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## The Juvenile Victimization Questionnaire: Reliability, validity, and national norms<sup>☆</sup>

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### Abstract

**Objective:** To assess the utility and performance of the 34-item Juvenile Victimization Questionnaire (JVQ) in eliciting the recent victimization experiences of a national sample of children ages 2–17.

**Method:** The JVQ was administered in a national random digit dial telephone survey about the experiences of 2,030 children. The experiences of children 10–17 years old were assessed through youth self-report on the JVQ, and the experiences of children 2–9 assessed through JVQ caregiver proxy report.

**Results:** Large numbers of recent victimizations were disclosed using the JVQ (71% of the sample reporting at least one victimization in the last year, with an average of 2.63 victimizations per child). There were few indicators of respondent confusion and little resistance to even the most sensitive questions. In a test of construct validity, endorsements of JVQ items correlated well with measures of traumatic symptoms. The instrument showed adequate test-retest reliability in a 3 to 4 week re-administration. Large numbers of victimizations were reported across the spectrum of ages, and there were no major discontinuities between the self-reports and proxy reports, suggesting that caregivers provided generally adequate and comparable information to child self-reports about the experiences of children under the age of 10.

**Conclusion:** The JVQ has potential for use in future epidemiological research as well as clinical evaluation concerning the victimization of children.

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**Keywords:** Methodology; Crime; Assault; Sexual abuse

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## Introduction

The Juvenile Victimization Questionnaire (JVQ) was developed as a comprehensive, developmental approach to assess crime, child maltreatment, and other kinds of victimization experiences during childhood. It attempts to fill a need created by a burgeoning clinical and research interest in the epidemiology and impact of these experiences.

The JVQ was designed to meet certain needs that have not been fully met by other available instruments (Hamby & Finkelhor, 2000). Among them are the following.

### *Comprehensiveness*

A broad range of childhood victimizations have captured clinical and research attention, but few existing instruments cover the full spectrum to include child maltreatment, crime victimization, and sexual assault, as well as other topics such as bullying and the witnessing of violence. Researchers and clinicians can come to erroneous conclusions about the importance and impact of some victimizations if they are not aware of a child's complete victimization profile (Finkelhor, Ormrod, Turner, & Hamby, 2005).

### *Developmental breadth*

Most kinds of victimization occur in some form across the span of childhood. Being able to obtain developmental trajectories and to assess children of various ages is an important value for an instrument in this field. Many other instruments are limited to certain age groups such as adolescents or elementary school-age children (Fox & Leavitt, 1995; for review see Hamby & Finkelhor, 2001a; Kilpatrick, Acierno, Saunders, Resnick, Best, & Schnurr, 2000; Kochenderfer & Ladd, 1996; Richters, Martinez, & Valla, 1990; Singer, Anglin, Song, & Lunghofer, 1995).

### *Mapping onto official categories*

The agencies that deal with child victimization have specific categories into which they must classify victimizations for purposes of investigation and intervention. Police utilize categories such as aggravated assault. The child protective system utilizes a related but not identical category of physical abuse, which means physical assaults and inflicted injuries by caregivers. Many existing instruments have constructs that do not map easily onto these official categories.

## General description

The JVQ contains screening questions about 34 offenses against youth that cover five general areas of concern: (1) Conventional Crime, (2) Child Maltreatment, (3) Peer and Sibling Victimization, (4) Sexual Victimization, and (5) Witnessing and Indirect Victimization (see [Appendix A](#)). Each of these five areas is a *module* of the JVQ. Although comprehensiveness is an important goal of the JVQ, these modules have been developed to take into account important conceptual categories that characterize current work on juvenile victimization. The modules are designed to be usable individually in stand-alone form for

situations that call for a more focused assessment. For theoretical and practical reasons, however, it is preferable to administer the full instrument.

The instrument provides some short, closed-ended follow-up questions to follow endorsement of a victimization-screening question. Follow-ups (see [Appendix B](#)) include the number of times a child has been victimized, who victimized the child, whether the child was hurt, and questions specific to the victimization reported (for example, value of stolen items). Including the follow-ups, administration time for the JVQ averages about 20 min. The instrument is usable without the follow-up questions, but it provides considerably less detailed information for purposes of exactly classifying different victimization events.

The questionnaire is designed for interview format with children as young as age 8 and as old as age 17. It can be used in a self-administered format for juveniles 12 and older. There is also a “caregiver version,” by which a caregiver could be interviewed as a proxy for a child, especially a child under age 8. The primary versions of the JVQ and the ones used in the current study ask about the last year as the time frame for victimization reports. However, the instrument can be adapted for a lifetime perspective and for retrospective reporting of childhood events by adult respondents.

In its earlier developmental phases, the JVQ underwent extensive reviews by a panel of academicians with experience in studying juvenile victimization. Draft versions of the instrument were also critiqued by focus groups of parents and youth to refine word choices. The ability of children to comprehend survey items was assessed and refined through a series of cognitive interviews with two dozen children ages 6–15, during which probes were used to assess comprehension, over-reporting, under-reporting, and discomfort. More details on the developmental phases are available in [Hamby, Finkelhor, Ormrod, & Turner \(2004\)](#).

The purpose of this paper is to describe the performance of the questionnaire in a national survey intended to test and evaluate the child and caregiver versions of the JVQ.

## Methods

### *Participants*

This research is based on data from the Developmental Victimization Survey (DVS). The survey, conducted between December, 2002 and February, 2003, assessed the experiences of a nationally representative sample of 2,030 children ages 2–17 living in the contiguous United States. The interviews with parents and youth were conducted over the phone by the employees of an experienced survey research firm specially trained to talk with children and parents. Telephone interviewing is a cost-effective methodology ([Weeks, Kulka, Lessler, & Whitmore, 1983](#)) that has been demonstrated to be comparable in reliability and validity with in-person interviews, even for sensitive topics ([Bajos, Spira, Ducot, & Messiah, 1992](#); [Bermack, 1989](#); [Czaja, 1987](#); [Marin & Marin, 1989](#)). The methodology is also used to interview youth in the US Department of Justice’s National Crime Victimization Survey ([Bureau of Justice Statistics, various years](#)) and in a variety of other epidemiological studies of youth concerning violence exposure ([Hausman, Spivak, Prothrow-Stith, & Roeber, 1992](#)).

The sample selection procedures were based on a list-assisted random digit dial (RDD) telephone survey design. This design increases the rate of contacting eligible respondents by decreasing the rate of dialing business and non-working numbers ([Brick, Waksberg, Kulp, & Starer, 1995](#); [Lund & Wright,](#)

1994). RDD does, however, have a limitation in that it does not recruit families living in households without telephones.

A short interview was conducted with an adult caregiver (usually a parent) to obtain family demographic information. One child was randomly selected from all eligible children living in a household by choosing the child with the most recent birthday. If the selected child was 10–17 years old, the main telephone interview was conducted with the child. If the selected child was 2–9 years old, the interview was conducted with the caregiver who “is most familiar with the child’s daily routine and experiences.” Caregivers were interviewed as proxies for this age group because the ability of children under the age of 10 to be recruited and participate in phone interviews of this nature has not been well established; such children are still at an age when parents tend to be well informed about the child’s experiences both at and away from home. In 68% of these caregiver interviews, the caregiver was the biological mother, in 24% the biological father, and in 8% some other relative or caregiver.

Up to 13 callbacks were made to a sampled phone number to contact a respondent and up to 25 callbacks were made to complete the interview, once an eligible respondent was identified. Consent was obtained prior to the interview. In the case of a child interview, consent was obtained from both the parent and the child. Respondents were promised complete confidentiality, and were paid \$10 for their participation. Children or parents who disclosed a situation of serious threat or ongoing victimization were re-contacted by a clinical member of the research team trained in telephone crisis counseling, whose responsibility was to stay in contact with the respondent until the situation was resolved or brought to the attention of appropriate authorities. All procedures were authorized by the Institutional Review Board of the University of New Hampshire. The final sample consisted of 2,030 respondents: 1,000 children (age 10–17) and 1,030 caregivers of children age 2–9. Interviews were completed with 79.5% of the eligible persons contacted.

Data were collected using a Computer Assisted Telephone Interview (CATI) system. The use of CATI minimizes recording errors and provides substantial quality control benefits. For this survey, only interviewers with extensive experience interviewing children and addressing sensitive topics were chosen. Interviewers then went through extensive training on the questionnaire and interview protocol.

### *Survey sample*

The final sample represented 2,030 children ages 2–17 living in the contiguous United States. Half (50%) of the sample was male; 51% were 2–9 year olds, while 49% were age 10–17. Almost 10% of the sample reported a household income of under \$20,000 while about 34% had annual incomes between \$20,000 and \$50,000. The survey sample was 76% White (non-Hispanic), 11% Black (non-Hispanic), 9% Hispanic (any race), and 3.5% from other races including American Indian and Asian. The sample somewhat under-represented the national proportion of Blacks and Hispanics, and as a result, using 2002 Census estimate projections (US Census Bureau, 2000), we applied post-stratification weights to adjust for race proportion differences between our sample and national statistics. It should be noted that, since interviews were conducted in English only; this weighting procedure can only increase representation among English speaking Hispanics. We also applied weights 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. In order to approximate fully parameters of a national sample, weights were applied in all analyses reported in this paper with exceptions that are specifically identified.

## Results

### *Patterns of endorsement*

Large numbers of JVQ screeners were endorsed by the study respondents. The sample of 2,030 endorsed a total of 5,326 victimization screeners concerning experiences in the last year or an average of 2.63 endorsements per respondent; 71% of the respondents endorsed at least one item. The maximum number of endorsements was 20. The most frequently endorsed item (45%) was about being hit by a peer or sibling in the last year (Table 1). The items concerning emotional bullying, witnessing assault without a weapon, and bullying in the last year were also confirmed by more than 20% of the respondents. Some items were endorsed by very small portions of the sample including the questions about kidnapping (.6%), sexual assault by known adult (.3%), non-specific sexual assault (.3%), being witness to a murder (.4%), and being in the middle of a war zone in the last year (.3%). Nonetheless, no items were unendorsed, and even very sensitive items like physical abuse by a caregiver were endorsed by over 3%.

Although all respondents were informed that they could refuse to answer any questions they chose, there were only 16 refusals (unweighted) to answer a screener or a rate of .02% out of 69,020 asked screeners. Many questions had no refusals at all, with the majority of refusals coming in regard to the sexual victimization, the child maltreatment and the witnessing parental violence items.

Responses of “not sure” can be indicative of potentially difficult or ambiguous question items. The number of “not sure” responses was also very small for most questions. The largest number of “not sures” came in response to the vandalism question, “Did anyone break or ruin your [your child’s] things on purpose?” This almost certainly reflects the fact that when someone breaks or ruins a possession the intentionality of the act is sometimes difficult to ascertain.

Two other potentially sensitive items concerned questions from the follow-up portion of the JVQ that asked for the identity of perpetrators and, in the case of sexual assault experiences, whether penetration had occurred. The refusal rate for the perpetrator question was 2.6% of inquiries (111 of 4,286) with another 6.3% indicating “not sure.” The refusal rate for the penetration question was 7.0% of inquiries (9 of 128) with another 2.3% indicating “not sure.”

These patterns suggest that the JVQ screeners are not confusing to respondents, nor do they elicit many refusals. They appear to be well understood by and acceptable to most respondents.

### *Overlap among items*

One complexity about victimization epidemiology is that multiple kinds of victimization can occur in a single episode. For example, a child can be kidnapped, assaulted, and robbed all as part of a single event. A single event can also qualify for multiple victimizations when the definitions of victimizations overlap. Thus, a gang assault can be an aggravated assault as well, if weapons were being used.

The JVQ is designed to identify linkages among different kinds of victimizations occurring within a single episode. The respondents are asked whether the screener question they are endorsing is part of an episode including another screener item they have already endorsed. Table 2 illustrates how often the endorsement of a particular screener item was combined with the endorsement of additional screeners as part of the same episode. Thus, 40% of the time that the C1 Robbery screener was endorsed, other screeners were endorsed pertaining to the same episode. Table 2 also lists the specific related screeners that were endorsed for the same episode more than 10% of the time. Thus, when the C1 Robbery

Table 1  
JVQ screener endorsements and rescoring

Screener	Screener response <sup>a</sup>		Rescored <sup>b</sup> counts Yes (%)	JVQ defined subset <sup>c</sup> Yes (%)
	Yes (%)	Not sure (%)		
C1 Robbery	7.1	.6	n/a	w/non-sib: 5.2 sib only: 1.9
C2 Personal Theft	18.6	.6	n/a	w/non-sib: 18.3 sib only: .3
C3 Vandalism	14.9	1.5	n/a	w/non-sib: 9.6 sib only: 5.3
C4 Assault with Weapon	6.0	.1	8.1	
C5 Assault without Weapon	16.9	.1	51.2	
C6 Attempted Assault	8.8	.8	n/a	
C7 Kidnapping	.6	.0	n/a	
C8 Bias Attack	1.9	.0	n/a	
M1 Physical Abuse by Caregiver	3.4	.0	3.7	
M2 Psychological/Emotional Abuse	10.3	.2	n/a	
M3 Neglect	1.4	.1	n/a	
M4 Custodial Interference/Family Abduction	1.7	.1	1.7	
P1 Gang or Group Assault	2.6	.0	9.5	
P2 Peer or Sibling Assault	45.0	.7	49.3	no sib: 13.8 with sib: 35.5
P3 Nonsexual Genital Assault	5.4	.3	n/a	
P4 Bullying	21.7	.6	n/a	
P5 Emotional Bullying	24.9	.7	n/a	
P6 Dating Violence	2.8	.0	3.5	with injury: 1.1 no injury: 2.4
S1 Sexual Assault by Known Adult	.3	.0	.6	
S2 Non-specific Sexual Assault	.3	.1	.4	
S3 Sexual Assault by Peer	1.2	.1	2.1	
S4 Rape: Attempted or Completed	2.1	.0	2.2	
S5 Flashing/Sexual Exposure	3.2	.1	n/a	wjuv: 2.6 w adult: .4 unk. age: .2
S6 Verbal Sexual Harassment	5.0	.0	n/a	wjuv: 4.6 w adult: .1 unk. age: .3
S7 Statutory Rape and Sexual Misconduct	7.4	.0	n/a	statut. rape: .6
W1 Witness to Domestic Violence	3.3	.1	3.5	
W2 Witness to Parent Assault of Sibling	1.1	.1	1.1	
W3 Witness to Assault with Weapon	13.9	.5	n/a	

Table 1 (Continued)

Screener	Screener response <sup>a</sup>		Rescored <sup>b</sup> counts	JVQ defined subset <sup>c</sup>
	Yes (%)	Not sure (%)	Yes (%)	Yes (%)
W4 Witness to Assault without Weapon	24.9	.6	n/a	
W5 Burglary of Family Household	10.2	.1	n/a	
W6 Murder of Family Member or Friend	2.9	.0	n/a	
W7 Witness to Murder	.4	.0	n/a	
W8 Exposure to Random Shootings, Terrorism, or Riots	5.5	.0	n/a	
W9 Exposure to War or Ethnic Conflict	.3	.0	n/a	

<sup>a</sup>  $N = 2,030$ , but some screeners were asked of only a restricted age range, 6+ (C1,C2,S6:  $N = 1,491$ ) or 12+ (P6,S7:  $N = 807$ ).

<sup>b</sup> These counts include further occurrences of some victimization types which were reported under other screener items and identified through the examination of follow-up questions.

<sup>c</sup> These are further subsets of victimizations that have been used in other analyses of the DVS (Finkelhor et al., 2005).

screener was endorsed, respondents also endorsed the C2 Personal Theft screener 17% of the time, the P2 Peer or Sibling Assault screener 13% of the time, and C3 the Vandalism screener 11% of the time. Some of the overlap between Robbery and Personal Theft may reflect respondents who were thinking of the items taken in the previously asked Robbery question when they answered the Personal Theft question.

Table 2 shows considerable overlap among certain screeners. For example, assaults with weapons and assaults without weapons had considerable overlap with each other and with other items such as peer or sibling assaults. Kidnapping had overlaps with attempted assault and custodial interference/family abduction. Gang or group assault had considerable overlap with a wide range of other assault items. Bullying was connected with peer assault. Several of the sexual assault items—rape, sexual assault by a peer, and non-specific sexual assault—were also interconnected.

Some of these overlaps are a function of the design of the JVQ, which in order to obtain a full inventory, asks about forms of victimization that are conceptually related. It is one of the virtues of the JVQ that it does ask about so many forms of victimization and can identify interconnections among them through the use of its follow-up questions. The overlap for some items does serve, however, as a caution about using and interpreting JVQ screeners in a stand-alone fashion without the follow-up questions. For example, because of the overlap, the simple aggregation of stand-alone screener endorsements will give an exaggerated picture of victimization frequency unless some method is employed, as in the JVQ follow-up, to identify items referring to the same episode.

### Rescoring and aggregate categories

The interconnections shown in the previous analyses illustrate that victimization concepts divide victimizations in a variety of crosscutting and overlapping ways. Physical abuse by a caregiver is also an assault, or if a weapon is used, an aggravated assault. Rape is a sexual assault even though not all sexual assaults are rapes. Bullying can include assaults and gang assaults, but not all assaults are bullying. Thus, screeners that are intended to capture a form of victimization like aggravated assault may also capture an episode that should be counted in another category, such as physical abuse if the perpetrator is a caregiver. A screener may also miss episodes reported in response to a different screener that should have been conceptually counted within the first screener category, sometimes because respondents remember

Table 2

Multiple screener episodes: Percentage of screened victimization incidents of each type co-occurring with other victimizations

	Co-occurrence	
	Overall (%)	By type (%) <sup>a</sup>
C1) <i>Robbery</i>	40	
C2 Personal Theft		17
P2 Peer or Sibling Assault		13
C3 Vandalism		11
C2) <i>Personal Theft</i>	28	
W5 Burglary of Family Household		11
C3) <i>Vandalism</i>	25	
P2 Peer or Sibling Assault		11
C4) <i>Assault with Weapon</i>	55	
C5 Assault without Weapon		21
P2 Peer or Sibling Assault		13
C3 Vandalism		12
C5) <i>Assault without Weapon</i>	54	
P2 Peer or Sibling Assault		29
P4 Bullying		13
C6) <i>Attempted Assault</i>	34	
C5 Assault without Weapon		18
P2 Peer or Sibling Assault		14
C7) <i>Kidnapping</i>	38	
C6 Attempted Assault		23
M4 Custodial Interference/Family Abduction		23
C8) <i>Bias Attack</i>	39	
P5 Emotional Bullying		24
P4 Bullying		21
C5 Assault without Weapon		21
P1 Gang or Group Assault		13
C3 Vandalism		11
W3 Witness to Assault with Weapon		11
M1) <i>Physical Abuse by Caregiver</i>	33	
C5 Assault without Weapon		15
M2 Psychological/Emotional Abuse		14
M2) <i>Psychological/Emotional Abuse</i>	19	
M3) <i>Neglect</i>	28	
M2 Psychological/Emotional Abuse		21
M1 Physical Abuse by Caregiver		14
W2 Witness to Parent Assault of Sibling		10
W3 Witness to Assault with Weapon		10
M4) <i>Custodial Interference/Family Abduction</i>	15	



Table 2 (Continued)

	Co-occurrence	
	Overall (%)	By type (%) <sup>a</sup>
P1) <i>Gang or Group Assault</i>	62	
C5 Assault without Weapon		21
P5 Emotional Bullying		17
W3 Witness to Assault with Weapon		15
P3 Nonsexual Genital Assault		13
W4 Witness to Assault without Weapon		13
C4 Assault with Weapon		11
P2 Peer or Sibling Assault		11
P2) <i>Peer or Sibling Assault</i>	32	
P4 Bullying		17
C5 Assault without Weapon		11
P3) <i>Nonsexual Genital Assault</i>	28	
P2 Peer or Sibling Assault		15
C5 Assault without Weapon		11
P4) <i>Bullying</i>	49	
P2 Peer or Sibling Assault		35
P5 Emotional Bullying		12
C5 Assault without Weapon		10
P5) <i>Emotional Bullying</i>	25	
C5 Assault without Weapon		11
P6) <i>Dating Violence</i>	9	
S1) <i>Sexual Assault by Known Adult<sup>b</sup></i>	0	
S2) <i>Non-specific Sexual Assault<sup>b</sup></i>	86	
S4 Rape: Attempted or Completed		71
S3 Sexual Assault by Peer		29
S5 Flashing/Sexual Exposure		14
S7 Statutory Rape and Sexual Misconduct		14
C4 Assault with Weapon		14
S3) <i>Sexual Assault by Peer</i>	40	
S4 Rape: Attempted or Completed		24
S5 Flashing/Sexual Exposure		20
S4) <i>Rape: Attempted or Completed</i>	50	
S5 Flashing/Sexual Exposure		19
S3 Sexual Assault by Peer		14
S2 Non-specific Sexual Assault		12
S6 Verbal Sexual Harassment		12
S5) <i>Flashing/Sexual Exposure</i>	19	
S4 Rape: Attempted or Completed		13

Table 2 (Continued)

	Co-occurrence	
	Overall (%)	By type (%) <sup>a</sup>
S6) <i>Verbal Sexual Harassment</i>	29	
P5 Emotional Bullying		21
S7) <i>Statutory Rape and Sexual Misconduct</i>	3	
W1) <i>Witness to Domestic Violence</i>	20	
W4 Witness to Assault without Weapon		13
W2) <i>Witness to Parent Assault of Sibling</i>	23	
M1 Physical Abuse by Caregiver		14
M3 Neglect		14
W3 Witness to Assault with Weapon		14
W3) <i>Witness to Assault with Weapon</i>	38	
W4 Witness to Assault without Weapon		30
W4) <i>Witness to Assault without Weapon</i>	25	
W3 Witness to Assault with Weapon		16
W5) <i>Burglary of Family Household</i>	16	
C2 Personal Theft		16
W6) <i>Murder of Family Member or Friend</i>	2	
W7) <i>Witness to Murder</i> <sup>b</sup>	14	
W3 Witness to Assault with Weapon		14
W4 Witness to Assault without Weapon		14
W8) <i>Exposure to Random Shootings, Terrorism, or Riots</i>	13	
W9) <i>Exposure to War or Ethnic Conflict</i> <sup>b</sup>	0	

<sup>a</sup> Types that co-occurred with at least 10% of screened victimization.

<sup>b</sup> Screener items with less than 10 endorsements.

episodes in response to different kinds of cues. For example, a respondent may describe an assault with a weapon by a caregiver in response to the physical abuse screener, but not have mentioned it in response to the aggravated assault screener, because the respondent was not thinking about family offenses when asked the earlier question.

The JVQ is equipped with scoring algorithms to rescore episodes into all the categories in which they conceptually belong, even if the exact screener was not endorsed by the respondent for that episode (e.g., physical abuse by a caregiver with a weapon is rescored under assault with a weapon, even if that earlier screener was not endorsed for this episode). The rescored percentages are shown in column 5 (“Rescored Counts”) in Table 1. In almost all cases, the rescored percentages differ by only a small amount from the raw screener percentages. The most dramatic change is for C5 Assault without Weapon, rescored from 16.9 to 51.2% after a variety of the peer, sibling, caregiver and other assaults are added. P1 Gang or Group Assault also inflated from 2.6 to 9.5% because the P1 screener did not capture many episodes elicited by other screeners that had multiple offenders. Aside from these items, the data suggest that the raw screener percentages are fairly accurate estimates.

The final column in Table 1 provides some additional breakdowns for some of the rescored victimization items. These breakdowns show subdivided categories of victimization that are of interest, make crucial distinctions and have appeared in other publications regarding the Developmental Victimization Survey (e.g., Finkelhor et al., 2005). Thus, for example, because some observers believe there may be important normative differences between offenses carried out at the hands of sibling as opposed to non-sibling perpetrators, these breakdowns are shown in this column. For similar reasons, dating violence is broken down into incidents with and without injury, and flashing and verbal sexual harassment broken down into incidents with adult versus juvenile perpetrators.

The JVQ is also organized to allow the calculation of victimization rates based on larger, aggregate categories of victimization, such as conventional crime or child maltreatment. These aggregate categories summarize several component-screening questions (e.g., all sexual victimization items or all child maltreatment items), and for the most part can be scored without reference to the follow-up section of the instrument. Because of potential overlap among items within an aggregate domain, dichotomous scores are used for these categories; thus, aggregate counts report the occurrence of *any* victimization of a particular type. Table 3 shows 10 aggregate categories that are of some distinct importance to researchers and professionals in the child victimization field and that have scoring algorithms included in the JVQ manual. (Modules refer to distinct sections of the JVQ questionnaire, whereas Composites are either subsets of modules or draw on items from more than one module.)

Table 3  
JVQ victimization aggregates

Aggregate score	Percentage yes to any component ( $N = 2,030$ )
Any Conventional Crime (module A score) (screener items c1, c2, c3, c4, c5, c6, c7, c8)	37.5
Any Physical Assault (composite score) (screener items c4, c5, c6, c7, c8, m1, p1, p2, p3, p6)	53.1
Any Property Crime (composite score) (screener items c1, c2, c3)	27.4
Any Child Maltreatment (module B score) (screener items m1, m2, m3, m4)	13.5
Any Child Maltreatment (rescored) <sup>a</sup> (screener items m1, m2, m3, m4, s1)	13.8
Any Sexual Victimization (module D score) <sup>b</sup> (screener items s1, s2, s3, s4, s5, s6, s7)	9.8
Any Sexual Assault (composite score) (screener items s1, s2, s3, s4)	3.2
Any Peer or Sibling Victimization (module C score) (screener items p1, p2, p3, p4, p5, p6)	58.8
Any Peer or Sibling Assault (composite score) (screener items p1, p2, p3, p6, s3)	47.8
Any Witnessing and Indirect Victimization (module E score) (screener items w1, w2, w3, w4, w5, w6, w7, w8, w9)	35.7

<sup>a</sup> Requires follow-up questions to rescore.

<sup>b</sup> Rescored "Any Sexual Victimization" (8.2%) requires follow-up questions.

Three of the aggregate domains in the JVQ (Child Maltreatment, Sexual Victimization, and Peer and Sibling Victimization) are operationalized in two ways and merit some explanation. The first child maltreatment aggregate includes only the four child maltreatment questions from the JVQ Child Maltreatment module and does not incorporate sexual abuse, which is covered in the sexual victimization module. The second child maltreatment aggregate adds any sexual assault committed by a known adult and thus requires the use of the follow-up questions, which allow the identification of caregiver sexual assault perpetrators. This specification may not be possible when the JVQ is used without follow-ups, so in some instances the first child maltreatment aggregate will have to be used.

The Sexual Victimization aggregate includes flashing and sexual harassment, which are not usually considered under the rubric of Sexual Assault, which is itself calculated using a more restricted set of items (Sexual Assault). Similarly, peer or sibling victimization includes bullying and emotional bullying, which are not necessarily considered under the rubric of peer assault, for which a more restricted aggregate is calculated (Peer and Sibling Assault). These aggregate scores are useful in dealing with individual screening items that have relatively low base rates, like some of the sexual victimization items. All the aggregates produced rates of 10% or more with the exception of sexual assault.

#### *Age and respondent effects*

One of the goals of the JVQ was to develop an instrument that could provide a perspective on victimization across the full developmental spectrum of childhood, but this poses some obvious potential problems. Because children younger than a certain age have difficulty understanding the questions being asked, may be reticent about providing candid answers, and may not have sophisticated memory retrieval skills to report on a narrowly defined 1 year time period, the JVQ needed to use proxy caregiver respondents for younger children (in this study this included children 9 and younger). However, such proxy respondents are often regarded as less valid sources of information. Caregivers may not be fully aware of many victimizations that occur to their children. They may also be less than candid in reporting victimizations that they or other family members might have inflicted. Caregiver knowledge about victimizations is probably greater when children are young and spend more time around and confide in parents. But caregiver reticence to report their own or their partners' maltreatment may apply equally at any age. It is important to assess as much as possible what problems proxy respondents pose for the JVQ.

Fig. 1 shows rates for some of the aggregate victimization domains across the spectrum of childhood ages and the two interview methods. In general, rates are lower among younger children for Conventional Crime, Witnessing and Indirect Victimization, Child Maltreatment and Sexual Victimization. However, rates are higher among younger children for peer and sibling victimization. The lower rates for younger children could in theory be indicative of problems with caregiver proxy respondents. Nonetheless, it is instructive to note that the rise in rates among older children does not tend to begin at age 10, the age at which the self-reports start, but frequently a year or 2 later with the onset of adolescence and/or high school. This suggests that the rate differences reflect real developmental variations and not primarily an effect of respondent bias.

Table 4 compares in a more focused manner the caregiver proxy respondents describing victimizations of 8- and 9-year-olds with the self-report of children describing the experiences of 10- and 11-year-olds. (This restricted range may minimize developmental differences.) The results actually run counter to expectations. The only two significant differences, for Peer or Sibling Victimization and Peer and Sibling

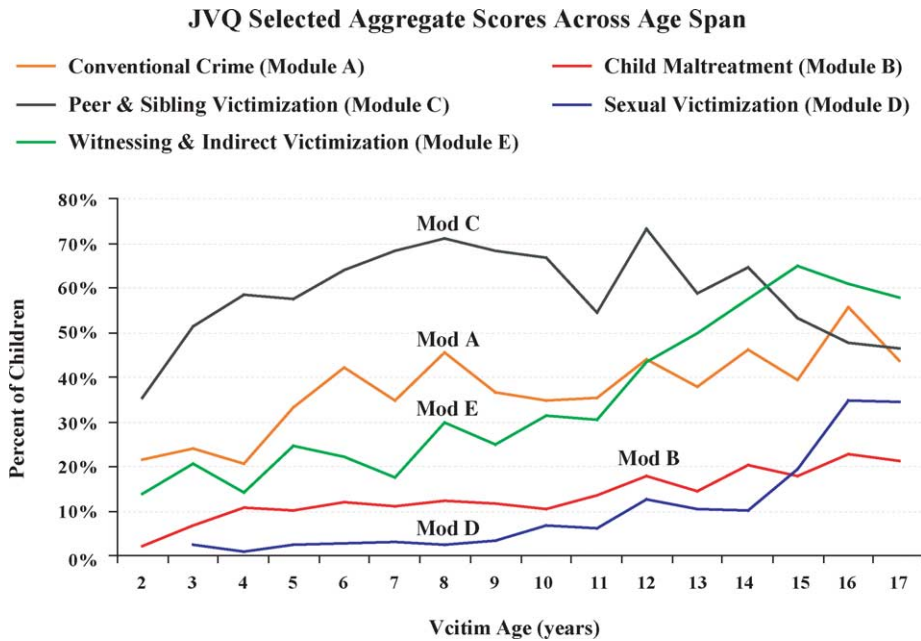


Fig. 1. JVQ selected aggregate scores across age span.

Assault, show more reports from caregiver proxies than from children’s self-reports. This difference could be due to a true decline in peer victimization after age 9, but it could also reflect more candid reporting by caregivers of experiences that are potentially embarrassing or forgotten by the youngest of the self-reporting children in this sample.

These and most of the other comparisons in Table 4 do not support concerns that caregiver proxies provide inferior information for children of this age (prior to adolescence). It is particularly noteworthy

Table 4  
Responses by caretaker proxy respondents versus self-reports by children

Item	Percent endorsed	
	8–9 year olds (proxy)	10–11 year olds (self-report)
Any Conventional Crime	41	35
Any Physical Assault	58	52
Any Property Victimization	33	28
Any Child Maltreatment <sup>b</sup>	12	12
Any Sexual Victimization	3	7
Any Sexual Assault	1	1
Any Peer or Sibling Victimization <sup>a</sup>	70	60
Any Peer or Sibling Assault <sup>a</sup>	56	45
Any Witnessing or Indirect Victimization	27	31

<sup>a</sup> Difference is statistically significant at  $p < .05$ .

<sup>b</sup> Module B score.

Table 5  
Non-responses for caregiver proxy respondents and self-reports by children

	Caregiver proxy respondents		Self-reports by children	
	Child age 2–5	Child age 6–9	Child age 10–13	Child age 14–17
Screener endorsements	836	1383	1449	1843
Percentage “not sure”	4.7	5.9	1.4	1.1
Percentage refused	0	.2	1.2	.2

that equivalent levels of maltreatment are reported by both caregiver proxies and self-reporting children, allaying concern about caregiver reticence on this topic. The one form of victimization with higher (but not statistically significantly so) levels of reporting from children themselves is sexual victimization. This suggests that some caregivers may not know about sexual harassment (the largest component item) that children are willing to report to interviewers. But it may also be that sexual harassment increases for 10- and 11-year-old children.

On the question of the quality of proxy interviews, it is also instructive to examine patterns of non-response (refused and “not sure”) to questions across developmental stages. Because of their low base rate, the non-response percentages have been compressed into four age categories in Table 5. Caregiver proxies do respond with “not sure” significantly more often than self-reporting children (5.5% versus 1.2%,  $p < .001$ ), and this is especially true for the caregivers of 6–9-year-olds. This probably does reflect to some degree the fact that caregivers have less than full knowledge about episodes that occurred to their children. However, we know that many of these “not sures” apply to ambiguous victimization situations, like vandalism, that adults may in fact judge with more objectivity. The non-response rates are still quite low for proxy respondents. In contrast to “not sure” responses, caregiver proxies are not significantly different in the likelihood they will respond to victimization screeners with refusals.

Overall, the analysis of caregiver proxy interviews for children under age 10 in this study does not point to obvious serious problems with this approach. There are no dramatic developmental discontinuities that appear across the transition between proxy respondents and self-reports. Caregiver proxies do give “not sure” responses somewhat more often than do self-reporters, but the percentages are small, do not create discontinuities in rates and do not suggest massive ignorance about the experience of their children. Moreover, as will be seen below, almost all of the associations found for the data on self-reporting children are replicated in the data from caregiver proxies.

### Validity

The construct validity of an instrument can be tested by whether it produces results expected by theory or previous research (Campbell & Fiske, 1959). One of the major and consistent findings from the victimization literature is that victimization is associated with trauma-related symptomatology (Boney-McCoy & Finkelhor, 1995). Thus, a test of construct validity for the JVQ and its items is to assess the degree to which item endorsement is associated with trauma symptomatology. Tables 6a and 6b shows the bivariate correlations (Pearson’s) between all screener items and aggregates with scores for trauma

Table 6a  
Correlations of JVQ items with TSCC scores (youth self-report sample only,  $N = 992$ )

	Correlation with		
	Anxiety	Depression	Anger
C1 Robbery	.16**	.20**	.27**
C2 Personal Theft	.22**	.28**	.31**
C3 Vandalism	.14**	.16**	.23**
C4 Assault with Weapon	.08**	.12**	.17**
C5 Assault without Weapon	.22**	.22**	.30**
C6 Attempted Assault	.18**	.16**	.21**
C7 Kidnapping	.04	.11**	.05
C8 Bias Attack	.15**	.11**	.18**
M1 Physical Abuse by Caregiver	.15**	.21**	.22**
M2 Psychological/Emotional Abuse	.24**	.34**	.27**
M3 Neglect	.01	.03	.02
M4 Custodial Interference/Family Abduction	.04	.06	.11**
P1 Gang or Group Assault	.13**	.18**	.24**
P2 Peer or Sibling Assault	.24**	.25**	.26**
P3 Nonsexual Genital Assault	.15**	.19**	.23**
P4 Bullying	.24**	.21**	.18**
P5 Emotional Bullying	.29**	.33**	.20**
P6 Dating Violence <sup>a</sup>	.08*	.12**	.16**
S1 Sexual Assault by Known Adult	.13**	.19**	.13**
S2 Non-specific Sexual Assault	.01	.00	-.02
S3 Sexual Assault by Peer	.05	.05	.05
S4 Rape: Attempted or Completed	.13**	.16**	.19**
S5 Flashing/Sexual Exposure	.07*	.16**	.19**
S6 Verbal Sexual Harassment	.19**	.25**	.18**
S7 Statutory Rape and Sexual Misconduct <sup>a</sup>	.03	.08*	.17**
W1 Witness to Domestic Violence	.02	.12**	.15**
W2 Witness to Parent Assault of Sibling	.13**	.10**	.08**
W3 Witness to Assault with Weapon	.24**	.21**	.32**
W4 Witness to Assault without Weapon	.26**	.27**	.34**
W5 Burglary of Family Household	.20**	.18**	.22**
W6 Murder of Family Member or Friend	.07*	.04	.10**
W7 Witness to Murder	-.03	-.01	.06
W8 Exposure to Random Shootings, Terrorism, or Riots	.24**	.23**	.30**
W9 Exposure to War or Ethnic Conflict	-.01	-.03	.04
Any Conventional Crime	.25**	.28**	.35**
Any Physical Assault	.25**	.25**	.30**
Any Property Victimization	.24**	.28**	.32**
Any Child Maltreatment <sup>b</sup>	.26**	.35**	.31**
Any Sexual Victimization	.20**	.27**	.34**
Any Sexual Assault	.14**	.16**	.21**
Any Peer or Sibling Victimization	.24**	.24**	.28**
Any Peer or Sibling Assault	.29**	.29**	.29**
Any Witnessing or Indirect Victimization	.30**	.31**	.35**

<sup>a</sup> Age restricted question,  $n = 800$ .

<sup>b</sup> Module B score.

\* Correlation is significant at the .05 level (two-tailed).

\*\* Correlation is significant at the .01 level (two-tailed).

Table 6b

Correlations of JVQ items with TSCYC scores (caretaker proxy report sample only,  $n = 1,026$ )

	Correlation with		
	Anxiety	Depression	Anger
C1 Robbery <sup>a</sup>	.11*	.18**	.21**
C2 Personal Theft <sup>a</sup>	.10*	.19**	.07
C3 Vandalism	.10**	.14**	.14**
C4 Assault with Weapon	.20**	.19**	.27**
C5 Assault without Weapon	.17**	.22**	.26**
C6 Attempted Assault	.27**	.22**	.25**
C7 Kidnapping	.03	.03	.03
C8 Bias Attack	.07*	.14**	.06
M1 Physical Abuse by Caregiver	.08**	.21**	.15**
M2 Psychological/Emotional Abuse	.13**	.30**	.19**
M3 Neglect	.09**	.18**	.13**
M4 Custodial Interference/Family Abduction	.05	.07*	.05
P1 Gang or Group Assault	.27**	.20**	.23**
P2 Peer or Sibling Assault	.12**	.20**	.18**
P3 Nonsexual Genital Assault	.14**	.19**	.16**
P4 Bullying	.13**	.21**	.19**
P5 Emotional Bullying	.23**	.33**	.20**
S1 Sexual Assault by Known Adult	-.02	.00	.02
S2 Non-specific Sexual Assault	.05	.09**	.10**
S3 Sexual Assault by Peer	.11**	.11**	.11**
S4 Rape: Attempted or Completed	.04	.00	.02
S5 Flashing/Sexual Exposure	.08*	.13**	.11**
S6 Verbal Sexual Harassment <sup>a</sup>	.12**	.11*	.07
W1 Witness to Domestic Violence	.10**	.23**	.18**
W2 Witness to Parent Assault of Sibling	.09**	.20**	.13**
W3 Witness to Assault with Weapon	.18**	.21**	.13**
W4 Witness to Assault without Weapon	.18**	.22**	.17**
W5 Burglary of Family Household	.11**	.13**	.11**
W6 Murder of Family Member or Friend	.10**	.09**	.10**
W7 Witness to Murder	b	b	b
W8 Exposure to Random Shootings, Terrorism, or Riots	.12**	.07*	.08**
W9 Exposure to War or Ethnic Conflict	-.01	.06	.13**
Any Conventional Crime	.19**	.25**	.23**
Any Physical Assault	.19**	.27**	.25**
Any Property Victimization	.12**	.22**	.15**
Any Child Maltreatment <sup>c</sup>	.14**	.31**	.22**
Any Sexual Victimization	.11**	.17**	.13**
Any Sexual Assault	.07*	.09**	.10**
Any Peer or Sibling Victimization	.17**	.23**	.23**
Any Peer or Sibling Assault	.21**	.29**	.23**
Any Witnessing or Indirect Victimization	.19**	.24**	.18**

<sup>a</sup> Age restricted question,  $n = 525$ .<sup>b</sup> Cannot be computed because at least one of the variables is constant.<sup>c</sup> Module B score.

\* Correlation is significant at the .05 level (two-tailed).

\*\* Correlation is significant at the .01 level (two-tailed).



symptoms. The Trauma Symptoms Checklist for Children (TSCC) is a common measure of the impact of victimization and other traumas (Briere, 1996). It is used primarily as a self-report instrument, but a related measure, the Trauma Symptom Checklist for Young Children (TSCYC) has been developed by the same authors to assess similar symptoms in younger children for whom ratings need to be obtained from caregivers (Briere et al., 2001). Thus, Table 6 divides the sample between the 10–17 year-olds who provided self-reports of symptoms on the TSCC and the 2–9 year-olds, whose symptoms were assessed with the TSCYC from caregiver proxy reports.

Tables 6a and 6b shows moderate but significant correlations with trauma symptoms for all the aggregates and for most of the individual screener items as well. The correlations are in the same range as those found in most assessments of community samples of victimized children. (Correlations would be higher for clinical populations, naturally, because symptomatic children are more likely to be identified and referred.) The individual screener items lacking significant correlations with trauma symptoms are almost entirely screeners with very low rates of endorsement (e.g., kidnapping, witness to murder, exposure to war or ethnic conflict). Overall, the correlations suggest that the JVQ screeners, modules and composites behave as other victimization instruments do and are measuring victimizations of the sort that concern criminologists and mental health professionals.

#### *Test-retest reliability*

A small assessment of test-retest reliability was completed for the JVQ as an adjunct to the Developmental Victimization Survey. Two hundred of the JVQ respondents were re-contacted and re-administered the JVQ within 3–4 weeks of its original administration. This re-test sample included both 100 youth self-respondents and 100 caregiver proxy respondents. Table 7 shows the  $\kappa$ 's and percent agreement for all JVQ items and the aggregates for the whole sample as well as the two respondent groups (unweighted data).

Overall, there was agreement among the two administrations for 95% of the screener endorsements with a range for items from 79 to 100%. (The agreement for the self-reporting youth was 95%, range 77–100%, and for the caregiver proxies also 95%, range 80–100%.) For the most part, the  $\kappa$ 's are acceptable, but for some individual screener items the  $\kappa$ 's are low. ( $\kappa$ 's in the range of .40–.75 are considered fair to good, above .75 excellent, and below .40 poor.) The mean  $\kappa$  is .59 with a range from .22 to 1.00. (For the self-reporting youth the mean is .63, range .22–1.0 and for the caregiver proxies the mean is .50, range -.03 to 1.0.) Unfortunately, this small test-retest assessment is not a fully adequate evaluation of items that, in some case, have a low base rate. For a number of the screener items, there were only two or three endorsements in a sample of 100 respondents, so that the change of a single response might have dramatic effects on the  $\kappa$ . Moreover, the fact that the re-test time frame for the past year did not coincide completely with the time frame for the original administration means that some of the non-agreement may reflect accurate rather than erroneous or problematic responses.

An analysis of the endorsement patterns between the two administrations showed that respondents made 28% fewer endorsements of victimization screeners during the second administration compared to the first. This could reflect two problems. First, because they were being interviewed for a second time in a few weeks, the respondents may not have been as motivated to provide a complete inventory of victimizations. Second, having been through the first interview, respondents now knew that for every endorsed screener, they would be asked some follow-up questions at the end of the screener portion of the questionnaire. Thus, by the second interview they knew that they could shorten the interview

Table 7  
Test-retest  $\kappa$ 's and percent agreement

Screener item	$\kappa$	% Agree	Caretaker (2–9)		Youth (10–17)	
			$\kappa$	% Agree	$\kappa$	% Agree
C1 Robbery	.59**	93	.44**	84	.71**	97
C2 Personal Theft	.64**	90	.6**	89	.66**	91
C3 Vandalism	.56**	89	.61**	90	.5**	89
C4 Assault with Weapon	.49**	97	.48**	96	.49**	98
C5 Assault without Weapon	.53**	89	.53**	87	.53**	90
C6 Attempted Assault	.52**	93	.48**	95	.52**	91
C7 Kidnapping	1**	100	a	100	a	100
C8 Bias Attack	.66**	99	-.01	98	1	100
M1 Physical Abuse by Caregiver	.56**	98	a	100	.56**	97
M2 Psychological/Emotional Abuse	.41**	92	.39**	90	.43**	93
M3 Neglect	a	100	a	100	a	100
M4 Custodial Interference/Family Abduction	1**	100	1**	100	1**	100
P1 Gang or Group Assault	.66**	99	.49**	98	.8**	99
P2 Peer or Sibling Assault	.55**	79	.6**	80	.45**	77
P3 Nonsexual Genital Assault	.52**	96	.48**	96	.56**	97
P4 Bullying	.42**	83	.5**	84	.33**	81
P5 Emotional Bullying	.55**	84	.56**	82	.51**	85
P6 Dating Violence	.66**	99	b		.66**	99
S1 Sexual Assault by Known Adult	a	100	a	100	a	100
S2 Non-specific Sexual Assault	a	100	a	100	a	99
S3 Sexual Assault by Peer	.66**	99	.66**	98	a	100
S4 Rape: Attempted or Completed	a	100	a	99	a	100
S5 Flashing/Sexual Exposure	.44**	97	-.02	96	.65**	97
S6 Verbal Sexual Harassment	.66**	99	a	100	.66**	99
S7 Statutory Rape and Sexual Misconduct	.88**	99	b		.88**	99
W1 Witness to Domestic Violence	.49**	98	.32**	96	1**	100
W2 Witness to Parent Assault of Sibling	a	99	a	100	a	99
W3 Witness to Assault with Weapon	.22**	89	-.03	94	.27	84
W4 Witness to Assault without Weapon	.57**	85	.42**	89	.58**	81
W5 Burglary of Family Household	.54**	92	.64**	94	.44**	90
W6 Murder of Family Member or Friend	.81**	99	.66**	98	1**	100
W7 Witness to Murder	.39**	100	a	99	1**	100
W8 Exposure to Random Shootings, Terrorism, or Riots	.79**	96	.66**	98	.22*	94
W9 Exposure to War or Ethnic Conflict	.4**	100	a	100	a	100
Any Conventional Crime	.62**	83	.6**	82	.64**	84
Any Physical Assault	.63**	82	.7**	85	.56**	78
Any Property Victimization	.68**	88	.71**	90	.65**	87
Any Child Maltreatment <sup>c</sup>	.49**	91	.45**	90	.52**	91
Any Sexual Victimization	.72**	97	.56**	97	.78**	96
Any Sexual Assault	.56**	99	.66**	98	a	99
Any Peer or Sibling Victimization	.57**	79	.62**	81	.48**	77
Any Peer or Sibling Assault	.58**	79	.67**	84	.47**	73
Any Witnessing or Indirect Victimization	.65**	85	.73**	91	.56**	78

Calculations were performed with unweighted data.

<sup>a</sup> At least one of the variables is constant;  $\kappa$  cannot be computed.

<sup>b</sup> Not applicable; age restricted variable.

<sup>c</sup> Module B score.

\* Significant at  $p < .05$ .

\*\* Significant at  $p < .01$ .

Table 8  
Internal consistency reliability for JVQ and aggregates

	Number of items	$\alpha$	$N^a$
Full JVQ	34	.80	779
Conventional Crime	8	.61	1446
Physical Assault	10	.64	797
Property Victimization	3	.38	1455
Child Maltreatment <sup>b</sup>	4	.39	2018
Sexual Victimization	7	.51	806
Sexual Assault	4	.35	2023
Peer or Sibling Victimization	9	.55	2007
Peer or Sibling Assault	5	.35	802

<sup>a</sup> Variable  $N$ 's are due to selected age range for administration of some screener items.

<sup>b</sup> Module B score.

time by endorsing fewer screeners in the screener portion. For these reasons, we are not certain that the statistics from this test-retest administration provide a fully adequate evaluation of the reliability of the JVQ questionnaire.

#### *Internal consistency reliability*

In addition to test-retest reliability, many instruments are assessed for internal consistency reliability. Internal consistency reliability (as measured by Cronbach's  $\alpha$ ) is a measure of the coherence of a scale in assessing an underlying construct, and is a function of the size of the item pool and the inter-correlations among items.

Many authorities question the applicability of internal consistency reliability when dealing with an instrument that attempts to measure actual life events, such as victimizations or stressors (Turner & Wheaton, 1997). In reality, events in these domains may not be closely correlated, but they may nonetheless belong in the same conceptual category. Even if they are inter-correlated, like family abuse being related to peer victimization, this is an important substantive finding, but not something that is inherent to the concept that they are both victimizations. The interrelationship is different from an instrument intended to measure a psychological construct, like self-esteem, for example, where the intent is to assess a unitary dimension.

We agree that internal consistency reliability is of limited applicability to an instrument like the JVQ. However, it is also true that there may be statistical properties of instruments or item aggregations that are affected by the degree to which they are inter-correlated. Scales made up of items that are weakly correlated can behave differently in association with other scales or items. So users of the JVQ may be interested in the degree to which the instrument itself and its subscales are inter-correlated. Thus, we report  $\alpha$ 's for the JVQ in its entirety and for its aggregate components (Table 8) (un-weighted data).

The overall  $\alpha$  for the JVQ for respondents answering all 34 items is .80, which is very good. The  $\alpha$ 's for the various aggregates range from moderate to weak, and are for the most part a function of the number of component items. Conventional crime and physical assault with 8 and 10 component items, respectively, both have  $\alpha$ 's above .6. Aggregates like property crime, child maltreatment and sexual assault with four or fewer items generally have low  $\alpha$ 's.

Because we believe the notion of internal consistency is not truly relevant to a victimization event scale such as this (see discussion above), we do not think the low  $\alpha$ 's for certain aggregates should discourage their use. Be aware, moreover, that the JVQ aggregates are not scored in the same way as many conventional instrument subscales that are summations (weighted or un-weighted) of scale items. The JVQ aggregates simply tally whether the child had *any* of the events included in the domain, and are scored the same whether he/she had one or multiple such events.

## Discussion

The performance of the JVQ in a national telephone survey suggests its potential utility as an instrument for measuring victimizations in epidemiological and research studies. It fulfilled the expectations of its developers and elicited information about large numbers of episodes across a range of victimization domains and across a wide spectrum of developmental stages. There were few indicators of respondent resistance or confusion. In a test of construct validity, endorsements of JVQ items, both individually and aggregated, correlated well with measures of traumatic symptoms. The instrument showed adequate test-retest reliability in a 3 to 4 week re-administration, which did have some design weaknesses, however.

On one crucial matter of JVQ design, this evaluation suggested that caregivers provided generally adequate and comparable information to child self-reports, when caregivers were interviewed as proxies about the experiences of children ages 2–9. There was little evidence that caregiver proxies lacked information on a considerable portion of these children's victimizations or that they withheld more information than self-reporting children would about child maltreatment.

This large-scale test of the JVQ also confirmed an important assumption of its design: that there is a considerable quantity of overlap and interconnection among victimizations, because multiple types of victimizations occur during a single episode and also because many victimizations can be described under more than one victimization category. This finding suggests that questionnaires that use simple lists of victimization types may overestimate distinct victimization episodes. It is also an important argument in favor of using the version of the JVQ that includes follow-up information on each screener. The follow-up allows interconnections among victimizations to be fully accounted for. The other strong argument in favor of using the JVQ follow-up questions is their ability to discriminate victimizations according to perpetrator identity, thus more clearly differentiating family and sibling victimizations from those outside of the family. The follow-ups also contain important information on harm. It is thus our recommendation to use the follow-up format whenever possible.

### *Limitations and need for further evaluation*

The encouraging findings about the capacities of the JVQ should, nonetheless, be evaluated in the context of the limitations of this study. As mentioned earlier, the sample slightly under-represented Blacks and Hispanics and does not include non-English speakers. The findings only apply to telephone administration.

In addition, there are important other issues of reliability and validity that should be addressed in future research. Ideally, a test-retest survey would include enough individuals to address the statistical problems created by the very low base rates of many of these forms of victimization. An additional important test of validity would compare JVQ victimization endorsements to official records of children with known

victimization histories. It would also be extremely useful to evaluate whether certain victimizations, such as the most serious forms of sexual victimization, are under-reported with respect to less sensitive forms such as peer and sibling assault. Moreover, past research has shown that providing reports accurately for a 1-year time frame can be difficult even for adults (Planty, 2003), and more needs to be done to assess how to balance the need for accurate time frame estimation with the need for a relatively long time period to capture low base rate episodes. In the current study, caregiver proxy reports were only obtained when youth self-reports were not. A design that collected both self and proxy reports about the same child would allow a more direct test of respondent effects.

Another possible limitation to the JVQ not addressed in this study concerns the implications of the way in which broad ranges of victimization seriousness are amalgamated. The JVQ in its attempt for comprehensiveness includes the victimization experiences of younger as well as older children. However, when younger children are hit by peers or have their property stolen or damaged, conventional norms do not generally regard these experiences as crimes or even serious victimizations. Striking a peer with a fist in the face, for example, would clearly be the crime called assault if it occurred between 17-year-olds, but not necessarily if it occurred between 6-year-olds. In addition, a considerable portion of the offenses against younger children occurred at the hands of siblings, and these acts have an even more benign normative status. Thus, aggregated data presented as “assaults” may seem inflated, when they include acts that are not regarded as true assaults or even as very serious by many people. (This is one of the reasons why we presented some of these data in disaggregated form in Table 1.) However, the conventional perspective that sibling and peer offenses are less serious for younger children is not something currently supported by empirical evidence. There is no suggestion in the developmental literature that such acts of violence are any less upsetting or traumatizing for younger children than they would be for older children or adults. Sibling and peer victimizations, which are sometimes overlooked because of the norms, have been found to be serious in their consequences in some of the literature (Straus, Gelles, & Steinmetz, 1980; Wiehe, 1997). The differential norms about these acts appear to reflect judgments about moral culpability of offenders and the appropriate domain for the involvement of the criminal justice system. Although these have been justifications for limiting victimization surveys to older children in the past, it was a deliberate goal of the current study to gather information across the age spectrum both within as well as outside the family using behaviorally equivalent definitions. The idea that there is considerable continuity for many victimization acts from younger to older children is supported, but the equivalency of their impact and the implications of aggregating them with more conventional crime for analytical purposes is something that will need to be evaluated in future articles. In the meantime, it is important not to treat rates from the current study that might aggregate sibling and peer offenses against younger children as equivalent to rates from studies like the National Crime Victimization Survey that have a more conventional crime focus.

## **Conclusion**

The use of measures that assess only one or a few forms of victimization has impeded the ability to answer some key questions about youth victimization. These include identifying the extent to which children are multiply-victimized and comparing the relative effects of different forms of victimization. The JVQ offers a comprehensive measure of youth victimization that also uses definitions of victimization that closely correspond to police and child protection categories of crime and maltreatment. Its breadth

and detail offer valuable and precise incidence estimates that have not been previously available for many categories of victimization. Its first use in a national survey indicates that large proportions of the youth population have been victimized in the last year, and most more than once. The psychometric properties of the JVQ in this sample were good and suggest that it is possible to get reliable and valid reports of youth victimization from children ages 10–17 and from parents of younger children. The collection of more comprehensive, precise, and policy-relevant data is key to improving the understanding of and response to the victimization of youth.

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## **Appendix A. Juvenile Victimization Questionnaire: basic screen questions, child self-report version**

Now we are going to ask you about some things that might have happened in the last year.

### *A.1. Module A: Conventional Crime*

*C1) Robbery.* In the last year, did anyone use force to take something away from you that you were carrying or wearing?

*C2) Personal Theft.* In the last year, did anyone steal something from you and never give it back? Things like a backpack, money, watch, clothing, bike, stereo, or anything else?

*C3) Vandalism.* In the last year, did anyone break or ruin any of your things on purpose?

*C4) Assault with Weapon.* Sometimes people are attacked WITH sticks, rocks, guns, knives, or other things that would hurt. In the last year, did anyone hit or attack you on purpose WITH an object or weapon? Somewhere like: at home, at school, at a store, in a car, on the street, or anywhere else?

*C5) Assault without Weapon.* In the last year, did anyone hit or attack you WITHOUT using an object or weapon?

*C6) Attempted Assault.* In the last year, did someone start to attack you, but for some reason, it didn't happen? For example, someone helped you or you got away?

*C7) Kidnapping.* When a person is kidnapped, it means they were made to go somewhere, like into a car, by someone who they thought might hurt them. In the last year, did anyone try to kidnap you?

*C8) Bias Attack.* In the last year, were you hit or attacked because of your skin color, religion, or where your family comes from? Because of a physical problem you have? Or because someone said you are gay?

### A.2. *Module B: Child Maltreatment*

Next, we ask about grown-ups who take care of you. This means parents, babysitters, adults who live with you, or others who watch you.

*M1) Physical Abuse by Caregiver.* Not including spanking on your bottom, in the last year, did a grown-up in your life hit, beat, kick, or physically hurt you in any way?

*M2) Psychological/Emotional Abuse.* In the last year, did you get scared or feel really bad because grown-ups in your life called you names, said mean things to you, or said they didn't want you?

*M3) Neglect.* When someone is neglected, it means that the grown-ups in their life didn't take care of them the way they should. They might not get them enough food, take them to the doctor when they are sick, or make sure they have a safe place to stay. In the last year, did you get neglected?

*M4) Custodial Interference/Family Abduction.* Sometimes a family fights over where a child should live. In the last year, did a parent take, keep, or hide you to stop you from being with another parent?

### A.3. *Module C: Peer and Sibling Victimization*

*P1) Gang or Group Assault.* Sometimes groups of kids or gangs attack people. In the last year, did a group of kids or a gang hit, jump, or attack you?

*P2) Peer or Sibling Assault.* (If yes to P1, say: "Other than what you just told me about . . .") In the last year, did any kid, even a brother or sister, hit you? Somewhere like: at home, at school, out playing, in a store, or anywhere else?

*P3) Nonsexual Genital Assault.* In the last year, did any kids try to hurt your private parts on purpose by hitting or kicking you there?

*P4) Bullying.* In the last year, did any kids, even a brother or sister, pick on you by chasing you or grabbing your hair or clothes or by making you do something you didn't want to do?

*P5) Emotional Bullying.* In the last year, did you get scared or feel really bad because kids were calling you names, saying mean things to you, or saying they didn't want you around?

*P6) Dating Violence.* In the last year, did a boyfriend or girlfriend or anyone you went on a date with slap or hit you?

#### *A.4. Module D: Sexual Victimizations*

*S1) Sexual Assault by Known Adult.* In the last year, did a grown-up YOU KNOW touch your private parts when you didn't want it or make you touch their private parts? Or did a grown-up YOU KNOW force you to have sex?

*S2) Non-specific Sexual Assault.* In the last year, did a grown-up you did NOT KNOW touch your private parts when you didn't want it, make you touch their private parts or force you to have sex?

*S3) Sexual Assault by Peer.* Now think about kids your age, like from school, a boy friend or girl friend, or even a brother or sister. In the last year, did another child or teen make you do sexual things?

*S4) Rape: Attempted or Completed.* In the last year, did anyone TRY to force you to have sex; that is, sexual intercourse of any kind, even if it didn't happen?

*S5) Flashing/Sexual Exposure.* In the last year, did anyone make you look at their private parts by using force or surprise, or by "flashing" you?

*S6) Verbal Sexual Harassment.* In the last year, did anyone hurt your feelings by saying or writing something sexual about you or your body?

*S7) Statutory Rape and Sexual Misconduct.* In the last year, did you do sexual things with anyone 18 or older, even things you both wanted?

#### *A.5. Module E: Witnessing and Indirect Victimization*

Sometimes these things don't happen to you but you see them happen to other people. This means to other people in real life. Not people on TV, video games, movies, or that you just heard about.

*W1) Witness to Domestic Violence.* In the last year, did you SEE one of your parents get hit by another parent, or their boyfriend or girlfriend? How about slapped, punched, or beat up?

*W2) Witness to Parent Assault of Sibling.* In the last year, did you SEE your parent hit, beat, kick, or physically hurt your brothers or sisters, not including a spanking on the bottom?

*W3) Witness to Assault with Weapon.* In the last year, in real life, did you SEE anyone get attacked on purpose WITH a stick, rock, gun, knife, or other thing that would hurt? Somewhere like: at home, at school, at a store, in a car, on the street, or anywhere else?

*W4) Witness to Assault without Weapon.* In the last year, in real life, did you SEE anyone get attacked or hit on purpose WITHOUT using a stick, rock, gun, knife, or something that would hurt?



W5) *Burglary of Family Household.* In the last year, did anyone steal some thing from your house that belongs to your family or someone you live with? Things like a TV, stereo, car, or anything else?

W6) *Murder of Family Member or Friend.* When a person is murdered, it means someone killed them on purpose. In the last year, was anyone close to you murdered, like a friend, neighbor or someone in your family?

W7) *Witness to Murder.* In the last year, did you SEE someone murdered in real life? This means not on TV, video games, or in the movies?

W8) *Exposure to Random Shootings, Terrorism, or Riots.* In the last year, were you in any place in real life where you could see or hear people being shot, bombs going off, or street riots?

W9) *Exposure to War or Ethnic Conflict.* In the last year, were you in the middle of a war where you could hear real fighting with guns or bombs?

## Appendix B. Juvenile Victimization Questionnaire: Examples of follow-up questions, child self-report version

### Follow-up Questions for Screener C2: \*

C2) In the last year, did anyone steal something from you and never give it back? Things like a backpack, money, watch, clothing, bike, stereo, or anything else?

1 YES Go to C2a

2 NO Go to C3

C2a) How many times did this happen to you in the last year? \_\_\_\_\_ times

RANGE (0--96, 97=97 OR MORE, 98=NOT SURE, 99=REF)

[Interviewer: If respondent is unsure, say "Would you say it was closer to 10 times, closer to 50 times or more than that?" Assist respondent in pinpointing number of times.

If more than one time, say "Answer the next questions about the last time this happened."]

C2b) Is this part of some other time that you already gave me details about?

*[IF NEEDED, READ THE EVENTS TO RESPONDENT IF THEY DO NOT*

*UNDERSTAND WHAT YOU MEAN BY "some other time you have already given me details about".]*

- 1 Yes If Yes, ask "Which time was that?", record item # here \_\_\_\_ **[GO TO NEXT EVENT]**
- 2 No **[Go to C2c]**

C2c) What was stolen? \_\_\_\_\_

C2d) How much money did that cost when it was new? Would you say under \$100 or more than that?

- 1 Under \$100
- 2 \$100 or more
- 3 Don't know

C2e) Were you physically hurt when this happened? "Hurt" means you could still feel pain the next day, you had a bruise, you had a cut that bled, or anything more serious like a broken bone.

- 1 Yes **[GO TO C2f]**
- 2 No **[GO TO C2h]**

C2f) What kind of injury was it? (Indicate all that apply)

- 1 small bruise, scrape, or cut **[If only this one applies SKIP TO C2h]**
- 2 large bruise, major cut, or black eye
- 3 sprain, broken bone, or broken teeth
- 4 injury inside his/her body
- 5 knocked-out or hit unconscious
- 6 other (specify) \_\_\_\_\_

C2g) Did you go to the hospital, a doctor's office, or some kind of health clinic to get treated for this injury?

- 1 yes
- 2 no

C2h) How many people did this to you? (the last time this happened)

\_\_\_\_\_ RANGE( 0--96, 97=97 OR MORE, 98=NOT SURE, 99=REF)

C2i) IF ONLY 1 IN C2h, ASK: Who did this? How do you know [him/her/them]? IF 2 OR

MORE ASK FOR EACH UP TO FIVE: Who was the 1<sup>st</sup> person who did this? Who was the 2<sup>nd</sup> person who did this? Etc. *[Interviewer: Try to categorize from open-ended response. Read categories if needs help]*

- 1 Stranger (a stranger is someone you don't know)
- 2 Your boyfriend, girlfriend, date, or ex-boyfriend or ex-girlfriend
- 3 Someone you know such as a friend, neighbor, or someone from school (under 18 years old)
- 4 Brother/step-brother
- 5 Sister/step-sister
- 6 Other child who lives with you (such as cousin, foster-sibling).
- 7 Father
- 8 Step-father
- 9 Foster father
- 10 Mother
- 11 Step-mother
- 12 Foster mother
- 13 Parent's boyfriend or girlfriend who lives with you
- 14 Parent's boyfriend or girlfriend who does not live with you
- 15 Uncle, aunt, grandparent, or other adult relative who lives in your home
- 16 Grown-up you know but do not live with, such as teacher, coach, neighbor, or babysitter
- 17 Young relative, such as cousin, young uncle, who does not live with you (under

18 years old)

18 Grown-up relative, such as uncle, aunt, grandparent, who does not live with you

19 Other \_\_\_\_\_ (write in who it was)

C2j) Was this person a man, woman, boy, or girl? [*if more than one perp is identified, say, "Was the 1<sup>st</sup> person who did this a man, woman, boy, or girl?" and repeat for each person*]

1 Man

2 Woman

3 Boy

4 Girl

\* JVQ questionnaires with all follow-up questions can be obtained from the Crimes against Children Research Center, University of New Hampshire (contact Kelly Foster at [kelly.foster@unh.edu](mailto:kelly.foster@unh.edu)).

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## Résumé

**Objectif:** Évaluer l'utilité et la performance d'un outil dit Juvenile Victimization Questionnaire, contenant 34 composantes, et d'obtenir des renseignements sur les expériences récentes de victimes faisant partie d'un échantillon national d'enfants âgés de 2 à 17 ans.

**Méthode:** Le questionnaire a été administré par le biais d'une enquête téléphonique nationale à caractère aléatoire portant sur les expériences de 2.030 enfants. Celles des enfants âgés de 10 à 17 ans ont été évaluées au moyen de témoignages par les jeunes eux-mêmes et, dans le cas des enfants âgés de 2 à 9 ans, au moyen des témoignages d'adultes qui s'occupaient d'eux.

**Résultats:** L'administration du questionnaire a produit un grand nombre de témoignages de mauvais traitements récents (71% de l'échantillon rapporte au moins une expérience durant l'année précédente, et la moyenne est de 2.65 expériences par enfant.) On a noté peu de confusion de la part des participants de l'étude et peu de résistance devant les questions les plus délicates. Ayant testé la validité de l'instrument, on

note que le questionnaire est en corrélation directe avec des symptômes de traumatismes. Sur une période de 2 semaines, le questionnaire demeure fiable. Un grand nombre de mauvais traitements apparaissent sur toute la gamme des âges des enfants. On n'a noté aucune incohérence entre les témoignages des enfants eux-mêmes et ceux de leurs gardiens pour ce qui est des expériences des enfants âgés de moins de 10 ans. **Conclusions:** Le questionnaire juvénile pourrait fort bien être utilisé dans de futures recherches épidémiologiques ainsi que pour des fins d'évaluation des expériences de mauvais traitements.

## Resumen

**Objetivo:** Evaluar la utilidad y el rendimiento de los 34 ítems del Cuestionario de Victimización Juvenil (JVQ) para informar sobre experiencias recientes de victimización en una muestra nacional de niños entre 2–17 años.

**Método:** Se administró en JVQ a una muestra nacional de 2,030 niños seleccionada al azar a través de una encuesta telefónica. Las experiencias de los niños de entre 10–17 años fueron evaluadas a través del formato de autoinforme y las experiencias de los niños de 2–9 años fueron evaluadas a través del formato de aplicación al cuidador más próximo.

**Resultados:** Utilizando el JVQ se descubrieron cifras importantes de de victimizaciones recientes (71% de la muestra notificó al menos una victimización en el último año con una media de 2.63 experiencias por niño). Hubo pocos indicadores de confusión entre los sujetos que responden y poca resistencia incluso a las preguntas más delicadas. En una prueba de validez de constructo, las respuestas a los ítems del JVQ correlacionaron bien con medidas de síntomas traumáticos. El instrumento mostró adecuados coeficientes de fiabilidad test-retest en la readministración a dos semanas. Fueron notificadas cifras importantes de victimización en los diferentes grupos de edad y no se observaron grandes incoherencias entre los autoinformes y los informes de los cuidadores más cercanos, lo que sugiere que los cuidadores pueden proporcionar información adecuada y comparable con la información de los niños a cerca de las experiencias infantiles ocurridas antes de los 10 años.

**Conclusiones:** El JVQ tiene posibilidades para ser utilizado en la investigación epidemiológica y en la evaluación clínica relacionada con la victimización infantil.