

Central Lancashire Online Knowledge (CLoK)

Title	La victimisation, la polyvictimisation et la délinquance chez les enfants et les jeunes adultes au Royaume-Uni
Туре	Article
URL	https://clok.uclan.ac.uk/id/eprint/10108/
DOI	https://doi.org/10.7202/1024007ar
Date	2014
Citation	Radford, Lorraine, Corral, S, Bradley, C and Fisher, H (2014) La victimisation, la polyvictimisation et la délinquance chez les enfants et les jeunes adultes au Royaume-Uni. Revue Criminologie, 47 (1). pp. 59-83. ISSN 2107-2043
Creators	Radford, Lorraine, Corral, S, Bradley, C and Fisher, H

It is advisable to refer to the publisher's version if you intend to cite from the work. https://doi.org/10.7202/1024007ar

For information about Research at UCLan please go to http://www.uclan.ac.uk/research/

All outputs in CLoK are protected by Intellectual Property Rights law, including Copyright law. Copyright, IPR and Moral Rights for the works on this site are retained by the individual authors and/or other copyright owners. Terms and conditions for use of this material are defined in the http://clok.uclan.ac.uk/policies/

Victimization, polyvictimization and delinquency among children and young adults in the UK

Abstract

Background. This paper extends work on the impact and nature of cumulative victimization on children's, adolescents' and young adults' self-reported deviancy. Methods: As part of a representative UK household survey conducted in 2009, exposure to a wide range of victimization events and self-reported delinquency were assessed from 4036 interviews with participants from two age groups, children aged between 11 and 17 and young adults aged 18 to 24 years. Results:

Age, gender (being male), and experiencing certain types of other victimizations significantly increased the odds of experiencing lifetime childhood polyvictimization. The impact of victimization on delinquency varied by victimization type, gender and age group. Experiencing sexual victimization in childhood had a strong association with delinquency for females but had less impact on males under the age of 18. Polyvictimization had the greatest impact on delinquency among children aged 11 to 17 but it was not significant for young adult females. Implications: Professionals who work with children and young people need to be alert to the overlapping and cumulative aspects of child victimization and equipped to identify and respond to those vulnerable to being polyvictimized.

Key words: Polyvictimization; delinquency; childhood victimization; child maltreatment; United Kingdom.

Introduction

Maltreatment and victimization in childhood occurs across the world, contributes substantially to child mortality and is recognised as having significant consequences for the health and wellbeing of children and young people (Pinheiro, 2006). The consequences include longlasting effects on mental health, drug and alcohol misuse (especially in girls), risky sexual behaviour, obesity, and criminal behaviour, which can persist into adulthood (Gilbert et al, 2008). A study of over 8000 adults drawn from health centres in the USA found a dose-response relationship existed between the number of types of maltreatment reported and mental health scores (Edwards et al, 2003). Child maltreatment and multiple adversities have also been found to be inter-related and to have cumulative impacts on children's mental health (Donga et al, 2004). Research in this area has however been limited by use of unrepresentative samples (e.g., Arata et al., 2007; Green et al., 1999; Gustafsson et al, 2009) or a focus on just a few types of victimization (e.g., Bensley et al., 1999; Kinard, 2004; Wolfe et al., 2001) thus preventing exploration of the relative impact of specific and multiple forms of victimization. A recent advance in this field has been provided by two large population-based studies from the USA (Developmental Victimization Survey [DVQ]: Finkelhor et al, 2005; National Survey of Children's Exposure to Violence [NatSCEV]: Finkelhor et al, 2009a) that utilised the Juvenile Victimization Questionnaire (JVQ; Hamby et al, 2004a, b) covering a wide range of victimization experiences. These studies demonstrated that exposure to various forms of victimization and other adversities had a detrimental effect on children's and adolescents' mental health (Turner et al, 2006) but experiencing multiple types of victimization ('poly-victimization') had the greatest impact (Finkelhor et al, 2007a, b). Given that the prevalence and socio-cultural contexts differ between countries (Andrews et al, 2004) it is important to investigate whether the USA findings apply to other nations. One European study has explored the association between such poly-victimization and children's psychological functioning (Gustafsson et al., 2009) but this relied on a convenience sample.

The relationship between maltreatment and victimization, particularly multiple victimization experiences, and delinquency in childhood has been of particular interest to criminologists (Burton

et al, 2011; Cuevas et al, 2007) and in identifying children at high risk of life course persistent offending behaviour (Egeland et al, 2002; Moffit et al, 2002; Wong et al, 2010). Spatz-Widom and Raskin-White (1997) found that abused and neglected females, but not males, are at significantly higher risk for substance abuse/dependence diagnoses and arrests for violent crimes than non-abused females. The relationship between maltreatment, victimization and delinquency is not straightforward. Although maltreated and victimized children may be at higher risk of delinquent behaviour, there are other factors that influence delinquency in young people and young people may be delinquent without any prior maltreatment experiences (Cuevas et al 2007). One argument put forward to partly explain the relationship between delinquency and victimization is that young people who have been maltreated are more likely to engage in risky behaviour and as a consequence be exposed to greater risks (Cuevas et al, 2007). This view is supported for girls by a prospective study in the USA by Wilson and Spatz-Widom (2008) which found that maltreated children are more likely to report sexual contact before age 15, engage in prostitution by young adulthood, and test positive for HIV in middle adulthood. It may be that victimization has a different impact on delinquency by girls than on delinquency by boys.

Finkelhor et al (2009b) identified 4 pathways into polyvictimization (a) residing in a dangerous community, where risks of victimization are greater; (b) living in a dangerous family which increases vulnerability to other types of abuse; (c) having a chaotic, multi-problem family environment, where lack of parental monitoring and supervision puts a child at risk; or (d) having emotional problems that increase risk behaviour, engender antagonism, and compromise the capacity to protect oneself. Poly-victimization onset was also found to be disproportionately likely to occur in the year prior to children's 7th and 15th birthday, corresponding roughly to the entry into elementary school and high school. The identification of such pathways and the ages of high onset should help practitioners design programs for preventing vulnerable children from becoming polyvictims.

In this paper we seek to extend this work on the impact and nature of cumulative victimization on children's, adolescents' and young adults' self-reported deviancy (i) to the United Kingdom (UK); (ii) including a broad spectrum of victimization experiences; (iii) using age-specific definitions of polyvictimization; and (iv) by utilising a large nationally representative sample of children, adolescents and young adults. Two research questions will be addressed: What are the characteristics of polyvictimized young people in a UK population sample? Taking into account other known key risk factors, what is the impact of different types of victimization and of polyvictimization on levels of delinquency reported by males and females?

Methodology

The analysis is based upon data from 4,036 randomly selected household interviews with participants from two age groups, 2,275 children and young people aged between 11 and 17 and 1,761 young adults aged 18 to 24 years. The interviews, completed between March and December 2009, were part of a broader UK wide study of children's and young people's experiences of child maltreatment and other types of victimization. The methodology has been published elsewhere (Radford et al, 2011; Radford et al, 2013) so only a brief description will be given here. A specialist social research company, TNS-BMRB, was commissioned to conduct the door to door interviews. Drawing upon established practice for victimization surveys in the UK, such as the British Crime Survey (Chaplin, Flatley & Smith, 2011), computer-assisted self-interviewing (CASI) and audio CASI techniques were used. After advanced letters were sent, interviews were conducted face to face in the respondents' households. Children and young adults covered by the survey were 51.9% female (N= 2094), 48.1% male (N=1942), 84.7% had White British ethnicity, 2.9% were 'Other White', 2.4% were Mixed, 5.5% South Asian, 2.4% Black British, African or African Caribbean, and 2.2% were Chinese or from other ethnic groups. The overall response rate for the survey was 60.4%. Within the total sample, 12.9% of young people aged 11 to 17 and 13.5% of young adults aged 18 to 24 reported having some form of disability.

For young people aged 11–17, the primary caregiver (as defined by the parents themselves) was interviewed first and asked questions about the family in general. The young person then completed the computer interview on experiences of victimization. Interviewers were instructed to make sure the young person could complete the computer interview without being overlooked. The caregiver was given a paper questionnaire to complete at the same time. Young adults completed the whole interview themselves, including a set of questions about their childhood family background.

A modified version of the *Juvenile Victimization Questionnaire* (JVQ; Hamby, et al 2004a; 2004b) was used to assess exposure to a broad range of maltreatment and victimization experiences. The JVQ has up to 35 items, arranged in 5 modules - conventional crime, child maltreatment, peer and sibling victimization, sexual victimization, witnessing and indirect victimization (the items used for the age group 11 to 17 are shown in the Appendix; time reference was adjusted for the age group 18 to 14 and items were asked retrospectively). Follow up questions were asked to assess whether the victimization experience had happened in the past year (not applicable to the 18 to 24 age group), how often it had happened, who the perpetrator had been and the victim's perceptions of the experience as violent or abusive. Two items were added (noted in appendix as NSPCC): a question on sexual abuse by an adult in a position of trust sexual (for those aged 16 and 17) and a question on shaking or shoving a child. Neglect was assessed using a JVQ question and 13 age-specific items following guidance from the UK government (HM Government, 2010) and for the older age group, using items from a previous NSPCC survey (Cawson, Wattam, Brooker & Kelly, 2000).

An adapted version of the non-victimization adversity measure described by Turner et al (2006) was employed to assess non-violent traumas and chronic stressors that occurred to participants during their lifetime. This contained 9 items covering accidents, serious illnesses, deaths, homelessness, substance misuse amongst family members, parental separation and imprisonment (further details are in Radford et al, 2011).

To measure delinquency a 14 item delinquency self/parental report measure was used for children aged 5 years and over. The 14 questions were based upon the measure used by Cuevas et al (2007).

Ethical issues

The research was approved by the National Society for the Prevention of Cruelty to Children (NSPCC) research ethics committee and benefited from on-going ethical scrutiny by international experts throughout the fieldwork. Written consent was required from parents of anyone under age 18. For participants aged 11 to 17, consent was also independently agreed with the child or young person and reaffirmed on screen at the start of the computer interview (Radford and Ellis, 2012). A red flag system was developed to identify children in immediate danger, a protocol for child protection referral agreed and a system of independent support provided with the aid of ChildLine (telephone and online service provided by the NSPCC), the NSPCC Helpline service (advice service for professionals and the general public who are concerned about the safety or welfare of a child) and an independent counsellor. Participants were provided with opportunities in the interview to indicate if they wished to receive help or talk to someone about their experiences. All participants were given de-brief sheets at the end of the interview with information on relevant support services.

Analysis

Weights were applied to all analyses to compensate for unequal sampling probabilities, and unequal responses by age group, gender, housing tenure, working status, region and ethnic group. Analyses were conducted separately for the two age groups discussed. Composites from JVQ and NSPCC items (shown in the Appendix) were created to show past year (age group 11 to 17) and lifetime experiences of different types of childhood victimization (both age groups). These included child maltreatment, neglect, emotional abuse, physical violence, sexual victimization, exposure to domestic violence and witnessing violence in the community. Composites were then created to show victimization by different types of perpetrators. These included:

- maltreatment by parents or caregivers (any physical, sexual, emotional abuse or neglect by the parent or caregiver or parent/caregiver's partner, excluding exposure to parental domestic violence which was assessed separately);
- maltreatment by adults not living in the family home (any physical, sexual or emotional abuse of the child by an adult other than a parent or caregiver or parents' partner);
- victimization by peers (any physical violence, sexual victimization or emotional abuse by another young person aged under 18, excluding any victimization by the young person's siblings or intimate partner);
- victimization by siblings (any physical violence, sexual victimization or emotional abuse by a sibling under the age of 18);
- victimization of a young person over the age of 11 years by the young person's intimate
 partner (any physical violence, sexual victimization or emotional abuse by an intimate
 partner aged under or over 18).

The following composite variables were also created from the JVQ items to assess rates of polyvictimization in the two age groups in the study:

- a continuous variable based on the sum of different types of victimization in childhood;
- a dichotomous variable to measure 'high polyvictimization' (coded 0 = not high PV, 1 = high PV). This was defined as the 10% among the polyvictimized with the greatest total number of different victimization experiences (13+ among those aged 11 to 17 and 15+ for those aged 18 to 24 for lifetime experiences; 5+ among those aged 11 to 17 for past year experiences).

To simplify the presentation of findings and to provide consistency with other published research (Finkelhor et al, 2007a; 2007b), we calculated overall trauma symptom scores by summing the responses for each young person or young adult for the TSCC and the TSC, respectively. These total scores were standardised using the mean and standard deviation for the relevant age group

and then merged together to create an overall trauma score to allow comparison between participants of different ages. Delinquency scores were aggregated to create an overall delinquency score.

Multiple hierarchical logistic regressions were used to test variables that increased the likelihood of young people aged 11 to 17 and young adults experiencing high childhood polyvictimization.

Multiple hierarchical linear regressions were used to test the impact of different types of victimization and of polyvictimization on self-reported delinquency scores.

Results

Prevalence of victimization and polyvictimization

Table 1 presents the childhood and past year rates of different types of victimization and by different types of perpetrator.

Table 1Prevalence of lifetime (LT) and past year (PY) childhood victimization by victimization type and perpetrator, victim age group and gender (95% confidence intervals, weighted data).

Victimization type			11-	17s				18-24s	
		LT			PY			LT	
	All	Male	Female	All	Male	Female	All	Male	Female
Exposure to domestic violence	17.5% (302) +/-1.1	16.4% (145)	18.7% (157)	2.5% (43) +/-0.6	2.1% (19)	2.9% (25)	23.7% (449) +/-2	19.5% (188)	28% (260)
Parent or caregiver maltreated child ^a	21.9% (379) +/-1.7	22.7% (201)	21.2% (178)	6.0% (103) +/-1	5.7% (51)	6.2% (52)	24.5% (465) +/-2	22.7% (219)	26.5% (246)
Sexual victimization by any adult/peer perpetrator	16.5% (285) +/-1.5	12.5% (111)	20.8% (175)	9.4% (163) +/-1.2	6.8% (60)	12.2% (102)	24.1% (456) +/-2	17.4% (168)	31% (288)
Peer victimization ^b	59.5% (1,028) +/-2	66% (585)	52.7% (443)	35.3% (609) +/-2	41.2% (365)	29.1% (244)	63.2% (1198) +/-2.3	69.6% (671)	56.6% (526)
Sibling victimization ^c	31.8% (550) +/-1.9	29.3% (259)	34.6% (290)	16% (275) +/-1.5	15.8% (140)	16.1% (135)	25.2% (478) +/-2	23.4% (225)	27.2% (253)
Intimate partner victimization ^d	7.9% (137) +/-1.1	7% (62)	8.9% (74)	5.0% (86) +/-0.9	4.2% (37)	5.8% (49)	13.4% (254) +/-1.6	10.7% (103)	16.2% (150)

Exposure to community	61.4%	67.9%	54.6%	31.2%	34%	28.3%	66.5%	73%	59.7%
violence	(1060)	(601)	(459)	(539)	(301)	(238)	(1259)	(705)	(555)
	+/-2			+/-1.9			+/-2.2		

^aAny physical, sexual, emotional abuse or neglect of child by parent or caregiver, excluding exposure to parental domestic violence.

Females more frequently reported having no or only one victimization than males (Table 2). As found by Finkelhor et al. (2007a), males had a higher mean number of lifetime and past year victimizations and reported slightly higher rates of polyvictimization than females.

Table 2

Life time (LT) and past year (PY) experiences of childhood polyvictimization by age group and gender.

Number of									
victimizations	Age	e 11 -17 ye	ears	Age	e 11- 17 yea	Age 18-24 years			
		LT			PY			LT	
	All	Male	Female	All	Male	Female	All	Male	Female
None	16.3%	12.2%	20.6%	43.3%	39%	48.1%	12.7%	11.1%	14.3%
One	11.6%	10.6%	33.4%	18.9%	18%	20%	10.9%	8.8%	13%
Multiple	63.6% ^x	68.4% ^x	37.9% ^x	26.6%~	30.8%~	21.9%~	67.6%#	70.5%#	64.7%#
Polyvictimization Mean number of	8.5% ^{xx}	8.8% ^{xx}	8.1% ^{xx}	11.2%~~	12.2%~~	10%~~	8.8%##	9.6%##	8.1%##
victimizations	5.2	5.6	4.8	1.7	1.9	1.6	6.3	6.8	5.7

^xBetween 2 and 13 victimizations. ^{xx}13 + victimizations. ^cBetween 2 and 5 victimizations. ^c5+ victimizations. [#]Between 2 and 15 victimizations. [#]#15+ victimizations.

Risk factors for polyvictimization

Polyvictimized young people and young adults experienced particularly high levels of certain types of lifetime victimization, especially exposure to community violence, peer victimization, sexual abuse, maltreatment by a parent and living with domestic violence (Figure 1). It is also worth noting that

^bAny physical violence, sexual victimization or emotional abuse of child by another person under age 18, excludes victimization by young person's intimate partner and siblings

^cAny physical violence, sexual victimization or emotional abuse of child by sibling

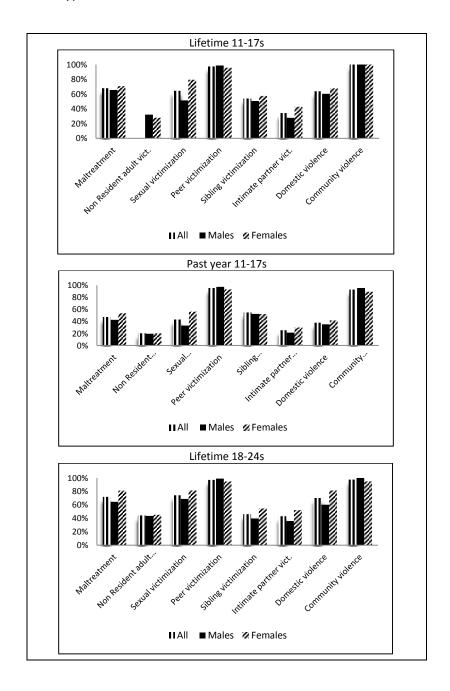
^dAny physical violence, sexual victimization or emotional abuse by young person aged over 11 by their adult or peer intimate partner

Note. All percentages are the (weighted) percentage of children and young people in the age group who experienced this type of victimization. Bracketed figures are the percentages as expressed in numbers.

between 1 in 5 of the polyvictimized young people (21.2% if aged 11 to 17) and 1 in 3 of the polyvictimized young adults (34.7% if aged 18 to 24) had some level of disability.

Figure 1

Percentages of male and female lifetime and past year polyvictims who experienced selected childhood victimization types.



Multiple hierarchical logistic regressions were carried out to test variables that increased the likelihood of young people and young adults experiencing polyvictimization. In Step 1 the following variables, identified as possible risks in other studies (Farrington et al, 2006; Finkelhor et al, 2007a; 2007b) were entered as covariates to calculate odds ratios of high childhood polyvictimization – the young person's age at interview, gender, ethnicity, any disability, whether currently living with both biological parents or, if adult, for most of their childhood, other non-victimization adversities, exposure to violence in the community and parents' occupational group (parents' highest occupational status at the time of interview as defined by the British National Readership Survey social grading scale)¹. In Step 2 we entered the following covariates - any experiences of victimization by a non-resident adult, peer, sibling or intimate partner, maltreatment by a caregiver, exposure to parental domestic violence and any childhood sexual victimization experiences.

Being male and experiencing certain types of other victimizations significantly increased the odds of experiencing lifetime childhood polyvictimization for both age groups (sibling and intimate partner victimization was only significant for young adults). Although 1 in 5 polyvictimized children had some disability, disability was only found to be associated with increased odds of polyvictimization among the young adults surveyed (table 3). Maltreatment by a caregiver and victimization by peers significantly increased the odds ratios that a young person would have been polyvictimized in the past year.

Table 3

_

¹AB – higher and intermediate managerial, administrative or professional occupations; C1 – supervisory, clerical or junior managerial, administrative or professional occupations; C2 – skilled manual workers; and DE – semi and unskilled manual workers, state pensioners, casual or lowest grade workers, or unemployed with state benefits only.

Variables associated with increased lifetime (LT) and past year (PY) risk of childhood polyvictimization.

	Age 11-17 LT	Age 11-17 PY	Age 18-24 LT
Variable	Polyvictimization	Polyvictimization	Polyvictimization
	Odds ratios	Odds ratios	Odds ratios
Gender (being male)	2.6**	Ns	2.6**
Disability	ns	ns	3.1**
Other childhood			
adversity	ns	ns	1.5***
Sexual victimization	4.6***	ns	4.6***
Exposure to parental			
domestic violence	4.5***	ns	2.4**
Maltreatment by			
caregiver	2.5**	1.9**	3.5***
Maltreatment by non-			
resident adult	3.3**	ns	2.0*
Sibling victimization	ns	ns	1.8*
Peer victimization	13.8*	7.2*	4.7*
Intimate partner			
victimization	ns	ns	3.1**
	,	•	

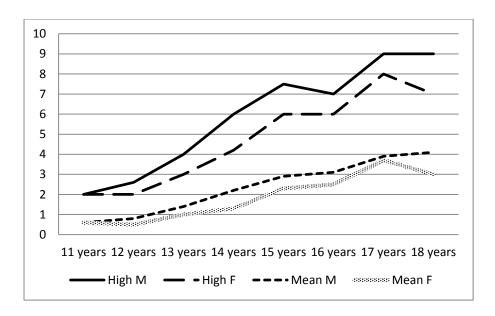
Note. * *p*<0.05, ** *p*<0.01, *** *p*<0.001.

Polyvictimization and delinquency

Between ages 11 to 17, 42.3% of young people reported committing no delinquent acts at all during childhood (37.5% for males and 47.3% for females) and 17.3% of the young adults (16.8% males and 17.7% females) similarly reported no delinquency. However, it is known that delinquency rates tend to be relatively low at age 11 and increase in adolescence. Indeed, we found that young people aged 11 to 17 reported less delinquency than did young adults. Figure 2 shows that mean self-reported delinquency rates and high delinquency rates (those in the upper decile) grew steadily and diverged slightly according to gender from age 12 onwards, hitting peaks at age 17 years.

Figure 2

High delinquency (upper decile) and mean self-reported delinquency rates for males (M) and females (F) by age.



Multiple hierarchical linear regressions were conducted to test whether childhood polyvictimization had a greater impact upon self-reported delinquency in childhood than other types of victimization experienced. In Step 1 of the regression model we entered demographic risk factors known to be linked with delinquency (the child's age, ethnicity, parental occupation group, experiences of other childhood adversities, living apart from a biological parent). In Step 2 we added different types of childhood victimization (sexual, peer, sibling, intimate partner victimization, maltreatment by a parent/caregiver, maltreatment by a non-resident adult, exposure to parental domestic violence, exposure to violence in the community). In Step 3 we added polyvictimization. This was defined as 13 or more different types of victimization in childhood if aged 11 to 17, and 15 or more if aged 18 to 24. Table 4 shows, for males and females in the two age groups, the changes in the goodness of fit for the linear regression model at each of the three stages and the standardised coefficients (β) with levels of significance for variables entered in steps 2 (without polyvictimization, -PV) and 3 (with polyvictimization added, +PV).

Table 4

Hierarchical regression analysis for total self-reported delinquency scores, demographic risk factors, different types of victimization and high polyvictimization, males and females aged 11 to 17 year and 18 to 24.

		Age 11 to	17 years			Age 18 to 24 years				
	Ma	ales	Fem	nales	Ma	ales	Fem	ales		
		God	odness of t	fit statistic	cs					
Step 1 ^a	Adjusted	$R^2 = .301$	Adjusted	d R ² = .342	Adjusted	d R ² =128	Adjusted	I R ² = .256		
•	R ² Change	= .308***	R ² Change	e=.348***	R ² Change	e=.134***	R ² Change	e=.251**		
Step 2 ^b	Adjusted	$R^2 = .376$	Adjusted	$1 R^2 = .529$	Adjusted	d R ² = 266	Adjusted	$1 R^2 = .413$		
	R ² Change	e =.082***		e=.193***		e=.145***	R ² Change			
Step 3 ^c		$1 R^2 = .388$	•	$1 R^2 = .546$	-	$d R^2 = 275$	Adjusted			
	R ² Change	e =.013***		nange 3****	R ² Chang	e=.020**	R ² Char	nge= ns		
Risk factors	Ma	ales	Fem	nales	Ma	ales	Fem	ales		
	-PV	+PV	-PV	+PV	-PV	+PV	-PV	+PV		
Age	.333***	.334***	.271***	.268***	ns	ns	ns	ns		
Ethnicity	ns	ns	.065*	.068*	ns	ns	.079**	.077*		
Not living with both										
biological parents	ns	ns	ns	ns	ns	ns	.077*	.076*		
Parent in low										
occupational group	.081*	.078*	ns	ns	ns	ns	ns	ns		
Non-victimization	4=0+++	4 6 = 4 4 4	100444	202444	200444	4=0+++	100***	40=**		
adversity	.179***	.167***	.132***	.098***	.200***	.170***	.199***	.187**		
Victimization type	Ma	ales	Fem	nales	Ma	ales	Females			
	-PV	+PV	-PV	+PV	-PV	+PV	-PV	+PV		
Sexual	.110**	.083*	.224***	.181***	ns	ns	.184***	.182***		
Exposure to										
parental domestic violence	ns	ns	ns	ns	ns	ns	.099**	.092**		
Exposure to	100**	4.40**	0074	000*	100***	4 = = + +	4=0+++	450**		
violence in the community	.120**	.113**	.087*	.083*	.180***	.177**	.153***	.153**		
Maltreatment by a										
parent/caregiver	.079*	ns	.112**	.088**	ns	ns	.086**	.074*		
Maltreatment by a										
non-resident adult	ns	ns	.097**	.083*	.097**	.084*	ns	ns		
Sibling	ns	ns	.101**	.105**	ns	ns	ns	ns		
Peer	ns	ns	.095**	.103***	.233***	.234***	.145***	.143**		
Intimate partner	.122**	.107**	.135***	.114***	ns	ns	.123***	.117**		

Polyvictimization .140*** .163*** .121** ns

Note. * p < 0.05, ** p < 0.01, *** p < 0.001, ns = not significant.

As can be seen from Table 4, non-victimization adversity had a particularly strong impact of selfreported delinquency across both age groups for males and for females. Some gender and age group differences emerged in relation to demographic risk factors. For instance, age was significant only for those in the 11 to 17 age group and ethnicity was significant only for females, while parents' occupational group predicted delinquency only for males in the aged 11 to 17. The impact of victimization on delinquency varied by victimization type, gender and age group. Experiencing sexual victimization in childhood had a strong association with delinquency for females but had less impact on males under the age of 18. Exposure to violence in the community and victimization by peers were more significant for the young adults' reports on child delinquency and affected males and females differently. Maltreatment by a parent or caregiver, like sexual victimization, had a stronger impact on delinquency for females than it did for males. Victimization by an intimate partner influenced delinquencies scores for males and females under the age of 18 and older females but it was not significant for males in the latter age group. Two types of victimization, by siblings and exposure to parental domestic violence, were again only significant for females, the former for females aged 11 to 17 and the latter for females aged 18 to 24. Polyvictimization had a significant impact on delinquency for both males and females aged 11 to 17. For the older age group, significance was lower for males and there was no impact upon delinquency for females.

Discussion

The findings from this UK population-based study support some of the conclusions from USA research into childhood polyvictimization and its impact reported by Finkelhor et al (2007a; 2007b; 2009b). Age and gender, being male were found to be significant risk factors for polyvictimization in the UK, as in the USA, although there are clear gender differences that can be observed in the types of victimization experiences reported by males and females of different ages and the impact these

have on delinquency. Exposure to violence in the community, victimization by peers and maltreatment by caregivers were all found to significantly increase the odds that the young person or young adult would also be a polyvictim. These findings lend support to the suggestion that pathways to polyvictimization include routes following residence in a dangerous community, or living in a dangerous family, or the child having emotional problems. We have made the assumption, following Finkelhor et al's work (2007a; 2007b; 2009b) that these are factors influencing the pathways to polyvictimization. However, this research is based on one cross-sectional study, as opposed to the three-wave studies conducted by the US team (Finkelhor et al, 2007a; 2007b; 2009b) and this limits the scope of conclusions that can be drawn. We also have very limited data on the fourth pathway, namely, having a chaotic family with multiple problems. We were unable to assess in this paper whether or not living in this type of family presents a possible route into polyvictimization, although we found that high levels of childhood adversity were particularly significant. Disability was also a risk factor for polyvictimization among young adults, with disabled young adults having 3 times greater odds ratios of being polyvictims than non-disabled young adults. Earlier publications based on this research found that polyvictimization had a particularly significant impact on child, young person and young adult emotional wellbeing (Radford et al, 2013). Even though these findings shed some light into pathways to polyvictimization in the UK, it is clear that more research, especially longitudinal, it is needed to provide further support for the pathways suggested in the literature (Finkelhor et al, 2007a; 2007b; 2009b).

Gender differences were found for the relationship between delinquency, victimization and polyvictimization, with a particularly striking impact found for delinquency and sexual victimization for females. This lends support to Wilson and Spatz-Widom's (2008) suggestion that sexually abused and exploited girls are more likely to become criminalised than girls who are not abused.

Polyvictimization had a greater impact on delinquency among young people under age 18 than upon the older age group where the significance of the impact for males aged 18 to 24 was reduced and for females it was not at all significant. A possible explanation may be that polyvictimized young

people may be more likely to engage in delinquency at a younger age but not necessarily in their later teenage years.

Limitations

An important shortcoming of the study is the nature of the data collected. While other studies looking at the pathways to polyvictimization have used several waves of data collection, this study utilised one cross-sectional design. Therefore, some assumptions were made regards the cause-effect relationship between risk factors and polyvictimization. This highlights, as mentioned earlier in the paper, the need for further research into polyvictimization.

Implications

There are a number of implications for practice arising from the findings from this research. To prevent the early criminalisation of victimized and polyvictimized children, it is very important that the most vulnerable children are identified early on, that adequate assessments of their needs is made and services are put in place to address and undo the harmful consequences of living with violence and abuse at home, in school and in the community. Professionals working with children and young people need to be alert to the overlapping and accumulative aspects of childhood victimization, especially maltreatment, sexual victimization and victimization from peers. This means that if a child presents in one sector, such as a school, with an experience such as being bullied by peers or being a bully towards others, professionals need to be equipped with the knowledge, skills, sensitivities and resources to ask about other types of victimization that may be happening in other areas of the child's life. Professionals in juvenile crime, child protection, education and child welfare services especially could work together to improve early identification and responses to victimized and polyvictimized children and young people.

Acknowledgments

The research was funded by the NSPCC, the Children's Charity, British Home Stores and TNS-BMRB.

Helen L. Fisher was supported by a postdoctoral fellowship from the Medical Research Council and

Economic and Social Research Council UK. Professor Sherry Hamby, University of the South

Sewanee, USA provided helpful comments on an earlier draft.

References

- Andrews, G., Corry, J., Slade, T., Issakidis, C., & Swanston, H. (2004). *Child sexual abuse. Comparative quantification of health risks*. Geneva: World Health Organisation.
- Arata, C.M., Langhinrichsen-Rohling, J., Bowers, D., & O'Brien, N. (2007). Differential correlates of multi-type maltreatment among urban youth. *Child Abuse and Neglect*, *31(4)*, 393-415.
- Bensley, L.S., Van Eenwyk, J., Spieker, S. J., & Schoder, J. (1999). Self-reported abuse history and adolescent problem behaviour. I. Antisocial and suicidal behaviour. *Journal of Adolescent Health*, 24, 163–172.
- Briere, J. (1996). *Trauma Symptom Checklist for Children (TSCC) professional manual*. Odessa, FL: Psychological Assessment Resources.
- Briere, J., & Runtz, M. (1989). The Trauma Symptom Checklist (TSC-33): Early data on a new scale. *Journal of Interpersonal Violence*, 4 (2), 151–163.
- Burton, D. Duty, K. Leibowitz, G. (2011) Differences between Sexually Victimized and Nonsexually

 Victimized Male Adolescent Sexual Abusers: Developmental Antecedents and Behavioral

 Comparisons, *Journal of Child Sexual Abuse* 20: 1, 77 93
- Cawson, P., Wattam, C., Brooker, S., & Kelly, G. (2000). *Child maltreatment in the United Kingdom*. London: NSPCC.
- Chaplin, R., Flatley. J., & Smith, K. (2011). *Crime in England and Wales 2010-11: Findings from the*British Crime Survey and Police Recorded Crime (2nd ed). London: Home Office.
- Cuevas, C. A., Finkelhor, D., Turner, H. A. and Ormrod, R. K. (2007). Juvenile delinquency and victimization: A theoretical typology. *Journal of Interpersonal Violence*, 22 (12), 1581–1602.
- Department for Children, Schools and Families. (2010). Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children. Retrieved from

- https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DCSF-00305-2010.
- Donga, M., Andaa, R. Felitti, V. Dubea, S. Williamson, D. Thompson, T. Loo, C.Giles, W. (2004). The interrelatedness of multiple forms of childhood abuse, neglect, and household dysfunction. *Child Abuse & Neglect*, 28, 771–784.
- Edwards, V. J., Holden, G. W., Felitti, V. J., and Anda, R. F. (2003). Relationship between multiple forms of childhood maltreatment and adult mental health in community respondents: results from the adverse childhood experiences study. *The American Journal of Psychiatry*, 160 (8), 1453–1460.
- Egeland, B., Yates, T., Appleyard, K., & van Dulmen, M. (2002). The long-term consequences of maltreatment in the early years: A developmental pathway model to antisocial behavior.

 Children's Services: Social Policy, Research, and Practice, 5, 249-260.
- Farrington, D., Coid, J., Harnett, L., Joliffe, D., Soteriou, N., Turner, R. and West, D. (2006). *Criminal Careers up to Age 50 and Life Success Up to Age 48: New Findings from the Cambridge Study in Delinquent Development*. London: Home Office.
- Finkelhor, D., Ormrod, R. K., Turner, H. A., & Hamby, S. L. (2005). The victimization of children and youth: a comprehensive, national survey. *Child Maltreatment*, *10* (1), 5–25.
- Finkelhor, D., Ormrod, R. K., & Turner, H.A. (2007a). Poly-victimization: A neglected component in child victimization. *Child Abuse and Neglect*, *31*(1), 7-26.
- Finkelhor, D., Ormrod, R.K., & Turner, H.A. (2007b). Polyvictimization and trauma in a national longitudinal cohort. *Developmental Psychopathology*, *19*(1), 149-166.
- Finkelhor, D., Ormrod, R.K., & Turner, H.A. (2009b). Lifetime assessment of poly-victimization in a national sample of children and youth. *Child Abuse and Neglect*, *33(7)*, 403-411.

- Finkelhor, D., Turner, H., Ormrod, R., & Hamby, S.L. (2009a). Violence, abuse, and crime exposure in a national sample of children and youth. *Pediatrics*, *124*(5), 1411-1423.
- Gilbert, R. Spatz Widom, C. Browne, K. Fergusson, D. Webb, E. Janson, S. (2009). Burden and consequences of child maltreatment in high-income countries. The *Lancet*, *373*(9657), 68-81. doi:10.1016/S0140-6736(08)61706-7.
- Green, S., Russo, M., Navratil, J., & Loeber, R. (1999). Sexual and physical abuse among adolescent girls with disruptive behaviour problems. *Journal of Child and Family Studies*, *8*, 151–168.
- Gustafsson, P.E., Nilsson, D., & Svedin, C.G. (2009). Polytraumatization and psychological symptoms in children and adolescents. *European Child and Adolescent Psychiatry*, *18*(5), 274-283.
- Hamby, S.L., Finkelhor, D., Ormrod, R.K., & Turner, H.A. (2004a). *The comprehensive Juvenile Victimization Questionnaire*. Durham, NH: University of New Hampshire.
- Hamby, S.L., Finkelhor, D., Ormrod, R.K., & Turner, H.A. (2004b). *The Juvenile Victimization Questionnaire (JVQ): administration and scoring manual.* Durham, NH: Crimes Against Children Research Center.
- Kinard, E. M. (2004). Methodological issues in assessing the effects of maltreatment characteristics on behavioral adjustment in maltreated children. *Journal of Family Violence*, *19*(5), 303-318.
- Moffitt, T. E., Caspi, A., Harrington, H., & Milne, B. J. (2002). Males on the life-course-persistent and adolescence-limited, antisocial pathways: Follow-up at age 26 years. *Development and Psychopathology*, _14(1), 179-207.
- Pinheiro, P. (2006). World report on violence against children. Geneva: United Nations.
- Radford, L. Corral, S. Bradley, C. Fisher, H, Collishaw, S. Bassett, C. & Howat, N. (2011) *Child Abuse and Neglect in the UK Today* London: NSPCC www.nspcc.org.uk/childstudy
- Radford, L. Corral, S. Bradley, C. & Fisher, H. (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 and Neglect* 37:10, 801-813. http://dx.doi.org/10.1016/j.chiabu.2013.02.004
- Radford, L. and J. Ellis (2012).Offering children confidentiality in research: what are the limits?

 Involving children and young people in health and social care research. J. Fleming and T.

 Boeck. London, Routledge: 118-126.
- Spatz-Widom, C. and H. Raskin-White (1997) Problem behaviours in abused and neglected children grown up: prevalence and co-occurrence of substance abuse, crime and violence. *Criminal Behaviour and Mental Health, 7*, 287–310.Turner, H. A., Finkelhor, D., & Ormrod, R. K. (2006). The effect of lifetime victimization on the mental health of children and adolescents. *Social Science and Medicine, 62*(1), 13-27.
- Wilson, H. & Spatz Widom, C. (2008). An examination of risky sexual behavior and HIV in victims of child abuse and neglect: A 30-year follow-up. *Health Psychology*, *27*(2), 149–158.
- Wolfe, D. A., Scott, K., Wekerle, C., & Pittman. A. (2001). Child maltreatment: Risk of adjustment problems and dating violence in adolescence. *Journal of the American Academy of Child & Adolescent Psychiatry*, 40(3), 282-289.
- Wong, T., Slotboom, A., & Bijleveld, C. (2010) Risk factors for delinquency in adolescent and young adult females: A European review *European Journal of* Criminology, 7(4), 266–284.

Appendix. Screener questions and composites used from Juvenile Victimisation Questionnaire (questions were reworded in a different way for participants aged 18 to 24 to account for the different time reference)

	ional Crime - Items marked *denote items included in composites for physical violence; *emotional
abuse; ^property victi	
1.^Force (age 2+)	At any time in your life, did anyone USE FORCE to take something away from you that you were carrying or wearing?
2.^Steal (age 2+)	At any time in your life, did anyone steal something from you and never give it back? Things like a backpack, money, watch, clothing, bike, stereo, mobile phone or anything else?
3.^Break (age 2+)	At any time in your life, did anyone break or ruin any of your things on purpose?
4.*Armed (all ages)	Sometimes people are attacked WITH sticks, rocks, guns, knives, or other things that would hurt. At any time in your life, did anyone hit or attack you on purpose WITH an object or weapon?
5.*Unarmed (all ages)	At any time in your life, did anyone hit or attack you WITHOUT using an object or weapon?
6.*Attempt (all ages)	At any time in your life, did someone start to attack you, but for some reason, IT DIDN'T HAPPEN? For example, someone helped you or you got away?
7.*Threat (age 2+) 8.*Kidnap (all ages)	At any time in your life, did someone threaten to hurt you and you thought they might really do it? When a person is kidnapped, it means they were made to go somewhere, like into a car, by someone who they thought might hurt them. At any time in your life, has anyone ever tried to kidnap you)?
9.*Prejudice (age	At any time in your life, have you been hit or attacked because of your skin colour, religion, or
2+)	where your family comes from, because of a physical or learning problem you have or because someone said you were gay?
JVQ Module: Child Ma abuse	Iltreatment- Items marked *denote items included in composites for physical violence; ^x emotional
10.*Hurt adult (all ages)	Not including smacking, at any time in your life did a grown-up in your life hit, beat, kick, or physically hurt you in any way?
11. Scared adult	At any time in your life, did you get scared or feel really bad because grown-ups in your life called
(age 2+)	you names, said mean things to you, or said they didn't want you?
12.*Hide (all ages)	Sometimes a family argues over where a child should live. At any time in your life, did a parent
12. That (all ages)	take, keep, or hide you to stop you from being with another parent?
13.*Shake (NSPCC)	At any time in your life, did a grown up in your life shake you very hard or shove you against a wall
(all ages)	or a piece of furniture?
	Sibling Victimization Items marked *denote items included in composites for physical violence;
^x emotional abuse	
14.*Gang (age 2+)	Sometimes groups of children or young people, or gangs, attack people. At any time in your life, did a group or a gang hit, jump, or attack you?
15.*Hit child (all	At any time in your life, did any child or young person, even a brother or sister, hit or kick you?
ages)	Somewhere like: at home, at school, out playing, in a shop, or anywhere else?
16.*Private (age 2+)	At any time in your life, did any children or young people try to hurt your private parts on purpose
10. Thivate (age 2.)	by hitting or kicking you there?
17.*Picked (age 2+)	At any time in your life, did any children or young people, even a brother or sister, pick on youby chasing you, or grabbing you or by making you do something you didn't want to do?
18. Scared child (age	At any time in your life, did you get really scared or feel really bad because children or young
2+)	people were calling you names, saying mean things to you, or saying they didn't want you around?
19.*Date (age 12+)	At any time in your life, did a boyfriend or girlfriend or anyone you went on a date with slap or hit you?
IVO Module: Sexual V	ictimization items used in sexual victimization composites, 'denotes contact sexual

	20.'Sex adult (all	At any time in your life, did a grown-up touch your private parts when they SHOULDN'T have, or
	ages)	MAKE you touch their private parts or did a grown-up FORCE you to have sex?
	21.'Sex child (all	Now think about other young people, like from school, a friend, or even a brother or sister. At any
	ages)	time in your life, did another child or teenager MAKE you do sexual things?
	22.'Try sex (all ages)	At any time in your life, did anyone TRY to force you to have sex, that is sexual intercourse of any
	, , ,	kind, even if it didn't happen?
	23. Flash (age 2+)	At any time in your life, did anyone make you look at their private parts by using force or surprise,
		or by "flashing" you?
	24.Say sex (age 2+)	At any time in your life, did anyone hurt your feelings by saying or writing something sexual about
		you or your body?
	25.'Under 16 sex	At any time in your life, did you do sexual things with anyone 18 or older, even things you wanted?
	adult (age 12+)	
	26. Position of trust	Since you were 16, have you done sexual things with anyone who was in a position of trust, such
	(NSPCC) (age 16 &	as a teacher or personal adviser, even things you both wanted?
_	17)	
	JVQ Module: Witnessi	ng Victimization at Home and Community. Items marked +denote items used in composite for
_	domestic and family vi	iolence; #community victimization exposure
	27.+Witness parent	At any time in your life, did you SEE your parent get pushed, slapped, hit, punched, or beaten up
	(all ages)	by your other parent, or their boyfriend or girlfriend?
	28. Witness sibling	At any time in your life, did you SEE your parent hit, beat up, kick, or physically hurt your brothers
	(all ages)	or sisters, not including smacking?
	29.#Witness weapon	At any time in your life, in real life, did you SEE anyone get attacked or hit on purpose WITH a stick,
	attack	rock, gun, knife, or other thing that would hurt?
	30.#Witnessed	At any time in your life, in real life, did you SEE anyone get attacked or hit on purpose WITHOUT
	unarmed attack	using an object or weapon?
	31.#Witness	At any time in your life, did anyone steal something from your house that belonged to your family
	burglary	or someone you lived with? Things like a TV, stereo, car, or anything else?
_	JVQ Module: Exposure	e to Family Violence and Abuse (supplemental)
	32.+Parent	At any time in your life, did one of your parents threaten to hurt your other parent and it seemed
	threatened (all ages)	they might really get hurt?
	33.+Parent breaks	At any time in your life, did one of your parents, because of an argument break or ruin anything
	things (all ages)	belonging to your other parent, punch the wall, or throw something?
	34.+Parent physical	At any time in your life, did one of your parents get kicked, choked, or beaten up by your other
	violence (all ages)	parent?
	35.Witness other	Now we want to ask you about any fights between any grown-ups and teenagers, other than
	family violence (all	between your parents. At any time in your life, did any grown-up or teenager who lived with you
	ages)	push, hit, or beat up someone else who lived with you?
	Neglect (composite fro	om JVQ and NSPCC 2000 survey age under 18)
	Absence of physical	36. When someone is neglected, it means that the grown-ups in their life didn't take care of them
	care & Access to	the way they should. They might not get them enough food, take them to the doctor when they
	health care (JVQ)	are ill, or make sure they have a safe place to stay. At any time in your life, were you neglected?
		37. At any time in your life, did you have to go to school in clothes that were torn, dirty or did not
	36, 37.	fit because there were no other ones available? [IF AGE> 5]
	Educational Neglect	How does your child do in school? Would you say that (he/she) gets mostly below average grades,
		pretty much average grades or mostly above average grades?[IF child is getting below average
		grades] How often, if at all, do you help your child with (his/her) homework?
	Supervision and	Your child plays outside without being watched or checked on by an adult? [IF AGE< 5]
	monitoring	Your child is left alone in a car while you go into a shop, bank, or post office? [IF AGE< 5]
	-	When you go out on your own or with friends of your age, how often do your parents ask you [IF
		AGE< 16]

o who you are going out with

o where you are going or what you are going to be doing?

Respond to emotional needs

You encouraged your child to talk about his/her troubles? [if age 10+]

You gave praise when your child was good? [if age 10+] You joked and played with your child? [if age 10+]

You gave comfort and understanding when your child was upset? [if age 10+]

You told your child that you appreciate what he/she tried or accomplished? [if age 2+]

You expressed affection by hugging or holding your child? [if age 2+]

My family really tries to help me [if age 10+]

My family lets me know that they care about me [if age 10+] I can talk about my problems with my family [if age 10+] My family is willing to help me make decisions [if age 10+]

Neglect (composite from items in NSPCC 2000 survey, age 18-24)

Parents have different ideas about when a child should be independent and able to look after themselves. When you were a young child (say under 12), did you have any of the following experiences?

- Your parents/carers expected you to do your own laundry (under the age of 12)
- You had regular dental check ups
- You went to school in clothes that were dirty, torn, or that didn't fit, because there were no clean ones available
- You went hungry because no-one got your meals ready or there was no food in the house
- You looked after younger brothers or sisters while your parents were out
- You were ill but no-one looked after you or took you to the doctor
- You did not have a safe place to stay

JVQ Supplementary 38. INT 1 Has anyone ever used the Internet or a mobile phone to bother or harass you or to spread mean words, pictures or videos about you? 39. INT 2 Did anyone ever use the Internet or a mobile phone to ask you sexual questions about yourself, or try to get you to talk about sex when you did not want to talk about those things?

Questions used for polyvictimization composites by age

	, , ,	
Ages 11 years	1-18, 20-24, 27-39	
Ages 12 to 15 years	1-25, 27-39	
Ages 16 to 17 years	1-39	
Ages 18+	1-36, 38 & 39	