

TOWARD A LIFE COURSE THEORY OF VICTIMIZATION

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Victimization has not always been a topic of great discussion among criminologists. Although discourse on crime and criminality can be traced back several centuries (Jeffrey 1959), despite a few scattered exceptions (e.g., von Hentig 1947; Wolfgang 1958), scholarly research on victimization did not really take off until the 1970s (Cohen and Felson 1979; Hindelang, Gottfredson, and Garofalo 1978). The study of victimization is therefore still pretty “young” by criminological standards. Even so, we have learned quite a bit over the past four decades. For example, we now have a decent understanding of how much victimization occurs in the U.S. each year, how much of that victimization is reported to the police, and where victimization is most concentrated within U.S. cities (Doerner and Lab 2015). We also know that victimization rates vary across particular groups in society, and that they are highest among males and people of color (Truman and Morgan 2016). And we know that, much like the age-crime curve, victimization rates peak during the adolescent years and decline into adulthood (Macmillan 2001). Theoretical perspectives on victimization have also been put forth to explain these patterns, including routine activity and lifestyle theories (Cohen and Felson 1979; Hindelang et al. 1978), which continue to dominate the study of victimization today.

Yet despite all that we have learned, there is still a lot we do not know. Theoretical advancements have largely stalled in recent years, and fundamental questions remain about how individuals’ experiences with victimization vary over time, why this variation takes place, and how we can best intervene to prevent people from being victimized. The answers to these questions are important given that victimization remains a significant social problem—one that takes a significant toll on victims financially, emotionally, physically, and psychologically. But what if we could better understand stability and change in victimization and its consequences over time? If we could, perhaps we would be in a better place to develop and guide effective

policies and support interventions for victims. Yet such an understanding would first require organizing the knowledge about what we know about the nature of victimization as we live our lives through time. In essence, what it seems we might need is a *life-course theory* of victimization.

What's the Theory?

The life-course perspective is a broad intellectual paradigm that encompasses ideas and observations from a variety of disciplines. The life course refers to a sequence of age-graded stages and roles that are socially constructed and have been found to differ substantially from one another in important ways. Tied to dynamic concerns and the unfolding of biological, psychological, and social processes through time, issues of age and aging occupy a prominent position in this perspective (Elder 1975). As individuals age and grow older, they cultivate ties to different social institutions (e.g., marriage and employment) and experience changes in cognitive capabilities (e.g., future-oriented thinking) that affect how they process and respond to life events.

And ideally, a theory should be put forth in terms of a series of empirically testable propositions that are rooted firmly in the existing literature. The problem, however, is that given the state of existing research, it would be premature to put forth a formal life course theory of victimization at this time. We simply don't know enough yet to do it. Beyond the childhood and adolescent years, we still know relatively little about how victimization unfolds across time, how victimization impacts people's lives in the short- and long-term, and how social contexts shape victimization and its consequences over the life span. Accordingly, it might make more sense at this point to take a different strategy—one that presents a set of principles designed to guide us toward a better understanding of victimization over the life course. The discussion that unfolds

ahead therefore offers *eight principles* that are intended to serve as the beginning of a set of ideas as to what a theory of victimization over the life course might entail.

Principle 1:

Lifestyle patterns can help explain victimization over the life course

It's no big secret that a person's risk of victimization can vary according to their lifestyles and routine activities. People who spend more of their time differentially exposed to "high risk times, places, and people" have a greater chance of coming into contact with potential offenders and experiencing victimization (Hindelang et al. 1978:245). The kinds of lifestyles that are most likely to put people in these situations are those that are "risky," in that they entail a certain degree of deviance (Pratt and Turanovic 2016). These might include behaviors such as staying out late at night drinking, hanging around people who break the law, frequently being drunk or high in public, and routinely engaging in various violent and aggressive behaviors. While it is true that victimization does not *require* engaging in these risky behaviors, doing so certainly increase the odds of it happening. Prior research has shown that risky behaviors are linked to victimization across various stages of the life course (e.g., adolescence, adulthood, and old age) (Kennedy and Silverman 1990; Turanovic, Reisig, and Pratt 2015).

And across the life span, lifestyle and routine activity patterns can change considerably. They can vary with age, where risky behaviors often peak during adolescence and then taper off into adulthood; and they can vary along with individuals' changing motivations (e.g., Baumeister and Tierney 2011), situational factors, and life transitions (e.g., moving to a new neighborhood, being unemployed, getting married, having a child, or enrolling in school). Lifestyles and routine activities are therefore *dynamic* processes that should be conceptualized as such in any theory that is put forth to explain victimization over the life course.

Principle 2:

Certain lifestyles can carry different risks for victimization over the life course

As the social contexts of people's lives change across the life span, the behaviors and lifestyles that are linked to victimization can change as well. Indeed, what constitutes a "risky lifestyle" at one point in the life course might not be so risky at another point in time. Take drinking alcohol, for instance. During the teenage years, drinking can be pretty risky when it comes to victimization. And there are a couple of reasons why: for one thing, teen drinking is a party behavior that is known to come with social rewards among youth, including peer group status and popularity (Kreager, Rulison, and Moody 2011). This means that teen drinking is highly likely to occur in the presence of other teens who are also drinking. At the same time, since youth in the U.S. cannot legally purchase alcohol or consume it publicly (usually until the age of 21), they risk being punished—either formally, by the criminal justice system, or informally, by parents, teachers, and other authority figures—if they are caught getting drunk. This means that, in addition to being with peers, teens tend to drink in covert, unmonitored settings where there are no adults around to supervise them (Mayer, Forster, Murray, and Wagenaar 1998). These sorts of situations can be highly conducive to victimization (Pratt and Turanovic 2016).

Drinking alcohol later in the life course, however, such as in middle or late adulthood, might not be as risky when it comes to victimization. Unlike teenagers, adults have more opportunities to consume alcohol legally in less precarious settings—like at brunch, a holiday office party, or even while watching TV at home. The social rewards that stem from drinking in adulthood might also be different in that adults are not always praised by their peers for consuming alcohol—particularly if they drink a lot of it (Demers and Bourgault 1996). What this

means is that, since the situational contexts surrounding drinking can be quite different in middle or late adulthood, drinking during these stages in the life course might not be as strongly linked to victimization as in adolescence.

There is not a whole lot of empirical research that examines whether the strength of the relationship between certain lifestyles and victimization can change over the life course. More work is certainly needed in this regard. And, of course, we would not expect that *all* lifestyles have age-specific effects on victimization. Perhaps regularly walking alone downtown at night while drunk or high might be something that can be considered “high risk” at any age. But the point here is that some lifestyles might be much riskier during specific stages of development, and a theory of victimization over the life course should recognize this.

Principle 3:

The risk of victimization is shaped by social contexts over the life course

Countless facets of people’s lives are shaped and constrained by social contexts (Sampson 2012), and victimization is no exception. Hindelang and colleagues (1978) recognized this long ago when they put forth the idea of “structural constraints” in relation to personal victimization. They theorized that the lifestyle patterns that influence victimization manifest as individual- and group-level *adaptations* to role expectations and various aspects of the social structure. People learn attitudes and behaviors in response to their social environment, and once learned, they are incorporated into their routine activities. Hindelang and colleagues (1978:242) explained this idea as follows:

Structural constraints originating from [the social structure] can be defined as limitations on behavioral options that result from the particular arrangements existing within various institutional orders, such as the economic, familial, educational, and legal orders. For

example, economic factors impose stringent limitations on the range of choices that individuals have with respect to such fundamentals as area of residence, nature of leisure activities, mode of transportation, and access to educational opportunities.

Across the life course, and within economically-deprived communities in particular, there are structural constraints that shape daily life in important ways. These constraints can encourage criminal attitudes and beliefs, and limit the extent to which individuals are able to avoid coming into contact with risky people and risky settings (Turanovic, Pratt, and Piquero in press). Structural constraints can also affect economic opportunities, and can limit both the legitimate and illegal avenues of employment that are available in an area. With few viable options to make a living, community residents are more likely to adopt certain risky lifestyles—such as dealing drugs, stealing things, or selling stolen property—which can increase their risk of victimization.

Moreover, lifestyles can also be shaped by *cultural responses* to these structural conditions. In highly disadvantaged neighborhoods a “street code” value system can emerge, which places intense social pressures on residents (particularly on young males) to develop a tough, aggressive persona, and to retaliate against those who show disrespect (Anderson 1999). Residents will adopt these sorts of behaviors because they perceive that they do not have much choice in the matter. And yet behaving in such a way, which is a response to structurally-induced and culturally-prescribed social processes (Wilson 2009), elevates the odds of being victimized (Berg, Stewart, Schreck, and Simons 2012).

So whether considering structural conditions (e.g., concentrated disadvantage) or the cultural adaptations to those conditions (e.g., street code), the point here is that victimization does not occur in a vacuum (Turanovic et al. in press); and understanding individuals’ lifestyles separate from where they live is “an almost impossible task” (Farrall and Calverly 2006:162).

Therefore, any complete theory of victimization over the life course must recognize and account for the importance of social context.

Principle 4:

Individuals' autonomy to alter their risks of victimization can vary over the life course

Constraints on lifestyles and victimization can also be imposed by things other than the social structure: they can be imposed by age (Hindelang et al. 1978). That is, during certain stages of the life course—particularly in early and late life—individuals' autonomy to alter their risk of victimization can be severely restricted. For example: children do not have a whole lot of autonomy over their day-to-day lives. They generally cannot make their own decisions about where to live, who to live with, where to go to school, or who to encounter on a daily basis. Adults typically make these decisions for them. So when children experience victimization at home or at school—the most common places for child maltreatment to occur (U.S. Department of Health and Human Services 2016)—there is often little that children can do *on their own* to restructure their lives in ways that prevent them from being victimized again. Caring adults have to intervene and make these changes on their behalf.

As youth age out of childhood, however, they gain more autonomy over their daily routines, living situations, and their social interactions. Adolescence and emerging adulthood are marked by increasing self-sufficiency and independence from parents and the family home; and in adulthood, people tend to have more of a say over whom they spend time with on a regular basis. But as people age into late life, they can once again experience a loss of autonomy. In the face of declining health and cognition, elderly individuals can be placed in the care of others who assume complete control over their daily lives. These situations often increase vulnerability to elder maltreatment and abuse (Choi and Mayer 2000). To be sure, perpetrators of elder abuse are

most likely to be their caretakers—professional care providers and family members—whom older persons can do little to avoid (Cooper, Selwood, and Livingston 2007). Once again, as in childhood, the onus is on someone else to intervene and make changes on the victim’s behalf. Thus, individuals’ autonomy to alter their own risk of victimization can vary tremendously by age.

Principle 5:

The consequences of victimization vary across the life course

There is a large body of literature linking victimization to adverse consequences, including behavioral problems (e.g., aggression, crime, and substance abuse), social problems (e.g., school failure, job loss, financial hardship), psychological problems (e.g., depression, low self-esteem, and suicidality), and health problems (e.g., somatic complaints, obesity, and cardiovascular issues)—serious issues that tend to persist over time (Macmillan 2001; Turanovic and Pratt 2015). Several explanations have been put forth for why victimization is linked to such a lengthy roster of negative life outcomes. Perhaps the most well-supported ideas are those that come from the developmental and stress-coping literatures, where victimization is considered a traumatic and stressful life event. According to these perspectives, victimization elicits strong negative emotions (e.g., anxiety, depression, anger, and frustration) that victims will feel pressured to alleviate through some form of coping. Broadly speaking, coping can be defined as the process by which people regulate their behaviors and emotions under conditions of psychological distress (Agnew 2006). Coping techniques can be action-oriented or internal, and they seek to reduce or minimize the various demands of a stressful situation.

Coping strategies can vary widely in response to victimization, where “healthy coping” techniques—such as participating in therapy, or seeking comfort from family or friends—tend to

be more successful at reducing long-term distress (Ong, Bergeman, Bisconti, and Wallace 2006). Alternatively, “unhealthy coping” strategies might include behaviors like binge drinking, exacting revenge against the person who wronged you, and using drugs—all of which can result in more problems in the long run. Due to the intensity of negative emotions that many victims feel, and because healthy coping can take more effort and resources, victims often cope with their experiences in unhealthy ways (Agnew 2006). And while we might expect victimization to elicit these sorts of responses at any age, there are certain stages of the life course where individuals might be especially susceptible to coping poorly with victimization.

In particular, throughout childhood and adolescence, victimization can have a profound developmental impact (Finkelhor 2008; Turanovic and Pratt in press; Wright et al. in press). Between the ages of 3 and 16, youth are highly vulnerable to the harms of external stressors, such as violence (Romeo and McEwen 2006). Being victimized during these years can violate one’s sense of safety, control, and expectations for survival (Cicchetti and Toth 2005), and can lead to distressing flashbacks, problems with insecure attachment, and difficulties with affective and emotional regulation (Heim, Shugart, Craighead, and Nemeroff 2010). Victimization can also influence the development of a “traumatized brain” (Hart and Rubia 2012), where youth experience generalized states of fear, anxiety, and hyperarousal that can affect how they cope (Caffo, Forresi, and Liewers 2005).

Moreover, children and adolescents are less likely to have developed healthy coping techniques in general. Part of that development can be attributed to neurocognitive changes associated with aging. As people move into adulthood and their executive functioning increases, they become better at self-regulation (Pratt 2016; Smith, Steinberg, and Chein 2014). There is evidence that the prefrontal cortex—the part of the brain responsible for decision-making,

emotional regulation, and inhibitory responses—continues to develop until people are at least 20 years old (Romer 2010). So while most adolescents should be able to understand the risks associated with unhealthy coping behaviors by age 14, the inhibitory mechanisms required to resist engaging in these risky behaviors are not really equivalent to that of adults until around ages 20-25 (Pharo et al. 2011).

Thus far, there has not been a whole lot of empirical research examining how the consequences of victimization vary over the life course. But the few existing studies on the topic seem to suggest that victimization is more strongly linked to negative outcomes earlier in the life course. For example, using data from the Pathways to Desistance Study, Schreck and colleagues (in press) found that victimization was strongly related to offending in adolescence, and that this association weakened as people aged into early adulthood. Similarly, using data from the National Longitudinal Study of Adolescent to Adult Health (Add Health), Russell, Vasilenko, and Lanza (2016) found that victimization or exposure to violence was more strongly associated with depressive symptoms and heavy episodic drinking in adolescence relative to early adulthood. And also using data from Add Health, Turanovic (2015) found that victimization during adolescence was linked to a much wider array of psychological, behavioral, and health problems than victimization during adulthood. All told, the various cognitive and social changes that happen over the life course probably have implications for how victims cope with what they have experienced. And even though the literature on this topic isn't very large, the preliminary evidence suggests that the consequences of victimization vary with age—something that a theory of victimization over the life course should consider.

Principle 6:

Supportive social ties shape responses to victimization over the life course

The ways in which victims cope with their experiences over the life course can be also be influenced heavily by their access to coping resources in the form of supportive social ties. Such ties may be formed in the workplace, at school, with friends or family, or through romantic partnerships. These ties often foster the perception of being loved and cared for by others, esteemed and valued, and part of a social network of mutual assistance and obligation. Supportive social ties can facilitate healthy coping via access to emotional, social, and instrumental support, and can increase feelings of self-esteem and a sense of control over one's environment (Holtfreter, Reisig, and Turanovic 2016). It can be expected, then, that across the life course, supportive social ties buffer the harms of victimization. This means that individuals with strong social ties are less likely to experience negative outcomes as a result of being victimized (Turanovic and Pratt 2015).

It is important to remember, however, that social ties are age-graded (Sampson and Laub 1993). Over the life course, they change along with age-specific social roles, and they develop through a process of cumulative continuity (Laub and Sampson 2003). During childhood and adolescence, social ties are primarily formed through family, school, and same-age peers—and thus they typically represent relationships with friends, teachers, and parents. In emerging adulthood, these social ties change, and in addition to parents and friends, they may also come to reflect ties to higher education, a new job, or a romantic partner. Later on in adulthood, as people become more entrenched in their adult roles and responsibilities, social ties might represent a long-term career, a close relationship with a spouse, ties to children, and investment in the community (Umberson, Crosnoe, and Reczek 2010). Even so, not everyone has access to

supportive social ties over the life course. In general, social ties are formed through ongoing dynamic transactions between individuals and their support networks. And as people age, they become increasingly more responsible for cultivating and maintaining their own social ties. A person must engage others, develop relationships, and accrue goodwill.

But while supportive social ties should help buffer the consequences of victimization across the life course, at some stages of development it is possible that the protective effects of these ties might be more pronounced, such as in adulthood. More specifically, social ties in adulthood can differ from earlier stages of the life course in a couple of ways. First, these supportive ties likely reflect relationships that individuals formed themselves and put sustained effort into maintaining (Vaux 1988). Earlier in life, such as in childhood and adolescence, it is possible that having supportive social ties does not require as much effort. Most youth attend school where they spend a lot of time with their same-age peers and are watched over by teachers, and they tend to live at home where they interact frequently with their parents or caregivers—people who might be more obligated to provide them with basic levels of support and care. Adults, on the other hand, typically have to work harder at building their own social ties. And the quality of those ties is typically the result of sustained efforts to keep their relationships healthy.

Second, adult social ties have had more time to develop. By the time people reach adulthood, they may have finished school, found a stable job, and spent a length of time in a serious romantic relationship. Thus, adult social ties might be more self-generated, valued, and protective than in previous stages of the life course (Turanovic 2015). They are likely to serve as stronger sources of social control, facilitate the formation of prosocial peer groups, and structure routine activities in conventional ways. This means that adults with strong social ties are less

likely to be victimized, and that those same social ties can serve as coping resources should adults actually be victimized. Taken together, not only should supportive social ties be protective against the consequences of victimization generally, but it is also possible that the strength and impact of these social ties on the consequences of victimization can vary over the life course. This is something to consider as this area of research continues to develop.

Principle 7:

Victimization influences social ties over the life course

A person's access to supportive social ties over the life course can be shaped by many factors, not the least of which is victimization. Because victimization is a stressful life event, it can put strain on existing relationships and cause others to break off their social ties to victims (Turanovic and Young 2016). Within certain stages of the life course, such as adolescence, this pattern is pronounced. In the teenage years, victimization can carry a social stigma that decreases a person's attractiveness as a friend. Studies on peer attitudes have revealed that adolescents often show little concern for their victimized peers, and they generally believe that victims "bring their problems on themselves" (Graham 2001:504). As a result, youth who are victimized are more likely to lose friends and be avoided by their peers (Turanovic and Young, 2016). This also means that adolescent victims might lack strong friendships and the peer support resources that they need to cope effectively with their experiences.

Victimization can not only fracture existing relationships, but it can also influence selection into the kinds of social ties that are not necessarily supportive or protective. For instance, a study by Kuhl, Warner, and Wilczak (2012) found that violent victimization during adolescence increased the likelihood getting married or cohabitating with a romantic partner at the age of 17. And while unions such as marriage or cohabitation might be protective later in life, they are not known to be very healthy or beneficial during the teenage years. A follow-up study

even found that youth who had been victimized were more likely to experience intimate partner violence when they entered into these early cohabitating unions (Kuhl, Warner, and Warner, 2015). It therefore seems that victimization can propel people into negative social ties that can lead to further harms.

Under some unique circumstances, however, it is possible that victimization can strengthen positive ties to others through the activation of social support. In times of distress, victims may be more likely to elicit support from loved ones, to reach out to friends and coworkers, and to receive advice and guidance from others within their peer networks. Doing so can lead to increased feelings of closeness and can strengthen a person's social ties (Nolen-Hoeksema and Davis 1999)—even if only temporarily. Of course, given the deleterious consequences that victimization often has on people's lives, it is clear that experiencing distress and trauma rarely carries many support benefits for victims. It is thus critical to identify the conditions under which and for whom this happens. The idea that distress can trigger the support process is not a new one (see, e.g., Vaux, 1988), but it has yet to be integrated into the study of victimization over the life course.

Principle 8:

Victimization can be a turning point in the life course

“Turning points” are changes in life directions that are accompanied by shifts in emotions, attitudes, and routine activities. They are often thought to represent significant role transitions, like getting married, joining the military, or joining a gang (Sampson and Laub 1993; Melde and Esbensen 2011), and they can also stem from traumatic events in the life course, like experiencing the death of a family member, overdosing on drugs, or being shot (Teruya and Hser 2010). And although turning points can sometimes be slow and embody several incremental changes that accumulate over time, abrupt turning points—those sorts of discrete events that

“knife off” or “radically separate” individuals from their prior circumstances—provide the greatest potential for change to occur (Sampson and Laub 1993).

Victimization, particularly when it is violent and unexpected, can represent an abrupt and discrete turning point in the life course. For many, victimization can be a *negative* turning point, where individuals find themselves on a more troubled and disadvantaged life path as a result of being victimized (e.g., by experiencing financial problems, job loss, relationship dissolution, or school failure; Macmillan 2001). But for others, victimization can be a *positive* turning point that leads people to make prosocial changes to their lives (e.g., by reducing their involvement in risky lifestyles to avoid contact with potential offenders; see Turanovic and Pratt 2014; Turanovic et al. in press).

Especially for individuals who are criminally-involved, victimization can be a shock that triggers the kinds of cognitive transformations that foster desistance from crime (Giordano, Cernkovich, and Rudolph 2002). Recent research suggests that these cognitive transformations often happen *before* people enter into the kinds of social ties (e.g., marriage and work) that are thought to facilitate desistance (Skardhamar and Savolainen 2014). Qualitative interviews with offenders support the view that victimization can serve as a catalyst for change (Farrall, Hunter, Sharpe, and Calverley 2014), especially when victimization is serious, and when offenders define the event as the result of their own criminal involvement (Jacques and Wright 2008). More work is certainly needed, however, to identify the conditions under which victimization leads to reductions (rather than increases) in crime over the life course.

What's the Problem?

The preceding eight principles were laid out in order to organize a set of ideas on how victimization and its consequences unfold over the life course, and to highlight where empirical research is most needed. It is apparent from the above discussion that, while scholarship on victimization has certainly grown, most of this research has focused on victimization during the early and late stages of the life course (i.e., among children and adolescents, and to a somewhat lesser extent, the elderly). Studies of the correlates and consequences of victimization during other parts of the life span, such as in early and middle adulthood, are much rarer. This is problematic since, as Laub and Sampson (1993:320) put it, “the adult life course matters.” We need a better understanding of the experiences of victims during *all* stages of development if we are to put forth a solid theory of victimization over the life course.

That said, there are some real practical constraints to conducting this needed research. For one, there are simply not many longitudinal data sets that track individuals beyond adolescence *and* that capture detailed information on victimization and its key theoretical correlates. Many of the longitudinal datasets that criminologists use to study crime over the life course simply cannot be used to study victimization in the same way. For instance, the National Longitudinal Survey of Youth (NLSY) 1997—an ongoing study that captures a wealth of information on men and women born in the U.S. between 1980 and 1984—includes detailed and repeated information on offending, but not on victimization (with the exception of being a victim of “bullying” between the ages of 12 and 18, and having been threatened at school, see Connolly and Beaver 2016). In addition, the NLSY 1979—which follows people born between 1957 and 1964 in the U.S.—also includes limited information on victimization, and records only whether respondents were physically harmed by their parents prior to the age of 18 (see Rehkopf et al.

2016). The Cambridge Study in Delinquent Development is another data source that has tremendously influenced the study of crime over the life course but does not measure victimization (with the exception of whether respondents were injured due to “fighting or horseplay” when they were 18-19 years old, see Farrington 1999:309). The reality is that many of the longitudinal data sets that criminologists have access to cannot be used to study victimization with the same rigor as criminal offending.

What’s the Answer?

Making Use of the Data We Have

While there is not necessarily an abundance of life-course data on victimization at our fingertips, there are options. Perhaps the two best most easily accessible datasets that can be used to study victimization over time in the U.S. are the Pathways to Desistance Study (Mulvey, Schubert, and Piquero 2014), and the National Longitudinal Study of Adolescent to Adult Health (AddHealth; Harris 2013). The Pathways to Desistance Study is a multi-site, longitudinal study of serious adolescent offenders that extends into early adulthood. Between November, 2000 and January, 2003, 1,354 adjudicated youths from the juvenile and adult court systems in Maricopa County (Phoenix), Arizona and Philadelphia County, Pennsylvania were enrolled in the study, and all youth were between 14-17 years old at the time of their committing offense. Data on youth were recorded in 6- and 12-month intervals over the course of 7 years, and capture a wealth of information on victimization, exposure to violence, social relationships, community conditions, risky lifestyles, and various other psychological and behavioral problems. Although the data are not nationally representative, youth in the Pathways study are serious offenders, and thus they are more likely than members of the general population to engage in risky lifestyles, reside in structurally disadvantaged communities, and be victims of crime—making the data

particularly relevant for policy purposes. Further details on the Pathways Study, including participant enrollment, study design, and sample characteristics, can be found in Mulvey et al. (2014).

Alternatively, AddHealth is an ongoing, nationally representative study of adolescent and adult health and well-being (Harris 2013). This longitudinal data collection effort started in 1994 by identifying, from a representative sample of high schools and middle or junior high schools, a random subsample of over 20,000 adolescents enrolled in grades 7 to 12 (who were between the ages of 11 and 18 years old). These youth participated in the Wave I, in-home interview, which took place in 1995. A subset of respondents was interviewed again a year later in 1996 (Wave II). The original Wave I respondents were contacted for reinterview during 2001-2002 when they were between 18 and 26 years old (Wave III), and again during 2008-2009 when they were between the ages of 24 and 32 (Wave IV). Wave V of data collection is currently underway, and many respondents are now in their early- to mid-30s. Although there are large stretches of time between waves of data, the Add Health can be used to provide important snapshots on what is happening at various stages in the life course with respect to victimization—during adolescence (teens), emerging adulthood (early 20s), earliest adulthood (mid- to late 20s), and early adulthood (early to mid-30s). The Add Health captures many different forms of victimization (e.g., general violence, property victimization, intimate partner violence, child abuse, and sexual assault), and each wave of data contains rich information on a wide variety of social, psychological, behavioral, and health issues that can be assessed in relation to victimization. The availability and accessibility of these data thus provide several opportunities to contribute to research on victimization over several stages of the life course (i.e., between adolescence and early adulthood).

Thinking in terms of Causal Process

Another way to make the best use of the data we have is to think more clearly about causal processes when we study victimization. Prior research has not always done a great job at specifying theoretically or measuring directly the dynamic causal processes thought to underlie victimization and its consequences over time (e.g., changes to social ties, risky lifestyles, cognitions, and coping strategies). Indeed, the processes by which key variables influence victimization and its consequences are often “black boxed” and are rarely tested explicitly. The typical approach is, instead, to correlate a particular variable with victimization (whether it be self-control, age, sex, race, gender, or marital status), control for a bunch of other factors statistically, and then see if that variable retains its effect in a multivariate model. If it does, we generally assume that whatever unmeasured causal process we specified is, in fact, responsible for that relationship (see the discussion in Turanovic and Pratt 2014:46). This strategy, which leaves much to be desired, has been the “norm” in victimization research for a while. This sort of approach is holding us back from developing a sound theory of victimization over the life course—one that clearly defines the causal processes responsible for stability and change in victimization and its consequences over time.

In moving toward a stronger emphasis on causal process, part of the challenge will be for scholars to conceptualize both the correlates and consequences of victimization as *dynamic* factors that are subject to considerable change—both situationally and across time. Outside of factors like race, sex, and certain biological characteristics, there are few other traits that are thought to remain fully stable over really long stretches of the life course. We now understand that even traits like low self-control—which were once thought to be formed early on in life and to remain relatively fixed—can vary substantially over time, and can influence and be influenced

by victimization (Agnew et al. 2011; Burt, Sweeten, and Simons 2014; Pratt 2016). Even the effects of stable traits on victimization (e.g., race, gender, or genetic predispositions) are thought to operate *indirectly* through other more dynamic factors—such as through risky lifestyles and exposure to illicit opportunities (Pratt, Turanovic, Fox, and Wright 2014).

Traditionally, researchers approached the study of victimization by trying to determine if it was the product of “population heterogeneity” or “state dependent” processes (Lauritsen and Quinet 1995). Population heterogeneity factors refer to those stable, between-person differences that make people more prone to victimization than others; and state dependent processes refer to within-person changes, events, and actions that can alter a person’s future risk of victimization. The working assumption used to be that these processes were somehow competing or that they needed to operate separately from one another—something that may have hindered the advancement of a theory of victimization over the life course. Today, however, lines between population heterogeneity and state dependence perspectives have been blurred and discarded to where categorizing the correlates of victimization is some “either or” sort of fashion no longer makes a lot of sense (Turanovic and Pratt 2013). A better approach is to allow our developmental perspectives to be more of an amalgam of state dependence and population heterogeneity perspectives, and recognize that there can be considerable mixing and overlap between these two sets of ideas (Nagin and Paternoster 2000).

Conclusion

Victimization is a complicated phenomenon. There is no singular explanation for why it happens, how it changes over the life course, or how it impacts people’s lives. A focus on victimization and its consequences over the life span requires using a highly integrative and interdisciplinary approach—one that unifies seemingly divergent conceptions of stability and

change in human development. And while the eight principles laid out here can get us closer to a delineating a formal theory of victimization over the life course, there is still a ways to go. This set of guiding principles is still preliminary and, in fact, is intended to be more illustrative than definitive. But it is clear that serious work still needs to be done to unpack the various ways in which victimization and its consequences can unfold across time. From a policy perspective, this research is sorely needed to identify “what works” to prevent victimization and to mitigate its harms across the life course.

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