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Victimization and Poly-victimization in a National Representative Sample of Children and Youth: The Case of Chile

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ABSTRACT

In Chile, there is a little information about child and youth poly-victimization in a national representative sample. The aim of this study was to investigate the lifetime prevalence of victimization and poly-victimization in a large Chilean community sample of children and youth aged 12–18 years. The sample consisted of 19,648 children and youth ($M = 14.72$, $SD = 1.52$), 49.7% males, and 50.3% females, recruited from 699 secondary schools in 15 regions from Chile. The Spanish version of the Juvenile Victimization Questionnaire was applied, assessing six aggregate categories of childhood victimization (conventional crimes, caregiver, peer and sibling, witnessed and indirect, sexual, and electronic victimization). Descriptive analyzes were conducted to establish the prevalence of six types of victimizations and poly-victimization. Odds ratios were used to estimate differences between the genders and age groups. A total of 91.8% males and 93.8% females reported at least one type of victimization in their lifetimes. Females were generally more exposed to victimization than males and older youth were more exposed to victimization than early youth. Results indicated that exposure to multiple types of victimization was very common, indeed, the most victimized group (polivictims) reported 14 or more types of victimization in their lifetimes. This study provided a more general view of the child and youth victimization in Chilean population and new information on the epidemiology of victimization in the international context.

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Violence against children and youth is a global phenomenon and a prevalent public health issue leading to negative outcomes in the mental health and well-being of victims that can span a lifetime (Ford & Delker, 2018). For many years, the prevalence and effect of different forms of violence against children and youth have been studied separately, highlighting the studies that address child abuse, sexual abuse, and violence between peers or bullying (Manly et al., 2013; Nansel et al., 2001; Pereda et al., 2009). However, in the last decade, the

concept of poly-victimization has gained acceptance in specialized literature, given that it has been found that victims of a single form of violence are very rare (Finkelhor et al., 2009a).

Poly-victimization refers to the process of cumulative trauma suffered by individuals exposed to multiple types of interpersonal violence throughout their lives (Finkelhor et al., 2007) and may begin in early childhood. The concept considers the sum of different victimization events, among which are those generated by the caregivers of the child or youth, those generated by their peers or siblings, electronic victimization, victimization by conventional crimes, sexual victimization, and being a witness of family or community violence (Pinto-Cortez et al., 2017). Hence, the concept of poly-victimization seeks to extrapolate the notion of physical poly-traumatization, typically studied in medicine, to the concept of psychological poly-traumatization (Gustafsson et al., 2009). The relevance of this conceptualization addresses the fact that research has shown that the effect of poly-victimization is more harmful to the mental health of the victims than any kind of violence evaluated separately is (Álvarez-Lister et al., 2014; Ford et al., 2010). The reason for this is that unlike the victims of a single type of violence, where the danger is circumscribed to a specific context, the victims of poly-victimization feel vulnerable to violence in several or all of their various contexts. It increases the feeling of vulnerability and hopelessness and generates a state of chronic stress (Finkelhor et al., 2007). In this line, there are many empirical studies that have shown a relationship between childhood and youth poly-victimization and mental health problems (Cudmore et al., 2015). Evidence has also found a relationship between poly-victimization and general health problems (Price-Robertson et al., 2013) and alterations in brain development (Cook et al., 2005). Likewise, there is evidence that the negative consequences of child and adolescent poly-victimization last until adulthood (Pereda & Gallardo-Pujol, 2014). Considering the preceding information, it is necessary to know the prevalence of poly-victimization in the population to plan intervention strategies, aimed at both preventing poly-victimization and treating its consequences. However, although there are estimates of poly-victimization in North America (Cyr et al., 2013; Finkelhor, Ormrod, et al., 2005) Europe (Pereda et al., 2014; Radford et al., 2013), and Asia (Chan, 2013; Le et al., 2015), few studies have addressed this phenomenon in Latin America.

Chile is the exception in the region, since it has some studies that address the prevalence of the problem (Pinto-Cortez et al., 2017) and its consequences (Guerra et al., 2016). These seminal studies, however, present several limitations, being the most relevant that are focused on specific regions of the country leaving figures of a more representative portion of national territory unstudied. Thus, the study by Pinto-Cortez et al. (2017) established the prevalence of poly-victimization in a sample of 706 youth living in the north-region of Chile (Arica). This study concluded that youth between 12 and 14 years old experience an average of 6.63

types of victimization during their lives, while youth between 15 and 17 years old experience 6.41 types of victimization on average throughout their lives. Concerning the poly-victims, it was evidenced that 10% of victimized children and youth suffered 12 or more different types of victimization throughout their life. When compared by age group, children and youth between 12 and 14 years old experience 14 or more types of victimization throughout their lives and older youth, between 15 and 17 years old, experience 12 or more types of victimization (Pinto-Cortez et al., 2017). These results are in the opposite direction to the theoretical suppositions and the findings of previous international studies (Cyr et al., 2013; Finkelhor et al., 2009b; Pereda et al., 2014) which have found that victimization increases with age, possibly because at an older age, more time has passed to accumulate a significant number of experiences (Finkelhor et al., 2009b). Because age-related differences have been widely observed in childhood victimization, several studies (Finkelhor et al., 2009b; Finkelhor, Turner, et al., 2011; Radford et al., 2013) on poly-victimization have recommended the use of cutoff points according to the age analyzed when identifying poly-victims. However, the seminal study carried out in Chile (Pinto-Cortez et al., 2017) leaves a gap in this regard, since it does not make the age-related differences clear. Therefore, the main objective of this study is to estimate the prevalence of victimization and poly-victimization throughout the lives of a national sample of Chilean children and youth to facilitate comparison with national (Pinto-Cortez et al., 2017) and international studies (Cyr et al. 2013; Finkelhor et al., 2007; Pereda et al., 2014) that have used similar methodologies.

Method

Participants

The study of victimization and poly-victimization in Chilean children and youth was carried out based on the analysis of the Encuesta Nacional de Polivictimización (ENP) (National Polivictimization Survey). This survey was an initiative of the Ministry of the Interior of Chile through the Subsecretariat for the Prevention of Crime and the National Council for Children and as representative of all Chilean children and youth. The sample was composed of 19,648 children and youth between 12 and 18 years old ($M = 14.72$, $SD = 1.52$) from 699 educational establishments in the 14 regions of Chile. The sampling was probabilistic and multistage concerning: (1) type of institution (public, private, or subsidized), (2) grade, and (3) students in each grade. The sampling frame was the 2016 directory of enrollments and institutions from the Ministry of Education of Chile, and the sampling error was +0.7 percentage points, maximum variance, and 95% confidence. Regarding the characteristics of the sample, 49.7% were males; 96.2% were born in Chile, 3.3% in another Latin American country, and 0.5% in another country outside Latin America; 94.9% of their mothers were born

in Chile; and 48.8% belonged to a nuclear family type. With concern to ethnic background, 86.7% were Hispanic (Latin American) 10.2% were Mapuche, 0.8% were Aymara and 2.3% were from other ethnic groups. Additionally, 5.6% reported a physical disability (mobility, speech disorder, or deafness) and 2.4% reported a mental or intellectual disability. See [Table 1](#) for a complete list of the sample characteristics.

Measures

Data for the study was collected using an anonymous, self-completed questionnaire of fixed-choice items, including study-specific questions and standardized measures.

Sociodemographic data

Sociodemographic data were collected through a survey designed to obtain information regarding age (grouped into 12 to 14 years old or 15 to 18 years old), sex (male or female), family composition (living with two parents, living with one parent, or living with extended family such as living with other family members in the same house), place of birth, place of mother's birth, ethnic background, and disability.

Victimization

Victimization was assessed through the Juvenile Victimization Questionnaire (JVQ; Finkelhor, Hamby, et al., 2005). A version adapted to the Chilean context was used based on the Spanish translation of the instrument by the Research

Table 1. Sample characteristics.

Variable	Male		Female		Total	
	<i>n</i>	%	<i>n</i>	%	<i>N</i>	%
Age						
12 to 14	4531	42.9	4936	46.1	9467	44.5
15 to 18	4859	57.1	5023	53.9	9882	55.5
Place of birth						
Chile	9369	96.3	9555	96.2	18924	96.2
Other	360	3.7	376	3.8	736	3.8
Place of birth of mother						
Chile	9248	94.9	9387	94.8	18635	94.9
Other	498	5.1	515	5.2	1011	5.1
Ethnic background ^a						
Hispanic	8462	86.6	8572	86.8	17034	86.7
Mapuche	975	10.0	1030	10.4	2004	10.2
Aymara	68	0.7	89	0.9	157	0.8
Other	256	2.7	188	1.9	453	2.3
Geographical area						
Northern	1325	13.6	1337	13.5	2662	13.5
Central	2075	21.3	2109	21.3	4184	21.3
Southern	2504	25.7	2574	26.0	5078	25.9
Metropolitan ^b	3840	39.4	3882	39.2	7721	39.3

^aEthnic background of the child

^bInclude only capital of Chile (Santiago)

Group on Child and Adolescent Victimization (Grup de Recerca en Victimització Infantil i Adolescent (GReVIA)) of the University of Barcelona. The JVQ self-administered version used in the study included 32 forms of victimization against children and youth, grouped into six modules or domains: conventional crime (7 items), caregiver victimization (4 items), peer and sibling victimization (5 items), sexual victimization (7 items), witnessing violence and indirect victimization (7 items), and electronic victimization (2 items). This format can be used as a tool for early detection and/or monitoring, and its questions are about different types of victimization suffered by the children and youth throughout their lives and in the preceding year. Overall, the JVQ has demonstrated good psychometric properties (Finkelhor, Hamby, et al., 2005), and reliability between 0.82 and 0.84 has been identified for the valuation of victimization in the last year and throughout life, respectively. The internal consistency for the total JVQ and for each of its modules was calculated using Omega's alpha as a measure of coherence. Omega's coefficient has been shown to be more accurate than Cronbach's alpha, reducing the risks of overestimating or underestimating reliability (Dunn et al., 2014). In the present study JVQ omega (ω) coefficients were .84 for the conventional crime domain, .78 for the child maltreatment domain, .75 for the peer and sibling victimization domain, .88 for the sexual victimization and assault domain, .83 for the indirect victimization domain, and .47 for the electronic victimization domain.

Procedure

The data collection was conducted during the months of September and December of 2017 in the schools of the participants. On the day of the assessment (at different times for each school), the informed consent of each participant in the study was obtained, and the non-obligatory nature of their participation in the research was discussed at the same time. The study was conducted in accordance with the Declaration of Helsinki (World Medical Association – Declaration of Helsinki, 2008). Once the participants had agreed, they were informed that they could stop answering the survey at the time they wanted if they were uncomfortable about any question or skip any questions they did not wish to answer. Subsequently, the instrument set was provided to each student. The assessment was done by self-reporting in the classroom of the participants in the presence of a qualified facilitator and in the absence of the teacher. The questionnaires remained anonymous. Moreover, psychosocial accompaniment was provided to participants who were victims and their families, if the situation so required.

Data analysis

Data was analyzed using SPSS 22. Descriptive statistics were performed to obtain the total number of victimizations, the mean number of victimizations among victims, and the top 10th percentile of the number of victimizations. The cutoff point of 10% allowed us to identify the extremely victimized group of participants, or poly-victims (Finkelhor, Ormrod, et al., 2009b). To estimate gender and age (12–14 and 15–18-year-age groups) differences between types of victimization, the odds ratio (OR) was calculated with 95% confidence intervals (CIs), not including a value of 1. To perform an estimate between gender and age group differences on poly-victimization, a continuous variable including the sum of all types of victimization was created (poly-victimization). The mean number of victimizations was calculated based on age and gender with regard to each JVQ module. When comparing the number of lifetime victimizations between age groups using the *t* Student test, a $p < .05$ was considered statistically significant.

Results

Of the 19,648 children and youth who participated in the present study, 92.6% reported at least one type of victimization in their lifetime (91.8% male and 93.8% female, $OR = 0.93$, 95% $CI [0.58, 1.48]$). See Table 2 for a complete list of victimization types and rates. The table also shows differences regarding age and gender.

Conventional crime

Approximately, 76.1% of participants reported experiencing conventional crime in their lives (77.6% males and 74.5% females). The most common conventional crimes were assault without weapon (52.3%), vandalism (39.3%), personal theft (38.6%) and attempted assault (31.5%). In addition, bias attack ($OR = 1.23$, 95% $CI [1.14, 1.32]$), personal theft ($OR = 1.17$, 95% $CI [1.10, 1.24]$) and attempted assault ($OR = 1.10$, 95% $CI [1.03, 1.17]$) were significantly more frequently reported by females than by males.

On the other hand, vandalism ($OR = 0.86$, 95% $CI [0.81, 0.91]$), robbery ($OR = 0.76$, 95% $CI [0.69, 0.84]$), assault without weapon ($OR = 0.69$, 95% $CI [0.65, 0.73]$) and assault with weapon ($OR = 0.44$, 95% $CI [0.40, 0.48]$) were significantly more frequently reported by males than by females.

Regarding age, robbery ($OR = 1.48$, 95% $CI [1.34, 1.64]$), personal theft ($OR = 1.41$, 95% $CI [1.33, 1.50]$), assault with weapon ($OR = 1.41$, 95% $CI [1.2934, 1.55]$), attempted assault ($OR = 1.35$, 95% $CI [1.27, 1.44]$) and assault without weapon ($OR = 1.13$, 95% $CI [1.06, 1.19]$), were most frequently reported by older youth (15 to 18 years old) than by children and younger

Table 2. Lifetime victimization prevalence in Chilean children and youth.

Victimization	Lifetime victimization							
	Victimized		Gender (%)			Age (%)		
	<i>n</i>	%	M	F	OR	12–14	15–18	OR
C. Conventional crimes	13141	76.1	77.6	74.5	0.84*	73.3	78.6	1.34*
C1. Robbery	1730	9.5	10.6	8.4	0.76*	7.8	11.1	1.48*
C2. Personal theft	7333	38.6	36.7	40.5	1.17*	34.4	42.6	1.41*
C3. Vandalism	7378	39.3	41.1	37.5	0.86*	40.2	38.4	0.93*
C4. Assault with weapon	2044	10.9	14.7	7.1	0.44*	9.2	12.5	1.41*
C5. Assault without weapon	9822	52.3	57.0	47.7	0.69*	50.7	53.8	1.13*
C6. Attempted assault	5889	31.5	30.4	32.5	1.10*	28.1	34.7	1.35*
C7. Bias attack	3265	17.4	15.9	18.9	1.23*	17.8	17.1	0.94
M. Caregiver victimization	9161	51.2	43.4	58.8	1.86*	54.6	47.6	1.32*
M1. Physical abuse	5454	29.0	26.7	31.4	1.25*	26.6	31.3	1.25*
M2. Psychological/emotional abuse	7227	38.4	27.0	49.5	2.65*	35.3	41.3	1.29*
M3. Neglect	1262	6.8	5.2	8.3	1.64*	6.1	7.4	1.24*
M4. Custodial interference/family abduction	1413	7.7	6.7	8.6	1.30*	8.0	7.4	0.91
P. Peer and sibling victimization	10889	60.3	58.6	62.1	1.15*	58.0	62.4	1.20*
P1. Gang or group assault	1810	9.8	11.3	8.3	0.70*	9.0	10.5	1.19*
P2. Peer or sibling assault	7303	38.9	45.0	32.8	0.59*	37.0	40.6	1.16*
P3. Physical intimidation	3580	19.1	17.1	21.1	1.30*	20.0	18.3	0.89*
P4. Verbal/relational aggression	6623	35.0	24.0	45.7	2.66*	34.2	35.8	1.07*
P5. Dating violence	781	4.2	4.1	4.3	1.04	2.5	5.8	2.41*
S. Sexual victimization	4501	25.0	19.9	30.0	1.72*	17.7	31.9	2.18*
S1. Sexual abuse/assault by known adult	798	4.3	1.1	7.4	7.47*	3.5	5.0	1.46*
S2. Sexual abuse/assault by unknown adult	900	4.8	1.6	8.0	5.53*	3.7	5.9	1.65*
S3. Sexual abuse/assault by peer/sibling	656	3.5	2.6	4.4	1.68*	2.9	4.1	1.46*
S4. Forced sex (including attempts)	493	2.6	1.7	3.5	2.08*	2.0	3.2	1.61*
S5. Flashing/Sexual exposure	1104	5.9	4.4	7.4	1.72*	4.9	6.9	1.44*
S6. Verbal sexual harassment	1887	10.0	6.2	13.8	2.41*	9.9	10.2	1.03
S7. Statutory rape /sexual misconduct	1820	9.8	10.2	9.3	0.89*	2.4	16.6	8.10*
W. Witnessing and indirect victimization	14508	82.1	80.8	83.4	1.19*	77.1	86.6	1.92*
W1. Witness to domestic violence	2403	12.8	9.4	16.2	1.86*	11.4	14.2	1.29*
W2. Witness to parent assault to sibling	1814	9.7	7.2	12.3	1.81*	8.7	10.7	1.27*
W3. Witness to assault with weapon	3120	16.8	19.0	14.7	0.73*	13.5	19.9	1.59*
W4. Witness to assault without weapon	9103	48.1	50.1	46.3	0.85*	40.9	55.0	1.76*
W5. Burglary of family household	6714	35.7	32.5	38.8	1.31*	32.4	38.8	1.32*
W6. Exposure to random shootings, terrorism or riots (community violence)	10138	54.6	56.1	53.2	0.89*	46.7	62.0	1.86*
W7. Exposure to acts of discrimination (ethnic background, disability, sexual orientation)	10133	53.9	50.5	57.2	1.31*	48.6	58.8	1.50*
INT. Electronic victimization	5713	30.9	21.4	40.1	2.46*	26.1	35.4	1.55*
INT1. Harassment	4321	23.0	16.7	29.1	2.04*	20.6	25.2	1.29*
INT2. Sexual solicitations	3154	17.0	8.9	24.8	3.35*	12.9	20.8	1.77*

OR = odds ratio; Sample = 19,648

**p* < .05.

youth (12 to 14 years old). Vandalism (OR = 0.93, 95% CI [0.87, 0.98]) was reported more frequently by younger children and youth than by older youth.

Caregiver victimization

Over half (51.2%) of the participants reported some type caregiver victimization throughout their lifetimes. The most frequent types of victimization were psychological/emotional abuse (38.4%) and physical abuse (29.0%). Likewise, females were significantly more victimized via physical abuse ($OR = 1.25$, 95% $CI [1.18, 1.34]$), psychological/emotional abuse ($OR = 2.65$, 95% $CI [2.49, 2.81]$), neglect ($OR = 1.64$, 95% $CI [1.46, 1.85]$) and custodial interference/family abduction ($OR = 1.30$, 95% $CI [1.17, 1.45]$) than were males. Older youth were more victimized throughout their life than were younger ones. Specifically, older youth were significantly more victimized via physical abuse ($OR = 1.25$, 95% $CI [1.17, 1.33]$), psychological/emotional abuse ($OR = 1.29$, 95% $CI [1.21, 1.36]$) and neglect ($OR = 1.24$, 95% $CI [1.10, 1.39]$) than were younger youth (12 to 14 years old).

Peer and sibling victimization

A total of 60.3% of the study participants reported experiencing at least one type of victimization by their peers or siblings. The most frequent types of victimization were peer or sibling assault (38.9%) and verbal/relational aggression (35%). Females were more prone to being victims of verbal/relational ($OR = 2.66$, 95% $CI [2.50, 2.83]$) and physical intimidation ($OR = 1.30$, 95% $CI [1.20, 1.39]$) than were males. In contrast, gang or group assault ($OR = 0.70$, 95% $CI [0.64, 0.78]$) and peer or sibling assault ($OR = 0.59$, 95% $CI [0.56, 0.63]$) were significantly more frequently reported by male than by females. Important age differences were found regarding peer and sibling victimization: dating violence ($OR = 2.41$, 95% $CI [2.06, 2.34]$), peer or sibling assault ($OR = 1.16$, 95% $CI [1.09, 1.23]$) and verbal/relational aggression ($OR = 1.07$, 95% $CI [1.01, 1.13]$) were significantly most commonly reported by older youth. However, physical intimidation ($OR = 0.89$, 95% $CI [0.83, 0.96]$) was significantly more frequently reported by participants who were between 12 and 14 years old.

Sexual victimization

A quarter (25%) of the participants reported some form of sexual victimization throughout their lives. Verbal sexual harassment (10%) and statutory rape/sexual misconduct (9.8%) were the most frequently reported types of victimization. Females experienced statistically more sexual victimization: sexual abuse/assault by known adult ($OR = 7.47$, 95% $CI [6.03, 9.24]$), sexual abuse/assault by unknown adult ($OR = 5.53$, 95% $CI [4.61, 6.63]$), verbal sexual harassment ($OR = 2.41$, 95% $CI [2.18, 2.67]$), forced sex (including attempts) ($OR = 2.08$, 95% $CI [1.72, 2.52]$), flashing/sexual exposure ($OR = 1.72$, 95% $CI [1.51, 1.95]$) and sexual abuse/assault by peer/sibling ($OR = 1.68$, 95% $CI [1.43, 1.98]$). Only

statutory rape/sexual misconduct ($OR = 0.89$, 95% $CI [0.81, 0.98]$) was significantly more reported among male than female.

Regarding comparison between age groups, the older group tended to report higher rates of statutory rape/sexual misconduct ($OR = 8.10$, 95% $CI [7.00, 9.36]$), sexual abuse/assault by unknown adult ($OR = 1.65$, 95% $CI [1.43, 1.89]$), forced sex (including attempts) ($OR = 1.61$, 95% $CI [1.34, 1.94]$), sexual abuse/assault by known adult ($OR = 1.46$, 95% $CI [1.26, 1.69]$), sexual abuse/assault by peer and sibling ($OR = 1.46$, 95% $CI [1.25, 1.72]$) and flashing sexual/exposure ($OR = 1.44$, 95% $CI [1.27, 1.63]$).

Witnessing violence and indirect victimization

A total of 82.1% participants reported indirect victimization during their life. The most frequent types of indirect victimization were exposure to community violence (54.6%), exposure to acts of discrimination (53.9%), being witness to assault without weapon (48.1%), and burglary of family household (35.7%). Female participants were more likely to be the target of this form of victimization than males were, specifically in being witness to domestic violence ($OR = 1.86$, 95% $CI [1.70, 2.03]$) and exposure to acts of discrimination ($OR = 1.31$, 95% $CI [1.23, 1.39]$), whereas male reported significantly more frequent exposure than female did to community violence ($OR = 0.89$, 95% $CI [0.84, 0.94]$), being witness to assault without weapon ($OR = 0.85$, 95% $CI [0.81, 0.90]$) and being witness to assault with weapon ($OR = 0.73$, 95% $CI [0.68, 0.79]$).

Regarding age differences, older youth were more likely than younger ones to report all forms of witnessing and indirect victimization over their lifetimes, especially for exposure to acts of discrimination ($OR = 1.50$, 95% $CI [1.42, 1.59]$), burglary of family household ($OR = 1.32$, 95% $CI [1.24, 1.40]$), being witness to domestic violence ($OR = 1.29$, 95% $CI [1.18, 1.41]$) and being witness to parent assault of a sibling ($OR = 1.27$, 95% $CI [1.15, 1.40]$).

Electronic victimization

Electronic victimization was reported by 30.9% of the participants during their lifetimes, with higher rates found in girls than in boys. Lifetime sexual solicitations (17.0%) were less common than electronic harassment using electronic devices (23.0%), especially for boys. Differences between the age groups were found in sexual solicitations ($OR = 1.77$, 95% $CI [1.64, 1.92]$) and electronic harassment $OR = 1.29$, 95% $CI [1.20, 1.38]$), both of which were higher in the older group.

Table 3. Victimization types and score thresholds according to gender and age group.

	Lifetime (%)				
	Gender		Age		Total
	M	F	12–14	15–18	
(n = 9795)	(n = 9554)	(n = 9390)	(n = 9959)	(n = 19349)	
No victimization	8.2	6.2	9.6	5.1	7.2
1–3 victimizations	21.3	19.9	24.1	17.5	20.6
4–6 victimizations	24.6	22.4	24.0	23.0	23.5
7 victimizations and over	45.9	51.5	42.3	54.4	48.8
Number of victims	6662	7071	6225	7454	13,679
Mean number of victimizations among victims (SD)	6.59 (4.75)	7.50 (5.29)	6.27 (4.89)	7.74 (5.09)	7.05 (5.05)
Child above mean	38.2	44.4	34.9	47.0	41.3
Number of victimization in the top 10th percentile	13+	15+	13+	15+	14+
Child above top 10th percentile	11.3	11.2	11.3	10.4	11.2

Poly-victimization

Information regarding poly-victimization in Chilean children and youth is shown in Table 3. Following the criterion proposed by Finkelhor and colleagues for poly-victimization throughout the lifetime (Finkelhor, Ormrod, et al., 2009b), the top 10% of children could be defined as serious poly-victims because they experienced the highest numbers of cumulative victimizations. In our study, 13+ victimizations for the 12–14-year-old age group and 15+ victimizations for the 15–18-year-old age group were established as thresholds for lifetime poly-victimization. The mean total types of lifetime victimization among victims was approximately seven, and significant age differences were detected ($t = 135.71, p < .05$).

Table 4 shows the number of domains in the JVQ and lifetime poly-victims (the top 10% of the youth with the highest number of lifetime victimizations in each age group). The results show that, while the majority of non-poly-victims experienced victimization in fewer than three domains, all lifetime poly-victims reported victimization in at least three domains and more than half reported victimization in the six domains evaluated (59.8% for the 12–14-year-old group and 65.1% for the 15–18-year-old group).

Table 4. Number of modules of victimization according to lifetime poly-victimization status and age group.

Number of Modules ^a	12–14 years old		15–18 years old	
	Poly-Victims (%) ²	Others (%) ²	Poly-Victims (%) ²	Others (%) ²
No victimization	-	10.5	-	5.9
One module	-	13.7	-	10.4
Two modules	-	16.8	-	14.6
Three modules	0.2	22.6	0.3	22.3
Four modules	9.9	21.5	6.2	24.5
Five modules	30.2	11.5	28.4	16.8
Six modules	59.8	3.3	65.1	5.7

^aModules included are from the JVQ: Conventional crimes, victimization by caregivers, peer and sibling victimization, sexual victimization, witnessing and indirect victimization, and electronic victimization.

Two Percentage of participants who have experienced victimization in that number of modules.

Discussion

The objective of the present study was to determine the prevalence of victimization and poly-victimization in a large national representative sample of Chilean children and youth. In this context, it can be established that the level of victimization prevalence in Chile (92.6%) is higher than in some North American countries (76% in Canada reported by Cyr et al., 2013; 80% in the United States reported by Finkelhor, Ormrod, et al., 2009b) and Europe (84.1% in Sweden in reported by Aho et al., 2016; 83% in Spain reported by Pereda et al., 2014) and higher than some Asian countries (70% in China reported by Chan, 2013) where studies have been conducted with the same measurement instrument. However, when comparing the figures obtained, in the present study with the seminal study on victimization and poly-victimization carried out in Chile (89% in Pinto-Cortez et al., 2017), a higher rate of victimization is also observed. This can be explained by the fact that in the present investigation, more Chilean cities were included (15 regions), unlike the seminal study in which only the city of Arica was studied. On the other hand, the differences found in both Chilean studies on victimization and poly-victimization can also be explained because Arica is the city with low crime rate according to official reports from the Chilean government (INE, 2017). However, the high prevalence of victimization in children and youth reflected in both Chilean studies, even higher than those detected in developing countries, is striking (Le et al., 2015). This adds to evidence from previous findings in regards to the high rates of violence toward children and youth in Chile and Latin America (Imbusch et al., 2011), so this issue should be considered due to the seriousness that this situation entails.

With regards to patterns of victimization in Chilean children and youth, it is observed that the most frequent types of victimizations are indirect victimization (82.1%), conventional crimes (76.1%), and victimization by peers and siblings (60.3%). There are significant differences between male and females, since these crimes affect females more frequently than they do males. The data analyzed follow the same trend as the international context (considering that the figures obtained are higher in Chile) and follow a similar trend to the previous Chilean study (Pinto-Cortez et al., 2017), where the highest reported types of victimization were conventional crimes (70%), indirect victimization (63.2%), and victimization by peers and siblings (50%). By examining both Chilean studies on victimization, the high levels of violence experienced by children and youth in relational and community contexts should be kept in mind. These contexts failed to constitute safe spaces and provide social support for the healthy development of young people (Wellman, 2018), and show

the striking exposure to violence outside the family that Latin-American children must cope with (Fries et al., 2013).

It is worth noting that many of the types of violence that affect these young people (for example, bias attack, or being witness to community violence) are not classified entirely in Chilean legal norms, as forms of violence. As a consequence, the types of extra-familial violence are invisible and therefore minimized or denied by family contexts, which downplays the negative effects that they may have on children's and youth psychological development. Other forms of victimization, although less frequent in the sample analyzed, are also high, such as victimization by caregivers (51.2%), electronic victimization (30.9%) and sexual victimization (25.0%). It should be noted that the prevalence of victimization of these types of violence is higher than those found in previous studies of child victimization in the national context (Pinto-Cortez et al., 2017) and the international context (Cyr et al., 2013; Pereda et al., 2014) and shows the severity of the problem of child victimization in Chile.

Concerning the victimization by caregivers, the high rate of psychological/emotional abuse highlights the magnitude of a problem that is not very visible nor socially recognized but that leaves significant sequelae in children's psychological development (Kugler et al., 2018). The high rates of victimization by caregivers have been attributed to the normalization of violence toward children in Chilean culture (Ma et al., 2012). This violence is especially prevalent within families, although it has been over two decades since the International Convention of the Rights of Children and Youth, wherein children were declared as persons with their own rights, and there have been three decades of studies on the harmful effects of child maltreatment (Carr et al., 2018). Nevertheless, in most Chilean families, there are firmly entrenched beliefs that the education of children belongs in the private sphere, where third parties (including the state) cannot intervene (Aracena et al., 2002). These mistaken beliefs put children in a position where they are vulnerable to child abuse within families, especially to psychological abuse, which leaves less physical evidence. Previous studies have shown that the family and the systems of care can play a fundamental role in the protection or risk of developing mental health problems (Vidal et al., 2017). In particular, the formation of early emotional bonds, more specifically the attachment bond (with its spectrum of insecurity), is a significant predictor of risk for the development of various mental health problems for children (Demby et al., 2017). A family that tends to use emotional abuse as a method of parenting has a greater chance of developing an unsafe foundation for children (Holmes, 2014).

As for electronic victimization, the figures are high, which shows the widespread use of social network sites made by Chilean children, in fact 89% of Chilean children access the Internet through a device of their own, four out of 10 children and young people spend more than three hours connected to their cell phones and more than half of children and young people connect to their

cell phones starting at 7 am. (SUBTEL, 2018). This usage can lead to several situations of risk, including, electronic victimization. In fact, data from official reports indicate that 20% of Chilean children between the ages of 8 and 14 have unknown contacts on social network sites (SUBTEL, 2018).

Special interest should be taken in the high rates of sexual victimization, which surpass those reported in previous Chilean studies that focus only on the evaluation of sexual abuse and does not include other forms of sexual victimization (Ysern De Arce & Becerra Aguayo, 2006). In this regard, the inclusion of other forms of sexual victimization against children and youth (not included in the previous studies of sexual abuse in Chile) reveals a higher prevalence of this form of violence. It can be established that the rates of sexual victimization found in Chilean studies have varied due to methodological and conceptual problems resulting from what authors have considered sexual victimization. In this regard, the studies that have assessed child victimization from a more comprehensive perspective (Pinto-Cortez et al., 2017, Pinto-Cortez, Gutiérrez-Echegoyen, et al., 2018), as the present research does, are more complete and reflect more accurately the extent of the problem of sexual victimization against children and youth.

Consistent with the theoretical suppositions and the findings of previous studies (Cyr et al., 2013; Finkelhor et al., 2009b; Pereda et al., 2014), older Chilean youth reported more victimization than younger children, since they tend to accumulate more victimizations as time progresses (Finkelhor et al., 2007). Although results were found in the opposite direction (younger youth reported more victimization rates) in the seminal Chilean study (Pinto-Cortez et al., 2017), these previous results can be attributed to problems of a methodological nature, since in that study, a non-probabilistic sample was used. As a consequence, a smaller number of younger youth and a higher number of youth between 15 and 18 years old participated, which may have caused a bias effect, as well as low representativeness and less dispersion of victimization data in younger youth. This issue is addressed in the present study which used a broad probabilistic sample of the entire nation. Regarding gender differences, women tend to experience more victimization in practically all the domains analyzed. Females reported more serious assaults related to conventional crimes, such as personal theft and attempted assault; all types of victimization by caregivers, physical abuse, psychological/emotional abuse, neglect, custodial interference/family abduction; peer victimization, such as bullying, emotional bullying, dating violence; sexual victimization, as sexual assault by known adult, sexual assault by unknown adult, sexual assault by peer, rape (attempted or completed), flashing, verbal sexual harassment; being witness to domestic violence, being witness to parent/sibling assault, being witness to assault with weapon, burglary of family household, exposure to acts of discrimination and electronic victimization. These findings are coincident with previous studies on victimization and poly-victimization carried out in Chile with children (Pinto-Cortez et al., 2017) and adults (Pinto-

Cortez, Gutiérrez-Echegoyen, et al., 2018) where a higher prevalence of victimization in women was also observed. The problem of violence against women in Chile is an extensive problem, with rates even higher than those observed in other investigations in the international context, where women reported a higher prevalence of sexual victimization (Cyr et al., 2013; Pereda et al., 2014) and indirect victimization (Cyr et al., 2013; Pereda et al., 2014). However, investigations in the international context do not present a pattern of violence as broad as what was observed in Chilean studies. In this regard, the problem of violence against women in Latin America has been analyzed in previous research (Viveros-Vigoya, 2016), and the socialization of gender and the cultural values of machismo have been identified as triggering factors of this problem (Jasinski, 2001).

Poly-victimization

In the present investigation, it was identified that Chilean poly-victims experience 14+ types of victimization throughout their lives, a threshold that surpasses that found in previous research carried out in northern Chile, where it was detected that children and youth poly-victimized experienced 12+ types of victimization throughout their lives (C. Pinto-Cortez et al., 2017). It should be highlighted that the high number of victimization experiences reported by Chilean poly-victims (range between 12+ and 14+ victimizations throughout a lifetime) surpasses the studies of Radford et al. (2013) in the United Kingdom and Turner et al. (2010) in the United States (12+ and 11+, respectively) and is much higher than the studies by Pereda et al. (2014) in Spain and Cyr et al. (2013) in Canada (8+ and 9+ types of victimization, respectively). Furthermore, in the present study, more than half of the poly-victims reported having experienced victimization in all domains evaluated. The data collected in the present investigation were projected in the seminal Chilean study (Pinto-Cortez et al., 2017), as that study expected that by including a larger sample of the national territory, the reported amount of violence toward children would increase (Pinto-Cortez et al., 2017). This panorama confirms that violence in Chile is a severe and widespread problem that public policy must take into consideration. This is especially true because of the negative effects produced by the accumulation of experiences of violence throughout the lives of children and youth. As demonstrated in previous research, poly-victimization increases the risk of mental health problems (Álvarez-Lister et al., 2014), criminal behavior (Ford et al., 2010), and re-victimization (Pereda & Gallardo-Pujol, 2014). As described by Finkelhor et al. (2007), for Chilean youth, victimization is presented more as a life condition than as a specific situation.

Limitations

Despite the significant contribution of this study to the knowledge of child victimization in Chile, there are a number of limitations. One limitation is the narrow scope of the investigation. Thus, other factors (beyond sex and age) that could be associated with a higher risk of victimization from an explanatory perspective were not considered. Nor was a criterion measure used to relate the poly-victims with higher scores in some mental health descriptors, such as post-traumatic stress, which has been the disorder most correlated with poly-victimization in previous investigations, both in Chile (Pinto-Cortez, Moraga, et al., 2018) and in the international context (Chan, 2013; Finkelhor, Shattuck, et al., 2011). Finally, the ethnic origin of the participants has not been established with precision, which is important to define, since previous research has documented that members of ethnic minorities have worse mental health than those who do not belong to minorities (Oyarce & Pedrero, 2006; Pedrero, 2014), therefore, it would be important to identify how interpersonal violence contributes to the mental health problems of Chilean ethnic minorities.

Practical implications

Despite the limitations, this study has significant practical implications for research, clinical intervention, and public policy. In relation to research, the results of this study should be considered as a reference for researchers who set out to study child victimization in Chile since it is the most extensive study that has been conducted in this area, and it also considers a comprehensive and updated international framework of child and adolescent victimization, including poly-victimization. In this context, the present study adds to the previous study on poly-victimization in Chile (Pinto-Cortez et al., 2017), providing cutoff points (+12 to +14) for the identification of at-risk groups in the country (Segura et al., 2018), and, as a consequence, the application of intervention strategies adjusted to the needs of these victims that allow the prevention of the negative effects of victimization. For example, to materialize this purpose, protocols for evaluating a wide range of child and adolescent victimization experiences should be developed in the programs of the protection system (Servicio Nacional de Menores, SENAME). Additionally, in considering public policy, the results of this research can be used for the design of comprehensive care programs for children since, at present, the attention to children and youth who are harmed is carried out in specialized programs that address each type of violence separately. For example, children and youth exposed to indirect victimization can be cared for by the Ministry of Women and Gender Equity (Servicio Nacional de la Mujer y Equidad de Género) or by the National

Services of Minors (Servicio Nacional de Menores), children who are victims of violent crimes can be cared for by the Centers of Attention to Victims of the Ministry of the Interior (Centro de Atención a Víctimas del Ministerio del Interior de Chile), and children who are victims of sexual abuse can be cared for by SENAME. What often results are psychological interventions that deviate between programs and that go in opposite directions of integrated attention, making a comprehensive theoretical framework of victimization difficult. Finally, the results can also be used by to the Ministry of Education to generate prevention programs for children and their families focused on schools, since early detection it the first step to successful intervention (Winkel et al., 2003).

Conclusions

This study has allowed us to corroborate that high levels of victimization and poly-victimization are reported by children and youth in Chile. Likewise, violence affects females more than males, and as time goes on, older youth experience more types of victimizations. The spread of violence from family and community spaces can be an aggravating factor in the victimization of children in Chile. These results demand an urgent response in the national public policy toward children.

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