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Polyvictimization: What is it and how does it affect intervention?

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Traumatic events can leave lasting physical or psychological scars on a victim. When considering the aftereffects from which a person may suffer, a number of factors become important: their age, personality type, gender, the characteristics of the act incurred, and help and support received. One other variable is gaining traction in victimology research: prior victimizations. Studies increasingly point to the importance of the accumulation of different types of victimizations experienced by an individual and its subsequent effects. The objective of this literature review is therefore to address polyvictimization among young people, while paying particular attention to its consequences for intervention within this population. First and foremost, understanding polyvictimization: What is it? Why is it important? How to identify it? Followed by a discussion of the implications for intervention among victims.

Summary

Polyvictimization refers to having experienced a number of different types of victimization at a rate higher than the population average over the course of a given period of time (Finkelhor, Ormrod & Turner, 2007a). It is closely tied to a decrease in emotional wellbeing and social functioning, and this, more than any other individual type of victimization (Lätsch, Nett & Hümbelin 2016). When experienced during childhood, polyvictimization may lead to mental and physical health problems as well as behavioural problems, and these effects may continue into adulthood. Research highlights the importance of early detection and intervention. Those working with victims need to be aware of polyvictimization and take a holistic approach to victims rather than focusing on single victimization experiences and foster collaboration with other organizations that are there to help.



Definitions

Polyvictimization

Following the introduction of the victimization survey, researchers have been able to study the frequency and types of victimization experiences reported by individuals. In 2014, 1 out of 5 Canadians over the age of 15 reported one or several victimizations during the last twelve months (Perreault, 2015). Among those who had experienced victimization, approximately 1 out of 3 had been victimized within the last 12 months (Perreault, Sauvé & Burns, 2010). When an individual experiences several incidents of victimization, this is referred to as multiple victimization.

By definition, multiple victimization does not make a distinction based on type of victimization. As such, a victimized person can experience the same type of victimization over and over. In this category, we find crimes such as incest or domestic violence that are often repeated over a long period of time. When a victimized person has experienced several distinct instances of victimization, as well as several different *types* of victimization, this is referred to as *polyvictimization*. Thus, polyvictimization is a specific type of multiple victimization.

The term “polyvictimization” was introduced by American researcher David Finkelhor, in reference to young people who have experienced a number of *different types* of victimizations at a rate higher than the population average over the course of a given period of time (Finkelhor, Ormrod & Turner, 2007a). Finkelhor and his team developed the Juvenile Victimization Questionnaire (JVQ), an innovative victimization questionnaire focused on children and adolescents. In the United States, surveys are completed by young people starting at 12 years of age, therefore restricting the availability of data on children. In Canada, victimization surveys are only used with persons 15 years of age and older, which also leads to an important lack of information on children under the age of 15. These researchers make a distinction between polyvictimization and multiple victimization based on their finding that the *different types* of victimization experienced by a child have a greater effect on the trauma symptoms than one same type of victimization experienced repeatedly (Turner, Finkelhor & Ormrod, 2010; Hamby, Finkelhor & Turner, 2014). This may include different crimes, such as sexual violence, assault, abuse, abduction, as well as exposure to violence (indirect victimization), for example between parents (Cyr, Chamberland, Clément & Lessard, 2014).

Developmental Victimology

Experiencing more than one instance of victimization over the course of one year seems to be the norm, especially among young people. In a study conducted in the United States on youth between 2 and 17 years of age, Finkelhor, Ormrod and Turner (2007a) found that 70% had experienced an instance of victimization during the last year and that approximately 18% of the youths surveyed had suffered from 4 or more different types of victimization, a rate higher than the average of 3 (polyvictims). This latter group represented 26% of all victims in the study. Polyvictims not only experience more types of incidents, they also seem to be more likely to experience serious incidents involving weapons, injuries, sexual victimization, all within multiple contexts (Turner, Shattuck, Finkelhor & Hamby, 2015).

Around the world, studies on polyvictimization report similar findings, suggesting that victimization is a norm in the lives of youth and that there is a significant population of polyvictims (Radford, Corral, Bradley & Fisher 2014; Chan 2014; Nilsson, Dahlstöm, Priebe & Svedin, 2015; Lätsch, Nett & Hümbelin, 2016). In Canada, Cyr, Clément and Chamberland (2014) studied polyvictimization among 2,800 youths aged 2 to 17 in Quebec. They found that 75% of the youths had experienced at least one type of direct or indirect victimization during their lifetime. Among these victims, the majority (71%) had experienced more than one type of victimization and over a quarter of the sampled youths (27%) had suffered at least four distinct types of victimization during their lifetime.

Since victimization and polyvictimization are frequent phenomena among youth, it is important to introduce another concept that is intimately related: *developmental victimology*. Research on multiple victimization has highlighted the importance of studying victimization through a developmental lens. Proposed by David Finkelhor, developmental victimology is the study of victimization among children and youth (Finkelhor, 1997 ; Finkelhor, 2007). Finkelhor (1997 ; 2007) criticizes the fact that the focus on victimization among children is fragmented between several distinct types such as pedophilia, school violence and abuse, and that few researchers seem interested in a global vision and in the problem as a whole. He calls for a decompartmentalization of the research and offers a more holistic approach to the study of victimization among youth.

The particular vulnerability of children and adolescents depends greatly on their age, on their adaptive capacities and on their exposure within the community, which increases as they gain independence. Young children are more often victims of domestic violence, while adolescents, being more independent, interact with a wider range of potentially risky individuals and environments. It is therefore not surprising to learn that victimization outside of the family increases throughout childhood and adolescence and peaks at the age of 17 (Finkelhor, Ormrod & Turner, 2009). Developmental victimology therefore studies the phenomenon of victimization as experienced during youth, helps identify varying age-based tendencies and risks, and develops adapted prevention, detection and intervention strategies.

Risk factors for polyvictimization

Victimization

Why are young people who have already been victimized more likely to experience another victimization than their peers who have never been victimized at all? Prior victimizations have been found to be indirectly associated with subsequent hardships and symptom manifestation, which in turn influences the risk of experiencing new victimizations (Finkelhor, Ormrod & Turner, 2007a). It has been shown that childhood victimization is an explanatory factor for the presence of several mental health problems during childhood as well as into adulthood (Molnar, Buka & Kessler, 2001). For its part, polyvictimization is closely tied to a decrease in emotional well-being and social functioning, and this, more than any other individual type of victimization (Lätsch, Nett & Hümbelin, 2016). Young victims present an array of mental health problems such as depression, emotional disorders, anxiety, self-harm, substance abuse, dissociation and eating disorders (Brière and Lanktree, 2008). Psychological and/or physical symptoms related to their experience render them even more vulnerable (Sandberg, Lynn & Matorin, 2001; Flynn and Adam, 2009). Furthermore, dysfunctional adaptation strategies such as the use of drugs and alcohol can put them even more at risk for revictimization (Logan, Walker, Cole & Leukefeld, 2002; Hill, 2009).

Children and adolescents under care of the Youth Protection Branch

According to Cyr, Chamberland, Clément and Lessard (2014), more than half of all children and adolescents in contact with YPB services would be considered polyvictims. Polyvictimization is much more prevalent among youth in care: 34% of children between 2 and 11 years old have suffered 4 or more types of victimization over a period of one year, as compared to 5% of children in the general population. Among adolescents (12 to 17 years old), the percentage jumps to 66% compared to the general population's 12%, with 36% of adolescents surveyed experiencing 7 or more types of victimizations. In all, nearly 7 out of 10 adolescents in Youth Centres are polyvictims and the average number of victimizations experienced is practically 3 times higher among this population than among adolescents in the general population.

The difference between these youth in care and those in the general population is particularly marked with regard to abuse in all its forms. Among those less than 12 years old, 34% of children in care have suffered abuse, compared to 5% in the general population. For youth between 12 and 17 years old, there is an increase to 42% compared to 9%. Furthermore, sexual victimization affects 1 out of 10 children and nearly one third of adolescents in YPB care (Cyr, Chamberland, Clément & Lessard, 2014). By citing these statistics, we are not suggesting a causal link between polyvictimization and the YPB, but rather that children and youth in YPB care often face numerous risk factors. As such, they must be given priority access to intervention, as well as to polyvictimization prevention.

Pathways to polyvictimization

Finkelhor and his colleagues have identified 4 pathways in order to explain the increased risk of polyvictimization in certain youth (Finkelhor, 2008; Finkelhor, Ormrod & Turner, 2007b). The first of these pathways is that of “violent families”, which refers to youth living in a family where violence is commonplace, where there are numerous conflicts and where children are exposed to different forms of victimizations, including abuse, domestic violence, and psychological violence. In Turner, Shattuck, Finkelhor and Hamby (2015), polyvictims represent the only sub-group of young people with a significant likelihood of being victimized by an adult in their own family and of having a low level of familial support. This result suggests that

dysfunction on the part of a responsible adult can have significant consequences on the development of a child and may be closely tied to their having a high level of vulnerability, which can then make them more susceptible to victimization in an extra-familial context, as well as in different relationships (Finkelhor, 2008).

The second pathway is the “*distressed family*,” which groups several problems; psychological or physical disorders, alcohol or drug abuse, financial difficulties, etc. While the adults in the family are dealing with multiple hardships, the child is under supervised, leaving them vulnerable to victimization (Finkelhor, 2008; Finkelhor, Ormrod & Turner, 2007b). Emotional negligence paired with a lack of supervision can make a child an easy target for several types of aggressors (Cyr, Chamberland, Clément & Lessard, 2014).

A third pathway is that of growing up in a community or “*violent neighbourhood*.” This refers to a high-risk, high-crime neighbourhood environment and not to the child’s immediate family. The youth is at risk for victimization by their exposure to various crimes and violence (Finkelhor, Ormrod & Turner, 2007b).

Finally, the fourth pathway concerns the child’s own emotional problems: adjustment disorders, personality disorders, behavioural problems, etc. These increase their likelihood of exhibiting risky behaviour, antagonizing others and compromising their own capacity to protect themselves and to adapt. These characteristics can make a child more vulnerable to aggression and make them more attractive to a potential aggressor (Finkelhor, Ormrod & Turner, 2007b).

Impacts and consequences of polyvictimization

It is easy to assume that children are less affected by trauma when they are younger, as they are carefree and often too young to remember the facts once adult. This proposition does not however reflect reality, a child’s young age increases their vulnerability and places their physical and psychological well-being in jeopardy (Milot, Collin-Vézina & Milne, 2013). Young polyvictims have often experienced more serious victimization and face more adversity in their daily lives (Finkelhor, Ormrod & Turner, 2007a).

A significant aftereffect of polyvictimization is post-traumatic stress disorder. Polyvictims often show symptoms present among people suffering from post-traumatic stress syndrome (PTSS), such as avoidance and difficulty sleeping (Milot, Collin-Vézina & Milne, 2013). Nevertheless, PTSD is but one of the, potentially long-lasting, effects of polyvictimization that manifest themselves in all facets of a victim's life, even affecting their physical health (Beck, Palic, Andersen & Roenholt, 2014).

Polyvictimization can also lead to other mental health problems. Turner, Finkelhor and Ormrod (2006) have found that the more victimizations or adverse events a young person experiences, the more their symptoms of depression and anger are significant. In another study by the same authors, of the 86% of youth presenting significant symptoms of depression, 86% were polyvictims (Finkelhor, Ormrod & Turner, 2007a). Segura, Pereda, Guilera and Abad (2016) found that severe polyvictims (15 types or more) presented a higher amount of serious thought disorders (intrusive thoughts, sleep difficulties, hallucinations, strange ideas), as well as symptoms of anxiety and depression.

In addition to mental health, polyvictimization can impact other areas of a youth's life such as their physical health and behaviour. People who have been emotionally abused, sexually abused, or polyvictimized during their childhood are less physically healthy in adulthood (Beck, Palic, Andersen & Roenholt, 2014). Polyvictimization has also been found to be a strong predictor of various externalized behavioural problems, such as aggression and antisocial behaviour (Guerra, Ocaranza and Weinberger, 2016).

Consequences associated with early polyvictimization can continue to affect an individual through adulthood. Elliott, Alexander, Pierce, Aspelmeier and Richmond (2009) examined the connection between victimization during childhood and adjustment to university life among 18- to 24-year-old women. They found that polyvictimization is a better predictor for adjustment than any single independently-considered victimization. Exposure to numerous forms of trauma at a young age represents a significant risk factor for adjustment difficulties in adulthood. In addition, according to Nilsson, Dahlstöm, Priebe and Svedin (2015), there is a linear association between polyvictimization and both an increase in psychological distress and a decrease in self-esteem in adulthood.

Polyvictimization and delinquency

Polyvictimization and delinquency seem to go hand in hand for adolescents (Wemmers & Cyr, 2015; Collin-Vézina, Coleman, Milne, Sell & Daigneault, 2011). Wemmers and Cyr (2015) studied the connection between victimization and delinquency among youth 12 and 17 years old in Quebec; they found that 93% of youth that had committed a crime during the last year had also experienced victimization during the same time period. Moreover, the proportion of youth delinquents increases among those who have experienced more than one type of victimization. Of the adolescents surveyed that had suffered 8 or more victimizations, all had committed at least one crime.

Segura, Pereda, Guilera and Abad (2016) studied young residents in a group home and differentiated between two groups of polyvictims according to the number of victimizations experienced: low (8 to 14 victimizations) and high (15 or more victimizations). They observed that there was no difference in clinical symptoms (social problems, aggressive behaviours...) between the two groups of polyvictims. The only exception concerned rule-infringing behaviour; adolescents with more victimization experiences presented more severe delinquent behaviour.

The research, however, is inconclusive with regards to whether polyvictimization is a risk factor for crime or if criminality is a risk factor for victimization. In other words, does victimization lead to delinquency or does delinquency put an individual at risk for victimization? Regardless of the direction of this relationship, it is important for intervention purposes to consider that young offenders may also be polyvictims.

Implications at the intervention level

Immediate intervention

Immediate intervention after an initial traumatic event helps reduce a young victim's vulnerability and prevents revictimization. This is however often impossible for a multitude of reasons, such as non-reporting, a delay in obtaining services and a trivialization of the incident. Prevention programs are, therefore, extremely important in order to reduce the risk of polyvictimization among youth.

Prevention programs can encourage youth to open up and discuss victimization experiences with others. Nearly half of all young people exposed to a violence prevention program stated that the information supplied helped them or was helpful in their helping a friend. Furthermore, 37% said that they had spoken to an adult about a particular event after having attended a violence prevention program (Finkelhor, Vanderminden, Turner, Shattuck & Hamby, 2014). Certain individual or family characteristics increase the risk of polyvictimization; single-parent families, young women, youth living in dangerous communities and youth with prior victimizations are all at an increased risk (Aho, Gren-Landell & Svedin, 2016). These individuals can be targeted through various environments such as schools, community organizations or aid services, to encourage their participation in prevention programs designed specifically for them. The ability to identify key factors that expose a young person to polyvictimization as well as the symptoms that might arise from it is central to well-designed interventions (Aho, Gren-Landell & Svedin, 2016).

It is important to allow young people opportunities to practise the skills acquired during lessons in order to increase the effectiveness of the intervention program. By promoting youth awareness of violence, we increase the probability that they will react appropriately when confronted with it, thereby reducing their vulnerability and exposure to risky situations. Although the effects of prevention programs vary according to several factors, Finkelhor, Vanderminden, Turner, Shattuck and Hamby's (2014) study found that the prevalence of bullies and victims was lower among elementary school students that had been exposed to a high-quality violence prevention program.

Inclusion of all victimization experiences

It is extremely important to widen the scope of interest to the entirety of a youth's negative experiences in the full range of their environments (friend group, romantic relationship and school) and not only the specific instances which are the focus of the intervention. A diagnosis can be erroneous and lead to revictimization if information is missing, and therefore it is important to make a full history of difficult events (Flynn & Adam, 2009). As discussed by Dumont and colleagues (2014), "... When intervening with respect to the self-esteem of a child exposed to family violence by focusing on their social network as a protective factor, it is important to know if they experience intimidation from their friends. Otherwise, the impact of the

intervention could be negative, by relying on bad sources or by revictimizing the youth from within the aid service (Dumont, Lessard, Cyr, Chamberland & Clément, 2014, p.161).”

The pathways for polyvictimization (Finkelhor, 2008; Finkelhor, Ormrod & Turner, 2007b) offer several methods for compiling a complete view of victimization in order to intervene in a most effective way. It may be appropriate to look into the youth’s family, the places frequented, their community, as well as their individual characteristics, since this information allows for a better understanding of the risk factors to which they are exposed. By knowing these risk factors, it becomes easier to channel the intervention towards appropriate targets (Cyr, Chamberland, Clément & Lessard, 2014).

Delinquency and behavioural problems are common currency among polyvictims (Cook, Spinazzola, Ford, Lanktree, Blaustein, Cloitre et al., 2005). If intervention is solely based on behaviour and little interest is paid to the difficult situations the youth has experienced, it is very likely that the desired results will not be attained, since action is focused on the symptoms and not the source of the problem. As such, it is of utmost importance to be up to date on all the victimizations lived by a young person in order to be able to intervene in a manner coherent with their experiences.

A systematic evaluation of each individual’s needs allows for a more efficient intervention and does not limit the focus to behavioural issues, which are likely simply externalized symptoms rather than the source of the problem. Polyvictimization is associated with a net increase in trauma symptoms (anger, anxiety and depression). A young person’s adjustment problems do not necessarily all stem from the same event, thus the importance of acknowledging and addressing all of their traumas. The use of a standardized tool, adapted to the age of the individual and covering their experiences and traumas would be an interesting solution (Milot, Collin-Vézina, & Milne 2013 ; National Child Traumatic Stress Network, 2008).

Certain youths in contact with child protection services are referred to children’s services because of diverse behavioural or emotional problems. Based on the findings presented above, it seems clear that, even if a young person is not referred immediately following a trauma, the

investigation of prior victimizations should be a priority, as they could be closely related to problems with which the youth is struggling. In the case of a young person, the accumulation of trauma is associated with a slew of emotional and behavioural issues (Cook, Spinazzola, Ford, Lanktree, Blaustein et al., 2005). “The deviant and maladapted behaviours that provoked the youth’s placement in an RC [Rehabilitation Centre] could also be interpreted as dysfunctional adaptation tied to experiences of victimization and could consequently only be a reflection or a symptom of deeper traumatic issues that should be investigated and treated (Milot, Collin-Vézina, & Milne 2013, paragraph 9).”

Unfortunately, social services are fragmented between the different problems experienced by youths or their families (Flynn & Adam, 2009). A more generalized view of the problems experienced by an individual would likely encourage a less disjointed approach and a wider collaboration between the diverse interventions and organizations that are able to help (Cyr, Chamberland, Clément & Lessard, 2014). Other than aid and support for the traumatic events they have experienced, these youths may need psychological or even medical treatment for their symptoms. Factors that enable a more coherent intervention for youth with symptoms of trauma include the mutual understanding of organizations’ respective roles and mandates, respect for the abilities of each actor, and accompaniment through the different services offered by the establishments (Flynn & Adam, 2009). This highlights the renewed importance of partnerships between professionals in order for a victim to successfully obtain services adapted to their particular needs.

A generalized view does not mean that polyvictims will not require specialized services. Indeed, they may benefit greatly from specialized treatment for the numerous and diverse traumas they have experienced. The treatment of trauma symptoms by a professional is important, as certain behaviours associated with trauma, such as isolation and dissociation, may put the youth at risk of being further victimized (Sandberg, Lynne & Matorin, 2001; Aho, Gren-Landell & Svedin, 2016). Access to services that are specialized and adapted an individual situation is therefore central to recovery.

Reducing exposure to polyvictimization

It is important to be aware of risk factors and reduce exposure of youth to polyvictimization. Prevention and intervention programs should also investigate the improvement of adaptation strategies for polyvictims, especially if they are exhibiting externalized behaviour problems (Guerra, Ocaranza & Weinberger, 2016).

Intervention efforts with polyvictims should also encourage the reinforcement of their social network and of specific people who are able to offer assistance, all while working on personal adaptation strategies. This can be accomplished by, for example, improving a youth's social skills when seeking help (Guerra, Ocaranza & Weinberger, 2016).

The parents and adults responsible for children or adolescents scaffold their development and should protect and supervise them appropriately. Certain at-risk families, where parents have fewer parental abilities, may be targeted for intervention in order to empower the adults, thereby avoiding youth exposure to potential victimizations. Particular attention should also be accorded to adolescents whose parents are not able to limit risky behaviour outside of the home (runaways, disobedience, etc.) (Aho, Gren-Landell & Svedin, 2016). The YPB could play a key role in many cases, as it often intervenes with these types of families.

Outside of the home environment, school plays an important educational role in promoting healthy relationships. The characteristics of friendly and romantic relationships must be taught and young people must learn how to react appropriately to victimization themselves, since prevention and sensitization programs will never be able to completely stop violence (Aho, Gren-Landell & Svedin, 2016). All professionals working with children and adolescents, such as educators, should dispose of the resources and knowledge necessary to identify these at-risk youths and to know that they are just as likely be the bully as the victim in a conflict situation (Radford, Corral, Bradley & Fisher, 2014).

The wider community must also be prepared to provide supervised public areas and safe services in order to reduce the risk of victimization outside of the home (Aho, Gren-Landell & Svedin, 2016).

Conclusion

The victimization of children and adolescents is an important issue. Victimization studies have found that youth under the age of 18 are more often victimized than adults. Furthermore, children under the care of the Youth Protection Bureau are even more at risk of victimization than their peers in the general population. The identification of key factors that expose youth to polyvictimization, as well as the symptoms that are likely to manifest as a result, is central to well-managed and rapid intervention. When working with a victim, it is extremely important to consider their complete victimization history. Partnerships are key for cohesive and coherent interventions. Different organizations must work together and share their particular expertise in order to offer services that respond to the diverse needs of polyvictims (Flynn & Adam, 2009). By offering adequate and adapted services as early as possible, it is easier to limit the negative aftereffects of victimization experiences, consequently reducing the risk that a young person will present behavioural problems.

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