

# Research & Advocacy Digest

Linking Advocates & Researchers

## *Sexual Assault Revictimization*

### Letter From The Editor

Janet Anderson, Advocacy Education Director

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**A**s advocates and therapists, you are most likely aware that those who have been sexually victimized in the past are at greater risk of being revictimized at some point in the future. Most likely you have had clients who wonder why this may have happened to them again but are hard pressed to provide an answer to their agonizing question. This edition of Research & Advocacy Digest explores this topic to provide you with some answers as well as exploring potential strategies to prevent it.

The phenomenon known as sexual revictimization is one of the most complex and multi-faceted questions facing those in the sexual assault field. Complex because the literature illustrates much debate regarding what sexual assault revictimization is, its causes, the connections between previous abuse and later victimization and effective prevention strategies; multi-faceted because there are a multitude of angles from which to explore this issue.

Sexual assault revictimization is most often conceptualized as “the phenomenon in which individuals who have experienced child sexual abuse (CSA) are at greater risk than others for adolescent or adult sexual victimization (Muehlenhard, Highby, Lee, Bryan & Dodrill, 1998). Consequently, much of the research outlined in this Digest explores this particular angle. However, to be as complete as possible, this Digest also explores other areas including:

- Revictimization and its relationship to self-harm and dissociation
- Theories concerning cause and effect
- Sexual revictimization and its relationship to perception of high risk scenarios
- Whether different types of victimization or a combination of abuses pose distinctive psychological effects
- Impact of revictimization on African American women, and
- An outline of several prevention programs.

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# Exciting New Research Project Highlights Reducing Repeat Victimization

**Vera Institute of Justice, Safe Horizon and Center for Sexual Assault and Traumatic Stress,  
Harborview Medical Center**

## **RESEARCH OVERVIEW**

Although sexual assault victims are not responsible for their assaults, they may be able to acquire knowledge and skills they can use to reduce the probability that they will be assaulted again.

Researchers have not examined repeat sexual assault in contexts other than dating relationships or among women who are not college students. Furthermore, there are no programs specifically tailored to help women in other contexts learn how to avoid and negotiate risky situations. In partnership with Safe Horizon, a New York City-based victim services organization, and the Center for Sexual Assault and Traumatic Stress at the University of Washington's Harborview Medical Center, researchers interviewed women in New York City and Seattle to better understand the context of repeat sexual victimization and develop an intervention to mitigate it.

In the first phase of the study, researchers interviewed 33 women who had experienced multiple sexual assaults to identify factors associated with repeat sexual victimization. Using this information and what is known about prevention programs tailored to college students, the project team developed an intervention to help women reduce their vulnerability to re-assault. It is designed to complement sexual assault counseling services and help survivors reduce their risk of revictimization both during and after counseling ends. During the second phase, Vera and its partners are testing the educational intervention with women who have been in, or are currently receiving counseling at Safe Horizon and Harborview Medical Center.

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## **Interview with Chris O'Sullivan, Senior Research Associate Research & Evaluation Division, Safe Horizon, New York City**

**WCSAP: Chris, from your perspective, can you tell me how this research project came about?**

**Chris:** It unfolded while I was doing a study for the New York City Rape Treatment Consortium. Counselors at hospital Crime Victim Treatment Centers began telling me of the high attrition rate of women who were coming in for sexual assault counseling but not completing treatment, mostly due to the use of alcohol and revictimization. In addition, the counselors estimated that approximately 50% of their clients were also survivors of child sexual abuse (CSA) and, as a result, were hypothesizing that the psychological aftermath of that original victimization was putting women at risk for revictimization.

**WCSAP: Would you explain what you mean by that?**

**Chris:** Yes, but first I want to start by stating that it does not mean that victims are ever responsible for their victimization because they aren't. What it means is that being a victim of child sexual assault may create certain adjustment issues for victims that may make them more vulnerable for offenders to exploit since we know that offenders can recognize and specifically target those vulnerabilities deliberately. One response to childhood sexual abuse is high rates of consensual sexual activity. There is also well-documented evidence that CSA survivors self-medicate with alcohol. These are just two ways of coping that put CSA survivors at risk of victimization. In essence perpetrators can identify these factors and manipulate them to their advantage.

**WCSAP: Thanks for the clarification. So you were mentioning that the women were not completing treatment. Can you say more about how that led to the development of this project?**

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**Chris:** Because they weren't completing treatment, we realized that they needed a quick, short-term intervention, sort of a safety planning tool, to help them avoid further victimization. We initially joined forces with Rob Davis who had done revictimization studies and developed a very pragmatic intervention for victims of other crimes. In general, all victims of crime are at an increased risk of revictimization but the second highest category (the first being those in domestic violence situations) are those women who were sexually abused as children. So, we decided to use a "harm-reduction model" that could give the women some risk-avoidance skills immediately.

**WCSAP: How did you decide who would be the participants in the study?**

**Chris:** All or most of the revictimization studies have been done on college students but we found that those issues that placed college students at risk did not extrapolate to the population that we currently serve; it did not extrapolate to urban adult women. Our clients are a completely different demographic. In the first phase, our population of repeatedly victimized women included women who are sex workers, women in prostitution, women from many different ethnic populations and women from all age ranges, up to the age of 60.

**WCSAP: Can you briefly tell us how the study was designed?**

**Chris:** The study has two phases. Phase I consisted of conducting lengthy semi-structured interviews with women who were survivors of at least two sexual assaults including child sexual abuse before the age of 14 and one occurring after the age of 14. We wanted to know the risk factors for adults, as well as wanting to find out about whom these offenders were, how victims were meeting them, where the assaults took place, etc. to get a picture of the risk factors for sexual assault in the lives of adult urban women.

**WCSAP: Can you summarize some of the emergent themes you found?**

**Chris:** On our end, alcohol was less likely to have been involved than what was shown in the college studies. In addition, unlike college students, most were not assaulted by someone they had been dating. Many were revictimized by an acquaintance, someone they had just met or someone they knew from work. I think we expected to find that there would be lifestyle factors that

put them at risk, but that was less true than the fact that they were vulnerable to manipulation and coercion. The women's stories also revealed that:

- They were so full of self-blame and shame from the original assault that they felt unable to act on their own behalf during the later sexual assault victimization.
- They reluctantly agreed to be isolated by the offender and then found things escalating beyond their control.

**WCSAP: So, where does your study go from here?**

**Chris:** Based on the stories we heard, we developed an educational "risk reduction" intervention. We recruited women to be randomly assigned to either a control or an intervention group. Both groups receive a series of measures at the beginning of their participation but only the intervention group participates in two 2 1/2 hour workshop sessions focusing on risk recognition skills such as establishing interpersonal boundaries, understanding when their boundaries are being crossed, recognizing the characteristics of sexually aggressive men, how the men change the situation to make it risky, dynamics of sexual assault and strategies for taking control or escaping from sexually aggressive men. Those in both groups then receive a follow-up six months later.

We anticipate that data analysis and results will be available in a year. However, one of the things we are most excited about, and one that we feel will be a significant contribution to the field, is that we are developing a model that can be applied to other vulnerable populations, such as teen age girls in juvenile detention (who are often survivors of abuse) and battered women. The women's response in New York has been very enthusiastic so far. They find they can apply the lessons to other relationships in their lives. Also, about a third are currently in abusive relationships. The unique contribution of the model is that it focuses on educating women about perpetrators and their tactics, rather than the victims.

**WCSAP: Thank you so much for taking the time to discuss your study and we look forward to the upcoming results.**

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# Sexual Revictimization Prevention: An Outcome Evaluation

MARX, BRIAN; P, CALHOUN, KAREN; WILSON, AMY & MEYERSON, LORI.

JOURNAL OF COUNSELING AND CLINICAL PSYCHOLOGY, 69, NO. 1 (2001) 25-32.

The purpose of this study was to evaluate a prevention program that combined both psychoeducation with skills training to determine its effectiveness in reducing the rates of sexual victimization. College-aged female participants were recruited from two universities and randomly assigned into a control group and an intervention group and reevaluated two months later. The authors sought out to investigate two hypotheses:

1. Participants in the intervention group would report a lower incidence of sexual revictimization, as well as increased self-efficacy in resisting sexual aggression at follow-up compared to participants in the control group.
2. Participants in the intervention group would display better risk-recognition skills.

Goals of the two-session prevention program for those in the intervention group included: a) increasing factual knowledge of sexual assault, b) increasing understanding of social forces that foster a rape-supportive environment, c) teaching practical strategies for preventing unwanted sexual experiences, d) altering dating behaviors, and e) fostering effective risk recognition using education, discussion, videotapes and modeling. Those in the control group had no contact other than periodic assessments.

Results indicated that the intervention and control groups did not differ in their rates of revictimization when all 10 scenarios of victimization were considered. Thirty-two percent (32%) of the control group vs. 21% of the intervention group were revictimized, with the majority giving in to sex play because they were overwhelmed by arguments or pressure or being given alcohol or drugs. To examine the program's effect on rates of rape revictimization, participants were further divided into those who did and did not experience a completed rape during the follow-up period. Approximately 30% of the control

group reported rape vs. 12% from the intervention group, which gives us some promising results for prevention program design.

Regarding self-efficacy (ability to resist forceful sexual advances), participants in the prevention program reported significantly greater increases in self-efficacy than those in the control group. Results also indicated that all participants' distress or symptoms improved regardless of group assigned or rape victimization. Although there was no significant difference between the intervention and control groups on their ability to recognize risks, there was a significant difference in risk recognition between participants who subsequently reported revictimization and those who reported no revictimization during follow-up.

“Approximately 30% of the control group reported rape vs. 12% from the intervention group, which gives us some promising results for prevention program design.”

While the results are promising because the study indicates that the prevention program was effective in reducing the incidence of rape revictimization while significantly increasing self-efficacy and decreasing overall ratings of distress, the authors also cite the limitations of this study and recommend a cautious posture until further and broader research can be conducted.

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# Sexual Revictimization: The Relationship Among Knowledge, Risk Perception, and Ability to Respond to High Risk Situations

YEATER, ELIZABETH A.; O'DONOHUE, WILLIAM.

JOURNAL OF INTERPERSONAL VIOLENCE, 17, NO. 11, (2002) 1135-1144.

This study sought to determine how 300 college-aged females responded to an information-based sexual assault prevention program. Participants were randomly divided into an experimental or control group and had either no sexual victimization history, had a single sexual victimization or multiple victimizations. The study's primary goal was to answer three questions:

- To what extent did the participants already know the material included?
- Did women with a history of sexual revictimization take longer to be trained on the prevention material than women without a history of revictimization?
- Do women with a history of sexual revictimization know less information than those participants having no history of revictimization?

Those in the experimental group were given time to review and answer questionnaires in three segments that focused on: 1) rape myths and facts, 2) identification of 10 risky behaviors shown to increase risk of sexual victimization and 3) identification of 10 behaviors that may reduce risk of sexual assault and were expected to reach 90% accuracy. If not successful in reaching 90%, they were given feedback and retook the questionnaire before moving on to the next segment. Those in the control group were given all sets of questionnaires at once and told to answer the material and turn in when completed.

## **Question 1: Did the participants already know the information in the program?**

Based on the number of correct responses on Trial 1, results indicated that the majority of participants did not already know the information presented. It should be noted that the majority of correct responses centered on Rape Myths and Facts, with less information being known about identification of risk behaviors and identification of risk reduction strategies. The authors note however, that it is unclear whether "knowing" this

or other information reduces the risk of sexual victimization.

## **Question 2: Did women with a history of sexual revictimization take longer to be trained on the prevention material than women without a history of revictimization?**

In general, sexually revictimized women did not take longer to be trained than the other two groups. All three groups needed more than one trial to reach 90% accuracy demonstrating that those prevention programs that incorporate more than one session may be more successful than prevention programs utilizing a one-time approach. At the same time, this study indicated that those participants who had a single victimization took significantly longer to be trained on risk factor identification and therefore recommend that this may be a population that prevention programs should target in order to assist them in reducing risks of sexual revictimization in social settings.

## **Question 3: Did women with a history of sexual revictimization know less material than did those having no history of revictimization?**

Results indicated that those with sexual revictimization history knew as much about the prevention material than those having no history.

Although this study did not seek to determine whether this program was effective in decreasing the rates of sexual assault, the results do have implications for prevention program design and development. More specifically, results demonstrate that incorporating a more comprehensive prevention approach that uses multiple sessions has a better success rate than those using a one-shot method. This study was also significant in that it was able to identify a particular population that would benefit significantly from prevention programs that teach risk reduction strategies – those with a single victimization.

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# Revictimization and Self-Harm in Females Who Experience Childhood Sexual Abuse: Results from a Prospective Study

NOLL, JENNIE G; HOROWITZ, LISA; A., BONANNO, GEORGE; TRICKETT, PENELOPE K. & PUTNAM, FRANK, W.  
JOURNAL OF INTERPERSONAL VIOLENCE, 19, NO. 12 (2003)1452-1471.

Using a longitudinal design approach by following two groups of females over a five-year period - from adolescence into early adulthood, the authors set out to identify the relationship between childhood sexual abuse, and subsequent physical and sexual revictimization and self-injury.

Sexual abuse victims were also four times as likely to have inflicted self-harm (suicide attempts and self-mutilation) than those not sexually abused (32.2% vs. 8.8%). The authors point out that being sexually abused was by far the strongest predictor of self-harm.

The first group was comprised of females who were past clients of child protective services in 1987 due to reports of child sexual abuse. To be eligible for this group they had to meet the following criteria: a) were females victims between the ages of 6 and 16, b) disclosed the abuse within 6 months of participation, c) the sexual abuse involved genital contact or penetration, d) the perpetrator was a family member (father, stepfather, live-in boyfriend), and; e) the non-offending parent was willing to participate. The second group was comprised of females who had similar demographics to the original group including ethnicity, age, zip codes, economic status and family constellation but with no history of sexual trauma or abuse.

Participants received an initial assessment, had two follow-up interviews after one year and a third follow-up interview after five years to determine levels of sexual or physical revictimization and self-injury.

The results indicated that the sexually abused group was twice as likely to have been raped or sexually assaulted later in life (20.9% vs. 10%), reported higher rates of physical revictimization, including domestic violence (51.4% vs. 31.5%), and reported a greater number of lifetime trauma than the comparison group (6.13% vs. 4.83%). Sexual abuse victims were also four times as likely to have inflicted self-harm (suicide attempts and self-mutilation) than those not sexually abused (32.2% vs. 8.8%). The authors point out that being sexually abused was by far the strongest predictor of self-harm.

Other variables were also examined including the use of dissociation as a primary defense strategy. The results indicated that dissociation was recognized as a predictor of later physical victimization. The authors theorize that victims who rely on dissociation as a primary defense strategy may be less able to engage in self-protection when threatened. Although they point out that the sample may not be representative of the entire population, they note that this study provides disturbing data on the prevalence and early onset of revictimizing experiences and self-harm rates and that sexual assault workers, therapists, etc. need to be aware of these risks when working with this population.

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# Definitional Issues and Mediating Variables in the Sexual Revictimization of Women Sexually Abused as Children

MAYALL, ALICE; & GOLD, STEVEN.

JOURNAL OF INTERPERSONAL VIOLENCE, 10, NO. 1 (1995) 26-42.

The authors first note that prior research examining whether women sexually abused as children are at higher risk of sexual revictimization has been inconclusive due to inconsistent sample selection, data collection methods, and definitions of both childhood and adult sexual assault. They further point out that the variables such as the level of parental support, style of coping, attribution style, severity of childhood sexual abuse and talking to a professional counselor have been shown to be factors influencing adjustment, but have not been studied to determine if they are predictors of revictimization. This study's purpose was to determine: 1) what role did using three specific definitions of childhood sexual abuse and three definitions of adult sexual assault have on the rate of sexual revictimization and, 2) to ascertain what role the variables listed above have in predicting sexual revictimization.

“The most restrictive definitions of child sexual abuse and adult sexual assault resulted in significantly higher rates of revictimization than those with a less restrictive definition.”

The sample was comprised of 654 female college-aged participants, with 127 having a history of child sexual abuse and 527 without this history. The ages ranged from 17 to 36 years old with the average age being 18. The demographics were 74% Caucasian, 15% African American, 4.7% Hispanic and 5.2% Asian American. Ninety-seven percent (97%) were single. The study sought to answer three hypotheses:

**Hypothesis One:** A more restrictive definition of childhood sexual abuse and adult sexual assault would yield higher rates of sexual revictimization and vice versa. This hypothesis was supported. The most restrictive definition of child sexual abuse (only genital contact and intercourse) and the most restrictive definition of adult sexual assault (only sexual intercourse resulting from physical force or threat with a weapon) was shown to result in significantly higher rates of revictimization than those with a less restrictive definition. The authors note that this finding has helped clarify some of the inconsistencies shown in the literature, in that, research that previously did not report an increase in revictimization for those sexually abused as children used the least restrictive definition which included non-contact forms of assault (voyeurism, exhibitionism, etc.).

**Hypothesis Two:** A lack of parental support, more severe abuse, non-expressive coping style, global attributions for negative events and not discussing the abuse with a helping professional will be associated with higher incidences of revictimization. This hypothesis was not supported and none of these variables could be attributed to higher incidences of sexual revictimization. The authors note that this may have been due to the small number of revictimized women (n=31) in the study or that they simply measured the wrong variables.

**Hypothesis Three:** Women with a history of adult sexual assault will report more sexual activity and more alcohol use than those without a history of sexual assault. This was

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partially supported in that women with a history of adult victimization had significantly more adult sexual experiences than those without a history of adult sexual assault, but there was no difference on the levels of alcohol consumption.

Although this study demonstrated that women with a history of child sexual abuse are at greater risk for sexual assault as adults, particularly those experiencing the most restrictive definitions of child sexual abuse (i.e. contact with genitals and intercourse), this study found that higher rates of adult sexual experiences was shown to be the best predictor of adult revictimization. However, due to some limitations inherent in some of the measures, more specifically, the measure of adult sexual experience, additional research is needed to understand this phenomenon.

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## Adult Sexual Revictimization Among Black Women Sexually Abused in Childhood: A Prospective Examination of Serious Consequences of Abuse

WEST, CAROLYN; WILLIAMS, LINDA M.; SIEGEL, JANE A.  
CHILD MALTREATMENT, 5 NO. 1 (2000) 49-57.

In this study the researchers examine the relationship between the childhood sexual abuse of 113 black women and their potential for sexual revictimization in adulthood. They examined potential predictors of adult sexual revictimization, sexual behavior patterns, and sexual health of the adult survivors of childhood sexual abuse.

“As the authors examined the predictors of this sexual revictimization, they found that the presence of physical force in the original abuse/assault experience was the strongest predictor of potential revictimization in adulthood.”

Participants for the study were drawn from a sample of victims of child sexual abuse who were examined in a large city hospital in 1973-1975. The victims (or their caregivers) were interviewed at the

time of their treatment as a part of a study on sexual abuse. The sample largely included African American girls, who ranged in age from 10 months to 12 years old. Abuse types ranged from fondling to intercourse and was committed by males (strangers, family members, and acquaintances were all included). The researchers in this study interviewed adult survivors in 1990 or 1991 and asked them a series of questions to address the goals of this study.

In the course of the study interviews, approximately 12% of the interviewees reported no experience with childhood sexual abuse (when this was the case, the interviewers did not inform the participants of any prior allegations made).

Thirty percent of the study participants reported that they had been sexually victimized as adults. As the authors examined the predictors of this sexual revictimization, they found that the presence of physical force in the original abuse/assault experience was the strongest predictor of potential revictimization in adulthood.

In addition, the authors examined possible correlates of revictimization and found that sexually revictimized women were more likely to have engaged in prostitution and have experienced high rates of partner violence. They also found that several types of sexual health problems were more common among revictimized women.



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# Violent and Nonviolent Revictimization of Women Abused in Childhood

IRWIN, HARVEY J.

JOURNAL OF INTERPERSONAL VIOLENCE, 14, NO. 10 (1999) 1095-1110

This study examined the relationship between childhood victimization and later victimization in the adult years. Using a small sample of 155 Australian women, the study focused on two areas: 1) identifying how many women who experienced childhood victimization also experienced victimization as adults, and 2) how factors such as dissociation, coping and attachment affect the relationship between early and later victimization in life.

The most significant finding the authors make is that previous research has not cast a wide enough net in terms of the definitions of victimization and they feel that non-violent victimization should be taken into account when studying this phenomenon.

#### Additional findings:

- The more severe the childhood victimization, the more likely a woman will experience revictimization in later life.
- “Repetition Compulsion,” or the concept that a person who has been victimized feels compelled to re-enact her victimization, is not supported by these findings.
- However, trauma can affect self-concept, which may “mark” a person as a potential victim to a perpetrator. The authors suggest that more research be done on perpetrators.

In looking at dissociation, coping and attachment, the authors attempted to discern what role these factors played in the relationship between childhood and adult victimization. This study asked whether a person’s choice regarding the above factors would “moderate” or “mediate” the relationship. A factor would “mediate” the relationship if it played a causal role between the two, as in a case where a woman’s coping styles were part of a chain of events or factors that led to her later victimization. A

moderating factor would act as an influence, but not be part of the cause and effect chain. Results indicated that:

- “Peritraumatic dissociation” or “blinking out” was neither a mediating or moderating factor – but it is linked to later development of post traumatic stress disorder (PTSD) or dissociative disorders.
- Coping styles were found to play a mediating role:

Positive Reappraisal – severe abuse seems to lead a person to be unable to look at the consequences of victimization in any kind of good light, blocking this coping style

Accepting Responsibility – this coping style can be associated with poor self-concept which may make a person vulnerable to later victimization

Distancing – this style may isolate a person from support systems, leaving them more vulnerable to abuse.

- Attachment styles were found to play a moderating role, similar to the distancing coping style above – isolating a person from social support.

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# The Revictimization of Child Sexual Abuse Survivors: An Examination of the Adjustment of College Women with Child Sexual Abuse, Adult Sexual Assault, and Adult Physical Abuse

MESSMAN-MOORE, TERRI L.; LONG, PATRICIA J.; & SIEGFRIED, NICOLE J.  
CHILD MALTREATMENT, 5, NO. 1 (FEBRUARY 2000) 18-27.

The authors first note that although research has shown that the revictimization of child sexual abuse (CSA) survivors is associated with increased psychological distress, little research has been done to examine the cumulative effects of trauma and whether different types of victimization or a combination of abuses pose distinctive psychological effects or adjustment issues. Therefore, the purpose of this study was to examine the emotional impact of adult physical assault and adult sexual assault revictimization of CSA survivors as compared to those with no victimization experience, a single adult victimization experience and those with several adult victimization experiences.

“Those in the revictimized group reported higher levels of distress on all indices (somatic complaints, depression, anxiety, interpersonal sensitivity, hostility and PTSD symptoms) compared to those with no abuse or those with adult abuse only.”

Six hundred and forty-eight college women were given five questionnaires that measured their: a) demographics, b) involuntary and non-consensual childhood sexual experiences (before the age of 17), c) adult sexual assault experiences, d) levels of adult intimate violence, and e) levels of self-reported psychological symptoms. Five groups (listed below)

were developed based on victimization results and then compared for several psychological functioning indices including somatic complaints, depression, anxiety, interpersonal sensitivity, hostility and PTSD symptoms. Groups included:

- Revictimization – CSA and adult sexual assault or adult physical abuse or both (n=71).
- Multiple adult victimizations – both adult sexual assault and adult physical abuse (n=65).
- CSA only (n=56)
- Adult assault only – sexual or physical (n=159)
- No abuse history (n=282)

As expected, those in the revictimized group reported higher levels of distress on all indices (somatic complaints, depression, anxiety, interpersonal sensitivity, hostility and PTSD symptoms) compared to those with no abuse or those with adult abuse only. Those in this group also reported higher rates of somatic complaints than those with child sexual abuse only. Likewise, those who experienced multiple adult victimizations reported higher levels of psychological distress than those with no abuse as well as more depression than those with CSA only. Although differences were found, the authors note that this study did not find significant differences between the levels of distress in women with revictimization experiences and those with multiple adult victimizations, thus citing the need for more research in this area.

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# Recent Stressful Life Events, Sexual Revictimization, and their Relationship with Traumatic Stress Symptoms Among Women Sexually Abused in Childhood.

CLASSEN, CATHERINE; NEVO, RUTH; KOOPMAN, CHERYL; NEVILL-MANNING, KIRSTEN;  
GORE-FELTON, CHERYL; ROSE, DEBORAH; & SPIEGEL, DAVID.  
JOURNAL OF INTERPERSONAL VIOLENCE, 1, NO 12, (2000)1274-1290.

Studies have indicated that survivors of childhood sexual abuse are more likely to experience a wide variety of trauma symptoms as adults. This study examines the extent to which other life stressors work to maintain trauma symptoms in women who were sexually abused as children and have a current Post Traumatic Stress diagnosis. The sample in this study consisted of 58 women between the ages of 23-72 with a mean age of 40. Study participants were interviewed to measure the levels of Post Traumatic Stress Disorder (PTSD). In addition, participants were given a number of self-reporting tests to measure acute stress reactions, other trauma related symptoms, sexual revictimization as adults, and recent life-stressing events.

“Data analysis determined that recent life stresses were significantly related to overall trauma symptoms, to the total amount of acute stress reaction, and to total PTSD severity.”

The authors assessed PTSD in response to childhood sexual abuse by administering the Clinician-Administered PTSD scale for the DSM IV (CAPS). The CAPS interview, a means of measuring study participants, evaluates 17 symptoms of PTSD and 8 other associated symptoms. Data analysis determined that recent life stresses were significantly related to overall trauma symptoms, to the total amount of acute stress reaction, and to total PTSD severity.

The results of this study found that traumatic

stress symptoms are intensified by other life stressors. The authors found that among women with both past childhood sexual abuse and current PTSD symptoms, life stress within the last six months was connected to trauma related symptoms. It was also found that recent life stress could be associated with trauma symptoms not connected to a particular trauma. The authors gave two specific clinical implications: 1) the results are informative regarding the types of issues that should be addressed in psychotherapy, and 2) that a childhood sexual abuse survivor experiences stressful events in the same way the original trauma was experienced because the survivor brings the trauma related representations of themselves to the current traumatic situation.

Although further research needs to be conducted on the topic, the findings in this study provide evidence of the affects of recent life stressors on those who suffer from PTSD.

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# Marriage, Child Abuse, and Sexual Re-victimization

CATALINA M. ARATA; & LINDMAN, LINDA.

JOURNAL OF INTERPERSONAL VIOLENCE, 1, NO. 9 (2002) 953-971.

This article focused on a study that examined the relationship between child maltreatment (sexual, physical emotional abuse and neglect) and adolescent/adult sexual re-victimization. An unexpected finding of the study was that the marital status of the women contributed greatly to their risk for re-victimization.

The sample consisted of 341 undergraduate female students with ages ranging from 17-45 years. Measures included: 1) family of origin functioning, 2) dating behavior(s), 3) self silencing/personality style, 4) child maltreatment, and 5) sexual victimization. Findings indicated that there was no correlation between age or race as it related to sexual victimization, however, marital status had a significant relationship. Eighty-five percent (85%) of the study participants were single, nine percent (9%) were married and four percent (4%) were divorced.

“Findings indicated that there was no correlation between age or race as it related to sexual victimization, however, marital status had a significant relationship.”

Further analysis of the relationship between marital status and re-victimization found different predictors between married and single women. For the single women, re-victimization was preceded by a history of child physical abuse and certain dating behaviors. The married or divorced participant's re-victimization included a history of child sexual abuse, certain dating behaviors, and age. Again, for the married participants, youth was also a risk factor

for re-victimization. It should be noted that in this study child sexual abuse was the least contributor to sexual re-victimization.

Explanations for the difference in the correlation between marriage, divorce and re-victimization are limited. The authors state that further research in this area is warranted. The authors offered some insight for the findings: some women who experience child sexual abuse may marry in order to leave the home (and escape abuse). Perhaps being married at a young age increases a woman's risk for re-victimization because 1) these women are in marriages in which they experience marital rape, 2) as young women they are vulnerable to assaults by other acquaintances, 3) young marriages may be more likely to result in divorce, and therefore the divorced women have an “increased vulnerability to sexual assault.” Arata and Lindman also argue that the difference between physical and sexual abuse and its impact on victims (and the study participants) could be explained by extra-familial versus interfamilial issues. Child sexual abuse can occur outside of the home (family) while other forms of abuse (physical) are likely to occur in the home and are therefore interfamilial. The authors think these issues may be what influences a woman's decision to leave the home.

The authors assert the importance of considering multiple forms of child maltreatment in the treatment of victims. “Different forms of child abuse are highly correlated and treating individuals as if they have only experienced one form of abuse is artificial.”

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# Factors Influencing Sexual Victimization & Revictimization in a Sample of Adolescent Mothers

COLLINS, MARY ELIZABETH.

JOURNAL OF INTERPERSONAL VIOLENCE, 13, NO. 1 (1998) 3-24.

This article is a secondary analysis of existing data regarding victimization and revictimization of adolescent mothers. Collins draws from Boyer and Fine's 1992 study in which they attempted to predict victimization and revictimization. A total of 315 participants completed two surveys, each about a year apart. Most participants were white women (62%); socio-economic class was not specified in the article (though such demographic information was included in the original survey) and, given the intent of the research, each was 17 years old or under at time of first survey and one year older at time of follow-up survey. Collins pulls from the works of several different studies but places an emphasis on this particular study by Boyer and Fine.

Though limited by the nature of secondary analysis, Collins found two overwhelming sets of factors regarding revictimization: 1) that there were three factors which increased the odds of revictimization reporting during the follow-up:

- Previous sexual victimization reported at first survey.
- The use of force present in previous victimization.
- Having experienced physical abuse from a partner.

Collins also found three factors which decreased the risk of revictimization at the time of the follow-up survey:

- The passage of at least one year's time between victimization and participation in first survey.
- Actually being pregnant at the time of first survey.
- A report of overall satisfaction with social relationships.

The article concludes with an interesting discussion on the dynamics of these and other factors historically regarded to contribute to victimization and revictimization.

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## UPDATE ON 2001 OFFICE OF CRIME VICTIM ADVOCACY SURVEY ON SEXUAL ASSAULT REVICTIMIZATION

The Office of Crime Victim Advocacy (OCVA) conducted a study in 2001 aimed at examining the prevalence of sexual assault in the State of Washington and to identify perceptions of sexual assault services. Although not its primary purpose, the survey did ask a few questions pertaining to sexual assault revictimization to extrapolate prevalence and predictors. Findings included:

### **Data Findings:**

- 1325 women were surveyed overall. Of that total, 38% indicated some type of sexual assault.
- Of the women who reported experiencing sexual assault:
  - √ A little more than 1/2 reported a single assault
  - √ About 1/3rd had an on-going victimization
  - √ About 1/5th had multiple perpetrators

### **Predictors Identified:**

- The younger the woman was at the time of their first victimization, the greater the risk of revictimization.
- Women who reported physical abuse as children were more likely to report multiple victimizations by different perpetrators.
- Women who were victimized by multiple perpetrators had significantly more symptoms of psychological distress such as PTSD, and depression than BOTH the singly victimized women AND women who had a one, on-going victimization.

REPORTED BY ERIN CASEY, DOCTORAL STUDENT AT THE SCHOOL OF SOCIAL WORK, UNIVERSITY OF WASHINGTON

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# Additional Resources

## Books

From Child Sexual Abuse to Adult Sexual Risk:  
Trauma, Revictimization and Intervention.  
Koenig, Linda.  
American Psychological Association, 2003.

## Websites

Vera Institute of Justice  
233 Broadway  
New York, NY 10279  
212-334-1300  
www.vera.org

Oklahoma State University  
Sexual Assault Research Lab  
Psychology Department  
215 North Murray  
Stillwater, OK 740-78  
www.psychology.okstate.edu  
*The lab conducts and investigates various research on  
sexual victimization and has several studies that can  
be downloaded for review.*

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It is important to note that this topic was further complicated by several inconsistencies in the research, making conclusions more difficult to draw. First off, definitions of child abuse varied throughout the studies both by the age used to mark childhood versus adolescence or adulthood, as well as by type of sexual behavior included to represent child sexual abuse. Some studies used extremely broad definitions of CSA (including non-contact forms) while others only included contact forms of sexual behavior.

Equally important to note are those who have been left out of the discussion. Much of the research on this topic is heterosexually biased, in that very little has been done to determine sexual revictimization by same-sex perpetrators. In addition, the majority of participants in these studies were Caucasian, college-age females, leaving several populations and voices under-represented.

### **A Word of Caution**

Attempting to explain the reasons for revictimization is not akin to victim-blaming. However, as Boney McCoy and Finkelhor state:

*“It is critical to remember that victims do not cause their victimizations; responsibility lies entirely with the perpetrators of assault on both children and adults. But responsibility for perpetration must not be confused with potential for avoidance. If research reveals that certain personal characteristics put children at increased risk for victimization, it would be irresponsible for researchers to demure from discussing these findings in the name of not ‘blaming the victim.’”*

Although the literature has not been conclusive on the definitions, explanations, causes and prevention strategies regarding this topic, we hope this information will be used to inform your work with survivors as well as in the future design of sexual assault prevention strategies.

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