way off). The national data collection system about child abuse fails to include all states and has severe methodological limitations such that the information cannot be aggregated nationally or compared across states (National Center on Child Abuse and Neglect, 1992).

We need comprehensive, yearly national and state figures on all officially reported crimes and forms of abuse committed against children. These need to be supplemented by regular, national studies to assess the vast quantity of unreported victimization, including family violence, child-to-child violence, and indirect victimization. Although there are methodological challenges in such efforts, studies such as those referenced in this chapter demonstrate that this is feasible.

Second, we need theory and research that cut across and integrate the various forms of child victimization. A good example is the work on PTSD in children, which has been applied to the effects of various victimizations: sexual abuse, stranger abduction, and the witnessing of homicide (Boney-McCoy & Finkelhor, 1995, in press; Eth & Pynooos, 1985; Terr, 1990). Similar cross-cutting research could be done on other subjects (e.g., what makes children vulnerable to victimization or how responses by family members buffer or exacerbate the impact of victimization). To be truly synthesizing, this research needs to study the pandemic victimizations, not just the acute and extraordinary victimizations, which have been the main focus in the past.

Finally, the field needs a more developmental perspective on child victimization. This would start with an understanding of the mix of victimization threats that face children of different ages. It would include the kind of factors that place children at risk and the strategies for victimization avoidance that are appropriate at different stages of development. It would also differentiate how children at different stages react and cope with the challenges posed by victimization.

A Final Word

It is ironic that the problem of children as aggressors has until recently had more attention in social science than children as victims, reflecting perhaps the priorities of the adult world. It is encouraging that as the needs of children are more fully recognized, this balance is finally changing.

Notes

1. The 1975 Family Violence Survey actually gathered its information about sibling assault perpetration rather than victimizations. This means the figures may be underestimates because for every sibling perpetrator there was at least one, but possibly several, sibling victims.

2. The undercount stems from two problems. First, most sexual abuse reports, unlike other forms of child maltreatment, start from children's own disclosures, which are more difficult for younger children to make. Second, much sexual abuse goes on for extended periods of time before being disclosed, and the age data in the NIS are based on age at the time of report, not age at onset.

References


