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Amber E. Krushas · Teresa C. Kulig · Morgan Goslar

A Review of Personal Recurrent Victimization

Examining the Literature on Recurrent, Repeat, Multiple, Poly, and Revictimization

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Amber E. Krushas • Teresa C. Kulig
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Springer

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Preface

This SpringerBrief summarizes the literature on personal recurrent victimization—broadly defined as experiencing more than one personal victimization. Although all victimizations are harmful, the harm associated with recurrent victimization is considerable, impacting mental, physical, social, and financial health. In an effort to guide intervention and prevention efforts, many studies have examined how and why some individuals experience more than one victimization. Different categories are used in this research that describe ways individuals can be victimized more than once, including (1) recurrent victimization, (2) repeat victimization, (3) multiple victimization, (4) poly-victimization, and (5) revictimization.

This text reviews prior work on these five categories of personal recurrent victimization to provide an overview of this research in an accessible yet comprehensive way. A total of 583 peer-reviewed research articles were examined (553 unique articles), with patterns across studies summarized. Here, summaries of definitions and/or operationalizations, samples, methods, and prevalence rates are documented across research studies to provide context to readers on each category. The goal of these efforts is to expand the field's knowledge surrounding these experiences of recurrent victimization. By extending what we know about these harms, researchers and practitioners may be better able to respond to victims in need.

This text is designed so that readers are able to jump to the chapter or chapters relevant to their work to get a sense of the state of the literature. As such, this SpringerBrief is an excellent tool for students, researchers, and practitioners to use, providing a convenient guide on what we know about personal recurrent victimization.

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Chapter 1
An Introduction to Recurrent Victimization

An online search of the term "recurrent victimization"[1] yields results that include "recurring victimization," "recurrent victimization," "multiple victimization," and "repeat victimization," among others. While each of these terms indicate that more than one victimization has occurred, they represent completely separate phenomenon related to ongoing victimizations. That is, these terms can be used to describe very different experiences of harm. Language matters and so does the way in which victimization is discussed. The nuance in how scholars and practitioners present this information can impact how the general population understands these experiences, how researchers define and operationalize constructs, and how policy responses are enacted (Spector & Kitsuse, 1977).

Although these categories can represent unique experiences, the larger concern is that there can be quite a bit of variation in how the same term is operationalized and measured in the literature. In other words, scholars may perceive these topics differently and are not consistently using the same definitions to discuss the categories of recurrent victimization in the work that they publish (Matos et al., 2014).[2] Systematic reviews, of course, exist to synthesize the impressive and decades-long

[1] "Recurrent victimization" is used throughout this SpringerBrief to represent experiencing more than one victimization generally, unless otherwise noted.

[2] As a real-world example of these discrepancies, some authors of this SpringerBrief have received inconsistent feedback from reviewers on articles published on this topic generally or sub-categories specifically. For example, on one manuscript assessing poly-victimization (Kulig et al., 2024), anonymous peer reviewers discussed similarities between poly-victimization and recurring victimization (e.g., if a variable is important for recurring victimization in prior literature, then it is unnecessary to examine whether the variable is also related to poly-victimization because they are related experiences) or provided diverging definitions on how poly-victimization and/or multiple victimization should be operationalized. These inconsistencies in comments illustrate how even professionals in the field with knowledge on these topics may disagree. This reality thus serves as a reminder for a need to synthesize research over time to create an ongoing dialogue on ways to improve communication on and understanding of these experiences.

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body of work in this area (e.g., Le et al., 2018; Scoglio et al., 2021; Walker et al., 2019). These reviews are important and offer insights into findings and implications within their respective topics. However, they tend to focus on one specific category of recurrent victimization (e.g., repeat victimization, revictimization) or narrow outcome variables (e.g., sexual violence)—limiting the scope in which implications can be drawn.

The purpose of this SpringerBrief is to move beyond the silos in which "recurrent victimization" has traditionally been evaluated to provide a holistic and comprehensive overview of this area of research. This SpringerBrief acts as an accessible guide to the field of personal recurrent victimization literature for scholars, practitioners, and students to get a sense of the breadth, depth, discrepancies, and similarities across works. Our hope is to stimulate conversation surrounding the ways in which recurrent victimization has been applied so that readers are aware of these considerations when adapting recommendations in the field.

It is within this background that the current text reviews the literature on five categories of personal recurrent victimization:

1. Recurrent Victimization[3]
2. Repeat Victimization
3. Multiple Victimization
4. Poly-victimization
5. Revictimization

The goal of these efforts is to expand the field's knowledge surrounding these different categories of recurrent victimization. By extending what we know about these harms, researchers and practitioners may be better able to respond to victims in need.

Before reviewing the literature, this chapter provides an overview of the five categories of personal recurrent victimization reviewed here, consequences of experiencing these harms, and theoretical explanations used to inform who is most vulnerable to these experiences. Although the review does not examine aspects of consequences or correlates of these harms, we believe this information is important to provide context on how recurrent victimization is classified and why the study of recurrent victimization is important. The remainder of this chapter will cover three topics: (1) defining recurrent victimization and its different forms, (2) consequences of recurrent victimization, and (3) theoretical explanations of recurrent victimization. Then, the methods used to gather and synthesize this literature are discussed, along with the organization of the remainder of the SpringerBrief.

[3] Notably, the term "recurrent victimization" can be used to discuss the experience of one or more victimizations broadly, but it is also captured in the literature as a separate category.

Defining Recurrent Victimization and Its Different Categories

As noted, the term "recurrent victimization" broadly refers to experiencing more than one victimization within a given time frame (Daigle et al., 2008; Fisher et al., 2010). Recurrent victimization can be considered as an umbrella term that captures the collective experiences of more than one victimization. To account for nuance in harms, scholars have developed unique classifications to describe the different ways individuals can be victimized more than once. Again, the focus of this SpringerBrief is on five terms used to represent personal recurrent victimization experiences ([1] recurrent victimization, [2] repeat victimization, [3] multiple victimization, [4] poly-victimization, and [5] revictimization). The purpose of separating the broader definition into multiple categories is to explore whether the prevalence, experiences, consequences, and predictors are similar or require tailored approaches when trying to implement intervention or prevention efforts (e.g., Daigle & Fisher, 2013). In other words, are these unique experiences that require different responses?

As discussed, the classification of "recurrent victimization" experiences can vary. **Table 1.1** provides a summary of the five personal recurrent victimization categories examined here, including common definitions and examples of how these are to be operationalized in practice. An important consideration when examining these definitions is how they can vary based on (1) the type of victimization experienced (e.g., the same type of victimization or different types of victimization) and (2) the timeframe in which the subsequent victimization occurs (e.g., within 6 months, 1 year, or in childhood and then again in adulthood). However, the definitions within a specific category can also differ across sources, with scholars and practitioners oftentimes using different operationalizations to represent these constructs. These discrepancies will be reviewed in more detail in the following chapters, but it is important to have this background information to help frame the discussions to come.

Table 1.1 A summary of personal recurrent victimization definitions

Categories	Example definition
Recurrent victimization	Experiencing more than one victimization within a given time frame (e.g., experiencing harassment *and* physical assault in 1 year)
Repeat victimization	Experiencing more than one of the *same type* of victimization within a given time frame (e.g., experiencing physical assault twice in 1 year)
Multiple victimization	Experiencing *two or more different types* of victimization within a given time frame (e.g., experiencing one or more personal victimizations [such as harassment, stalking, or assault] *and* one or more property victimizations [such as burglary, theft, or vandalism] in 1 year)
Poly-victimization	Experiencing *two or more types* of victimization within a given time frame (e.g., experiencing physical assault *and* sexual assault in 1 year)
Revictimization	Experiencing victimization across different developmental periods of the lifespan (e.g., experiencing sexual abuse in childhood *and* sexual assault in adulthood)

Sources: Charak et al. (2016), Daigle et al. (2008), Daigle and Hawk (2022), Fisher et al. (2010), Hope et al. (2001)

Consequences of Recurrent Victimization

Decades of work have established that victimization can predict serious negative consequences, including physical (e.g., bruising, broken bones), mental (e.g., grief, anxiety, depression), social (e.g., isolation), and financial (e.g., loss of work, legal fees) harms, among others (Fissel & Reyns, 2020; Hardesty & Ogolsky, 2020; Kaufman & Widom, 1999). Some research suggests that compared to those who experience a single victimization, individuals who experience recurrent victimization report more detrimental effects to their overall health and well-being (Finkelhor et al., 2007a; Ford et al., 2010; Mitchell et al., 2020; Snyder et al., 2012; Turner et al., 2017; Yoder et al., 2019). This finding aligns with the idea of compounding or cumulative disadvantage (Dannefer, 1987, 2003), which, in this context, would generally suggest that the more victimizations someone suffers, the more adverse consequences they are likely to experience.

This link between the number of victimizations and the severity of consequences someone experiences may exist for multiple reasons. For instance, recurring victimization may be more detrimental because the victim has already exhausted the resources necessary to cope with these harms during prior experiences (e.g., social support, financial support for health care or time off work; DiPrete & Eirich, 2006; Shonkoff et al., 2012; Turanovic, 2019). Some individuals (e.g., individuals without homes, justice-involved populations) may be more likely to be victimized but less likely to have the resources needed to recover from these experiences, leading to a higher number of or longer lasting consequences.

Notably, not all empirical evidence supports the idea that recurrent victims suffer from more or longer lasting consequences in comparison to single victims (e.g., Turanovic, 2019). One perspective—the disadvantage saturation hypothesis—posits that trauma may be *less* consequential for individuals who have already been exposed to traumatic experiences previously (Aceves & Cookston, 2007; Hannon, 2003; Latzman & Swisher, 2005). In this context, it is assumed that negative consequences are more likely for those who have not experienced victimization before (i.e., single victims) when compared to individuals who have been exposed to victimization previously (and especially in childhood). As such, it is believed that exposure to violence and victimization have a diminished impact on a person who has experienced disadvantage and/or stress previously (Aceves & Cookston, 2007; Hannon, 2003; Latzman & Swisher, 2005; Turanovic, 2019). This relationship may exist because individuals have the necessary resources in place to effectively cope with the current victimization due to the prior victimization and/or adversities they have experienced. In other words, these victims may now have the information and/or resources (e.g., support groups) to overcome these stressors following prior adversities. However, this perspective assumes that an individual *has* the capacity or resources to address those adversities, which is an important consideration among already vulnerable populations.

Overall, human responses to experiences of victimization are highly complex. Taking this into consideration, there is substantial support that recurring victimization can be detrimental to overall health and well-being (Mitchell et al., 2020;

Turner et al., 2017; Yoder et al., 2019). Of course, there can be individual differences in exactly what these consequences are or how they are perceived by the individual who was victimized. Best practices for mitigating negative effects for all victims will continue to develop as future researchers and practitioners learn more about different responses to victimization.

Explaining Recurrent Victimization

Understanding who is most vulnerable to recurrent victimization is a complicated and imperfect science (Kaasa et al., 2016). In fact, measuring and predicting victimization in general is quite challenging (Fisher, 2009; Morgan & Thompson, 2022; Turanovic & Pratt, 2019). When scholars attempt to understand these experiences, the variables that are significantly associated with recurrent victimization are oftentimes called risk factors and protective factors. The term "risk factor" is used to describe variables that *increase* the likelihood of becoming a victim—or in this case, a recurrent victim. "Protective factors" are variables that *decrease* the likelihood of victimization, or recurrent victimization, from occurring. Some of the most widely recognized risk factors of recurrent victimization include lifestyle factors (e.g., deviant peers, substance use; Farrell & Zimmerman, 2017; Hindelang et al., 1978), individual traits (e.g., low self-control, psychopathy; Daigle & Teasdale, 2018; Pratt et al., 2014; Schreck, 1999), and vulnerability characteristics (e.g., disability, immigration status; Finkelhor & Asdigian, 1996; Olsvik, 2010; Sween & Reyns, 2017; Zavala & Whitney, 2019). Although a more prominent area of research today, less attention has been applied to studying protective factors that may inhibit victimization, such as the role of resilience, self-efficacy, and social competence (e.g., Finkelhor et al., 2007b; Sapouna & Wolke, 2013; Turanovic et al., 2022).

Developing risk and protective factors requires some background information on the opportunity structure and logical pathway between a factor and the outcome; that is, *how* and *why* certain factors would affect recurrent victimization risk. The lenses through which risk and protective factors are developed and understood tend to come from two main perspectives: (1) state dependence and (2) population heterogeneity (Farrell et al., 1995; Tseloni & Pease, 2003, 2004; Wittebrood & Nieuwbeerta, 2000). Notably, these frameworks are not evaluated in the current SpringerBrief. Nevertheless, it is important to have context on how scholars explain why some people are targeted for victimization and others are not.

Prior to reviewing these perspectives, there is an important disclaimer—it is never the victim's fault for experiencing victimization. Offenders who choose to commit atrocities against others make their own decisions to inflict harm. This sentiment underlies the core of the field of victimology today, but theoretical discussions of lifestyles and traits can sometimes be interpreted as the victim being "blamed" for being targeted (Fisher et al., 2008). The goal of these theories is to understand the situations that provide opportunities where an offender has the ability to act on their personal motivations (Cohen et al., 1981; Hindelang et al., 1978).

This process can sometimes come across as sterile and devoid of human emotion, but it also provides an avenue for providing context to patterns in data using objective methods rather than individual biases or anecdotes. Understanding the circumstances under which recurrent victimization happens may also provide key insights into effective intervention and prevention efforts (Fisher et al., 2010).

State Dependence

The state dependence perspective proposes that prior victimization itself influences a person's risk of being victimized in the future (Tillyer et al., 2016). In other words, state dependence suggests that being previously victimized changes someone's likelihood of being victimized again, apart from other individual factors (Clay-Warner et al., 2016; Tseloni & Pease, 2003). Under this perspective, it is believed that changes within individuals and/or their environments can account for variation in victimization risk. Falling under this broader perspective, there are two contrasting arguments.

One argument—referred to as positive state dependence—suggests that prior victimization *increases* the risk of future victimization (Clay-Warner et al., 2016). Prior victimization may increase the likelihood of future victimization for multiple reasons. For instance, some individuals may start to engage in more "risky" activities following an initial victimization, such as using substances or associating with deviant peers, perhaps to cope. By engaging in such behaviors, these individuals may be exposed to potential offenders who see them as attractive targets (Pratt & Turanovic, 2016). It is likely, then, that individuals who engage in "risky" behaviors following initial victimization encounter dangerous environments where they are exposed to motivated offenders and their risk of recurrent victimization is heightened (Hope et al., 2001; Snyder et al., 2021).

Relatedly, prior victimization may also increase the likelihood of future victimization through changes within the victim that make them appear more vulnerable to a motivated offender (Lauritsen & Davis Quinet, 1995; Schwartz & Pitts, 1995). For instance, should a victim suffer psychological consequences following their initial victimization (e.g., anxiety, depression) or cope with this initial victimization using drugs and/or alcohol, they may be seen as more vulnerable (Finkelhor & Asdigian, 1996). Due to this perceived vulnerability, they may be more likely to be targeted for subsequent victimization(s).

The competing argument—negative state dependence—suggests that prior victimization *decreases* the risk of future victimization (Clay-Warner et al., 2016). Often referred to as the "once bitten, twice shy" theory, this hypothesis suggests that victims will change their "risky" lifestyle behaviors after being victimized to limit future victimization (Hindelang et al., 1978, p. 127–128). For instance, a victim who had once been robbed while being out alone at night may start traveling at night only in the company of others and/or may refrain from going out at night at all in hopes to lower their likelihood of being robbed again.

Overall, research finds that prior victimization increases—rather than decreases—the risk of being victimized again, supporting positive state dependence (Cuevas et al., 2010; Lauritsen & Davis Quinet, 1995). Research also finds that changes in "risky" lifestyles (e.g., increasing substance use, starting or rekindling friendships with violent or deviant peers, spending more time participating in unstructured and unsupervised socializing activities) following victimization increases risk of subsequent victimization (Butler et al., 2022; Turanovic et al., 2018; Turanovic & Pratt, 2014). Only some research supports the once-bitten-twice-shy hypothesis, however. While some studies find behavioral changes following victimization (e.g., Turnanovic & Pratt, 2014), other studies find lifestyles and routine activities do *not* change following victimization (e.g., Fisher et al., 2010). Scholars have noted that this mixed support may be due to differences in methodology across studies (e.g., Butler et al., 2022). The takeaway here is that while there is some support that prior victimization decreases future victimization, most evidence supports an initial victimization increases the likelihood of future victimization experiences.

Population Heterogeneity

Population heterogeneity—also referred to as risk heterogeneity—proposes that an individual's qualities or characteristics can increase the risk of experiencing more than one victimization (Clay-Warner et al., 2016; Nagin & Paternoster, 2000; Schreck, 1999; Tillyer et al., 2016). In other words, both initial and subsequent victimizations happen because of a person's individual qualities or characteristics that do not change (Ousey et al., 2008; Pratt et al., 2014; Schreck, 1999). Therefore, someone's risk for future victimizations stays the same, unless their characteristics or circumstances change (Turanovic & Pratt, 2014). Researchers have primarily examined characteristics associated with individual traits, physical attributes, and lifestyle factors when exploring this perspective. However, these characteristics are oftentimes intertwined with individual attributes influencing the ways in which people navigate the social world around them. This perspective is generally applied in two ways.

First, individual traits such as personality characteristics (e.g., low self-control, high psychopathy) are often considered for how they may ultimately influence behavior (Daigle & Teasdale, 2018; Ousey et al., 2008). As mentioned, people who are more likely to engage in daily behaviors and lifestyles that are considered "risky" are at greater risk for victimization (e.g., Hindelang et al., 1978). This is because certain daily routines and lifestyles are more likely to expose people to dangerous situations, where they don't have protections or guardianship nearby, and where they may be seen as more vulnerable. Researchers have consistently demonstrated that engaging in lifestyles considered to be "risky," such as using substances, engaging in delinquency or offending behaviors, associating with delinquent peers, and/or running away from home, increases the likelihood of recurrent victimization (Bradley & Teasdale, 2023; Crush et al., 2018; Daigle, 2010; Daigle & Harris, 2018;

DeKeseredy et al., 2019; Ellonen & Salmi, 2011; Fisher et al., 2010; Snyder et al., 2021; Turanovic et al., 2018). However, not everyone is equally as likely to engage in "risky" lifestyles. Individuals with certain traits such as low self-control may be more likely to prefer these types of daily activities that ultimately elevate their risk of ongoing victimization (Pratt et al., 2014; Pratt & Turanovic, 2016). That is, it is not just having the trait (e.g., low self-control), but how that trait is expressed—in this example, through the engagement of "risky" activities. Thus, it is important to consider the complex interplay between traits and behaviors that may influence recurrent victimization.

Second, some individuals have physical attributes or characteristics that offenders may seek out. According to target congruence theory, offenders may search for people who they perceive to be (a) unable to resist them or defend themselves, (b) attractive targets, or (c) antagonizing (Finkelhor & Asdigian, 1996). It is again important to mention that in any of these instances, it is the offender's perception of the individual being targeted and does not necessarily reflect reality. For example, some offenders may intentionally target individuals because they are young, they have a disability, and/or they are small in size (Elvey & McNeeley, 2019; Finkelhor & Asdigian, 1996). Or, a person may be targeted because of their gender, such as in cases of sexual assault (Finkelhor & Asdigian, 1996). Hate crimes could also be an example of this; for instance, someone who is homophobic may intentionally target an individual based on their sexual orientation. In other instances, offenders may perceive the individual to be antagonizing to justify their actions. For example, an individual with impulsive characteristics (e.g., impatience, not thinking through their words and/or actions) could potentially be targeted by a would-be offender who feels anger, rage, or jealousy towards them (Finkelhor & Asdigian, 1996).

State Dependence and Population Heterogeneity

Although these perspectives are presented and discussed independently, the reality is more complicated. Prior research has found empirical support for state dependence and population heterogeneity perspectives, suggesting they may both contribute to our understanding of recurrent victimization (Lauritsen & Davis Quinet, 1995; Tseloni & Pease, 2004; Wittebrood & Nieuwbeerta, 2000). Because scholars have found value within each perspective in explaining recurrent victimization, some work has integrated these explanations to understand these experiences.

For instance, Turanovic and Pratt (2014) examined whether self-control influenced changes in "risky" lifestyles following victimization and how these changes impacted repeat victimization. That is, rather than studying the sole effect of self-control on repeat victimization (typically measured under population heterogeneity) or the sole effect of changes in "risky" lifestyles on repeat victimization (typically measured under state dependence), these authors explored how measures under both perspectives may interact with one another to explain repeat victimization over time. Results demonstrated that self-control significantly influenced whether crime

victims changed their engagement in "risky" lifestyles following victimization. Notably, these changes in behavior mediated the effects of self-control on repeat victimization and were able to explain whether individuals were victimized repeatedly. Put another way, self-control affected whether or not an individual engaged in "risky" lifestyles following victimization, which in turn influenced whether they were victimized again.

Taking this work into consideration, it is likely that both state dependence and population heterogeneity factors predict recurrent victimization. Nevertheless, there is still a limited understanding on the mechanisms through which state dependence and population heterogeneity operate, separately and/or together, to influence an individual's risk.

Overview of the Text

In an effort to further the discussion on recurrent victimization, this SpringerBrief reviews prior work on five categories of personal recurrent victimization, including (1) recurrent victimization more broadly, (2) repeat victimization, (3) multiple victimization, (4) poly-victimization, and (5) revictimization. To inform this work, 583 peer-reviewed research articles were examined (553 unique articles), with patterns of measurement across these studies and samples summarized within each chapter. Provided below is the method used to search and analyze this body of research. Then, an outline for the remainder of the SpringerBrief is provided.

Method

To investigate existing research on these different categories of recurrent victimization, an ongoing search of the literature was conducted between May 2022 and June 2024, with additional research added as it was identified (e.g., Google Scholar notifications). Search terms included combinations of various phrases that could be related to the different categories of recurrent victimization, including "recurrent victimization," "recurring victimization," "recurr* victim*," "repeat victimization," "repeat victim*," "multiple victimization," "multiple victim*," "poly-victimization," "poly victimization," "poly-victim*," "revictimization," "re-victimization," and/or "revictim*." Searches were completed across multiple databases (e.g., Google Scholar, University of Nebraska at Omaha Criss Library). All studies that resulted from this search were downloaded. Then, studies were included in the review if they were printed in English, peer reviewed, and specifically examined one or more categories of recurrent victimization (i.e., "recurrent victimization," "repeat victimization," "multiple victimization," "poly-victimization," "revictimization") in a sample. Given these parameters, we acknowledge that there are likely studies that were missed in the vast body of literature across fields on these topics (e.g., criminology,

psychology, sociology, social work, public health). Nevertheless, the goal of this project is to explore studies based on how authors have assessed recurrent victimization in its various forms and to synthesize this work across categories as a starting point. We trust that future scholars can continue this work and build on the discussions here.

Some literature was also excluded. Any articles that solely discussed theoretical explanations related to recurrent victimization or reviewed the literature without analyzing data from a sample were excluded. This exclusion was applied because the current review is only interested in assessing how researchers measure the concepts of recurrent victimization in empirical studies, rather than conceptually. Additionally, any studies that examined different types of victimization *individually,* without assessing recurrent, repeat, multiple, poly-victimization, or revictimization, were excluded. That is, studies that examined various types of victimization by themselves, rather than assessing exposure to more than one victimization type were excluded (e.g., one study dichotomously measuring physical assault alone and dichotomously measuring sexual assault alone, rather than measuring experiences of physical assault *and* sexual assault together). For example, Reyns et al. (2019) explored various predictors (i.e., opportunity, low self-control) across four separate types of cybercrime victimization. While this study does assess different types of victimization, each type was examined individually, rather than collectively (e.g., the role of low self-control on cyber-violence, the role of low self-control on cyber-deception/theft). As a result, it was excluded from the current review. Finally, studies that included a *victimization index* without any other details on recurrent victimizations were excluded. Broadly, a victimization index includes a numerical scale or count of victimization experiences within a given time period—generally across different types of victimization (e.g., bullying, physical assault, sexual assault) (e.g., Ousey et al., 2015). As such, a respondent who reports "any" victimization within a time frame may have experienced a single victimization or different types of victimizations. These studies were thus excluded if we could not decipher that more than one victimization had occurred.

Organization of the Brief

The remainder of this SpringerBrief summarizes the literature on different categories of personal recurrent victimization, with each chapter reviewing a specific category of recurrent victimization (see below). Because this SpringerBrief was created so that it may be read in its entirety or so that chapters can be reviewed individually, a consistent format is used to help guide readers through the synthesis of each category of recurrent victimization. Each chapter begins with an introduction on the topic, with individual studies that provide explicit examples of the specific category of recurrent victimization being discussed. Then, the chapter highlights the standard definition of the category of recurrent victimization being discussed, along with an overview of the characteristics of that body of literature (e.g., years of publication,

types of victimization assessed, sample demographics). Finally, measurement considerations across studies are outlined, including definitions and operationalizations, data sources, victimization types and tools, sample types, and prevalence estimates. Broad takeaways of each body of literature are then provided, including a summary of findings across studies. The remaining chapters of this SpringerBrief are organized as follows:

Chapter 2 provides an overview of research on **recurrent victimization** (i.e., experiencing two or more victimizations within a given time frame).
Chapter 3 offers an overview of research on **repeat victimization** (i.e., experiencing two or more of the same type of victimization within a given time frame).
Chapter 4 gives an overview of **multiple victimization** (i.e., experiencing two or more different types of victimization within a given time frame).
Chapter 5 outlines research on **poly-victimization** (i.e., experiencing two or more types of victimization within a given time frame).
Chapter 6 provides an overview of **revictimization** (i.e., experiencing victimization across different developmental periods).
Chapter 7 delivers **key themes** for researchers and professionals following our review of the literature across the SpringerBrief, documenting notable takeaways that can be gleaned from this work. Directions for future research are also discussed.

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Chapter 2
Recurrent Victimization

For decades, researchers have found that the majority of victimization events are clustered among relatively few individuals—individuals who experience victimization again and again (Daigle et al., 2008; Fisher et al., 2010a, 2010b). That is, among individuals who experience victimization, an even smaller proportion experience victimization on more than one occasion. This smaller proportion of individuals tend to experience a large proportion of all victimization events. Reflecting on results from the British Crime Survey (BCS), Farrell (1992) found that 70.0% of all victimization incidents were experienced by only 14.0% of respondents. More recently, Kaasa et al. (2016) collected data from 27 U.S. college campuses, finding that less than 5.0% of respondents reported each type of victimization assessed (e.g., stalking, intimate partner violence) within the past year. Yet, 69.0% of students who experienced a victimization reported more than one incident, with 90.0% of victimization incidents involving students who experienced more than one victimization. In fact, this study found that the maximum number of victimizations reported by any one student was 36 *in the past year.* These individuals are recurrent victims—they experience **recurrent victimization** or more than one victimization within a given time frame (Daigle et al., 2008; Fisher et al., 2010a, 2010b).[1]

As mentioned in Chap. 1, while different categories can fall under "recurrent victimization" (e.g., repeat victimization, multiple victimization), this broader category is also assessed separately. Some individuals may experience the same type of victimization again and again (e.g., physical assault), while others may experience different types of victimization over time (e.g., physical assault and robbery).

[1] Some scholars used the term "recurring" victimization (e.g., Kaasa et al., 2016). "Recurrent" victimization is used throughout this SpringerBrief for simplicity.

A. E. Krushas et al., *A Review of Personal Recurrent Victimization*,
SpringerBriefs in Criminology, https://doi.org/10.1007/978-3-031-88601-0_2

Nevertheless, the purpose of this term is to capture those experiences of individuals who have been harmed more than once—the details of that harm tend to be collapsed into this general classification. As such, some recurrent victims may have experienced the same type of victimization, while other recurrent victims may have experienced different types. We turn now to a summary of this literature.

Summary of Research Reviewed

This chapter discusses research that has focused on recurrent victimization to provide an overview of this body of literature. To inform this chapter, **32 studies** (representing 33 different samples) assessing recurrent victimization were reviewed (see Appendix for full list of references). An overview of these studies is provided in **Table 2.1**. As shown, a majority of this research was published recently, between 2016 and 2023 (n = 21; 65.6%). Additionally, most studies explored these experiences using surveys or questionnaires (n = 24; 75.0%), were cross-sectional (n = 17;

Table 2.1 Summary of recurrent victimization research (N = 32 studies)

Overview	Number of studies (%)
Publication year	
1999–2007	5 (15.6%)
2008–2015	6 (18.8%)
2016–2023	21 (65.6%)
Data sources[a]	
Survey/questionnaire	24 (75.0%)
Interview	8 (25.0%)
Administrative	6 (18.8%)
Data type	
Cross-sectional	17 (53.1%)
Longitudinal	15 (46.9%)
Data analysis	
Quantitative	23 (71.9%)
Mixed methods	7 (21.9%)
Qualitative	2 (6.3%)
Country	
United States	21 (65.6%)
Outside of the United States	11 (34.4%)
Victimization types[b]	
Violent/physical	12 (37.5%)
Intimate partner violence	7 (21.9%)
Childhood maltreatment	5 (15.6%)
Sexual	5 (15.6%)
Threatened violent/physical	5 (15.6%)

(continued)

Table 2.1 (continued)

Overview	Number of studies (%)
Bullying	4 (12.5%)
Online	3 (9.4%)
Harassment	2 (6.3%)
Drugging	1 (3.1%)
Elder	1 (3.1%)
Stalking	1 (3.1%)
Sample demographics[c]	
Children/youth	11 (34.4%)
Adults	15 (46.9%)
Both children/adults	5 (15.6%)
Sample type[d]	
General population	2 (6.3%)
School-based	10 (31.3%)
High-risk	21 (65.6%)

[a]The number of studies (*n*) does not equal 32 (100%) because some studies use multiple data sources

[b]The number of studies (*n*) does not equal 32 (100%) because some studies measure multiple types of victimization. Although this literature focuses on experiencing more than one victimization, it was important to separate unique victimization types examined across studies to review how many and which types have been assessed among this work, along with their prevalence. At times, certain victimization types were collapsed (e.g., child abuse placed under child maltreatment)

[c]The number of studies (*n*) does not equal 32 (100%) because the sample demographics were unclear within certain studies and were excluded from the total count to avoid misclassifications

[d]The number of studies (*n*) does not equal 32 (100%) because one study included more than one sample

53.1%), and used quantitative data analyses (n = 23; 71.9%). Furthermore, the majority of these studies were conducted in the United States (n = 21; 65.6%) rather than in a country outside of the United States. While violent/physical victimization has been the most commonly assessed type of victimization (n = 12; 37.5%), others explored intimate partner violence (n = 7; 21.9%), childhood maltreatment (n = 5; 15.6%), sexual victimization (n = 5; 15.6%), and threatened violent/physical victimization (n = 5; 15.6%), among others. Finally, adult samples were most often used (n = 15; 46.9%), along with samples (n = 21; 65.6%) that include populations considered high-risk (i.e., individuals who have been identified as having an elevated risk of victimization such as individuals without homes, justice-involved individuals, or individuals who have been victimized previously).

A Note on the Current Review

Although the current review highlights 32 studies where "recurrent victimization" was assessed, it is important to note that researchers have applied this term in various ways. For example, authors may have used the language of "recurrent

victimization" at some point in a manuscript, while focusing on a more specific category such as repeat victimization (e.g., Reyns & Fissel, 2019; Weiss & Dilks, 2016). In other instances, authors may have used the term "recurrent victimization" interchangeably with a more specific category of recurrent victimization (e.g., repeat victimization, revictimization). Because we did not want to impose decisions arbitrarily, if an author used the term "recurrent victimization" in their manuscript at any point to discuss the study they carried out, then that study was included in our review. That is, we relied on the language used by the authors to guide what area their work fit into. As a result, some studies were included in multiple chapters based on the language that the authors used (e.g., discussed "recurrent victimization" and "repeat victimization" within the same study). Works were not classified in multiple categories when authors only provided context to contrast the category of recurrent victimization they were discussing. The nuance of the characteristics of these studies are reviewed in more detail below. However, it is important to know why these studies were included in the current review.

Measuring Recurrent Victimization: Study Characteristics

The first stage in understanding the broader literature was to explore how scholars measured recurrent victimization—an important step for ensuring that readers understand exactly what they are assessing. Given the importance of measurement, we outline how the **32 studies** (1) define or describe and (2) operationalize recurrent victimization. Then, we discuss what types of victimization are assessed in the research, along with the questions and instruments used to measure these various types.

Definitions and Descriptions

One way to understand how authors measure recurrent victimization is by evaluating the definitions or descriptions they use. Within the recurrent victimization work reviewed, all studies *described* recurrent victimization as experiencing victimization and then experiencing victimization again—aligning with the definition used here that refers to recurrent victimization as experiencing more than one victimization within a given time frame (Butler et al., 2023; Daigle et al., 2008; Fisher et al., 2010a, 2010b). This means that all studies in the current review broadly discussed recurrent victimization in this way. However, *how* authors discussed recurrent victimization differed substantially.

Some authors provided an explicit *definition* of recurrent victimization at one or more points within their study (e.g., Butler et al., 2023; Moe et al., 2004). In this review, a *definition* refers to a statement provided by the authors anywhere in the article that describes what they mean when they use the term "recurrent

victimization." A definition does not tell readers how something is measured, but simply what it is. For example, authors may have specified the type of recurrent victimization being examined (e.g., sexual, violent/physical), provided a timeframe on when these experiences must happen, or specified how many times the experience must happen to be considered recurrent victimization. By providing this definition, readers have an understanding of exactly what the authors are discussing throughout their study. This definition can be presented in various parts throughout the article, but is typically presented in the "Abstract," "Introduction," "Background," "Literature Review," or "Current Study" section(s). Other authors, however, simply *referred* to recurrent victimization at one or more points within their study (e.g., Hamilton & Browne, 1999). That is, their discussion of recurrent victimization was somewhere between a definition and a mention. In these instances, readers are able to infer what the authors mean when they use the term "recurrent victimization."

With such variety, we are largely unable to speak to the definitions and descriptions of recurrent victimization in a consistent or clear manner. The issues resulting from a lack of consistent definitions used in this body of literature bleed into other parts of this chapter, such as operationalizations and prevalence. Below are two examples to illustrate this point; **Example 1** provides details where an *explicit definition* was used, whereas **Example 2** provides information where recurrent victimization was *referenced.* Quotes were taken directly from the articles to capture the specific language used to help guide readers on their procedures.

Example Recurrent Victimization Definitions and Descriptions in Research

Example 1 (Definition): "'Recurring victimization' is generally used as an umbrella term that refers to being victimized more than one time (Fisher et al., 2015)." (Butler et al., 2023, p. 81)

Example 2 (Reference): "The aims of this study were to identify patterns of abuse and neglect over time and compare recurrent maltreatment by the same perpetrator with recurrent maltreatment by different perpetrators. The sample consisted of 400 referrals to police child protection units, 24% of which were subjected to at least one rereferral within the 27-month follow-up." (Hamilton & Browne, 1999, p. 275)

Operationalizations

Another way to understand how authors measure recurrent victimization is by assessing their operationalizations. In this review, *operationalization* refers to the authors' descriptions of how recurrent victimization was measured within their study, typically provided in the study's "Methods" section. In other words, another researcher could easily replicate a study based on the authors' description of how

recurrent victimization was measured. Whereas a definition may be a high-level discussion of a concept, the operationalization offers concrete and direct instructions on how the researcher is measuring recurrent victimization in their study.

Scope of Operationalizations The majority of studies in the current review ($n = 22$; 68.8%) included an operationalization of recurrent victimization, showing readers how this variable was measured in their study. Examples of operationalizations of recurrent victimization found in the current review are provided below (see **Examples 3** and **4**). Notably, the examples below highlight some key components of clear operationalizations of repeat victimization, including the (1) types of victimization, (2) number of victimizations, (3) length of time between victimizations, and (4) coding classifications associated with variable names used to define these events.

Example Operationalizations of Recurrent Victimization in Research

Example 3: "The single-recurrent victim dichotomy was created from counting the number of incidents a victimized respondent experienced since school began in the fall. A single victim is defined as anyone who reported experiencing *only one* sexual victimization incident (coded as 0). A recurrent victim (coded at 1) is anyone who reported experiencing *more than one* sexual victimization incident of any type." (Fisher et al., 2010b, p. 111)

Example 4: "The dependent variable for the current project was whether or not an individual experiences a recurring violent victimization incident at the second through the fifth waves of data collection, given that we selected only victims at the first follow-up. For each follow-up wave, recurring victimization is coded as 1 if the respondent answered *yes* to any of the violent victimization questions and is coded 0 if they responded *no* to all of the violent victimization questions for that wave." (Teasdale et al., 2014, p. 993)

Frequency of Victimization Although most scholars provided details on their operationalizations, these descriptions differed across research studies. Of the studies that *did* provide an operationalization, the substantial majority ($n = 20$; 90.9%) operationalized recurrent victimization as experiencing *more than one* victimization in a certain time frame (e.g., Daigle, 2010; Daigle & Harris, 2018; Fisher et al., 2010a, 2010b; Reyns & Fissel, 2019). Notably, different terms to describe *more than one* victimization were sometimes used, such as "*two or more*" or "*at least two*" (e.g., Bass et al., 2022; Lasky et al., 2018). Additionally, in some of these studies, recurrent victimization was operationalized as experiencing victimization at *more than one wave or timepoint of data collection* when longitudinal data were being examined (e.g., Bradley & Teasdale, 2023; Daigle & Harris, 2018; Daigle & Teasdale, 2018). For example, some studies operationalized recurrent victimization as victimization occurring at "*Time 1 and Time 2*" or "*Wave 1 and Wave 2*" (e.g.,

Bond et al., 2001; Scherg & Ejrnaes, 2022). Both Teasdale et al. (2014) and Policastro et al. (2016) operationalized recurring victimization as violent victimization occurring in the second through the fifth waves of data collection, given that respondents were victims at the first follow-up. As another example, Sonis (2008) operationalized recurrent intimate partner violence as any episode of intimate partner violence between the initial interview and the follow-up interview.

Studies that did not use these frequency categories to operationalize recurrent victimization tended to have different criteria. These studies (n = 2; 9.1%) operationalized recurrent victimization by simply referring to "*multiple*" or "*several*" incidents of victimization occurring, rather than a specific number (i.e., Blais et al., 2022; Friedman et al., 2017).

Time Frames Across these operationalizations, there were important distinctions in the time frames used, with some time frames *general* and others *specific*. As an example, a general timeframe may ask whether study respondents have "ever" experienced a form of victimization to get a sense of lifetime prevalence of these experiences (e.g., Reyns & Fissel, 2019). Most studies, however, used a more specific period. For instance, respondents may be asked whether they experienced victimization "since school began in the fall" or in the "past six months" as a way to limit the timeframe (Butler et al., 2023; Fisher et al., 2010a, 2010b). In another example, victimization may have occurred at an earlier point in the study (e.g., Policastro et al., 2016; Teasdale et al., 2014) or at an earlier point in a respondent's life (e.g., Landers et al., 2021). Examples of general and specific time frames are provided below (**Examples 5** and **6**).

Example Operationalizations of Time Frames in Recurrent Victimization Research

Example 5: "To examine repeat online victimization, four dependent variables were created from the survey data. First, to measure repeated *Unwanted Sexual Advances*, respondents were asked: '*Has anyone ever made unwanted sexual advances toward you on more than one occasion online?*' Second, repeated *Harassment* was measured with the following survey item: '*Has anyone ever persistently harassed or annoyed you on more than one occasion online?*' Third, to measure repeated and unwanted *Contact*, respondents were asked: '*Has anyone ever contacted you or attempted to contact you on more than one occasion online after you asked/told them to stop?*' Finally, a variable measuring any repeated online victimization was created based on answers to these three questions. Those who had ever experienced any or all of these types of online victimization were labeled as victims of *Any Repeated Online Victimization*. All of these variables were coded dichotomously (0 = Non-Victim, 1 = Victim)." (Reyns & Fissel, 2019, p. 705)

Example 6: "The recurrence of maltreatment is measured in each type of abuse (i.e., physical, sexual, emotional, and spiritual abuse) that occurred in the foster and/or adoptive homes. The maltreatment is considered recurrent not because of the frequency of the abuse (e.g., it happened more than one time in the foster or adoptive home), but because the abuse occurred in foster care and/or adoption following the removal or surrender of the child by the family of origin." (Landers et al., 2021, p. 5)

Data Sources

Studies assessing recurrent victimization included in this review explored these experiences using surveys or questionnaires, interviews, and/or administrative data. Notably, some studies used data from multiple sources, so estimates may overlap (e.g., interviewing respondents in addition to using a questionnaire; Peters et al., 2012).

Surveys or Questionnaires In the current review, three-fourths of the studies used data from surveys or questionnaires (n = 24; 75.0%). Surveys and questionnaires provide researchers with a way of collecting uniform data directly from individuals. That is, whether the individual takes the survey themselves or is asked questions by a third party, the responses given are representative of their experiences and usually tailored to a specific goal (e.g., experience of victimization, health history). The surveys and questionnaires may have been collected by the researchers themselves, or they could have been collected by other researchers and shared publicly (known as secondary data). For example, some researchers in the current review used the National Longitudinal Study of Adolescent Health (Add Health) dataset to assess recurrent victimization—a large, national study of youth in grades 7 through 12 (e.g., Daigle, 2010). Other scholars develop their own survey questions or adapt questions from standardized tools and/or instruments to ask respondents about their victimization experiences (e.g., Reyns & Fissel, 2019; Weiss & Dilks, 2016).

Interviews One-quarter of the studies relied on data from interviews (n = 8; 25.0%). Interviews can generate rich datasets that give respondents an opportunity to answer questions in their own words. That is, interviews may have some structure to the questions asked for consistency, but the details provided can vary widely depending on respondents' experiences. Interview data can be collected by the researchers, or it can come from secondary sources (e.g., the dataset is publicly available). As an example, Peters et al. (2012) interviewed 240 women from New England about their relationship with their boyfriend or husband to learn more about their experiences with intimate partner violence. As another example, Lasky et al. (2018) used semi-structured interviews to ask study participants about behavioral changes following drugging victimization; here, participants were asked questions such as, "Sometimes people have changes to their social life after being drugged, such as

perhaps no longer being friends with or doing things socially with the people who may have been involved in the drugging. Did you have any changes in your social life?" (p. 81).

Administrative Data Relatively few studies examined administrative data (n = 6; 18.8%). These data sources generally come from institutions or agencies who choose to partner with researchers. Administrative data can include very detailed information, but the database is generally not created with a research study in mind. Rather, the databases are meant to help individuals fulfill aspects of their jobs: practitioners operate within their organizations to track and monitor patients and clients; police have to complete paperwork on interactions with members of the public; correctional officers have to organize reports on individuals who are incarcerated. For instance, in the current review, Contreras Taibo et al. (2022) examined a database collected by the Office of the Public Prosecutor of Chile of children reported to be victims of child sexual abuse in 2012 in Chile. As another example, Friedman et al. (2017) used hospital records (e.g., medical history, narratives from ambulance reports, admission reports, operation notes, social worker notes, medical discharge synopses) and death records to assess revictimization among a sample of 111 individuals aged 60 and older treated for physical and sexual abuse in a Chicago hospital.

Victimization Types and Tools

As noted previously, there are different types of victimization assessed in the recurrent victimization literature. How authors measured these harms varied. In some instances, researchers used formal tools or assessments to examine recurrent victimization, providing some consistency across works. In this context, it is important to examine the different types of victimization assessed, any tools that were used, and the number of items that were included to measure recurrent victimization.

Victimization Types Recurrent victimization was typically measured using a broad range of victimization types. Although the current review focuses on studies that assess personal victimization, some studies included both personal and property victimization types when assessing personal victimization (e.g., assessing violent/physical victimization, threats of violent/physical victimization, and verbal harassment [personal] and burglary, thefts, and vandalism [property]; Scherg & Ejrnæs, 2022). Considering personal victimization types, researchers in this review most often assessed violent/physical victimization (n = 12; 37.5%), followed by intimate partner violence (n = 7; 21.9%), childhood maltreatment (n = 5; 15.6%), sexual victimization (n = 5; 15.6%), and threatened violent/physical victimization (n = 5; 15.6%). Still, some research explored experiences of bullying (n = 4; 12.5%), online victimization (n = 3; 9.4%), harassment (n = 2; 6.3%), drugging (n = 1; 3.1%), elder abuse (n = 1; 3.1%), and stalking (n = 1; 3.1%) (e.g., Butler et al., 2023; Kaasa et al., 2016; Moe et al., 2004; Reyns & Fissel, 2019; Scherg & Ejrnæs, 2022).

Given the diverse types of harm measured across studies, researchers classified these events in different ways. Notably, researchers often assessed more than one type of victimization within a study (e.g., attempted and completed forced penetration, penetration while incapacitated, forced sexual touching, sexual touching while incapacitated, stalking, and intimate partner violence; Kaasa et al., 2016). Several examples are provided below to demonstrate the different types of victimization assessed and how they were measured (see **Examples 7–9**).

Example Recurrent Victimization Types Measured in Research

Example 7 (Violent/Physical): "Participants were asked about six types of victimization they may have experienced. Specifically, interviewers asked each participant if he or she had experienced any of the following since the last interview:

1. Has anyone thrown something at you?
2. Has anyone slapped you?
3. Has anyone kicked, bitten, or choked you?
4. Has anyone hit you with a fist or object or beaten you up?
5. Has anyone ever threatened you with a knife or a gun or other lethal weapon?
6. Has anyone used a knife or fired a gun at you?" (Policastro et al., 2016, p. 681)

Example 8 (Sexual): "Participants were asked, 'Did you experience sexual abuse in any foster home?' and 'Did you experience sexual abuse in your adoptive home?' The response options were None (0), Single Incident (1), Several times (2), or Long term (3). The response options were then dichotomized to represent the absence (0) or presence (1) of sexual abuse. Accordingly, response options of none were coded as 0, whereas single incident, several times, and long-term were coded as 1." (Landers et al., 2021, p. 5)

Example 9 (Drugging): "The authors worked together to develop the semi-structured interview protocol and to train themselves and other interviewers on conducting interviews. Examples of questions on the interview protocol that ask about behavioral changes include 'Sometimes people have changes to their social life after being drugged, such as perhaps no longer being friends with or doing things socially with the people who may have been involved in the drugging. Did you have any changes in your social life?' and 'Were there any other things that changed for you as a result of being drugged (e.g., changes in your drinking behavior, changes in going out or going to parties)?'" (Lasky et al., 2018, p. 81)

Tools Used At times, certain questions or items used to measure victimization are similar across articles. This may be due to the use of standardized tools within these works (see examples below). Only 21.9% (n = 7) of the studies included in this review used instruments and/or modified versions of these instruments to measure victimization (e.g., Butler et al., 2023; Sonis & Lager, 2008). Among these studies, a variety of instruments were used such as the Conflict Tactics Scale (CTS), the Sexual Experiences Survey (SES), and the History of Victimization Questionnaire (HVQ). These questionnaires/tools ask about a range of victimization experiences, including intimate partner violence, physical/violent victimization, sexual violence, and childhood maltreatment, among others.

Among the remainder of studies (n = 25; 78.1%), standardized tools/questionnaires were not used or not mentioned. This may have been due to the author's or authors' use of questions or criteria that fell outside of a standardized instrument (e.g., Fisher et al., 2010b; Weiss & Dilks, 2016). Still, the absence of standardized measures does not mean that the work that was produced was not rigorously done. As shown, many of these studies still asked about similar experiences of physical and/or violent victimization such as being shot, stabbed, had a gun or knife pulled on them, jumped, physically fought, or beaten up (e.g., Daigle, 2010; Daigle & Harris, 2018; Daigle & Teasdale, 2018; Policastro et al., 2016; Teasdale et al., 2014). Furthermore, some studies relied on administrative data or interviewed respondents, which could limit their ability to apply a standardized measurement tool (e.g., Friedman et al., 2017; Hamilton & Browne, 1999). Finally, a few studies did not specify the questions or items they used.

Example Instruments/Tools Used to Measure Recurrent Victimization

- Intimate Partner Cyber Abuse Instrument (IPCA-I)
- Conflict Tactics Scale (CTS)
- Sexual Experiences Survey (SES)
- Psychological Maltreatment of Women Inventory (PMWI)
- Conflict in Adolescent Dating Relationships Inventory (CADRI)
- Violent Experiences Questionnaire (VEQ)

Number of Items The number of items used to measure these experiences of personal recurrent victimization also varied. In the current review, most studies (n = 18; 56.3%) indicated or directly stated the number of items/questions used to assess these experiences. Here, the number of items or questions used to measure personal recurrent victimization ranged from 1 to 70, with the majority of this literature using approximately 3 to 8 items. Of course, the number of items used can correspond with the number of victimization types being assessed. Nevertheless, studies still varied. For instance, some studies measured recurrent sexual victimization using one to three broad questions (e.g., Reyns & Fissel, 2019). Other studies, however, asked several questions to assess these experiences (e.g., Fisher et al., 2010b).

Measuring Recurrent Victimization: Sample Characteristics

Authors have explored experiences of recurrent victimization across diverse samples. Up until this point, the current chapter reviewed findings from 32 *studies.* As noted previously, one study included two separate samples—resulting in a total of **33 samples** (i.e., Daigle and Teasdale (2018) used data from (1) a nationally representative school-based sample of youth in grades 7 through 12 and (2) a sample of individuals released from inpatient psychiatric hospitals between the ages of 18 and 40). We turn now to a focus on the characteristics of the **33 samples**, including the types of samples examined and the prevalence of these experiences.

Sample Types

When studying recurrent victimization, authors used general population, school-based, and high-risk samples. Each of these are described in more detail below.

General Population Samples General population samples refer to samples in which data come from individuals in the broader population. For example, Rand and Saltzman (2003) used data from the National Crime Victimization Survey (NCVS), which includes a nationally representative sample of addresses across the United States. Here, interviews are conducted with all household members aged 12 or older. Only a small proportion of this literature ($n = 2$; 6.3%) used general population samples to collect survey and/or interview data.

School-Based Samples School-based samples are made up of individuals who are currently attending school at any level. For example, students may be adults (i.e., aged 18 years or older) attending a college or university—or multiple colleges or universities. These samples can also include youth in grades kindergarten through high school. These samples made up 31.3% of this work ($n = 10$), with most of these studies using college samples (e.g., Fisher et al., 2010a, 2010b; Kaasa et al., 2016; Weiss & Dilks, 2016). For example, Bradley and Teasdale (2023) examined physical/violent victimization among a sample of 9,828 youths from a school-based sample of youth who were in grades 7 to 12 in the United States (i.e., the National Longitudinal Study of Adolescent Health [Add Health]). As another example, Moe et al. (2004) assessed experiences of recurrent child maltreatment among a sample of 28 undergraduate college students aged eighteen or older.

High-Risk Samples High-risk samples refer to samples of individuals with an elevated risk of victimization, such as individuals who had previously experienced intimate partner violence (e.g., Sonis & Lager, 2008) or patients from inpatient psychiatric hospitals (e.g., Teasdale et al., 2014). For example, Contreras Taibo et al. (2022) assessed recurrent child maltreatment among a sample of 12,820 victims of sexual crimes under 18 years of age who had been reported as victims of

child sexual abuse during 2012 to the Office of the Public Prosecutor of Chile. Additionally, Friedman et al. (2017) explored experiences of recurrent victimization among 111 individuals aged 60 and older treated for physical and sexual abuse across five of the largest Chicago-area hospitals. Most studies in the current review examined such samples (n = 21; 65.6%). Of note, some of the samples that are assessed within this review are not high-risk by nature (e.g., college students, adults from the general population), but are considered high risk here because the studies' focus is on a subsample of respondents who have been victimized (e.g., Butler et al., 2023; Kaasa et al., 2016). For example, data by Kaasa et al. (2016) were originally collected from 27 campuses across the U.S., with 150,072 respondents completing their survey (i.e., a school-based sample). However, this report focused on data coming from a subset of students who experienced at least one victimization incident within the school year. As a result, this sample was placed into the "high-risk" category because estimates only come from the subset of the population where harm was already experienced.

Prevalence

Finally, the prevalence estimates provided in these studies varied greatly across samples. Again, the focus in this section is on the *number of samples* rather than the number of studies. Because not all samples reviewed in this chapter provide prevalence estimates in their reports, there are **30 samples** reviewed here, with prevalence estimates ranging from **4.1% to 83.0%**. Just looking at this wide range, some people may come to the conclusion that research in this area is too inconsistent to draw conclusions. This is not true. Although comparisons across all studies are not advisable based on the different measurement considerations discussed previously, it is important to examine the nuances across studies. Characteristics, such as the samples used to assess recurrent victimization and the type of victimization(s) being assessed, largely influence these rates.

Prevalence by Sample Type At times, the prevalence of recurrent victimization was impacted by the type of sample used. Below are prevalence estimate ranges organized by the samples discussed previously:

Recurrent Victimization: Prevalence Ranges by Sample Type (n = number of samples)		
General Population Samples (n = 1) Range: 27.0%	*School-Based Samples* (n = 9) Range: 5.9% – 51.0%	*High-Risk Samples* (n = 20) Range: 4.1% – 83.0%

General population samples (e.g., Rand & Saltzman, 2003) typically reported the lowest prevalence rates, followed by school-based samples (e.g., Bond et al., 2001), and high-risk samples (e.g., Sonis & Langer, 2008). When examined differently, the types of victimization being measured within these samples offered a bit more nuance.

Prevalence for Samples by Victimization Types The next step in understanding prevalence estimates is to consider how these ranges varied across the different types of victimization being measured. Prior to reviewing these, there are a few notes on these prevalence estimates:

- At times, decisions were made to capture the overarching victimization type being assessed to summarize these estimates in a cohesive way (e.g., online sexual harassment could fall under "Sexual" or "Online," but our classification used "Online").
- Some studies reported the prevalence of more than one *specific type* of victimization experienced within a given sample (e.g., a study may report [1] sexual violence and [2] stalking among college students). As a result, clearly defined types of recurrent victimization are presented separately when possible.
- Some studies combined different types of victimization into one prevalence estimate. For example, some studies reported one estimate for experiencing two or more different types of victimization (e.g., measuring the presence of violent/physical, threatened violent/physical, and sexual violence for a collective rate of victimization). A "combined" grouping has been created to specify when these estimates were not provided for unique victimization types. Within the footnotes, readers can find examples of studies that combined different types of victimization into one prevalence estimate, along with each example study's prevalence rate.
- High-risk samples are further separated into "vulnerable population samples" (which may include non-victims) and "victim subsamples" (all respondents have been victimized at least once) to show how these estimates can vary depending on the population being examined.

Prevalence Ranges for Samples by Recurrent Victimization Types (*n* = number of samples)

General Population Samples (*n* = 1)

Inmate Partner Violence (*n* = 1): 27.0%

School-Based Samples (*n* = 9)

Violent/Physical (*n* = 4): 10.0% – 51.0%
Bullying (*n* = 2): 31.6% – 33.0%
Sexual (*n* = 2): 5.9% – 50.0%
Childhood Maltreatment (*n* = 1): 9.0%
Online (*n* = 1): 18.0% – 28.0%

High-Risk Samples (*n* = 20)

Vulnerable Population Samples (*n* = 4)

Bully (*n* = 1): 13.0%
Childhood Maltreatment (*n* = 1): 6.5% – 54.5%
Combined (*n* = 2): 25.0% – 25.1%[1]

Victim-Subsamples (*n* = 16)

Inmate Partner Violence (*n* = 5): 15.0% – 75.7%
Violent/Physical (*n* = 5): 4.1% – 83.0%
Childhood Maltreatment (*n* = 3): 10.2% – 63.6%
Drugging (*n* = 1): 53.0%
Elder (*n* = 1): 3.4% – 94.8%
Sexual (*n* = 1): 3.0% – 28.0%
Stalking (*n* = 1): 19.0% – 33.0%
Combined (*n* = 1): 64.0%[2]

Note: Because some studies reported the prevalence of more than one type of victimization within a given sample, the victimization types may not equal to the total number of samples.

[1] For example, Daigle and Teasdale (2018) combined violent/physical victimization and threats of violent/physical victimization items within their MacRisk data (25.1%)

[2] For example, Policastro et al. (2016) combined violent/physical victimization and threats of violent/physical victimization items (64.0%)

Reviewing these prevalence estimates for each sample and by victimization experience, several patterns emerge. First, certain types of victimization are assessed across multiple sample types. For example, childhood maltreatment, violent/physical victimization, sexual victimization, intimate partner violence, and bullying were examined across more than one sample type. However, the number of samples that measured a given type of victimization was not consistent. Violent/physical victimization was assessed more than any other experience of victimization, showing that there is still a gap in knowledge among other varieties of harm (e.g., stalking).

Second, there were more types of victimization assessed among high-risk samples than general population or school-based samples. Although some overlap exists in areas such as intimate partner violence, violent/physical victimization, and childhood maltreatment, high-risk samples generally focused on more varied types of victimization. The inclusion of drugging, elder abuse/maltreatment, and stalking highlight a number of challenges that high-risk samples may experience throughout their lives.

Third, the widest prevalence ranges for victimization types exist in the high-risk samples. For example, childhood maltreatment affects relatively few respondents (6.5%) to over half of the sample (63.6%). A similar trend is seen for intimate partner violence (range: 15.0–75.7%), violent/physical victimization (range: 4.1–83.0%), and elder maltreatment (range: 3.4–94.8%).

One reason for these discrepancies within high-risk samples may be the *differences in the samples* themselves regardless of them all being "high-risk." For instance, Contreras Taibo et al. (2022) used a sample of victims 18 years of age and under who had been reported as victims of child sexual abuse to the office of the Public Prosecutor of Chile. Here, 10.2% of children and adolescents in the study sample suffered a re-victimization within 2 years. Hamilton et al. (2002) assessed recurrent victimization using a sample of adolescents (11 to 18 years old) who were residents within a secure institution in England and considered a risk to themselves and/or others. Here, 54.5% of adolescents suffered repeat and revictimization. Although both of these studies used adolescent samples in contexts considered to be high-risk to identify recurrent victimization, the samples themselves represent highly unique experiences.

Another reason for these discrepancies may be *differences in measurement*. For example, Daigle and Harris (2018) measured recurring violent/physical victimization as being shot, home during a break in, sexually assaulted, shot at, attacked with a weapon, seriously threatened, chased, and hit at more than one study wave using a sample of adjudicated youth from Philadelphia, Pennsylvania and Maricopa County, Arizona (i.e., high-risk sample). Here, one-quarter of victims (24.6%) experienced recurrent violent/physical victimization over a 3-year period. Bass and colleagues (2022) measured recurrent victimization as seeking medical treatment at an emergency department two or more times over a 12-month period for an injury that resulted from physical violence. The authors used a sample of women aged 15 years or older who were emergency department patients across eight public healthcare facilities in the metropolitan areas of Kanifing Municipality and the West Coast region of The Gambia (i.e., high-risk sample). Here, 83.0% of the sample

experienced recurring violent/physical victimization. As shown, not only do the samples vary (even within same sample type) but so do the ways in which the authors operationalized recurrent violent/physical victimization, leading to wide variances in prevalence rates.

Even within a single study, various types of victimization measured can create very different rates. Friedman et al. (2017) assessed the victimization experiences of individuals aged 60 and older treated for physical and sexual abuse across Chicago-area hospitals, exploring six different types of victimization. The authors found that of the 111 victims of suspected physical abuse, 52.3% had documented histories of revictimization. Among this victimized group, 94.8% of individuals experienced physical abuse, while 3.4% experienced facility neglect. Here we can see that even within one study, the types of victimization being assessed can affect the range of recurrent victimization experiences.

Fourth, a few studies combined victimization types into one prevalence estimate. For example, some studies within the high-risk samples combined violent/physical acts and threatened violence for an overall rate of recurrent victimization (e.g., Daigle & Harris, 2018; Daigle & Teasdale, 2018; Policastro et al., 2016). These decisions make sense when examining "recurrent victimization" overall. However, it can also make it difficult to determine specific forms of recurrent victimization types and their prevalence.

Summary

This chapter reviewed 32 studies (representing 33 different samples) assessing "recurrent victimization." Within this relatively small body of literature, several takeaways can be made.

First, although differences exist, this research broadly defined, operationalized, and/or referred to recurrent victimization in the same way—discussing the experiences of individuals who were victimized and then victimized again. As demonstrated by the examples above, differences clearly existed across this research. All studies reviewed here were interested in studying experiences that the authors referred to as recurrent victimization, nonetheless.

Second, while various types of victimization were examined (e.g., intimate partner violence, sexual victimization), a substantial proportion of this literature explored experiences of violent/physical victimization or threatened violent/physical victimization (e.g., being beaten up, being hit, being shot, being stabbed; Bradley & Teasdale, 2023; Contreras Taibo et al., 2022; Fisher et al., 2010a, 2010b; Landers et al., 2021; Reyns & Fissel, 2019).

Third, this research studies these experiences among the general population, school-based, and high-risk samples. Most of these studies, however, included high-risk populations, such as individuals released from inpatient psychiatric hospitals or individuals identified as already having endured a victimization, with some studies reporting the experiences of a subsample of victims within their larger

sample (e.g., Butler et al., 2023; Policastro et al., 2016; Sonis, 2008; Teasdale et al., 2014). As a result, prevalence rates were typically high across these studies with samples labeled as "high-risk" (e.g., 58.0%, 64.0%; Policastro et al., 2016; Richardson et al., 2016; Teasdale et al., 2014).

Fourth, because of the differences in definitions, measurement, and samples used within this body of literature, the prevalence rates ranged dramatically across studies. As a result, it is important for scholars and practitioners to pay attention to these details when attempting to make comparisons across studies even though they are all broadly measuring "recurrent victimization."

In sum, this review demonstrated significant differences across the research that explores recurrent victimization. Yet, important patterns emerged, aiding our understanding of these experiences. While varied, this body of literature offers studies that used robust measurement, diverse samples, and a wide-ranging set of victimization types, producing a great deal of knowledge about the experiences of individuals who face recurrent victimization.

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Chapter 3
Repeat Victimization

Individuals who are harmed by the *same type* of victimization again and again often account for a substantial amount of all victimization experiences that take place. For instance, Lauritsen and Davis Quinet (1995) identified that 18.3% of their sample of youth aged 11 to 17 were assaulted more than once (i.e., two to five or more times). Although a relatively small proportion of the entire sample, this group made up 89.7% of *all* assault incidents. Similarly, 14.9% of the sample were robbed more than once, which made up 85.7% of *all* robberies. Among their sample of seventh graders, Tillyer et al. (2016) found that 23.9% of youth were sexually assaulted more than once, making up 95.2% of *all* sexual assault victimizations in the school year.

These individuals are repeat victims—they experience **repeat victimization** or more than one of the *same type* of victimization within a certain period of time (Fisher et al., 2010a, 2010b; Pease, 1998). These studies are interested in exploring the experiences of individuals who have been victimized in the same way more than once. Research assessing personal repeat victimization explores a range of different types of victimization. Although someone who has experienced property victimization more than once in a given time period can also be considered a repeat victim (e.g., experience burglary twice in 1 year), this SpringerBrief only discusses personal repeat victims. This does not mean that studies that included property victimization were not examined. However, these studies must have also measured some form of personal victimization in addition to property victimization to be included in the current review. We turn now to a summary of this literature.

A. E. Krushas et al., *A Review of Personal Recurrent Victimization*,
SpringerBriefs in Criminology, https://doi.org/10.1007/978-3-031-88601-0_3

Summary of Research Reviewed

This chapter discusses research that has focused on repeat victimization to provide an overview of this body of literature. To inform this chapter, **65 studies** (representing 69 different samples) assessing repeat victimization were reviewed (see Appendix for full list of references). An overview of these studies is provided in **Table 3.1**. As shown, a majority of this research was published recently, between 2015 and 2023 (n = 36; 55.4%). Additionally, most studies explored these experiences using surveys or questionnaires (n = 50; 76.9%), were longitudinal (n = 40; 61.5%), and assessed their data quantitatively (n = 63; 96.9%). The majority of these studies were conducted in the United States (n = 38; 58.5%) rather than in a country outside of the United States. While violent/physical victimization was the most commonly assessed form of victimization (n = 37; 56.9%), other studies explored sexual victimization (n = 27; 41.5%), intimate partner violence (n = 12;

Table 3.1 Summary of repeat victimization research (N = 65 studies)

Overview	Number of studies (%)
Publication year	
1995–2004	14 (21.5%)
2005–2014	15 (23.1%)
2015–2023	36 (55.4%)
Data sources[a]	
Survey/questionnaire	50 (76.9%)
Interview	5 (7.7%)
Administrative	15 (23.1%)
Data type	
Cross-sectional	25 (38.5%)
Longitudinal	40 (61.5%)
Data Analyses	
Quantitative	63 (96.9%)
Qualitative	2 (3.1%)
Country[b]	
United States	38 (58.5%)
Outside of the United States	27 (41.5%)
Victimization types[c]	
Violent/physical	37 (56.9%)
Sexual	27 (41.5%)
Intimate partner violence	12 (18.5%)
Childhood maltreatment	8 (12.3%)
Threatened violent/physical	8 (12.3%)
General[d]	5 (7.7%)
School-based[e]	3 (4.6%)
Harassment	2 (3.1%)
Drugging	1 (1.5%)

(continued)

Table 3.1 (continued)

Overview	Number of studies (%)
Sample demographics[f]	
Children/youth	19 (29.2%)
Adults	20 (30.8%)
Both children/adults	20 (30.8%)
Sample type[g]	
General population	15 (23.1%)
School-based	24 (36.9%)
High-risk	30 (46.2%)

[a]The number of studies (*n*) does not equal 65 (100%) because some studies use multiple data sources
[b]The number of studies (*n*) does not equal 65 (100%) because some studies were conducted both within and outside of the United States or study location was not clear and excluded to avoid misclassifications
[c]The number of studies (*n*) does not equal 65 (100%) because some studies measure multiple types of victimization. Although this body of literature focuses on experiencing more than one victimization, it was important to separate unique victimization types that were examined across studies to review how many and which types have been assessed among this work, along with their prevalence. At times, certain victimization types were collapsed (e.g., child abuse placed under child maltreatment)
[d]"General" includes studies measuring victimization broadly (e.g., "was victimized"; "registered as a victim")
[e]"School-based" victimization includes bullying and other school-based victimization (e.g., had something stolen at school, had belongings purposely damaged or destroyed)
[f]The number of studies (*n*) does not equal 65 (100%) because sample demographics were unclear within some studies and excluded from the total count to avoid misclassifications
[g]The number of studies (*n*) does not equal 65 (100%) because some studies included more than one sample

18.5%), childhood maltreatment (n = 8; 12.3%), and threatened violent/physical victimization (n = 8; 12.3%), among others. Sample demographics were evenly split between adult-only samples (n = 20; 30.8%), youth-only samples (n = 19; 29.2%), and samples that include both youth and adults (n = 20; 30.8%). Finally, high-risk samples—or samples that included individuals who have been identified as having an elevated risk of victimization, such as individuals who have been victimized previously or justice-involved individuals—made up the majority of sample types (n = 30; 46.2%).

A Note on the Current Review

Although the current review highlights 65 studies where "repeat victimization" was assessed, it is important to note that researchers have applied this term in various ways. For example, authors have used the term "repeat victimization" interchangeably with other categories of recurrent victimization (e.g., revictimization). Because we did not want to impose decisions arbitrarily, if an author used the term "repeat

victimization" in their manuscript at any point to discuss the study they carried out, then that study was included in our review. That is, we relied on the language used by the authors to guide what area their work fit into. Some of these studies also look at different categories of recurrent victimization within one study (e.g., assessing repeat victimization and multiple victimization). As a result, some studies are included in multiple chapters based on the language that the authors used (e.g., discussed "multiple victimization" and "repeat victimization" within the same study). Works were not classified in multiple categories when authors only provided context to contrast the category of recurrent victimization they were discussing. The nuance of the characteristics of these studies is reviewed in more detail below. However, it is important to understand decisions for why these studies were included in the current review.

Measuring Repeat Victimization: Study Characteristics

The first stage in understanding the broader literature was to explore how scholars measured repeat victimization—an important step for ensuring that readers understand exactly what they are assessing. Given the importance of measurement, we outline how the **65 studies** (1) define or describe and (2) operationalize repeat victimization. Then, we discuss what types of victimization are assessed in the research, along with the questions and instruments used to measure these various types.

Definitions and Descriptions

One way to understand how authors measure repeat victimization is by evaluating the definitions or descriptions they use. Within the repeat victimization work reviewed, all studies broadly *described* or mentioned repeat victimization as experiencing victimization and then experiencing victimization again—differing slightly from the definition used in the current chapter of experiencing more than one of the *same type* of victimization within a certain period of time (Fisher et al., 2010a, 2010b; Pease, 1998). Nevertheless, all studies in the current review broadly discussed repeat victimization in this way. *How* authors defined repeat victimization, however, differed substantially.

Some authors provided an explicit *definition* of repeat victimization at one or more points within their study (e.g., Fagan & Mazerolle, 2011; Kuijpers et al., 2011; Rogers et al., 2023). In this review, a *definition* refers to a statement provided by the author or authors anywhere in the article that describes what they mean when they use the term "repeat victimization." A definition does not tell readers how something is measured, but simply what it is. For example, authors may specify the type of repeat victimization being examined (e.g., sexual, violent/physical), provide a

timeframe on when these experiences must happen, or specify how many times the experience must happen to be considered repeat victimization. By providing this definition, readers have an understanding of exactly what the authors are discussing throughout their study. This definition can be presented in various parts throughout the article, but is typically presented in the "Abstract," "Introduction," "Background," "Literature Review," or "Current Study" section(s). Other authors, however, simply *referred* to repeat victimization at one or more points within their study (e.g., Robinson, 2006; Yang, 2023). That is, their discussion was somewhere between a definition and a mention. In these instances, readers are able to infer what the authors mean when they use the term "repeat victimization."

With such variety, we are largely unable to speak to the definitions and descriptions of repeat victimization in a consistent or clear manner. The issues resulting from a lack of consistent definitions used in this body of literature bleed into other parts of this chapter, such as operationalizations and prevalence. Below are two examples to illustrate this point; **Example 1** provides details where an *explicit definition* was used, whereas **Example 2** provides information where repeat victimization was *referenced.* Quotes were taken directly from the articles to capture the specific language used to help guide readers on their procedures.

Example Repeat Victimization Definitions and Descriptions in Research

Example 1 (Definition): "Repeat victimization means that victims experience the same crime type twice or more in a given period of time." (Tseloni & Pease, 2005, p. 76)

Example 2 (Reference): "Therefore, among adolescents who reported weapon-involved violence, more than half experienced it repeatedly (two or more times). Similarly, one in two victims suffered from repeated sexual violence, while two in five experienced physical violence two or more times." (Yang, 2023, p. 4)

Operationalizations

Another way to understand how authors measure repeat victimization is by assessing their operationalizations. In this review, *operationalization* refers to the author's or authors' descriptions of how repeat victimization was measured within their study, typically provided in the study's "Methods" section. In other words, another researcher could easily replicate a study based on the authors' description of how repeat victimization was measured. Whereas a definition may be a high-level discussion of a concept, the operationalization offers concrete and direct instructions on how the researcher is measuring repeat victimization in their study.

Scope of Operationalizations The majority of studies in the current review ($n = 40$; 61.5%) included an explicit operationalization of repeat victimization, showing readers exactly how this variable was measured in their study. Examples of operationalizations of repeat victimization found in the current review are provided below (see **Examples 3** and **4**). Notably, the examples below highlight some key components of clear operationalizations of repeat victimization, including the (1) types of victimization, (2) number of victimizations, (3) length of time between victimizations, and (4) coding classifications associated with variable names used to define these events.

Example Operationalizations of Repeat Victimization in Research

Example 3: "We examined two dichotomous measures of repeat sexual victimization during the current school year. Respondents in the sexual assault victim subsample were coded as repeat victims of sexual assault if they indicated that they were touched in a sexual manner without consent or against their will more than once in the current school year while at school or during school activities (0 = *no*, 1 = *yes*). Respondents in the sexual harassment victim subsample were coded as repeat victims of sexual harassment if they indicated that they received, on more than one occasion, unwelcome sexual remarks in the current school year while at school or during school activities (0 = *no*, 1 = *yes*)." (Tillyer et al., 2016, p. 90)

Example 4: "The primary dependent variable of interest, *repeat victimization*, indicates whether those who were victimized at time 1 were victimized again at time 2. Specifically, repeat victimization reflects whether victims experienced subsequent violent acts (i.e., physical assault, robbery, and assault with a weapon) during the 6 months prior to the time 2 interview. Response categories for repeat victimization are fixed along a scale ranging from 0 (not victimized) to 5 (victimized 5 or more times)." (Turanovic & Pratt, 2014, p. 35)

Frequency of Victimization Although most scholars provided details on their operationalizations, these descriptions differed across research studies. Of the studies that *did* provide an operationalization, all studies ($n = 40$; 100.0%) broadly operationalized repeat victimization as experiencing victimization more than once in a certain time frame (e.g., Christ et al., 2022; Dudfield et al., 2017; Faergemann et al., 2010; Goodlin & Dunn, 2010; Moneva et al., 2021; Xie et al., 2006). Notably, only certain studies ($n = 25$; 62.5%) operationalized repeat victimization as experiencing more than one of the *same (or similar) type* of victimization (e.g., Butler et al., 2022, 2023; Daigle et al., 2008; Tillyer et al., 2016). Although all 40 studies broadly operationalized repeat victimization as experiencing victimization more than once, there are significant nuances across this research. Nearly half of these studies ($n =$

18; 45.0%) stated their measurement of *more than one* or *two or more* victimizations (e.g., experienced 2 or more incidents of victimization in the past 12 months, suffering from more than one offense, suffering from two or more offenses; Chang et al., 2003; Christ et al., 2022; Farrell & Zimmerman, 2017; Mele, 2006; Walsh et al., 2020; Zhu et al., 2020).

Among most of the remaining literature (n = 16; 40.0%), repeat victimization was operationalized as experiencing victimization at *more than one wave or time-point of data collection* when longitudinal data were being examined. For example, some studies operationalized repeat victimization as victimization occurring at "*Time 1 and Time 2*," "*Wave 1 and Wave 2*," or "*in both years*" of a study (e.g., Butler et al., 2021, 2022; Turanovic & Pratt, 2014; Turanovic et al., 2018; Xie et al., 2006). Within these studies, several (n = 4; 10.0%) operationalized repeat victimization as experiencing victimization after a certain amount of time *following an index incident* (e.g., Geurts et al., 2023a, b; Raaijmakers et al., 2023; Ringland, 2018). Furthermore, a couple of studies (n = 2; 5.0%) required admission and re-admission to a hospital for a violent victimization to be operationalized as a repeat incident (Cooper et al., 2000; Nanney et al., 2015). Additionally, some studies asked about victimization in childhood and in adulthood (Arata, 1999; Grundmann et al., 2018).

Still, there are differences beyond these operationalizations. For example, one study operationalized repeat victimization as being victimized *more than twice* by one's current partner (Cochran et al., 2011). Another study operationalized repeat victimization as experiencing *six or more* similar crimes during the 6-month reference period; while acknowledging that the definition of repeat victimization often refers to "two or more victimizations within a given year," these authors claim that data availability limited analyses to the operationalization used (i.e., six or more incidents within a 6-month period) (Addington & Lauritsen, 2018, p. 1207). Finally, Randa et al. (2019) measured repeat victimization as experiencing bullying victimization *once or twice a month.*

Time Frames Across these operationalizations, there were important distinctions in the time frames used, with some time frames *general* and others *specific*. As an example, a general timeframe may be whether study respondents have experienced sexual assault anytime "during college" or have experienced inmate partner violence during their "current relationship" (e.g., Cochran et al., 2011; Walsh et al., 2020). Most studies, however, used a more specific period. For instance, respondents may be asked whether they experienced the victimization "in the past 6 months" or "in the past 12 months" as a way to limit the timeframe (e.g., Butler et al., 2023; Christ et al. 2022; Dudfield et al., 2017; Farrell & Zimmerman, 2017). In another example, victimization may be measured at an earlier point in the study when multiple time points are captured in the data (e.g., Turanovic et al., 2018). Finally, some studies used both general and specific time frames (e.g., "ever" and "in the past 12 months"; Fagan & Mazerolle, 2011). Examples of time frames in two studies are provided below (**Examples 5** and **6**).

Example Operationalizations of Time Frames in Repeat Victimization Research

Example 5: "Victimization was measured somewhat differently in the two phases of data collection. At Time 1, respondents were asked, 'Have you ever been a victim of crime?' and 'Sometimes bad things happen to people which affect them for a long time afterwards. Has anything like that ever happened to you?' Response choices for each question were no and yes, and those answering affirmatively were asked to describe the victimization event. The lead author reviewed the descriptive information for both questions and coded anyone who reported a violent or property victimization as a victim at Time 1.

At Time 2, victimization was assessed with one question: 'At any time in the last 12 months, have you been attacked, punched, kicked, or assaulted, sexually or otherwise, either by a stranger or by someone you know?' Those responding affirmatively were considered victims at Time 2. RV [*repeat victimization*] was defined as having experienced lifetime victimization at Time 1 and past-year violent victimization at Time 2." (Fagan & Mazerolle, 2011, p. 739)

Example 6: "Victimization was measured using six items. The youth were asked to respond to the following question: Have you ever experienced the following during the last year? (being severely teased or bantered, being threatened, being collectively bullied, being severely beaten [assaulted], being sexually assaulted [harassed], being robbed). Responses were coded as 0 = no and 1 = yes, with a higher score indicating a higher chance of being victimized. Repeat victimization is a dichotomous variable, with individuals who were victimized in both years labeled as 1 (repeat victimization) and those victimized in only 1 year (or neither year) labeled as 0 (nonrepeat victimization)." (Lee & Jo, 2020, p. 3197)

Data Sources

Studies assessing repeat victimization included in this review explored these experiences using surveys or questionnaires, interviews, and/or administrative data. Notably, some studies used data from multiple sources, so estimates may overlap (e.g., interviewing respondents in addition to using a questionnaire or using administrative data in addition to surveying respondents; Buss & Abdu, 1995; Cooper et al., 2000).

Surveys or Questionnaires In the current review, over three-fourths of studies used data from surveys or questionnaires (n = 50; 76.9%). Surveys and questionnaires provide researchers with a way of collecting uniform data directly from individuals.

That is, whether the individual takes the survey themselves or is asked questions by a third party, the responses given are representative of their experiences and usually tailored to a specific goal (e.g., experience of victimization, health history). The surveys and questionnaires may have been collected by the researchers themselves, or they could have been collected by other researchers and shared publicly (known as secondary data). Multiple researchers in the current review used the National Crime Victimization Survey (NCVS) dataset to assess repeat victimization—a national survey administered to households across the United States where selected households are interviewed every 6 months for three and a half years (e.g., Addington & Lauritsen, 2018; Farrell et al., 2005; Xie et al., 2006; Ybarra & Lohr, 2002). As one example, using the NCVS, Clay-Warner et al. (2016) explored repeat victimization by assessing violent (e.g., aggravated assault, sexual assault) and property (e.g., burglary) victimization types among a sample of 27,195 United States citizens aged 12 and older. Other scholars developed their own survey questions or adapted questions from standardized tools and/or instruments to ask respondents about their experiences (e.g., Butler et al., 2021, 2022).

Interviews Few studies relied on data from interviews (n = 5; 7.7%). Interviews can generate rich datasets that give respondents an opportunity to answer questions in their own words. That is, interviews may have some structure to the questions asked for consistency, but the details provided can vary widely depending on respondents' experiences. Interview data can be collected by the researchers, or it could come from secondary sources (e.g., the dataset is publicly available). As one example, Robinson (2006) conducted 27 semi-structured interviews with a subsample of victims identified as high risk for domestic violence to ask about their quality of life, fear, safety and security. As another example, Rogers et al. (2023) conducted a qualitative secondary analysis of women's narratives. This data was collected for the Justice Project and included 152 semi-structured interviews with survivors of interpersonal violence.

Administrative Data Less than one-quarter of studies used administrative data (n = 15; 23.1%). These data sources generally come from institutions or agencies who choose to partner with researchers. Administrative data can include very detailed information, but the database is generally not created with a research study in mind. Rather, the databases are meant to help individuals fulfill aspects of their jobs: practitioners operate within their organizations to track and monitor patients and clients; police have to complete paperwork on interactions with members of the public; correctional officers have to organize reports on individuals who are incarcerated. For instance, in the current review, Buss and Abdu (1995) reviewed medical records among admitted hospital patients to assess repeat physical/violent victimization. Additionally, Mele (2006) used 5,728 domestic violence incident reports representing 4,424 victims, collected from a large, urban police department between August 2001 and August 2002 as the primary source of data for their study of repeat intimate partner violence victimization.

Victimization Types and Tools

As noted previously, there are different types of victimization assessed in the repeat victimization literature. How authors measured these harms varied. In some instances, researchers used formal tools or assessments to examine repeat victimization and provided some consistency across works. In this context, it is important to examine the different types of victimization assessed, any tools that were used, and the number of items that were included to measure repeat victimization.

Victimization Types Repeat victimization was typically measured using a broad range of victimization types. Although the current review focuses on studies that assess personal victimization, some studies included both personal and property victimization types (e.g., burglaries, robberies, threats, assault, and sex-related crimes; Winkel et al., 2003). Considering personal victimization types, researchers in this review most often assessed experiences of violent/physical victimization (n = 37; 56.9%), followed by sexual victimization (n = 27; 41.5%), intimate partner violence (n = 12; 18.5%), childhood maltreatment (n = 8; 12.3%), and threatened violent/physical victimization (n = 8; 12.3%) (e.g., Daigle et al., 2008; Faergemann et al., 2010; Lee & Jo, 2020; Mele, 2006; Nanney et al., 2015; Ringland, 2018). Other types included general victimization (n = 5; 7.7%), school-based victimization, (n = 3; 4.6%), harassment (n = 2; 3.1%), and drugging (n = 1; 1.5%).

Given the diverse forms of harm measured across studies, researchers classified these events in different ways. Notably, researchers often assessed more than one type of victimization within a study (e.g., childhood maltreatment, intimate partner violence, sexual violence, physical violence; Strøm et al., 2020). Several examples are provided below to demonstrate the different types of victimization assessed and how they were measured (see **Examples 7–9**).

Example Repeat Victimization Types Measured in Research

Example 7 (Violent/Physical): "At wave 1 of the study, respondents were asked whether in the past year they: were shot by someone; were cut or stabbed by someone; got jumped; had a knife or gun pulled on them; or saw someone get shot or stabbed by another person. We used these five items to create four measures of exposure to violence." (Farrell & Zimmerman, 2017, p. 28)

Example 8 (Sexual Abuse): "For the current study, we modified the SES-R by combining different types of penetration (oral, anal, and vaginal). Thus, the modified SES-R contained three overarching stem questions that assess sexualized touching, completed penetration, and attempted penetration, respectively, as follows: (a) 'Someone touched, kissed, fondled, or grabbed me in a sexual way (but did not attempt to have sex) without my consent or agreement by . . .'; (b) 'Someone had oral, anal, vaginal, or other penetrative sex me without my consent or agreement by . . .'; and (c) 'Even though it

didn't happen, someone attempted to have oral, anal, vaginal or other penetrative sex without my consent or agreement by . . .'. Under each of these stems, we asked about six methods of perpetration using the exact wording of the five choices on the SES– Short Form Victimization (Koss et al., 2006): (a) 'telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to'; (b) "showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to'; (c) 'taking advantage of me when I was too drunk or out of it to stop what was happening'; (d) "threatening to physically harm me or someone close to me'; (e) 'using force, for example, holding me down with their body weight, pinning my arms, or having a weapon.' We also gave a sixth option that involved using other means and asked students to specify. For each tactic, participants could check whether it had occurred during the current academic year or since starting college but before this academic year. We also asked students on how many separate occasions they had experienced an assault. Those who reported experiencing assault on two or more separate occasions were considered repeat victims." (Walsh et al., 2020, p. 678)

Example 9 (Intimate Partner Violence): "The outcome measure was repeat IPV [*intimate partner violence*] victimization by the same abusive partner. For women who had had more than one abusive partner in the past year, interviewers for the CWHRS [*Chicago Women Health Risk Survey*] asked the woman to focus on one abusive intimate partner, who the respondent identified by 'Name,' who was responsible for the most serious incident. This partner was considered by the respondent to be her most abusive partner in the past year, not necessarily the partner she felt closest to. All responses to questions regarding abuse, including the life history calendar, were based on the respondent's relationship with 'Name.' Abusive behavior included threats of violence, forced sex, slapping or pushing, punching or kicking, beating up or choking, threatened weapon use, or weapon use (Block, 2000b). Respondents who reported that 'Name' committed more than one incident of physical abuse or threat of abuse over the past year were coded '1,' whereas respondents who only experienced one incident over the past year were coded '0.'" (Hayes, 2018, p. 144)

Tools Used At times, certain questions or items used to measure victimization were similar across articles. This may be due to the use of standardized tools within these works (see examples below). Only 18.5% (n = 12) of the studies included in this review used instruments and/or modified versions of these instruments to measure victimization, however (e.g., Arata, 1999). Of these studies, a variety of instruments were used such as the Juvenile Victimization Questionnaire (JVQ), the Conflict Tactics Scale (CTS) and the Sexual Experiences Survey (SES). These questionnaires/tools ask about a range of victimization experiences, including intimate partner violence, sexual violence, and childhood maltreatment, among others.

Among the remainder of studies (n = 53; 81.5%), standardized tools/questionnaires were not used or not mentioned. This may have been due to the author's or authors' use of questions or criteria that fell outside of a standardized instrument (e.g., Fagan & Mazerolle, 2011; Lauritsen & Davis Quinet, 1995; Turanovic & Pratt, 2014). Still, the absence of standardized measures does not mean that the work that was produced was not rigorously done. Furthermore, some studies used administrative data or interviewed respondents, which could limit their ability to apply a standardized measurement tool (e.g., Buss & Abdu, 1995; Cooper et al., 2000; Kingma, 1999; Nanney et al., 2015). Other studies did not provide specific information on the questions asked or tools used.

Example Instruments/Tools Used to Measure Repeat Victimization

- Intimate Partner Cyber Abuse Instrument (IPCA-I)
- Conflict Tactics Scale (CTS)
- Sexual Experiences Survey (SES)
- Chinese Juvenile Victimization Questionnaire (JVQ)
- Juvenile Victimization Questionnaire-2nd Revision Screener Sum Version (JVQ-R2)

Number of Items The number of items used to measure these experiences of personal repeat victimization also varied. In the current review, almost half of the studies (n = 29; 44.6%) indicated or directly stated the number of items/questions used to assess these experiences. Here, the number of items or questions used to measure personal repeat victimization ranged from 1 to 44, with the majority of this literature using approximately 3 to 12 items. Of course, the number of items used can correspond with the number of victimization types being assessed. Nevertheless, studies still varied. For instance, some studies measured violent/physical repeat victimization using two questions (e.g., Lauritsen & Davis Quinet, 1995). Other studies, however, asked six or seven questions to assess these experiences (e.g., Chang et al., 2003; Lee & Jo, 2020).

Measuring Repeat Victimization: Sample Characteristics

Authors have explored experiences of repeat victimization across diverse samples. Up until this point, the current chapter reviewed findings from 65 *studies*. As noted previously, three studies included two separate samples—resulting in a total of **69 samples** (e.g., Menard (2000) assessed violent/physical victimization using [1] a sample of U.S. children and adolescents aged 11 to 17 from the National Youth Survey [NYS] and [2] a sample of children and adolescents aged 7 to 19 who lived in high-risk neighborhoods in Denver from the Denver Youth Survey [DYS]). We turn now to a focus on the characteristics of the **69 samples**, including the types of samples examined and the prevalence of these experiences.

Sample Types

When studying repeat victimization, authors used general population, school-based, and high-risk samples. Each of these are described in more detail below.

General Population Samples General population samples refer to samples in which data come from individuals in the broader population and make up 23.1% ($n = 15$) of the studies assessed here. For example, Gabor and Mata (2004) used the General Social Survey (GSS) to assess experiences of repeat victimization. Here, interviews conducted by telephone were given to approximately 26,000 persons aged 15 years and older across 10 Canadian provinces. Additionally, Nazaretian and Fitch (2021) used the Canadian Victimization Survey (CVS) to obtain data on the victimization experiences of 43,188 Canadians from the general population aged 15 and over. In addition to Canada, these general population surveys were given to individuals in the general population across the United States (e.g., Goodlin & Dunn, 2010; Planty & Strom, 2007), Amsterdam (i.e., Winkel et al., 2003), and the United Kingdom (e.g., Tseloni & Pease, 2005).

School-Based Samples School-based samples are made up of individuals who are currently attending school at any level. For example, students may be adults (i.e., aged 18 years or older) attending a college or university—or multiple colleges or universities. These samples can also include youth in grades kindergarten through high school. These samples make up 36.9% of this work ($n = 24$), with most studies using college samples (e.g., Butler et al., 2021, 2022; Lasky et al., 2021; Zhu et al., 2020, 2022, 2023). For example, Cochran et al. (2011) gathered data through a self-administered survey of students attending a large university in Florida. As another example, Turanovic and Pratt (2014) used two waves of panel data from the Gang Resistance Education and Training program, including a sample of 1,370 ninth and tenth graders aged 12 to 15 from six cities across the United States (i.e., Philadelphia, Portland, Phoenix, Omaha, Lincoln, and Las Cruces).

High-Risk Samples High-risk samples refer to samples of individuals with an elevated risk of victimization, such as individuals who had previously experienced victimization (e.g., Kuijpers et al., 2011) or youth in detention centers (e.g., Fagan & Mazerolle, 2011). Most studies in the current review examined such samples ($n = 30$; 46.2%). Of note, some of the samples that were assessed within this review were not high-risk by nature (e.g., college students, adults from the general population), but were considered high risk here because the studies' focus is on respondents who have been victimized (e.g., Butler et al., 2023; Xie et al., 2006). For example, Xie et al. (2006) examined data from the National Crime Victimization Survey (NCVS), a national probability survey of residential addresses in the United States where each household member over the age of 12 is interviewed up to seven times at 6-month intervals (i.e., a general population sample). However, this study focused on households interviewed between January 1998 and December 2000 in which at least one household member was victimized (19,514 households; 22,615 total victims). As a result, this sample was placed into the "high-risk" category because estimates only come from the subset of the population where harm was already experienced.

Prevalence

Finally, the prevalence estimates provided in these studies assessing repeat victimization varied greatly across samples. Again, the focus in this section is on the *number of samples* rather than the number of studies. Because not all samples reviewed in this chapter provided prevalence estimates in their reports, there are **53 samples** reviewed here, with prevalence estimates ranging from **0.8% to 77.0%**. Just looking at this wide range, some people may come to the conclusion that research in this area is too inconsistent to draw conclusions. This is not true. Although comparisons across all studies are not advisable based on the different measurement considerations discussed previously, it is important to examine the nuances across studies. Characteristics, such as the samples used to assess repeat victimization and the type of victimization(s) being assessed, largely influence these rates.

Prevalence by Sample Type At times, the prevalence of repeat victimization was impacted by the type of sample used. Below are prevalence estimate ranges organized by the samples discussed previously:

Repeat Victimization: Prevalence Ranges by Sample Type (*n* = number of samples)		
General Population Samples (*n* =10) Range: 2.6% – 36.4%	*School-Based Samples* (*n* = 19) Range: 0.8% – 59.6%	*High-Risk Samples* (*n* = 24) Range: 0.9% – 77.0%

General population samples (e.g., Ellingworth et al. 1995; Goodlin & Dunn, 2010; Strøm et al., 2020) typically had the lowest prevalence rates, followed by school-based samples (e.g., Butler et al., 2021; Tillyer et al., 2018; Zhu et al. 2020), and high-risk samples (e.g., Grundmann et al., 2018; Hayes, 2018; Turanovic et al., 2018). When examined differently, the types of victimization being measured within these samples offered a bit more nuance.

Prevalence for Samples by Victimization Type The next step in understanding prevalence estimates is to consider how these ranges varied across the different types of victimization being measured. Prior to reviewing these, there are a few notes on these prevalence estimates:

- At times, decisions were made to capture the overarching victimization type being assessed to summarize these estimates in a cohesive way (e.g., online sexual harassment could fall under "Sexual" or "Online," but our classification used "Online").
- Some studies reported the prevalence of more than one *specific type* of victimization experienced within a given sample (e.g., a study may report [1] sexual violence and [2] stalking among college students). As a result, clearly defined types of repeat victimization are presented separately when possible.

- Some studies combined different types of victimization into one prevalence estimate. For example, some studies reported one estimate for experiencing two or more different types of victimization (e.g., measuring the presence of violent/physical, threatened violent/physical, and sexual violence for a collective rate of victimization). A "combined" grouping has been created to specify when these estimates were not provided for unique victimization types. Within the footnotes, readers can find examples of studies that combined different types of victimization into one prevalence estimate, along with each example study's prevalence rate.
- High-risk samples are further separated into "vulnerable population samples" (which may include non-victims) and "victim subsamples" (all respondents have been victimized at least once) to show how these estimates can vary depending on the population being examined.

Prevalence Ranges for Samples by Repeat Victimization Type (*n* = number of samples)

General Population Samples (*n* = 10)

Violent/Physical (*n* = 1): 12.0%
General (*n* = 1): 14.0%[1]
Combined (*n* = 8): 2.6% – 36.4%[2]

School-Based Samples (*n* = 19)

Violent/Physical (*n* = 7): 2.1% – 54.5%
Sexual (*n* = 4): 0.8% – 47.3%
Child Maltreatment (*n* = 3): 44.3% – 59.6%
Drugging (*n* = 1): 36.2%
Harassment (*n* = 1): 33.6%
Intimate Partner Violence (*n* = 1): 15.2%
School-Based (*n* = 1): 9.6%
Combined (*n* = 2): 1.8% – 59.6%[3]

High-Risk Samples (*n* = 24)

Vulnerable Population Samples (*n* = 4)

Combined (*n* = 4): 9.8% – 72.4%[4]

Victim Subsamples (*n* = 20)

Intimate Partner Violence (*n* = 7): 5.1% – 70.4%
General (*n* = 4): 0.9% – 30.2%[5]
Violent/Physical (*n* = 4): 7.5% – 42.9%
Child Maltreatment (*n* = 1): 77.0%
Sexual (*n* = 1): 64.0%
Combined (*n* = 3): 0.9% – 72.4%[6]

Note: Because some studies reported the prevalence of more than one type of victimization within a given sample, the victimization types may not be equal to the total number of samples.

[1] For example, Xie et al. (2006) measured if anyone in a household was victimized (14.0%)

[2] For example, Gabor and Mata (2004) and Nazaretian and Fitch (2021) combined violent/physical victimization and sexual victimization items (13.5% and 10.5%, respectively)

[3] For example, Fagan and Mazerolle (2011) and Yang (2023) combined violent/physical victimization and sexual victimization items (6.0% and 1.8–3.5%, respectively)

[4] For example, Winkel et al. (2003) combined violent/physical victimization and threatened violence items (10.0%)

[5] For example, Geurts et al. (2023a, b) measured victimization reported to police (0.9% repeat victims of "more severe" crimes, 2.0% repeat victims of "less severe" crimes; 11.5%), Raaijmakers et al. (2023) measured victimization reported to police (3.1%), and Lay (2023) measured victimization reported to police (30.2%)

[6] For example, Christ et al. (2022) and de Vries and Farrell (2018) combined violent/physical victimization, sexual victimization, and threatened violence (48.4% and 15.7%, respectively)

Reviewing these prevalence estimates for each sample and by victimization type, several patterns emerge. First, certain types of victimization were assessed across multiple sample types. For example, as the most-commonly assessed form of victimization, violent/physical victimization was examined across all samples. Additionally, other forms of victimization, such as sexual victimization, intimate partner violence, and general victimization (e.g., being victimized, reporting a victimization to police) were examined across more than one sample type. Nevertheless, the number of samples that measured a given form of victimization was not consistent beyond this. For example, drugging and harassment were only assessed within the school-based samples.

Second, and relatedly, there were a greater number of victimization types assessed among school-based samples than general population or high-risk samples. Although some overlap exists in areas (e.g., intimate partner violence, violent/physical victimization), school-based samples generally focused on more varied types of victimization that individuals may experience. The inclusion of drugging, harassment, and school-based victimization highlights a number of challenges that this population may experience more specifically.

Third, there were wide ranges for victimization types across all samples. For example, within the studies using a school-based sample, sexual victimization affected very few respondents (0.8%) to nearly half of the sample (47.3%). A similar trend was seen among the high-risk victim subsample group for intimate partner violence (range: 5.1–70.4%) and violent/physical victimization (range: 7.5–42.9%).

One reason for these discrepancies may be the *differences in the samples* themselves regardless of them all being "school-based" or "high-risk." For example, assessing repeat victimization among a high-risk sample, Christ et al. (2022) explored experiences of violent/physical, sexual, and threatened violence in the past 3 years among a sample of 153 adult patients from six Netherland outpatient mental health centers (prevalence: 48.4%). de Vries and Farrell (2018) similarly assessed experiences of prior violent/physical, sexual, and threatened violence among a sample of 115 labor-trafficked persons in the United States (prevalence: 15.7%). Although both of these studies used high-risk samples to identify similar victimization experiences in hopes of measuring repeat victimization, the samples themselves represent entirely unique experiences.

Another reason for these discrepancies may be *differences in measurement*. For example, Mele (2006) and Hayes (2018) both assessed intimate partner violence among high-risk samples, but measured these experiences differently. Mele (2006), for example, operationalized repeat victimization as a victim complainant on more than one domestic violence incident report within a 1-year study period among 5,728 domestic violence incident reports. Out of a total of 4,424 victims, 823 (19.0%) were repeat victims. As an entirely different method of measuring these experiences, Hayes (2018) asked adult women who had been physically abused or threatened with physical abuse by an intimate partner in the past year if that same partner committed more than one incident of physical abuse or threat of abuse over this time period. Here, the majority of respondents (70.4%) reported repeat victimization. As shown, not only do the samples vary (even within high-risk samples) but

so do the ways in which the authors operationalized repeat intimate partner violence, leading to wide variances in prevalence rates.

Even within a single study, the number of types of victimization measured can create very different rates. Zhu et al. (2022) explored various forms of childhood victimization among 14,564 Chinese adolescents aged 14 to 18. The authors found that 45.9% of the sample experienced repeat conventional victimization (e.g., robbery, personal theft, vandalism, assault, attempted assault), while only 5.5% of the sample experienced repeat sexual victimization. Here we can see that even within one study, the types of victimization being assessed can affect the range of repeat victimization experiences.

Fourth, many studies combined victimization types into one prevalence estimate. This decision aligns with the operationalization of repeat victimization that many authors used. However, it can also make it difficult to determine specific forms of repeat victimization experiences (e.g., sexual repeat victimization, violent/physical repeat victimization) and their prevalence. For example, some authors combined violent/physical and threatened violence items among general population samples (e.g., Ellingworth et al., 1995; Goodlin & Dunn, 2010; Tseloni & Pease, 2003, 2004, 2005), while other authors combined violent/physical and sexual items among high-risk samples (e.g., Turanovic et al., 2018). Additionally, some authors combined violent/physical and sexual items among general population or school-based samples (Fagan & Mazerolle, 2011; Gabor & Mata, 2004; Nazaretian & Fitch, 2021; Yang, 2023).

Summary

This chapter reviews 65 studies (representing 69 different samples) assessing "repeat victimization." Within this relatively small body of literature, several takeaways can be made.

First, each study within this review broadly operationalized, defined, and/or referred to repeat victimization in the same way—discussing the experiences of individuals who are victimized and then victimized again. Only *some* of these studies, however, focused on experiencing the same type of victimization more than once.

Second, while various forms of victimization were examined (e.g., intimate partner violence, sexual victimization), a substantial proportion of this literature (n = 45; 69.2%) assessing personal repeat victimization explored experiences of violent/physical victimization or threatened violent/physical victimization (e.g., Nazaretian & Fitch, 2021; Planty & Strom, 2007; Winkel et al., 2003).

Third, this research studies these experiences among the general population, school-based, and high-risk samples. Most of these studies, however, included high-risk populations such as individuals from outpatient mental health centers or individuals identified as already having endured a victimization, with some studies reporting the experiences of a subsample of victims within their larger sample (e.g., Butler et al., 2023; Christ et al., 2022; Kunst & Winkel, 2013; Raaijmakers et al.,

2023). As a result, prevalence rates were typically high across these studies with samples labeled as "high-risk" (e.g., 72.4%; Turanovic et al., 2018).

Fourth, because of the differences in definitions, measurement, and samples used within this body of literature, the prevalence rates ranged dramatically across studies. Prevalence rates were typically highest across studies using high-risk samples (e.g., 64.0–77%; Tillyer et al., 2016; Walsh et al., 2020) and lower among school-based and general population samples. It is important for scholars and practitioners to pay attention to these details when attempting to make comparisons across studies even though they are all broadly measuring "repeat victimization."

In sum, this review demonstrated significant differences across the research that explored repeat victimization. Yet, important patterns emerged, aiding our understanding of these experiences. While varied, this body of literature offers studies that use robust measurement, diverse samples, and a wide-ranging set of victimization types, producing a great deal of knowledge about the experiences of individuals who face repeat victimization.

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Chapter 4
Multiple Victimization

Chapter 3 (Repeat Victimization) highlights how certain individuals may experience the same or similar types of victimization again and again. However, some individuals may experience two or more *different types* of victimization, including personal victimization(s) *and* property victimization(s). For example, using the British Crime Survey (BCS), Hope et al. (2001) reported 2.9% of their sample of 11,713 individuals from the general population (aged 16 and over) reported being victims of both personal and property crime in the past 2 years. Additionally, using the General Social Survey (GSS), Gabor and Mata (2004) found 3.5% of their sample of 26,000 Canadian persons (aged 15 years and over) experienced one violent and one property crime in their lifetime. While these percentages appear small, it is important to note that these are 335 (Hope et al., 2001) and 852 (Gabor & Mata, 2004) people from the general population who experienced both property and personal victimizations throughout their lifetimes or within a relatively short period of time (i.e., 2 years; Hope et al., 2001). As such, these individuals may be especially vulnerable to experiencing ongoing victimization and benefit from intervention services.

These individuals are multiple victims—they have experienced **multiple victimization** or two or more different types of victimization experiences within a given time frame, including one or more personal victimizations (e.g., harassment, stalking, assault) *and* one or more property victimizations (e.g., burglary, theft, vandalism; Hope et al., 2001; Outlaw et al., 2002).

While some of the literature included in the current review followed this definition, most studies defined and/or measured multiple victimization in different ways. For example, the majority of studies only measured multiple victimization using personal victimization types (e.g., Casey & Nurius, 2005; Choo et al., 2011; Grasso et al., 2013; Romano et al., 2011). Other studies measured both personal and property victimization, but did not require both types of victimization to occur (e.g., Cyr et al., 2014; Falsetti & Resick, 1995). That is, these studies simply asked respondents about a series of personal and property victimization experiences but only

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required that *more than one victimization* occurred, regardless of the type(s) of victimization. Overall, these studies explored a wide variety of victimization types, including a range of personal victimization (e.g., sexual victimization, assault, childhood maltreatment; Grasso et al., 2013; Soler et al., 2015) and property victimizations (e.g., vehicle theft, burglary, vandalism; Hope et al., 2001; Outlaw et al., 2002). We turn now to a summary of this literature.

Summary of Research Reviewed

This chapter discusses research that has focused on multiple victimization to provide an overview of this body of literature. To inform this chapter, **59 studies** (representing 60 different samples) assessing multiple victimization are reviewed (see Appendix for full list of references). An overview of these studies is provided in **Table 4.1**. As shown, a majority of this research was published recently, between

Table 4.1 Summary of multiple victimization research ($N = 59$ studies)

Overview	Number of studies (%)
Publication year	
1980–1994	4 (6.8%)
1995–2009	18 (30.5%)
2010–2023	37 (62.7%)
Data sources[a]	
Survey/questionnaire	57 (96.6%)
Interview	3 (5.1%)
Data type	
Cross-sectional	53 (89.8%)
Longitudinal	6 (10.2%)
Data analysis	
Quantitative	57 (96.6%)
Qualitative	3 (5.1%)
Country[b]	
United States	34 (57.6%)
Outside of the United States	22 (37.3%)
Victimization types[c]	
Sexual	31 (52.5%)
Childhood maltreatment	23 (39.0%)
Violent/physical	21 (35.6%)
Intimate partner violence	9 (15.3%)
Online	2 (3.4%)

(continued)

Table 4.1 (continued)

Overview	Number of studies (%)
School-based[d]	2 (3.4%)
Stalking	2 (3.4%)
Elder	1 (1.7%)
General[e]	1 (1.7%)
Threatened violent/physical	1 (1.7%)
Sample demographics[f]	
Children/youth	16 (27.1%)
Adults	34 (57.6%)
Both children/adults	7 (11.9%)
Sample type[g]	
General population	18 (30.5%)
School-based	24 (40.7%)
High-risk	18 (30.5%)

[a] The number of studies (*n*) does not equal 59 (100%) because one study uses multiple data sources
[b] The number of studies (*n*) does not equal 59 (100%) because some studies were conducted both within and outside of the United States or study location was not clear and excluded to avoid misclassifications
[c] The number of studies (*n*) does not equal 59 (100%) because some studies measured multiple types of victimization. Although this body of literature focuses on experiencing more than one victimization, it was important to separate unique victimization types that were examined across studies to review how many and which types have been assessed among this work, along with their prevalence. At times, certain victimization types were collapsed (e.g., child abuse placed under child maltreatment)
[d] "School-based" victimization includes bullying and other school-based victimization (e.g., had something stolen at school, had belongings purposely damaged or destroyed)
[e] "General" includes studies measuring victimization broadly (e.g., "was victimized"; "registered as a victim")
[f] The number of studies (*n*) does not equal 59 (100%) because sample demographics were unclear within some studies and excluded to avoid misclassifications
[g] The number of studies (*n*) does not equal 59 (100%) because one study included two samples

2010 and 2023 (*n* = 37; 62.7%). Additionally, a majority of studies explored these experiences using surveys or questionnaires (*n* = 57; 96.6%), were cross-sectional (*n* = 53; 89.8%), and were quantitative (*n* = 57; 96.6%). Most of these studies were conducted in the United States (*n* = 34; 57.6%) rather than in a country outside of the United States. While sexual victimization was the most commonly assessed form of victimization among this literature (*n* = 31; 52.5%), others explored childhood maltreatment (*n* = 23; 39.0%), violent/physical victimization (*n* = 21; 35.6%), and intimate partner violence (*n* = 9; 15.3%), among others. Finally, adult samples were most often used (*n* = 34; 57.6%), along with school-based samples (*n* = 24; 40.7%) that could include adults attending a college or university or youth (i.e., aged 17 years or younger) in grades kindergarten through high school.

A Note on the Current Review

Although the current review highlights 59 studies where "multiple victimization" was assessed, it is important to note that researchers have applied this term in various ways. Throughout this literature, authors may have used the term "multiple victimization" interchangeably with other categories of recurrent victimization (e.g., repeat victimization, poly-victimization). Because we did not want to impose decisions arbitrarily, if an author used the term "multiple victimization" in their manuscript at any point to discuss the study they carried out, then that study was included in our review. That is, we relied on the language used by the authors to guide what area their work fit into. As a result, some studies are included in multiple chapters based on the language that the authors used (e.g., discussed "multiple victimization" and "repeat victimization" within the same study). Works were not classified in multiple categories when authors only provided context to contrast the category of recurrent victimization they were discussing. The nuance of the characteristics of these studies are reviewed in more detail below. However, it is important to know why these studies were included in the current review.

Measuring Multiple Victimization: Study Characteristics

The first stage in understanding the broader literature was to explore how scholars measured multiple victimization—an important step for ensuring that readers understand exactly what they are assessing. Given the importance of measurement, we outline how the **59 studies** (1) define or describe and (2) operationalize multiple victimization. Then, we discuss what types of victimization are assessed in the research, along with the questions and instruments used to measure these various types.

Definitions and Descriptions

One way to understand how authors measure multiple victimization is by evaluating the definitions or descriptions they use. Within the multiple victimization work reviewed, all studies *described* multiple victimization as experiencing victimization and then experiencing victimization again—differing slightly from the definition used in this SpringerBrief that explains multiple victimization as experiencing different types of victimization (i.e., at least one personal victimization and at least one property victimization). Nevertheless, this means that all studies in the current review broadly discussed multiple victimization in this way. However, *how* authors discussed multiple victimization differed substantially.

Some authors provided an explicit *definition* of multiple victimization at one or more points within their study (e.g., Gonçalves & Matos, 2020a; Kaasa et al., 2016). In this review, a *definition* refers to a statement provided by the authors anywhere in the article that describes what they mean when they use the term "multiple victimization." A definition does not tell readers how something is measured, but simply what it is. For example, authors may specify the type of multiple victimization being examined, provide a timeframe on when these experiences must happen, or specify how many times the experience must happen to be considered multiple victimization. By providing this definition, readers have an understanding of exactly what the author or authors are discussing throughout their study. This definition can be presented in various parts throughout the article, but is typically presented in the "Abstract," "Introduction," "Background," "Literature Review," or "Current Study" section(s). Other authors, however, simply *referred* to multiple victimization at one or more points within their study (e.g., Grasso et al., 2013). That is, their discussion was somewhere between a definition and a mention. In these instances, readers are able to infer what the authors mean when they use the term "multiple victimization."

With such variety, we are largely unable to speak to the definitions and descriptions of multiple victimization in a consistent or clear manner. The issues resulting from a lack of consistent definitions used in this body of literature bleed into other parts of this chapter, such as operationalizations and prevalence. Below are two examples to illustrate this point; **Example 1** provides details where an *explicit definition* was used, whereas **Example 2** provides information where multiple victimization was *referenced.* Quotes were taken directly from the articles to capture the specific language used to help guide readers on their procedures.

Example Multiple Victimization Definitions and Descriptions in Research

Example 1 (Definition): "*Multiple victimization* is defined as experiencing more than one of the six types of victimization listed above within the current year (e.g., one instance of forced penetration and one instance of intimate partner violence)." (Kaasa et al., 2016, p. 7)

Example 2 (Reference): "Consistent with previous literature, we hypothesized that those with multiple victimization types (a high-victimization class) would tend to be older and have a more extensive history with child-protective services relative to classes with fewer victimization experiences (a low-victimization class)." (Grasso et al., 2013, p. 598)

Operationalizations

Another way to understand how authors measure multiple victimization is by assessing their operationalizations. In this review, *operationalization* refers to the author's or authors' descriptions of how multiple victimization was measured within

their study, typically provided in the study's "Methods" section. In other words, another researcher could easily replicate a study based on the authors' description of how multiple victimization was measured. Whereas a definition may be a high-level discussion of a concept, the operationalization offers concrete and direct instructions on how the researcher is measuring multiple victimization in their study.

Scope of Operationalizations More than two-thirds of the studies in the current review (n = 40; 67.8%) included an explicit operationalization of multiple victimization, showing readers exactly how this variable was being measured. Examples of operationalizations of multiple victimization found in the current review are provided below (see **Examples 3** and **4**). Notably, the examples below highlight some key components of clear operationalizations of multiple victimization, including the (1) types of victimization, (2) number of victimizations, (3) length of time between victimizations, and (4) coding classifications associated with variable names used to define these events.

Example Operationalizations of Multiple Victimization in Research

Example 3: "*Multiple victimization*, the main predictor, was coded dichotomously (0 = zero to two instances of victimization, 1 = three or more instances of victimization). Responses were aggregated across items measuring the times an individual was attacked by someone they knew, was attacked by a weapon, experienced violence in the past 6 months, and experienced harassment at school during the past school year." (Gardella et al., 2016, p. 40)

Example 4: "For this study, MV [*multiple victimization*] was conceptualized as the experience of victimization across categories (physical, emotional, sexual, neglect) rather than the sum of all experiences from a list of victimization events." (Choo et al., 2011, p. 628)

Frequency of Victimization Although some scholars provided details on their operationalizations, these descriptions differed across research studies. Notably, of the studies that *did* provide an operationalization (n = 40; 67.8%), only one study operationalized multiple victimization as experiencing at least one personal victimization and at least one property victimization (Outlaw et al., 2002). Most other studies indicated that a certain number of victimizations must occur (n = 23; 57.5%). That is, 17 (42.5%) studies directly operationalized multiple victimization as experiencing "*more than one*," "*at least two*," or "*two or more*" victimization experiences in a certain time frame (e.g., Butler et al., 2023; Cyr et al., 2014; Rodgers & Roberts, 1995). The remaining six studies operationalized multiple victimization requiring a different number of victimizations, such as two or three, three, three or more, or four or more (e.g., Ataiants et al., 2022; Gabor & Mata, 2004; Gardella

et al., 2016). Some studies operationalized multiple victimization based on the number of victimizations experienced and the stage of life in which these victimizations occurred ($n = 3$). Arata (1999), for example, operationalized multiple victimization as having experienced both child sexual victimization and adult sexual victimization. Finally, two studies operationalized multiple victimization as victimization by multiple or different perpetrators (e.g., Casey & Nurius, 2005).

Studies that did not use these frequency categories to operationalize multiple victimization tended to use different criteria. For example, four studies operationalized multiple victimization by simply referring to "*multiple*" or "*different*" types of victimization occurring, rather than a specific number (e.g., Charak et al., 2016; Gren-Landell et al., 2011), with one study operationalizing multiple victimization as experiencing victimization "across categories" when measuring physical, emotional, sexual, and neglect victimization types (Choo et al., 2011).

Operationalizations extend even beyond these, such as experiencing adversities in addition to childhood sexual abuse (Ressel et al., 2018). Other variations included victimization scores over two standard deviations above the mean on bullying victimization and victimization scores almost one standard deviation above the mean on conventional crime and sexual victimization (Holt et al., 2007; Ressel et al., 2018). Three studies summed the number of victimization experiences reported by each respondent and later reported the frequency of victimizations experienced (e.g., 69.6% of the sample experiencing two or more victimization types; Shen et al., 2019; Yang, 2023).

Finally, some studies included multiple operationalizations of multiple victimization. For instance, Chu et al. (2014) operationalized multiple victimization as "CSA [*child sexual abuse*] and subsequent adult victimization *or* multiple victimization events in adulthood" (p. 323). Additionally, Pereda et al. (2017) used three different criteria. Specifically, these authors used the following classifications: (1) four or more victimization types; (2) 10% of youth who experienced the highest number of victimizations in each age group; and (3) experiencing nine or more victimization types for lifetime poly-victimization and six or more victimization types for past year poly-victimization.

Time Frames Across these operationalizations, there were important distinctions in the time frames used, with some time frames *general* and others *specific*. As an example, a general timeframe may ask whether study respondents have "ever" experienced a form of victimization to get a sense of lifetime prevalence of these experiences (e.g., sexual victimization; Sorenson et al., 1991). Most studies, however, used a more *specific* period. For instance, respondents may be asked whether they experienced the victimization in the "past six months," "past year," or "two years" as a way to limit the timeframe (e.g., Butler et al., 2023). In another example, victimization may have occurred at an earlier point in a respondent's life (e.g., Arata, 1999; Chu et al., 2014; Wilson et al., 1999). Examples of these more specific time frames are provided below (**Examples 5** and **6**).

Example Operationalizations of Time Frames in Multiple Victimization Research

Example 5: "The dependent variable for the analysis of multiple victimization is a dichotomous measure, with one indicating the respondent experienced at least one property crime and at least one violent crime in the prior 2 years, and zero otherwise." (Outlaw et al., 2002, p. 192)

Example 6: "A categorical variable was created to classify adolescents into two categories: adolescents with more than one type of victimization and adolescents with a single type of victimization. Adolescents who endorsed two or three types of victimization were classified as multiply victimized and assigned the value of 1 (single type = 0)." (Sabri et al., 2012, p. 751)

Data Sources

Studies assessing multiple victimization included in this review explored these experiences using surveys, questionnaires, or interviews. Notably, some studies used data from multiple sources, so estimates may overlap (e.g., interviewing respondents in addition to using a questionnaire; Matos et al., 2014).

Surveys or Questionnaires In the current review, a substantial majority of the studies used data from surveys or questionnaires ($n = 57$; 96.6%). Surveys and questionnaires provide researchers with a way of collecting uniform data directly from individuals. That is, whether the individual takes the survey themselves or is asked questions by a third party, the responses given are representative of their experiences and usually tailored to a specific goal (e.g., experience of victimization, health history). The surveys and questionnaires may have been collected by the researchers themselves, or they could have been collected by other researchers and shared publicly (known as secondary data). For example, Gardella et al. (2016) used the 2011 wave of the National Crime Victimization Survey School Crime Supplement (NCVS: SCS) to explore multiple victimization, asking 5,930 adolescents aged 12 to 18 years old about their victimization experiences (e.g., harassment, violence). Here, computer assisted telephone and personal interview platforms were used to ask participants about their experiences with violent victimization during the past school year. As another example, Wilson et al. (1999) used self-report questionnaires among a sample of 330 undergraduate women aged 15 to 27 who were enrolled in introductory psychology classes at a large Southeastern university. Here, the authors were able to ask respondents about their childhood, adolescent, and adult experiences of sexual victimization to assess multiple victimization.

Interviews Very few studies relied on data from interviews ($n = 3$; 5.1%). Interviews can generate rich datasets that give respondents an opportunity to answer questions

in their own words. That is, interviews may have some structure to the questions asked for consistency, but the details provided can vary widely depending on respondents' experiences. Interview data can be collected by the researchers, or it could come from secondary sources (e.g., the dataset is publicly available). As an example, Long and Ullman (2013) completed nine in-depth interviews with women who had endured multiple traumatic events throughout their lives to learn more about these experiences.

Victimization Types and Tools

As noted previously, there are different types of victimization assessed in the multiple victimization literature. How authors measured these harms varied. In some instances, researchers used formal tools or assessments to examine multiple victimization and provided some consistency across works. In this context, it is important to examine the different types of victimization assessed, any tools that were used, and the number of items that were included to measure multiple victimization.

Victimization Types Multiple victimization was typically measured using a broad range of victimization types. Again, although the current review focuses on studies that assessed personal victimization, multiple victimization was defined by some authors as experiencing multiple types of victimization, including both personal and property (e.g., Hope et al., 2001; Outlaw et al., 2002). As such, some studies included both personal and property victimization types when assessing multiple victimization (e.g., attempted burglary, completed burglary, vandalism, car theft, and stolen property, being physically attacked or threatened, being robbed by force; Outlaw et al., 2002).

Only some studies aligned with this definition, while others assessed experiences of personal victimization only. Considering these various victimization types, researchers in this review most often assessed personal victimization experiences of sexual victimization ($n = 31$; 52.5%), while others explored childhood maltreatment ($n = 23$; 39.0%), violent/physical victimization ($n = 21$; 35.6%), and intimate partner violence ($n = 9$; 15.3%). Still, some research explored experiences of online victimization ($n = 2$; 3.4%), school-based victimization ($n = 2$; 3.4%), stalking ($n = 2$; 3.4%), elder abuse ($n = 1$; 1.7%), general victimization ($n = 1$; 1.7%), and threatened violent/physical victimization ($n = 1$; 1.7%).

Given the diverse forms of harm measured across studies, researchers classified these events in different ways. Notably, researchers often assessed more than one type of victimization within a study (e.g., attempted and completed forced penetration, penetration while incapacitated, forced sexual touching, sexual touching while incapacitated, stalking, and intimate partner violence; Kaasa et al., 2016). Several examples are provided below to demonstrate the different types of victimization assessed and how they were measured (see **Examples 7–9**).

Example Multiple Victimization Types Measured in Research

Example 7 (Violent/Physical): "Three items were included to measure the frequency of violence that adolescents experienced in the past 12 months, including weapon- involved violence ('*During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property*?'), physical violence ('*During the past 12 months, how many times were you in a physical fight on school property?*'), and sexual violence ('*During the past 12 months, how many times did anyone force you to do sexual things that you did not want to do?'*)." (Yang, 2023, p. 2)

Example 8 (Sexual): "Items from the Sexual Experiences Survey (SES; Koss & Gidycz, 1985) were administered at Wave 1 to assess sexual victimization in adolescence– adulthood and childhood (before age 14). Separate items assessed experiences of completed forcible rape (items assessing vaginal, oral, anal intercourse, or object penetration obtained by threat or use of physical force), incapacitated rape (an item assessing vaginal intercourse obtained through giving the woman alcohol or drugs), attempted rape (items assessing attempted vaginal intercourse obtained by threat, force, or through giving the woman alcohol or drugs), sexual coercion (items assessing vaginal intercourse obtained by arguments, pressure, or use of authority), and unwanted sexual contact (items assessing sexual acts not involving intercourse obtained by threats, force, arguments, pressure, or use of position of authority). At Wave 2, three SES items identical to those administered in Wave 1 assessed new forcible and incapacitated rape in the past year." (Littleton & Ullman, 2013, pgs. 346-347)

Example 9 (Child Maltreatment): "This study measured seven child-victimization types (Table 1): physical neglect (four items), psychological violence (four items for father and the same four items for mother), physical abuse (seven items for father and the same seven items for mother), sexual violence (two items), interparental violence (two items), bullying (seven items covering verbal, physical, and relational bullying), and community violence (two items)." (Shen et al., 2019, p. 3743)

Tools Used At times, certain questions or items used to measure victimization were similar across articles. This may be due to the use of standardized tools within these works (see examples below). In this review, most studies (n = 34; 57.6%) used instruments and/or modified versions of these instruments to measure victimization (e.g., Davis et al., 2002; Gren-Landell et al., 2011; Holt et al., 2007). Among these studies, a variety of instruments were used such as the Juvenile Victimization Questionnaire (JVQ), the Conflict Tactics Scale (CTS), and the Sexual Experiences Survey (SES). These questionnaires/tools ask about a range of victimization experiences, including intimate partner violence, sexual violence, and childhood maltreatment, among others.

Among the remainder of studies (n = 25; 42.4%), standardized tools/questionnaires were not used or not mentioned. This may have been due to the author's or authors' use of questions or criteria that fell outside of a standardized instrument (e.g., Jiménez, 2019). Still, the absence of standardized measures does not mean that the work that was produced was not rigorously done. Furthermore, some studies relied on administrative data or interviewed respondents, which could limit their ability to apply a standardized measurement tool (e.g., Long & Ullman, 2013; Matos et al., 2015). Finally, a couple of studies did not specify the questions or items they used.

Example Instruments/Tools Used to Measure Multiple Victimization

- Intimate Partner Cyber Abuse Instrument (IPCA-I)
- Conflict Tactics Scale (CTS)
- Sexual Experiences Survey (SES)
- Juvenile Victimization Questionnaire (JVQ)

Number of Items The number of items used to measure these experiences of personal multiple victimization also varied. In the current review, most studies (n = 36; 61.0%) indicated or directly stated the number of items/questions used to assess these experiences. Here, the number of items or questions used to measure personal multiple victimization ranged from 1 to 71, with the majority of this literature using approximately 8 to 33 items. Of course, the number of items used can correspond with the number of victimization types being assessed. Nevertheless, studies still varied. For instance, some studies measured sexual multiple victimization using one broad question (e.g., Yang, 2023). Other studies, however, asked several questions to assess these experiences (e.g., DeKeseredy et al., 2019; Pereda et al., 2017).

Measuring Multiple Victimization: Sample Characteristics

Authors have explored experiences of multiple victimization across diverse samples. Up until this point, the current chapter reviewed findings from 59 *studies.* As noted previously, one study included two separate samples—resulting in a total of **60 samples** (i.e., Sani et al. (2021) measured multiple victimization among a sample of 40 Portuguese children and adolescents consisting of (i) 20 young people without clinical follow-up from a school in the district of Porto and (ii) 20 young people who were undergoing psychological counselling at a clinic, also in the district of Porto). We turn now to a focus on the characteristics of the **60 samples**, including the types of samples examined and the prevalence of these experiences.

Sample Types

When studying multiple victimization, authors used general population, school-based, and high-risk samples. Each of these are described in more detail below.

General Population Samples General population samples refer to samples in which data come from individuals in the broader population. For example, Gabor and Mata (2004) used the General Social Survey (GSS) to measure experiences of lifetime victimization. Here, approximately 26,000 individuals across 10 Canadian provinces (aged 15 years and over) were surveyed. A little less than one-third of the literature included in this review (n = 18; 30.5%) relied on data from general population samples.

School-Based Samples School-based samples are made up of individuals who are currently attending school at any level. For example, students may be adults (i.e., aged 18 years or older) attending a college or university—or multiple colleges or universities. These samples can also include youth in grades kindergarten through high school. Many of the studies in the current review examined school-based samples (n = 24; 40.7%). As one example, Davis et al. (2002) assessed the personal and property victimization experiences of 310 undergraduate women from a midsized Southern public university recruited from four sororities. Another example of a school-based sample came from the work by Shen et al. (2019); this study explored childhood maltreatment, bullying, and community violence experiences among 6,233 fourth-grade students aged 10 to 11 years old from 314 primary schools in Taiwan.

High-Risk Samples High-risk samples refer to samples of individuals with an elevated risk of victimization, such as individuals with a history of substance use (e.g., Ataiants et al., 2022; Sabri et al., 2012) or individuals who have been victimized previously (e.g., Littleton et al., 2006; Ressel et al., 2018). As an example, Ressel et al. (2018) explored multiple victimization using data from a larger study on male child sexual abuse conducted by the Children's Well-Being Laboratory at the University of Ottawa. Within the current study, Ressel et al. (2018) focused on 46 males aged 17 to 25 years old who had reported child sexual abuse. These samples make up 30.5% of this work (n = 18).

Of note, some of the samples that are assessed within this review are not high-risk by nature (e.g., college students, adults from the general population), but are considered high risk here because the studies' focus is on those in the subsample of respondents who have been victimized (e.g., Butler et al., 2023; Kaasa et al., 2016). For example, data by Kaasa et al. (2016) were originally collected from 27 campuses across the U.S., with 150,072 respondents completing their survey (i.e., a school-based sample). However, this report focused on data coming from a subset of students who experienced at least one victimization incident within the school year. As a result, this sample is placed into the “high-risk” category because estimates only came from the subset of the population where harm was already experienced.

Prevalence

Finally, the prevalence estimates provided in these studies assessing multiple victimization varied greatly across samples. Again, the focus in this section is on the *number of samples* rather than the number of studies. Because not all samples reviewed in this chapter provided prevalence estimates in their reports, there are **49 samples** reviewed here, with prevalence estimates ranging from **1.8% to 100.0%**. Just looking at this wide range, some people may come to the conclusion that research in this area is too inconsistent to draw conclusions. This is not true. Although comparisons across all studies are not advisable based on the different measurement considerations discussed previously, it is important to examine the nuances across studies. Characteristics, such as the samples used to assess multiple victimization and the type of victimization(s) being assessed, largely influence these rates.

Prevalence by Sample Type At times, the prevalence of multiple victimization was impacted by the type of sample used. Below are prevalence estimate ranges organized by the samples discussed previously:

Multiple Victimization: Prevalence Ranges by Sample Type (*n* = number of samples)		
General Population Samples (*n* = 15) Range: 1.8% – 86.9%	*School-Based Samples* (*n* = 19) Range: 4.2% – 85.0%	*High-Risk Samples* (*n* = 15) Range: 13.0% – 100.0%

Each sample type reported remarkably wide ranges of victimization. For example, the prevalence of multiple victimization reported among general population studies ranged from 1.8% to nearly 90% (e.g., Andersen et al., 2015; Hope et al., 2001; Hughes et al., 2010). School-based and high-risk samples demonstrated a similar trend, with school-based samples ranging from 4.2% to 85.0% and high-risk samples ranging from 13.0% to 100.0% (e.g., Davis et al., 2002; Jiménez, 2019; Montiel et al., 2016). As shown, the prevalence rate reaches 100.0% among one study in the high-risk samples. Gonçalves and Matos (2020b) explored lifetime experiences of multiple victimization (i.e., experience of different types of violence in a given period of life, perpetrated by one or more perpetrators) among a sample of 120 women, including 35 Portuguese natives and 85 immigrants. Among native women, 77% reported multiple victimization in childhood, 69% reported multiple victimization in adolescence, and 100% reported multiple victimization in adulthood. Here, the authors mentioned that intersection between the ethnicity, unemployment, and educational level among these women demonstrated especially high vulnerability to victimization experiences. When examined differently, the types of victimization being measured within these samples offered a bit more nuance.

Prevalence for Samples by Victimization Type The next step in understanding prevalence estimates is to consider how these ranges varied across the different types of victimization being measured. Prior to reviewing these, there are a few notes on these prevalence estimates:

- At times, decisions were made to capture the overarching victimization type being assessed to summarize these estimates in a cohesive way (e.g., online sexual harassment could fall under "Sexual" or "Online," but our classification used "Online").
- Some studies reported the prevalence of more than one *specific type* of victimization experienced within a given sample (e.g., a study may report [1] sexual violence and [2] stalking among college students). As a result, clearly defined types of multiple victimization are presented separately when possible.
- Some studies combined different types of victimization into one prevalence estimate. For example, some studies reported one estimate for experiencing two or more different types of victimization (e.g., measuring the presence of violent/physical, threatened violent/physical, and sexual violence for a collective rate of victimization). A "combined" grouping has been created to specify when these estimates were not provided for unique victimization types. Within the footnotes, readers can find examples of studies that combined different types of victimization into one prevalence estimate, along with each example study's prevalence rate.
- High-risk samples are further separated into "vulnerable population samples" (which may include non-victims) and "victim subsamples" (all respondents have been victimized at least once) to show how these estimates can vary depending on the population being examined.

Prevalence Ranges for Samples by Multiple Victimization Type (*n* = number of samples)

General Population Samples (*n* = 15)

Childhood Maltreatment (*n* = 5): 36.6% – 86.9%
School-Based (*n* = 2): 23.5% – 40.2%
Sexual (*n* = 1): 22% – 34.0%
Violent/Physical (*n* = 1): 17.1%
Combined (*n* = 6): 1.8% – 50.0%[1]

School-Based Samples (*n* = 19)

Childhood Maltreatment (*n* = 6): 10.0% – 85.0%
Sexual (*n* = 5): 6.0% – 29.0%
School-Based (*n* = 3): 18.9% – 38.3%
Online (*n* = 1): 35.0%
Combined (*n* = 4): 4.2% – 78.6%[2]

High-Risk Samples (*n = 15)*

Vulnerable Population Samples (n = 11)

Child Maltreatment (*n* = 2): 41.6% – 70.0%
Sexual (n = 2): 13.0% – 65.7%
Combined (*n* = 7): 41.7% – 100%[3]

Victim Subsamples (n = 4)

Inmate Partner Violence (*n* = 2): 15.0% – 47.3%
Sexual (*n* = 2): 2.9% – 28.0%
Stalking (*n* = 1): 19.0% – 33.0%
Violent/Physical (n = 1): 9.4%
Combined (*n* = 2): 22.0% – 55.9%[4]

Note: Because some studies reported the prevalence of more than one type of victimization within a given sample, the victimization types may not be equal to the total number of samples.

[1] For example, Chu et al. (2014) combined child maltreatment, sexual victimization, and violent/physical victimization (50.0%); Hughes et al. (2010) combined childhood maltreatment, intimate partner violence, sexual victimization, and violent/physical victimization (8.7–38.7%)

[2] For example, Falsetti and Resick (1995) combined child maltreatment, domestic violence, violent/physical victimization, sexual victimization, robbery, kidnapping, and burglary (26.0%); Wigderson and Lynch (2013) combined violent/physical victimization, relationship victimization (e.g., being left out by others on purpose), and cyber victimization (78.6%)

[3] For example, Gonçalves and Matos (2020a) combined psychological abuse, physical violence, sexual abuse, discrimination, neglect, vicarious victimization/exposure to violence, institutional violence, and mobbing and stalking (66.4%); Gonçalves and Matos (2020b) combined threats, physical, sexual, discrimination, neglect, exposure to victimization, and institutional violence (95.0–100.0%)

[4] For example, Davis et al. (2002) combined childhood maltreatment, violent/physical victimization, and sexual victimization (7.0%)

Reviewing these prevalence estimates for each sample and by victimization type, several patterns emerge. First, certain types of victimization were assessed across multiple sample types. For example, childhood maltreatment and sexual victimization were assessed across all three sample types, while school-based victimization was examined across two sample types (i.e., general population, school-based). However, the number of samples that measured a given form of victimization was not consistent. Childhood maltreatment was assessed more than any other type of victimization, showing that there is still a gap in knowledge on specific subtypes of harm beyond childhood maltreatment (e.g., stalking, online victimization).

Second, there were an equal number of victimization types assessed across samples. That is, each sample type explored four different types of multiple victimization. As mentioned, however, these types varied across samples. For example, general population samples were the only samples to explore violent/physical victimization types, while online victimization was only assessed among school-based samples. Finally, stalking and intimate partner violence were only measured among samples that were high-risk. Overall, this finding suggests that within each of these sample types, studies assessing multiple victimization can aim to expand the forms of victimization they explore so we can know more about these experiences across diverse populations.

Third, each sample type reported exceedingly wide ranges of victimization, even within the same victimization type. For example, the prevalence of child maltreatment reported among school-based studies ranged from 10.0% to 85.0%. A similar trend is seen for childhood maltreatment among general population samples (range: 36.6–86.9%) and high-risk samples (range: 41.6–70.0%). Other forms of victimization also showed these dramatic ranges in prevalence (e.g., intimate partner violence in high-risk victim subsample: 15.0–47.3%).

One reason for these discrepancies may be the *differences in the samples* themselves, even within the same sample type. For instance, Holt et al. (2007) explored multiple victimization among a sample of 689 fifth grade students coming from 22 elementary schools within a Northeastern city in the United States, finding that 10.0% of their sample were multiple victims. However, Choo et al. (2011) measured multiple victimization among students aged 15 to 17 years old from public secondary schools in Selangor, Malaysia (prevalence rate: 22.1%), while DeKeseredy et al. (2019) explored multiple victimization among a sample of female students attending a South Atlantic university (prevalence range, based on multiple victimization type: 17.5–55.9%). Although each of these studies represents a school-based sample, the makeup of these samples varies greatly. As such, we would expect the experiences of these individuals, including their victimization experiences, to differ.

Another reason for these discrepancies may be *differences in measurement*. For example, using a general population sample of women in Canada, Rodgers and Roberts (1995) measured multiple victimization as a woman experiencing at least two victimizations since the age of 16, of which at least one was in the last 12 months (including violence by strangers, date/boyfriends, and acquaintances through reports of unwanted sexual touching and sexual attack and physical assault). Here, the authors found that 16.0% of victims were multiple victims. In another study that used a general population sample, Sorenson et al. (1991) measured multiple victimization by asking their sample of 3,131 adult residents of Los Angeles, California, "Has anyone ever tried to pressure or force you to have sexual contact? By sexual contact, I mean their touching your sexual parts, you touching their sexual parts, or sexual intercourse" (p. 303). Among the 443 respondents who reported that they had been pressured or forced to have sexual contact, approximately two-thirds (67.2%) reported two or more experiences of sexual assault in their lifetime. As shown, not only do the individuals within samples vary, but so do the ways in which the authors operationalized multiple victimization, leading to wide variances in prevalence rates.

Even within a single study, the prevalence can vary. For example, Hughes et al. (2010) assessed childhood maltreatment, intimate partner violence, sexual, and violent/physical victimization experiences among a sample of 34,653 United States citizens (aged 20 and older). Because the authors assessed multiple victimization across different gender and sexual orientation identities, the prevalence ranged from 8.7% (heterosexual men) to 38.7% (bisexual women). Here we can see that even within one study, the sample demographics can affect the range of multiple victimization experiences. As another example, Gonçalves and Matos (2020b) explored experiences of threats of violence, physical violence, sexual violence, discrimination, neglect, exposure to victimization, and institutional violence among a sample of immigrant women between 18 and 59 years old. Here, the authors found differences in the prevalence of multiple victimization across immigration status, where "all native women (100%) (Brazilians and Africans) experienced multiple victimization" and "95% of Eastern European were multiple victims" (p. 782).

Fourth, a few studies combined victimization types into one prevalence estimate. For example, Gonçalves and Matos (2020a) combined psychological abuse, physical violence, sexual abuse, discrimination, neglect, vicarious victimization/exposure to violence, institutional violence, mobbing, and stalking. Although 66.4% of the sample experienced more than one type of victimization or multiple victimization, we do not know how many or which victimization types the sample experienced. This decision makes sense when examining multiple victimization, defined as two or more different types of victimization (Hope et al., 2001; Outlaw et al., 2002). However, it can also make it difficult to determine which types of victimization were experienced among these studies. As such, our understanding of these experiences is limited.

Summary

This chapter reviewed 59 studies (representing 60 different samples) assessing "multiple victimization." Within this relatively small body of literature, several takeaways can be made.

First, although differences exist, this research broadly defined, operationalized, and/or referred to multiple victimization in the same way—discussing the experiences of individuals who are victimized and then victimized again. In fact, most of these studies assessed multiple victimization as experiencing *more than one personal victimization* (e.g., Ataiants et al. 2022; DeKeseredy et al., 2019; Gonçalves & Matos 2020a, 2020b). Therefore, while substantial differences exist across this research, all studies reviewed here were interested in studying experiences that the authors describe as multiple victimization. Overall, this finding calls into question the "true" definition of multiple victimization and how authors are considering the phenomenon of "multiple victimization." Although most studies in this review broadly define, operationalize, and/or describe multiple victimization as experiencing more than one victimization, this description could be problematic because it overlaps with other categories of recurrent victimization (e.g., repeat victimization, poly-victimization). For this reason, it will be important for future work to distinguish this category from other categories of recurrent victimization. One way to do this is by examining both personal victimizations and property victimizations within a given time period, as proposed by Hope et al. (2001) and Outlaw et al. (2002).

Second, while various forms of victimization were examined (e.g., intimate partner violence, sexual victimization), a substantial proportion of this literature assessing multiple victimization explored experiences of childhood maltreatment (e.g., Babchishin & Romano, 2014; Finkelhor et al., 2007a, 2007b; Gren-Landell et al., 2011; Ressel et al., 2018).

Third, this research studies these experiences among the general population, school-based, and high-risk samples. Although there was a slightly higher number of studies exploring multiple victimization among school-based samples, these studies were relatively evenly split between each sample type. As a result, prevalence rates varied substantially across studies (e.g., ranging from1.8% among general population samples to 100.0% among high-risk samples; Andersen et al., 2015; Hope et al., 2001; Hughes et al., 2010; Jiménez, 2019; Montiel et al., 2016).

Fourth, because of the differences in definitions, measurement, and samples used within this body of literature, the prevalence rates ranged dramatically across studies. As a result, it is important for scholars and practitioners to pay attention to these details when attempting to make comparisons across studies even though they are all broadly measuring "multiple victimization."

In sum, this review demonstrated significant differences across the research that explores multiple victimization. Yet, important patterns emerged, aiding our understanding of these experiences. While varied, this body of literature offers studies that use robust measurement, diverse samples, and a wide-ranging set of victimization types, producing a great deal of knowledge about the experiences of individuals who face multiple victimization.

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Chapter 5
Poly-Victimization

As presented throughout this SpringerBrief, a well-understood phenomenon is that victimization events are not random but tend to cluster around few individuals (Finkelhor et al., 2007a, b, c, d; Hope et al., 2001; Outlaw et al., 2002). Some of these individuals are exposed to several types of victimization. For example, Gusler and Jackson (2017) found 91.1% of their sample of 272 youth involved in the United States foster care system endured more than one experience of maltreatment (i.e., physical abuse, psychological abuse, sexual abuse, neglect). More specifically, 19.1% of their sample experienced two types of maltreatment, 43.0% experienced three types, and 29.0% experienced four types. These victimization events do not only cluster among high-risk samples such as youth from foster care, however. Feng et al. (2019) explored seven forms of child maltreatment (e.g., physical neglect, physical abuse, sexual violence) among a sample of 6233 fourth grade students (aged 10 to 11 years old) from 314 primary schools in Taiwan. These authors identified that 69.7% of their sample experienced two or more types of victimization. Finally, Simmons and Swahnberg (2021) assessed the experiences of 270 women and 337 men aged 60 to 85 years old from the general population in Sweden, finding that 20.4% of female and 17.2% of male participants reported more than one episode of violence in their lifetime.

As shown by these examples, individuals across many groups can experience several types of interpersonal victimization. These individuals are poly-victims—they have experienced **poly-victimization** or *more than one type* of victimization in a certain period of time (Gordillo et al., 2021). As implied by this definition, poly-victimization literature explores different types of victimization. While most of the studies included in this review measured different types of victimization among child-only samples, others focused on adult samples (e.g., Andrews et al., 2019; Baldwin et al., 2019; Brassard et al., 2020; Coetzee et al., 2017; Finkelhor et al., 2005; Llano-Suárez et al., 2023). We turn now to a summary of this literature.

A. E. Krushas et al., *A Review of Personal Recurrent Victimization*,
SpringerBriefs in Criminology, https://doi.org/10.1007/978-3-031-88601-0_5

Summary of Research Reviewed

This chapter discusses research that has focused on poly-victimization to provide an overview of this body of literature. To inform the chapter, **231 studies** (representing 233 different samples) assessing poly-victimization were reviewed (see Appendix for full list of references). An overview of these studies is provided in **Table 5.1**. As shown, a majority of this research was published recently, between 2017 and 2023 (n = 178; 77.1%). Additionally, a majority of studies explored these experiences using surveys or questionnaires (n = 215; 93.1%), were cross-sectional (n = 204; 88.3%), and quantitative (n = 218; 94.4%). The majority of these studies were conducted outside of the United States (n = 128; 55.4%) rather than in the United States. While childhood maltreatment was the most commonly assessed form of victimization among this literature (n = 165; 71.4%), others explored violent/physical victimization (n = 42; 18.2%), sexual victimization (n = 38; 16.5%), intimate partner violence (n = 27; 11.7%), and school-based victimization (n = 24; 10.4%), among others. Finally, youth samples (i.e., samples with youths that are typically under the age of 18) were most often used (n = 134; 58.0%), along with school-based samples (n = 93; 40.2%) that mainly included youth (i.e., typically aged 17 years or younger) in grades kindergarten through high school, but could also include adults (i.e., typically aged 18 years or older) attending a college or university.

Table 5.1 Summary of poly-victimization research (N = 231 studies)

Overview	Number of studies (%)
Publication Year	
2005–2010	9 (3.9%)
2011–2016	44 (19.0%)
2017–2023	178 (77.1%)
Date Sources[a]	
Survey/Questionnaire	215 (93.1%)
Interview	13 (5.6%)
Administrative Records	9 (3.9%)
Data Type	
Cross-Sectional	204 (88.3%)
Longitudinal	27 (11.7%)
Data Collection	
Quantitative	218 (94.4%)
Qualitative	10 (4.3%)
Mixed Methods	3 (1.3%)
Country[b]	
United States	99 (42.9%)
Outside of the United States	128 (55.4%)
Victimization Types[c]	
Childhood Maltreatment	165 (71.4%)

(continued)

Table 5.1 (continued)

Overview	Number of studies (%)
Violent/Physical	42 (18.2%)
Sexual	38 (16.5%)
Intimate Partner Violence	27 (11.7%)
School-Based[d]	24 (10.4%)
Emotional/Psychological	13 (5.6%)
Stalking	7 (3.0%)
Bias	4 (1.7%)
Cyber	2 (0.9%)
General[e]	2 (0.9%)
Threatened violent/physical	2 (0.9%)
Elder	1 (0.4%)
Financial	1 (0.4%)
Sample Demographics[f]	
Children/Youth	134 (58.0%)
Adults	69 (29.9%)
Both Children/Adults	26 (11.3%)
Sample Type[g]	
General Population	51 (22.0%)
School-Based	93 (40.2%)
High-Risk	89 (38.5%)

[a]The number of studies (*n*) does not equal 231 (100%) because some studies use multiple data sources

[b]The number of studies (*n*) does not equal 231 (100%) because study location is sometimes unclear and excluded to avoid misclassifications

[c]Although this body of literature focuses on experiencing more than one victimization, it was important to separate unique victimization types that were examined across studies to review how many and which types have been assessed among this work, along with their prevalence. At times, certain victimization types were collapsed (e.g., child abuse placed under child maltreatment)

[d]"School-based" victimization includes bullying and other school-based victimization (e.g., had something stolen at school, had belongings purposely damaged or destroyed)

[e]"General" includes studies measuring victimization broadly (e.g., "was victimized"; "registered as a victim")

[f]The number of studies (*n*) does not equal 231 (100%) because sample demographics are unclear in some studies and are excluded to avoid misclassifications

[g]The number of studies (*n*) does not equal 231 (100%) because some studies include two samples

A Note on the Current Review

Although the current review highlights 231 studies where "poly-victimization" was assessed, it is important to note that researchers have applied this term in various ways. For example, authors may have used the term "poly-victimization" interchangeably with other categories of recurrent victimization (e.g., multiple victimization, revictimization). Because we did not want to impose decisions arbitrarily, if an author used the term "poly-victimization" in their manuscript at any point to

discuss the study they carried out, then that study was included in our review. That is, we relied on the language used by the authors to guide what area their work fit into. As a result, some studies are included in multiple chapters based on the language that the authors used (e.g., discussed "multiple victimization" and "poly-victimization" within the same study). Works were not classified in multiple categories when authors only provided context to contrast the category of recurrent victimization they were discussing. The nuance of the characteristics of these studies are reviewed in more detail below. However, it is important to know why these studies were included in the current review.

Measuring Poly-Victimization: Study Characteristics

The first stage in understanding the broader literature was to explore how scholars measured poly-victimization—an important step for ensuring that readers understand exactly what they are assessing. Given the importance of measurement, we outline how the 231 studies (1) define or describe and (2) operationalize poly-victimization. Then, we discuss what types of victimization are assessed in the research, along with the questions and instruments used to measure these various types.

Definitions and Descriptions

One way to understand how authors measure poly-victimization is by evaluating the definitions or descriptions they use. Within the poly-victimization work reviewed, all studies *described* poly-victimization as experiencing multiple traumas or adversities. While differences exist, each study in the current review broadly discussed poly-victimization in this way. However, *how* authors discussed poly-victimization differed substantially.

Some authors provided an explicit *definition* of poly-victimization at one or more points within their study (e.g., Correia-Santos et al., 2023; Lätsch et al., 2017). In this review, a *definition* refers to a statement provided by the authors anywhere in the article that describes what they mean when they use the term "poly-victimization." A definition does not tell readers how something is measured, but simply what it is. For example, authors may specify the type of poly-victimization being examined, provide a timeframe on when these experiences must happen, or specify how many times the experience must happen to be considered poly-victimization. By providing this definition, readers have an understanding of exactly what the authors are discussing throughout their study. This definition can be presented in various parts throughout the article, but is typically presented in the "Abstract," "Introduction," "Background," "Literature Review," or "Current Study" section(s). Other authors, however, simply *referred* to poly-victimization at one or more points within their study (e.g., Bashir & Dasti, 2015). That is, their discussion was somewhere between

a definition and a mention. In these instances, readers are able to infer what the authors mean when they use the term "poly-victimization."

With such variety, we are largely unable to speak to the definitions and descriptions of poly-victimization in a consistent or clear manner. The issues resulting from a lack of consistent definitions used in this body of literature bleed into other parts of this chapter, such as operationalizations and prevalence. Below are two examples to illustrate this point; Example 1 provides details where an *explicit definition* was used, whereas Example 2 provides information where poly-victimization was *referenced.* Quotes were taken directly from the articles to capture the specific language used to help guide readers on their procedures.

Example Poly-Victimization Definitions and Descriptions in Research

Example 1 (Definition): "The present study investigates, for the first time in a wealthy country of Central Europe, the prevalence of poly-victimization (exposure to multiple forms of victimization within the past year) in an adolescent population." (Lätsch et al., 2017, p.1)

Example 2 (Reference): "It was also seen that children who experience poly-victimization, showed more clinically significant symptoms than those who experienced any single abuse or traumatic event (Finkelhor et al., 2007a, b, c, d; Turner et al., 2016) such as emotional, physical or sexual abuse (Turner et al., 2010)." (Bashir & Dasti, 2015, p. 306)

Operationalizations

Another way to understand how authors measure poly-victimization is by assessing their operationalizations. In this review, *operationalization* refers to the authors' descriptions of how poly-victimization was measured within their study, typically provided in the study's "Methods" section. In other words, another researcher could easily replicate a study based on the authors' description of how poly-victimization was measured. Whereas a definition may be a high-level discussion of a concept, the operationalization offers concrete and direct instructions on how the researcher is measuring poly-victimization in their study.

Scope of Operationalizations Nearly three-fourths of the studies in the current review (n = 173; 74.9%) included an operationalization of poly-victimization, showing readers exactly how this variable was measured in their study. Examples of operationalizations of poly-victimization found in the current review are provided below (see **Examples 3** and **4**). Notably, the examples below highlight some key components of clear operationalizations of poly-victimization, including the (1) types of victimization, (2) number of victimizations, (3) length of time between victimizations, and (4) coding classifications associated with variable names used to define these events.

Example Operationalizations of Poly-Victimization in Research

Example 3: "Poly-victimization was assessed with a summary measure of the total number of different victimization types (of a possible 37) to which respondents were exposed in their lifetimes. In addition to this continuous measure, a categoric measure was constructed to represent children who could be considered serious poly-victims—a group of children who experienced particularly high levels of cumulative exposure to multiple forms of victimization. Based on previous research by the authors [Finkelhor et al., 2009], poly-victims were categorized as respondents whose victimization levels fell in the top 10% of the sample. This categorization resulted in poly-victims being defined as respondents who had experienced 11 or more different forms of victimization in their lifetimes." (Turner et al., 2010, p. 325)

Example 4: "Poly-victimization was defined as experiencing two or more types of victimization that were coded as '2' until wave 5 (Crush et al., 2018)." (Zhang et al., 2021, p. 1310)

Frequency of Victimization Although some scholars provided details on their operationalizations, these descriptions differed across research studies. Many studies indicated that a certain number of victimizations must have occurred (n = 107; 45.7%). Among these, most studies directly operationalized poly-victimization as experiencing "*greater than one*," "*at least two*," or "*two or more"* victimization experiences in a certain time frame (e.g., Baldwin et al., 2018; Kulig et al., 2024; Snyder et al., 2012, Wojciechowski, 2021a, b). Some studies, however, required a higher number of victimizations, such as "*eight or more*" or "*nine or more*" (e.g., Radatz & Wright, 2017; Suárez-Soto et al., 2018, 2019). These studies with a high count of victimization experiences typically categorized a low poly-victimization group (e.g., four to seven victimizations) and a high poly-victimization group (e.g., seven or more victimizations; Mendez et al., 2019; Peña Cárdenas et al., 2022; Simmons & Swahnberg, 2021).

Studies that did not use these frequency categories to operationalize poly-victimization tended to use different criteria. However, the criteria were usually quite similar. For example, some studies (n = 20; 8.5%) operationalized poly-victimization as individuals who experienced the top 10% of victimizations in the sample (e.g., Kirchner et al., 2014, 2020; Pinto-Cortez et al., 2018; Turner et al., 2010). Notably, one study operationalized poly-victimization as the top 11% to 12% of victimized individuals in the sample (Mitchell et al., 2020). Some of these studies (n = 26; 11.1%) operationalized poly-victimization by simply referring to "*multiple*" or "*different*" types of victimization occurring, rather than a specific number (e.g., Brassard et al., 2020). Further, some studies used latent class analysis or latent profile analysis to identify classes or clusters of victimization (e.g., Chui et al.,

2023; Dierkhising et al., 2019; Willie et al., 2017). These studies often operationalized poly-victimization as classes demonstrating high probabilities of exposure to victimization (e.g., Grasso et al., 2016; Salmon et al., 2023).

Other researchers ($n = 12$; 5.1%) operationalized poly-victimization by a specific set of victimization types, such as experiencing physical abuse and neglect or experiencing both in-person victimization and cyber victimization (e.g., Chan, 2017; Fogleman et al., 2021). Finally, a few studies used multiple operationalizations within their studies. For example, Finkelhor et al. (2005) used three different measures for poly-victimization, including (1) counting separate incidents of different victimization types, (2) using a simple count measure of endorsed screeners from the Juvenile Victimization Questionnaire (JVQ), and (3) using a count measure from a selected sub-set of screeners. Similarly, Simmons and Swahnberg (2022) operationalized poly-victimization as reporting either (1) being victimized by more than one kind of perpetrator, (2) being victimized by more than one form of violence, or (3) experiencing the same kind of violence at least three to five times over a six-to-twelve-month period.

Beyond these caveats, researchers used different operationalizations. For example, Turner et al. (2017) operationalized poly-victimization by summing the number of different victimization types youth in their sample experienced over time and then categorizing youth based on their relation to the mean number of victimizations. More specifically, authors defined a "stable low poly-victimization group" as youth whose number of past year victimizations fell below the mean number of victimizations in Waves 1 and 2, while a "stable high poly-victimization group" included youth whose number of past year victimizations fell above the mean number of victimizations in Waves 1 and 2. Additionally, a "declining poly-victimization group" included youth with an above mean number of victimization types in Wave 1 and a below mean number of victimization types in Wave 2, while an "increasing poly-victimization group" included youth whose number of victimizations fell below the mean in Wave 1 but above the mean in Wave 2. As another example, Azimi et al. (2021) operationalized poly-victimization as experiencing the same type of victimization across developmental periods (before/after age 18) *and* experiencing more than one type of victimization.

Time Frames Across these operationalizations, there were important distinctions in the time frames used, with some time frames *general* and others *specific*. As an example, a general timeframe may ask whether study respondents have "ever" experienced a form of victimization to get a sense of lifetime prevalence of these experiences (e.g., Leoschut & Kafaar, 2017). Other studies used a more specific period. For instance, respondents may be asked whether they experienced the victimization in the "past three months" or "last year" as a way to limit the timeframe (e.g., Fernández-Antelo & Cuadrado-Gordillo, 2019; Merrick et al., 2018). Examples of these time frames are provided below (**Examples 5** and **6**).

Example Operationalizations of Time Frames in Poly-Victimization Research

Example 5: "Furthermore, the odds of poly-victimization (defined as four or more different types of victimization within the past year) were four times higher in the clinical group...." (Álvarez-Lister et al., 2017, p. 201)

Example 6: "Consistent with previous research (Finkelhor et al., 2009; Radford et al., 2013), LT [*lifetime*] poly-victims were defined as young people with the highest 10% of aggregate LT victimization scores, equating to six or more different extrafamilial victimization types in the current sample. Following Finkelhor et al. (2007a, b, c, d) method, PY [*past-year*] poly-victims were those who scored higher than the mean on aggregated PY victimization scores, equating to three or more different extrafamilial victimization types." (Jackson-Hollis et al., 2017, p. 352)

Data Sources

Studies assessing poly-victimization included in this review explored these experiences using surveys or questionnaires, interviews, or administrative data. Notably, some studies used data from multiple sources, so estimates may overlap (e.g., using semi-structured interview, medical records, report cards, academic assessments, and relevant clinical documents; Stewart et al., 2020).

Surveys or Questionnaires In the current review, a substantial majority of the studies used data from surveys or questionnaires (n = 215; 93.1%). Surveys and questionnaires provide researchers with a way of collecting uniform data directly from individuals. That is, whether the individual takes the survey themselves or is asked questions by a third party, the responses given are representative of their experiences and usually tailored to a specific goal (e.g., experience of victimization, health history). The surveys and questionnaires may have been collected by the researchers themselves, or they could have been collected by other researchers and shared publicly (known as secondary data). As an example, from the current review, Chan (2017) sampled 7466 households from the official register maintained by the Census and Statistics Department in Hong Kong to explore the co-occurrence of child victimization, intimate partner violence, and elder abuse within a family. As another example, Mendez et al. (2019) used the Longitudinal Studies in Child Abuse and Neglect (LONGSCAN) to explore experiences of poly-victimization among 1057 youth and their caregivers in the United States. Other scholars developed their own survey questions or adapted questions from standardized tools and/or instruments to ask respondents about their experiences (e.g., Raskauskas, 2010).

Interviews Few studies relied on data from interviews (n = 13; 5.6%). Interviews can generate rich datasets that give respondents an opportunity to answer questions in their own words. That is, interviews may have some structure to the questions

asked for consistency, but the details provided can vary widely depending on respondents' experiences. Interview data can be collected by the researchers, or it could come from secondary sources (e.g., the dataset is publicly available). As an example, Lev et al. (2022) interviewed 18 health care and welfare professionals in Israel who worked on cases involving sexual assault against women in late life to explore the experiences of poly-victimization within these women's lives. As another example, DeHart and Moran (2015) interviewed 100 delinquent girls using Life History Calendars to examine different types of violence throughout their lives.

Administrative Data Finally, few studies used administrative data (n = 9; 3.9%). These data sources generally come from institutions or agencies who choose to partner with researchers. Administrative data can include very detailed information, but the database is generally not created with a research study in mind. Rather, the databases are meant to help individuals fulfill aspects of their jobs: practitioners operate within their organizations to track and monitor patients and clients; police have to complete paperwork on interactions with members of the public; correctional officers have to organize reports on individuals who are incarcerated. For instance, in the current review, Racine et al. (2022) used case records to review a sample of 117 children aged 3 to 18 exposed to child sexual abuse. More specifically, data for this study were retrieved from the clinical files of children who had been referred to a child abuse treatment service in Canada between January 2016 and June 2017. Authors were able to use these data to explore experiences of child sexual abuse, along with other forms of victimization.

Victimization Types and Tools

As noted previously, there are different types of victimization assessed in the poly-victimization literature. How authors measured these harms varied. In some instances, researchers used formal tools or assessments to examine poly-victimization and provided some consistency across works. In this context, it is important to examine the different types of victimization assessed, any tools that were used, and the number of items that were included to measure poly-victimization.

Victimization Types Poly-victimization was typically measured using a broad range of victimization types. Although the current review focused on studies that assessed personal victimization, some studies assessed poly-victimization including both personal victimization and property victimization (e.g., vehicle-related crime, burglary, theft). As such, some studies included both personal and property victimization types when assessing poly-victimization (e.g., Kulig et al., 2024; Listwan et al., 2014).

Considering interpersonal victimization types, researchers in this review overwhelmingly assessed experiences of childhood maltreatment (n = 165; 71.4%). Other types included violent/physical victimization (n = 42; 18.2%), sexual victimization (n = 38; 16.5%), intimate partner violence (n = 27; 11.7%), school-based victimization (n = 24; 10.4%), and emotional/psychological abuse (n = 13; 5.6%).

Still, some research explored experiences of stalking (n = 7; 3.0%), bias (n = 4; 1.7%), cyber victimization (n = 2; 0.9%), general victimization (n = 2; 0.9%), threatened violent/physical victimization (n = 2; 0.9%), elder abuse (n = 1; 0.4%), and financial abuse (n = 1; 0.4%).

Given the diverse forms of harm measured across studies, researchers classified these events in different ways. Notably, researchers often assessed more than one type of victimization within a study (e.g., conventional crime, child maltreatment, victimization by peers, sexual victimization, witnessing and indirect victimization; Álvarez-Lister et al., 2014). Several examples are provided below to demonstrate the different types of victimization assessed and how they were measured (see **Examples 7–9**). Given the primary focus on child maltreatment in this literature, below are two examples of how child maltreatment was measured using two different types of assessments.

Example Poly-Victimization Types Measured in Research

Example 7 (Child Maltreatment): "Victimization data were collected using the Juvenile Victimization Questionnaire (JVQ), which employs 34 screen questions to determine the number and types of previous-year victimizations experienced by sample children.... The JVQ defines the concept of victimization broadly to include exposure to (1) violent and property crimes (e.g., assault, sexual assault, theft, burglary), (2) child welfare violations (child abuse, family abduction), (3) the violence of warfare and civil disturbances, and (4) bullying victimization. It includes acts that would be considered crimes if committed between adults, although not necessarily considered criminal when occurring among children (e.g., hitting by peers and siblings). Virtually all the victimizations included have been studied individually as traumas or threats to children's welfare." (Finkelhor et al., 2007c, p. 11)

Example 8 (Child Maltreatment): "The Child Abuse and Trauma Scale (CATS) is a 38-item retrospective measurement used to gauge the degree of felt trauma or stress present during one's childhood (Kent & Waller, 1998; Sanders & Becker-Lausen, 1995) .... CATS is composed of four subscales, each reflecting unique dimensions of child maltreatment: Neglect (17 items), Sexual abuse (6 items), Physical abuse (8 items), and Emotional abuse (7 items). The 'Neglect' subscale assesses the frequency of neglect or negative home environment experienced during childhood (e.g., 'Did your parents verbally abuse each other?'). The 'Sexual abuse' subscale assesses the frequency of sexual maltreatment experienced during childhood (e.g., 'Did you have traumatic sexual experiences as a child or teenager?'). The 'Physical abuse' subscale assesses the frequency of physical maltreatment experienced during childhood (e.g., 'Were you physically mistreated as a child or teenager?'). Finally, the 'Emotional abuse' subscale assesses the frequency of emotional abuse experienced during childhood (e.g., 'Did your parents blame you for things you didn't do?'). Response categories for the four subscales ranged from 0 = Never to 4 = Always (i.e., a five-point scale)." (Chui et al., 2023, p. 5)

Example 9 (Violent/Physical): "The violence exposures are lifetime exposure to violence by four perpetrators: *IPV* [*intimate partner violence*] (hit, pushed, slapped, or otherwise physically hurt by a boyfriend, husband, or someone they were dating), *client violence* (hit, pushed, slapped, otherwise physically hurt, beaten, strangled, choked, stabbed, threatened with a weapon, thrown out of a moving car, or physically forced to have vaginal or anal sex by a client), *pimp violence* (hit, pushed, slapped, otherwise physically hurt, beaten, strangled, choked, stabbed, threatened with a weapon, thrown out of a moving car, of forced to have sex by a pimp or *momka*, i.e., female pimp), and *police violence* (involved in a *subbotnik*, i.e., sexual violence from police under threat of incarceration, or coerced to provide sex to police to be able to sell sex without risk of fine or arrest)." (Peitzmeier et al., 2021, p. NP8062)

Tools Used At times, certain questions or items used to measure victimization were similar across articles. This may be due to the use of standardized tools within these works (see examples below). In this review, most studies (n = 151; 64.5%) used instruments and/or modified versions of these instruments to measure victimization (e.g., Codina et al., 2022; Gilbar & Ford, 2020; Mitchell et al., 2020). Of these, a majority of studies (n = 95; 62.9%) used a version of the Juvenile Victimization Questionnaire (i.e., Juvenile Victimization Questionnaire [JVQ], Juvenile Victimization Questionnaire – Second Revision [JVQ-R2], Brief Polyvictimization Scale, Juvenile Online Victimization Questionnaire [JOV-Q]). Various researchers have used these tools to ask respondents about approximately 34 different kinds of victimization covering five general areas (e.g., Emery et al., 2022; Pereda et al., 2017; Riley et al., 2020; Segura et al., 2017). These areas include: (1) *conventional crime* (e.g., robbery, personal theft, assault with weapon, assault without weapon, attempted assault), (2) *child maltreatment* (e.g., physical abuse by caregiver, psychological/emotional abuse, neglect), (3) *peer and sibling victimization* (e.g., peer or sibling assault, bullying, emotional bullying, dating violence), (4) *sexual assault* (e.g., sexual assault by known adult, nonspecific sexual assault, sexual assault by peer, attempted rape or completed rape), and (5) *witnessing and indirect victimization* (e.g., witness to domestic violence, exposure to random shootings, terrorism, riots, war, or ethnic conflict) (Finkelhor et al., 2007b). Other studies (n = 65; 27.8%) included questions from different instruments such as the Conflict Tactics Scale (CTS), the Adverse Childhood Experiences (ACE) Questionnaire, and the Child Exposure to Community Violence (CECV) Scale. These questionnaires/tools ask about a range of victimization experiences, including intimate partner violence, sexual violence, and childhood maltreatment, among others.

Among the remainder of studies (n = 80; 34.6%), standardized tools/questionnaires were not used or not mentioned. This may have been due to the author's or authors' use of questions or criteria that fell outside of a standardized instrument (e.g., Stewart et al., 2020). Still, the absence of standardized measures does not

mean that the work that was produced was not rigorously done. Furthermore, some studies relied on administrative data or interviewed respondents, which could limit their ability to apply a standardized measurement tool (e.g., Racine et al., 2022). Finally, a couple of studies did not specify the questions or items they used.

Example Instruments/Tools Used to Measure Poly-Victimization

- Juvenile Victimization Questionnaire (JVQ)
- Conflict Tactics Scale (CTS)
- Traumatic Life Events Questionnaire (TLEQ)
- Lifetime Trauma and Victimization History Questionnaire (LTVH)

Number of Items The number of items used to measure these experiences of poly-victimization also varied. In the current review, most studies (n = 198; 85.7%) indicated or directly stated the number of items/questions used to assess these experiences. Here, the number of items or questions used to measure poly-victimization ranges from 3 to 99, with the majority of this literature using approximately 34 items (given the frequent use of the JVQ). Of course, the number of items used can correspond with the number of victimization types being assessed. Nevertheless, studies still varied. For instance, some studies measured school-based poly-victimization using three broad questions (e.g., Curry et al., 2022). Other studies, however, asked dozens of questions to assess these experiences (e.g., Semenza, 2021).

Measuring Poly-Victimization: Sample Characteristics

Authors have explored experiences of poly-victimization across diverse samples. Up until this point, the current chapter reviewed findings from 231 *studies*. As noted previously, two studies included two separate samples—resulting in a total of **233 samples** (e.g., Rodriguez-Menés et al. [2014] used a sample of 30 women from Barcelona aged 16 to 75; of these women, 20 were chosen randomly from the population of 16- to 75-year-old female residents in Barcelona. The remaining 10 were selected non-randomly from known female intimate partner violence victims who were receiving support in three women's shelters run by Catalonia's regional government and located in mid-sized towns in Barcelona). We turn now to a focus on the characteristics of the **233 samples**, including the types of samples examined and the prevalence of these experiences.

Sample Types

When studying poly-victimization, authors used the general population, school-based, and high-risk samples. Each of these are described in more detail below.

General Population Samples General population samples refer to samples in which data come from individuals in the broader population. For example, Gilbert et al. (2023) used data from the National Intimate Partner and Sexual Violence Survey (NISVS) that surveyed 41,174 respondents aged 18 and older from the United States about their experiences with intimate partner violence. As another example, Mangold and King (2021) surveyed 916 individuals over the age of 18 from the U.S. general population about their experiences with childhood maltreatment. Almost one-fourth of the literature included in this review (n = 51; 22.0%) used general population samples to collect data.

School-Based Samples School-based samples are made up of individuals who are currently attending school at any level. For example, students may be adults (i.e., aged 18 years or older) attending a college or university—or multiple colleges or universities. These samples can also include youth in grades kindergarten through high school. As one example, Bridges-Curry and Newton (2022) surveyed 298 students from a large, midwestern university to gain an understanding of different forms of victimization and adversity endured among this sample. Yet, most school-based samples within this review of the poly-victimization literature were made up of youth (i.e., individuals under approximately 18 years old). For instance, Lätsch et al. (2017) used the JVQ to explore conventional crimes (e.g., robbery, theft), child maltreatment, peer and sibling victimization, and witnessing victimization of others among a sample of 6749 students from 161 schools in Switzerland. Similarly, Chen et al. (2018) examined different forms of childhood maltreatment across 18,341 students (ages 15 to 17 years old) from six cities in China. School-based samples—primarily involving youth—were the most commonly used sample type within the poly-victimization literature reviewed here (n = 93; 40.2%).

High-Risk Samples High-risk samples refer to samples with individuals with an elevated risk of victimization, such as persons with disabilities and/or mental health disorders (e.g., Lapshina & Stewart, 2021; Segura et al., 2021; Stewart et al., 2020), justice-involved individuals (e.g., Chopin et al., 2022; Wojciechowski, 2021a), or individuals who have been victimized previously (e.g., O'Dea et al., 2020; Racine et al., 2022). As one example, Modrowski and colleagues (2021b) explored multiple victimization types among a sample of 455 youth aged 12 to 19 from a juvenile detention center in the western United States. These samples made up 38.5% of this work (n = 89).

Of note, some of the samples that are assessed within this review are not high-risk by nature (e.g., college students, adults from the general population), but are considered high risk here because the studies' focus is on those in the subsample of respondents who have been victimized (e.g., Butler et al., 2023; Kaasa et al., 2016). For example, data by Kaasa et al. (2016) were originally collected from 27 campuses across the U.S., with 150,072 respondents completing their survey (i.e., a school-based sample). However, this report focused on data coming from a subset of students who experienced at least one victimization incident within the school year. As a result, this sample is placed into the "high-risk" category because estimates only came from the subset of the population where harm was already experienced.

Prevalence

Finally, the prevalence estimates provided in these studies assessing poly-victimization varied greatly across samples. Again, the focus in this section is on the *number of samples* rather than the number of studies. Because not all samples reviewed in this chapter provided prevalence estimates in their reports, there are **182 samples** reviewed here, with prevalence estimates ranging from **1.7% to 100.0%**. Just looking at this wide range, some people may come to the conclusion that research in this area is too inconsistent to draw conclusions. This is not true. Although comparisons across all studies are not advisable based on the different measurement considerations discussed previously, it is important to examine the nuances across studies. Characteristics, such as the samples used to assess poly-victimization and the type of victimization(s) being assessed, largely influence these rates.

Prevalence by Sample Type At times, the prevalence of poly-victimization was impacted by the type of sample used. Below are prevalence estimate ranges organized by the samples discussed previously:

Poly-Victimization: Prevalence Ranges by Sample Type (*n* = number of samples)		
General Population Samples (*n* = 41) Range: 2.5% – 82.8%	*School-Based Samples* (*n* = 79) Range: 2.0% – 100.0%	*High-Risk Samples* (*n* = 62) Range: 1.7% – 100.0%

Each sample type reported remarkably wide ranges of victimization. For example, the prevalence of poly-victimization reported among general population studies ranged from 2.5% to 82.8% (e.g., Baldwin et al., 2019; Brooks et al., 2024; Chan, 2017). School-based and high-risk samples demonstrated a similar trend, ranging from a small proportion of the sample (2.0% school-based samples and 1.7% high-risk samples) to the entire sample (e.g., Caravaca-Sánchez & Wolff, 2021; Pereira et al., 2013). Nevertheless, when examined differently, the types of victimization being measured within these samples offered a bit more nuance.

It is important to note that among samples with prevalence rates of 100.0%, the purpose of each of these studies was to explore experiences among individuals identified as poly-victims. For example, Pereira et al. (2013) conducted a pilot study with mothers of children who had experienced multiple forms of maltreatment (defined here as poly-victimization), while Modrowski and colleagues (2021a) used a sample of 455 justice-involved adolescents with exposure to diverse traumatic events (defined as poly-victimized justice-involved adolescents). Finally, Barnes et al. (2016) limited their sample of adult college students to individuals who experienced at least two forms of childhood victimization. In this way, the 100.0% prevalence rates are reflective of samples with known histories of extensive victimization experiences.

Prevalence for Samples by Victimization Type The next step in understanding prevalence estimates is to consider how these ranges varied across the different types of victimization being measured. Prior to reviewing these, there are a few notes on these prevalence estimates:

- At times, decisions were made to capture the overarching victimization type being assessed to summarize these estimates in a cohesive way (e.g., online sexual harassment could fall under "Sexual" or "Online," but our classification used "Online").
- Some studies reported the prevalence of more than one *specific type* of victimization experienced within a given sample (e.g., a study may report [1] sexual violence and [2] stalking among college students). As a result, clearly defined types of recurrent victimization are presented separately when possible.
- Some studies combined different types of victimization into one prevalence estimate. For example, some studies reported one estimate for experiencing two or more different types of victimization (e.g., measuring the presence of violent/physical, threatened violent/physical, and sexual violence for a collective rate of victimization). A "combined" grouping has been created to specify when these estimates were not provided for unique victimization types. Within the footnotes, readers can find examples of studies that combined different types of victimization into one prevalence estimate, along with each example study's prevalence rate.
- High-risk samples are further separated into "vulnerable population samples" (which may include non-victims) and "victim subsamples" (all respondents have been victimized at least once) to show how these estimates can vary depending on the population being examined.

Prevalence Ranges for Samples by Poly-Victimization Type (*n* = number of samples)

General Population Samples (n = 41)

Childhood Maltreatment (*n* = 26): 2.5% – 82.8%
Bias (*n* = 1): 38.7%
Intimate Partner Violence (*n* = 2): 20.6 – 52.1%
School-based (*n* = 1): 77.0%
Sexual (*n* = 1): 25.0%
Combined (*n* = 10): 7.6% – 53.5%[1]

School-Based Samples (n = 79)

Childhood Maltreatment (*n* = 57): 1.7% – 100.0%
School-Based (*n* = 6): 5.4% – 80.0%
Intimate Partner Violence (*n* = 7): 5.9% – 82.9%
Sexual (*n* = 4): 9.5% – 87.0%
Stalking (*n* = 3): 39.4% – 82.3%
Online (*n* = 1): 35.0%
Violent/Physical (*n* = 1): 7.5%
Combined (*n* = 7): 8.8% – 60.0%[2]

High-Risk Samples (n = 62)

Vulnerable Population Samples (n = 59)

Child Maltreatment (*n* = 39): 8.0% – 93.1%
Violent/Physical (*n* = 5): 9.3% – 79.6%
Bias (*n* = 1): 24.8%
Elder (*n* = 1): 1.7%
Combined (*n* = 12): 3.1% – 86.8%[3]

Victim Subsamples (n = 3)

Child Maltreatment (*n* = 3): 100.0%

Note: Because some studies reported the prevalence of more than one type of victimization within a given sample, the victimization types may not be equal to the total number of samples.

[1] For example, Lee et al. (2022) combined intimate partner violence, violent/physical victimization, emotional abuse, and sexual abuse (13.5%); and Osbuth et al. (2018) combined corporal punishment, robbery, school-based, violent/physical, and sexual victimization (range: 3.1–13.1%, based on age)

[2] For example, Coetzee et al. (2017) combined child maltreatment, intimate partner violence, violent/physical victimization, and sexual victimization (31% to 31.0% experienced two forms of violence, 30% to 30.0% experienced three or more forms of violence); and Messinger et al. (2022) combined intimate partner violence, sexual victimization, and victimization involving biases (i.e., anti-transgender physical family violence and anti-transgender physical violence) (35.3%)
[3] For example, Lysova and Dim (2023) combined child maltreatment, stalking, property crime, violent/physical victimization, and cyberbullying (12.4%); Miller et al. (2023) combined violent/physical, emotional, school-based, and sexual violence (50.0% of females, 53.5% of males)

Reviewing these prevalence estimates for each sample type and by victimization type, several patterns emerge. First, certain types of victimization were assessed across multiple sample types. For example, childhood maltreatment and violent/physical victimization were assessed across all sample types. Additionally, school-based, sexual, and intimate partner violence victimization types were assessed among general population and school-based samples, while bias victimization was explored among general population and high-risk samples. However, the number of samples that measured a given form of victimization was not consistent. Childhood maltreatment was assessed more than any other type of victimization, showing that there is still a gap in knowledge on specific subtypes of harm beyond childhood maltreatment (e.g., stalking, online victimization, bias victimization).

Second, school-based samples assessed the most victimization types, followed by general population samples. High-risk samples explored a smaller number of individual victimization types. As mentioned, however, these experiences varied across samples. For example, elder abuse was only explored among high-risk samples, while stalking victimization was only assessed among school-based samples. Overall, this finding suggests that within each of these sample types, studies assessing poly-victimization can aim to expand the forms of victimization they explore so we can know more about these experiences across diverse populations.

Third, each sample type reported exceedingly wide ranges of victimization, even within the same victimization type. For example, scholars assessing poly-victimization among the general population using the same measurement tool (i.e., JVQ) found vastly different prevalence rates (see Brooks et al., 2024 [82.8%]; Chan, 2017 [1.1–2.5%]). A similar trend was seen for studies using the JVQ among school-based samples (range: 2.0–100.0%) and high-risk samples (range: 12.9–75.9%). Other forms of victimization also showed these dramatic ranges in prevalence (e.g., school-based victimization among school-based samples, violent/physical victimization among high-risk samples).

One reason for these discrepancies may be the *differences in the samples* themselves, even within the same sample type. For instance, two school-based samples, DeKeseredy et al. (2022) assessed poly-victimization among a sample of 3266 female students who attended a university in a South Atlantic region of the United States (prevalence range: 82.3–87.0%), while Cho and Lee (2024) measured poly-victimization among 9060 students in grades 4 through 12 in South Korea (prevalence: 4.1%). Despite both of these studies possessing school-based samples, the

makeup of these samples still varies greatly. As such, it is not surprising that the experiences of these individuals, including their victimization experiences, differ.

Another reason for these discrepancies may be the *differences in measurement*. For instance, using a general population sample, Miller et al. (2023) measured poly-victimization as experiencing *two or more* different types of victimization in the last 12 months among a sample of 4106 adolescents (ages 10 to 12) from the general population in Ethiopia. Within this study, 50.0% of females and 53.5% of males were considered to have been poly-victimized. However, another general population sample, Merrick et al. (2018) measured poly-victimization as experiencing *three or more* types of child victimization in the last year among a sample of 12,935 children and adolescents from the general population (aged 1 month to 17 years old). Here, 16.8% of respondents were poly-victims. Another general population sample, Song and colleagues measured poly-victimization as experiencing *four of five* types of violence in childhood among a sample of 5688 married individuals in Korea. The prevalence of poly-victimization was 10.2% among females and 15.1% among males. As shown, not only do the samples vary, but so do the ways in which the authors operationalized poly-victimization, leading to wide variances in prevalence rates.

Even within a single study, the prevalence can vary. For example, using a sample of 310 children and adolescents from a traumatic stress research clinic in South Africa and operationalizing poly-victimization as exposure to two or more victimizations, Schwartz et al. (2021) found differences in the number of victimization experiences across boys and girls. More specifically, 17.3% of boys and 19.0% of girls experienced two types of victimization, 49.2% of boys and 25.9% of girls experienced three types, and 18.3% of boys and 43.9% of girls experienced four types. We can see a similar trend with Seppälä et al. (2021), who found that a higher prevalence of girls (7.2%) experienced poly-victimization (i.e., emotional and physical abuse) in comparison to the boys in the sample (3.6%). As a final example, Johns et al. (2020) found that in their sample of 13,179 high school students in grades 9 through 12, sexual minority participants (31.8%) were more likely to be poly-victims (i.e., experienced two or more types of victimization) than heterosexual participants (12.9%). Here we can see that even within one study, the sample demographics can affect the range of poly-victimization experiences.

Fourth, across samples, many studies combined victimization types into one prevalence estimate. This decision makes sense when examining poly-victimization or experiencing more than one type of victimization in a certain period of time (Gordillo et al., 2021). However, it can also make it difficult to determine which types of victimization were experienced among these studies. For example, Coetzee et al. (2017) combined experiences of child abuse, intimate partner violence, police violence, and sex work client violence. Although 31.0% of the sample experienced more than one type of victimization or poly-victimization, we do not know how many or which victimization types the sample experienced. As such, our understanding of these experiences is somewhat limited.

Summary

This chapter reviews 231 studies (representing 233 different samples) assessing "poly-victimization." Within this relatively large body of literature, several takeaways can be made.

First, although differences exist, this research broadly defined, operationalized, and/or referred to poly-victimization in the same way—discussing the experiences of individuals who have experienced more than one type of victimization in a certain period of time (e.g., Caravaca-Sánchez & Wolff, 2021; DeKeseredy et al., 2022, 2023; Messinger et al., 2022). Therefore, while substantial differences exist across this research, all studies reviewed here are interested in studying experiences that the authors describe as poly-victimization.

Second, while various forms of victimization were examined (e.g., intimate partner violence, sexual victimization), a substantial proportion of this literature assessing poly-victimization explored experiences of childhood maltreatment (n = 165; 71.4%) (e.g., Finkelhor et al., 2007c; Racine et al., 2022).

Third, this research studies these experiences among the general population, school-based, and high-risk samples. Most of these studies, however, used school-based samples to assess experiences of poly-victimization. This focus on school-based samples also aligns with the broader focus of the poly-victimization research on childhood maltreatment. Despite this, the prevalence rates of poly-victimization among school-based samples still ranged substantially, with some studies finding that poly-victimization was reported among very few individuals within the sample to studies finding poly-victimization was reported among nearly all or all of the sample (e.g., Barnes et al., 2016; Cho & Lee, 2024).

Fourth, because of the differences in definitions, measurement, and samples used within this body of literature, the prevalence rates ranged dramatically across studies. As a result, it is important for scholars and practitioners to pay attention to these details when attempting to make comparisons across studies even though they are all broadly measuring "poly-victimization."

In sum, this review demonstrates significant differences across the research that explores poly-victimization. Yet, important patterns emerge, aiding our understanding of these experiences. While varied, this body of literature offers studies that use robust measurement, diverse samples, and a wide-ranging set of victimization types, producing a great deal of knowledge about the experiences of individuals who face poly-victimization.

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Chapter 6
Revictimization

Experiencing victimization earlier in life (e.g., childhood, adolescence) has been established as a robust predictor of victimization later in life (e.g., adulthood) (Exner-Cortens et al., 2017; Messman-Moore & Long, 2002). For example, among their sample of 579 women in a college-level introductory psychology class, Hannan et al. (2017) found that 56.1% of women who experienced sexual abuse in childhood (i.e., before the age of 13) also experienced sexual abuse in adolescence (i.e., after the age of 13 and before the age of 18). As another example, Tietjen et al. (2010) identified that 43.0% of respondents who reported child maltreatment (i.e., physical, sexual, and emotional abuse; physical and emotional neglect) also reported adult abuse (i.e., sexual and physical abuse) among 1348 patients seeking migraine treatment in the United States and Canada. This research has also documented victimization taking place at different points in the same period of life (e.g., multiple experiences in childhood, multiple experiences in adulthood). Ullman and Najdowski (2009) explored later sexual victimization among a sample of 555 female adult sexual assault survivors, finding that 45.0% of the sample had experienced sexual violence again over the last year.

As shown by these examples, individuals may experience interpersonal victimization at more than one point across their lives. These individuals are revictims—they have experienced **revictimization** or victimization throughout more than one developmental time period (e.g., in both childhood and adulthood; Charak et al., 2019; Messman-Moore & Long, 2002). While most of the literature included in the current review follows this definition, other studies defined and/or measured revictimization in different ways. As indicated above, some literature has explored victimization within one developmental time period, such as victimization experiences occurring only in childhood or only in adulthood (e.g., Contreras Taibo et al., 2020). Nevertheless, all of the studies within this review examine *more than one* experience of victimization during one or more time periods. We turn now to a summary of this literature.

A. E. Krushas et al., *A Review of Personal Recurrent Victimization*,
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Summary of Research Reviewed

This chapter discusses research that has focused on revictimization to provide an overview of this body of literature. To inform the chapter, **196 studies** (representing 205 different samples) assessing revictimization were reviewed (see Appendix for full list of references). An overview of these studies is provided in **Table 6.1**. As shown, most of this research was published recently, between 2014 and 2023 (n = 92; 46.9%). Additionally, a majority of studies explored these experiences using surveys or questionnaires (n = 177; 90.3%), were cross-sectional (n = 142; 72.4%), and quantitative (n = 180; 91.8%). The majority of these studies were also conducted within the United States (n = 122; 62.2%) rather than in a country outside of the United States. While childhood maltreatment was the most commonly assessed form of victimization among this literature (n = 149; 76.0%), many others explored sexual victimization (n = 143; 73.0%), physical/violent victimization (n = 42; 21.4%), and intimate partner violence (n = 40; 20.4%), among others. Finally, adult samples were most often used (n = 163; 83.2%), along with high-risk samples (n = 97; 49.5%) that mainly included individuals who had been victimized previously (e.g., Cho & Wilke, 2010a, b; Tapia, 2014).

Table 6.1 Summary of revictimization research (N = 196 studies)

Overview	Number of Studies (%)
Publication Year	
1992–2002	28 (14.3%)
2003–2013	77 (39.3%)
2014–2023	92 (46.9%)
Date Sources[a]	
Survey/Questionnaire	177 (90.3%)
Interview	17 (8.7%)
Administrative Records	15 (7.7%)
Observations	1 (0.5%)
Data Type	
Cross-Sectional	142 (72.4%)
Longitudinal	54 (27.6%)
Quasi-Longitudinal	1 (0.5%)
Data Collection	
Quantitative	180 (91.8%)
Qualitative	9 (4.6%)
Mixed Methods	8 (4.1%)
Country[b]	
United States	122 (62.2%)
Outside of the United States	64 (32.7%)
Victimization Types[c]	
Childhood Maltreatment	149 (76.0%)

(continued)

Table 6.1 (continued)

Overview	Number of Studies (%)
Sexual	143 (73.0%)
Violent/Physical	42 (21.4%)
Intimate Partner Violence	40 (20.4%)
Emotional/Psychological	12 (6.1%)
General[d]	7 (3.6%)
Threatened Violent/Physical	5 (2.6%)
School-Based[e]	4 (2.0%)
Elder	2 (1.0%)
Stalking	2 (1.0%)
Electronic	1 (0.5%)
Workplace	1 (0.5%)
Sample Demographics	
Children/Youth	21 (10.7%)
Adults	163 (83.2%)
Both Children/Adults	13 (6.6%)
Sample Type[f]	
General Population	53 (27.0%)
School-Based	55 (28.1%)
High-Risk	97 (49.5%)

[a]The number of studies (*n*) does not equal 196 (100%) because some studies used multiple data sources

[b]The number of studies (*n*) does not equal 196 (100%) because some studies were conducted both within and outside of the United States and/or the study location was unclear and excluded to avoid misclassifications

[c]The number of studies (*n*) does not equal 196 (100%) because some studies measured multiple types of victimization. Although this literature focuses on experiencing more than one victimization, it was important to separate unique victimization types examined across studies to review how many and which types have been assessed among this work, along with their prevalence. At times, certain victimization types were collapsed (e.g., child abuse placed under child maltreatment)

[d]"School-based" victimization includes bullying and other school-based victimization (e.g., had something stolen at school, had belongings purposely damaged or destroyed)

[e]"General" includes studies measuring victimization broadly (e.g., "was victimized"; "registered as a victim")

[f]The number of studies (*n*) does not equal 196 (100%) because some studies included two samples

A Note on the Current Review

Although the current review highlights 196 studies where "revictimization" was assessed, it is important to note that researchers have applied this term in various ways. For example, authors may have used the term "revictimization" interchangeably with other categories of recurrent victimization (e.g., multiple victimization, poly-victimization). Because we did not want to impose decisions arbitrarily, if an author used the term "revictimization" in their manuscript at any point to discuss the

study they carried out, then that study was included in our review. That is, we relied on the language used by the authors to guide what area their work fit into. As a result, some studies are included in multiple chapters based on the language that the authors used (e.g., discussed "multiple victimization" and "revictimization" within the same study). Works were not classified in multiple categories when authors only provided context to contrast the category of recurrent victimization they were discussing. The nuance of the characteristics of these studies are reviewed in more detail below. However, it is important to know why these studies were included in the current review.

Measuring Revictimization: Study Characteristics

The first stage in understanding the broader literature was to explore how scholars measured revictimization—an important step for ensuring that readers understand exactly what they are assessing. Given the importance of measurement, we outline how the 196 studies (1) define or describe and (2) operationalize revictimization. Then, we discuss what types of victimization are assessed in the research, along with the questions and instruments used to measure these various types.

Definitions and Descriptions

One way to understand how authors measure revictimization is by evaluating the definitions or descriptions they use. Within the revictimization work reviewed, all studies *described* revictimization as experiencing victimization more than once. While differences exist, each study in the current review broadly discussed revictimization in this way. However, *how* authors discussed revictimization differed substantially.

Some authors provided an explicit *definition* of revictimization at one or more points within their study (e.g., Dunkle et al., 2004; Liendo et al., 2011). In this review, a *definition* refers to a statement provided by the authors anywhere in the article that describes what they mean when they use the term "revictimization." A definition does not tell readers how something is measured, but simply what it is. For example, authors may specify the type of revictimization being examined, provide a timeframe on when these experiences must happen, or specify how many times the experience must happen to be considered revictimization. By providing this definition, readers have an understanding of exactly what the authors are discussing throughout their study. This definition can be presented in various parts throughout the article, but is typically presented in the "Abstract," "Introduction," "Background," "Literature Review," or "Current Study" section(s). Other authors, however, simply *referred* to revictimization at one or more points within their study (e.g., Messman-Moore et al., 2010). That is, their discussion was somewhere

between a definition and a mention. In these instances, readers are able to infer what the authors mean when they use the term "revictimization."

With such variety, we are largely unable to speak to the definitions and descriptions of revictimization in a consistent or clear manner. The issues resulting from a lack of consistent definitions used in this body of literature bleed into other parts of this chapter, such as operationalizations and prevalence. Below are two examples to illustrate this point; **Example 1** provides details where an *explicit definition* was used, whereas **Example 2** provides information where revictimization was *referenced.* Quotes were taken directly from the articles to capture the specific language used to help guide readers to understand their procedures.

Example Revictimization Definitions and Descriptions in Research

Example 1 (Definition): "Experience of violence in childhood, particularly sexual violence, has been identified as a risk factor for experiencing violence in adulthood, a phenomenon known as 'revictimization'." (Dunkle et al., 2004, p. 231)

Example 2 (Reference): "We hypothesize that the relationship between child abuse (sexual and physical) and adult rape will be explained by emotion dysregulation and risky sexual behavior. Specifically, we propose that abuse-related emotion dysregulation will predict risky sexual behavior, which will predict revictimization." (Messman-Moore et al., 2010, pgs. 969–970)

Operationalizations

Another way to understand how authors measure revictimization is by assessing their operationalizations. In this review, *operationalization* refers to the authors' descriptions of how revictimization was measured within their study, typically provided in the study's "Methods" section. In other words, another researcher could replicate a study based on the authors' description of how revictimization was measured. Whereas a definition may be a high-level discussion of a concept, the operationalization offers concrete and direct instructions on how the researcher is measuring revictimization in their study.

Scope of Operationalizations Two-thirds of the studies in the current review ($n = 133$; 67.9%) included an operationalization of revictimization, showing readers exactly how this variable was measured in their study. Examples of operationalizations of revictimization found in the current review are provided below (see **Examples 3** and **4**). Notably, the examples below highlight some key components of clear operationalizations of revictimization, including the (1) types of victimization, (2) number of victimizations, (3) length of time between victimizations, and (4) coding classifications associated with variable names used to define these events.

Example Operationalizations of Revictimization in Research

Example 3: "Participants were considered singly victimized if they endorsed one occurrence in response to the question, 'Have you ever been sexually assaulted (e.g., attempted rape, made to have intercourse, oral or anal sex against your will)?' They were categorized as revictimized if they reported that this occurred more than once during any developmental time period(s)." (Tirone et al., 2021, p. 10995)

Example 4: "Revictimization is defined as a woman being victimized a second time within one year following an IPV [*intimate partner violence*] incident (this may include multiple partners), and is measured through self-report (1 = a victim was revictimized, 0 = a victim was not revictimized)." (Cho & Wilke, 2010a, p. 289)

Frequency of Victimization Although most scholars provided details on their operationalizations, these descriptions differed across research studies. Most studies operationalized revictimization as victimization o*ccurring at more than one developmental stage* (e.g., childhood and adolescence, childhood and adulthood) ($n = 76$; 57.1%), with many of these studies focusing on sexual victimization at more than one development stage (e.g., Fergusson et al., 1997; Lutz-Zois et al., 2024; Zamir & Lavee, 2016). Among these studies, a majority measured revictimization as *childhood victimization and adult victimization* ($n = 56$; 42.7%). Other studies that operationalized revictimization as victimization occurring at more than one developmental stage measured victimization across other life stages, such as *childhood victimization and adolescent victimization* ($n = 6$) or *adolescent victimization and adult victimization* ($n = 1$). Or, some studies ($n = 7$) operationalized revictimization as victimization occurring at various points in a victim's life, rather than naming specific ages (e.g., pre-college and during college; pre-military and during the military; Anderson et al., 2020; Creech & Orchowski, 2016). Still, other studies ($n = 6$) used broader language, such as sexual abuse before the age of 13 and sexual abuse "any time after that age" (e.g., Barnes et al., 2009; Bockers et al., 2014; Lahav et al., 2019).

Studies also used different criteria to operationalize revictimization. For example, some studies ($n = 38$; 29.0%) measured revictimization as *victimization occurring at multiple study time points and/or waves*. These studies did not require that victimization occur at different development points (e.g., childhood and adulthood), but at different waves or study time points, using a range of periods between times and/or waves (e.g., two months, six months; Iverson et al., 2013; Kunst & Winkel, 2013). Some of this literature simply stated that victimization must occur at "*multiple waves*" to be considered revictimization (e.g., Culatta et al., 2020).

In line with the research requiring victimization across multiple time points and/or waves, some authors indicated that a certain number of victimizations must occur for it to be classified as revictimization ($n = 15$; 11.3%). Among these, some studies

(n = 5; 33.3%) operationalized revictimization as experiencing victimization at "*more than one time*" or experiencing "*more than one victimization incident*" (e.g., Kearns & Calhoun, 2010; Volkert et al., 2013). Other studies operationalized revictimization as victimization occurring "*multiple*" times (n = 2) or *victimization occurring subsequent to an initial victimization* (n = 8).

Some researchers used more than one operationalization (n = 4; 3.0%). For example, Chu et al. (2014) operationalized revictimization as victimization occurring in childhood and adulthood *or* multiple adult victimizations. Similarly, Messman-Moore et al. (2005) operationalized revictimization as childhood victimization *or* adult victimization prior to the study in addition to victimization *during* the study.

Time Frames Across these operationalizations, there were important distinctions in the time frames used, with some time frames *general* and others *specific*. As an example, a general timeframe may ask whether study respondents have "ever" experienced a form of victimization to get a sense of lifetime prevalence of these experiences (e.g., Papalia et al., 2021; Tirone et al., 2021). Other studies used a more specific period. For instance, respondents may be asked whether they experienced the victimization in the "past year" or "two years" as a way to limit the timeframe (e.g., Mears et al., 2001; Penning & Collings, 2014). Finally, given the commonly used definition of revictimization (e.g., experiencing victimization at different life stages), many studies measured past *and* current victimization (e.g., ever and in the past year, before the age of 15 and during the past 12 months; Blom et al., 2014). Examples of these time frames are provided below (**Examples 5** and **6**).

Example Operationalizations of Time Frames in Revictimization Research

Example 5:"'(Re)victimization' was defined as having at least one victimization incident recorded in LEAP [*Law Enforcement Assistance Program*] occurring subsequent to the date of forensic medical examination for the index abuse (yes/no) for the CSA [*child sexual abuse*] sample, and any victimization incident recorded in LEAP (yes/no) for the comparison sample, at the time of data linkage. (Re)victimization incidents occurring during childhood and adulthood were considered collectively, thus reflecting 'lifetime' (re)victimization." (Papalia et al., 2021, pgs. 76–77)

Example 6: "Revictimization was scored as being absent or present (0 or 1), with revictimization being deemed to be present if respondents indicated that they had one or more of the following experiences over the past 12 months: 'Someone touched me in a sexual way when I did not want him or her to,' 'Someone attempted (unsuccessfully) to have sex with me against my will,' or 'Someone had sex with me against my will.'" (Penning & Collings, 2014, p. 712)

Data Sources

Studies assessing revictimization included in this review explored these experiences using surveys or questionnaires, interviews, administrative data, and observations. Notably, some studies used data from multiple sources, so estimates may overlap (e.g., using observations, interviews, case records, adolescent reports, and surveys; Zamir et al., 2018).

Surveys or Questionnaires In the current review, a substantial majority of the studies used data from surveys or questionnaires (n = 177; 90.3%). Surveys and questionnaires provide researchers with a way of collecting uniform data directly from individuals. That is, whether the individual takes the survey themselves or is asked questions by a third party, the responses given are representative of their experiences and usually tailored to a specific goal (e.g., experience of victimization, health history). The surveys and questionnaires may have been collected by the researchers themselves, or they could have been collected by other researchers and shared publicly (known as secondary data). For example, Anderson et al. (2020) measured sexual violence victimization using a modified version of the Sexual Experiences Survey (SES). Using this survey, respondents were asked about six types of sexual violence victimization before and during college (e.g., "How many times has anyone fondled, kissed, or touched you sexually when you indicated that you didn't want to"; p. 510). As another example, Pinto-Cortez and colleagues (2024) explored experiences of victimization (e.g., victimization by caregivers, victimization by peers or siblings, sexual victimization) using a Chilean adaptation of the Juvenile Victimization Questionnaire (JVQ) among a sample of 1362 adolescents. Other scholars developed their own survey questions or adapted questions from standardized tools and/or instruments to ask respondents about their experiences (e.g., Caravaca-Sánchez & Wolff, 2021).

Interviews Few studies relied on data from interviews (n = 17; 8.7%). Interviews can generate rich datasets that give respondents an opportunity to answer questions in their own words. That is, interviews may have some structure to the questions asked for consistency, but the details provided can vary widely depending on respondents' experiences. Interview data can be collected by the researchers, or it could come from secondary sources (e.g., the dataset is publicly available). As an example, Liendo et al. (2011) used a semi-structured interview guide that included open-ended questions to ask study participants about their experiences with intimate partner violence (e.g., "tell me how you met your partner[s] and about your experience living with IPA [*intimate partner abuse*]," "please describe your first incident and what triggered the incident"; p. 207). As an additional example, using a short narrative approach, Abdullah et al. (2021) used in-depth interviews with 23 young adults (aged 18 to 24) from two Zongo communities in Ghana. Here, participants were able to share their childhood experiences, along with resilience strategies.

Administrative Data Few studies in this review used administrative data (n = 15; 7.7%). These data sources generally come from institutions or agencies who choose to partner with researchers. Administrative data can include very detailed information, but the database is generally not created with a research study in mind. Rather, the databases are meant to help individuals fulfill aspects of their jobs: practitioners operate within their organizations to track and monitor patients and clients; police have to complete paperwork on interactions with members of the public; correctional officers have to organize reports on individuals who are incarcerated. For instance, in the current review, Papalia et al. (2017) used forensic medical records of 2759 children with a medically confirmed child sexual abuse case, along with public psychiatric, police, and coronial databases to explore interpersonal victimization following child sexual abuse. Other authors, such as Lussier et al. (2019), also used administrative data. For instance, this study analyzed child protective services (CPS) history files from birth to 18 years old among 957 youth referred to CPS in Quebec, Canada.

Observations Finally, one study (n = 1; 0.5%) included observations to inform their findings on revictimization within their sample. Observations can include quantitative and/or qualitative data collected from witnessing interactions between individuals, typically within their regular environments (e.g., within their home). In the current review, Zamir et al. (2018) studied how exposure to childhood abuse would inform risk of abuse in adult intimate relationships. The authors used data from the Minnesota Longitudinal Study of Risk and Adaptation (MLSRA), which contained data from a variety of sources, including parent-child observations. Here, the goal of parent-child observations was to obtain information on the interactions between the child(ren) and their parents beyond what surveys, interviewers, or administrative records would include.

Victimization Types and Tools

As noted previously, there are different types of victimization assessed in the revictimization literature. How authors measured these harms varied. In some instances, researchers used formal tools or assessments to examine revictimization and provided some consistency across works. In this context, it is important to examine the different types of victimization assessed, any tools that were used, and the number of items that were included to measure revictimization.

Victimization Types Childhood maltreatment was the most common experience assessed in the research (n = 149; 76.0%). But again, many any other authors explored sexual victimization (n = 143; 73.0%), violent/physical victimization (n = 42; 21.4%), and intimate partner violence (n = 40; 20.4%), among others. Some research also explored experiences of emotional/psychological abuse (n = 12;

6.1%), general victimization (n = 7; 3.6%), threatened violent/physical victimization (n = 5; 2.6%), school-based victimization (n = 4; 2.0%), elder abuse/maltreatment (n = 2; 1.0%), stalking (n = 2; 1.0%), electronic victimization (n = 1; 0.5%), and workplace victimization (n = 1; 0.5%). An important note is that most of this literature (n = 159; 81.1%) focused on sexual victimization over time (e.g., child sexual abuse *and* adult sexual abuse). These studies were coded here as "childhood maltreatment" and "sexual victimization." As such, all "sexual victimization" cases refer to instances of sexual victimization in *adulthood only*. Prevalence estimates are presented below that assess these cases as victimization occurring at "multiple stages" across the lifespan. Here, readers can review how many studies assessed victimization at multiple developmental stages.

Given the diverse forms of harm measured across studies, researchers classified these events in different ways. Several examples are provided below to demonstrate the different types of victimization assessed and how they were measured (see **Examples 7–9**). Given the primary focus on sexual victimization (during childhood or in adulthood) in this literature, below are two examples of how sexual revictimization was measured using the same assessment.

Example Revictimization Types Measured in Research

Example 7 (Sexual): "The Sexual Experiences Survey (SES; Koss et al., 1987) is a 10-item self-report measure aimed at identifying and classifying women's experiences of unwanted sexual contact and victimization through behaviorally specific questions; the measure was slightly modified to demonstrate the interests of this project. Participants identified different behaviors they have experienced, ranging from verbal coercion to completed rape. An example item is 'Have you given in to sexual intercourse when you didn't want to because you were overwhelmed by a man's continual arguments and pressure?' Participants were asked to respond with 'yes' or 'no.' If the participant answered 'yes' to an item, she was directed to a modified follow-up question which assessed age at which the experience occurred (between 14 and 17, 18+, or both 14–17 and 18+). A final item assessed victimization prior to age 14 using a similar dichotomous yes–no response. Participants were categorized post hoc according to their responses. Participants were divided into one of four groups: control (no victimization), SA in high school only (between 14 and 17), SA in college only (from 18+), or SA in both high school and college (revictimization)." (Angelone et al., 2018, p. 590)

Example 8 (Sexual): "The Sexual Experiences Survey (SES) is a 10-item self-report measure that assesses respondents' past experiences of sexual assault, including ratings of how frequently each type of assault occurred (i.e., '0, 1, 2, 3 or more times'; Koss et al., 2006, 2007). Sexual assault was defined

to include unwanted sexual contact (e.g., fondling, kissing), attempted and/or completed sexual coercion, and attempted and/or completed rape (i.e., vaginal and/or anal sex). Participants were instructed to indicate the frequency of various types of sexual assault they had experienced since enrolling in college, and also during adolescence (i.e., prior to enrolling in college, since age 14 years). For this study, adolescent sexual assault victimization was scored by averaging participants' frequency ratings of assault and coercion experiences to yield a mean score for inclusion in analyses. Due to significant positive skew, participants' reports of college victimization were dichotomized (i.e., college sexual assault v. no college sexual assault) for inclusion in subsequent models." (DeCou & Skewes, 2021, p. 318)

Example 9 (Child Maltreatment): "Childhood maltreatment was assessed using the Childhood Experiences of Care and Abuse interview (CECA; Bifulco et al., 1994). The CECA is a semi-structured contextual interview assessing the quality of parental care and any experiences of maltreatment or victimization up to age 18 years. Interviews were conducted by senior graduate students who were unaware of participants' depression status. Interviewers were trained to gather behavioral and contextual information, and not to inquire about a participant's subjective perceptions of maltreatment. Audio recordings of the interviews were written up and rated by independent graduate and undergraduate research assistants. Raters compared their vignettes to a manual including hundreds of anchored vignettes for each scale to ensure standardization of ratings. Ratings were provided for the following four maltreatment scales. For each scale, ratings were provided separately for maternal and paternal caregivers: (a) emotional maltreatment—hostility, criticism, and/or coldness toward the child, (b) neglect—failing to provide for child's physical and/or emotional needs, (c) physical maltreatment—violence directed toward the child by parents; and (d) sexual maltreatment—sexual contact perpetrated by a caregiver within the home. For the purposes of this paper, a maternal caregiver was defined as any mother-figure living in the home, including biological mothers, step-mothers, female live-in partners of the other parent, and foster mothers. The same criteria were used for paternal caregivers." (Cunningham et al., 2019, p. 115)

Tools Used At times, certain questions or items used to measure victimization were similar across articles. This may be due to the use of standardized tools within these works (see examples below). In this review, a substantial majority of studies ($n = 171$; 87.2%) used instruments and/or modified versions of these instruments to measure victimization (e.g., Atmaca & Gençöz, 2016; Brousseau et al., 2012). These studies included questions from instruments such as the Childhood Maltreatment Interview Schedule (CMIS), the Sexual Experiences Survey (SES),

the Childhood Trauma Questionnaire (CTQ), and the Conflict Tactics Scale (CTS), among others. These questionnaires/tools ask about a range of victimization experiences, including intimate partner violence, sexual violence, and childhood maltreatment, among others.

Among the remainder of studies standardized tools/questionnaires were not used or not mentioned. This may have been due to the author's or authors' use of questions or criteria that fell outside of a standardized instrument (e.g., Kellogg & Hoffman, 1997). Still, the absence of standardized measures does not mean that the work that was produced was not rigorously done. Furthermore, some studies relied on administrative data or interviewed respondents, which could limit their ability to apply a standardized measurement tool (e.g., Hornor & Fischer, 2016; Liendo et al., 2011). Other research did not provide specific information on the questions asked or tools used.

Example Instruments/Tools Used to Measure Revictimization

- Childhood Maltreatment Interview Schedule (CMIS)
- Sexual Experiences Survey (SES)
- Childhood Trauma Questionnaire (CTQ)
- Conflict Tactics Scale (CTS)
- Wyatt Sexual History Questionnaire-Revised (WSHQ-R)

Number of Items The number of items used to measure these experiences of revictimization also varied. In the current review, most studies (n = 147; 72.4%) indicated or directly stated the number of items/questions used to assess these experiences. Here, the number of items or questions used to measure personal revictimization ranged from 2 to 491, with great variation across studies. Of course, the number of items used can correspond with the number of victimization types being assessed. Nevertheless, studies still varied. For instance, some studies used one to three questions to measure sexual revictimization (e.g., Dunkle et al., 2004). Other studies, however, asked dozens of questions to assess these experiences (e.g., Stockdale et al., 2014).

Measuring Revictimization: Sample Characteristics

Authors have explored experiences of revictimization across diverse samples. Up until this point, the current chapter reviewed findings from 196 *studies*. As noted previously, nine studies included two separate samples—resulting in a total of **205 samples** (e.g., Poister Tusher & Cook (2010) explored experiences of revictimization among [i] 188 incarcerated women in a maximum-security women's prison facility and [ii] 171 women from the general population recruited from a large, inner-city public hospital). We turn now to a focus on the characteristics of the **205**

samples, including the types of samples examined and the prevalence of these experiences.

Sample Types

When studying revictimization, authors used general population, school-based, and high-risk samples. Each of these are described in more detail below.

General Population Samples General population samples refer to samples in which data come from individuals in the broader population. For example, Desai et al. (2002) used data from the National Violence Against Women Survey (NVAWS). Here, a sample of 16,000 men and women over the age of 18 from the United States were asked about a range of experiences, including childhood and adult victimization experiences (e.g., physical assault, sexual victimization). More than one-quarter of the literature included in this review (n = 53; 27.0%) use general population samples to collect data.

School-Based Samples School-based samples are made up of individuals who are currently attending school at any level. For example, students may be adults (i.e., aged 18 years or older) attending a college or university—or multiple colleges or universities. These samples can also include youth in grades kindergarten through high school. Nearly one-third of the research on revictimization examined school-based samples (n = 55; 28.1%). As one example, Messman-Moore and Long (2000) surveyed 648 college women from introductory psychology classes about their experiences with various childhood and adulthood victimization experiences (e.g., sexual abuse, psychological abuse). As another example, Gagné and colleagues (2005) asked about a range of childhood and adolescence victimization types (e.g., dating violence, physical violence, parental violence) among a sample of 917 tenth and 11th grade girls (aged 14 to 20 years old) from five high schools in Montreal and Quebec City.

High-Risk Samples High-risk samples refer to samples of individuals with an elevated risk of victimization, such as justice-involved individuals (e.g., Walsh et al., 2011), or individuals who have been victimized previously (e.g., Bybee & Sullivan, 2005; Cole et al., 2008; Ullman & Najdowski, 2009). These samples made up approximately half of this work (n = 97; 49.5%). For instance, Schumm et al. (2004) measured child abuse, adulthood rape, and partner-perpetrated severe physical assault among a sample of 105 women who were clients at an outpatient, community drug and alcohol treatment center. Additionally, Walsh et al. (2011) measured childhood maltreatment and unwanted sexual experiences among 160 female prisoners from a Midwestern correctional facility.

Of note, some of the samples that are assessed within this review are not high-risk by nature (e.g., college students, adults from the general population), but are considered high risk here because the studies' focus is on those in the subsample of

respondents who have been victimized (e.g., Anderson et al., 2020). For example, Anderson et al. (2020) used data from a larger study that included 2292 students attending a campus health or counseling center across 28 college and university campuses in Pennsylvania and West Virginia (i.e., a school-based sample). However, this study focused only on students who reported precollege sexual victimization. As a result, this sample is placed into the "high-risk" category because estimates only came from the subset of the population where harm was already experienced.

Prevalence

Finally, the prevalence estimates provided in these studies assessing revictimization varied greatly across samples. Again, the focus in this section is on the *number of samples* rather than the number of studies. Because not all samples reviewed in this chapter provided prevalence estimates in their reports, there are **139 samples** reviewed here, with prevalence estimates ranging from **2.8% to 100.0%**. Just looking at this wide range, some people may come to the conclusion that research in this area is too inconsistent to draw conclusions. This is not true. Although comparisons across all studies are not advisable based on the different measurement considerations discussed previously, it is important to examine the nuances across studies. Characteristics, such as the samples used to assess revictimization and the type of victimization(s) being assessed, largely influence these rates.

Prevalence by Sample Type At times, the prevalence of revictimization was impacted by the type of sample used. Below are prevalence estimate ranges organized by the samples discussed previously:

Revictimization: Prevalence Ranges by Sample Type (*n* = number of samples)		
General Population Samples (*n* = 34) Range: 2.8% – 85.0%	*School-Based Samples* (*n* = 38) Range: 4.0% – 72.3%	*High-Risk Samples* (*n* = 67) Range: 8.6% – 100.0%

Each sample type reported remarkably wide ranges of victimization. For example, the prevalence of revictimization reported among general population studies ranged from 2.8% to 85.0% (e.g., Blom et al., 2014). School-based and high-risk samples demonstrated a similar trend, with school-based samples ranging from 4.0% to 72.3% and high-risk samples ranging from 8.6% to 100.0% (e.g., Poister Tusher & Cook, 2010; Van Bruggen et al., 2006). When examined differently, the types of victimization being measured within these samples offered a bit more nuance.

Notably, one study reported a 100.0% prevalence rate of revictimization. As mentioned previously, Poister Tusher and Cook (2010) examined physical and sexual revictimization among a sample of women who were incarcerated and a sample

of women who were not incarcerated. Here, 100.0% of the women who were incarcerated had experienced child physical abuse and adult physical revictimization. Additionally, 100.0% of the women who were incarcerated had experienced punishment resulting in injury in childhood and adult physical revictimization. While the prevalence of physical revictimization was very high among this sample, the prevalence of victimization among incarcerated women has been found to be high in many other studies (e.g., Browne et al., 1999; Karlsson & Zielinski, 2020).

Prevalence for Samples by Victimization Type The next step in understanding prevalence estimates is to consider how these ranges varied across the different types of victimization being measured. Prior to reviewing these, there are a few notes on these prevalence estimates:

- It is important for this chapter to include a category to capture victimization occurring at more than one developmental period among the different types of victimization—labeled here as "Multiple Stages." Many different victimization combinations can exist under the category of "Multiple Stages" of victimization (e.g., child physical abuse and adult sexual abuse; child emotional, physical, and sexual abuse and adult intimate partner violence). As such, the table below outlines the range in prevalence rates among these studies that assessed victimization in multiple developmental stages for each sample type (e.g., general population, high-risk). More specific example study details, including which developmental stages and victimization types each example study explored, along with the prevalence of revictimization within each example study, can be found within the footnotes.
- Some studies reported the prevalence of more than one *specific type* of victimization experienced within a given sample (e.g., a study may report [1] sexual violence and [2] stalking experiences among college students). As a result, clearly defined types of victimization are presented separately when possible.
- Some studies combined the experiences of different types of victimization into one prevalence estimate. For example, some studies reported one estimate for experiencing two or more different types of victimization (e.g., measuring the presence of violent/physical, threatened violent/physical, and sexual violence for a collective rate of victimization). A "combined" grouping has been created to specify when these estimates were not provided for unique victimization types. Within the footnotes, readers can find examples of studies that combined different types of victimization into one prevalence estimate, along with each example study's prevalence rate.
- All sample types are further separated into "Overall" and "Victim Subsamples" to accurately portray the findings of these studies and to show how these estimates can vary. "Overall" presents the prevalence of revictimization among the entire sample, while "Victim Subsamples" presents the prevalence of revictimization among respondents that were known to have been victimized at least once.

Prevalence Ranges for Samples by Revictimization Type (*n* = number of samples)

General Population Samples (n = 34)	*School-Based Samples (n = 38)*	*High-Risk Samples (n = 67)*
Overall (n = 12)	*Overall (n = 12)*	*Overall (n = 13)*
Sexual (*n* = 6): 3.3% – 50.0% Multiple Stages (*n* = 4): 9.0% – 36.8%[1] Child Maltreatment (*n* = 1): 39.0% Intimate Partner Violence (*n* = 1): 57.0%	Sexual (*n* = 7): 8.1% – 72.3% Multiple Stages (*n* = 4): 7.5% – 59.6%[2] Intimate Partner Violence (*n* = 1): 30.1% – 43.5%	Sexual (*n* = 8): 18.0% – 82.4% Multiple Stages (*n* = 3): 40.0% – 82.2%[3] Child Maltreatment (*n* = 1): 24.8% Combined (*n* = 1): 48.4%
Victim Subsamples (n = 22)	*Victim Subsamples (n = 26)*	*Victim Subsamples (n = 54)*
Multiple Stages (*n* = 12): 2.8% – 81.0%[4] Sexual (*n* = 9): 9.8% – 85.0% Child Maltreatment (*n* = 1): 4.0% – 20.0%	Sexual (*n* = 18): 6.2% – 66.1% Multiple Stages (*n* = 5): 7.5% – 45.6[5] Child Maltreatment (*n* = 1): 4.0% – 20.0% General (*n* = 1): 55.0% Combined (*n* = 1): 11.0%[7]	Sexual (*n* = 24): 8.6% – 85.9% Multiple Stages (*n* = 16): 15.6% – 100.0%[6] Intimate Partner Violence (*n* = 7): 11.0% – 60.8% Child Maltreatment (*n* = 2): 4.0% – 20.0% General (*n* = 2): 48.7% – 56.1% Elder (*n* = 1): 12.2% Combined (*n* = 2): 11.0%[8]

[1] For example, Fereidooni et al. (2022) assessed child maltreatment (i.e., physical, sexual, and emotional abuse and neglect) and adult sexual abuse (36.8%); Eid et al. (2022) assessed child maltreatment (i.e., sexual, emotional, or physical abuse) and adult sexual, emotional, or physical abuse (9.0–16.0%); Scoglio et al. (2022) assessed child maltreatment (i.e., sexual and physical abuse) and adult sexual and physical abuse (11.5%)

[2] For example, Filipas and Ullman (2006) assessed child sexual abuse and adult sexual abuse (42.2%); and Desir and Karatekin (2021) assessed child maltreatment (i.e., conventional crime, peer and sibling victimization, maltreatment, sexual victimization, and witnessing or indirect victimization) and adult intimate partner violence, sexual assault, harassment, abusive workplace experiences (e.g., unfair treatment, biases, yelled at, sworn at), and general victimization (59.6%)

[3] For example, Mejia et al. (2015) assessed child physical and sexual abuse and adult physical and sexual abuse (78.7% sexual revictimization; 82.2% physical revictimization)

[4] For example, Barnes et al. (2009) assessed child sexual abuse, adolescent physical and sexual abuse, and adult physical and sexual abuse (40.5% sexual revictimization, 57.3% physical revictimization); Kimerling et al. (2007) assessed child and adult physical and sexual abuse (50.2%); and Papalia et al. (2021) assessed child sexual abuse and lifetime public order offenses, property offenses (e.g., theft, fraud, property damage), stalking, threats, physical/violent victimization, and sexual assault (36.2%)

[5] For example, Messman-Moore et al. (2010) assessed child sexual and physical abuse and adolescent/adult rape (24.3% of child physical victims reported adult rape; 29.8% of child sexual victims reported adult rape); and Miron and Orcutt (2014) assessed child physical, emotional, and sexual abuse and adolescent and adult sexual abuse (20.4–45.6%)

[6] For example, Edalati et al. (2016) assessed child maltreatment (i.e.,emotional, sexual, and physical abuse and physical and emotional neglect) and adult emotional, physical, and sexual abuse (of the participants who experienced adult victimization, 66.9% experienced child emotional abuse, 61% experienced child physical abuse, 49.1% experienced child sexual abuse, 55.1% experienced child emotional neglect, and 63% experienced child physical neglect); and Pereda & Gallardo-Pujol (2014) assessed child maltreatment (e.g., physical abuse, sexual abuse) and adult violent/physical victimization, sexual victimization, harassment, and stalking (7.5%)

[7] Christ et al. (2022) combined violent/physical, threats of violence, and sexual victimization (48.4%) Messman-Moore et al. (2000) combined sexual and violent/physical victimization (11.0%)

[8] Messman-Moore et al. (2000) combined sexual and violent/physical victimization (11.0%)

Reviewing these prevalence estimates for each sample type, several patterns emerge. First, there was a wide range of victimization types within the studies that assessed victimization at more than one developmental period. As mentioned, a majority of these studies explored sexual victimization at some, or multiple, stages throughout the life course. Nevertheless, in addition to sexual victimization, a range of different victimization types were assessed in both childhood (e.g., physical abuse, sexual abuse, neglect, witnessing violence) and adulthood (e.g., physical abuse, sexual abuse, intimate partner violence, threats of violence). This finding suggests that this body of literature may be interested in investigating victimization occurring across the life course more broadly, rather than focusing on one or a few specific types (e.g., sexual violence only).

Second, certain types of victimization were assessed across multiple sample types. For example, sexual victimization was assessed across all sample types. As such, while these researchers have developed expansive knowledge on sexual revictimization, there may still be limited knowledge on other forms of victimization that were examined less frequently throughout this body of literature (e.g., elder abuse, intimate partner violence).

Third, given the definition of revictimization (i.e., experiencing victimization at more than one developmental time period; Messman-Moore & Long, 2002), it is not surprising that a large number of samples explored victimization at multiple life stages. While 47.1% ($n = 16$) of general population samples explored victimization in multiples stages of life, 23.7% ($n = 9$) of studies within school-based samples and 28.4% ($n = 19$) of studies within high-risk samples explored victimization experiences at different stages. All together, these account for nearly one-third (31.7%) of the samples in the current revictimization review. Among certain sample sub-types, most studies explored victimization at multiple stages of life (e.g., victim subsamples within general population samples; 54.5%).

Fourth and related, each sample type reported exceedingly wide ranges of victimization, even within the same victimization type. As one example, the prevalence of sexual revictimization in adulthood ranged dramatically across samples. Within the general population victim subsamples, some studies found that 9.8% of their sample of victims were sexually revictimized in adulthood, while other studies found that 85.0% of their sample of victims were sexually revictimized in adulthood. A similar finding was presented among high-risk victim subsamples, with some studies finding that 8.6% of their sample of victims were sexually revictimized in adulthood; other studies found that 85.9% of their sample of victims were sexually revictimized in adulthood. Other victimization types also showed these dramatic ranges in prevalence (e.g., intimate partner violence among high-risk samples, child maltreatment among school-based samples).

One reason for these discrepancies may be the *differences in the samples* themselves, even within the same sample type. For instance, Wolfteich and Loggins (2007) explored revictimization among a sample of 3294 college students who had experienced at least one sexual assault before or during college. Revictimization was identified among 17.0% of this high-risk sample. Also assessing a high-risk sample, Giraldo-Rodriguez and colleagues (2022) explored revictimization among

49 patient-therapist pairs with patients having a diagnosed dissociative identity disorder or dissociative disorder not otherwise specified. Here, revictimization was found among 81.0% of the sample. As evidenced by these studies, the samples varied substantially across this body of research (even among the same sample type). As a result, the prevalence rates often varied substantially as well.

Another reason for these discrepancies may be due to the *differences in measurement* across these samples. As a high-risk sample, Heidt et al. (2005) measured revictimization as experiencing childhood sexual assault and adult sexual assault among a sample of 342 individuals aged 18 to 77 years old identified from gay, lesbian, bisexual, and transgender (GLBT) community organizations and events. Here, the prevalence rate of sexual revictimization was 38.5%. Another high-risk sample, Friedman et al. (2017) measured revictimization as multiple visits to a hospital for injuries sustained as a result of physical abuse, multiple substantiated Adult Protective Services (APS) investigations through 2015, or a self-reported history of multiple incidents of physical or sexual abuse among a sample of 111 individuals aged 60 and older treated for physical and sexual abuse across five Chicago-area hospitals, finding that 52.3% of their sample experienced revictimization. As shown, not only do the samples vary (even within the same sample type), but so do the ways in which the authors operationalized revictimization, leading to wide variances in prevalence rates.

Even within a single study, the prevalence can vary. For example, Blom et al. (2014) studied emotional, physical, and abuse over the past 12 months and before the age of 15 among a general population sample of 2250 young women and 920 young men aged 15 to 23 from nine youth health centers in Sweden. Here, the authors explored revictimization for different types of victimization (e.g., moderate/severe emotional abuse before the age of 15 and emotional abuse after the age of 15, moderate/severe emotional abuse before the age of 15 and sexual violence after the age of 15). As such, there were very wide ranges in the prevalence of victimization across the sample (prevalence range: 3.0–47.0%). Beyond this, the authors further categorized these experiences by gender. For example, the authors reported that among the 733 women who experienced emotional abuse in the past 12 months, 303 (41.0%) experienced moderate/severe emotional violence before the age of 15, 183 (25.0%) experienced moderate/severe physical violence before the age of 15, and 119 (16.0%) experienced moderate/severe sexual violence before the age of 15. Among the 167 men who experienced emotional abuse in the past 12 months, 87 (52.0%) were exposed to moderate/severe emotional abuse before the age of 15, 78 (47.0%) experienced moderate/severe physical abuse before the age of 15, and 5 (3.0%) experienced moderate/severe sexual abuse before the age of 15. As such, prevalence rates varied depending on the combination of abuses experienced, along with the gender of the respondent.

Fifth, across samples, few studies combined victimization types into one prevalence estimate. Notably, this is not true for studies that explored victimization among different stages of life (i.e., "Multiple Stages" category). However, among

studies that focused on revictimization occurring within one life stage (e.g., childhood only, adulthood only), most studies focused on one specific type of victimization occurring more than once. This may be because much of this literature is focused on assessing the revictimization of a certain victimization type (e.g., sexual violence, intimate partner violence). As such, researchers have been able to develop a strong understanding of the relationships between experiencing certain forms of victimization, such as sexual violence and intimate partner violence, and experiencing it again in the future (even among the same developmental stage).

Summary

This chapter reviewed 196 studies (representing 205 different samples) assessing "revictimization." Within this relatively large body of literature, several takeaways can be made.

First, although differences exist, this research broadly defined, operationalized, and/or referred to revictimization in the same way—discussing the experiences of individuals who have experienced victimization more than once (e.g., Daigle & Hawk, 2022; Gagné et al., 2005; Kearns & Calhoun, 2010). Therefore, while substantial differences existed across this research, all studies reviewed here were interested in studying experiences that the authors described as revictimization. As mentioned previously, a large majority of the research studied experiences of victimization in childhood and adulthood and, more specifically, sexual victimization in childhood and adulthood.

Second, while various types of victimization were examined (e.g., intimate partner violence, violent/physical victimization), a substantial proportion of this literature explored experiences of sexual victimization. In fact, and as mentioned, 81.1% of this literature (n = 159) focused on sexual victimization over time (e.g., child sexual abuse *and* adult sexual abuse).

Third, this research studied these experiences among the general population, school-based, and high-risk samples. A majority of these studies, however, included high-risk populations. Of these high-risk samples, most included individuals who have previously been victimized (Bjørnholt, 2019; Classen et al., 2001; Dardis et al., 2018). However, other studies focused on children from the child welfare system or individuals without homes, with some studies reporting the experiences of a subsample of victims within their larger sample (e.g., Anderson et al., 2020; Auslander et al., 2018; Edalati et al., 2016). As a result, prevalence rates were typically high across these studies with samples labeled as "high-risk."

Fourth, because of the differences in definitions, measurement, and samples used within this body of literature, the prevalence rates ranged dramatically across studies. As a result, it is important for scholars and practitioners to pay attention to these details when attempting to make comparisons across studies even though they are all broadly measuring "revictimization."

In sum, this review demonstrated significant differences across the research that explores revictimization. Yet, important patterns emerged, aiding our understanding of these experiences. While varied, this body of literature offers studies that use robust measurement, diverse samples, and a wide-ranging set of victimization types, producing a great deal of knowledge about the experiences of individuals who face revictimization.

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Chapter 7
Understanding Where We've Been to Move Forward

As outlined in the previous chapters, extensive research has been conducted on the topic of personal recurrent victimization and related concepts. A total of 583 peer-reviewed research articles (553 unique articles) were reviewed across this SpringerBrief to provide a holistic picture of this body of work. Although systematic reviews are vital to understand the nuance within a given category of recurrent victimization and its correlates or consequences (e.g., sexual revictimization, childhood poly-victimization; Classen et al., 2005; Lee et al., 2023; Radtke et al., 2024), only looking within one category tends to "miss the forest for the trees," so to speak. The goal here was to examine how five categories of personal recurrent victimization have been measured across studies and samples: (1) recurrent victimization, (2) repeat victimization, (3) multiple victimization, (4) poly-victimization, and (5) revictimization. A substantial undertaking to be sure, but we believe it is important to look at these works collectively to inform implications that may span across types of harm and inform future initiatives for intervention and prevention.

An important caveat to this review is the possibility that other scholars or practitioners may have made different choices in how studies were classified or reviewed. As noted throughout this SpringerBrief, authors tended to provide varying levels of detail on how they conducted their studies or the language they used when describing their work. This means that, at times, decisions had to be made on how to organize the research in a consistent way. For example, if authors used the terms from any of the categories of personal recurrent victimization reviewed here (e.g., an author referred to both multiple and revictimization in reference to their study)—even if it was only mentioned once—then we made a decision to include that study in multiple chapters that capture the terms used by the authors. That is, we relied on the authors to guide the classification of their study based on the language they used to describe their work. Works were not classified into multiple categories when authors only provided context to contrast the category of recurrent victimization they were discussing (e.g., distinguishing multiple victimization in the current study from repeat victimization as context; Hope et al., 2001). As another example,

A. E. Krushas et al., *A Review of Personal Recurrent Victimization*,
SpringerBriefs in Criminology, https://doi.org/10.1007/978-3-031-88601-0_7

certain types of victimization were collapsed for parsimony when organizing this information (e.g., online sexual harassment was captured under "Online" for our review). This decision ignores some of the nuance but allowed us to look across studies using similar groups for trends. We made attempts to clarify how and why choices were made that affected how studies were classified. However, we understand that others may disagree with these decisions or may have made different choices along the way. That is something that future scholars should consider when organizing this literature. Our hope is that this review is a starting point to build off, and we look forward to seeing how others advance our efforts.

Turning back to the purpose of this chapter, we now review the common themes identified across this larger body of work. Then, we consider future directions and lines of inquiry that scholars and practitioners should consider to advance knowledge in these areas. At times, the term "recurrent victimization" is used to broadly capture experiencing more than one victimization that could include any of the five categories reviewed here. These instances are flagged with "(term used broadly)" for clarification.

Common Themes

Although this SpringerBrief provides many points of consideration throughout its chapters, there are five themes that we believe merit special attention. These themes draw on measurement considerations across studies and samples for all five categories of personal recurrent victimization (term used broadly). **Table 7.1** summarizes the literature by personal recurrent victimization category for reference.

Theme 1: The definitions and operationalizations within categories of personal recurrent victimization were not consistent across studies

There was no single, standardized definition or operationalization used for any type of personal recurrent victimization (term used broadly) examined across studies. Divergent definitions were used within this body of research that oftentimes fell somewhere between an explicit definition and a reference. Of note, most studies within each category followed some general definition. In the case of "recurrent victimization," it was generally defined as being victimized more than one time (e.g., Butler et al., 2023), whereas other studies referenced this term as identifying patterns of abuse and neglect over time (e.g., Hamilton & Browne, 1999). Similar trends were seen for definitions and references of "repeat victimization" (e.g., Tseloni & Pease, 2005; Yang, 2023), "multiple victimization" (e.g., Grasso et al., 2013; Kaasa et al., 2016), "poly-victimization" (e.g., Bashir & Dasti, 2015; Lätsch

Table 7.1 Overview of Measurement and Prevalence Patterns across Recurrent Victimization Research

Victimization type	Publication year range	Measurement	Sample type and prevalence range (as applicable)
Recurrent Victimization (N = 32)	1999–2023	• Defined/operationalized as *experiencing more than one victimization type or incident within a given time frame** using a broad range of victimizations (e.g., threatened/actual physical, property, and/or sexual violence) • Number of items used to measure recurrent victimization ranged from 3 to 27, with most studies using 3 to 7 items and few using standardized tools/instruments	*General Population* (n = 1): 27.0% *School-Based* (n = 9): 5.9–51.0% *High-Risk* (n = 20): 4.1–83.0%
Repeat Victimization (N = 65)	1995–2023	• Defined/operationalized as *experiencing more than one of the same type of victimization within a certain period of time** using a broad range of victimization types (e.g., threatened/actual physical, property, and/or sexual violence) • Number of items used to measure repeat victimization ranged from 1 to 76, with most studies using standardized tools/instruments, such as the Sexual Experiences Survey and the National Crime Victimization Survey	*General Population* (n = 10): 2.6–36.4% *School-Based* (n = 19): 0.8–59.6% *High-Risk* (n = 24): 0.9–77.0%
Multiple Victimization (N = 59)	1980–2023	• Defined/operationalized as *experiencing two or more forms of violence (e.g., personal, property) within a given time period** using a broad range of victimization types (e.g., robbery, child maltreatment, sexual victimization, witnessing violence) • Number of items used to measure repeat victimization ranged from 4 to 72, with most studies using standardized tools/instruments, such as the Juvenile Victimization Questionnaire and Sexual Experiences Survey.	*General Population* (n = 15): 1.8–86.9% *School-Based* (n = 19): 4.2–85.0% *High-Risk* (n = 15): 13.0–100.0%

(continued)

Table 7.1 (continued)

Victimization type	Publication year range	Measurement	Sample type and prevalence range (as applicable)
Poly-Victimization ($N = 231$)	2005–2023	• Defined/operationalized as *experiencing two or more types of violence within a given time period** using a broad range of victimization types (e.g., conventional crime, child maltreatment, sexual victimization, witnessing violence) • Number of items used to measure poly-victimization ranged from 5 to 52, with most studies using standardized tools/instruments, such as the Juvenile Victimization Questionnaire and the Conflict Tactics Scales	*General Population* ($n = 41$): 2.5–82.8% *School-Based* ($n = 79$): 2.0–100.0% *High-Risk* ($n = 62$): 1.7–100.0%
Revictimization ($N = 196$)	1992–2023	• Defined/operationalized as *experiencing victimization across different developmental periods of the lifespan (e.g., childhood and adulthood)** using a broad range of victimization types (e.g., abuse, neglect, sexual victimization) • Most studies assessing revictimization focused on sexual violence occurring in childhood and adolescence/adulthood • Number of items used to measure revictimization ranged from 1 to 193, with most studies using standardized tools/instruments, such as the Childhood Trauma Questionnaire and the Conflict Tactics Scales	*General Population* ($n = 34$): 2.8–85.0% *School-Based* ($n = 38$): 4.0–72.3% *High-Risk* ($n = 67$): 8.6–100.0%

Notes: * = Definitions, operationalizations, and reference periods differed across studies. "High-Risk" Samples refer to populations that tend to have more vulnerabilities to victimization, such as incarcerated populations or individuals without homes. Prevalence rates vary greatly for all forms of recurrent victimization, depending on the operationalizations, samples, and time periods used to measure victimization; please refer to the respective chapter to review these discrepancies. Sample *n*'s may not equal the total *N*'s because certain studies did not fall into the categories included here

et al., 2017), and "revictimization" (e.g., Dunkle et al. 2004; Messman-Moore et al., 2010). In line with this, some scholars used terms for different categories of personal recurrent victimization (term used broadly) interchangeably, such as using "recurrent victimization" and "repeat victimization" or "multiple victimization" and "poly-victimization" interchangeably (e.g., Contreras Taibo et al., 2022; Montiel et al., 2016; Pereda et al., 2017).

Although many authors provided a direct operationalization of the category of recurrent victimization (term used broadly) being examined (e.g., Lasky et al., 2018; Sonis & Langer, 2008), some works were less clear. Across the studies examined here, generally more than half of the studies reviewed included an explicit operationalization (oftentimes presented in the "Methods" section): (1) recurrent victimization (68.8%), (2) repeat victimization (61.5%), (3) multiple victimization (67.8%), (4) poly-victimization (73.9%), and (5) revictimization (66.8%). The operationalizations also varied within categories of personal recurrent victimization (term used broadly) based on the frequency of the victimization (e.g., more than one time, two or more times) and time frames used to count these experiences (e.g., past six months, ever). In other words, scholars did not uniformly apply criteria across works, even within a given category of recurrent victimization (term used broadly).

Theme 2: Most of the research was focused on poly-victimization and revictimization, with research within categories oftentimes limited to specific victimization types

The bulk of the literature reviewed in this SpringerBrief came from research on poly-victimization ($N = 231$) and revictimization ($N = 196$). Although there were some duplicates across other categories of personal recurrent victimization (term used broadly), these two areas accounted for approximately 73.2% of the research reviewed. Repeat victimization ($N = 65$) and multiple victimization ($N = 59$) were the next most common categories examined, followed by recurrent victimization ($N = 32$). The quantity of research in just two areas is useful for understanding these experiences, but also highlights areas where less attention has been given to aspects of repeat, multiple, and recurrent victimization.

Further, the specific victimization types examined across these categories of personal recurrent victimization (term used broadly) were generally limited. There were multiple victimization types assessed, to be sure. But the number of studies examining diverse types was relatively few. A summary of the most common victimization types assessed is organized below by personal recurrent victimization (term used broadly) category. Again, some studies within a category measured multiple types of victimization so there can be overlap in what is captured across classifications.

Examining the most common victimization types measured provides insights into what research is prioritizing. In particular, most of the victimization types

reflected violent/physical harm, sexual harm, and childhood maltreatment. Intimate partner violence was also examined in recurrent victimization. Assessed individually, most of the personal recurrent victimization (term used broadly) categories focus on approximately two to three victimization types. Poly-victimization, however, primarily focused on childhood maltreatment, with most scholars highlighting childhood and adolescent experiences of harm. Other victimization types were examined across categories, but again, these tended to represent approximately 1.0% to 2.0% of the studies. For example, elder victimization was examined across recurrent victimization (3.1%), multiple victimization (1.7%), poly-victimization (0.4%), and revictimization (1.0%), but in very few studies. As another example, threatened violent/physical victimization was included in research for recurrent victimization (15.6%), repeat victimization (12.3%), multiple victimization (1.7%), and revictimization (2.6%).

Most Common Victimization Types Assessed

Recurrent Victimization

- Violent/Physical: 37.5%
- Intimate Partner Violence: 21.9%

Repeat Victimization

- Violent/Physical: 56.9%
- Sexual: 41.5%

Multiple Victimization

- Sexual: 50.8%
- Childhood Maltreatment: 39.0%
- Violent/Physical: 33.9%

Poly-Victimization

- Childhood Maltreatment: 71.4%

Revictimization

- Childhood Maltreatment: 76.0%
- Sexual: 73.0%

Theme 3: Most research relied on surveys/questionnaires for data collection and cross-sectional designs

Studies examining all five categories of personal recurrent victimization (term used broadly) have primarily used surveys/questionnaires for data collection (range: 75.0–96.6%) and cross-sectional designs (range: 53.1–89.8%) to answer their research questions. The only exception was for repeat victimization which more often used longitudinal designs (61.5%). Research on recurrent victimization was

also almost evenly split between cross-sectional (53.1%) and longitudinal (46.9%) research designs. Further, the use of surveys/questionnaires and cross-sectional designs were not inherently linked. In other words, just because a survey/questionnaire was used does not mean it could not use a longitudinal design. These methods should be considered separately in the discussion here.

As noted in previous chapters, surveys and questionnaires provided researchers with a way of collecting uniform data directly from individuals. That is, whether the individual takes the survey themselves or is asked questions by a third party, the responses given are representative of their experiences and usually tailored to a specific goal (e.g., experience of victimization, health history). The surveys and questionnaires may have been collected by the researchers themselves, or they could have been collected by other researchers and shared publicly (known as secondary data). For example, some researchers used survey responses from the National Longitudinal Study of Adolescent Health (Add Health) dataset to study recurrent victimization (Daigle, 2010) or the National Crime Victimization Survey (NCVS) dataset to study repeat victimization (Clay-Warner et al., 2016). In other instances, scholars administered their own surveys designed to ask about victimization experiences (e.g., Reyns & Fissel, 2019; Weiss & Dilks, 2016; Wilson et al., 1999).

With cross-sectional designs, scholars are able to examine snapshots in the lives of individuals at a single point in time. That is, data points are not collected repeatedly or at multiple time points (i.e., longitudinal research design). For example, a single survey may be administered to a sample to understand their experiences (e.g., Kassing et al., 2021; Kulig et al., 2024; Reyns & Fissel, 2019). Or, secondary data sources may be reviewed to determine when and how individuals have been harmed based on available records (e.g., Mele, 2006; Racine et al., 2022; Stewart et al., 2020). Interviews may also be conducted at a single point in time to gain rich insights into respondents' experiences (e.g., Ben-Amitay et al., 2015; Matos et al., 2015; Rogers et al., 2023). Cross-sectional designs may still be able to capture experiences across the life course though. For example, respondents given a survey at one point in time may be asked to recall recent and earlier points in their lives where they experienced victimization to understand how they have been harmed over time (e.g., asking about experiences before the age of 18 and experiences in the past 12 months in the same survey; Blom et al., 2014).

Theme 4: The samples examined tended to vary by personal recurrent victimization category, with high-risk samples being a prominent source of information

Samples examined across studies represented children/youth and adults across the five categories of personal recurrent victimization (term used broadly). However, representation of each demographic varied by category. For example, research on

recurrent victimization (46.9%), multiple victimization (57.6%), and revictimization (83.2%) primarily involved adult samples. Research on repeat victimization was approximately equally representative of children/youth (29.2%), adults (30.8%), and both children/adult samples (30.8%). Only poly-victimization research was primarily focused on children/youth samples (58.1%), which is consistent with the larger body of literature on this area focused on childhood maltreatment.

Beyond demographics, all five categories of personal recurrent victimization (term used broadly) examined general population (data come from individuals in the general population), school-based (individuals who are currently attending school at any level), and high-risk (individuals with an elevated risk of victimization) samples. Relatively few research studies examined general population samples across categories (range: 6.3–30.5%), with about 30.0% of studies representing school-based samples across types (range: 28.1–40.2%). High-risk populations were generally the most represented group across these areas, with approximately half of the studies using this sample type for recurrent victimization (65.6%), repeat victimization (46.2%), and revictimization (49.5%). Both multiple victimization and poly-victimization research were largely split between school-based (multiple: 37.3%; poly: 40.2%) and high-risk samples (multiple: 33.9%; poly: 38.9%).

Theme 5: Prevalence estimates were impacted by the type of sample and victimization being examined

The prevalence estimates for each category of personal recurrent victimization (term used broadly) varied greatly. Each category demonstrated wide prevalence estimate ranges overall: (1) recurrent victimization (range: 4.1–83.0%), (2) repeat victimization (range: 0.8–77.0%), (3) multiple victimization (range: 1.8–100.0%), (4) poly-victimization (range: 1.7–100.0%), and (5) revictimization (range: 2.8–100.0%). These ranges were affected by the operationalizations, victimization experiences, and samples. Still, three patterns emerged across categories of personal recurrent victimization (term used broadly).

Pattern #1. There were multiple victimization types assessed across general, school-based, and high-risk samples. Several victimization types (e.g., violent/physical, sexual, childhood maltreatment, school-based, bullying, intimate partner violence, general victimization) were also examined across two or more of the sample types within a given personal recurrent victimization (term used broadly) category. That is, there were similarities in victimization types being examined across samples. However, there was generally a wider variety of victimization types examined for high-risk and school-based samples compared to general population samples across categories of personal recurrent victimization (term used broadly).

Pattern #2. The prevalence estimates tended to be highest among high-risk samples with upper limits suggesting approximately half or more of the samples have been harmed. For example, within the recurrent victimization literature, the only prevalence estimate for the general population sample was for intimate partner violence (27.0%); school-based prevalence estimates ranged from 5.9% to 51.0%. High-risk samples had a wide range as well (range: 4.1–83.0%), but the upper limit of these estimates was about 30% to 60% higher than the school-based and general population samples, respectively. Of course, as noted throughout the chapters, there was variation based on the type of victimization being assessed. Bullying, for example, was higher for school-based samples (range: 31.6–33.0%) compared to high-risk samples (13.0%), which makes sense considering the context in which bullying most often occurs. Other types of victimization tended to have higher prevalence estimates among the high-risk samples, including childhood maltreatment (school-based: 9.0%; high-risk range: 6.5–63.6%), violent/physical (school-based range: 10.0–51.0%; high-risk range: 4.1–83.0%), and intimate partner violence (general population: 27.0%; high-risk range: 15.0–75.7%).

This trend is generally present and regardless of the victimization types being measured, but can be affected by differences in (1) samples and (2) measurement for all sample types. For instance, higher prevalence estimates within high-risk samples are likely due to their known vulnerability (i.e., vulnerable population samples), including individuals who were already known to be victims (i.e., victim subsamples) (e.g., Contreras Taibo et al., 2022; Hamilton et al., 2002). Still, even among high-risk samples, some individuals may be especially vulnerable or at-risk compared to other individuals still classified within this category (e.g., sample of known labor trafficked persons; de Vries & Farrell, 2018). The experiences of victimization can also fall within the same type (e.g., violent/physical), but be measured in very different ways across studies that can affect the types of experiences being captured (e.g., being shot or other violent victimization [Daigle & Harris, 2018] compared to seeking medical treatment for violent injury [Bass et al., 2022]).

Pattern #3. All five personal recurrent victimization categories included literature that combined different types of victimization into one prevalence estimate that we labeled as "Combined" when applicable. For example, some scholars combined aspects of emotional/psychological abuse, physical violence, or sexual abuse (among others) when developing their measures (e.g., Ellingworth et al., 1995; Gonçalves & Matos, 2020; Tseloni & Pease, 2003; Yang, 2023). Although the "Combined" estimates did not represent the majority of victimization experiences assessed across categories of personal recurrent victimization, they did tend to provide relatively high prevalence estimates. Given the nature of studying the concept of recurrent victimization (term used broadly) as more than one victimization generally, it makes sense why these decisions were made to identify groups of individuals within samples who have been harmed in this way. However, it can also make it difficult to determine which victimizations were experienced specifically without more information or context; a consideration we revisit in recommendations for future research.

Directions for Future Research

Examining research across the five personal recurrent victimization (term used broadly) categories has provided guidance on common themes. Equally as important is identifying where there are gaps. With research across all five personal recurrent victimization (term used broadly) categories increasing over time, it is important to not only examine where we have been but also where we should go next. Although there are undoubtedly many ways future research can add to this broad body of work, here we outline five directions for scholars and practitioners to consider.

Recommendations on Directions for Future Research

1. Clearly state how recurrent victimization is being (1) defined and (2) operationalized.
2. Assess the level and type of overlap (if any) being experienced across personal recurrent victimization categories.
3. Expand and specify the types of victimization being assessed to understand diverse experiences of harm.
4. Examine patterns of personal recurrent victimization categories based on different developmental and reference period cutoffs.
5. Evaluate the nature of personal recurrent victimization categories, including time course and crime switching patterns.

First, *researchers need to be clear on how they are both (1) defining and (2) operationalizing the personal recurrent victimization (term used broadly) category they are examining*. Although seemingly simple, being explicit in the characteristics that define the experience being measured will significantly improve others' abilities to replicate and/or refine their work (e.g., Pridemore et al., 2018). It will also provide context when making comparisons across studies. As outlined in the current review, many studies *did* define and/or operationalize the concepts they were studying (e.g., Dunkle et al., 2004; Tillyer et al., 2016; Tirone et al., 2021). However, the clarity of these definitions and operationalizations varied greatly. Some studies clearly and explicitly operationalized a category of recurrent victimization (term used broadly), directly stating (1) the types of victimization that needed to occur, (2) the number of victimizations that needed to occur, (3) the length of time between victimizations, and (4) the coding classifications associated with variable names used to define these events. Other studies, however, would have benefited from being more explicit in these areas. Examples from the literature are provided in each respective chapter. Some guidance on how definitions and operationalizations could be structured is also outlined below:

Guidance on Discussing Definitions and Operationalizations

Definition: A statement should be provided at the first mention of the term being studied (e.g., recurrent victimization, repeat victimization, revictimization) that clearly describes or explains what the authors mean. This statement should be provided very early in the document to set the context for the reader ("Introduction" or "Literature Review" section). For example, if studying *repeat victimization*, the authors would want to clarify what this term means in the context of their work, such as experiencing a sexual assault more than once within the past six months.

Operationalization: A statement should be provided in the "Method" section of the document that clearly outlines the following:

1. The variable for the term being applied (e.g., recurrent victimization, repeat victimization, revictimization)
2. The number of items used to create the variable and where these items came from (e.g., existing instrument, secondary data source, developed/adapted based on previous work)
3. The type(s) of victimization that are included within this variable and examples of the items used to define these experiences
4. The response options that were given to respondents
5. The number of victimizations necessary for each coding category created for the variable
6. The length of time between victimizations necessary for each coding category created for the variable

An appendix should also be provided that lists out every variable, question, and response option for all items used to classify the recurrent victimization experience(s) being measured.

A good example of this structure is provided by Tillyer and colleagues (2016, p. 90) for *repeat victimization*:

> "We examined two dichotomous measures of repeat sexual victimization during the current school year. Respondents in the sexual assault victim subsample were coded as repeat victims of sexual assault if they indicated that they were touched in a sexual manner without consent or against their will more than once in the current school year while at school or during school activities (0 = *no*, 1 = *yes*). Respondents in the sexual harassment victim subsample were coded as repeat victims of sexual harassment if they indicated that they received, on more than one occasion, unwelcome sexual remarks in the current school year while at school or during school activities (0 = *no*, 1 = *yes*)."

Further, we recommend that if referencing different or multiple categories of recurrent victimization (term used broadly) throughout a study (e.g., repeat victimization, multiple victimization), that authors be clear on how the terms are connected (or not), how each term is being defined, and how each term is being operationalized that is distinct from other categories mentioned.

Second, *it is unclear how much overlap there is across these personal recurrent victimization categories (term used broadly).* As noted in Chap. 1, there is a purpose to examining diverse categories of personal recurrent victimization (term used broadly). The five categories reviewed throughout this SpringerBrief allow scholars to explore whether the prevalence, experiences, consequences, and predictors are similar or require tailored approaches when trying to implement intervention or prevention efforts (e.g., Daigle & Fisher, 2013). Study design, however, can affect how people are classified. Perhaps someone is not classified as a "repeat victim" based on a given study's objectives and items measured (i.e., they did not meet the

criteria for repeat victimization), but they could be a "multiple victim" who experienced both a personal victimization *and* a property victimization. If aspects of other categories of personal recurrent victimization (term used broadly) are not measured or explored, then their experiences could be missed. It would not mean that they are not a recurrent victim (term used broadly), but only that they were not identified as such at that point in time. Given that a large majority of research examined here relies on cross-sectional data, the larger context of a person's life also cannot be captured, including whether they are harmed in ways that could later classify them as a recurrent victim (term used broadly) (e.g., Turanovic, 2022). But in another way, are these actually different populations with unique correlates and considerations? For example, are the individuals who experience repeat victimization actually unique from individuals who experience poly-victimization? Or are the research questions and classifications being created based on definitions that align with these categories missing the larger picture on how and why individuals are being harmed?

Some studies have started to review these questions. For instance, Outlaw et al. (2002) explored repeat victimization (defined here as more than one of the same type of crime) and multiple victimization (defined here as two or more different types of crime) (p. 187). Using telephone survey data that explored personal and property victimization from adult Seattle residents, the authors found that 4.1% of the sample experienced multiple victimization within the last two years and 13.3% of the sample experienced repeat property victimization within the last two years (repeat violent victimization estimates not presented). Outlaw et al. (2002) also found indicators (e.g., individual-level factors such as age, race, income and neighborhood) to predict these experiences, suggesting that differences may exist across those who experienced repeat victimization and those who experienced multiple victimization. More recently, Kaasa et al. (2016) assessed repeat victimization (defined here as experiencing any of the six types of victimization [penetration, sexual touching, force, incapacitation, stalking, intimate partner violence] more than one time within the current year) and multiple victimization (defined here as experiencing more than one of the six types of victimization listed above within the current year) among a sample of university students who had experienced victimization (p. 7). Here, the authors found 4.0% of victimization incidents were *multiple incidents only* (i.e., experiencing multiple incidents without repeating the same type of victimization), 44.0% were *repeat incidents only* (i.e., experiencing repeated incidents of the same type without any other type of victimization), and 21.0% were *multiple and repeated incidents* (i.e., experiencing both multiple incidents of different types and repeated incidents of the same type of victimization). They were also able to find differences in the indicators predicting these events. For example, compared to victims who experienced a *single incident*, victims with *repeated only* incidents were significantly less likely to be a United States citizen and significantly more likely to be male, be Asian or other/multi-race, be in a relationship since enrolling in school, and participate in campus clubs or organization (among other indicators). Compared to victims who experienced a *single incident*, victims with *multiple/repeated incidents* were significantly more likely to be younger, be female, identify as gay/lesbian/other sexual orientation, be in a relationship since enrolling in school, have a registered disability, be of other/mixed race, and participate in

campus clubs/organizations (among other indicators). Collectively, these findings support the idea that differences may exist across those who experience repeat victimization and those who experience multiple victimization, suggesting that there may be meaningful differences across these groups. However, more work is needed to explore these differences and similarities.

Notably, measuring multiple categories of personal recurrent victimization is not an easy endeavor. Many people are never victimized, and even among those who are, a relatively small proportion of individuals are victimized on more than one occasion (e.g., Daigle et al., 2008; Lauritsen & Davis Quinet, 1995; Oudekerk & Truman, 2017). With this in mind, researchers would need a data set to examine diverse experiences of victimization with a large enough sample to capture individuals who could be classified based on different personal recurrent victimization (term used broadly) categories. Some existing large and quality datasets may support this effort, including the Add Health or NCVS datasets; both of which have been used to examine recurrent victimization broadly (e.g., Clay-Warner et al., 2016; Daigle, 2010). Notably, there are constraints in the experiences of victimization measured or other limitations that could influence the feasibility of using these sources for this explicit purpose (e.g., Harris et al., 2019). Recent improvements in prevalence estimation and measurement within the NCVS data in particular may overcome these concerns (e.g., Berg & Tapp, 2024; Lauritsen et al., 2012; Truman & Brotsos, 2023).

Another option may be for researchers to design a survey tailored to ask about diverse victimization experiences in large samples to identify subgroups of recurrent victims (term used broadly). Platforms like YouGov allow researchers to administer surveys to the public that are approximately representative of the general population using a sophisticated sample-matching design (e.g., Rivers, 2006). A longitudinal design could also be employed to gather multiple observations for respondents over time. A consideration of this approach is the cost of survey administration and attrition that could affect sample sizes for subgroup analyses (e.g., Baldwin, 2019). However, if a sample is large enough and representative enough of recurrent victims (term used broadly), then it could provide an outlet to examine different categories of personal recurrent victimization, including overlap. Findings could be used to determine how much overlap exists, which would go a long way to know if these classifications are an exercise in academic grouping or represent real substantive differences (e.g., risk factors for harm, consequences) (e.g., Marganski et al., 2022).

Third, *types of victimization examined should be expanded and specified to understand diverse experiences of harm*. As noted previously, there were some consistent patterns in victimization types that were commonly measured across categories of personal recurrent victimization (term used broadly), which included violent/physical harm, sexual harm, and childhood maltreatment. For example, although 12 unique types of victimization were explored within the revictimization literature, 76.0% of this literature measured experiences of childhood maltreatment. Similarly, 13 unique types of victimization were assessed within the poly-victimization literature; 71.4% of this literature explored childhood maltreatment. Other victimization experiences were examined, of course, but often to a lesser extent (e.g.,

school-based, bullying, intimate partner violence, general victimization). That is, while stalking was assessed in most recurrent victimization (term used broadly) categories reviewed here, studies measuring stalking victimization only accounted for 3.0% of all multiple victimization studies, 3.4% of poly-victimization studies, and 1.0% of revictimization studies. A similar trend can be seen among elder abuse, general victimization, harassment, drugging, financial abuse, threatened violence, and cyber abuse. Because types of victimization can vary based on the measurement of constructs, it will be important for future research to continue to both (a) branch out from the most common types of victimization assessed and (b) be specific on what is included within classifications. That is, how do specific types of violent/physical harm differ within samples (e.g., being shot compared to being punched), and how could that affect trajectories of recurrent victimization (term used broadly) into the future? These distinctions in victimization types could also provide clarity on the extent of these harms in prevalence estimates, correlates, and consequences.

A related point is the need to understand diverse types of harm, including how different samples can be impacted in unique ways. For example, much of the research reviewed here prioritized school-based and high-risk samples. These are important groups who may be especially vulnerable to victimization (e.g., Kulig & Butler, 2024). However, far less is known about the experiences of individuals in the general population. Further, the victimization experiences that were examined in the general population samples were generally less representative than those included in school-based and high-risk samples. Individuals in a general population sample may not represent the most serious victimization cases, but they may also be individuals who have not received adequate support for harm they have endured if they do not report those experiences (e.g., Kulig & Butler, 2024; Oudekerk & Truman, 2017; Tapp & Coen, 2024).

Fourth, *special attention should be given to the developmental time periods and reference periods used to classify these events.* Evident in victimological research is the paradigm that risk for victimization is not evenly distributed across the life course (e.g., Hindelang et al., 1978; Macmillan, 2001; Turanovic, 2018). Individuals have shifting roles and social ties that are associated with dynamic biological, psychological, and social processes over time (Elder, 1975; Turanovic, 2018). These factors can influence how individuals develop and respond to events throughout their lives. In particular, victimization during childhood or adolescence is considered to have substantial and oftentimes lasting consequences throughout an individual's life (e.g., Finkelhor, 2008; Turanovic, 2018). In this way, developmental context, length between victimizations, frequency, and type of victimization experience could influence not only how recurrent victimization (term used broadly) occurs, but also what it could mean for future pathways and experiences. Scholars considering conducting research on one or more categories of personal recurrent victimization (term used broadly) should give serious consideration to the sample being examined and how harms during that developmental period could influence their future risk (e.g., Walsh et al., 2020).

Fifth, *future work should continue to evaluate the nature of recurrent victimization, including aspects of time course and crime switching.* Research indicates that

the nature of recurrent victimization (term used broadly) is not random. There are two relatively consistent research findings regarding the *time course* of risk (Daigle & Fisher, 2013; Farrell, 1995). The first is that if there is going to be another victimization, it will occur quickly after the first victimization. The second is that there is a heightened risk of victimization immediately after an initial victimization that decreases over time. Research in this area has primarily focused on repeat property victimization (e.g., Polvi et al., 1990, 1991), but there is also evidence of these patterns in personal victimization. For example, Daigle et al. (2008) examined data on repeat sexual (rape, unwanted sexual contact with and without force, threats, sexual coercion) and violent victimization (simple assault) for college females using two national-level data sets (the National College Women Violent Victimization [NCWVV] and the National College Women Sexual Victimization [NCWSV] surveys). The authors found that the elevated risk of victimization was greatest within the same month with the risk of victimization declining over time for both types of crime. Similar findings have been shown for calls to police for intimate partner violence (Mele, 2009).

Another consideration is whether victims subsequently experience the same type of crime or a different type of crime—otherwise known as *crime switching* (Daigle & Fisher, 2013). Reiss (1980) used data from the 1972–1975 National Crime Survey (NCS) to determine whether certain kinds of victims were more at risk than others for household and personal victimization. Reiss (1980) created crime-switch matrices to examine the initial event and the next reported crime type to see whether the subsequent crime event matched the initial crime (e.g., an initial rape and then a subsequent rape) or whether the subsequent crime type changed (e.g., an initial rape and then a subsequent burglary). The author found that victims of an initial crime type were more likely to experience the same crime type subsequently. As Reiss (1980) pointed out, "there is a proneness to repeat victimization by the same type of crime" (p. 52). However, there were also cases where victims reported a different subsequent form of victimization from the initial crime. For example, victims of an initial rape were likely to experience a subsequent rape (9.5%), but a relatively large percentage also experienced assault (18.3%), personal larceny (30.0%), or household larceny (17.6%)—indicating the possibility of crime switching. Similar to Reiss (1980), Daigle et al. (2008) created a crime-switch matrix examining sexual victimization. The authors found that repeat victims who experienced one type of sexual victimization were more likely to experience the same type of sexual victimization. However, there were incidents of initial victimization incidents not matching (i.e., crime switching) the subsequent incidents but at much lower percentages. For example, 52.1% of females who initially experienced sexual contact without force subsequently experienced the same type of crime, but 25.5% of females who experienced sexual contact without force experienced sexual coercion as their following incident. Still, most victims experienced the same type of victimization in consecutive incidents (see also Fisher et al., 2010).

Although both time course and crime switching patterns have been examined, they have been relatively limited to recurrent property victimization and repeat victimization. Future research would benefit from examining the nature of each of the

five categories of personal recurrent victimization (term used broadly) discussed here. Gathering more qualitative data could provide important insights into individuals' experiences and inform quantitative data collection for identifying patterns across larger samples. For example, does the time course finding apply generally across categories of personal recurrent victimization (term used broadly)? Or is it limited to specific experiences of victimization such as sexual assault or physical violence? Similarly, are individuals always likely to experience the same kind of victimization if they are targeted again? Or are there instances where experiencing a victimization can trigger different victimization trajectories in the future? How do these factors play out in complicated multiple victimization or poly-victimization classifications? And does the nature of revictimization (victimization occurring across developmental periods) mean that the time course consideration needs to be extended? Or are there other victimizations in between that need to be examined? These are just a few questions where more research would be able to dig into the nuance of recurrent victimization (term used broadly). In another way, some categories of personal recurrent victimization (term used broadly) focus on the same type of victimization more than once, but is this the best way to understand these experiences? The ultimate goal being to help inform why some individuals are experiencing more or less victimization than others, what those patterns are, and how the findings could help inform when and how to intervene for individuals at risk.

Conclusion

We hope that this review on five personal recurrent victimization (term used broadly) categories has been useful as you explore research on these topics. As we noted earlier, the purpose of this review is to move beyond the silos of recurrent victimization (term used broadly) categories, and instead provide a comprehensive overview of the research in this area. When we started on this journey, we did not anticipate the sheer volume of research articles that have been published. Although we knew research on these topics had spanned some time, identifying, reviewing, and synthesizing this body of literature has taken many hours to provide a user-friendly format that highlights key considerations across the seemingly diverse recurrent victimization (term used broadly) categories. With that in mind, we tried to draw attention to areas that we saw as especially important across these works. Other scholars who review the literature may identify different aspects worthy of consideration. We welcome these types of reviews and look forward to continuing the conversation.

We would like to leave you on a final note: Everything we have examined throughout this review does not come close to capturing the true harm endured by the individuals who have suffered experiences of recurrent victimization (term used broadly). A phrase passed down by academics in the area of victimology is that "statistics are people with the tears wiped off" (see Fischer, 2019)—meaning that we quantify these experiences in an effort to identify the broader patterns, but it is important to recognize where these estimates and data come from: real people who

have experienced substantial and oftentimes lasting harm. There is a need to be objective when conducting good science, to collect quality data and allow findings to inform where we go next. There is also a need to remember our humanity if we hope to continue to make this world a safer and more considerate place for everyone trying to navigate their complex lives. We thank you for taking this journey with us.

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Appendix: Citations by Recurrent Victimization Type

Recurrent Victimization

1. Bass et al. (2022)
2. Blais et al. (2022)
3. Bond et al. 2001
4. Bradley and Teasdale (2023)
5. Butler et al. (2023)
6. Contreras Taibo et al. (2022)
7. Courtepatte et al. (2023)
8. Daigle and Harris (2018)
9. Daigle and Teasdale (2018)
10. Daigle (2010)
11. Fisher et al. (2010a, 2010b)
12. Friedman et al. (2017)
13. Hamilton and Browne (1999)
14. Hamilton et al. (2002)
15. Jattamart and Kwangsawad (2021)
16. Kaasa et al. (2016)
17. Landers et al. (2021)
18. Lasky et al. (2018)
19. Moe et al. (2004)
20. Pear et al. (2020)
21. Peters et al. (2012)
22. Petit et al. (2021)
23. Policastro et al. (2016)
24. Rand and Saltzman (2003)
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