The Juvenile Victimization Questionnaire (JVQ) is a widely used measure of interpersonal victimization and the tool used in the nation’s primary surveillance of victimizations against youth (Finkelhor et al., 2005; Hamby et al., 2011). It allows a broad spectrum assessment of challenges to character development and coping. In the Life Paths study, lifetime history is assessed, with follow-up questions asking for incident details. The assault and peer victimization items more clearly distinguish between adult and child perpetrators at the screener level than in the original JVQ. Most follow-ups are selected from NatSCEV, but new follow-ups were developed to assess developmental stage during which victimization occurred and ones were adapted from Planty (2002) to assess bystander presence and impact. Adolescents were not asked item 21 or the follow-up questions to items 9 to 14. See below for a description of which follow-ups go with each item. Item 21 and follow-up questions were not included in the factor analysis. Three subscales emerged for this set of items, caregiver maltreatment, peer and community victimization, and exposure to domestic violence.

Development and validation of measure in pilot study and main sample: To establish reliability and validity for new and adapted items, we conducted a pilot study with 104 participants from the same community as the main sample, recruited through a local email classifieds list and word-of-mouth. In the main sample of over 2500 participants, we conducted a factor analysis for all main JVQ items. Peer & Community Victimization. Eight items (#1 through 8 below) loaded together in the final solution. Internal consistency (coefficient alpha) for the pilot and main samples was 0.71 and 0.83, respectively. Validity was established in the main sample with moderate correlations with measures of Adverse Life Events ($r = .34$) and Mental Health ($r = -.36$). Caregiver Maltreatment formed one six-item factor in the final solution (items 9 through 14 below). Internal consistency (coefficient alpha) for the pilot and main samples was 0.83 and 0.80, respectively. Validity was established in the main sample with moderate correlations with measures of Adverse Life Events ($r = .40$) and Mental Health ($r = -.33$). Exposure to Domestic Violence. Five items (#15 through 19 below) loaded together in the final solution. Internal consistency (coefficient alpha) for the pilot and main samples was 0.76 and 0.85, respectively. Validity was established in the main sample with moderate correlations with measures of Adverse Life Events ($r = .43$) and Mental Health ($r = -.28$).

Two additional items were included in our total score, items 20 and 21.

Scoring: A “yes” response is scored as 1, and a “no” response is scored as 0. Items are summed to create a total score, also called a poly-victimization score. Higher scores indicate greater victimization exposure.


1. At any time in your life, in real life, did you SEE anyone get attacked or hit on purpose WITH a stick, rock, gun, knife, or something that would hurt? Somewhere like at home, at school, at a store, in a car, on the street, or anywhere else? 
   Yes ........................................... 1 
   No ........................................... 0

2. At any time in your life, in real life, did you SEE anyone get attacked or hit on purpose WITHOUT using a stick, rock, gun, knife or something that would hurt?
3. During your childhood, did any kids, even a brother or sister, pick on you by chasing you, grabbing you, or by making you do something you didn't want to do?
   Yes ........................................ 1
   No ........................................... 0

4. During your childhood, did you get scared or feel really bad because kids were calling you names, saying mean things to you, or saying they didn’t want you around?
   Yes ........................................ 1
   No ........................................... 0

5. During your childhood, did any kids ever tell lies or spread rumors about you, or try to make others dislike you?
   Yes ........................................ 1
   No ........................................... 0

6. During your childhood, did any kids ever keep you out of things on purpose, exclude you from their group of friends, or completely ignore you?
   Yes ........................................ 1
   No ........................................... 0

7. Sometimes kids are hit by brothers, sisters, or cousins. During your childhood, did another child in your family ever hit or attack you on purpose? Somewhere like: at home, at school, at a store, in a car, on the street, or anywhere else?
   Yes ........................................ 1
   No ........................................... 0

8. During your childhood, did any other kid ever hit you on purpose?
   Yes ........................................ 1
   No ........................................... 0

Next, we are going to ask about grown-ups who took care of you. This means parents, adults who lived with you, or others who watched you.

9. Not including spanking on your bottom, during your childhood did a grown-up in your life hit you?
   Yes ........................................ 1
   No ........................................... 0

10. When you were a child, did you get scared or feel really bad because grown-ups called you names, said mean things to you, or said they didn’t want you?
    Yes ........................................ 1
    No .......................................... 0

11. When someone is neglected, it means that grown-ups didn’t take care of them the way they should have. They might not get them enough food, take them to the doctor when they are sick, or make sure they have a safe place to stay. During your childhood, were you neglected?
    Yes ........................................ 1
    No .......................................... 0

12. Was there a time in your life that you often had to look after yourself because a parent drank too much alcohol, took drugs, or wouldn’t get out of bed?
    Yes ........................................ 1
    No .......................................... 0

13. Was there a time in your life when you often had to go looking for a parent because the parent left you alone, or with brothers and sisters, and you didn’t know where the parent was?
    Yes ........................................ 1
    No .......................................... 0

14. Was there a time in your life when your parents often had people over at the house who you were afraid to be around?
    Yes ........................................ 1
    No .......................................... 0

The next set of questions are about people who have taken care of you – that would include your parents, stepparents, and your parents’ boyfriends or girlfriends, whether you lived with them or not. It would also include other grown-ups, like grandparents or foster parents, if they took care of you on a regular basis. When we say “parent” in these next questions, we mean any of these people.

15. During your childhood, did one of your parents threaten to hurt another parent and it seemed they might really get hurt?
16. During your childhood, did one of your parents, because of an argument, break or ruin anything belonging to another parent, punch the wall, or throw something?
   Yes ........................................ 1
   No ........................................ 0

17. During your childhood, did one of your parents get hit or pushed by another parent?
   Yes ........................................ 1
   No ........................................ 0

18. During your childhood, did one of your parents get kicked, choked, or beat up by another parent?
   Yes ........................................ 1
   No ........................................ 0

19. Now we want to ask you about fights between any grown-ups and teens, not just between your parents. During your childhood, did any grown-up or teen who lived with you push, hit, or beat up someone else who lived with you, like a parent, brother, grandparent, or other relative?
   Yes ........................................ 1
   No ........................................ 0

**Assault**

20. At any time in your life, did any grown-up ever hit or attack you on purpose? This person could be a teacher, coach, someone else you know, or a stranger.
   Yes ........................................ 1
   No ........................................ 0

21. At any time in your life, did someone make you do sexual things when you didn’t want to?
   Yes ........................................ 1
   No ........................................ 0

**Follow-up Questions**

*If endorsed, all items (1 to 21) are asked follow-ups a, b, d, f, fa, fb, g, and h.
*If endorsed, items 7, 8, 9, 20, and 21 are asked follow-up c.
*If endorsed, items 11, 12, 13, 14, and 15 are asked follow-up e.

a. How old were you when this happened? [check all that apply]
   Early Childhood (birth to 5) ................................................................. 1
   Childhood (6-12) ............................................................................... 2
   Adolescence (13-18) ......................................................................... 3
   Early Adulthood (19-25) ................................................................... 4
   Adulthood (26 or older) .................................................................... 5

b. How many times did this happen to you in your whole life?
   
   Answer the next questions about the last time this happened.
   c. Were you physically hurt when this happened?
      Yes .................................................................................................... 1
      No .................................................................................................. 0

d. Who did this?
   Brother or other boy child who lives with you (cousin, foster sibling,
   etc.) ................................................................................................. 1
   Sister or other girl child who lives with you ....................................... 2
   Biological or adoptive father ............................................................ 3
   Step-father or parent’s boyfriend ...................................................... 4
   Biological or adoptive mother .......................................................... 5
   Step-mother or parent’s girlfriend .................................................... 6
   A male relative (uncle, grandfather, etc.) ......................................... 7
   A female relative (aunt, grandmother, etc.) ....................................... 8
   Your husband, boyfriend or ex-boyfriend ....................................... 9
   Your wife, girlfriend or ex-girlfriend .............................................. 10
   Another male adult you know (teacher, coach, friend, etc.) .............. 11
   Another female adult you know (teacher, coach, friend, etc.) .......... 12
A boy you know (friend, schoolmate, etc.) .................................................. 13
A girl you know (friend, schoolmate, etc) ......................................................... 14
A male stranger ............................................................................................ 15
A female stranger .......................................................................................... 16
Other, please specify ..................................................................................... 17

e. Who did this happen to? How do you know this person?
   Brother or other boy child who lives with you (cousin, foster sibling, etc.) .......... 1
   Sister or other girl child who lives with you ................................................... 2
   Biological or adoptive father ........................................................................ 3
   Step-father or parent’s boyfriend ................................................................... 4
   Biological or adoptive mother ....................................................................... 5
   Step-mother or parent’s girlfriend ................................................................. 6
   A male relative (uncle, grandfather, etc.) ....................................................... 7
   A female relative (aunt, grandmother, etc.) ................................................... 8
   Your husband, boyfriend or ex-boyfriend ..................................................... 9
   Your wife, girlfriend or ex-girlfriend ......................................................... 10
   Another male adult you know (teacher, coach, friend, etc.) ............................ 11
   Another female adult you know (teacher, coach, friend, etc.) ......................... 12
   A boy you know (friend, schoolmate, etc.) .................................................... 13
   A girl you know (friend, schoolmate, etc) ..................................................... 14
   A male stranger ............................................................................................ 15
   A female stranger .......................................................................................... 16
   Other, please specify ..................................................................................... 17

f. Did any teen or grown-up see what happened besides you and the person who did this?
   Family member of victim or perpetrator ...................................................... 1
   Other person you know, such as a friend, teacher or neighbor ....................... 2
   Police .......................................................................................................... 3
   Stranger ....................................................................................................... 4
   No one saw this ............................................................................................ 5

fa. Did anyone who saw what happened:
   Help in any way ............................................................................................ 1
   Make things worse ...................................................................................... 2
   Both helped and made it worse ..................................................................... 3
   Didn’t help and didn’t make it worse ................................................................ 4

fb. Did any witness get hurt or threatened?
   Yes ............................................................................................................. 1
   No ............................................................................................................. 0

g. Thinking back to when it happened, how afraid did you feel? Would you say you felt:
   Not at all afraid ............................................................................................ 1
   A little afraid ............................................................................................... 2
   Very afraid ................................................................................................... 3

h. Did you miss any days of school, work, or your normal routine because of what happened?
   Yes ............................................................................................................. 1
   No ............................................................................................................. 0