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Violence, Abuse, and Crime Exposure in a National Sample of Children and Youth

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KEY WORDS

child maltreatment, bullying, child molestation, exposure to domestic violence

ABBREVIATIONS

PY—previous year

NatSCEV—National Survey of Children's Exposure to Violence

OR—odds ratio

CI—confidence interval

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WHAT'S KNOWN ON THIS SUBJECT: Children and adolescents are exposed to more violence, abuse, and crime than are adults, an exposure that is responsible for considerable physical and mental health morbidity.



WHAT THIS STUDY ADDS: This study gives precise dimensions of exposure to a wide range of specific forms of violence, abuse, and crime at different developmental stages, and demonstrates how some children and adolescents accumulate a very large number of these exposures.

abstract

OBJECTIVE: The objective of this research was to obtain national estimates of exposure to the full spectrum of the childhood violence, abuse, and crime victimizations relevant to both clinical practice and public-policy approaches to the problem.

METHODS: The study was based on a cross-sectional national telephone survey that involved a target sample of 4549 children aged 0 to 17 years.

RESULTS: A clear majority (60.6%) of the children and youth in this nationally representative sample had experienced at least 1 direct or witnessed victimization in the previous year. Almost half (46.3%) had experienced a physical assault in the study year, 1 in 4 (24.6%) had experienced a property offense, 1 in 10 (10.2%) had experienced a form of child maltreatment, 6.1% had experienced a sexual victimization, and more than 1 in 4 (25.3%) had been a witness to violence or experienced another form of indirect victimization in the year, including 9.8% who had witnessed an intrafamily assault. One in 10 (10.2%) had experienced a victimization-related injury. More than one third (38.7%) had been exposed to 2 or more direct victimizations, 10.9% had 5 or more, and 2.4% had 10 or more during the study year.

CONCLUSIONS: The scope and diversity of child exposure to victimization is not well recognized. Clinicians and researchers need to inquire about a larger spectrum of victimization types to identify multiply victimized children and tailor prevention and interventions to the full range of threats that children face. *Pediatrics* 2009;124:1411–1423

Children suffer higher rates of exposure to violence and crime than do adults,^{1,2} and such exposure is responsible for a considerable burden of physical and mental health morbidity.³⁻⁵ However, comprehensive epidemiology about this exposure has lagged behind other pediatric public health threats⁶ and lacked nationally representative samples, and epidemiological studies have been limited to a restricted part of the age or victimization spectrum.⁷⁻¹⁴

We aimed to advance epidemiology in this area by using a large nationally representative sample to cover the entire age range of childhood, assessing the most comprehensive spectrum of victimization types, and obtaining both previous-year (PY) and lifetime estimates.

METHODS

Participants

The National Survey of Children's Exposure to Violence (NatSCEV), designed to obtain 1-year and lifetime prevalence estimates of a wide range of childhood victimizations, was conducted between January 2008 and May 2008 and concerned the experiences of a nationally representative sample of 4549 children aged 0 to 17 years who lived in the contiguous United States.

The primary foundation of the design was a nationwide sampling frame of residential telephone numbers from which a sample of households with telephones was drawn by random-digit dialing.¹⁵⁻¹⁷ This nationally representative cross-section yielded 3053 of the 4549 completed interviews, and an oversampling of US telephone exchanges that had a population of $\geq 70\%$ black, Hispanic, or low-income households yielded 1496 completed interviews. Interviews were conducted in English or Spanish.

Procedure

A short interview was conducted with an adult caregiver (usually a parent) in

each household to obtain family demographic information. If the randomly selected child in the household was 10 to 17 years old, the main telephone interview was conducted with the child. If the selected child was younger than 10 years, the interview was conducted with the caregiver who was "most familiar with the child's daily routine and experiences." The interview took an average of 45 minutes but varied according to the number of victimizations reported. Comparison between proxy versus self-reports with this instrument in previous and current studies revealed no evidence of reporter bias.¹⁸ Comparisons between victimization exposure among 9-year-olds (the oldest age for proxy report) and among 10-year-olds (youngest age for self-report) showed significant differences in only 2 of 16 victimization categories, differences that could very well reflect actual variations in exposure between the 2 age groups. Most importantly, there was no difference in reports of child maltreatment or family-perpetrated victimization; that is, no evidence that caretakers were more reluctant than children to report aggressive or neglectful behavior by significant adults.

Respondents were promised complete confidentiality and were paid \$20 for their participation. Respondents who disclosed a situation of serious threat or ongoing victimization were recontacted by a clinical member of the research team who was trained in telephone crisis counseling and whose responsibility was to stay in contact with the respondent until the situation was resolved or brought to the attention of appropriate authorities.

Response Rates and Nonresponse Analyses

The cooperation rate¹⁹ for the random-digit-dialing cross-section portion of this survey ($n = 3053$) was 71%, and

the response rate (which factors in households in which no one could be contacted) was 54%; the rates for the oversample were 63% and 43%, respectively. All of these rates are good according to current standards.²⁰⁻²⁴ (Additional information on the survey methodology is available in the methodology report at www.unh.edu/ccrc/pdf/NATSCEV_methods_report.pdf.) We also conducted our own nonresponse analysis for the current study and found that respondents who refused to participate (or could not be reached) were not systematically different from respondents on victimization risk (details of the nonresponse analyses can be obtained from the authors).

Measurement

This survey used an enhanced version of the Juvenile Victimization Questionnaire, an inventory of childhood victimization.^{18,25,26} All items had a nonresponse ("not sure" or "refused") rate of 1.5% or lower, with one exception: for the vandalism item, 2.4% of the respondents indicated "not sure."

In our analysis, we used 2 alternative measures of total victimization: total direct victimization (sum for each child of all physical-assault, sexual-victimization, maltreatment, and property-victimization screeners for which a "yes" response was given) and total direct and witnessed victimization (total direct-victimization plus total witnessed-victimization screeners with an answer of "yes" for each child). The wording of the victimization screener items and the definition of aggregates are shown in Appendices A and B. More detailed description of the procedure for calculating rescored and aggregate victimization rates from the screener and follow-up items is available from the authors.

Demographic information was obtained in the initial parent interview. The weighting plan for the survey was

TABLE 1 Assaults and Bullying: Victims as Percentages of the Sample

Victimization Type	PY Victimizations									Lifetime Victimizations							
	All Victims		Victim Gender, %		Victim Age, %					All Victims		Victim Gender, %		Victim Age, %			
	%	95% CI	Male	Female	0–1 y	2–5 y	6–9 y	10–13 y	14–17 y	%	95% CI	Male	Female	2–5 y	6–9 y	10–13 y	14–17 y
Any physical assault ^a	46.3	1.8	50.2 ^b	42.1 ^b	17.9 ^b	46.0 ^b	55.6 ^b	49.8 ^b	46.9 ^b	56.7	1.8	60.3 ^b	52.9 ^b	48.7 ^b	63.8 ^b	61.1 ^b	71.1 ^b
Assault with weapon	5.4	0.8	5.6	5.2	1.5 ^b	3.6 ^b	5.7 ^b	7.2 ^b	7.0 ^b	9.8	1.1	11.1 ^b	8.4 ^b	4.2 ^b	8.1 ^b	11.9 ^b	18.5 ^b
Assault with injury	10.2	1.1	12.7 ^b	7.7 ^b	0.8 ^b	5.6 ^b	7.5 ^b	13.4 ^b	18.8 ^b	15.3	1.3	19.0 ^b	11.5 ^b	6.9 ^b	9.9 ^b	18.5 ^b	32.8 ^b
Assault, no weapon or injury	36.7	1.7	38.9 ^b	34.4 ^b	17.4 ^b	38.6 ^b	47.5 ^b	37.3 ^b	32.4 ^b	47.5	1.8	50.3 ^b	44.5 ^b	41.3 ^b	54.7 ^b	49.9 ^b	58.0 ^b
Attempted assault	7.2	0.9	8.6 ^b	5.8 ^b	0.9 ^b	3.9 ^b	6.3 ^b	10.7 ^b	10.7 ^b	12.7	1.2	15.9 ^b	9.4 ^b	4.7 ^b	8.3 ^b	17.8 ^b	25.3 ^b
Kidnap, attempted or completed	0.5	0.3	0.3	0.7	0.0 ^b	0.0 ^b	0.2 ^b	1.3 ^b	0.7 ^b	1.6	0.4	1.3	1.9	0.6 ^b	1.3 ^b	2.5 ^b	2.7 ^b
Assault by juvenile sibling	29.0	1.7	29.9	28.1	15.4 ^b	33.8 ^b	43.1 ^b	26.7 ^b	18.6 ^b	37.2	1.8	37.7	36.8	35.7 ^b	48.8 ^b	36.0 ^b	38.5 ^b
Assault by peer, no sibling	17.6	1.4	22.2 ^b	12.8 ^b	1.9 ^b	10.4 ^b	15.1 ^b	25.6 ^b	26.5 ^b	25.7	1.6	31.5 ^b	19.6 ^b	11.7 ^b	21.5 ^b	34.3 ^b	46.0 ^b
Assault by gang, group	1.9	0.6	3.5 ^b	0.7 ^b		0.4 ^b	0.8 ^b	3.1 ^b	4.2 ^b	3.7	0.8	6.3 ^b	1.8 ^b	0.6 ^b	1.9 ^b	4.6 ^b	9.2 ^b
Genital assault	5.0	0.8	9.4 ^b	1.4 ^b		1.2 ^b	3.5 ^b	6.9 ^b	10.4 ^b	8.0	1.1	14.8 ^b	2.7 ^b	1.3 ^b	5.4 ^b	10.3 ^b	18.2 ^b
Dating violence	1.4	1.1	5.1 ^b	3.0 ^b				1.0 ^b	5.6 ^b	2.1	1.4	8.3 ^b	4.5 ^b			1.8 ^b	8.8 ^b
Bias attack	1.7	0.6	2.4	1.4		0.5 ^b	1.3 ^b	3.1 ^b	2.8 ^b	3.0	0.7	4.1 ^b	2.5 ^b	0.5 ^b	2.5 ^b	4.5 ^b	5.6 ^b
Threatened	8.9	1.2	11.9 ^b	7.8 ^b		3.6 ^b	7.0 ^b	14.7 ^b	14.1 ^b	15.5	1.5	20.2 ^b	14.2 ^b	4.6 ^b	9.7 ^b	23.8 ^b	30.8 ^b
Bullying	13.2	1.4	16.7 ^b	12.8 ^b		19.1 ^b	21.5 ^b	10.7 ^b	8.0 ^b	21.6	1.6	25.9 ^b	22.4 ^b	20.4 ^b	28.0 ^b	19.9 ^b	28.5 ^b
Teasing or emotional bullying	19.7	1.6	20.6	23.5		13.5 ^b	30.4 ^b	27.8 ^b	15.8 ^b	29.5	1.8	30.6 ^b	35.5 ^b	14.6 ^b	38.4 ^b	39.6 ^b	38.4 ^b
Internet harassment	1.8	0.6	1.6 ^b	3.4 ^b		0.0 ^{b,c}	0.0 ^b	2.6 ^b	5.6 ^b	2.5	0.7	2.3 ^b	4.5 ^b	0.0 ^{b,c}	0.0 ^b	3.2 ^b	7.9 ^b

Sample $N = 4549$ (male, 2273; female, 2276; 0–1 year, 503; 2–5 years, 1047; 6–9 years, 904; 10–13 years, 920; 14–17 years, 1175).

^a Excludes threats, bullying, teasing or emotional bullying, and Internet harassment.

^b Values within each measurement set are significantly different at $P < .05$.

^c Includes 5-year-olds only.

a multistage sequential process of weighting the sample to correct for study design and demographic variations in nonresponse. Specifically, weights were applied to adjust for (1) differing probabilities of household selection, including the deliberate oversampling of black, Hispanic, and low-income respondents, (2) variations in the within-household probability of selection that resulted from different numbers of eligible children across households, and (3) differences in sample proportions according to gender, age, and race/ethnicity, and income relative to Census population projections for 2008 of each stratum.

RESULTS

Exposure to violence, crime, and other forms of victimization was widespread in the child population. Altogether, 60.6% of the US population younger than 18 years had experienced 1 or more direct or witnessed past year (PY) victimizations. In the PY, 46.3% had been exposed to a physical assault, 10.2% had been exposed to some

form of maltreatment by a significant adult in their life, and 6.1% had been exposed to a sexual victimization. In addition, 24.6% experienced a property victimization, and 25.3% had witnessed a family assault or community violence. Many children had more than 1 exposure.

Lifetime exposures for these types of victimization were higher than PY exposures by approximately one third to one half. The discrepancy between PY and lifetime exposures tended to be largest for the less frequent and more serious forms of victimization. Most (86.6%) of the children who had a lifetime exposure also had a PY exposure. In Tables 1 through 5, the rates are presented for aggregate forms of victimization, as well as specific types, according to gender and age group. Incidents may be classified into more than a single category, but no episode was counted more than once in a single aggregate category.

For PY physical assaults, boys had somewhat higher levels of victimization than girls, and 6- to 9-year-olds had somewhat

higher levels than both younger and older children (Table 1). In all age groups except 0- to 1-year-olds, close to half of all the children experienced a physical assault. Sibling assaults comprised a large portion of the assaults (29.0%), but these declined with age and were surpassed by nonsibling peer assaults for the 14- to 17-year-olds.

Among the more serious forms of assault were assault with a weapon (5.4% [PY] and 9.8% [lifetime]), assault resulting in an injury (10.2% [PY] and 19.0% [lifetime]), bias attacks (1.7% [PY] and 3.0% [lifetime]), and attempted or completed kidnapping (0.5% [PY] and 1.6% [lifetime]). Dating violence, which affects primarily older children, was experienced by 5.6% of the 14- to 17-year-olds in the PY and 8.8% in their lifetime.

Physical bullying was experienced by 13.2% of the sample in the PY, somewhat more often for boys than girls and considerably more often by those younger than 9 years than those aged 10 years and older. Teasing and emotional bullying were experienced by

TABLE 2 Sexual Victimization: Victims as Percentages of the Sample

Victimization Type	PY Victimization										Lifetime Victimization						
	All Victims		Victim Gender, %		Victim Age, %					All Victims		Victim Gender, %		Victim Age, %			
	%	95% CI	Male	Female	0–1 y	2–5 y	6–9 y	10–13 y	14–17 y	%	95% CI	Male	Female	2–5 y	6–9 y	10–13 y	14–17 y
	Any sexual victimization ^a	6.1	0.9	4.8 ^b	7.4 ^b	0.0 ^b	0.4 ^b	0.8 ^b	1.4 ^b	5.3 ^b	9.8	1.1	7.5 ^b	12.2 ^b	1.5 ^b	5.0 ^b	9.4 ^b
Sexual assault	1.8	0.4	1.3 ^b	2.3 ^b	0.0 ^b	0.4 ^b	0.8 ^b	1.4 ^b	5.3 ^b	3.9	0.7	2.5 ^b	5.4 ^b	0.9 ^b	3.2 ^b	1.9 ^b	11.3 ^b
Rape, completed	0.2	0.2	0.0 ^c	0.4 ^c	0.0 ^c	0.0 ^c	0.0 ^c	0.0 ^c	0.8 ^c	0.7	0.3	0.1 ^b	1.3 ^b	0.0 ^b	0.4 ^b	0.4 ^b	2.3 ^b
Rape, attempted or completed	1.1	0.4	0.7 ^b	1.6 ^b	0.0 ^b	0.1 ^b	0.1 ^b	1.3 ^b	3.8 ^b	2.4	0.5	1.3 ^b	3.7 ^b	0.3 ^b	0.8 ^b	1.6 ^b	8.3 ^b
Sexual assault, known adult	0.3	0.1	0.0 ^b	0.5 ^b	0.0 ^c	0.2 ^c	0.1 ^c	0.0 ^c	0.9 ^c	1.2	0.4	0.3 ^b	2.1 ^b	0.6 ^b	0.7 ^b	0.2 ^b	3.9 ^b
Sexual assault, adult stranger	0.3	0.2	0.3	0.3	0.0 ^c	0.2 ^c	0.1 ^c	0.2 ^c	0.7 ^c	0.5	0.2	0.3	0.8	0.3 ^b	0.1 ^b	0.2 ^b	1.8 ^b
Sexual assault, peer	1.3	0.4	0.9	1.6	0.0 ^b	0.2 ^b	0.6 ^b	0.9 ^b	4.0 ^b	2.7	0.6	2.0 ^b	3.5 ^b	0.3 ^b	2.6 ^b	1.4 ^b	7.7 ^b
Flashed or sexual exposure, peer	2.2	0.6	2.6	2.3	0.5 ^b	1.0 ^b	1.4 ^b	6.9 ^b	3.7	0.7	4.2	4.0	0.8 ^b	1.7 ^b	2.0 ^b	11.9 ^b	
Flashed or sexual exposure, adult	0.4	0.3	0.2	0.7	0.2 ^c	0.3 ^c	0.3 ^c	1.1 ^c	0.6	0.3	0.4 ^b	1.0 ^b	0.2 ^b	0.5 ^b	0.3 ^b	1.9 ^b	
Sexual harassment	2.6	0.6	1.4 ^b	4.4 ^b	0.0 ^b	0.2 ^b	5.6 ^b	5.6 ^b	4.2	0.8	2.4 ^b	7.0 ^b	0.0 ^b	0.4 ^b	6.5 ^b	11.6 ^b	
Statutory sexual offense	0.1	0.3	0.1 ^c	0.5 ^c			0.0 ^c	0.6 ^c	0.4	0.7	0.5 ^b	1.9 ^b			0.0 ^b	1.9 ^b	
Internet sex talk	1.5	0.5	1.2 ^b	2.9 ^b	0.0 ^{b,d}	0.0 ^b	1.7 ^b	4.8 ^b	2.4	0.6	1.8 ^b	4.8 ^b	0.0 ^{b,d}	0.0 ^b	2.5 ^b	8.1 ^b	

Sample N = 4549 (male, 2273; female, 2276; 0–1 year, 503; 2–5 years, 1047; 6–9 years, 904; 10–13 years, 920; 14–17 years, 1175).

^a Excludes Internet sex talk.

^b Values within each measurement set are significantly different at P < .05.

^c Too small for χ^2 evaluation.

^d Includes 5-year-olds only.

19.7% of the sample in the PY, more often by children in the 6- to 9- and 10- to 13-year-age ranges.

Sexual victimizations were experienced by 6.1% of the children in the PY and 9.8% in their lifetime (Table 2). This category of sexual victimization included assaults as well as sexual harassment and flashing. Sexual victimizations were more common for girls and also strongly concentrated in the 14- to 17-year-olds. These 14- to 17-year-old girls had sexual assault

rates of 7.9% (PY) and 18.7% (lifetime), completed and attempted rape rates of 6.3% (PY) and 13.8% (lifetime), and rates of sex assault by a known adult of 1.6% (PY) and 7.7% (lifetime).

Some form of maltreatment was experienced by 10.2% of the sample in the PY and 18.6% over their lifetime (Table 3). Considerably more maltreatment was reported by older children. Physical abuse by an adult occurred to 4.4% of the sample in the PY and to 11.9%

over the lifetime. The lifetime prevalence of physical abuse among the oldest age group (14- to 17-year-olds) was even higher at 19.4%. Emotional abuse by a significant adult occurred to 6.4% of the sample in the PY and 11.9% over the lifetime, and to 22.6% of the oldest age group (14- to 17-year-olds) over their lifetime.

Property victimizations were frequent occurrences, experienced by 24.6% of the sample children in the PY and 37.8% over their lifetime (Table 4).

TABLE 3 Maltreatment: Victims as Percentages of the Sample

Victimization Type	PY Victimization										Lifetime Victimization						
	All Victims		Victim Gender, %		Victim Age, %					All Victims		Victim Gender, %		Victim Age, %			
	%	95% CI	Male	Female	0–1 y	2–5 y	6–9 y	10–13 y	14–17 y	%	95% CI	Male	Female	2–5 y	6–9 y	10–13 y	14–17 y
	Any maltreatment ^a	10.2	1.1	9.7	10.6	2.2 ^b	8.1 ^b	7.8 ^b	12.0 ^b	16.6 ^b	18.6	1.4	18.6	18.7	12.1 ^b	16.8 ^b	21.0 ^b
Physical abuse	4.4	0.8	4.3	4.4	0.6 ^b	3.5 ^b	2.7 ^b	5.2 ^b	7.9 ^b	9.1	1.1	9.8	8.3	5.1 ^b	5.2 ^b	10.5 ^b	19.4 ^b
Psychological or emotional abuse	6.4	0.9	5.5 ^b	8.8 ^b	4.5 ^b	4.5 ^b	7.3 ^b	12.1 ^b	11.9	1.3	10.9 ^b	15.7 ^b	6.1 ^b	11.3 ^b	12.8 ^b	22.6 ^b	
Neglect	1.5	0.4	1.7	1.3	0.6	1.7	1.2	1.5	1.9	3.6	0.7	3.9	3.3	3.5	4.2	2.5	5.5
Custodial interference or family abduction	1.5	0.5	1.8	1.2	1.0	1.4	1.1	2.4	1.6	4.5	0.8	4.9	4.1	3.3 ^b	3.7 ^b	5.5 ^b	7.3 ^b
Sexual assault, known adult	0.3	0.1	0.0 ^b	0.5 ^b	0.0 ^c	0.2 ^c	0.1 ^c	0.0 ^c	0.9 ^c	1.2	0.4	0.3 ^b	2.1 ^b	0.6 ^b	0.7 ^b	0.2 ^b	3.9 ^b

Sample N = 4549 (male, 2273; female, 2276; 0–1 year, 503; 2–5 years, 1047; 6–9 years, 904; 10–13 years, 920; 14–17 years, 1175).

^a Excludes sexual assault, known adult.

^b Values within each measurement set are significantly different at P < .05.

^c Too small for χ^2 evaluation.

TABLE 4 Property Victimization: Victims as Percentages of the Sample

Victimization Type	PY Victimizations								Lifetime Victimizations							
	All Victims %		Victim Gender, %		Victim Age, %				All Victims %		Victim Gender, %		Victim Age, %			
	95% CI		Male	Female	2–5 y	6–9 y	10–13 y	14–17 y	95% CI		Male	Female	2–5 y	6–9 y	10–13 y	14–17 y
Any property victimization ^a	24.6	1.7	28.1	27.0	27.8	30.1	24.8	27.6	37.8	1.9	44.3 ^b	40.1 ^b	32.4 ^b	42.3 ^b	40.7 ^b	53.2 ^b
Robbery, nonsibling	4.8	0.8	6.4 ^b	4.2 ^b	7.6 ^b	5.1 ^b	5.1 ^b	3.7 ^b	8.8	1.1	11.8 ^b	7.7 ^b	9.4	10.1	8.1	11.6
Vandalism, nonsibling	6.0	1.0	7.2	6.2	5.2 ^b	6.3 ^b	6.7 ^b	8.6 ^b	12.0	1.3	15.1 ^b	11.8 ^b	6.8 ^b	12.5 ^b	13.2 ^b	21.2 ^b
Theft, nonsibling	6.9	1.0	7.8	7.8	2.3 ^b	5.2 ^b	10.4 ^b	13.0 ^b	13.4	1.4	15.8	14.1	3.0 ^b	10.5 ^b	18.8 ^b	27.3 ^b

Sample $N = 4549$ (male, 2273; female, 2276; 0–1 year, 503; 2–5 years, 1047; 6–9 years, 904; 10–13 years, 920; 14–17 years, 1175).

^a Includes all robberies, all vandalisms, and all thefts.

^b Values within each measurement set are significantly different at $P < .05$.

Boys experienced somewhat more robbery, and older children experienced more theft.

Children were witnesses to a considerable amount of violence in their families and communities, in addition to what was directed at them personally. The rate for PY witnessing overall was 25.3% for all children and 47.6% for 14- to 17-year-olds, the group for whom it was the most frequent (Table 5). The lifetime witnessing rates were 37.8% for the sample and 70.2% for the older children.

Family assaults had been witnessed by 9.8% of children in the sample in the PY

and 20.3% over their lifetime. This included 6.2% who had witnessed an assault between their parents in the PY and 16.3% who witnessed this type of violence in their lifetime. Among the oldest group, 34.6% had witnessed a parental assault in their lifetime.

The rate for witnessing an assault in the community (nonfamily) was 19.2% of the sample in the PY and 28.7% over the lifetime. The witnessing of community assault was particularly high for the oldest youth, 42.2% of whom said that they had been exposed in the PY and 64.4% over their lifetime.

Exposures to shooting occurred to 5.3% in the PY and 9.7% over the lifetime for the whole sample, exposure to war occurred to 0.7% (PY) and 1.4% (lifetime), and direct witnessing of a murder occurred to 0.5% (PY) and 1.3% (lifetime).

We assessed other indirect exposures to violence and crime that could have impacts on young people without them having been actual witnesses. These exposures included hearing about or seeing the evidence of a family assault without being directly exposed (0.8% [PY] and 2.9% [lifetime]), hearing

TABLE 5 Witnessing and Indirect Victimization: Victims as Percentages of the Sample

Victimization Type	PY Victimizations								Lifetime Victimizations								
	All Victims %		Victim Gender, %		Victim Age, %				All Victims %		Victim Gender, %		Victim Age, %				
	%	95% CI	Male	Female	0–1 y	2–5 y	6–9 y	10–13 y	14–17 y	%	95% CI	Male	Female	2–5 y	6–9 y	10–13 y	14–17 y
Any witness violence ^a	25.3	1.5	26.1	24.6	10.5 ^b	13.8 ^b	13.7 ^b	33.0 ^b	47.6 ^b	37.8	1.7	40.1 ^b	35.4 ^b	21.2 ^b	24.7 ^b	47.5 ^b	70.2 ^b
Any witness family assault	9.8	1.1	9.0	10.7	7.6 ^b	9.6 ^b	6.4 ^b	11.0 ^b	10.1 ^b	20.3	1.4	19.6	21.1	15.8 ^b	15.6 ^b	21.2 ^b	34.6 ^b
Witness partner assault	6.2	0.8	5.7	6.8	4.6 ^b	7.0 ^b	4.5 ^b	7.7 ^b	6.6 ^b	16.3	1.3	15.6	17.0	13.5 ^b	13.1 ^b	16.6 ^b	27.0 ^b
Witness physical abuse	2.1	0.5	1.9	2.3	0.7 ^b	2.5 ^b	1.0 ^b	2.4 ^b	3.2 ^b	4.9	0.8	5.1	4.7	3.6 ^b	2.5 ^b	4.6 ^b	10.7 ^b
Witness other family assault	3.1	0.6	3.1	3.2	3.2 ^b	2.7 ^b	2.1 ^b	2.5 ^b	5.2 ^b	5.9	0.8	5.7	6.1	4.2 ^b	4.4 ^b	4.6 ^b	11.6 ^b
Witness assault in community	19.2	1.4	20.4	17.9		5.8 ^b	8.5 ^b	27.0 ^b	42.2 ^b	28.7	1.6	31.0 ^b	26.2 ^b	9.0 ^b	13.8 ^b	39.0 ^b	64.2 ^b
Witness murder	0.5	0.2	0.6	0.3	0.4 ^c	0.2 ^c	0.1 ^{b,c}	0.3 ^{b,c}	1.3 ^{b,c}	1.2	0.4	1.3	1.1	0.3 ^b	0.5 ^b	0.8 ^b	3.8 ^b
Exposure to shooting	5.3	0.8	5.4	5.1	1.9 ^b	2.2 ^b	3.1 ^b	7.2 ^b	10.2 ^b	9.6	1.0	9.7	9.6	3.7 ^b	5.1 ^b	11.1 ^b	22.2 ^b
Exposure to war	0.7	0.3	1.0 ^b	0.4 ^b		0.4 ^b	0.3 ^b	0.3 ^b	2.1 ^b	1.4	0.5	1.5	1.4	0.5 ^b	0.4 ^b	1.6 ^b	3.6 ^b
Any indirect exposure to violence ^d	10.3	1.0	9.7	10.9		3.5 ^b	4.1 ^b	11.7 ^b	25.3 ^b	21.9	1.5	21.7	22.2	6.6 ^b	13.6 ^b	25.0 ^b	51.1 ^b
Indirect exposure to family assault	0.8	.3	0.4 ^b	1.1 ^b		0.3	0.6	1.2	1.2	2.9	0.6	2.7	3.2	1.7 ^b	2.4 ^b	3.1 ^b	5.7 ^b
Indirect exposure to community violence	9.7	1.0	9.3	10.2		3.2 ^b	3.6 ^b	11.0 ^b	24.5 ^b	20.6	1.5	20.0	21.2	4.8 ^b	11.6 ^b	23.7 ^b	50.3 ^b
Other indirect exposure																	
Household theft	7.1	0.9	7.4	6.7		5.8	6.3	7.1	8.8	19.1	1.4	20.3	17.9	9.9 ^b	16.9 ^b	19.6 ^b	35.5 ^b
School threat of bomb or attack	5.1	1.0	6.8	7.1		0.8 ^{b,e}	1.0 ^b	6.3 ^b	15.4 ^b	9.3	1.3	11.7	13.7	2.0 ^{b,e}	2.5 ^b	10.7 ^b	27.8 ^b

Sample $N = 4549$ (male, 2273; female, 2276; 0–1 year, 503; 2–5 years, 1047; 6–9 years, 904; 10–13 years, 920; 14–17 years, 1175).

^a Excludes indirect exposure to victimization.

^b Values within each measurement set are significantly different at $P < .05$.

^c Too small for χ^2 evaluation.

^d Excludes witnessing violence, household theft, and school threat of bomb or attack.

^e Includes 5-year-olds only.

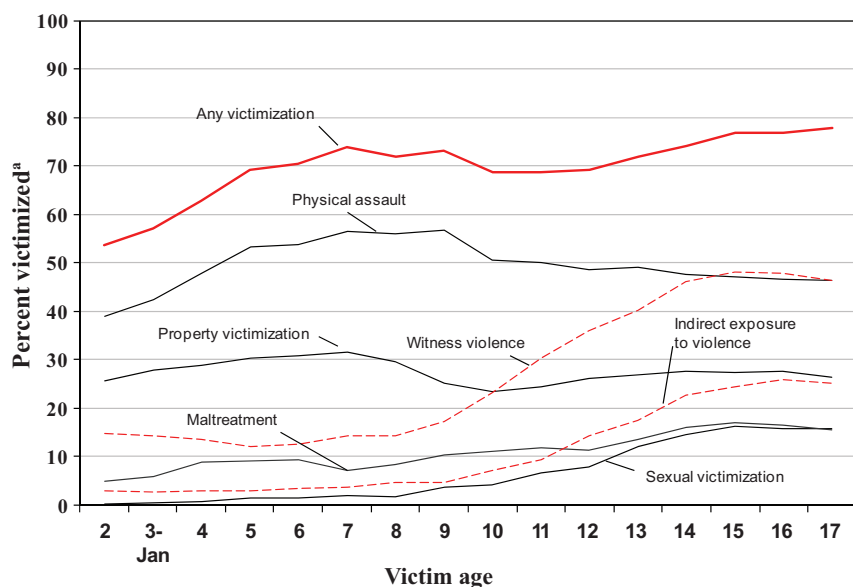


FIGURE 1 PY victimization according to type and victim age. ^a Shown as 3-year age-group running average.

about other community violence (9.7% [PY] and 20.6% [lifetime]), having their household burglarized (7.1% [PY] and 20.3% [lifetime]), and having their school threatened with an attack (5.1% [PY] and 9.3% [lifetime]).

Developmental patterns (Fig 1) show that assault rates (which include sibling assault) and property crime rates tend to be somewhat higher in the 5- to 9-year-old range and decrease a bit

subsequently. Witnessing violence and indirect exposures seem to increase strongly after the age of 10. Maltreatment increases modestly after the age of 12. Sexual victimizations begin to rise at the age of 9 and peak at 15.

Because of the broad range of episodes and the relatively high incidence, it is not surprising that many children (38.7%) had more than a single direct victimization (excludes

witnessing and indirect) over the course of a year. Of those with any direct victimization, 64.5% had 2 or more victimizations. Some children had extremely high levels of exposure: 10.9% had 5 or more exposures in the PY, and 1.4% had 10 or more exposures.

Exposure to 1 type of victimization was a good predictor of exposure to other types. That is, if the child had experienced 1 type of victimization in the PY, his or her risk for other types of victimization was doubled or even tripled depending on the specific types (Table 6). The magnitudes of increased risk were similar for the lifetime exposures. For example, having a physical assault increased the odds of having PY sexual victimization (odds ratio [OR]: 5.0) or PY child maltreatment (OR: 4.1). The same pattern was evident when considering the same lifetime victimizations (OR: 6.2 and 5.3).

DISCUSSION

This study reveals high levels of exposure to violence, victimization, and abuse among a representative sample of American children and youth. Nearly half of all the children and youth experienced an assault over the course of a

TABLE 6 Risk of Occurrence of Other Victimization Types Given an Existing Victimization

	OR ^a for a Separate Episode of											
	Any Physical Assault		Any Sexual Victimization		Any Maltreatment		Any Property Victimization		Any Witness Violence		Exposure to Violence	
	OR	CI 95%	OR	CI 95%	OR	CI 95%	OR	CI 95%	OR	CI 95%	OR	CI 95%
PY victimization												
Any physical assault	—	—	5.0	3.78–6.61	4.1	3.35–4.92	2.7	2.49–2.98	2.5	2.31–2.78	2.2	1.81–2.58
Any sex victimization	1.8	1.66–1.89	—	—	2.9	2.36–3.61	2.2	1.98–2.47	2.2	1.87–2.45	3.2	2.60–3.90
Any maltreatment	1.8	1.71–1.90	3.3	2.60–4.24	—	—	2.1	1.92–2.33	2.4	2.14–2.61	2.7	2.18–3.19
Any property victimization	1.8	1.71–1.86	3.5	2.76–4.30	2.9	2.43–3.34	—	—	2.4	2.18–2.57	2.9	2.42–3.36
Any witness violence	1.7	1.66–1.83	3.1	2.38–3.88	3.3	2.78–3.89	2.4	2.16–2.54	—	—	3.2	2.65–3.75
Any indirect exposure to violence	1.4	1.31–1.53	3.5	2.75–4.45	2.6	2.13–3.14	2.1	1.91–2.33	2.3	2.08–2.58	—	—
Lifetime victimization												
Any physical assault	—	—	6.2	4.55–8.37	5.3	4.46–6.26	2.5	2.35–2.68	2.9	2.67–3.12	2.5	2.18–2.86
Any sex victimization	1.7	1.57–1.71	—	—	3.1	2.74–3.48	1.8	1.68–1.93	2.2	1.99–2.32	2.6	2.24–2.88
Any maltreatment	1.8	1.70–1.81	4.2	3.53–4.96	—	—	1.8	1.71–1.92	2.5	2.37–2.62	2.3	2.03–2.53
Any property victimization	1.7	1.63–1.72	3.2	2.67–3.91	2.6	2.34–2.93	—	—	2.2	2.08–2.34	2.2	1.96–2.42
Any witness violence	1.8	1.75–1.88	4.5	3.51–5.65	4.7	4.12–5.29	2.2	2.04–2.28	—	—	3.5	3.04–3.88
Any indirect exposure to violence	1.5	1.39–1.53	3.4	2.76–4.05	2.4	2.09–2.66	1.7	1.59–1.81	2.3	2.16–2.45	—	—

All ORs are statistically significant at $P < .05$.

^a ORs were converted to approximate the risk ratio to adjust for differences in outcome incidence (Zhang and Yu, 1998); ORs were computed controlling for victim age.

year, more than 1 in 10 in a way that resulted in an injury. One quarter of them witnessed someone else's victimization. Very serious exposures were not rare, with 1 in 20 exposed to a shooting, 1 in 200 exposed to a murder, and 1 in 50 exposed to a sexual assault over the PY. These findings are concerning in light of evidence about the damaging consequences of exposure for the physical and mental health of youth^{4,5,27,28} and their long-term functioning and well-being as adults.^{5,29,30}

This study provides evidence of a wide spectrum of exposures across a variety of domains, many of which have not been captured by narrowly focused violence- and crime-exposure studies. Assaults, for example, can be categorized as simple peer and sibling assaults, which are very common, or dating assaults, weapon assaults, or gang and group assaults, which are less frequent. Witnessing violence can be categorized as witnessing community assault, which is quite frequent (19.2%), or witnessing family assault, which is also fairly common (9.8%), or less frequent witnessing such as exposure to war (0.7%).

The study also provides an important perspective on how exposure changes over the course of childhood, something that has been missing from many other studies that examined only restricted age ranges. Although being physically assaulted was relatively common across all age groups, sexual assaults and the witnessing of community assaults increased dramatically as the children got older. For example, among the 14- to 17-year-olds, 1 in 20 had been sexually assaulted and 1 in 10 had witnessed a shooting in the PY. In addition to documenting the substantial level of current violence exposure, the study also shows how exposures cumulate over the length of childhood. Thus, among the 14- to 17-year-old girls, 18.7% had experienced a completed or

attempted sexual assault over their lifetime so far, and more than one third of all 14- to 17-year-olds had by that time witnessed a parental assault.

Lifetime exposures for the sample as a whole were approximately one third to one half higher than PY exposure. One should not expect lifetime exposures to be large multiples of PY exposures in this kind of sample. First, most children who had a lifetime exposure to a form of violence had also had an exposure to that form in the PY, because for many victims their circumstances were ones of ongoing vulnerability. Second, most of the children in the sample were well short of completing childhood; in fact, many had just entered the peak period for exposures to some forms of victimization. An additional issue with lifetime estimates for some kinds of less salient victimizations is that recalling such experiences back over an extended period of time can be difficult.

An especially important contribution of this study is to demonstrate the interrelationships among different kinds of violence exposure, an observation that has been missing from many other studies that considered individual types of exposure in isolation. This study highlights the large number of children and youth who experience multiple types of victimization: more than 1 in 10 were exposed to 5 or more different forms of direct victimization during a single year. These are certainly children who merit priority attention. Earlier research has shown them to be children who experience the most serious kinds of victimization and who carry a disproportionate burden of concurrent life adversities and mental health symptomatology.^{13,14} The study also shows that having one type of exposure is a strong risk marker for having other types of exposures.

The study also builds on an earlier victimization study¹³ by increasing

the number and range of victimizations covered, reporting on lifetime and PY exposures, and enlarging the sample size to provide an improved precision of estimates, especially for some relatively low-incidence types of victimization.

This study also has a variety of limitations that need to be kept in mind when interpreting the results. First, any survey that requires finding respondents at home and obtaining cooperation runs the risk of missing those members of the population who may be most vulnerable to victimization. Second, interviews with caregivers, used for obtaining reports on victimizations of children aged 0 to 9 years, may not be able to fully represent the experiences of the children themselves and may underrepresent certain types of victimization experiences. Third, despite the overall comprehensiveness of the instrument, many victimizations and their timing are not always remembered, particularly less serious ones, and children may be less cognitively skilled than their caregivers at retrieving those memories. In victimization studies, underreporting tends to be a more serious problem overall than false reporting.³¹

Nonetheless, the findings of this study, which show that victimizations of a diverse variety occur frequently in the lives of children, are consistent with earlier literature³²⁻³⁸ and have important implications for practitioners, researchers, and policy makers.

One implication is the need to ask children in both clinical and research settings about a broader spectrum of specific victimization experiences. Comprehensive questionnaires and checklists are available,^{36,37,39,40} although not all of them include the full spectrum of victimizations discussed here. Important and common forms of victimization that tend to be omitted

include dating violence, emotional maltreatment, property victimization, and exposure to family violence.

The need to inquire about additional victimization experiences is particularly great among children who have already been identified as suffering from one form of victimization. The initial presenting problem, be it sexual assault or bullying victimization, often occupies the full attention of professionals who intervene with the child. However, as this study has demonstrated, other serious forms of victimization have likely also occurred that also require attention. Moreover, a pattern of chronic victimization may often be present.^{13,14,41} More effort is needed to identify and intervene with children who experience high levels of victimization.

Another implication of the study is the need to address victimization across all developmental stages of childhood. With a few exceptions such as dating violence, most types of victimization occur across a broad age range.

CONCLUSIONS

Finally, this study has implications for a more holistic approach to public policy concerning child and youth victimization. Programs to prevent and intervene in child victimization remain quite fragmented, as illustrated by recent initiatives (eg, to address the separate problems of bullying,⁴² dating violence,^{43,44} and sexual harassment⁴⁵). At the federal and state levels, responsibilities are fragmented among health agencies, child welfare departments, and the justice system. Many of the institutions and funding streams in this field adhere to restricted portions of the victimization spectrum, such as the child protection system, which tends to exclude victimization by noncaretakers, and the justice system, which tends to exclude victimizations not conventionally dealt with by police.⁴⁶ In the same way that public health

integrated many areas such as automobile, workplace, and consumer products into the field of injury prevention,^{47,48} it may be time for all these subdivided fields to consider a more integrated and synergistic approach to child and youth victimization-prevention and response.

APPENDIX 1: NatSCEV SCREENERS (WITH ITEM IDENTIFIER)

Conventional Crime

- C1. At any time in (your child's/your) life, did anyone use force to take something away from (your child/you) that (he/she was/you were) carrying or wearing?
- C2. At any time in (your child's/your) life, did anyone steal something from (your child/you) and never give it back? Things like a backpack, money, watch, clothing, bike, stereo, or anything else?
- C3. At any time in (your child's/your) life, did anyone break or ruin any of (your child's/your) things on purpose?
- C4. Sometimes people are attacked with sticks, rocks, guns, knives, or other things that would hurt. At any time in (your child's/your) life, did anyone hit or attack (your child/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. At any time in (your child's/your) life, did anyone hit or attack (your child/you) without using an object or weapon?
- C6. At any time in (your child's/your) life, did someone start to attack (your child/you), but for some reason, it didn't happen? For example, someone helped (your child/you) or (your child/you) got away?
- C7. At any time in (your child's/your) life, did someone threaten to hurt (your child/you) when (your child/

you) thought that he or she might really do it?

- C8. When a person is kidnapped, it means that person was made to go somewhere, like into a car, by someone who the person thought might hurt him or her. At any time in (your child's/your) life, has anyone ever tried to kidnap (your child/you)?
- C9. At any time in (your child's/your) life, (has your child/have you) been hit or attacked because of (your child's/your) skin color, religion, or where (your child's/your) family comes from? Because of a physical problem (your child has/you have)? Or because someone said (your child was/you were) gay?

Child Maltreatment

- M1. Not including spanking on (his/her/your) bottom, at any time in (your child's/your) life did a grown-up in (your child's/your) life hit, beat, kick, or physically hurt (your child/you) in any way?
- M2. At any time in (your child's/your) life, did (your child/you) get scared or feel really bad because grown-ups in (your child's/your) life called (him/her/you) names, said mean things to (him/her/you), or said they didn't want (him/her/you)?
- M3. When someone is neglected, it means that the grown-ups in that person's life didn't take care of him or her the way they should have. They might not get that person enough food, take him or her to the doctor when sick, or make sure that he or she has a safe place to stay. At any time in (your child's/your) life, (was your child/were you) neglected?
- M4. Sometimes a family fights over where a child should live. At any time in (your child's/your) life did

a parent take, keep, or hide (your child/you) to stop (him/her/you) from being with another parent?

Peer and Sibling Victimization

- P1. Sometimes groups of kids or gangs attack people. At any time in (your child's/your) life, did a group of kids or a gang hit, jump, or attack (your child/you)?
- P2. (If yes to P1, say: "Other than what you just told me about. . .") at any time in (your child's/your) life, did any kid, even a brother or sister, hit (your child/you)? Somewhere like: at home, at school, out playing, in a store, or anywhere else?
- P3. At any time in (your child's/your) life, did any kids try to hurt (your child's/your) private parts on purpose by hitting or kicking (your child/you) there?
- P4. At any time in (your child's/your) life, did any kids, even a brother or sister, pick on (your child/you) by chasing (your child/you) or grabbing (your child/you) or by making (him/her/you) do something (he/she/you) didn't want to do?
- P5. At any time in (your child's/your) life, did (your child/you) get really scared or feel really bad because kids were calling (him/her/you) names, saying mean things to (him/her/you), or saying they didn't want (him/her/you) around?
- P6. At any time in your life, did a boyfriend or girlfriend or anyone you went on a date with slap or hit you?

Sexual Victimization

- S1. At any time in (your child's/your) life, did a grown-up (your child knows/you know) touch (your child's/your) private parts when he or she shouldn't have or make (your child/you) touch his or her private parts? Or did a grown-up

(your child knows/you know) force (your child/you) to have sex?

- S2. At any time in (your child's/your) life, did a grown-up (your child/you) did not know touch (your child's/your) private parts when he or she shouldn't have, make (your child/you) touch his or her private parts, or force (your child/you) to have sex?
- S3. Now think about other kids, like from school, a boyfriend or girlfriend, or even a brother or sister. At any time in (your child's/your) life, did another child or teen make (your child/you) do sexual things?
- S4. At any time in (your child's/your) life, did anyone try to force (your child/you) to have sex, that is sexual intercourse of any kind, even if it didn't happen?
- S5. At any time in (your child's/your) life, did anyone make (your child/you) look at his or her private parts by using force or surprise or by "flashing" (your child/you)?
- S6. At any time in (your child's/your) life, did anyone hurt (your child's/your) feelings by saying or writing something sexual about (your child/you) or (your child's/your) body?
- S7. At any time in your life, did you do sexual things with anyone 18 or older, even things you wanted?

Witnessing and Indirect Victimization

- W1. At any time in (your child's/your) life did (your child/you) see a parent get pushed, slapped, hit, punched, or beat up by another parent, or by his or her boyfriend or girlfriend?
- W2. At any time in (your child's/your) life, did (your child/you) see a parent hit, beat, kick, or physically hurt (his/her/your) brothers or

sisters, not including a spanking on the bottom?

- W3. At any time in (your child's/your) life, in real life, did (your child/you) see anyone get attacked or hit 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. At any time in (your child's/your) life, in real life, did (your child/you) see anyone get attacked or hit on purpose without using a stick, rock, gun, knife, or something that would hurt?
- W5. At any time in (your child's/your) life, did anyone steal something from your house that belongs to (your child's/your) family or someone (your child/you) live with? Things like a TV, stereo, car, or anything else?
- W6. At any time in (your child's/your) life, was anyone close to (your child/you) murdered, like a friend, neighbor, or someone in (your child's/your) family?
- W7. At any time in (your child's/your) life, did (your child/you) see someone murdered in real life? This means not on TV, video games, or in the movies.
- W8. At any time in (your child's/your) life, (was your child/were you) in any place in real life where (he/she/you) could see or hear people being shot, bombs going off, or street riots?
- W9. At any time in (your child's/your) life, (was your child/were you) in the middle of a war where (he/she/you) could hear real fighting with guns or bombs?
- Exposure to Community Violence**
- ECV1. At any time in (your child's/your) life, did (your child/you)

know about anyone close, like a family member or good friend, who was forced to have sex, or touched in that person's private parts when he or she didn't want it?

ECV2. At any time in (your child's/your) life, did (your child/you) know about anyone close, like a family member or good friend, who was robbed or mugged?

ECV3. At any time in (your child's/your) life, did (your child/you) know anyone close, like a family member or good friend, who was threatened with a gun or knife?

Exposure to Family Violence and Abuse

EF1. At any time in (your child's/your) life, did one of (your child's/your) parents threaten to hurt another parent and it seemed he or she might really get hurt?

EF2. At any time in (your child's/your) life, did one of (your child's/your) parents, because of an argument, break or ruin anything belonging to another parent, punch the wall, or throw something?

EF3. At any time in (your child's/your) life, did one of (your child's/your) parents get pushed by another parent?

EF4. At any time in (your child's/your) life, did one of (your child's/your) parents get hit or slapped by another parent?

EF5. At any time in (your child's/your) life, did one of (your child's/your) parents get kicked, choked, or beat up by another parent?

EF6. Now we want to ask you about fights between any grown-ups and teens, not just between (your child's/your) parents. At any time in (your child's/your) life, did any grown-up or teen who lives with

(your child/you) push, hit, or beat up someone else who lives with (your child/you), like a parent, brother, grandparent, or other relative?

School Violence and Threat

SC1. (Has your child/Have you) ever gone to a school where someone said there was going to be a bomb or attack on the school and (your child/you) thought he or she might really mean it?

SC2. (Has your child/Have you) ever gone to a school where someone damaged the school or started a fire in the school on purpose? Or did anyone break or ruin other school property like buses, windows, or sports equipment?

Internet Victimization

INT1. Has anyone ever used the Internet to bother or harass (your child/you) or to spread mean words or pictures about (your child/you)?

INT2. Did anyone on the Internet ever ask (your child/you) sexual questions about (himself/herself/yourself) or try to get (your child/you) to talk online about sex when (your child/you) did not want to talk about those things?

APPENDIX 2: VICTIMIZATION DEFINITIONS

Assaults and Bullying

1. Any physical assault: child experienced any physical assault victimization (any of screener items C4, C5, C6, C8, C9, M1, P1, P2, P3, or P6). Excludes threats, bullying, and teasing/emotional bullying.
2. Assault with weapon: someone hit or attacked child on purpose with something that would hurt (like a stick, rock, gun, knife, or other thing).

3. Assault with injury: someone hit or attacked child, and child was physically hurt when this happened. ("Hurt" means child felt pain the next day or had a bruise, a cut that bled, or a broken bone.)

4. Assault without weapon or injury: someone hit or attacked child, and child was not physically hurt when this happened. No weapon was used.

5. Attempted assault: someone started to attack child, but for some reason it didn't happen; no weapon was used, and child was not physically hurt.

6. Attempted or completed kidnapping: child was made to go, or there was an attempt to make the child go, somewhere, like into a car, by someone who the child thought might hurt him or her.

7. Assault by juvenile sibling: child was attacked by a sibling <18 years of age.

8. Assault by nonsibling peer: child was attacked by a peer, not including any sibling.

9. Assault by gang or group: child was attacked by a group of kids or a gang.

10. Nonsexual genital assault: a peer tried to hurt child's private parts on purpose by hitting or kicking.

11. Dating violence: a boyfriend or girlfriend of child, or someone child went on a date with, slapped or hit child.

12. Bias attack: child was hit or attacked because of child's skin color or religion, where the child's family comes from, because of child's physical problem, or because of sexual orientation attributed to the child.

13. Threatened: someone threatened to hurt child and child thought he or she might really do it.

14. Bullying: a peer picked on child (for example, by chasing, grabbing hair or clothes, or making child do something he or she did not want to do).
15. Teasing or emotional bullying: child was scared or made to feel really bad because child was harassed by a peer (for example, by name calling, having mean things said, or being told that he or she was unwelcome).
16. Internet harassment: someone used the Internet to bother or harass child (including posting messages or pictures).

Sexual Victimization

17. Any sexual victimization: child experienced any sexual victimization (any of screener items S1, S2, S3, S4, S5, or S6 or statutory sex offense).
18. Sexual assault: someone touched child's private parts when unwanted, made child touch his or her private parts, or forced child to have sex, or attempted any of these acts.
19. Completed rape: someone forced child to have sexual intercourse and put any part of his or her body inside child.
20. Attempted or completed rape: someone forced, or attempted to force, child to have sexual intercourse.
21. Sexual assault by known adult: an adult the child knows touched child's private parts, made child touch his or her private parts, or forced child to have sex.
22. Sexual assault by adult stranger: an adult the child does not know touched child's parts, made child touch his or her private parts, or forced child to have sex.
23. Sexual assault by peer: a peer made the child do sexual things.
24. Flashed or sexual exposure by peer: a peer made child look at his or her private parts by using force or surprise or by "flashing" child.
25. Flashing or sexual exposure by adult: an adult made child look at his or her private parts by using force or surprise or by "flashing" child.
26. Sexual harassment: someone hurt child's feelings by saying or writing sexual things about child or child's body.
27. Statutory sexual offense: a child younger than 16 years did sexual things with a person more than 4 years older than the child, even willingly.
28. Internet sex talk: someone on the Internet asked child sexual questions or tried to talk sexually when child did not want to.

Child Maltreatment

29. Any maltreatment: child experienced any maltreatment victimization (any of screener items M1, M2, M3, or M4).
30. Physical abuse: an adult in child's life hit, beat, kicked, or physically abused child in any way.
31. Psychological or emotional abuse: an adult made child scared or feel really bad by name calling, saying mean things, or saying he or she didn't want child.
32. Neglect: adults in child's life did not take care of child the way he or she should have (for example, by not getting child enough food, not taking child to doctor when sick, not making sure child had a safe place to stay).
33. Custodial interference or family abduction: a parent took child, kept child, or hid child to prevent child from being with another parent.

Property Victimization

34. Any property victimization: child experienced any property victimization (any of screener items C1, C2, or C3).
35. Robbery by nonsibling: a nonsibling (peer or adult) used force to take something away from child that child was carrying or wearing.
36. Vandalism by nonsibling: a nonsibling (peer or adult) broke or ruined any of child's things on purpose.
37. Theft by nonsibling: a nonsibling (peer or adult) stole something from child and never gave it back.

Witnessed and Indirect Victimization

38. Any witnessed violence: child witnessed violence against someone else (any of screener items W1, W2, W3, W4, ECV1, ECV2, ECV3, EF1, EF2, EF3, EF4, EF5, or EF6 if saw or heard assault).
39. Witness family assault: child saw family member hit or attacked by other family member.
40. Witness partner assault: child saw a parent or parent figure hit or attack other parent or parent figure.
41. Witness physical abuse: child saw a parent or parent figure hit or assault a sibling.
42. Witness other family assault: child saw family member get attacked or hit by extended family member or nonfamily person.
43. Witness assault in community: child saw someone (nonfamily) attacked or hit.
44. Witness murder: child saw someone (in real life) murdered.
45. Exposure to shooting, bombs, riots: child was in a place (in real life) where child could see or hear random shootings, terror bombings, or riots.

46. Exposure to war or ethnic conflict: child was in a place (in real life) in the middle of a war where child could hear real fighting with guns or bombs.
47. Any indirect exposure to violence: child was told about or saw evidence of a violence event in child's household or community (any of screener items W5, SC1, SC2, ECV1, ECV2, ECV3, EF1, EF2, EF3, EF4, EF5, or EF6 if told about or saw evidence of violence).
48. Indirect exposure to family assault: child was told about or saw evidence (bruise, injury, etc) of an attack or other violence within child's family.
49. Indirect exposure to community violence: child was told about or saw evidence of violence in community, outside of child's family.
50. Household theft: someone stole something (eg, furniture, clothing, TV, stereo, car) from child's house that belonged to child's family or household.
51. School threat of bomb or attack: child attended school where there

was credible warning of a bomb or attack on the school.

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REFERENCES

1. Finkelhor D. *Childhood Victimization: Violence, Crime, and Abuse in the Lives of Young People*. New York, NY: Oxford University Press; 2008
2. Hashima P, Finkelhor D. Violent victimization of youth versus adults in the National Crime Victimization Survey. *J Interpers Violence*. 1999;14(8):799–820
3. Fergusson DM, Boden JM, Horwood LJ. Exposure to childhood sexual and physical abuse and adjustment in early adulthood. *Child Abuse Negl*. 2008;32(6):607–619
4. Gilbert R, Widom CS, Browne K, Fergusson D, Webb E, Janson S. Burden and consequences of child maltreatment in high-income countries. *Lancet*. 2009;373(9657):68–81
5. Widom CS. Childhood victimization: early adversity and subsequent psychopathology. In: Dohrenwend BP, ed. *Adversity, Stress, and Psychopathology*. New York, NY: Oxford University Press; 1998:81–95
6. Finkelhor D, Wells M. Improving national data systems about juvenile victimization. *Child Abuse Negl*. 2003;27(1):77–102
7. Singer MI, Anglin TM, Song LY, Lunghofer L. Adolescents' exposure to violence and associated symptoms of psychological trauma. *JAMA*. 1995;273(6):477–482
8. Theodore AD, Chang JJ, Runyan DK, Hunter WM, Bangdiwala SI, Agans R. Epidemiologic features of the physical and sexual maltreatment of children in the Carolinas. *Pediatrics*. 2005;115(3). Available at: www.pediatrics.org/cgi/content/full/115/3/e331
9. Finkelhor D, Hammer H, Sedlak A. *Sexually Assaulted Children: National Estimates and Characteristics*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention; 2008:1–12
10. Baum K. *Juvenile Victimization and Offending, 1993–2003*. Washington, DC: Office of Justice Programs, US Department of Justice; 2005
11. Nansel TR, Overpeck MD, Haynie DL, Ruan WJ, Scheidt PC. Relationships between bullying and violence among US youth. *Arch Pediatr Adolesc Med*. 2003;157(4):348–353
12. Dong M, Anda RF, Felitti VJ, et al. The interrelatedness of multiple forms of childhood abuse, neglect, and household dysfunction. *Child Abuse Negl*. 2004;28(7):771–784
13. Finkelhor D, Ormrod RK, Turner HA. Polyvictimization: a neglected component in child victimization trauma. *Child Abuse Negl*. 2007;31(1):7–26
14. Finkelhor D, Ormrod RK, Turner HA. Polyvictimization and trauma in a national longitudinal cohort. *Dev Psychopathol*. 2007;19(1):149–166
15. Casady R, Lepowski J. Stratified telephone survey designs. *Surv Methodol*. 1993;19(1):103–113
16. Groves RM, Biemer PP, Lyberg LE, Massey JT, Nicholls WL, Waksberg J, eds. *Telephone Survey Methodology*. New York, NY: Wiley & Sons; 2001
17. Waksberg J. Sampling methods for random digit dialing. *J Am Stat Assoc*. 1978;73(361):40–46
18. Finkelhor D, Hamby SL, Ormrod RK, Turner HA. The JVQ: reliability, validity, and national norms. *Child Abuse Negl*. 2005;29(4):383–412
19. American Association for Public Opinion Research. *Standard Definitions: Final Dispositions of Case Codes and Outcome Rates for Surveys*. 3rd ed. Lenexa, KS: American Association for Public Opinion Research; 2004
20. Keeter S, Kennedy C, Dimock M, Best J, Craighill P. Gauging the impact of growing nonresponse on estimates from a national RDD telephone survey. *Public Opin Q*. 2006;70(5):759–779
21. Babbie E. *The Practice of Social Research*. 11th ed. Belmont, CA: Wadsworth; 2007
22. Atrostic BK, Bates N, Burt G, Silberstein A. Nonresponse in U.S. government household surveys: consistent measures, recent trends, and new insights. *J Off Stat*. 2001;17(2):209–226
23. Curtin R, Presser S, Singer E. Changes in telephone survey nonresponse over the past quarter century. *Public Opin Q*. 2005;69(1):87–98
24. Singer E. Introduction: nonresponse bias in household surveys. *Public Opin Q*. 2006;70(5):637–645
25. Hamby SL, Finkelhor D, Ormrod RK, Turner HA. *The Juvenile Victimization Questionnaire (JVQ): Administration and Scoring Manual*. Durham, NH: Crimes Against Children Research Center; 2004
26. Finkelhor D, Ormrod RK, Turner HA, Hamby SL. Measuring poly-victimization using the JVQ. *Child Abuse Negl*. 2005;29(11):1297–1312
27. Fantuzzo J, Mohr W. Prevalence and effects of child exposure to domestic violence. *Future Child*. 1999;9(3):21–32
28. Hurt H, Malmud E, Brodsky NL, Giannetta J. Exposure to violence: psychological and academic correlates in child witnesses. *Arch Pediatr Adolesc Med*. 2001;155(12):1351–1356
29. Fergusson DM, Horwood LJ. Exposure to interparental violence in childhood and psychosocial adjustment in young adulthood. *Child Abuse Negl*. 1998;22(5):339–357
30. Kendall-Tackett K. *Treating the Lifetime Health Effects of Childhood Victimization*. Kingston, NJ: Civic Research Institute; 2003

31. Cohen LE, Land KC. Discrepancies between crime reports and crime surveys. *Criminology*. 1984;22(4):499–530
32. Boney-McCoy S, Finkelhor D. The psychosocial impact of violent victimization on a national youth sample. *J Consult Clin Psychol*. 1995; 63(5):726–736
33. Finkelhor D, Hashima P. The victimization of children and youth: a comprehensive overview. In: White SO, ed. *Handbook of Youth and Justice*. New York, NY: Kluwer Academic/Plenum Publishing Corp; 2001:49–78
34. Finkelhor D, Ormrod RK, Turner HA, Hamby SL. The victimization of children and youth: a comprehensive, national survey [published correction appears in *Child Maltreat*. 2005;10(2):207]. *Child Maltreat*. 2005;10(1):5–25
35. Martinez P, Richters JE. The NIMH Community Violence Project: II. Children's distress symptoms associated with violence exposure. In: Reiss D, Richters JE, Radke-Yarrow M, Scharff D, eds. *Children and Violence*. New York, NY: Guilford Press; 1993:22–35
36. Selner-O'Hagan MB, Kindlon DJ, Buka SL, Raubenbush SW, Earls FJ. Assessing exposure to violence in urban youth. *J Child Psychol Psychiatry*. 1998;39(2):215–224
37. Walsh C, MacMillan H. *The Development of a Population-Based Instrument Measuring Maltreatment of Youth in Canada*. Paper presented at: 6th International Family Violence Research Conference. July 25–28, 1999; Durham, NH
38. Kilpatrick DG, Saunders BE, Smith DW. *Youth Victimization: Prevalence and Implications*. Washington, DC: US Department of Justice, National Institute of Justice; 2003:1–19
39. Hamby SL, Finkelhor D. *Choosing and Using Child Victimization Questionnaires*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention; 2001:1–15
40. Richters JE, Martinez P. The NIMH Community Violence Project: 1. Children as victims of and witnesses to violence. *Psychiatry*. 1993;56(1): 7–21
41. Finkelhor D, Ormrod RK, Turner HA. Revictimization patterns in a national longitudinal sample of children and youth. *Child Abuse Negl*. 2007;31(5):479–502
42. Ross DM. *Childhood Bullying, Teasing, and Violence: What School Personnel, Other Professionals, and Parents Can Do*. 2nd ed. Alexandria, VA: American Counseling Association; 2003
43. Foshee VA, Bauman KE, Arriaga XB, Helms RW, Koch GG, Linder GF. An evaluation of Safe Dates, an adolescent violence prevention program. *Am J Public Health*. 1998;88(1):45–50
44. Foshee VA, Bauman KE, Arriaga XB, Helms RW, Koch GG, Linder GF. The Safe Dates project. *Prev Res*. 2000;7(1):5–7
45. Stein N, Sjoström L. *Flirting or Hurting? A Teacher's Guide to Peer-to-Peer Sexual Harassment in Schools (Grades 6–12)*. Washington, DC: National Education Association Professional Library; 1994
46. Finkelhor D, Cross TP, Cantor E. The justice system for juvenile victims: a comprehensive model of case flow. *Trauma Violence Abuse*. 2005;6(2):83–102
47. Christoffel T, Gallagher SS. *Injury Prevention and Public Health: Practical Knowledge, Skills, and Strategies*. New York, NY: Aspen Publishers, Inc; 1999
48. Widome MD. *Injury Prevention and Control for Children and Youth*. Elk Grove Village, IL: American Academy of Pediatrics; 1997

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