

# Comparison of influence on psychosocial factors of single and recurrent sexual abuse in childhood

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## Abstract

**Aim:** Sexual abuse in childhood, which is an important problem in the society, leads to many problems among the victims. This study aims to present the rate of being subject to recurrent sexual abuse and to find out the psychosocial characteristics of victims of recurrent sexual abuse.

**Materials and Methods:** A total of 466 children were referred to the Ankara Child Follow-up Center during the first year. 35 children who had recurrent sexual abuse were compared with 36 first-time sexual abuse victims sociodemographic features, characteristics of sexual abuse and risk factors of sexual abuse.

**Results:** 35 children who were victims of sexual abuse had been revictimized in the past. Children who had recurrent sexual abuse had statistically significantly higher rates of history of running away, school abstinence, broken family, problems in child-parent and parent-parent interrelations, alcohol use of family members, domestic violence and physical abuse than first-time sexual abuse victims.

**Conclusion:** These findings support the need of immediate treatment both to the victims and their families to prevent recurrent sexual abuse to the child victims of sexual abuse. To achieve this, specialists working with children in various disciplines may collaborate with their colleagues in a multidisciplinary approach and they may provide proper treatments to the victims and their families to alleviate the risk factors. In hospital and school environments, victims of sexual abuse may be provided with the necessary skills of self-defense via psycho-education sessions, they may receive psychological support and their risky behaviors might be minimized while their social support mechanisms are being strengthened.

**Keywords:** Child; psychosocial factors; sexual abuse

## INTRODUCTION

Childhood sexual abuse results in emotional, behavioral and social problems which may continue for a lifetime (1). One of these problems is recurrent victimization. Recurrent victimization is defined as sexually revictimization of the individuals, who were abused sexually in their childhood, at a later stage such as adolescence or adulthood because of a different incident (2). The risk of revictimization of the individuals who were sexually abused in their childhood at a later stage in their life is 2-3 times higher than the ones that don't have such a traumatic history (3-8). It was found out that 56% of the women who were only sexually abused in their childhood and 65% of the women who were both sexually and physically abused in their childhood were revictimized in their adulthood (9), and as for incest victims this ratio may reach to 68% (6). A research done in England showed that after victimization of sexual abuse, recurrent victimization in adulthood is 10.6 while sex trade is 3.3 times more prevalent (10,11).

Interaction of many different factors results in the recurrence of sexual abuse (12). Characteristics of the victim, the effects of childhood sexual abuse, the structural features of family such as broken family, social isolation, running away from home are some of these factors. In the studies done in the last twenty years that examined the recurrent victimization and attempted to reveal the factors making victims more vulnerable, factors such as taking drugs, drinking and increased sexual behavior observed post sexual-abuse, dissociation, post-traumatic stress disorder symptoms, affective disorders, anxiety disorder and nonfunctional family environment are found to be risk factors in recurrent victimizations (13-15). It was emphasized in the relevant literature that individuals with recurrent victimization have difficulty in perceiving threats in other words they are inhibited against escape and avoidance and this situation results from post-traumatic stress disorder (12).

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Determining the ratio and the characteristics of the sexually abused children is very crucial in terms of finding out the scale of the existing problem and determining the treatment and prevention activities that will be held in schools and hospitals. Considering the fact that children do not tell anyone about the victimization of sexual abuse because of various reasons such as fear, threat, especially embarrassment and repetition of their victimization for this reason, determination of psychosocial risk factors will pave the way for the educators and other specialists spotting these children and applying necessary treatments.

There is restricted research conducted in Turkey about the recurrence of sexual abuse post sexual abuse and risk factors of recurrent sexual abuse. This study aims to discuss the sexual abuse and recurrent sexual abuse victims' psychosocial features and to find out the rate of recurrent sexual abuse to the children who were admitted to Ankara Child Follow-up Center where forensic interviews with child victims of sexual abuse were made.

This research hypothesis : "H<sub>0</sub> = There is no a meaningful difference in the possible individual and familial risk factors of adolescents who have experienced SR, who experienced it once, and who have not experienced it?"

## MATERIALS and METHODS

In this study, files of 466 cases of individuals who applied to Ankara Child Follow-up Center claiming to be sexually abused between November 1st, 2010 and October 31st, 2011 were reviewed retrospectively. Reviewing the judicial interview reports which were recorded in consequence of the interviews made with the families and the harassed individuals by the judicial interview person working at Ankara Child Follow-up Center, reports of family interviews and police records if available, information about sexual abuse was gathered from the files. Recurrent CSA was defined as the occurrence of one or more events of sexual abuse experienced by the same child.

### Ethics

Ethical approval was obtained from Yenimahalle Education and Research Hospital Research Ethics Committee.

### Data Collection Instruments

#### Socio-demographic Data Form

Data form designed by the center' experts, there is demographic information related to possible familial and individual risk factors for child sexual abuse victims. Data that was gathered from the reports and information that would be used in the study, sociodemographic characteristics about the child and his/her family, things which the sexually harassed individuals faced after the first sexual abuse (e.g. threat, stigmatizing etc.), the details of the sexual abuse and abuser, risk factors for sexual abuse (e.g. parents age, educations, socio-economic status, substance use, alcohol consumption, self-mutilation, skipping school, and having low academic achievement level etc.) were written in the information form by the expert of center.

### Hollingshead-Redlich scale

Hollingshead- Redlich scale was applied to find out the socioeconomic-sociocultural level of the family (Andreasen NC. The comprehensive assessment of symptoms and history (CASH). Iowa City: The University of Iowa Press, 1985). The scale, taking the occupations and education levels of parents on the basis, performs a general measurement showing the utmost level in a certain period of time. Five separate socioeconomic-sociocultural state were defined in the scale. In this scale "parents who are wealthy and from the educated social layer", are coded as "1", "parents who are university graduate, having an occupation or in a high administrative position", are coded as "2"; "parents who are entrepreneurs, state officers or qualified workers, high school graduates", are coded as "3"; " parents who are semi-skilled workers, didn't get high school education" are coded as "4"; "parents who are semi-skilled workers, uneducated, primary school graduates", are coded as "5". When determining the socioeconomic-sociocultural state of the family, the one at the utmost level was taken as basis in this study.

Even though all of them suspicious about child sexual abuse, 67 of 466 individuals under 18 who applied to Ankara Child Follow-up Center in a year were determined not to have been abused It was understood that 35(8.8%) of the remaining 399 individuals were sexually harassed again by a different person and at a different time. 36 individuals, who were sexually abused once and matched by their gender and age with 35 individuals with recurrent sexual abuse were chosen among 364 individuals using simple random sampling. SPSS for Windows 14 (Statistical Programme for Social Science) was used to perform the statistical analysis of the data. The distribution of dependent numerical variants were assessed using Kolmogorov- Smirnov one sample test and histograms. Independent samples t-test was applied when normal distribution rule was met for the continuous variables, when the rule was not met Mann-Whitney U test was applied. Fisher's exact Chi-square test was employed for the assessment of the categorical variables in groups. McNemar test was put into use for making comparisons in the same group. All the tests were two tailed, and significance level was determined as p<0.05 statistically.

## RESULTS

No significant difference was found among the children who were sexually abused only once (n=36) and children who were recurrently sexually abused in terms of gender, age, father's age, education of the father, mother's age, education of the mother, number of siblings, socioeconomic level and mother's employment status. A significant difference was found among groups in terms of father's employment status. (X<sup>2</sup> =7.64, p=0.023) (Table 1).

Median age at first victimization was 13.5 (min-max: 5-17) for the individuals who had recurrent sexual abuse. It was found out that 17% of the children (n=5) who were abused by a familiar person (n=29) were abused by their

Table 1. Sociodemographic Features						
	Single sexual abuse		Recurrent sexual abuse		Statistical analysis	
	S/mean Median	%/ $\pm$ sd min-max	S/mean Median	%/ $\pm$ sd min-max	Independent samples t-test(t) Fisher's exact Chi-square test ( $X^2$ ) Mann-Whitney U-test (Z)	p
Age	14	(7-17)	14	(7-17)	Z=-0.21	0.84
Number of sibling	1	(0-6)	2	(0-11)	Z=-0.45	0.65
Mother's education(year)	5	(5-15)	5	(0-15)	Z=-0.18	0.85
Father's education (year)	5	(0-15)	5	(0-11)	Z=-1.05	0.23
Mother age	39.6	$\pm$ 8.2	40.5	$\pm$ 5.8	t=-0.42	0.68
Father age	44.3	$\pm$ 9.3	46.2	$\pm$ 7.9	t=-0.82	0.42
Girl	33	91.6	32	91.4	$X^2=0.001$	1.0
Boy	3	8.4	3	8.6		
<b>SES</b>						
High	2	6.3	0	0	$X^2=2.05$	0.58
Middle	6	17.1	5	15.2		
Low	27	77.1	28	84.8		
<b>Mother job</b>						
Working	11	33.3	6	23.1	$X^2=0.75$	0.56
Not Working	22	66.7	20	76.9		
<b>Father job</b>						
Working	26	78.8	18	72.0	$X^2=7.64$	0.023
Not Working	1	3.0	6	24.0		
Retired	6	18.2	1	4.0		

SES; Socioeconomic Status

own father. 51% of the children (n=20) stated that they told someone about what they experienced but legal procedure was not initiated. 34% of sexual abuse victims (n=12) stated that they told someone about what happened and legal authorities were informed. However, 8.6% of sexual abuse victims said that they didn't inform anybody about their first sexual abuse.

When the psychosocial conditions of recurrent sexual abuse victims were analyzed, the situations those victims faced until the second sexual abuse was shown in Table 2.

It was found out that 17.1% of the first sexual abuses (n=6), and 2.9% of the second sexual abuses (n=1) was performed by a stranger. In terms of acquaintance status (stranger, familiar) of the sexual abuse suspect, no statistically significant difference was found between first and second sexual abuse incidents (p=0.063). In 20% of the recurrent sexual abuse cases (n=7) suspect of both of the sexual abuse incidents was the same person. Among these, only in one case father was the suspect of the both sexual abuse incidents.

Table 2. Psychosocial conditions of recurrently sexual abused victims (Before the second sexual abuse)		
	n	%
Because of the existence of threat / pressing , she didn't prevent sexual abuse	19	54.3
Stigmatization	9	25.7
After the sexual abuse, random sexual intercourse	9	25.7
Decided to get married in order to deal with their traumatic experiences	8	22.9
Run away from their house	8	22.9
People around them didn't believe their stories after the first sexual abuse	7	20.0
Alcohol/substance misuse	5	14.3
Attempted suicide/ self mutilation	4	11.4
Forced commercial sexual exploitation	3	8.6
Early Marriage	3	8.6
After the first sexual abuse, pregnancy	2	5.7

Table 3. Features of Abuse and Abusers				
	First abuse	Recurrent abuse	Statistical Analysis	
	S/ (%)	S/ (%)	X2	p
Women abuser	0 (0)	2(5.7)	2.12	0.24
Unknown abuser	7 (19.4)	1 (2.9)	4.88	0.055
Unknown abuser in first sexual abuse	7 (19.4)	6 (17.1)	0.06	0.80
Incident place			0.55	0.75
Victims home	7 (19.4)	9 (25.7)		
Perpetrators home	16 (44.4)	13 (37.1)		
Other	13 (36.1)	13 (37.1)		
Full penetration	18 (50.0)	24 (68.6)	2.53	0.11
Touching the genital area of victims	13 (36.1)	13 (37.1)	0.08	0.93
Getting the victim to touch abuser's genital area	7 (19.4)	4 (11.4)	0.87	0.35
Exhibition adult genital organs	4 (11.8)	5 (14.3)	0.09	0.75
To witness sexual intercourse	1 (2.9)	4 (11.4)	1.93	0.35
Sex trade	0 (0)	4 (11.4)	4.36	0.054
Verbal sexual harassment	5 (13.9)	10 (28.6)	2.29	0.15
Exposure to pornography	3 (8.6)	2 (5.7)	0.22	0.65
Voyeurism	2 (5.7)	1 (2.9)	0.35	0.55
Sexual contented camera recording	3 (8.6)	2 (5.7)	0.22	0.65
Sexual contented images publishing on the internet	0 (0)	1 (2.9)	1.02	0.34
Physical violence	11 (31.4)	14 (40.0)	0.56	0.62
Verbal violence	15 (42.9)	19 (54.3)	0.92	0.34
The bribery of abuser	2 (5.7)	4 (11.4)	0.73	0.67

Table 4. Comparison of Risk Factors				
	Single sexual abuse	Recurrent sexual abuse	Statistical Analysis	
	S/ (%)	S/ (%)	X2	P
Loss of a parent	3 (8.3)	9 (27.3)	4.3	0.056
Broken Family	7 (19.4)	5 (15.2)	4.3	0.12
Presence of a step-mother/father	2 (5.7)	3 (10.0)	0.41	0.65
Presence of mental retardation	2 (5.6)	4 (11.4)	0.79	0.43
Presence history of running away from home	6 (17.6)	20 (58.8)	12.2	0.001
School abstinence	3 (8.3)	15 (42.9)	11.2	0.001
Sexual abuse victim's state of being under protection in a nursery school	2 (5.6)	6 (17.1)	2.38	0.15
Problems in child-parent	8 (27.6)	21 (70)	14.8	0.001
Problems in parent-parent interrelations	8 (28.6)	17 (70.8%)	10.34	0.006
Alcohol use of family members	4 (12.1)	10 (40)	6.04	0.028
Domestic violence	4 (12.1)	15 (53.6)	12.14	0.001
Physical abuse	3 (9.7)	13 (44.8)	9.47	0.003

When the features of sexual abuse and abusers were analyzed, no statistically significant difference was found in terms of the variables such as the gender or acquaintance of the abuser, place of the abuse, type of the abuse, physical violence, and presence of threat or bribe among victims of recurrent sexual abuse and victims of sexual abuse only once (Table 3). While the significance

is just below the limits statistically, it was found out that recurrent sexual abuse victims were subject to sex trade and were mostly abused by the people whom they are familiar with.

When the risk factors related to sexual abuse were compared among the groups, children who had recurrent sexual abuse had statistically significantly higher rates

of history of running away from home ( $p=0.001$ ), school abstinence ( $p=0.001$ ), broken family ( $p=0.001$ ), problems in child-parent ( $p=0.001$ ) and parent-parent interrelations ( $p=0.006$ ), alcohol use of family members ( $p=0.028$ ), domestic violence ( $p=0.001$ ) and physical abuse ( $p=0.003$ ) than first-time sexual abuse victims (Table 4). There is no statistically significant difference in terms of risk factors such as loss of a parent, divorce, presence of a step-mother/father, sexually abused victim's mental incompetence and sexual abuse victim's state of being under protection in a nursery school.

## DISCUSSION

This study investigates both the rate of concurrent sexual abuse cases among the children that were admitted to the Ankara Child Follow-up Center where judicial interviews are held with sexual abuse victims and the psychosocial conditions of the sexual abuse victims. 35 (8.8%) among 399 victims were found to have been sexually abused more than once. No research over the concurrent sexual abuse and the features of it has been conducted in Turkey before. Related foreign literature mostly investigated the relation between recurrent sexual abuse in adulthood and sexual abuse in childhood and adolescence (10,16). According to the studies, the differentiation of the definitions of sexual abuse and recurrent sexual abuse (6) makes it difficult to discuss the findings of these studies. A research showed that 9% of the girls and 2% of the boys under 15 are subject to sexual abuse, and very similar to the findings of this study, that the rate of recurrent sexual abuse is 7% among girls and 1.5% among boys (17). In our research, the rate of recurrent sexual abuse victimization is 8.8%, and the age distribution of the study group varies among 7-17. In a prospective study, which differs from this study methodically, concurrent sexual abuse rate is determined as 17% (18). In another study using a different sampling method, the rate of concurrent sexual abuse of the children who were sexually abused before 15 was found to be 20.9% (19). The reason that recurrent sexual abuse rate was higher in that study than the rate in our study may result either from the methodological differences or the differences in defining childhood sexual abuse, or from the differences in sampling as the sample was only chosen among the victims abused by the people they were familiar with and were subject to severe sexual abuse (genital contact or penetration). The reason that recurrent sexual abuse rate in our study is lower than the rates in the other studies mentioned may result from the fact that our sample is composed of various abuser profiles and all types of sexual abuse (severe and mild). Since the sample is composed of severe types of sexual abuse (20,21) and abusers are people close to the victims, psychopathology incidences of the victims might be increased, which might indirectly lead to the higher rates of recurrent victimizations (22). Two studies related to the recurrent sexual abuse revealed the relation between psychiatric disorders and recurrent sexual abuse (6,13). Moreover, it is reported in the literature that when the type sexual abuse is severe, the rate of being revictimized increases (23).

This is the first study in Turkey to state the following results: The victims were not able to prevent revictimization after the first victimization because of the existence of threat/pressure (54.3%), were stigmatized (25,7%), had random sexual intercourse (25.7%), ran away from their homes (22.9%), decided to get married in order to deal with their traumatic experiences (22.8%), were forced into commercial sexual exploitation (8.6%) and people around them didn't believe their stories (20%). Except for the decision to get married, the other findings such as stigmatization of victims, not getting social support from the people around them and performing risky behaviors like having random sexual intercourse are in line with the findings mentioned in foreign literature (24-27). In Turkey making marriage decisions in order to cope with the traumatic experience of victims may stem from socio-cultural differences. A research showed that there is a highly meaningful relationship among the early consensually sexual activity, adolescent pregnancy, multiple sexual partners, sexual activity without protection, sexually transmitted diseases and the rate of being subject to sexual assault after the age of 16, and the victims who experienced penetration (26). Another study highlighted that the rate of recurrent sexual abuse of the sexually abused children is higher when they were subject to emotional and physical abuse in the childhood and weren't provided with any support upon informing people about it (27). As it is seen, while the familial and environmental problems arising after the first sexual abuse may pose a risk for recurrent sexual abuse, the absence of these problems may turn out to be protective factors. Supporting this view, argued that social support from the parents may be a protective factor against sexual abuse (25). Further research with more samples should be done to investigate the causal relation between -individual, familial and environmental problems experienced post-sexual abuse and recurrent sexual abuse in order to get precise findings about this topic.

Another finding of this study is that the children with recurrent victimization have following problems "the story of "running away from home", school abstinence, unemployed father, broken family, the lack of communication between child-parent and between parents, alcohol problems in family, domestic violence and physical abuse" at a statistically and significantly higher rate than the children who were sexually abused only once. In the relevant literature, it is emphasized that dysfunctional family structure, disrupted family-children relationships and problems between the parents are some of the factors that increase sexual vulnerability in adolescence and recurrent sexual abuse of the children (13,26). A study presents that the individuals that were subject to sexual and physical abuse in their childhood are at a higher risk than those who were only sexually abused, while demographic factors such as being in a dysfunctional family or member of an ethnic minority group increase risk of being subject to recurrent sexual abuse (13). Furthermore, recurrent sexual abuse is reported to be

related to increase in the stress level, having a psychiatric disorder, drug use problems, feeling more embarrassed because of interpersonal difficulties in behavioral and cognitive functioning, self-reproach, weakness and problems with coping skills (13). An extensively sampled study on risky behavior conducted with participants with the age range of 15-23 found out that for female victims drug use, smoking and drinking habits, having a boyfriend, having a single parent, living in a large city and being subject to physical and emotional abuse before the age of 15 are related to experiencing recurrent sexual abuse in the last 12 months; while being sexually abused before the age of 15 increases the rate of being subject to sexual abuse 1.4-2.3 times (17). As a result, dysfunctional family structure, having a single parent, not getting support from the family after informing them, being subject to physical abuse, having many boyfriends/girlfriends, random sexual activity and psychiatric problems resulting from the victim's drug/alcohol use are the most emphasized risk factors, which are in line with the findings of this study (27,28). In the available literature, no data has been found about the risk factors such as school abstinence and running away from home about the children who were subject to recurrent sexual abuse.

There are some limitations to this study. One of these limitations, in terms of the size of the working group/sample, is the low number of the chosen recurrent sexual abuse victims. The second limitation is not including the nonabused children in the study that since this is a retrospective study. Because of these reasons, with more samples and sampling all three groups (those who were subject to recurrent sexual abuse, those who were subject to sexual abuse only once and nonabused ones) further research investigating the causal relationship between individual, familial and environmental problems after first sexual abuse and revictimization, is needed not only to designate the risk factors for sexual abuse victimizations but also to strengthen the external validity of the results.

## CONCLUSION

To sum up, considering that fact that childhood sexual abuse will result in negative outcomes in every area of life and unless treated it will continue to have those negative effects throughout the child's life, it is necessary to know that the efforts for preventing sexual abuse and post-abuse monitoring and treatment should be given importance and the victim and also her/his family are in need of rehabilitation. Specialists working with children from various disciplines such as education and medicine may collaborate with their colleagues working in a multidisciplinary approach to provide proper treatments to the victims and their families to alleviate the risk factors found in this study. As for hospital and school environments, victims of sexual abuse may be provided with psychological support and the necessary skills of self-defense via psycho-education sessions, which may help their risky behaviors be minimized while their social support mechanisms are also being strengthened.

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