

**Revictimization of Adolescents and Adults
with Histories of Child Sexual Abuse**
A Bibliography



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Scope

This bibliography covers literature about revictimization of adults and adolescents who have been victims of child sexual abuse. Some publications examine revictimization among victims of multiple forms of child maltreatment including child sexual abuse.

Organization

Included in this bibliography are books, book chapters, journal articles. Publications are listed in date descending order from 2022-1996. Author abstracts are provided unless otherwise noted. Links to unrestricted publications are provided when possible. This bibliography is not comprehensive.

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Revictimization of Adolescents and Adults with Histories of Child Sexual Abuse

A Bibliography

Brodeur, G., Fernet, M., Hébert, M., & Wekerle, C. (2022). Adapting adolescent dating violence prevention interventions to victims of child sexual abuse. *Health Promotion Practice*. Advance online publication. <https://doi.org/10.1177/15248399221083255>
[Full text](#)

Considering the increased risk of revictimization, adolescents who have experienced child sexual abuse (CSA) are a priority subpopulation for the prevention of dating violence. Yet, intervention programs often focus on psychological symptomology associated with CSA; few tackle issues specific to relational violence. Addressing the relational traumatization of adolescents with a history of CSA is essential to prevent their revictimization. Given specific CSA sequelae related to intimacy and engagement in sexual behaviors, there is a need for tailoring interventions to boy and girl survivors. A case study of a group intervention designed for adolescent girls with a history of CSA was conducted. The context adaptation, based on intervention mapping proposed by Bartholomew and colleagues, served as a theoretical framework. Four steps were taken to ensure that the intervention addressed CSA youth needs: (a) needs assessment, (b) analysis of the conceptual framework of the original program, (c) selection of interventions and developing new interventions, and (d) validation with a committee of practitioners. This approach provided an understanding of risk factors and intervention priorities using the problem logic model. The original program was enhanced by adding four interventions addressing the prevention of dating violence. These interventions were then validated by practitioners before implementation in the setting. The approach underscores the relevance of understanding the needs of the clientele and of adopting a collaborative approach to ensure the proposed interventions are relevant.

Jenkins, L. N., McNeal, T., Eftaxas, D., Howell, J., & Wang, Q. (2022). Childhood trauma and college sexual harassment: Coping and resilience as moderators. *Journal of Child & Adolescent Trauma*, 15(2), 461–469. <https://doi-org.calio.idm.oclc.org/10.1007/s40653-021-00382-w>

Childhood trauma has been identified as a risk factor for future revictimization, especially in young adulthood. There is an established link between childhood victimization and later sexual assault, but it is unclear if childhood trauma is associated with sexual harassment. Related research has

examined coping and resilience as buffers, or moderators, against negative outcomes associated with childhood victimization and sexual assault, so the buffering effect of these variables will be explored for sexual harassment as well. In a sample of 583 young adults age 18–25, self-report measures of childhood trauma, sexual harassment, coping, and resilience, were collected via an online survey tool. Results of a path analysis suggest that, in general, childhood trauma places young adults at a risk for sexual harassment. Resiliency did not moderate the association between childhood trauma and sexual harassment in young adulthood, but coping did moderate this association. Specifically, when coping was high, trauma and sexual harassment were negatively related, but when coping was low to moderate, trauma and sexual harassment were positively related.

Kennedy, R. S., Font, S. A., Haag, A. C., & Noll, J. G. (2022). Childhood sexual abuse and exposure to peer bullying victimization. *Journal of Interpersonal Violence*, 37(19-20), NP18589-NP18613. <https://doi.org/10.1177/08862605211037420>

Females exposed to child sexual abuse (CSA) are at an increased risk of experiencing further victimization in adolescence. Associations between CSA and several forms of cyber and in-person peer bullying victimization were assessed in a prospective, longitudinal study. Females exposed to substantiated CSA and a matched comparison group (N = 422) were followed over a two-year period. Bullying experiences were assessed in both survey and qualitative interviews. Qualitative data were coded and used to describe the types (e.g., cyber, physical, verbal), and foci (e.g., threats, physical appearance) of bullying victimization. Logistic regression was used to assess the odds that CSA was associated with subsequent bullying victimization, adjusted for demographics, social networking use, and prior bullying. CSA-exposed females were at an increased risk of multiple forms of bullying victimization with a persistent risk of bullying victimization over time. Specifically, they had 2.6 times higher odds of experiencing any bullying at follow-up, 2.9 times higher odds of experiencing cyberbullying at follow-up, and 2 times higher odds of experiencing combined cyber/in-person bullying at follow-up. CSA-exposed females were more likely than comparison females to experience bullying regarding their appearance/weight and dating relationships. Findings provide further insight into the unique circumstances of the cyberbullying and in-person bullying experienced by CSA-exposed females. Females exposed to child sexual abuse (CSA) are at an increased risk of experiencing bullying victimization, specifically cyberbullying and combined cyber/in-person bullying, as well as bullying about their appearance

and dating relationships. These findings indicate that bullying prevention needs to include trauma-focused components to target these uniquely vulnerable females.

Mazzarello, O., Gagné, M. E., & Langevin, R. (2022). Risk factors for sexual revictimization and dating violence in young adults with a history of child sexual abuse. *Journal of Child & Adolescent Trauma*, 1-13. Advance online publication. <https://doi.org/10.1007/s40653-022-00462-5>

Interpersonal revictimization, through sexual violence and psychological or physical dating violence, is one of the many consequences of childhood sexual abuse (CSA). This study examined how childhood maltreatment, sociodemographic characteristics, mental health, relational factors, and community factors are associated with 1) sexual revictimization 2) psychological dating violence victimization, and 3) physical dating violence victimization in a sample of young adults reporting a history of CSA. A sample of 190 young adults (18–25 y.o.) with self-reported experiences of CSA completed an online survey measuring childhood maltreatment (e.g. neglect, physical abuse, witness to domestic violence), sociodemographic characteristics (e.g. material deprivation, education), mental health (dissociation, posttraumatic stress symptoms), relational factors (e.g. insecure attachment style), and community factors (e.g. neighborhood disadvantage). Hierarchical logistic regressions indicated that once all risk factors were entered in the models, PTSD was positively associated with psychological dating violence, while dissociation was positively associated with physical dating violence. Physical abuse in childhood was positively associated with sexual revictimization. The present study shows the importance of simultaneously considering the impact of multiple characteristics surrounding CSA survivors when evaluating risks of revictimization. Additionally, it highlights the importance of providing CSA survivors with adequate mental health support for trauma-related disorders, as it may be crucial to prevent revictimization.

Walker, H. E., & Wamser-Nanney, R. (2022). Revictimization risk factors following childhood maltreatment: A literature review. *Trauma, Violence, & Abuse*. Advance online publication. <https://doi.org/10.1177/15248380221093692>

Revictimization research, to date, has primarily focused on sexual revictimization (i.e., child sexual abuse and adult sexual assault), which has resulted in a lack of understanding of trauma revictimization more generally. Specifically, it is unclear what factors are placing individuals with

a history of child maltreatment (i.e., sexual abuse, physical abuse, and witnessing intimate partner violence [IPV]) at greater risk for subsequent adult victimization (i.e., sexual assault and IPV). Existing theoretical and empirical work on revictimization suggest that multiple risk factors are likely present within this framework (e.g., posttraumatic stress symptoms [PTSS], emotion dysregulation, and risk-taking behaviors). Prior research has suggested that PTSS are often linked with these other risk factors, and it is possible that the development of PTSS following child maltreatment may be related to the development or maintenance of additional factors that increase the likelihood of revictimization. The purpose of this review was to synthesize findings regarding risk factors that place maltreated individuals at greater risk for adult revictimization. Approximately 228 studies were identified following a thorough search of the peer-reviewed literature using multiple databases (PsycINFO, PILOTS, and Google Scholar). Each study was critically analyzed for relevance. The included studies were used in our review of prevalence, specific risk factors that have been identified, and unanswered questions in this literature. PTSS were noted to be particularly important in the revictimization framework, and thus, a novel model of revictimization was also proposed where PTSS are illustrated as being associated with the development and maintenance of other factors within the revictimization framework.

Baca, S. A., Crawford, J. N., & Allard, C. B. (2021). PTSD, depression, and suicidality among survivors of childhood sexual trauma (CST), military sexual trauma (MST), and sexual revictimization (CST+ MST). *Psychological Trauma: Theory, Research, Practice, and Policy*. Advance online publication. <https://doi.org/10.1037/tra0001149>
[Full text](#)

Research to date has not examined how childhood sexual trauma (CST) followed by sexual trauma during military service (MST) relates to posttraumatic stress disorder (PTSD), depression, and suicidality among women and men. Given the strong association between MST in particular, and these serious posttraumatic outcomes, the current study sought to address this gap. The current study compared the mental health concerns of 268 treatment-seeking veterans who were survivors of CST, MST, or both (CST \cap MST). We hypothesized that MST would be associated with greater severity of symptoms compared with CST and that those who experienced sexual revictimization (CST \cap MST) would report more severe symptoms than veterans who experienced CST or MST alone. Veteran men presented with significantly higher suicidality but not higher PTSD or depression scores than women. Controlling for gender, MST survivors had significantly higher

PTSD and depression symptom severity scores, but not suicidality, than CST survivors. PTSD, depression, and suicidality scores were significantly higher for the CST þ MST group than for CST only survivors, but did not significantly differ from survivors of MST alone. Findings support the more severe clinical impact of CST þ MST-specific sexual revictimization compared with CST-only among military men and women, but also suggest that MST alone can have negative consequences similar to revictimization. While results point to the need to consider context and trauma history in future trauma research and clinical applications, they should be interpreted in light of our sample demographics, which were representative of the southwest U. S. veteran population.

Hébert, M., Lapierre, A., MacIntosh, H. B., & Ménard, A. D. (2021). A review of mediators in the association between child sexual abuse and revictimization in romantic relationships. *Journal of Child Sexual Abuse*, 30(4), 385-406.
<https://doi.org/10.1080/10538712.2020.1801936>

Child sexual abuse (CSA) is a widespread adverse experience that has multiple detrimental impacts in the long-term, affecting mental, sexual, and physical health of survivors. In addition, CSA may impede interpersonal functioning, and be associated with a heightened risk of revictimization. Recent review articles have summarized the possible risk factors associated with sexual revictimization, yet an increasing body of literature suggests that CSA may be a key risk factor for multiple forms (i.e., psychological, physical, sexual) of victimization occurring specifically in the context of intimate relationships, either in adolescence (dating violence) or adulthood (partner violence). Our understanding of the mechanisms linking CSA and dating violence or intimate partner violence is still limited. This systematic review of the literature is aimed at summarizing the identified mediators of the association between CSA and revictimization in romantic relationships in past empirical reports. A total of 18 studies meeting criteria were identified. Apart from PTSD, few potential mediators have been explored in more than one study. In addition, few studies have investigated protective factors that may reduce the risk of revictimization. Several limitations in the current literature were identified including issues related to definitions and measurement. Studies relying on longitudinal designs with representative samples are clearly needed to orient future prevention efforts and break the revictimization trajectory.

Papalia, N., Mann, E., & Ogloff, J. R. (2021). Child sexual abuse and risk of revictimization: Impact of child demographics, sexual abuse characteristics, and psychiatric disorders. *Child Maltreatment*, 26(1), 74-86. <https://doi.org/10.1177/1077559520932665>

[Full text](#)

Approximately half of child sexual abuse (CSA) victims report sexual revictimization later in life; however, there is limited rigorous evidence concerning factors contributing to sexual and nonsexual forms of revictimization. This article investigates the relationships between CSA and a range of revictimization experiences. It also examines the role of other individual-level factors (demographics, CSA characteristics, psychiatric disorders) in the risk of revictimization. The study compares data from a prospective-longitudinal study of 2,759 Australian children (<17 years old) alleged to have experienced contact-CSA between 1964 and 1995, and a comparison group matched on sex and age. In each case, CSA was deemed likely to have occurred according to expert forensic medical opinion. Abused children and comparisons were followed to age 35 years on average, and their lifetime official crime victimization histories and public mental health service records were extracted from statewide population-level administrative databases. Relative to comparisons, CSA victims experienced significantly higher rates of revictimization, with marked elevations in odds for interpersonal revictimization (i.e., sexual assault, physical assault, threats of violence, and stalking). The CSA-physical assault relationship was moderated by sex, with a stronger association for female victims. Among CSA victims, victim sex, age at index abuse, and several psychiatric diagnostic categories were independently associated with revictimization risk, with different patterns of vulnerability emerging depending on the nature of revictimization. Overall, CSA victims are vulnerable to a range of revictimization experiences later in life. Findings have implications for the identification of particular groups of sexually abused children at heightened risk for revictimization and the role mental health services may play in mitigating risk.

Schuster, I., & Tomaszewska, P. (2021). Pathways from child sexual and physical abuse to sexual and physical intimate partner violence victimization through attitudes toward intimate partner violence. *Journal of Family Violence*, 36(4), 443-453. <https://doi.org/10.1007/s10896-020-00180-2>

Although many studies have shown that victims of child abuse have an increased vulnerability to revictimization in intimate relationships, the underlying mechanisms are not yet sufficiently well understood. Therefore, this study aimed at examining this relationship for both sexual and physical

forms of violence as well as investigating the potential mediating role of attitudes toward sexual and physical intimate partner violence (IPV). Also, the potential moderating role of gender was explored. Sexual and physical child abuse and IPV victimization in adulthood as well as attitudes toward the respective form of IPV were assessed among 716 participants (448 female) in an online survey. The path analyses showed that child sexual abuse was positively linked to sexual IPV victimization among both women and men, whereas child physical abuse was positively associated with physical IPV victimization among women only. Furthermore, the relationship between both forms of child abuse and IPV victimization was mediated through more supportive attitudes toward the respective forms of IPV, but only among men. This study provides novel insights regarding the links between sexual and physical child abuse and revictimization in adulthood, suggesting that supporting attitudes toward IPV may be seen as vulnerability factor for revictimization. The moderating role of gender is especially discussed.

Scoglio, A. A., Kraus, S. W., Saczynski, J., Jooma, S., & Molnar, B. E. (2021). Systematic review of risk and protective factors for revictimization after child sexual abuse. *Trauma, Violence, & Abuse*, 22(1), 41-53. <https://doi.org/10.1177/1524838018823274>
[Full text](#)

Child sexual abuse (CSA) is a widespread public health problem in the United States. It has been associated with multiple longterm deleterious outcomes including revictimization in adulthood. This systematic review of 25 studies synthesizes research examining possible risk and protective factors that might explain the established link between CSA and future victimizations. Specific risk factors identified included co-occurring maltreatment in the home, risky sexual behavior (particularly in adolescence), post-traumatic stress disorder, emotion dysregulation, and other maladaptive coping strategies. Only one protective factor was identified: perceived parental care. The review also revealed considerable variability in definitions and measurement of both CSA and adult victimization, particularly in terms of how researchers conceptualized age. Many of the studies were limited in generalizability by including only college-age women. These findings have clinical and research implications. Public health interventions working to prevent revictimization among CSA survivors can utilize these findings when designing programs. For researchers, the results highlight the need for standardized definitions of both CSA and revictimization, for well-

validated and consistent measurement, and for inclusion of additional population groups in future research.

Walker, H. E., Wamser-Nanney, R., & Howell, K. H. (2021). Child sexual abuse and adult sexual assault among emerging adults: Exploring the roles of posttraumatic stress symptoms, emotion regulation, and anger. *Journal of Child Sexual Abuse, 30*(4), 407-426. <https://doi.org/10.1080/10538712.2021.1890295>

Child sexual abuse (CSA) has been previously linked with a risk for adult sexual assault (ASA) and posttraumatic stress symptoms (PTSS). Yet, the relations between CSA, ASA, and other psychological outcomes that may contribute to increased risk for ASA are less clear. This study aims to: 1) examine the links between CSA and ASA and potential risk factors (i.e., PTSS, emotion dysregulation, anger), 2) determine whether there are indirect effects between CSA and ASA through each factor, and 3) investigate whether there are indirect effects between CSA and ASA through the DSM-5 posttraumatic stress disorder (PTSD) symptom clusters. The sample included 567 undergraduates (Mage = 20.84, SD = 4.10; 81.1% women; 56.6% white) from two universities. Both CSA and ASA were related to PTSS, emotion dysregulation, and anger. There were indirect effects of CSA on ASA through PTSS and anger ($B = .04$, $B = .01$, respectively). CSA was associated with each of the PTSD symptom clusters, but only marked alterations in arousal and reactivity were linked with ASA ($B = .01$). The clusters had no indirect effects on the relation between CSA and ASA. These findings revealed several factors that may be linked with increased risk for sexual victimization.

Briere, J., Runtz, M., Rassart, C. A., Rodd, K., & Godbout, N. (2020). Sexual assault trauma: Does prior childhood maltreatment increase the risk and exacerbate the outcome?. *Child Abuse & Neglect, 103*. Advance online publication. <https://doi.org/10.1016/j.chiabu.2020.104421>

Some individuals who have been sexually assaulted as adolescents or adults have also been abused in childhood, although it is not clear how different forms of childhood maltreatment are related to adolescent/adult sexual assault, and how earlier abuse alters the relationship between sexual assault and current symptomatology. We sought to determine which types of child maltreatment are associated with adolescent or adult sexual assault, whether such child maltreatment interacts with sexual assault to predict more severe symptoms, and if sexual assault has unique symptom

correlates after controlling for prior child maltreatment. Participants were 398 women recruited online. A total of 36 % of women had experienced unwanted sexual contact at age 13 or younger (childhood sexual abuse [CSA]), 32 % had experienced unwanted sexual contact at age 14 or later (adolescent/adult sexual assault), and 24.4 % had experienced both. Of all forms of child maltreatment, only CSA was associated with sexual assault, doubling the risk relative to those without a history of CSA. CSA and sexual assault were each uniquely associated with current symptomatology, however there was no interaction between sexual assault and CSA on psychological symptoms. CSA is associated with a greater risk of later sexual assault, and both CSA and sexual assault have additive effects on adult symptomatology. However, prior sexual abuse does not appear to exacerbate the effects of sexual assault, and sexual assault is associated with lasting psychological sequelae even when controlling for sexual abuse.

Contreras Taibo, L., Huepe Artigas, D., & Navarrete García, G. (2020). Magnitude and characteristics of revictimization through child sexual abuse in Chile. *Legal and Criminological Psychology*, 25(1), 33-46. <https://doi.org/10.1111/lcrp.12158>

In recognition of the vulnerable situation that children and adolescents face as victims of sexual crimes, this research, the first of its kind in Latin America, studies the magnitude and characteristics of revictimization through child sexual abuse. This study aimed to provide current statistics on revictimization through child sexual abuse in Chile. The study draws from a sample of 18,006 children and adolescent victims of sexual crimes. It examines cases reported in 2012 throughout Chile and encompasses all additional reports of sexual victimization filed by the same victims through January 2015. Information taken from the criminal case (SAF) database provided by the Chilean Prosecutor's Office, and from National Service for Minors (Servicio Nacional de Menores, SENAME). 12.2% of victims in the sample filed a new report during the period studied, on average 254 days after the first event was filed. In 40.1% of the cases, the perpetrator in the second case was the same as in the original victimization; however, in 59.9% of cases the perpetrator was a different person. Revictimization by the original perpetrator generally occurs sooner, within half of the time reported for a revictimization by a new perpetrator. The frequency of revictimization in child sexual abuse is similar to that seen in other regions but occurs within shorter time frames than those reported globally.

Lahav, Y., Ginzburg, K., & Spiegel, D. (2020). Post-traumatic growth, dissociation, and sexual revictimization in female childhood sexual abuse survivors. *Child Maltreatment*, 25(1), 96-105. <https://doi.org/10.1177/1077559519856102>
[Full text](#)

Childhood sexual abuse (CSA) survivors are at high risk of sexual revictimization. At the same time, some survivors report positive transformations resulting from the traumatic experience, a phenomenon known as post-traumatic growth (PTG). Although one might expect PTG to be related to reduced risk of revictimization, the link between PTG and revictimization has not been investigated. Furthermore, mixed findings regarding the associations between PTG and distress imply that the effects of PTG are multifaceted. One potential explanation may be that dissociation shapes the implications of PTG, making it more like denial than adaptive processing of traumatic experience. This longitudinal study explores (a) the associations between PTG and sexual revictimization and (b) the moderating role of dissociation within the associations between PTG and revictimization. Participants were 111 female CSA survivors who participated in a 6-month efficacy trial evaluating the effectiveness of group psychotherapy for CSA survivors with HIV risk factors. Dissociation moderated the associations between PTG and revictimization: Whereas PTG had nonsignificant effects on revictimization in participants with low dissociation, it predicted elevated levels of revictimization in participants with high dissociation. Reports of PTG among some CSA survivors might mirror dissociative beliefs that increase their risk of revictimization.

Castro, Á., Ibáñez, J., Maté, B., Esteban, J., & Barrada, J. R. (2019). Childhood sexual abuse, sexual behavior, and revictimization in adolescence and youth: a mini review. *Frontiers in Psychology*, 10, 2018. <https://doi.org/10.3389/fpsyg.2019.02018>
[Full text](#)

Childhood sexual abuse (CSA) is considered as an activity aimed at providing sexual pleasure, stimulation, or sexual gratification to an adult who uses a minor for this purpose, taking advantage of the situation of superiority. CSA can have devastating consequences for the child. Previous studies have concluded that those who suffer an episode of CSA perform more risky sexual behaviors and are more likely to experience further episodes of sexual victimization during adolescence and early youth. There are two theoretical contributions that, although they offer partial views, can help to understand the association between CSA, sexual behavior, and revictimization in adulthood: the traumagenic dynamics model and the information-motivation-

behavioral skills model. This short review provides an overview of the problems and theoretical explanations that have been presented up to the present, underlining the importance of prevention and sex education as of childhood, as well as the need to continue investigating in order to develop specific theoretical models that help to understand and prevent CSA and its consequences.

Katz, C., Piller, S., Glucklich, T., Livni, K. A., & Matty, D. E. (2019). Repeated sexual victimization of adolescents by their peers: The perceptions of adolescents, their parents, and the practitioners at a child advocacy center. *Children and Youth Services Review, 99*, 132-137. <https://doi.org/10.1016/j.chilyouth.2019.02.003>

Various studies have indicated the many risks that characterize the period of adolescence. However, not much attention has been dedicated to the phenomenon of repeated sexual victimization in adolescence and even less to this phenomenon when it occurs among peers. The current qualitative study was designed in order to explore this phenomenon via the perspectives of child advocacy center practitioners working with adolescent victims and their parents. The study findings indicated that the adolescents at the heart of this study had likely been at continuous risk, as they had shown ongoing signs of distress over the years. This risk was evident not only at the individual level but also at the level of the family, which was typified by a chaotic dynamic. The difficult relationship between the parents and their adolescent children was, in part, manifested in the parents' reactions to the abuse, as revealed in the theme of “She is the one to blame.” Other study findings pointed to the school's potentially central role in these situations. One of this study's strongest recommendations is for immediate collaboration between the multiple systems in adolescents' lives, a previously suggested recommendation that, sadly, seems yet to have been implemented.

Pittenger, S. L., Schreier, A., Meidlinger, K., Pogue, J. K., Theimer, K., Flood, M. F., & Hansen, D. J. (2019). Psychological distress and revictimization risk in youth victims of sexual abuse. *Journal of Interpersonal Violence, 34*(9), 1930-1960. <https://doi.org/10.1177/0886260516658755>
[Full text](#)

Psychological distress, including depression and anxiety, has been associated with increased risk for sexual revictimization in youth who have experienced child sexual abuse. The present study utilized assessment information from treatment seeking youth with histories of sexual abuse to explore specific risk indicators for revictimization—risk taking, social problems, maladaptive

cognitions, and posttraumatic stress—that may be indicated by self-reported distress. The relationship between initial levels of distress and change in symptoms over a 12-week course of treatment was also explored. Participants were 101 youth referred to a child-focused therapeutic group for victims of sexual abuse, 65 youth referred to an adolescent-focused group, and their non-offending caregivers. Results revealed that when combined into a distress score, depression and anxiety were associated with delinquent behaviors, interpersonal difficulties, maladaptive cognitions, and posttraumatic stress symptoms for child and adolescent group participants at presentation to treatment. Children exhibited improvement on measures of interpersonal difficulties, maladaptive cognitions, and self-reported posttraumatic stress disorder (PTSD) symptoms. Adolescents exhibited less change over time, with significant improvement on self-reported social problems and PTSD only. Higher psychological distress was associated with less improvement in regard to negative expectations of abuse impact for child group participants. The findings suggest that distress indicates the presence of specific revictimization risk indicators, helping to identify targetable symptoms for intervention. Therefore, screening for psychological distress after discovery of sexual abuse may help detect youth at higher risk for revictimization and guide treatment.

Walker, H. E., Freud, J. S., Ellis, R. A., Fraine, S. M., & Wilson, L. C. (2019). The prevalence of sexual revictimization: A meta-analytic review. *Trauma, Violence, & Abuse, 20*(1), 67-80. <https://doi.org/10.1177/1524838017692364>
[Full text](#)

The literature consistently demonstrates evidence that child sexual abuse survivors are at greater risk of victimization later in life than the general population. This phenomenon is called sexual revictimization. Although this finding is robust, there is a large amount of variability in the prevalence rates of revictimization demonstrated in the literature. The purpose of the present meta-analysis was to calculate an average prevalence rate of revictimization across the literature and to examine moderators that may potentially account for the observed variability. Based on a review of PsycINFO and PILOTS, 1,412 articles were identified and reviewed for inclusion. This process resulted in the inclusion of 80 studies, which contained 12,252 survivors of child sexual abuse. The mean prevalence of sexual revictimization across studies was 47.9% (95% confidence intervals [43.6%, 52.3%]), suggesting that almost half of child sexual abuse survivors are sexually victimized in the future. The present study failed to find support for any of the examined

moderators. Potential explanations of and implications for the results are offered, including suggestions for therapists.

Auslander, W., Tlapek, S. M., Threlfall, J., Edmond, T., & Dunn, J. (2018). Mental health pathways linking childhood maltreatment to interpersonal revictimization during adolescence for girls in the child welfare system. *Journal of Interpersonal Violence*, 33(7), 1169-1191. <https://eprints.whiterose.ac.uk/94690/1/JTjiv29nov2015.pdf>
[Full text](#)

This study compares the association of histories of childhood emotional, physical, and sexual abuse, and physical neglect with revictimization among adolescent girls, and investigates the role of posttraumatic stress and symptoms of depression as mediators. Participants were 234 girls aged 12 to 19 years, who have been involved with the child welfare system in a Midwestern urban area. Data were collected from baseline surveys of a trauma-focused group program to which the participants were referred. The majority of participants were youths of color (75%) who were primarily African American (70%), and the remaining participants were White, non-Hispanic (25%). Data were collected through surveys that assessed histories of child abuse and neglect, symptoms of posttraumatic stress and depression, and experiences of physical, verbal, and relational revictimization in the last 3 months. All types of abuse and neglect were significantly associated with higher frequencies of revictimization and higher levels of posttraumatic stress and depressive symptoms. Parallel mediation analyses demonstrated that both posttraumatic stress and depression fully mediated the relationships between emotional abuse and revictimization, and sexual abuse and revictimization. Physical abuse was fully mediated by posttraumatic stress, but not by depression. Results also indicated that neither posttraumatic stress nor depression were mediators for the relationship between neglect and revictimization. There were similar pathways to revictimization in adolescents from emotional and sexual abuse through posttraumatic stress and depression. Evidence is mounting for the deleterious effects of emotional abuse. There is evidence that treatment of both posttraumatic stress and depression in emotionally and sexually abused adolescents involved in child welfare is warranted to prevent future revictimization.

Pittenger, S. L., Pogue, J. K., & Hansen, D. J. (2018). Predicting sexual revictimization in childhood and adolescence: A longitudinal examination using ecological systems theory. *Child Maltreatment, 23*(2), 137-146. <https://doi.org/10.1177/1077559517733813>

[Full text](#)

A substantial proportion of sexual abuse victims report repeat sexual victimization within childhood or adolescence; however, there is limited understanding of factors contributing to revictimization for youth. Thus, the present study examined predictors of sexual revictimization prior to adulthood using ecological systems theory. Records of 1,915 youth presenting to a Child Advocacy Center (CAC) were reviewed to identify individual, familial, and community factors as well as initial abuse characteristics associated with risk for revictimization. Results showed that 11.1% of youth re-presented to the CAC for sexual revictimization. At the individual level, younger children, girls, ethnoracial minority youth, and those with an identified mental health problem were most likely to experience revictimization. Interpersonal factors that increased vulnerability included the presence of a noncaregiving adult in the home, being in mental health treatment, and domestic violence in the family. Community-level factors did not predict revictimization. When factors at all levels were examined in conjunction, however, only individual-level factors significantly predicted the risk for revictimization. Findings from this study provide valuable information for CACs when assessing risk for re-report of sexual abuse and add to the field's understanding of revictimization within childhood.

Hébert, M., Moreau, C., Blais, M., Lavoie, F., & Guerrier, M. (2017). Child sexual abuse as a risk factor for teen dating violence: Findings from a representative sample of Quebec youth. *Journal of Child & Adolescent Trauma, 10*(1), 51-61.

<https://doi.org/10.1007/s40653-016-0119-7>

[Full text](#)

Child sexual abuse (CSA) is identified as a significant risk factor for later victimization in the context of adult intimate relationships, but less is known about the risk associated with CSA in early romantic relationships. This paper aims to document the association between CSA and teen dating victimization in a large representative sample of Quebec high-school students. As part of the Youths' Romantic Relationships Project, 8194 teens completed measures on CSA and psychological, physical and sexual dating violence. After controlling for other interpersonal traumas, results show that CSA contributed to all three forms of dating victimization among both boys and girls. The heightened risk of revictimization appears to be stronger for male victims of

CSA. Intervention and prevention efforts are clearly needed to reduce the vulnerability of male and female victims of sexual abuse who are entering the crucial phase of adolescence and first romantic relationships.

Papalia, N. L., Luebbers, S., Ogloff, J. R., Cutajar, M., Mullen, P. E., & Mann, E. (2017). Further victimization of child sexual abuse victims: A latent class typology of re-victimization trajectories. *Child Abuse & Neglect*, 66, 112-129.
<https://doi.org/10.1016/j.chiabu.2017.02.040>

The association between child sexual abuse (CSA) and risk for re-victimization is well-documented; however, less is known about the temporal progression of re-victimization experiences over the early life-course among CSA survivors, and whether this differs from that of those without known sexual abuse histories. This study investigated whether there are distinct temporal pathways of interpersonal re-victimization between the ages of 10–25 years among medically confirmed CSA cases, and considered whether abuse variables, re-victimization variables, and the presence of other adverse outcomes, were associated with heterogeneity in re-victimization pathways. The data were collected as part of a large-scale data-linkage study in which the medical records of 2759 cases of contact-CSA between 1964 and 1995 were linked, between 13 and 44 years following abuse, to police and public psychiatric databases; cases were compared to a matched community sample (n = 2677). Using a subsample of 510 (401 victims; 109 comparisons) individuals with an interpersonal (re)victimization history, we examined the aggregate ‘age-(re)victimization’ curves for CSA victims and comparisons, respectively. Further, we applied longitudinal latent class analysis to explore heterogeneity in re-victimization trajectories among abuse survivors across their early life-course. Four latent pathways were identified, labeled: Normative; Childhood-Limited; Emerging-Adulthood; and Chronic re-victimization trajectories. Older age at abuse, a criminal history, and mental health problems were uniquely predictive of membership to the more problematic and persistent re-victimization trajectories. Findings indicate that individuals exposed to CSA during adolescence may be particularly vulnerable to poorer re-victimization trajectories, characterized by multiple risk indices, and thus may warrant increased service provision.

Benedini, K. M., Fagan, A. A., & Gibson, C. L. (2016). The cycle of victimization: The relationship between childhood maltreatment and adolescent peer victimization. *Child Abuse & Neglect*, 59, 111-121. <https://doi.org/10.1016/j.chiabu.2016.08.003>

Child maltreatment has been demonstrated to have many short- and long-term harmful consequences for victims, but whether or not child abuse is associated with an increased risk of peer victimization during adolescence is unclear. This study analyzed prospective data from 831 children and parents participating in the Longitudinal Studies on Child Abuse and Neglect (LONGSCAN) to investigate the relationships between child physical and sexual abuse and adolescent victimization by peers, as well as the potential for gender to moderate these relationships. Results from ordinal logit regression models indicated that children who were physically abused prior to age 12, based on official reports, parent reports, and child reports, had a greater risk of experiencing more intimidation and physical assault by peers at age 16. Having a history of sexual abuse predicted more physical assault but not intimidation. There was no evidence that gender moderated these relationships; in all cases, the relationship between abuse and revictimization was similar for boys and girls. The findings emphasize the need to provide victims of abuse with assistance to help prevent a cycle of victimization.

Edalati, H., Krausz, M., & Schütz, C. G. (2016). Childhood maltreatment and revictimization in a homeless population. *Journal of Interpersonal Violence*, 31(14), 2492-2512. <https://doi.org/10.1177/0886260515576972>

We examined the hypothesis that exposure to childhood maltreatment increases the vulnerability to Adult Victimization (AV) in a homeless population (N = 500). We also investigated the effects of specific types (emotional, physical, and sexual) and cumulative experience of childhood maltreatment on AV, and whether gender moderates these relationships. All three groups with AV experience (emotional, physical, and sexual) indicated higher exposure to childhood abuse and cumulative maltreatment, and those who were sexually victimized as an adult showed higher exposure to childhood neglect. In addition, exposure to childhood maltreatment had type-specific and cumulative effects on AV. Exposure to all types of childhood abuse maintained a strong direct association with AV, regardless of demographic characteristics, including age, ethnicity, marital status, education level, and housing situation. In addition, exposure to physical neglect showed a significant relationship with Adult Sexual Victimization. Cumulative experience of childhood maltreatment was consistently associated with cumulative risk of experiencing AV. Gender had

no significant effect on these relationships. Findings suggest that intervention programs in homeless population should consider the history of childhood maltreatment and its characteristics to increase the effectiveness of intervention strategies for AV in this population.

Mokma, T. R., Eshelman, L. R., & Messman-Moore, T. L. (2016). Contributions of child sexual abuse, self-blame, posttraumatic stress symptoms, and alcohol use to women's risk for forcible and substance-facilitated sexual assault. *Journal of Child Sexual Abuse, 25*, 428-448. <https://doi.org/10.1080/10538712.2016.1161688>

Child sexual abuse and adult sexual assault have been linked to increased self-blame, posttraumatic stress symptoms, and alcohol use. The current study aims to examine (a) whether these constructs explain women's risk for later adult sexual assault and revictimization, (b) whether such factors differentially confer risk for specific types of adult sexual assault (i.e., substance-facilitated and forcible), and (c) if self-blame confers risk indirectly through other risk factors. Multiple types of self-blame, posttraumatic stress, and alcohol use were examined among 929 female college students as serial mediators of the relationship between child sexual abuse and adult sexual assault and as risk factors for sexual revictimization among child sexual abuse survivors. In the model predicting risk for substance-facilitated adult sexual assault, child sexual abuse indirectly predicted greater risk for substance-facilitated adult sexual assault mediated through two separate paths: global blame-to-posttraumatic-stress and global blame-to-alcohol use. In the model predicting risk for forcible adult sexual assault, child sexual abuse directly predicted greater risk for forcible adult sexual assault, and this relation was mediated by the global blame-to-posttraumatic-stress path. Among child sexual abuse survivors, child sexual abuse specific characterological and behavioral self-blame directly predicted greater risk for forcible and substance-facilitated revictimization, but the pathways were not mediated by posttraumatic stress or alcohol use. Results emphasize the importance of assessing different types of self-blame in predicting posttraumatic stress symptoms as well as examining risk for sexual victimization and revictimization. Findings did not support hypotheses that increased posttraumatic stress would predict increased alcohol use but did indicate that heightened self-blame is consistently associated with heightened posttraumatic stress and that heightened global self-blame predicts increased alcohol use. Implications for future research and intervention are discussed.

Tapia, N. D. (2014). Survivors of child sexual abuse and predictors of adult re-victimization in the United States: A forward logistic regression analysis. *International Journal of Criminal Justice Sciences*, 9(1), 64-73.

This study examines the factors that lead to an increased risk of adult sexual re-victimization among childhood sexual abuse survivors. Shame and self-blame, maladaptive coping strategies, and child sexual abuse severity were examined as risk factors for sexual re-victimization, among a sample 114 women, 86.8% of whom were African American. Results indicated that self-blame, and severity in terms of physical force and penetration in childhood sexual abuse, significantly predict adult revictimization.

Bramsen, R. H., Lasgaard, M., Koss, M. P., Shevlin, M., Elklit, A., & Banner, J. (2013). Testing a multiple mediator model of the effect of childhood sexual abuse on adolescent sexual victimization. *American Journal of Orthopsychiatry*, 83(1), 47–54.
<https://doi.org/10.1111/ajop.12011>
[Full text](#)

The present study modeled the direct relationship between child sexual abuse (CSA) and adolescent peer-to-peer sexual victimization (APSV) and the mediated effect via variables representing the number of sexual partners, sexual risk behavior, and signaling sexual boundaries. A cross-sectional study on the effect of CSA on APSV was conducted, utilizing a multiple mediator model. Mediated and direct effects in the model were estimated employing Mplus using bootstrapped percentile based confidence intervals to test for significance of mediated effects. The study employed 327 Danish female adolescents with a mean age of 14.9 years (SD = 0.5). The estimates from the mediational model indicated full mediation of the effect of CSA on APSV via number of sexual partners and sexual risk behavior. The current study suggests that the link between CSA and APSV was mediated by sexual behaviors specifically pertaining to situations of social peer interaction, rather than directly on prior experiences of sexual victimization. The present study identifies a modifiable target area for intervention to reduce adolescent sexual revictimization. (APA PsycInfo Database Record © 2016 APA, all rights reserved)

Wager, N. M. (2013). Sexual revictimization: Double betrayal and the risk associated with dissociative amnesia. *Journal of Child Sexual Abuse*, 22(7), 878-899.
<https://doi.org/10.1080/10538712.2013.830666>

This study aimed to identify new treatment targets in order to develop more empirically informed initiatives to prevent sexual revictimization. A retrospective Web-based survey employing a mixed-methods design attracted a self-selecting sample of 481 community respondents, 183 of whom indicated a history of childhood sexual abuse. Seventy-four percent were females whose ages ranged from 16 to 69 years (mean = 31.2 years). Betrayal trauma referred to CSA committed by a trusted perpetrator (often caregivers). Disclosure experiences in childhood were reported through open-dialogue boxes. Double betrayal referred to high-betrayal trauma being combined with a negative response to a disclosure. This was associated with both higher incidences of prior psychogenic amnesia for CSA and sexual revictimization in later life. The findings have implications for educating the guardians of children about the prevalence and implications of CSA as well as the importance of early recognition and appropriate responding.

Walsh, K., Messman-Moore, T., Zerubavel, N., Chandley, R. B., DeNardi, K. A., & Walker, D. P. (2013). Perceived sexual control, sex-related alcohol expectancies and behavior predict substance-related sexual revictimization. *Child Abuse & Neglect*, 37(5), 353-359.
<https://doi.org/10.1016/j.chiabu.2012.11.009>
[Full text](#)

Although numerous studies have documented linkages between childhood sexual abuse (CSA) and later sexual revictimization, mechanisms underlying revictimization, particularly assaults occurring in the context of substance use, are not well-understood. Consistent with Traumagenic Dynamics theory, the present study tested a path model positing that lowered perceptions of sexual control resulting from CSA may be associated with increased sex-related alcohol expectancies and heightened likelihood of risky sexual behavior, which in turn, may predict adult substance-related rape. Participants were 546 female college students who completed anonymous surveys regarding CSA and adult rape, perceptions of sexual control, sex-related alcohol expectancies, and likelihood of engaging in risky sexual behavior. The data fit the hypothesized model well and all hypothesized path coefficients were significant and in the expected directions. As expected, sex-related alcohol expectancies and likelihood of risky sexual behavior only predicted substance-related rape, not forcible rape. Findings suggested that low perceived sexual control stemming from CSA is

associated with increased sex-related alcohol expectancies and a higher likelihood of engaging in sexual behavior in the context of alcohol use. In turn these proximal risk factors heighten vulnerability to substance-related rape. Programs which aim to reduce risk for substance-related rape could be improved by addressing expectancies and motivations for risky sexual behavior in the context of substance use. Implications and future directions are discussed.

Matta Oshima, K. M., Jonson-Reid, M., & Seay, K. D. (2014). The influence of childhood sexual abuse on adolescent outcomes: The roles of gender, poverty, and revictimization. *Journal of Child Sexual Abuse, 23*(4), 367-386. <https://doi.org/10.1080/10538712.2014.896845>
[Full text](#)

Research on child sexual abuse has focused on adult revictimization and outcomes. This article examines the rate of child maltreatment revictimization among male and female children reported to child protective services for child sexual abuse and whether revictimization impacts outcomes. Using longitudinal administrative data, Cox regressions were used to examine relationships between initial report of child sexual abuse, maltreatment revictimization, and adolescent outcomes among children from poor and nonpoor families. Despite no significant differences in child sexual abuse rates between poor and nonpoor families, poor child sexual abuse victims were significantly more likely to have re-reports for maltreatment. Children with multiple reports were more likely to have negative outcomes. Interventions for child sexual abuse survivors should focus on preventing maltreatment recurrence generally and not ignore needs of male victims.

Miron, L. R., & Orcutt, H. K. (2014). Pathways from childhood abuse to prospective revictimization: Depression, sex to reduce negative affect, and forecasted sexual behavior. *Child Abuse & Neglect, 38*, 1848–1859.
<https://doi.org/10.1016/j.chiabu.2014.10.004>
[Full text](#)

Research suggests that adverse events in childhood, such as childhood physical, sexual, and emotional abuse, confer risk for later sexual assault. Psychological distress, coping strategies, and sexual behavior may help explain the path from childhood abuse to revictimization. The present study explored how the use of sex to regulate negative affect (SRNA) operates independently, and in combination with other psychosocial factors to increase college women's (N = 541) risk of experiencing prospective adult sexual assault (ASA). Sequential multiple mediator models in

Mplus were used to assess the effect of three different forms of childhood abuse on prospective ASA, both independently and while controlling for other forms of childhood abuse. The indirect effect of adolescent sexual assault (AdolSA), depressive symptoms, SRNA, and participants' response to a sex-related vignette was tested using bias-corrected bootstrapping. In the full path model, childhood emotional abuse and AdolSA predicted ASA, while childhood physical and sexual abuse were directly associated with AdolSA, but not ASA. Additionally, depressive symptoms and participants' estimate of their likely behavior in a sex-related vignette directly predicted prospective ASA. Results using bootstrapping revealed that a history of childhood abuse predicted prospective ASA via diverse direct and indirect paths, as well as through a similar multiple mediator path. Overall, findings suggest that a combination of affective, coping, and sexual expectancy factors contribute to risk for revictimization in adult survivors of childhood abuse. Future research directions and targets for risk-reduction programming are discussed.

Messing, J. T., La Flair, L., Cavanaugh, C. E., Kanga, M. R., & Campbell, J. C. (2012). Testing posttraumatic stress as a mediator of childhood trauma and adult intimate partner violence victimization. *Journal of Aggression, Maltreatment & Trauma, 21*, 792–811. <https://doi.org/10.1177/0886260508325489>

This study examined whether potential posttraumatic stress disorder (PTSD) mediated the relationships between different forms of childhood trauma (sexual abuse, physical abuse, violence between caregivers) and intimate partner violence (IPV) victimization (psychological, physical, sexual). Participants were 1,150 female nurses and nursing personnel. Path analytic findings revealed potential PTSD partially mediated the relationships between childhood sexual abuse and psychological IPV and childhood sexual abuse and sexual IPV. Potential PTSD did not mediate the relationship between other types of childhood trauma and IPV. This study adds to the literature indicating PTSD as a risk factor for revictimization in the form of adult IPV among women. Screening for and treatment of PTSD among female child sexual abuse survivors could prevent future IPV victimization.

Aosved, A. C., Long, P. J., & Voller, E. K. (2011). Sexual revictimization and adjustment in college men. *Psychology of Men & Masculinity, 12*(3), 285-296.
<https://doi.org/10.1037/a0020828>

Child sexual abuse (CSA) and adult sexual assault (ASA) occur at alarming rates in the United States and are associated with a number of adult psychological adjustment problems. Moreover, having a history of CSA may increase risk for sexual victimization in adulthood (revictimization). A number of studies explore the issues of CSA, ASA, revictimization, and adjustment in women, but far fewer studies investigate these issues in men. This study explored the phenomenon of sexual revictimization and related adjustment difficulties in 1,002 male college students who completed the Life Experiences Questionnaire, an expanded version of the Sexual Experiences Survey, and the Symptom Checklist-90—Revised. Results indicated that male CSA survivors are more likely than nonvictims to experience ASA and that sexual victimization and revictimization are related to increased adult adjustment difficulties in the forms of posttraumatic stress, hostility, depression, and general distress. Research and clinical implications are discussed, such as the need to assess male psychotherapy clients for sexual victimization and revictimization histories and the need for research on the mechanisms resulting in psychological adjustment difficulties in male survivors of sexual victimization and revictimization. (PsycINFO Database Record © 2019 APA, all rights reserved)

Lutz-Zois, C. J., Phelps, C. E. R., & Reichle, A. C. (2011). Affective, behavioral, and social-cognitive dysregulation as mechanisms for sexual abuse revictimization. *Violence and Victims, 26*(2), 159-176. <https://doi.org/10.1891/0886-6708.26.2.159>

Using a sample of 1,117 female college students, this study examined emotional, behavioral, and social-cognitive mechanisms of sexual abuse revictimization. It was hypothesized that numbing, alexithymia, alcohol problems, mistrust, and adult attachment dimensions would mediate the relationship between childhood sexual abuse (CSA) and adult sexual abuse (ASA). Aside from the close adult attachment dimension, the results indicated that all of the hypothesized mediators were associated with CSA. However, only alcohol problems and mistrust met the necessary conditions of mediation. The results with respect to mistrust are especially unique in that it is one of the first empirical demonstrations of a social-cognitive mechanism for sexual abuse revictimization. Thus,

these results enhance our understanding of interpersonal mediators of the relationship between CSA and ASA and provide a new direction for future research.

Noll, J. G., & Grych, J. H. (2011). Read-react-respond: An integrative model for understanding sexual revictimization. *Psychology of Violence, 1*(3), 202–215.
<https://doi.org/10.1037/a0023962>

Females who have been sexually abused in childhood are at significantly higher risk to be revictimized in adolescence and adulthood. Revictimization is associated with a raft of adverse mental and physical health outcomes, and so understanding why victims of childhood sexual abuse are more vulnerable to later sexual assaults has critical implications for their development. It has been hypothesized that sexual abuse in childhood results in reduced ability to recognize and/or respond effectively to sexual threats later in life, but studies examining these ideas have produced inconsistent results. Further, this research has failed to incorporate the powerful physiological reaction elicited by threats of imminent harm to the self, which has the potential to disrupt cognitive processing and coping behavior. In the present paper, we propose a model of revictimization that integrates contemporary theory and research on the biological stress response with cognitive, affective, and behavioral factors believed to be involved in adaptive responding to sexual threats. The model provides a conceptual guide for understanding why females with a history of sexual abuse are more vulnerable to revictimization and offers ideas for improving prevention programs designed to strengthen females' ability to resist sexual coercion. (PsycInfo Database Record © 2020 APA, all rights reserved)

Lalor, K., & McElvaney, R. (2010). Child sexual abuse, links to later sexual exploitation/high-risk sexual behavior, and prevention/treatment programs. *Trauma, Violence, & Abuse, 11*(4), 159-177. <https://doi.org/10.1177/1524838010378299>

This paper reviews the literature on the nature and incidence of child sexual abuse, explores the link between child sexual abuse and later sexual exploitation, and reviews the literature on prevention strategies and effective interventions in child sexual abuse services. Our understanding of the international epidemiology of child sexual abuse is considerably greater than it was just 10 years ago, and studies from around the world are examined. Childhood sexual abuse can involve a wide number of psychological sequelae, including low self-esteem, anxiety, and depression. Numerous studies have noted that child sexual abuse victims are vulnerable to later sexual

revictimization, as well as the link between child sexual abuse and later engagement in high-risk sexual behaviour. Survivors of child sexual abuse are more likely to have multiple sex partners, become pregnant as teenagers, and experience sexual assault as adults. Various models which attempt to account for this inter-relationship are presented; most invoke mediating variables such as low self-esteem, drug/alcohol use, PTSD and distorted sexual development. Prevention strategies for child sexual abuse are examined including media campaigns, school-based prevention programmes, and therapy with abusers. The results of a number of meta-analyses are examined. However, researchers have identified significant methodological limitations in the extant research literature that impede the making of recommendations for implementing existing therapeutic programmes unreservedly.

Lau, M., & Kristensen, E. (2010). Sexual revictimization in a clinical sample of women reporting childhood sexual abuse. *Nordic Journal of Psychiatry*, 64(1), 4-10.

[Full text](#)

Child and adolescent sexual abuse (CSA) increases the risk for adult sexual assault (ASA), and psychological vulnerability as well as aspects of CSA and upbringing might influence the risk. Aims: The aims of this study were to investigate whether women who reported both CSA and ASA: 1) have been exposed to more severe CSA and 2) have greater psychological distress and vulnerability than women who were not revictimized. The study was a cross-sectional study of 161 adult women with a reported history of intrafamilial CSA. Thirty-six per cent of the women stated they had been exposed to ASA. The severity of CSA, psychological distress (Symptoms Checklist-90-R) and Cognitive Distortion were assessed. Five factors of Cognitive Distortion (fearful, scared, shy, mistrust and vulnerable) were identified by factor analysis of Symptoms Checklist-90-R sub-scale. The CSA was significantly more severe (penetration: 77%/60%; multiple offenders: 67%/25%) in women exposed to ASA compared with their counterparts, as was the rate of suicide attempts (47%/30%). Also, the psychological distress and the factors: fearful, scared, shy and mistrust were significant higher. The results showed an increased psychological vulnerability among women with ASA, but whether the results are cause or effect of sexual revictimization or can be generalized to other clinical samples are not clear. Interventions targeting the increased risk of ASA should be developed, implemented and tested in prevention as well treatment programmes.

Messman-Moore, T. L., Walsh, K. L., & DiLillo, D. (2010). Emotion dysregulation and risky sexual behavior in revictimization. *Child Abuse & Neglect*, 34, 967–976.
doi:10.1016/j.chiabu.2010.06.004

[Full text](#)

The current study examined emotion dysregulation as a mechanism underlying risky sexual behavior and sexual revictimization among adult victims of child sexual abuse (CSA) and child physical abuse (CPA). Participants were 752 college women. Victimization history, emotion dysregulation, and risky sexual behavior were assessed with anonymous, self-report surveys utilizing a cross-sectional design. Approximately 6.3% of participants reported CSA, 25.5% reported CPA, and 17.8% reported rape during adolescence or adulthood. CSA and CPA were associated with increased risk for adolescent/adult rape; 29.8% of CSA victims and 24.3% of CPA victims were revictimized. Path analytic models tested hypothesized relationships among child abuse, emotion dysregulation, adolescent/adult rape and three forms of risky sexual behavior (e.g., failure to use condoms, contraception, or having sex with someone under the influence of alcohol/drugs), including frequency of risky sexual behavior with a regular dating partner, with a stranger, and lifetime number of intercourse partners. Emotion dysregulation mediated revictimization for both CSA and CPA. Emotion dysregulation also predicted lifetime number of sexual partners and frequency of risky sex with a stranger, but not frequency of risky sex with a regular dating partner. Findings suggest that emotion dysregulation is a distal predictor, and risky sex, particularly with lesser known partners, is a proximal predictor of sexual revictimization. Because emotion dysregulation also maintained a significant direct path to revictimization, risky sexual behavior appears to be one of several proximal risk factors for revictimization. Findings confirm that emotion dysregulation is a critical pathway to more proximal risk factors such as risky sexual behavior, and suggest that clinical interventions aimed at improving emotion dysregulation may help reduce risky sexual behavior and risk for revictimization.

Moore, E. E., Romaniuk, H., Olsson, C. A., Jayasinghe, Y., Carlin, J. B., & Patton, G. C. (2010). The prevalence of childhood sexual abuse and adolescent unwanted sexual contact among boys and girls living in Victoria, Australia. *Child Abuse & Neglect*, 34(5), 379-385. <https://doi.org/10.1016/j.chiabu.2010.01.004>

Childhood sexual abuse (CSA) is associated with both short- and long-term adverse mental and physical health consequences, yet there remains considerable controversy about the prevalence of

CSA in the general population. There is also little prospective data on unwanted sexual contact (USC) collected during adolescence. Data from a 10-year cohort study of a nationally representative sample of students aged 14-15 years in Victoria, Australia from 1992 to 2003 was used. CSA prior to age 16 was assessed retrospectively at age 24 years using a 6-item validated questionnaire. USC was assessed prospectively via questionnaire at 3 time points during adolescence. Multiple imputation was used to handle missing data. One thousand nine hundred forty-three of 2032 eligible adolescents participated in at least one wave of the study. One thousand seven hundred forty-five (812 males and 933 females) provided sufficient information to allow for multiple imputation and inclusion in the main analysis. The prevalence of any CSA was substantially higher among girls [17%, 95% confidence interval (CI): 14–20%] than boys (7%, 95% CI: 3–10%), as was the prevalence of USC reported during adolescence (14%, 95% CI 11–16%, versus 6%, 95% CI: 4–8% respectively). These findings highlight the high prevalence of childhood sexual abuse and unwanted sexual contact among girls as well as boys. In order to accurately inform early recognition, intervention and education programs for individuals with a history of CSA the frequency of sexual abuse must first be precisely quantified. Developing more standardized approaches will be important in order to improve our understanding of the extent of this problem.

Barnes, J. E., Noll, J. G., Putnam, F. W., & Trickett, P. K. (2009). Sexual and physical revictimization among victims of severe childhood sexual abuse. *Child Abuse & Neglect*, 33(7), 412-420. <https://doi.org/10.1016/j.chiabu.2008.09.013>
[Full text](#)

This 15-year prospective, longitudinal study examines adolescent and young-adult female self-reports of traumatic sexual and physical experiences occurring subsequent to substantiated childhood sexual abuse—revictimizations (N = 89). These incidences were contrasted to sexual and physical victimizations reported by a group of non-abused comparison females (N = 90). Abused females were almost twice as likely to have experienced sexual revictimization (odds = 1.99 ± 2.79 , $p < .05$), and physical revictimization (odds = 1.96 ± 2.58 , $p < .05$) as compared to victimization rates reported by comparison females. Abused females' revictimizations were also more likely to have been perpetrated by older, non-peers and characterized by physical injury than were victimizations reported by comparison females. Early childhood sexual abuse may provide information regarding the level of risk for recurrent sexual and physical victimization.

Daigneault, I., Hébert, M., & McDuff, P. (2009). Men's and women's childhood sexual abuse and victimization in adult partner relationships: A study of risk factors. *Child Abuse & Neglect*, 33(9), 638-647. <https://doi.org/10.1016/j.chiabu.2009.04.003>

The objectives of this study were to document the prevalence of childhood sexual abuse (CSA), childhood physical assault, psychological, physical and sexual intimate partner violence (IPV) in a nationally representative sample. (2) Assess the predictive value of CSA and other characteristics of the respondents and their current partners as potential risk factors for IPV. (3) Assess factors predicting IPV in adulthood in a subsample of women reporting CSA. The role of CSA as a risk factor for adult IPV was examined using data from the 1999 Canadian General Social Survey. A national stratified sample of 9170 women and 7823 men with current or previous partners were interviewed by telephone by Statistics Canada. Multiple logistic regressions were used. CSA consistently predicted IPV for women and men, although this relationship was weaker for men. Age, current marital status and limitations due to physical or mental condition or chronic illness were also predictors of IPV for men and women. For women reporting CSA, age (being younger) or being in a more recent relationship and being limited due to either physical, mental conditions or chronic illness were predictive of adult victimization. These findings indicate that CSA is associated with a greater risk of IPV beyond sociodemographic risk factors. To prevent IPV in women already at risk because of CSA, education about protective strategies seems important, particularly for women with physical or mental limitations, in the beginning stages of intimate relationships or for women with partners who drink excessively.

Fargo, J. D. (2009). Pathways to adult sexual revictimization: Direct and indirect behavioral risk factors across the lifespan. *Journal of Interpersonal Violence*, 24, 1771–1791.

<https://doi.org/10.1177/0886260508325489>

[Full text](#)

The purpose of this study is to investigate direct and indirect social and behavioral risk factors for adult sexual revictimization. Participants include 147 adult, predominantly African American (88%) women, 59% of whom had a documented history of child sexual abuse. Participants are interviewed in adulthood about adolescent and adult sexual victimization as well as other background and lifestyle characteristics. Structural equation modeling indicates that the relationship between child and adolescent sexual victimization is indirect, mediated by adolescent risk-taking behavior. The relationship between adolescent and adult sexual victimization is also

indirect, mediated by risky sexual behavior. The residual effects of early childhood family environment and childhood physical abuse also indirectly predict sexual revictimization. Results provide empirical support for the general supposition that the relationship between child and adult sexual victimization is complex and that many intermediary factors differentially affect risk for a heightened vulnerability to sexual revictimization.

Hébert, M., Lavoie, F., Vitaro, F., McDuff, P., & Tremblay, R. E. (2008). Association of child sexual abuse and dating victimization with mental health disorder in a sample of adolescent girls. *Journal of Traumatic Stress, 21*(2), 181-189.
<https://doi.org/10.1002/jts.20314>

The study's aim was to assess the association between adolescent girls' recall of child sexual abuse (CSA) and prevalence of dating victimization in early romantic relationships and to explore the link between multiple trauma history and mental disorders. When demographics and teacher-reported behavioral problems during childhood were controlled, the risk of presenting with at least one internalized or externalized mental health disorder was higher for adolescent girls with multiple victimization (history of CSA and dating victimization) than for adolescents with no multiple trauma history. Results highlight a strong association between reports of multiple traumatic experiences and mental health disorders of teenaged girls and the need to assess for a broader range of victimization experiences in the design of intervention services.

Widom, C. S., Czaja, S. J., & Dutton, M. A. (2008). Childhood victimization and lifetime revictimization. *Child Abuse & Neglect, 32*(8), 785-796.
<https://doi.org/10.1016/j.chiabu.2007.12.006>
[Full text](#)

The objective of the study was to examine the fundamental hypothesis that childhood victimization leads to increased vulnerability for subsequent (re)victimization in adolescence and adulthood and, if so, whether there are differences in rates of experiencing traumas and victimizations by gender, race/ethnicity, and type of childhood abuse and/or neglect. Using a prospective cohort design, participants are individuals with documented cases of childhood physical and sexual abuse and neglect from the years 1967 through 1971 and a matched control group. Both groups were interviewed in-person (mean age 39.5 years) in 2000–2002 using a new instrument to assess lifetime trauma and victimization history. Abused and neglected individuals reported a higher number of traumas and victimization experiences than controls and all types of childhood

victimization (physical abuse, sexual abuse, and neglect) were associated with increased risk for lifetime revictimization. Significant group (abuse/neglect vs. control) by gender and group by race/ethnicity interactions were found. Childhood victimization increased risk for physical and sexual assault/abuse, kidnapping/stalking, and having a family friend murdered or commit suicide, but not for general traumas, witnessing trauma, or crime victimization. These findings provide strong support for the need for early intervention with abused and neglected children and their families to prevent subsequent exposure to traumas and victimization experiences.

Wolfteich, P., & Loggins, B. (2007). Evaluation of the children's advocacy center model: Efficiency, legal and revictimization outcomes. *Child and Adolescent Social Work Journal*, 24(4), 333-352. <https://doi.org/10.1007/s10560-007-0087-8>

This study compares the Children's Advocacy Center (CAC) model with more traditional child protection services on several important outcomes such as substantiation of abuse, arrest and revictimization rates. One hundred and eighty-four child abuse and neglect cases from a large metropolitan area in Florida comprised the sample. Cases were selected over a five year-period from three different modes of child protection services including a CAC. Similar outcomes were found between the CAC model and the Child Protection Team (CPT), a multidisciplinary model, which was first developed in Florida in 1978. In comparison with traditional child protective investigation, these models were associated with improved substantiation rates and investigation efficiency. Results are discussed in terms of the utility of CACs above and beyond the aspect of multidisciplinary coordination and whether the goals of the CAC model need to be redefined. Recommendations for further research in the areas of multidisciplinary team decision-making, the long-term impact of the CACs and the role of supportive professionals on the multidisciplinary team were made.

Cyr, M., McDuff, P., & Wright, J. (2006). Prevalence and predictors of dating violence among adolescent female victims of child sexual abuse. *Journal of Interpersonal Violence*, 21(8), 1000-1017. <https://doi.org/10.1002/jts.20314>

The study's aim was to assess the association between adolescent girls' recall of child sexual abuse (CSA) and prevalence of dating victimization in early romantic relationships and to explore the link between multiple trauma history and mental disorders. When demographics and teacher-reported behavioral problems during childhood were controlled, the risk of presenting with at least

one internalized or externalized mental health disorder was higher for adolescent girls with multiple victimization (history of CSA and dating victimization) than for adolescents with no multiple trauma history. Results highlight a strong association between reports of multiple traumatic experiences and mental health disorders of teenaged girls and the need to assess for a broader range of victimization experiences in the design of intervention services.

Risser, H. J., Hetzel-Riggin, M., Thomsen, C. J., & McCanne, T. R. (2006). PTSD as a mediator of sexual revictimization: The role of reexperiencing, avoidance, and arousal symptoms. *Journal of Traumatic Stress, 19*, 687–698. <https://doi.org/10.1002/jts.20156>
[Full text](#)

Theory and research suggest that posttraumatic stress disorder (PTSD) may mediate the relationship between child sexual abuse and adult sexual assault. However, little empirical research has examined the mediational role of PTSD. In the present study, the authors use structural equation modeling to examine the degree to which the three symptom clusters that define PTSD (reexperiencing, avoidance, and hyperarousal) contribute to sexual revictimization. To assess PTSD symptomatology, undergraduate women completed questionnaires (N = 1,449), which detailed the history and severity of childhood and adult sexual assault experiences. Results indicated that PTSD mediated sexual revictimization. When PTSD symptom clusters were examined individually, only the hyperarousal cluster was a significant mediator. Results are discussed in terms of information-processing mechanisms that may underlie sexual revictimization.

Classen, C. C., Palesh, O. G., & Aggarwal, R. (2005). Sexual revictimization: A review of the empirical literature. *Trauma, Violence, & Abuse, 6*(2), 103-129.
<https://doi.org/10.1177/1524838005275087>

This article reviews the literature on sexual revictimization, covering approximately 90 empirical studies and includes a discussion of prevalence, risk factors, and correlates of sexual revictimization. Research suggests that two of three individuals who are sexually victimized will be revictimized. The occurrence of childhood sexual abuse and its severity are the best documented and researched predictors of sexual revictimization. Multiple traumas, especially childhood physical abuse, and recency of sexual victimization are also associated with higher risk. There is preliminary evidence that membership in some ethnic groups or coming from a dysfunctional

family places an individual at a greater risk. Revictimization is associated with higher distress and certain psychiatric disorders. People who were revictimized show difficulty in interpersonal relationships, coping, self-representations, and affect regulation and exhibit greater self-blame and shame. Existing research on prevention efforts and treatment is discussed. More longitudinal studies on sexual revictimization are needed.

Gagné, M. H., Lavoie, F., & Hébert, M. (2005). Victimization during childhood and revictimization in dating relationships in adolescent girls. *Child Abuse & Neglect*, 29(10), 1155-1172. <https://doi.org/10.1016/j.chiabu.2004.11.009>

Various experiences with violence during childhood and adolescence (parental violence, exposure to marital violence, sexual abuse within and outside the family, sexual harassment at school, community violence, involvement with violent or victimized peers, and previous dating violence) are examined as potential risk factors for psychological, physical, and sexual revictimization in adolescent girls' dating relationships. A group of 917 teenage girls (mean age = 16.3) were recruited in 5 high schools located in low to middle socioeconomic areas. Participants were in the 10th and 11th grades, and each completed a self-administered questionnaire. Analyses were performed on the 622 participants who reported having at least one dating partner in the last 12 months. Prevalence rates for past victimization experiences varied from 13% to 43%. Regarding last-year dating victimization, prevalence rates varied from 25% to 37%, depending on the type of violence sustained. Results suggest that extrafamilial experiences with violence are stronger risk factors for recent dating victimization than intrafamilial experiences, especially being sexually harassed by male peers at school and being involved with violent or victimized peers during the year preceding the survey. However, it is important to differentiate between girls who are repeatedly victims of violence in a single, long-term relationship (repeat dating victimization), and girls who are revictimized by different partners (dating revictimization), the former sustaining more frequent physical and psychological violence than the latter. Findings underline the importance of early prevention of adolescent dating violence. Prevention programs should especially address extrafamilial experiences with violence as important risk factors for victimization in dating relationships, and teach girls strategies to break up abusive relationships.

Kogan, S. M. (2005). The role of disclosing child sexual abuse on adolescent adjustment and revictimization. *Journal of Child Sexual Abuse, 14*(2), 25-47.

The role of disclosing child sexual abuse on adolescent survivors' symptomology and the presence of additional unwanted sexual experiences was investigated in a subsample of 111 adolescents from the National Survey of Adolescents who reported child sexual abuse. Results indicated that prompt disclosure of sexual abuse to an adult moderated the influence of penetration during the abuse on the number of symptoms at assessment. Thus, prompt disclosure buffered the influence of more severe abuse. Disclosure also had a main effect on the likelihood of further victimization. Participants who told an adult promptly after the abuse were less likely to report additional unwanted sexual experiences.

Marx, B. P., Heidt, J. M., & Gold, S. D. (2005). Perceived uncontrollability and unpredictability, self-regulation, and sexual revictimization. *Review of General Psychology, 9*(1), 67-90. <https://doi.org/10.1037/1089-2680.9.1.67>

This article reviews the descriptive literature on sexual revictimization and the evidence for the theoretical models that have been formulated to explain this phenomenon. Also, a speculative account of sexual revictimization is presented. The proposed model emphasizes individuals' attempts to influence or control the quality, frequency, intensity, or duration of fear and arousal associated with a history of uncontrollable and unpredictable childhood sexual abuse through the use of antecedent or response-focused emotion regulation processes. The various forms of emotion regulation may produce symptoms or behaviors that may signal vulnerability to sexual predators, result in impairment of the ability to properly process danger cues, and impede successful defensive behavior. Implications of the proposed model and future directions are discussed.

Wolfe, D. A., Wekerle, C., Scott, K., Straatman, A. L., & Grasley, C. (2004). Predicting abuse in adolescent dating relationships over 1 year: the role of child maltreatment and trauma. *Journal of Abnormal Psychology, 113*(3), 406-415. <https://doi.org/10.1037/0021-843X.113.3.406>

Three mediators of the relationship between childhood maltreatment and dating violence perpetration during midadolescence (i.e., trauma-related symptoms, attitudes justifying dating violence, and empathy and self-efficacy in dating relationships) were tested over 1 year with a sample of students from 10 high schools (N = 1,317). Trauma-related symptoms had a significant

cross-time effect on predicting incidents of dating violence for both boys and girls. Attitudes and empathy and self-efficacy did not predict dating violence over time, although they were correlated with such behavior at both time points. Child maltreatment is a distal risk factor for adolescent dating violence, and trauma-related symptoms act as a significant mediator of this relationship. The importance of longitudinal methodology that separates correlates from predictors is discussed. (PsycInfo Database Record © 2022 APA, all rights reserved)

Messman-Moore, T. L., & Long, P. J. (2003). The role of childhood sexual abuse sequelae in the sexual revictimization of women: An empirical review and theoretical reformulation. *Clinical Psychology Review, 23*(4), 537-571. [https://doi.org/10.1016/S0272-7358\(02\)00203-9](https://doi.org/10.1016/S0272-7358(02)00203-9)

There is now widespread empirical evidence that child sexual abuse (CSA) survivors are at greater risk for sexual revictimization in adulthood, but less is known of the mechanisms underlying this relationship. Despite the lack of a conceptual framework to guide research, there has been a recent influx of studies examining explanatory variables, with most focusing on the psychological sequelae of CSA: alcohol and drug use, sexual behavior, dissociation, posttraumatic symptomatology, poor risk recognition, and interpersonal difficulties. With the exception of sexual behavior, the studies reviewed here provide limited or mixed support for the role of intrapersonal factors in revictimization. Future research may benefit from a focus on the function of psychological distress that is expressed as psychological vulnerability, as opposed to individual forms of psychopathology or maladaptive behavior. An ecological framework may be useful as a guide to future investigations, as this model focuses on factors outside of the victim, including childhood factors such as family environment, contextual factors including the behavior of the perpetrator, and societal and cultural factors that impact revictimization. Future investigations should focus on the interaction between victim vulnerability and perpetrator behavior. Implications for prevention programming, clinical intervention, and future research are discussed.

Arata, C. M. (2002). Child sexual abuse and sexual revictimization. *Clinical Psychology: Science and Practice*, 9(2), 135-164. <https://doi.org/10.1093/clipsy.9.2.135>
[Full text](#)

Research identifying rates and effects of adult/adolescent sexual revictimization among child sexual abuse victims was reviewed. Approximately one-third of child sexual abuse victims reported experiencing repeated victimization. Child sexual abuse victims had a 2 to 3 times greater risk of adult revictimization than women without a history of child sexual abuse. Physical contact in abuse and revictimization in adolescence were found to lead to the greatest risk of revictimization. Repeated victims had more symptoms of Post Traumatic Stress Disorder and dissociation than women with a history of child sexual abuse alone. Theories of revictimization and mediating variables were also reviewed. It is maintained that clearer definitions of repeated victimization are needed and future research should include studies that follow child sexual abuse victims prospectively. (PsycInfo Database Record © 2021 APA, all rights reserved)

Desai, S., Arias, I., Thompson, M. P., & Basile, K. C. (2002). Childhood victimization and subsequent adult revictimization assessed in a nationally representative sample of women and men. *Violence and Victims*, 17(6), 639-653.
<https://doi.org/10.1891/vivi.17.6.639.33725>

The purpose of this study was to identify whether experiences of childhood physical and/or sexual victimization would increase women's and men's risk for victimization in adulthood by different perpetrators (any perpetrator regardless of the relationship to the victim; intimate partner perpetrator; non-intimate perpetrator) using a nationally representative sample. Results of hierarchical logistic regression analyses indicated that childhood victimization increased the risk for adulthood victimization by any perpetrator for men and women, and by an intimate partner for women but not men. Female and male victims of physical and/or sexual child abuse are at higher risk for adult victimization by non-intimate perpetrators. These results suggest the appropriateness of interventions among adults or young adults who have been victims of child abuse, to prevent any future victimization in adulthood. To guide the development of such prevention programs, research is needed to identify factors that affect the probability of adulthood victimization among child abuse victims.

Jankowski, M. K., Leitenberg, H., Henning, K., & Coffey, P. (2002). Parental caring as a possible buffer against sexual revictimization in young adult survivors of child sexual abuse. *Journal of Traumatic Stress, 15*, 235–244. <https://doi.org/10.1023/A:1015259412746>

This study examined whether parental caring provided a buffer against the revictimization effect. Nine hundred and seventy-four undergraduate women provided information about child sexual abuse, physical abuse, and whether they witnessed violence between their parents during childhood. They also reported whether they had ever been the victim of sexual assault in adulthood, and offered their perceptions of the degree of care they received as a child from each parent. Results indicated that women who had been sexually abused in childhood were twice as likely to be sexually assaulted in adulthood and that women with 2 or more types of childhood trauma were 3 times as likely to be sexually revictimized. Parental caring was not found to buffer against the revictimization effect.

Swanston, H. Y., Parkinson, P. N., Oates, R. K., O’Toole, B. I., Plunkett, A. M., & Shrimpton, S. (2002). Further abuse of sexually abused children. *Child Abuse & Neglect, 26*(2), 115-127. [https://doi.org/10.1016/S0145-2134\(01\)00311-8](https://doi.org/10.1016/S0145-2134(01)00311-8)

The study objective was to determine the incidence of re-abuse in children known to have been sexually abused and to find factors that increase the risk of re-abuse. The study group consisted of 183 children with substantiated sexual abuse who presented to two children’s hospitals’ Child Protection Units in Sydney, Australia during 1988 through 1990. At intake, when the children were aged between 5 years and 15 years, data about the child, the family, and the nature of the index sexual abuse were collected. Six years after presentation for the abuse, records of the Department of Community Services were checked to see if any of the young people had been the subject of substantiated notifications for abuse/neglect before and after intake to the study. Predictors of notifications for abuse/neglect after presentation for the index sexual abuse were identified. Of the sexually abused young people, nearly one in three were the subject of subsequent substantiated notifications to the Department of Community Services for some form of child abuse and neglect or behavior which placed them at risk of harm. Later notifications for abuse/neglect were predicted by notifications for emotional abuse before the index sexual abuse (adjusted RR = 4.88, CI: 1.43 to 16.65), severity of the index sexual abuse ($p = .03$), and the number of changes in the child’s primary caregivers before intake ($p = .03$). Approximately one in six of the sexually abused young

people were notified for sexual abuse after intake to the study. One in 10 also had prior notifications for sexual abuse. Sexual abuse notifications after study intake were predicted by caregiver changes before intake ($p = .01$) and whether or not there were notifications for emotional abuse before the index sexual abuse (adjusted RR = 3.40, CI: 1.05 to 11.02). Revictimization of children appears to be a marker of ongoing family dysfunction. Intervention in child sexual abuse needs to consider a range of risk factors associated with re-abuse and, in particular, should focus on family functioning if further abuse is to be prevented.

Coid, J., Petrukevitch, A., Feder, G., Chung, W. S., Richardson, J., & Moorey, S. (2001). Relation between childhood sexual and physical abuse and risk of revictimisation in women: A cross-sectional survey. *The Lancet*, 358(9280), 450-454.
[https://doi.org/10.1016/S0140-6736\(01\)05622-7](https://doi.org/10.1016/S0140-6736(01)05622-7)

Women who are physically and sexually abused in childhood are at increased risk of victimisation in adulthood. Research has concentrated on sexual revictimisation, and has not included investigation of other abusive experiences, nor examination of prevalence and effects of abuse on adult revictimisation. We aimed to examine the relation between childhood trauma and adult revictimisation, and identify confounding factors. We did a cross-sectional survey of 2592 women who were attending primary care practices in east London, UK, with self-administered anonymous questionnaires. We included questions on physical and sexual abuse in childhood; on domestic violence, rape, indecent assault, and other traumatic experiences in adulthood; and on alcohol and other drug abuse. We analysed associations between childhood and adulthood abuse with multiple logistic regression. 1207 (55%) of 2192 eligible women were recruited and completed the questionnaire. Abusive experiences cooccurred in both childhood and adulthood. Repetition and severity of childhood abuse were independently associated with specific types of adult revictimisation. Unwanted sexual intercourse (<16 years) was associated with domestic violence in adulthood (odds ratio 3.54; 95% CI 1.52–8.25) and with rape (2.84; 1.09–7.35); and severe beatings by parents or carers with domestic violence (3.58; 2.06–6.20), rape (2.70; 1.27–5.74), and other trauma (3.85; 2.23–6.63). Childhood abuse substantially increases risk of revictimisation in adulthood. Women who have experienced multiple childhood abuse are at most risk of adult revictimisation. Identification of women who have undergone childhood abuse is a prerequisite for prevention of further abuse.

Field, N. P., Classen, C., Butler, L. D., Koopman, C., Zarccone, J., & Spiegel, D. (2001). Revictimization and information processing in women survivors of childhood sexual abuse. *Journal of Anxiety Disorders, 15*(5), 459-469. [https://doi.org/10.1016/S0887-6185\(01\)00076-7](https://doi.org/10.1016/S0887-6185(01)00076-7)

This study examined the effect of sexual revictimization on information processing of trauma-related stimuli in a sample of child sexual abuse (CSA) survivors diagnosed with posttraumatic stress disorder (PTSD). Fifty-one treatment-seeking women participated in this study. Participants completed the Sexual Experiences Survey regarding sexual revictimization in the last 6 months and performed a modified emotional Stroop task in which they named the colors of neutral words (e.g., apple), general threat words (e.g., malignant and death), and sexual/victimization words (e.g., penis and abuser). As predicted, the revictimized participants (n=16) took significantly longer to color-name sexual/victimization words than did the nonrevictimized participants. These results suggest that revictimization serves to prime preexisting “trauma” memory networks, thereby amplifying the impact of childhood sexual trauma on selective attention toward trauma-related stimuli.

Maker, A. H., Kemmelmeier, M., & Peterson, C. (2001). Child sexual abuse, peer sexual abuse, and sexual assault in adulthood: A multi-risk model of revictimization. *Journal of Traumatic Stress, 14*(2), 351-368.
[Full text](#)

This study explored the predictors and consequences of sexual assault occurring after the age of 16 years in a nonclinical sample of women. Child sexual abuse occurring before the age of 16 years was the only predictor of later sexual assault among comorbid risk factors. Peer sexual abuse, number of perpetrators, age at time of sexual abuse, and severity of sexual abuse did not increase the risk for later sexual assault. Adult sexual assault victims showed lower levels of mental health functioning than did survivors of child or peer sexual abuse. We discuss a specificity model of revictimization and the differential effects of child, peer, and adult sexual trauma on the developmental trajectory of sexual violence and psychosocial functioning.

Arata, C. M. (2000). From child victim to adult victim: A model for predicting sexual revictimization. *Child Maltreatment*, 5(1), 28-38.
<https://doi.org/10.1177/1077559500005001004>

Women with histories of child sexual abuse (N = 221) participated in a study designed to test a model for predicting adult/adolescent sexual revictimization and post-assault functioning. Participants completed anonymous questionnaires regarding their sexual victimization history, post-sexual assault symptoms and attributions, and consensual sexual behavior. Repeated victimization was defined as having experienced child sexual abuse and a separate incident of adolescent/adult victimization. Repeated victimization was associated with having experienced child sexual abuse involving physical contact, including intercourse and/or penetration. Women with repeated victimization engaged in more self-blame, reported higher levels of post-traumatic symptoms, and reported more high-risk sexual behavior. A path model was developed that indicated that the relationship between revictimization and child sexual abuse was mediated by self-blame, post-traumatic symptoms, and consensual sexual activity. The results suggest the need for further research on revictimization as well as suggesting areas for intervention to prevent sexual revictimization.

Grauerholz, L. (2000). An ecological approach to understanding sexual revictimization: Linking personal, interpersonal, and sociocultural factors and processes. *Child Maltreatment*, 5(1), 5-17. <https://doi.org/10.1177/1077559500005001002>

This article applies an ecological model to the problem of sexual revictimization to advance the understanding of how personal, interpersonal, and sociocultural factors contribute to child sexual abuse victims' increased risk of being sexually victimized later in life. This ecological model explores how sexual revictimization is multiply determined by factors related to the victim's personal history (e.g., traumatic sexualization), the relationship in which revictimization occurs (e.g., decreased ability to resist unwanted sexual advances), the community (e.g., lack of family support), and the larger culture (e.g., blaming the victim attitudes). This article represents a step toward integrating findings on sexual revictimization and providing directions for future empirical work.

Krahé, B. (2000). Childhood sexual abuse and revictimization in adolescence and adulthood. *Journal of Personal & Interpersonal Loss*, 5(2-3), 149-165.
<https://doi.org/10.1080/10811440008409749>
[Full text](#)

Childhood sexual abuse must be seen as a pervasive risk factor in children's lives: No demographic or family characteristics have as yet been identified to rule out the possibility that a child will be or has been sexually abused (Finkelhor, 1993). The adverse consequences of sexual abuse, both immediate and long term, have been documented by a large body of research. After a summary of the main findings from this research, the main objective of the present chapter is to examine the impact of childhood sexual abuse on a particular aspect of psychological functioning: the development of sexual behavior and sexual relationships. In this analysis, special consideration is given to the question of whether individuals who were sexually abused as children are at greater risk of experiencing sexual victimization in later life than individuals without experience of abuse. This question has generated a substantial body of evidence (see Messman & Long, 1996, for a review), and researchers are beginning to understand pathways from the experience of abuse in childhood to revictimization in adolescence and adulthood.

Messman-Moore, T. L., & Long, P. J. (2000). Child sexual abuse and revictimization in the form of adult sexual abuse, adult physical abuse, and adult psychological maltreatment. *Journal of Interpersonal Violence*, 15(5), 489-502.
<https://doi.org/10.1177/088626000015005003>

Research has suggested that child sexual abuse (CSA) may place a woman at greater risk for further abuse in adulthood, a phenomenon called revictimization. Revictimization may occur in the form of unwanted sexual contact, physical abuse, and psychological maltreatment. This study assessed CSA and adult sexual, physical, and psychological abuse with a sample of 633 college women. Survivors of CSA (CSAS) were more likely to report unwanted sexual intercourse by acquaintances due to force and were more likely to experience unwanted intercourse with both acquaintances and strangers due to the misuse of the perpetrator's authority. CSAS were also more likely to experience unwanted fondling and oral-genital contact with acquaintances in the context of misuse of authority by the perpetrator and use of alcohol or drugs by the victim. In addition, CSAS experienced more instances of physical abuse and psychological maltreatment than nonvictims. The clinical and preventive implications of these findings are discussed.

Messman-Moore, T. L., Long, P. J., & Siegfried, N. J. (2000). 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. *Child Maltreatment, 5*(1), 18-27. <https://doi.org/10.1177/1077559500005001003>

Child sexual abuse (CSA) is associated with greater vulnerability to victimization in adulthood. Such experiences may have a cumulative effect. This study compared the adjustment of 633 women experiencing revictimization, multiple adult victimizations, single adult victimization, CSA only, or no victimization. Somatization, depression, anxiety, interpersonal sensitivity, hostility, and post-traumatic stress disorder (PTSD) symptomatology were examined. Results support the cumulative effect of trauma but do not indicate differential effects for child to adult revictimization. Women with revictimization and multiple adult assaults reported more difficulties compared to women with only one form of adult abuse or no victimization. Women with CSA only reported similar symptoms as revictimized women and women with multiple adult assaults reported higher levels of distress than nonabused women and appeared somewhat more likely to experience anxiety and PTSD-related symptoms as compared to women with only adult abuse. Women with adult assault only and no abuse reported similar levels of distress.

West, C. M., Williams, L. M., & Siegel, J. A. (2000). Adult sexual revictimization among Black women sexually abused in childhood: A prospective examination of serious consequences of abuse. *Child Maltreatment, 5*(1), 49-57. <https://doi.org/10.1177/1077559500005001006>

This study is a prospective investigation of adult sexual revictimization among 113 Black women with documented histories of childhood sexual abuse. The purpose was to obtain information on the frequency of sexual abuse in both childhood and adulthood and to determine which characteristics of the child sexual abuse were predictive of revictimization. Thirty percent of the participants were revictimized and physical force predicted subsequent victimization. This study also investigated possible sexual behavioral correlates of revictimization. Revictimized women reported more involvement in prostitution and partner violence. Finally, the present study considered the reproductive and sexual health correlates of revictimization. When compared to women abused in childhood only, revictimized women experienced more problems conceiving, repeated vaginal infections, sexually transmitted diseases, and painful intercourse. Suggestions for intervention are discussed.

Fergusson, D. M., Horwood, L. J., & Lynskey, M. T. (1997). Childhood sexual abuse, adolescent sexual behaviors and sexual revictimization. *Child Abuse & Neglect*, 21(8), 789-803.
[https://doi.org/10.1016/S0145-2134\(97\)00039-2](https://doi.org/10.1016/S0145-2134(97)00039-2)

The aims of this study were to examine the extent to which exposure to childhood sexual abuse (CSA) was associated with increased rates of sexual risk taking behaviors and sexual revictimization during adolescence. A birth cohort of 520 New Zealand born young women was studied at regular intervals from birth to the age of 18. At age 18 retrospective reports of CSA were obtained from sample members. Over the course of the 18 year study information was gathered on: (a) childhood, family, and related circumstances; and (b) the young women's history of sexual experiences from 14 to 18 years. Young women reporting CSA, and particularly severe CSA involving intercourse, had significantly higher rates of early onset consensual sexual activity, teenage pregnancy, multiple sexual partners, unprotected intercourse, sexually transmitted disease, and sexual assault after the age of 16. Logistic regression analyses suggested that the associations between CSA and sexual outcomes in adolescence arose by two routes. First, exposure to CSA was associated with a series of childhood and family factors including social disadvantage, family instability, impaired parent child relationships, and parental adjustment difficulties that were also associated with increased sexual vulnerability in adolescence. Second, there appeared to be a causal chain relationship between CSA and sexual experiences in which CSA was associated with early onset sexual activity which, in turn, led to heightened risks of other adverse outcomes in adolescence. The findings of this study suggest that those exposed to CSA have greater sexual vulnerability during adolescence. This appears to arise because: (a) the childhood and family factors that are associated with CSA are also associated with increased sexual risks during adolescence; and (b) exposure to CSA may encourage early onset sexual activity which places those exposed to CSA at greater sexual risk over the period of adolescence.

Kellogg, N. D., & Hoffman, T. J. (1997). Child sexual revictimization by multiple perpetrators. *Child Abuse & Neglect*, 21(10), 953-964.
[https://doi.org/10.1016/S0145-2134\(97\)00056-2](https://doi.org/10.1016/S0145-2134(97)00056-2)

The objectives of this study were to describe feelings, disclosure characteristics, family dysfunction, and health risky behaviors in those adolescents having unwanted sexual experiences (USE; any kind of sexual touching that was bad, uncomfortable, or forced) with multiple perpetrators and to compare these parameters with those adolescents having USE(s) with single

perpetrators. A cross-sectional survey of consecutive waiting room patients from four clinic sites was done in 538 adolescents and young adults; 76% of the study population were Hispanic and over half were poor. One hundred sixty-one subjects with single perpetrator USE(s) were compared with 97 subjects who had USE(s) with more than one perpetrator. Victims of multiple perpetrators were more likely than victims of single perpetrators to react with self-blame and delay disclosure of USE due to shame. When compared with victims of single perpetrators, those with multiple perpetrators were more likely to disclose their USE to protect self or others or because they became weary or intolerant of the abuse. Although family violence and substance abuse were common in both victims of single and multiple perpetrators of USE, these factors appeared to potentiate the likelihood of repeated victimization in childhood. Prevalence of health risky behaviors did not differ between the two groups. The findings indicated that sexual revictimization by multiple perpetrators is not uncommon and suggest that abused children should be questioned about this possibility. Children and teenagers who have USE(s) with more than one perpetrator may have more difficulties with psychological recovery due to increased shame and self-blame.

Messman, T. L., & Long, P. J. (1996). Child sexual abuse and its relationship to revictimization in adult women: A review. *Clinical Psychology Review, 16*(5), 397-420.
[https://doi.org/10.1016/0272-7358\(96\)00019-0](https://doi.org/10.1016/0272-7358(96)00019-0)

Revictimization is defined as the experience of both childhood sexual abuse and later sexual or physical abuse as an adult. Although clinically it is generally well accepted that women with a history of childhood sexual abuse are more likely than women without such a history to experience adult assault, little systematic investigation of this question has been conducted and no review of the literature on this topic is available. Several theoretical models have been suggested to account for the revictimization phenomena. This review outlines the theoretical positions that have been formulated to account for revictimization in women, examines the literature available concerning revictimization both in the form of adult sexual and physical assault, and considers impact of revictimization on women's later adjustment. Research in the area reveals that women who were sexually abused as children are significantly more likely to experience abuse as adults as compared to women who have not had such an experience in childhood. Conclusions about the state of the literature are discussed, and clinical and research implications are examined.