HOW MUCH VIOLENCE IS TOO MUCH? ASSESSMENT OF POLY-VICTIMIZATION IN CHILDHOOD AND ADOLESCENCE

Noemí Pereda Beltran
Universidad de Barcelona

Se ha constatado que la violencia contra los niños, niñas y adolescentes es un fenómeno frecuente en todas las culturas y sociedades, que afecta a entre el 83 y el 91% de los menores españoles. Desde la victimología del desarrollo se ha demostrado que la violencia interpersonal rara vez es un suceso aislado, sino que niños, niñas y adolescentes tienden a experimentar más de un tipo de victimización a lo largo de su vida, lo que ha recibido el nombre de polivictimización. El objetivo de esta revisión es acercar a los profesionales aquellos trabajos que demuestran la frecuencia de este fenómeno, su relación con la presencia de efectos adversos en el desarrollo, y la forma más plausible y adecuada de medirlo con el fin de identificar a aquellos menores que requieren de una cuidada atención y protección, dada su extrema vulnerabilidad.
Palabras clave: Victimología del desarrollo, Polivictimización, Evaluación, Revisión.

It has been confirmed that violence against children and adolescents is a frequent phenomenon in all cultures and societies, affecting between 83 and 91% of Spanish minors. Developmental victimology has shown that interpersonal violence is rarely an isolated event, but rather children and adolescents tend to experience more than one type of victimization throughout their lives, which has been termed poly-victimization. The objective of this review is to bring professionals closer to the studies that demonstrate the frequency of this phenomenon, its relationship with the presence of adverse effects on development, and the most plausible and appropriate way to measure it in order to identify those minors who require careful intervention and protection, given their extreme vulnerability.
Key words: Developmental victimology, Poly-victimization, Assessment, Review.

C hild and adolescent victimization is a problem of social concern, both because of its extension, ranging from 12.7% for sexual abuse to 36.3% for emotional abuse, according to meta-analysis studies (Stoltenborgh, Bakermans-Kranenburg, Alink, & van Ijzendoorn, 2015), as well as for its serious effects on development, which can be perpetuated through to adulthood and can negatively affect multiple areas of the victim's life (Kendall-Tackett, 2003).

Child and adolescent victimization is understood as the harm caused to a child or adolescent due to behavior contrary to the social norms by another individual or group (Finkelhor, 2008). Victimization or interpersonal violence differs from other negative life events or non-interpersonal experiences of violence, such as accidents, illnesses or natural disasters. Various studies have shown that victims of interpersonal violence are more likely to develop mental health problems than survivors of a non-interpersonal traumatic event (Forbes et al., 2014; Nilsson, Gustafsson, & Svedin, 2010). It should be borne in mind that the experiences of victimization, at early ages such as childhood and adolescence, generate a perception of the environment as insecure and unpredictable, which destroys what is known as the optimistic bias, according to which the individual underestimates their personal vulnerability in the face

of adverse life events (Weinstein, 1989). In turn, the experiences of victimization act against what has been called "belief in a just world" (Lerner, 1980), by which the individual considers that, simply through their own behavior, they can have control over what happens to them and can minimize their vulnerability. In addition, the malevolence of the act caused by another human being, the accompanying feeling of betrayal and injustice, and the transgression of established social norms, confer particular traumatogenic potential on the experiences of interpersonal violence (Finkelhor, 2008), which requires them to be differentiated from other traumatic events.

However, it was not until recently that a solid theoretical framework has been proposed, under the name of developmental victimology, which aims to help researchers and professionals to make decisions in the field of violence against children and adolescents in accordance with the results of rigorous studies and not in accordance with beliefs and ideologies that are not based on empirical evidence (Finkelhor, 2007).

EPIDEMIOLOGY OF CHILD AND YOUTH VICTIMIZATION

It has been confirmed that violence against children and adolescents is a frequent phenomenon in all cultures and societies (Pinheiro, 2006), which affects a large part of the population.

Studies on victimization carried out based on the responses of the children themselves show that child and youth victimization is a serious social problem. In Europe, percentages of 84.1%

have been obtained in Sweden (Aho, Gren-Landell, & Svedin, 2014) and 83.7% in the United Kingdom (Radford, Corral, Bradley, & Fisher, 2013). In North America, the percentages are 79.6% in the United States (Finkelhor, Ormrod, & Turner, 2009) and 83.5% (Cyr et al., 2013) in Canada. In South America, a percentage of child and youth victimization of 89.0% has been obtained in Chile (Pinto-Cortez, Pereda, & Álvarez-Lister, 2017); while in Asia the percentages range from 71.4% in China (Chan, 2013) and 94.3% in Vietnam (Le, Holton, Nguyen, Wolfe, & Fisher, 2015). In Africa, studies have focused on South Africa, with percentages of between 90% (Collings, Penning & Valjee, 2014) and 93.1% (Kaminer, du Plessis, Hardy, & Benjamin, 2013).

If we analyze Spain, four studies have asked about experiences of victimization of children and adolescents from different regions of the country, obtaining percentages between 83% and 88.4% in Catalonia (Pereda, Guilera, & Abad, 2014; Soler, Paretilla, Kirchner, & Forns, 2012), 90.8% in the Valencian Community (Játiva & Cerezo, 2014), and 91% in the Basque Country (Indias & De Paúl, 2017), as shown in Table 1.

However, certainly, the rates from official sources are much lower, especially with regards to certain forms of child and youth victimization such as emotional abuse (White, English, Thompson, & Roberts, 2016), or sexual victimization which, according to data in Spain, is only reported to the authority by 9.3% of the victims (Pereda, Abad, & Guilera, 2016). It is worth noting the low rate of notification of cases of child victimization by professionals related to the field of childhood. For example, in our country, Greco, Guilera, and Pereda (2017) have found that 74.4% of the professionals in the educational field surveyed stated that they had detected at least one case of child and youth victimization throughout their careers, although of these, only 27.6% had reported their suspicions to the authority.

TABLE 1
PERCENTAGES OF SELF-REPORTED LIFETIME CHILD AND YOUTH VICTIMIZATION

Study	Country	Sample n	Age Range	Victimization %
Cyr et al. (2013)	Canada	1,400	12-17 years	83.7%
Pinto et al. (2017)	Chile	706	12-17 years	89.0%
Chan (2013)	China	18,341	15-17 years	71.4%
Indias & de Paúl (2017)	Spain	608	12-18 years	91.0%
Játiva & Cerezo (2014)	Spain	109	15-18 years	90.8%
Pereda et al. (2014)	Spain	1,107	12-17 years	83.0%
Soler et al. (2012)	Spain	722	14-18 years	88.4%
Finkelhor et al. (2009)	UAE	1,467	2-17 years	79.6%
Radford et al. (2013)	UK	2,275	11-17 years	83.7%
Collings et al. (2014)	South Africa	719	12-20 years	90.0%
Kaminer et al. (2013)	South Africa	617	12-15 years	93.1%
Le et al. (2015)	Vietnam	1,606	M= 16.6 SD=1.0	94.3%

In groups considered to be at risk, victimization presents percentages that are even more worrying, which come close to or reach, in the great majority of cases, the total of the samples studied; examples of this are children and adolescents cared for by the child protection system (Cyr et al., 2012; Segura, Pereda, Abad, & Guilera, 2015), those in the mental health system (Álvarez-Lister, Pereda, Abad, & Guilera, 2014; Ford, Wasser, & Connor, 2011), young people with a record in the juvenile justice system (Ford, Grasso, Hawke, & Chapman, 2013; Pereda, Abad, & Guilera, 2015), and children and adolescents that live on the streets (Bashir & Dasti, 2015).

AN INTEGRATED VISION OF DEVELOPMENT VICTIMOLOGY

For decades, research has mainly been focused on the study of victimization experiences that are considered most serious for children and adolescents, such as physical and sexual abuse, without analyzing other possible forms of victimization beyond those known, and understood historically, as child abuse (Finkelhor, 2008).

However, in the context of the victimology of development, Finkelhor (2007) argues that victimization goes beyond the forms of child abuse and encompasses, in a broader way, the different types of interpersonal violence experienced by children and teenagers. Thus, in addition to facing forms of victimization from their parents or main caregivers (such as physical abuse, emotional abuse, or parental abduction) (for example, Stoltenborgh, Bakermans-Kranenburg, van IJzendoorn, & Alink, 2013), they also have to deal with common crimes (Finkelhor & Ormrod, 2000), both against property (such as theft, robbery, vandalism), and against their person (such as hate crimes, physical aggression); victimization by peers (such as bullying, or dating violence) (Modecki, Minchin, Harbaugh, Guerra, & Runions, 2014); forms of sexual victimization with and without physical contact (for example, sexual abuse and assault, exhibitionism) (Pereda, Guilera, Forns, & Gómez-Benito, 2009); exposure to family violence (such as violence between parents or from parents to siblings or between other members of the family) (Kitzmann, Gaylord, Holt, & Kenny, 2003) and community violence (terrorist attacks, violent demonstrations, wars) (Stein, Jaycox, Kataoka, Rhodes, & Vestal, 2003); and electronic victimization (such as online grooming, cyberbullying, or sexting) (Montiel, Carbonell, & Pereda, 2015).

In addition, traditionally, research has focused on studying the experiences of interpersonal violence against children and adolescents separately and independently (Finkelhor, 2008), which has led to a study and understanding of the phenomenon that is fragmented, partial and not very accurate (Hamby & Finkelhor, 2000; Saunders, 2003).

POLY-VICTIMIZATION OR THE DOSE-RESPONSE EFFECT IN CHILD AND ADOLESCENT VICTIMIZATION

Thus, it has been shown that different forms of victimization tend to co-occur or overlap (Finkelhor, Ormrod, & Turner, 2007a), which means that children and adolescents rarely

experience an isolated incident of interpersonal violence, but rather they tend to experience more than one type of victimization throughout their life. In this sense, Hamby and Grych (2013) have pointed out that the study of the co-occurrence of the different forms of victimization, that is, conceiving that they are connected to each other, constitutes an approach more in keeping with the victimological reality, based on the evidence of empirical studies and termed "web of violence". Thus, it has been observed that young people who are victims online are also offline or outside the virtual world (Mitchell, Finkelhor, Wolak, Ybarra, & Turner, 2011); that those who experience forms of victimization within their families also suffer outside of the family context (Fisher et al., 2014); or that specific forms of victimization, such as exposure to family violence, are related to other forms of victimization such as physical abuse, neglect and violent dating relationships in adolescence (Hamby, Finkelhor, Turner, & Ormrod, 2010).

Most studies have, however, focused on finding superficial connections between the different forms of victimization, even though virtually all forms of violence are interconnected, not only those that appear to be similar (Hamby, Finkelhor, & Turner, 2012). Therefore, studies should take into account and evaluate the wide range of victimizations to which children and adolescents may be exposed, since not doing so means intervention and prevention strategies are designed that are not very effective and do not reflect the full reality of the situation of violence against children. In this context, the concept of poly-victimization arises, which refers to the experience of multiple forms of victimization or interpersonal violence throughout childhood and adolescence (Finkelhor, Ormrod, & Turner, 2007b). From this perspective, a self-report has been designed, the Juvenile Victimization Questionnaire (JVQ; Finkelhor, Hamby, Ormrod, & Turner, 2005), which allows the evaluation of different types of victimization based on the reports of the children themselves. The JVQ is considered an excellent tool for the evaluation of child victimization, with high reliability and validity (Finkelhor, Hamby, et al., 2005), and it has been validated in Spain (Pereda, Gallardo-Pujol, & Guilera, 2018).

Several studies have used this instrument, noting that most of the children and adolescents, from samples of the general population, show a mean number of four types of victimization experience throughout their lives (for example, 3.9 in Canada, see Cyr et al., 2013, between 3.8 and 3.9 in Spain, see Pereda et al., 2014 and Soler et al., 2012) and five forms (5.2 in the United Kingdom, see Radford et al., 2013; 5.5 in the Basque Country, Indias & De Paul, 2017).

Likewise, nearly half of children and adolescents have suffered two or more types of victimization during the last year (for example, 36.7% in China, see Chan, 2013, and 49% in the United States, see Finkelhor et al., 2007b). The average number of different types of victimization experiences in the last year ranges between two and three (3 in the United States, see Finkelhor et al., 2007b, 2.9 in Spain, see Pereda et al., 2014, 1.8 in the United Kingdom, see Radford et al., 2013).

PSYCHOSOCIAL CONSEQUENCES OF POLY-VICTIMIZATION

Although the relationship between the experiences of victimization in childhood and mental health problems is complex and its influence is bidirectional (Cuevas, Finkelhor, Ormrod, & Turner, 2009), the research on poly-victimization has observed that the experience of multiple types of victimization places children and adolescents at risk of severe psychosocial deterioration (Finkelhor, Shattuck et al., 2011). Studies have shown that poly-victimization is even more harmful than repeatedly experiencing episodes of the same type of victimization or what is known as chronicity (Finkelhor, Ormrod et al., 2005; Turner, Finkelhor, & Ormrod, 2010a). The pattern is remarkably linear. Two types of victimization are worse than one, three are worse than two, four are worse than three, and so on (Finkelhor, Turner, Hamby, & Ormrod, 2011).

In turn, it has been found that the associations between individual modules of victimization, such as common crimes, victimization by caregivers, sexual, electronic, peer victimization, or exposure to violence, and psychological distress decrease significantly when poly-victimization is taken into account (Finkelhor et al., 2007a; Soler, Forns, Kirchner, & Segura, 2014). Studying a single type of victimization tends to overestimate its effect on the mental health of adolescents (Finkelhor et al., 2007b) and, consequently, the severity of the suffering derived from the experience of multiple types of victimization is underestimated (Turner, Finkelhor, & Ormrod, 2006). Therefore, poly-victimization in childhood is established as a better predictor of psychological maladjustment than the individual modules of victimization and it has more detrimental effects on the mental health of the victim throughout his or her development (Cyr, Clément, & Chamberland, 2013). It should be added that poly-victimized children and adolescents are more likely to experience other forms of victimization in adulthood, a phenomenon known as re-victimization (Finkelhor, Ormrod, & Turner, 2007c; Pereda & Gallardo-Pujol, 2014), which describes a person who is a victim of violence throughout their whole life.

Thus, it has been observed that poly-victimization is related to mental health problems of children and adolescents, both with internalizing symptoms, such as depression, anxiety, and suicidal phenomena (Chan, 2013; Cyr, Clément et al., 2013; Ellonen & Salmi, 2011; Ford et al., 2010, Guerra, Pereda, Guilera, & Abad, 2016; Holt et al., 2007; Játiva & Cerezo, 2014; Soler, Segura, Kirchner, & Forns, 2013; Turner, Finkelhor, & Ormrod, 2010b), or the symptoms of post-traumatic stress disorder (Chan, 2013; Collings et al., 2014; Finkelhor et al., 2007a; Ford et al., 2010; Guerra, Pereda, & Guilera, 2017; Radford et al., 2013; Soler et al., 2012), and with externalizing symptoms, linked with anger, rage, aggressiveness, behavior disorders, problems of criminal behavior and substance abuse (Cyr et al., 2013; Ellonen & Salmi, 2011; Játiva & Cerezo, 2014; Soler et al., 2014; du Plessis, Kaminer, Hardy, & Benjamin, 2015; Ford et al., 2010; Turner et al., 2010a).

At the same time, there are various studies that show that an intense permanent state of alert during childhood, which accompanies a poly-victim, dysregulates the hypothalamic-pituitary-adrenal axis, responsible for the stress response, generating permanent changes in the neural structure and in the functioning of a brain still in development (McCrory, De Brito, &

TABLE 2
AREAS OF MALADJUSTMENT AND SYMPTOMS IN THE DIAGNOSIS OF COMPLEX TRAUMA

Attachment	Insecure attachment with the main caregivers
	Mistrust and suspicion
	Social isolation
	Interpersonal difficulties
	Difficulties capturing the emotional states of others
	Difficulties putting oneself in the place of the other and modifying one's own perspective
Physiological	Sensorimotor development problems
	Analgesia
	Problems in coordination, balance, body tone
	Somatization
	Medical problems throughout life
Emotional regulation	Problems in emotional regulation
	Problems in the recognition and expression of emotions
	Problems in the knowledge and description of internal states
	Difficulty in communicating needs and wishes
Dissociation	Alterations in the state of consciousness
	Amnesia
	Depersonalization and derealization
Behavioral regulation	Low impulse control
	Self-destructive behavior
	Aggression towards others
	Sleep disorders
	Eating disorders
	Substance abuse
	Compulsive compliance
	Oppositionist behavior
	Difficulties understanding and complying with rules
	Re-experiencing trauma
Selfconcept	Low self-esteem
	Guilt and shame
	Problems with body image
	Poor sense of individuality
Cognition	Difficulties in attention and executive function
	Lack of sustained curiosity
	Problems processing new information
	Problems concentrating and finishing tasks
	Problems planning and anticipating
	Problems understanding one's own responsibility
	Learning problems
	Problems in language development
	Problems of orientation in time and space

Viding, 2011). For example, changes in the prefrontal cortex, hippocampus or amygdala underlie problems related to attention, concentration and memory, but also compromise the development of a secure attachment and, thus, the ability of emotional and behavioral self-regulation and, consequently, impact the cognitive, emotional and social development of the child, grouped into seven domains of deterioration (Cook et al., 2005), as shown in Table 2.

In the same vein, there have been warnings that the diagnosis of post-traumatic stress disorder, used mainly by clinical professionals to describe the symptoms of these victims, does not capture the serious and varied effects of exposure to continued violence on a developing individual. Thus, the concept of complex trauma has been used (Herman, 1992) as an alternative to the multiple diagnoses that a victim of violence can receive, which, individually, only manage to capture a limited aspect of the complex problems presented by the poly-victimized child.

ASSESSMENT OF POLY-VICTIMIZATION

Although the definition and theoretical framework of poly-victimization is robust and has been accepted in many countries and contexts, its methodological definition is not so clear and the most reliable way to identify the most victimized group of children and adolescents is still being discussed (Turner et al., 2010a), with three different methods being proposed.

The first one considers that multiple victimization can be spoken of when the child suffers more than one form of victimization and poly-victimization if the number of types of victimization they have suffered is greater than 90% of those suffered by children of their age and characteristics. Thus, poly-victims are those children who are in the top 10% of the number of types of victimization experience that a certain group, usually in the general population (Finkehor et al., 2009), has throughout their lives. Following this method, the cut-off point to identify the most poly-victimized group in US community samples would be between 11 and 13 types of victimization experience (Turner et al., 2010a), in the United Kingdom it would be 12 (Radford et al., 2013), in Chile between 12 and 14 (Pinto et al., 2017) and in Spain between 8 (Pereda et al., 2014) and 11 (Indias & de Paul, 2017).

The second method refers to poly-victims as those who experience one type of victimization more than the average number of victimization types experienced by the victims of the group evaluated in the last year, that is, four or more in the original study (Finkelhor, Ormrod, Turner, & Hamby, 2005a). This method is equivalent to 22% in the US community sample (Finkelhor, Hamby et al., 2005), 37% in the Chilean sample (Pinto et al., 2017) and 19.3% in the Spanish sample (Pereda et al., 2014).

Finally, the third method that has been used are cluster analyses (for example, Álvarez-Lister et al., 2014; Holt, Finkelhor, & Kaufman, 2007) or latent classes (for example, Ford, Elhai, Connor, & Frueh, 2010; Hazen, Connelly, Roesch, Hough, & Landsverk, 2009) which identify subgroups of victims

with different victimization profiles or combinations of victimization experiences.

Recent research has warned that the degree of agreement among these different methods, used to identify poly-victims, is moderate, so the choice of one method or another to select the group of poly-victims may mean that different victims are identified (Segura, Pereda, & Guilera, 2018). Thus, the method that includes the most victims in the poly-victimized group, both throughout life and in the last year, is when we consider the average number of victimization types of a specific group (whether it is a sample of the general population or other samples of risk) plus at least one type of victimization more than the minimum. Certainly, there is a risk of false positives, but the risk of false negatives in the top 10% method when we talk about victimizations occurring throughout life or cluster analysis when we talk about victimizations in the last year, should also be taken into consideration.

It should be added that, because age-related differences in child victimization have been observed, with a greater number of experiences of victimization in older adolescents (Finkelhor, Shattuck, Turner, Ormrod, & Hamby, 2011), it has been recommended to use cut-off points according to the age analyzed when identifying poly-victims. In turn, victimization by the main caregivers and sexual victimization have a greater potential for trauma than other forms of victimization. Thus, when the child reports this type of experience and there is an attempt to calculate whether or not they are a poly-victim, a weight of 4 points should be added if they indicate having been a victim of violence by their main caregivers and of 3 points if they report sexual violence (Finkelhor et al., 2009). Depending on the purpose of the evaluation, one or the other method will also be selected. In research this choice will be determined by the method that best applies to the objective of the study. In the case of clinical practice, the recommendation is to calculate the number of victimizations of the child or adolescent being evaluated and compare it with the average obtained by their age group and collective (general population, mental health, protection, justice, or any other), based on the publications that have this information in the country.

In turn, the number of items of the instrument that we apply to assess the victimization and the period of time that interests us (throughout life, in the last year, or any other), will influence the identification of poly-victims.

CONCLUSIONS

The concept of poly-victimization has revolutionized the last ten years of studies in child and adolescent victimology, extending the evaluation of violence to other forms of victimization than child abuse and analyzing the serious effects that the accumulation of experiences of violence in childhood means for development (Finkelhor, 2007). Thus, the extension of poly-victimization has been empirically established in multiple different societies, including Spain, as well as its adverse consequences on both internalizing and externalizing.

However, the practical implications of this concept have not yet been applied to the professional field. In the first place, the multiple forms of violence that a child or adolescent may be experiencing on a routine basis must be evaluated, in order to intervene early and protect the child as soon as possible, whether in the health field, through a rapid screening to assess whether a more detailed evaluation of the possible situations of violence needs to be carried out (see Hamby, Finkelhor, & Turner, 2011), or in the educational field, in cases where there are suspicions of changes in conduct or other diverse problems, by the psychological services of the center. Secondly, the perspective of poly-victimization must permeate the work of those who intervene with minors who are victims of violence, given that the prognosis of these children and adolescents is very different from those that have not been poly-victimized, and the treatment that must be given to them is much more intensive and must be specialized in complex trauma intervention (see Ford, 2005).

In short, there is still a lot of work to be done in relation to the prevention and intervention of interpersonal violence and the poly-victimization of children and young people, which requires the joint effort of those who work on a daily basis with children and adolescents, but also of the rest of society, if the ultimate goal is to protect and guarantee the welfare of its most vulnerable members.

CONFLICT OF INTERESTS

There is not conflict of interests

REFERENCES

Aho, N., Gren-Landell, M., & Svedin, C. G. (2014). The prevalence of potentially victimizing events, poly-victimization, and its association to sociodemographic factors: A Swedish youth survey. *Journal of Interpersonal Violence, 31*(4), 620-651.

Álvarez-Lister, M. S., Pereda, N., Abad, J., & Guilera, G. (2014). Polyvictimization and its relationship to symptoms of psychopathology in a southern European sample of adolescent outpatients. *Child Abuse & Neglect, 38*(4), 747-756.

Bashir, Z., & Dasti, R. (2015). Poly-victimization and mental health of street children in Lahore city. *Journal of Mental Health, 24*(5), 305-12.

Chan, K. L. (2013). Victimization and poly-victimization among school-aged Chinese adolescents: Prevalence and associations with health. *Preventive Medicine, 56*(3-4), 207-210.

Collings, S. J., Penning, S. L., & Valjee, S. R. (2014). Lifetime poly-victimization and posttraumatic stress disorder among school-going adolescents in Durban, South Africa. *Journal of Psychiatry, 17*(5), 1-5.

Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, … Van der Kolk, B. (2005). Complex trauma in children and adolescents. *Psychiatric Annals, 35,* 390-398.

Cuevas, C. A., Finkelhor, D., Ormrod, R., & Turner, H. (2009). Psychiatric diagnosis as a risk marker for victimization in a national sample of children. *Journal of Interpersonal Violence, 24*(4), 636-652.

Cyr, K., Chamberland, C., Clément, M. E., Lessard, G., Wemmers, J. A., Collin-Vézina, D., ... Damant, D. (2012). Polyvictimization in a child welfare sample of children and youths. *Psychology of Violence, 2*(4), 385-400.

Cyr, K., Chamberland, C., Clément, M. E., Lessard, G., Wemmers, J. A., Collin-Vézina, D., ... Damant, D. (2013). Polyvictimization and victimization of children and youth: Results from a populational survey. *Child Abuse & Neglect, 37,* 814-820.

Cyr, K., Clément, M.-E., & Chamberland, C. (2013). Lifetime prevalence of multiple victimizations and its impact on children's mental health. *Journal of Interpersonal Violence, 29*(4), 616-634.

du Plessis, B., Kaminer, D., Hardy, A., & Benjamin, A. (2015). The contribution of different forms of violence exposure to internalizing and externalizing symptoms among young South African adolescents. *Child Abuse & Neglect, 45,* 80-89.

Ellonen, N., & Salmi, V. (2011). Poly-victimization as a life condition: Correlates of poly-victimization among Finnish children. *Journal of Scandinavian Studies in Criminology and Crime Prevention, 12*(1), 20-44.

Finkelhor, D. (2007). Developmental victimology. The comprehensive study of childhood victimizations. In Davis, R. C., Luirigio, A.J., & Herman, S. (Eds.), *Victims of crime* (3rd ed.) (pp. 9-34). Thousand Oaks, CA: Sage Publications.

Finkelhor, D. (2008). *Childhood victimization. Violence, crime, and abuse in the lives of young people.* New York, NY: Oxford University Press.

Finkelhor, D., Hamby, S. L., Ormrod, R., & Turner, H. (2005). The Juvenile Victimization Questionnaire: Reliability, validity and national norms. *Child Abuse & Neglect, 29*(4), 383-412.

Finkelhor, D., & Ormrod, R. K. (2000). *Juvenile victims of property crimes* (OJJDP Juvenile Justice Bulletin No. NCJ184740). Washington, DC: US Government Printing Office.

Finkelhor, D., Ormrod, R., Turner, H. & Hamby, S. L. (2005). Measuring poly-victimization using the Juvenile Victimization Questionnaire. *Child Abuse & Neglect, 29*(11), 1297-1312.

Finkelhor, D., Ormrod, R. K., & Turner, H. A. (2007a). Polyvictimization and trauma in a national longitudinal cohort. *Development and Psychopathology, 19,* 149-166.

Finkelhor, D., Ormrod, R., & Turner, H. (2007b). Polyvictimization: A neglected component in child victimization. *Child Abuse & Neglect, 31,* 7-26.

Finkelhor, D., Ormrod, R. K., & Turner, H. A. (2007c). Re-victimization patterns in a national longitudinal sample of children and youth. *Child Abuse & Neglect, 31,* 479-502.

Finkelhor, D., Ormrod, R., & Turner, H. (2009). Lifetime assessment of poly-victimization in a national sample of children and youth. *Child Abuse & Neglect, 33*(7), 403-411.

Finkelhor, D., Shattuck, A., Turner, H. A., Ormrod, R., & Hamby, S. L. (2011). Polyvictimization in developmental context. *Journal of Child & Adolescent Trauma, 4*(4), 291-300.

Finkelhor, D., Turner, H., Hamby, S., & Ormrod, R. (2011). *Polyvictimization: Children's exposure to multiple types of violence, crime, and abuse.* (OJJDP Juvenile Justice Bulletin No. NCJ235504). Washington, DC: US Government Printing Office.

Fisher, H. L., Caspi, A., Moffitt, T. E., Wertz, J., Gray, R., Newbury, J., … Arseneault, L. (2015). Measuring adolescents' exposure to victimization: The Environmental Risk (E-Risk) longitudinal twin study. *Development and Psychopathology, 27*(4Pt2), 1399-1416.

Ford, J. D. (2005). Treatment implications of altered neurobiology, affect regulation and information processing following child maltreatment. *Psychiatric Annals, 35,* 410-419.

Ford, J., Elhai, J., Connor, D., & Frueh, C. (2010). Poly-victimization and risk of posttraumatic, depressive, and substance use disorders and involvement in delinquency in a national sample of adolescents. *Journal of Adolescent Health, 46,* 545-552.

Ford, J. D., Grasso, D. J., Hawke, J., & Chapman, J. F. (2013). Poly-victimization among juvenile justice-involved youths. *Child Abuse & Neglect, 37*(10), 788-800.

Ford, J. D., Wasser, T., & Connor, D. F. (2011). Identifying and determining the symptom severity associated with polyvictimization among psychiatrically impaired children in the outpatient setting. *Child Maltreatment, 16*(3), 216-226.

Greco, A.M., Guilera, G., & Pereda, N. (2017). School staff members experience and knowledge in the reporting of potential child and youth victimization. *Child Abuse & Neglect, 72C,* 22-31.

Guerra, G., Pereda, N., & Guilera, G. (2017). Poly-victimization and coping profiles: Relationship with externalizing symptoms in adolescents. *Journal of Interpersonal Violence,* 1-18.

Guerra, C., Pereda, N., Guilera, G., & Abad, J. (2016). Internalizing symptoms and polyvictimization in a clinical sample of adolescents: The roles of social support and non-productive coping strategies. *Child Abuse & Neglect, 54,* 57-65.

Hamby, S. L., & Finkelhor, D. (2000). The victimization of children: Recommendations for assessment and instrument development. *Journal of the American Academy of Child and Adolescent Psychiatry, 39*(7), 829-840.

Hamby, S., Finkelhor, D., & Turner, H. (2011, January 25-27). *Key findings from the National Survey of Children's Exposure to Violence & implications for assessment.* Paper presented at the Defending Childhood Initiative Grantee Meeting, Washington, DC.

Hamby, S., Finkelhor, D., & Turner, H. (2012). Teen dating violence: Co-occurrence with other victimizations in the National Survey of Children's Exposure to Violence (NatSCEV). *Psychology of Violence, 2*, 111-124.

Hamby, S., Finkelhor, D., Turner, H., & Ormrod, R. (2010). The overlap of witnessing partner violence with child maltreatment and other victimizations in a nationally representative survey of youth. *Child Abuse & Neglect, 34*(10), 734-741.

Hamby, S. L., & Grych, J. (2013). *The web of violence: Exploring connections among different forms of interpersonal violence and abuse.* New York: Springer.

Hazen, A.L., Connelly, C.D., Roesch, S.C., Hough, R.L., & Landsverk, J.A. (2009). Child maltreatment profiles and adjustment problems in high-risk adolescents. *Journal of Interpersonal Violence, 24*(2), 361-378.

Herman, J. L. (1992). Complex PTSD: A syndrome in survivors of prolonged and repeated trauma. *Journal of Traumatic Stress, 5*, 377-391.

Holt, M. K., Finkelhor, D., & Kaufman, G. (2007). Multiple victimization experiences of urban elementary school students: Associations with psychosocial functioning and academic performance. *Child Abuse & Neglect, 31*(5), 503-515.

Indias García, S., & De Paúl Ochotorena, J. (2017). Lifetime victimization among Spanish adolescents. *Psicothema, 29*(3), 378-383.

Játiva, R., & Cerezo, M. A. (2014). The mediating role of self-compassion in the relationship between victimization and psychological maladjustment in a sample of adolescents. *Child Abuse & Neglect, 38*(7), 1180-1190.

Kaminer, D., du Plessis, B., Hardy, A., & Benjamin, A. (2013). Exposure to violence across multiple sites among young South African adolescents. *Peace and Conflict, 19*(2), 112-124.

Kendall-Tackett, K. A. (2003). *Treating the lifetime health effects of childhood victimization.* Kingston, NJ: Civic Research Institute.

Kitzmann, K. M., Gaylord, N. K., Holt, A. R., & Kenny, E. D. (2003). Child witnesses to domestic violence: A meta-analytic review. *Journal of Consulting and Clinical Psychology, 71*(2), 339.

Le, M. T. H., Holton, S., Nguyen, H. T., Wolfe, R., & Fisher, J. (2015). Poly-victimisation among Vietnamese high school students: Prevalence and demographic correlates. *Plos One, 10*(5), 1-22.

Lerner, M. J. (1980). *The belief in a just world.* New York: Plenum Publishing Corporation.

McCrory, E., De Brito, S. A., & Viding, E. (2011). The impact of childhood maltreatment: A review of neurobiological and genetic factors. *Frontiers in Psychiatry, 1*(48), 1-14.

Mitchell, K. J., Finkelhor, D., Wolak, J., Ybarra, M. L., & Turner, H. (2011). Youth internet victimization in a broader victimization context. *Journal of Adolescent Health, 48*(2), 128-134.

Modecki, K. L., Minchin, J., Harbaugh, A. G., Guerra, N. G., & Runions, K. C. (2014). Bullying prevalence across contexts: A meta-analysis measuring cyber and traditional bullying. *Journal of Adolescent Health, 55*(5), 602-611.

Montiel, I., Carbonell, E., & Pereda, N. (2015). Multiple online victimization of Spanish adolescents: Results from a community sample. *Child Abuse & Neglect, 52*, 123-134.

Nilsson, D., Gustafsson, P. E., & Svedin, C. G. (2010). Self-reported potentially traumatic life events and symptoms of post-traumatic stress and dissociation. *Nordic Journal of Psychiatry, 64*(1), 19-26.

Pereda, N., Abad, J., & Guilera, G. (2015). Victimization and polyvictimization of Spanish youth involved in juvenile justice. *Journal of Interpersonal Violence*, 1-29.

Pereda, N., Abad, J., & Guilera, G. (2016). Lifetime prevalence and characteristics of child sexual victimization in a community sample of Spanish adolescents. *Journal of Child Sexual Abuse, 25*(2), 142-158.

Pereda, N., & Gallardo-Pujol, D. (2014). One hit makes the difference: The role of polyvictimization in childhood in lifetime revictimization on a southern European sample. *Violence and Victims, 29*(2), 217-231.

Pereda, N., Gallardo-Pujol, D., & Guilera, G. (2018). Good practices in the assessment of victimization: The Spanish adaptation of the Juvenile Victimization Questionnaire. *Psychology of Violence, 8*(1), 76-86.

Pereda, N., Guilera, G., & Abad, J. (2014). Victimization and polyvictimization of Spanish children and youth: Results from a community sample. *Child Abuse & Neglect, 38*(4), 640-649.

Pereda, N., Guilera, G., Forns, M., & Gómez-Benito, J. (2009). The prevalence of child sexual abuse in community and student samples: A meta-analysis. *Clinical Psychology Review, 29*(4), 328-338.

Pinheiro, P. (2006). *World report on violence against children.* Geneva, Switzerland: The United Nations Secretary-General's Study on Violence against Children.

Pinto, C., Pereda, N., & Álvarez-Lister, M.S. (2017). Child victimization and poly-victimization in a community sample of adolescents in northern Chile. *Journal of Aggression, Maltreatment, & Trauma*, 1-20.

Radford, L., Corral, S., Bradley, C., & Fisher, H. L. (2013). The prevalence and impact of child maltreatment and other types of victimization in the UK: Findings from a population survey of caregivers, children and young people and young adults. *Child Abuse & Neglect, 37*(10), 801-813.

Saunders, B. E. (2003). Understanding children exposed to violence: Toward an integration of overlapping fields. *Journal of Interpersonal Violence, 18*(4), 356-376.

Segura, A., Pereda, N., Abad, J., & Guilera, G. (2015). Victimization and polyvictimization among Spanish youth protected by the child welfare system. *Children and Youth Services Review, 59*, 105-112.

Segura, A., Pereda, N., & Guilera, G. (2018). Poly-victimization from different methodological approaches using

the Juvenile Victimization Questionnaire: Are we identifying the same victims? *Journal of Trauma & Dissociation, 19*(3), 289-306.

Soler, L., Forns, M., Kirchner, T., & Segura, A. (2014). Relationship between particular areas of victimization and mental health in the context of multiple victimizations in Spanish adolescents. *European Child & Adolescent Psychiatry, 24*(4), 417-425.

Soler, L., Segura, A., Kirchner, T., & Forns, M. (2013). Polyvictimization and risk for suicidal phenomena in a community sample of Spanish adolescents. *Violence and Victims, 28*(5), 899-912.

Soler, L., Paretilla, C., Kirchner, T., & Forns, M. (2012). Effects of poly-victimization on self-esteem and post-traumatic stress symptoms in Spanish adolescents. *European Child and Adolescent Psychiatry, 21,* 645-653.

Stein, B. D., Jaycox, L. H., Kataoka, S., Rhodes, H. J., & Vestal, K. D. (2003). Prevalence of child and adolescent exposure to community violence. *Clinical Child and Family Psychology Review, 6*(4), 247-264.

Stoltenborgh, M., Bakermans Kranenburg, M. J., Alink, L. R., & van Ijzendoorn, M. H. (2015). The prevalence of child maltreatment across the globe: Review of a series of meta analyses. *Child Abuse Review, 24*(1), 37-50.

Stoltenborgh, M., Bakermans Kranenburg, M. J., van IJzendoorn, M. H., & Alink, L. R. (2013). Cultural–geographical differences in the occurrence of child physical abuse? A meta analysis of global prevalence. *International Journal of Psychology, 48*(2), 81-94.

Turner, H. A., Finkelhor, D., & Ormrod, R. (2006). The effect of lifetime victimization on the mental health of children and adolescents. *Social Science and Medicine, 62*(1), 13-27.

Turner, H. A., Finkelhor, D., & Ormrod, R. (2010a). Poly-victimization in a national sample of children and youth. *American Journal of Preventive Medicine, 38*(3), 323-330.

Turner, H. A., Finkelhor, D., & Ormrod, R. (2010b). The effects of adolescent victimization on self-concept and depressive symptoms. *Child Maltreatment, 15*(1), 76-90.

Weinstein, N.D. (1989). Optimistic biases about personal risks. Science, *24,* 1232-1233.

White, C. R., English, D., Thompson, R., & Roberts, Y. H. (2016). Youth self-report of emotional maltreatment: Concordance with official reports and relation to outcomes. *Children and Youth Services Review, 62,* 111-121.