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## Child Abuse & Neglect

# Lifetime assessment of poly-victimization in a national sample of children and youth[☆]

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ABSTRACT

**Objective:** To use a lifetime assessment of victimization experiences to identify children and youth with high cumulative levels of victimization (poly-victims). Also to compare such children to other victims and non-victims, and assess the contribution of cumulative victimization to levels of psychological distress.

**Design:** A national sample of 1,467 children aged 2–17 recruited through random digit dialing and assessed via telephone interviews (with caretakers and youth themselves) about a comprehensive range of 33 types of victimization experiences in the previous year and at any time in their lives.

**Results:** Nearly 80% of the children and youth reported at least one lifetime victimization. The mean number of lifetime victimizations was 3.7 and the median 2.6. The total number of different lifetime victimizations was highly predictive of symptoms of current distress. The best linear prediction of distress on the basis of cumulative victimization entailed weighting child maltreatment and sexual assault by factors of 4 and 3 respectively compared to other victimizations. We proposed classifying poly-victims as those 10% of children and youth with the highest victimization scores, and calculating different thresholds for children at different ages. Poly-victims designated in this way had significantly more distress, more non-victimization adversities than other youth and were less likely to come from an intact family.

**Conclusion:** Lifetime assessment of victimization has value as a means of identifying groups of highly victimized children and youth.

**Practice Implications:** This paper describes a procedure under which practitioners can assess for a group of children, termed "poly-victims," who have a very high burden of lifetime victimization. These children merit identification because they have high levels of psychological distress, some of the most serious victimization profiles, and a presumed vulnerability for further victimization.

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In several recent papers, we have introduced the concept of "poly-victimization" and promoted its utility for the field of child victimization and childhood trauma (Finkelhor, Ormrod, & Turner, 2007a; Finkelhor, Ormrod, & Turner, 2007b; Finkelhor, Ormrod, & Turner, 2007c; Finkelhor, Ormrod, Turner, & Hamby, 2005). Poly-victimization and poly-victim are concepts that help target and understand a group of children who suffer from particularly high levels of different types of victimization, for

example, physical abuse, peer bullying, property crime, and exposure to domestic violence. In a recently reported national survey, we found that 22% of the youth 2–17 years old suffered four or more different kinds of victimizations in a single year, and 10% suffered seven or more.

The identification and focus on poly-victimized children has a number of benefits in our view:

1. It helps draw attention to a very important subgroup of victimized children, the ones with the highest burden of victimization, who also have extremely high levels of psychological distress and symptoms (Finkelhor et al., 2007a,b). These poly-victimized children also comprise a large percentage of those with certain forms of serious victimization like sexual abuse. As a group, they are the children responsible for most of the statistical associations between victimization and trauma. This approach of looking at individuals with multiple intersecting forms of adversity is also one that has drawn increasing attention in the fields of child development, mental health and traumatic stress (Appleyard, Egeland, van Dulmen, & Sroufe, 2005; Cook, Blaustein, Spinazzola, & van der Kolk, 2003; Felitti, Anda, & Nordenberg, 1998; Saunders, 2003). The interest in multiple types of victimization or maltreatment has also grown, although it is been operationalized in a variety of different ways (Clemmons, Walsh, DiLillo, & Messman-Moore, 2007; Manly, Kim, Rogosch, & Cicchetti, 2001; Morojele & Brook, 2006; Rossman & Rosenberg, 1998; Stevens, Ruggiero, Kilpatrick, Resnick, & Saunders, 2005). In general, this literature shows a linear relationship between the number of childhood adversities and the level of adverse outcome (Appleyard et al., 2005; Felitti et al., 1998).
2. The focus on multiple forms of victimization also draws attention to the intersection of different kinds of victimization and overcomes fragmentation in the study of child victimization, a domain that has been previously subdivided into variety of distinct but overlapping subfields, concerned about restricted domains such as bullying, sexual abuse, sexual harassment or exposure to domestic violence.
3. The identification of poly-victimization also helps correct for possibly misleading conclusions about victimization and its impact by research models that only pay attention to a limited subset of victimizations, and do not account for co-occurring, unmeasured other forms of victimization that may be part of what is contributing to a child's difficulties (Finkelhor et al., 2007b). What may account for the high levels of distress in poly-victimized children is their vulnerability to victimization across a number of contexts and a number of different relationships (Finkelhor, 2008).

Our previous research on poly-victimization has revolved around use of the Juvenile Victimization Questionnaire, which assesses 33 different types of victimization during childhood. In most of this research, we have assessed poly-victimization on the basis of victimizations occurring during a 1-year period (Finkelhor et al., 2005, 2007b,c), both to have a standardized timeframe and to take advantage of recency of recall.

However, it is very common for child victimization researchers to assess victimization history over a longer time or even the course of a full childhood (Hanson et al., 2006). Much developmental theory about trauma maintains that negative events have cumulative impacts over much longer periods than a single year (Cook et al., 2003; Kaplow & Widom, 2007; Kendall-Tackett & Becker-Blease, 2004). On the other hand, victimization assessments over a longer period may be less valid because of the difficulty of remembering and reporting information over such a span. This concern in part motivated our focus on a single year of victimization in our initial studies. However, because of increasing interest in expanding the poly-victim concept to cover a longer assessment period, we explore the implications of a lifetime format for the concept. The present paper investigates the implications of identifying poly-victimized children using victimization information concerning the child complete lifespan.

As part of this investigation, the paper compares the merits of lifetime versus past year assessment of poly-victimization, assesses the associations of lifetime poly-victimization with psychological distress, and looks at the characteristics of poly-victimized children in contrast to other children, both victims and non-victims.

## Methods

### Participants

This analysis uses data from the Developmental Victimization Survey (DVS), a longitudinal study designed to assess a comprehensive range of childhood victimizations across gender, race, and developmental stage. Analyses are based on a sample of 1,467 respondents who participated in two waves of data collection obtained approximately 1 year apart (a more complete description of survey methods and procedures can be found in Finkelhor et al., 2007c). Data on victimization exposure was obtained using the Juvenile Victimization Questionnaire (JVQ) (Hamby, Finkelhor, Ormrod, & Turner, 2004). The JVQ was designed to be a more comprehensive instrument than has typically been used in past research, screening for 33 specified victimizations that cover five general areas of concern: conventional crime (assaults and property crimes), child maltreatment, peer and sibling victimization, sexual assault, and witnessing and indirect victimization (see Table 1 for complete victimization screener list and Appendix B in Finkelhor et al., 2007c for item wording).

The two waves of the survey, assessing the experiences of a national sample of children age 2–17 living in the contiguous United States were conducted first between December 2002, and February 2003, and then again between December 2003 and May 2004, approximately 1 year later. The original sample selection procedures were based on a random digit dial (RDD) telephone survey design and all data were collected by telephone interview. A short interview was conducted with an adult

**Table 1**
Past year and lifetime victimization rates.

| Victimization | Past year (PY) % victimized ($n = 1,467$) | Lifetime (LT) % victimized ($n = 1,467$) | Increase PY to LT[a] (%) |
|---|---|---|---|
| Any victimization | 69.3 | 79.6 | 15 |
| Any maltreatment | 9.6 | 15.1 | 57 |
| Any sexual assault | 2.0 | 4.7 | 135 |
| Any physical assault | 49.0 | 61.1 | 25 |
| Any property crime | 29.5 | 45.1 | 53 |
| Any witnessed or indirect victimization | 33.3 | 43.9 | 32 |
| Robbery[b] | 10.7 | 18.1 | 70 |
| Personal theft[b] | 18.0 | 30.2 | 68 |
| Vandalism | 16.2 | 26.3 | 63 |
| Assault with weapon | 5.0 | 9.8 | 95 |
| Assault without weapon | 19.1 | 31.9 | 66 |
| Attempted assault | 9.3 | 14.7 | 59 |
| Kidnapping | 0.4 | 1.6 | |
| Bias attack | 1.1 | 1.8 | |
| Physical abuse | 3.3 | 7.2 | 118 |
| Psychological/emotional abuse | 7.3 | 10.3 | 41 |
| Neglect | 1.1 | 2.5 | |
| Custodial interference/family abduction | 0.8 | 2.4 | |
| Gang or group assault | 1.7 | 3.0 | |
| Peer or sibling assault | 41.4 | 52.6 | 27 |
| Nonsexual genital assault | 4.7 | 7.0 | 50 |
| Bullying | 20.2 | 25.2 | 25 |
| Emotional bullying | 17.0 | 23.8 | 40 |
| Dating violence[c] | 2.7 | 4.7 | 72 |
| Sexual assault by known adult | 0.2 | 0.7 | |
| Nonspecific sexual assault | 0.1 | 0.4 | |
| Sexual assault by peer | 0.8 | 2.0 | |
| Rape: attempted or completed | 1.6 | 3.0 | |
| Flashing/sexual exposure | 5.0 | 7.9 | 59 |
| Verbal sexual harassment[a] | 4.4 | 5.8 | 34 |
| Witness to domestic violence | 2.2 | 6.8 | 204 |
| Witness to physical abuse | 1.1 | 2.8 | |
| Witness to assault with weapon | 11.4 | 14.2 | 25 |
| Witness to assault without weapon | 22.0 | 28.0 | 27 |
| Burglary of family household | 7.8 | 15.7 | 102 |
| Murder of family member or friend | 4.3 | 8.7 | 100 |
| Witness to murder | 0.6 | 1.4 | |
| Exposure to random shootings, etc. | 5.0 | 7.2 | 44 |
| Exposure to war or ethnic conflict | 0.8 | 1.4 | |

[a] Victimizations with a past year rate of less than 2.0% are not shown.

[b] $n = 1,180$ (age limited screener).

[c] $n = 684$ (age limited screener).

caregiver (usually a parent) to obtain family demographic information. One child was randomly selected from all eligible children living in a household by selecting the child with the most recent birthday. If the selected child was 10–17 years old, the primary interview was conducted with the child. If the selected child was 2–9 years old, it was conducted with the caregiver who "is most familiar with the child's daily routine and experiences. The original sample consisted of 2,030 respondents, interviews having been completed with 79.5% of the eligible persons contacted. A total of 1,467 respondents (72.3% of the original sample) were re-interviewed in Wave 2. In spite of attrition, no significant differences between those who participated in both waves and those lost to follow-up were found on level of victimization reported at baseline. The items used for the present analysis all come from the second wave of data collection, which was when this information was gathered on lifetime experiences for all victimizations.

Post-stratification weights were applied to adjust the identified sample for race and ethnicity differences between the Wave 2 sample and national statistics. Weights were also applied to adjust for within household probability of selection due to variation in the number of eligible children across households and the fact that the experiences of only one child per household were included in the study.

### Measurement

*Victimization.* This study uses victimization data collected during the Wave 2 interviews. Identically worded screeners were used in Wave 2 to collect both past-year and lifetime victimization information, which were combined to yield a total lifetime assessment. Follow-up questions for each screener item gathered additional information needed to describe events in greater detail, including, for lifetime episodes, victim is age at time of victimization.

Six aggregate victimization categories were also constructed from the Wave 2 screener responses, indicating whether respondents were exposed to *any* victimization within each category: maltreatment, sexual victimization, sexual assault, physical assault, property victimization, and witnessed/indirect victimization.

A multiple victimization measure was also constructed that summed for each child the number of endorsed victimization screeners across all 33 specific types for both lifetime and past-year time intervals. This summed measure is referred to as the lifetime and past-year screener sums. A modified, weighted version derived during the analysis is referred to as the poly-victimization score.

*Child mental health.* Mental health status, an indicator of child well-being, was measured at the time of the Wave 2 interview through the use of trauma symptom scores for the anger, depression and anxiety scales of two closely related measures: the Trauma Symptoms Checklist for Children (TSCC) (Briere, 1996), which was used with the 10–17 year-old self-report interviews, and the Trauma Symptom Checklist for Young Children (TSCYC) (Briere et al., 2001), used in the caregiver interviews for the 2–9 year-olds. All components of the TSCC and TSCYC have shown very good reliability and validity in both population-based and clinical samples (Briere, 1996; Briere et al., 2001). All item responses for the three scales together were summed to create an aggregate trauma symptom score (following TSCC and TSCYC guidelines for creating t-scores). In this study, the TSCC alpha coefficient for all items was .92 and that for all TSCYC items was .86. Missing responses within each set of items (anger, depression, anxiety) were replaced with the case's mean for that set. Because the specific items used for each age group differed, a child trauma symptom score was created for the 2–9 year-olds and a youth trauma symptom score for the 10–17 year-olds. A unified trauma symptom score for all children in the sample was constructed by merging the standardized trauma scores for each age group.

*Non-victimization adversity.* Non-victimization adversity—another possible influence on child mental health—was assessed by a comprehensive measure that included 14 non-violent traumatic events and chronic stressors. Items included: serious illnesses, accidents, parent imprisonment, natural disasters, substance abuse by family members and parental arguing. If a specific stressor had been experienced or was present at least once in the respondent's lifetime (during or prior to the Wave 1 study period), it was coded as one. A lifetime adversity score was constructed by summing the lifetime trauma events and stressors endorsed. Any adversity item endorsed for the first time at Wave 2 was added to the lifetime score. Higher scores indicate greater exposure to different forms of adversity.

*Socio-demographic factors.* Most demographic information was obtained in the initial parent interview in Wave 1, including the child's gender, race/ethnicity (coded into four groups: White non-Hispanic, Black non-Hispanic, other race non-Hispanic, and Hispanic any race), and socio-economic status (SES). SES is a composite based on the sum of the standardized household income and standardized parental education (for the parent with the highest education) scores, which was then re-standardized. Child age was measured in years at the time of the Wave 2 interview.

Type of place discriminated among children living in (1) a large city (population over 300,000) or (2) a small city (population about 100,000–300,000), a suburb, small town or rural area. Family structure was defined by the composition of the household reported in Wave 1. Specifically, three household types were identified, those with: (1) two biological or adoptive parents, (2) one biological parent plus partner (spouse or non-spouse), and (3) single biological parent or other caregiver.

*Data analysis*

First, lifetime screener sums and aggregated victimization rates were compared to those based on past-year victimizations only. Next the utility of lifetime victimization (in comparison to past-year) measures in predicting child well-being was evaluated using correlations with trauma symptoms. Then the ability of the lifetime victimization screener sum measure to predict trauma symptoms was evaluated through multiple regression, with models controlling for other possible predictor variables (including the occurrence or non-occurrence of the six specific types of victimization described previously, the demographic measures identified above, and lifetime adversity) whose effects might be confounded with total victimization. Results of this evaluation were used to develop weights for some specific victimization types in calculating cumulative lifetime poly-victimization scores. Specific victimization types that were found to have an independent effect beyond that of total victimization (the lifetime screener sum) were used to weight a final cumulative lifetime poly-victimization score, based on their presence or absence for each victim. Thresholds were then established for the identification of children with elevated scores who can be considered "lifetime poly-victims."

Once lifetime poly-victims were identified, they were compared to non-poly-victims along a number of dimensions (in terms of demographics and victimization history) to isolate notable differences between these sets of children.

**Results**

Large numbers of victimizations were reported in response to questions asking about the lifetime perspective. Close to 80% of the children and youth reported at least one lifetime victimization. The mean number of victimizations was 3.7 over the lifespan, the median 2.6, and the range extended all the way to a total of 26. The most common types of victimization

(Table 1, second column) were peer and sibling assaults (reported by over one half the sample), assaults without a weapon, personal thefts, witnessing assaults without weapons, and physical and emotional bullying.

Asking about victimizations over the course of the lifetime instead of over the past year alone did increase the percentage of children reporting victimizations, but perhaps not so much as one might expect. The percentage reporting any victimization increased modestly from 69.3% for past year to 79.6% for lifetime, and the mean increased from 2.4 to 3.7. The total reporting any child maltreatment increased from 9.6% to 15.1% and the total experiencing a sexual assault from 2.0% to 4.7%.

The third column in Table 1 shows the percentage increase resulting from a lifetime versus past year assessment for specific types of victimization. These increases vary widely from just 25% for a physical assault to 135% for sexual assaults and 204% for witnessing domestic violence. In general, as would be expected, the percentage increases are largest for the lower base rate victimizations (physical abuse, sexual assault, witness of domestic violence), which also tend to be among the more serious types of victimization.

One of the anticipated effects of a lifetime victimization assessment is to increase the disparity between younger and older children in the number of victimizations experienced, for the obvious reason that older children have had more time over which to experience various victimizations. Thus, going from past-year to lifetime, the mean number of victimizations for children ages 2–6 increased from 2.0 to 2.6, whereas for youth 15–18, the increase was from 2.7 to 4.9 (Figure 1).

Nonetheless, even though lifetime assessment increases victimization rates, the increases are not typically dramatic because many children indicating a lifetime occurrence have multiple occurrences including relatively recent ones that would be captured by a shorter assessment period. Thus in 76% of the endorsements by respondents that a victimization occurred in their lifetime, there was a "most recent episode" that occurred within the past 2 years. This consideration was true even for the oldest children with the longest time span for possible victimization, for whom 63% of the endorsed lifetime victimizations had a most recent episode occurring in the past 2 years. This means that ascertaining victimization over a more recent time span will yield more than just a small fraction of the rate ascertained by asking about a lifetime perspective.

As in the earlier study based on past-year alone, the total number of different types of victimizations, a variable that measures the extent of poly-victimization, proved to be very important in identifying troubled children. The lifetime screener sum of victimizations had a correlation coefficient of .46 ($p = .000$) with trauma symptoms assessed at the time of the interview, and a correlation coefficient of .44 ($p = .000$) with a measure of other lifetime adversities. The correlations associated with lifetime victimizations were statistically similar to the correlations based on past-year victimizations alone ($r = .45$, $p = .000$, for trauma symptoms and $r = .37$, $p = .000$, for adversities). In addition, the lifetime victimizations were equally good predictors of symptoms and adversities for the older children as for the younger children.

This strong association between lifetime poly-victimization and mental health symptoms held up in multivariate analysis, which controlled for other possible influences on mental health symptoms, including age, gender, race/ethnicity, SES, family structure, and place type. The regression coefficient for lifetime screener sum in this multivariate model was statistically indistinguishable (beta = .46, $p = .000$) from the regression coefficient for past-year screener sum (beta = .43, $p = .000$) in a comparison model.

In a previous paper about poly-victimization which was assessed only in the past year, an important feature of the construct was that the aggregated number of different types of victimizations eclipsed or greatly reduced the contribution of any particular individual type of victimization in the prediction of mental health symptoms (Finkelhor et al., 2007b). This and other empirical manipulations of the data (for example, looking at the contribution of chronic victimizations of a single type) led us in the earlier paper to conclude that, to predict mental health problems, a simple unweighted sum of the number of different victimizations was as effective as any victimization sum weighted or adjusted for severity or chronicity (Finkelhor
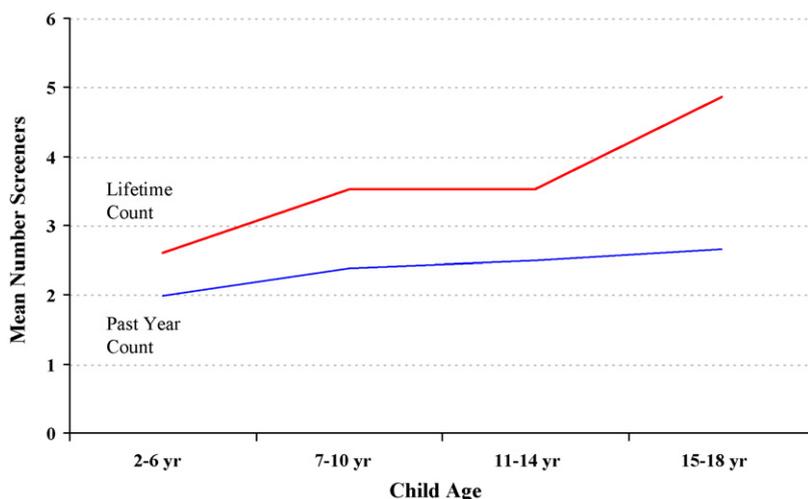


**Figure 1.** Mean number of victimizations, lifetime and past-year by child Age.

**Table 2**
Predicting trauma symptom scores with non-weighted and weighted screener sums.

| Model[a] | Using non-weighted screener sum | | | Using weighted[b] screener sum | | |
|---|---|---|---|---|---|---|
| (n = 1,433) | $R^2$ | Beta | p | $R^2$ | Beta | p |
| All children | | | | | | |
| Screener sum | 0.24 | 0.34 | 0.000 | 0.24 | 0.44 | 0.000 |
| Any maltreatment | | 0.17 | 0.000 | | 0.05 | 0.150 |
| Any sex assault | | 0.08 | 0.002 | | 0.03 | 0.352 |

[a] Models show association between trauma symptom score and total victimizations, controlling for age, gender, race/ethnicity, SES, family structure, place type.

[b] Screener sum is weighted by adding +4 for any maltreatment and +3 for any sexual assault.

**Table 3**
Lifetime poly-victim score thresholds for poly-victims and proportion of children classified as poly-victims by age group.

| Age group | Score threshold to designate poly-victim | Percent of children poly-victims |
|---|---|---|
| 3–6 years | 9+ | 11.3% (n = 373) |
| 7–10 years | 10+ | 10.9% (n = 339) |
| 11–14 years | 12+ | 10.3% (n = 338) |
| 15–18 years | 15+ | 10.2% (n = 417) |
| All age groups | | 10.6% (n = 1,467) |

et al., 2005). Trying to give special weight to victimizations of various types or victimizations that were more frequent or chronic did not markedly improve the prediction of distress symptoms.

In the analyses of lifetime victimization, however, a somewhat different pattern prompted us to take a modified approach. The possible independent effects of specific victimization types (maltreatment, sexual victimization, sexual assault, physical assault, property victimization, witnessed/indirect victimization) were examined, as were the possible effects of further dimensions of specific victimizations (such as frequency and chronicity). Only two types of victimization—specifically, experiencing any child maltreatment or any sexual assault—continued to make a substantial (and significant) contribution to the prediction of trauma symptoms, even after controlling for lifetime poly-victimization (Table 2, first column). However, the other measures of victimization or victimization severity did not. This was true for all juvenile victims and for victims by individual age group (identified in Table 3).

This suggested that in the lifetime assessment of poly-victimization as a predictor of negative outcomes, child maltreatment and sexual assault had a particular traumatic salience, and therefore should be given additional weight in the summing of victimizations. We experimentally incremented the weights for experiencing any form of child maltreatment and sexual assault in the calculation of the poly-victimization score to find a parsimonious model in which the individual coefficients for maltreatment and sexual assault no longer made significant contributions in the regression equation. A weight of 4 for any child maltreatment and 3 for any sex assault met these criteria (Table 2, second column). When either victimization was present, the appropriate value was added to a child's initial lifetime screener sum to produce a final poly-victimization score.

In our earlier work, we proposed a threshold score for the clinically relevant purpose of designating children who might be classified as poly-victims, that is, children who are suffering from a particularly high burden of victimization. When victimization is assessed in a lifetime rather than fixed (e.g., 1 year) time frame, however, it complicates the establishment of such a threshold, because lifetime victimizations cumulate with age, and a smaller number of accumulated victimizations would be more extreme for younger children. Thus with lifetime victimization one needs to establish different thresholds for different age groups.

We decided to use a threshold that identified the most extreme 10% of the sample in each age group, since the top decile is a common demarcation point for skewed distributions such as victimization frequency. When applied to the frequency distribution for weighted number of victimizations (i.e., victimizations weighted with the increments for child maltreatment and sexual assault, what we call the poly-victimization score), this 10% threshold was equivalent to scores of 9 or more on the poly-victimization score for the youngest children aged 3–6, 10 or more for children ages 7–10, and 12 or more for youth 11–14 and 15 or more for the youth 15–18 (Table 3). One merit of these cut-offs is that even using the proposed weights of 4 for child maltreatment and 3 for sexual assault, any child classified as a poly-victim by these thresholds would have to have had at least four victimizations (4 + 3 + 1 + 1) to reach the minimum score of nine for the youngest children).

The characteristics of the children identified as poly-victims are shown in Table 4, and contrasted using odds ratios to the other children of similar age in the sample. (The other children include both of those who had no victimization and those who were victimized but not at the poly-victim level.) Poly-victims were not distinguished by gender or race. Low socio-economic status characterized only the 7–10 year old poly-victims, but not the other age groups, and the 11–14 year old poly-victims actually had a significant dearth of low income youth. A key feature of poly-victim children was that at all ages they were considerably less likely to come from intact two parent families. The younger poly-victims in

**Table 4**
Characteristics of lifetime poly-victims.

| | Age 3–6 years (n = 373) | Age 7–10 years (n = 339) | Age 11–14 years (n = 338) | Age 15–18 years (n = 417) |
|---|---|---|---|---|
| **Odds ratio for poly-victimization** | | | | |
| Characteristic | | | | |
| Child male | 0.93 | 1.31 | 0.96 | 0.74 |
| Child White, non-Hispanic | 0.80 | 1.01 | 1.11 | 1.07 |
| Child Black, non-Hispanic | 2.15 | 0.70 | 1.09 | 1.03 |
| Child Hispanic, any race | 0.88 | 0.85 | 1.13 | 0.67 |
| SES below average | 1.80 | 3.10[*] | .39[*] | 1.30 |
| Single-parent family | 2.42[*] | 3.51[*] | 1.03 | 1.46 |
| Step-family | 2.68 | 1.76 | 4.03[*] | 3.04[*] |
| Two parent family | .39[*] | .29[*] | .42[*] | .35[*] |
| Large city residence | 0.94 | 1.89 | 0.86 | 1.01 |
| **Percentage of poly-victims with each victimization type** | | | | |
| Victimization type | | | | |
| Any lifetime maltreatment | 51% | 90% | 95% | 87% |
| Any lifetime sexual assault | 25% | 13% | 33% | 59% |
| Any lifetime physical assault | 97% | 100% | 97% | 100% |
| Any lifetime property crime | 86% | 97% | 100% | 100% |
| Any lifetime witness/indirect victimization | 81% | 90% | 100% | 100% |

*Note*: values derived from weighted data.
[*] Odds ratio, *p* < .05.

particular were more likely to come from single-parent families and the older poly-victims were more likely to come from stepfamilies. Of course, poly-victims have high levels of victimization by definition, but it is useful to see in Table 4, what percentage of poly-victim children at different ages have serious forms of victimization such as maltreatment and sexual assault.

## Discussion

This paper has demonstrated that the assessment of poly-victimization can be usefully made in a context of a full lifetime inventory of victimizations, and that a scale derived from a weighted sum of the number of different kinds of lifetime victimizations is a very powerful predictor of distress and traumatic symptoms in children.

This calculation of poly-victimization from a lifetime assessment in contrast to a single year may prove very appealing to researchers and clinicians. In principle, it provides a more complete inventory of victimizations. It removes a 1-year time frame that may appear to some to be arbitrary and difficult to operationalize in some circumstances. It fits with much theory about serious childhood trauma, which sees the process as a developmental one occurring over an extended period (Cook et al., 2003). Finally it accords a greater weight to experiences of child maltreatment and sexual assault, which in the developmental trauma literature, have typically been seen as more serious forms of victimization deserving of greater emphasis (Felitti et al., 1998).

Nonetheless, there may still be advantages to assessing poly-victimization in the past year or a more recent time frame. Past year assessments may provide teachers and counselors with a more accurate assessment of the immediate risk environment that children are facing. From a research point of view, for those concerned about the validity of victimization recall (Widom, Raphael, & DuMont, 2004), it may provide more defensible estimates. A compromise solution might be to focus on victimizations in the past 2 years, which would appear to capture 76% of the lifetime victimizations for all children and 63% for even the oldest cohort.

We do not believe that the current analysis demonstrates a decided advantage to either lifetime or past year assessments of poly-victimization. Clinicians and researchers interested in poly-victimization can use either approach and should be guided by a variety of considerations in their choice on this matter. These include consistency with the time periods for other information being gathered.

One key question in regard to the validity of a lifetime assessment is whether a lifetime assessment might capitalize on selective recall to artificially enhance the association between victimization and distress (Widom et al., 2004). For example, it may be that distressed children are more likely to remember or report long-past victimizations (Bonanno, Noll, Putnam, O'Neill, & Trickett, 2003). This could be the case if negative or distressed states of mind are more conducive to the memories of unpleasant past events. It could also be the case that youth and their families, to help account for or reduce blame for symptoms and problem behavior are more likely to remember and report on victimization experiences that have occurred in the past (Widom et al., 2004). This could possibly explain, as well, why child maltreatment and sexual abuse have more salience in the lifetime than in the past year assessment of poly-victimization, since these are culturally sanctioned explanations for problems, which may help them to persist more than other victimizations in the retrospective memories and accounts of distressed youth and their caregivers.

While these bias issues seem to be a serious problem for those who are trying to obtain complete and accurate victimization histories, it is less of a problem for those who simply want to identify and classify groups of children who appear to be at high risk for victimization and other adverse outcomes.

The poly-victimization cut-offs proposed here do have potential utility for clinicians, who want to identify and prioritize particularly high risk and traumatized children. They should certainly consider using the JVQ screeners to assess children in clinical settings. However, it should be emphasized that the current paper is based on a general population survey, and more research needs to be done on assessing poly-victimization in clinical populations before practitioners can be confident of how best to operationalize and utilize this concept clinically. In addition, clinicians would be wise to pay attention not simply to overall poly-victimization scores, but also to the endorsement of individual victimization types and aggregates.

## Limitations

The assessment of childhood victimization is complicated and fraught with many uncertainties. The strengths of the approach used in this paper include a large and nationally representative sample and a comprehensive victimization assessment. But a variety of limitations need to be kept in mind and may constrain the applicability of the results. One problem is that in a nationally representative community sample, there are a relatively small group of the most severe kinds of clinical cases that frequently come to the attention of practitioners, the mental health and the criminal justice system. A sample including more of such cases might yield different results. Also individual regression weights have been noted to show instability when predictor variables are entered simultaneously. Clearly additional studies are needed to replicate the findings of the present analysis.

Another limitation is that the assessment of victimizations conducted for this study was of necessity relatively superficial. Questions did not cover the broad range of some serious kinds of victimization, like the wide variety of child neglect or emotional maltreatment and that is identified by more intensive investigation and observation. It was not possible in a relatively short interview to obtain a full inventory of all possible victimization experiences, and a methodology with a larger such inventory might come to different conclusions.

The use of different informants for younger versus older children may have influenced prevalence rates of specific forms of victimization and may have contributed to age differences in victimization rates. However, it was expected that the age-based analyses incorporated in the study would minimize the effect of any such differences on the identification of poly-victims.

## Conclusion

This paper has added to the literature that suggests it can be useful to assess children for a wide range of victimization experiences, because the accumulation of such experiences appears to be a good predictor of children with serious mental health difficulties. This is supportive of much of the current literature on the cumulative effect of adversities. Nonetheless, this is primarily a paper on measurement that does not delve into theoretical subtleties about issues concerning alternative models of cumulative experiences, threshold effects or resilience. But its findings challenge us to understand more about how victimizations create risk for additional victimizations, and what steps can be taken to prevent and minimize this traumatizing culmination.

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