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Research article

## Further victimization of child sexual abuse victims: A latent class typology of re-victimization trajectories

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#### ABSTRACT

The association between child sexual abuse (CSA) and risk for re-victimization is welldocumented; 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, revictimization 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.

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#### 1. Introduction

Over recent decades, the prevalence and associated negative sequelae of the sexual victimization of children has been extensively documented. Specifically, estimates indicate that between one-fifth and one-third of females and between 3 and 15% of males have experienced child sexual abuse (CSA) (Finkelhor, 1994; Stoltenborgh, van Ijzendoorn, Euser, &

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Bakermans-Kranenburg, 2011). Evidence suggests that approximately one-in-three CSA victims are subject to more severe abuse involving penetration (Fergusson & Mullen, 1999). Numerous studies have documented associations between exposure to CSA and an array of long-term negative consequences, including mental health, social, behavioral, interpersonal, and physical health dysfunctions (Gilbert et al., 2009; McGrath, Nilsen, & Kerley, 2011; Putnam, 2003; Walsh, Fortier, & DiLillo, 2010).

There has been considerable interest in the extent to which CSA is associated with an increased vulnerability for further victimization (for reviews, see Arata, 2002; Classen, Palesh, & Aggarwal, 2005; Pittenger, Huit, & Hansen, 2016). This phenomenon has been termed 're-victimization', and is used here to describe any victimization experience during childhood, adolescence, or adulthood, and occurring subsequent to an (identified) initial or index episode of CSA. Research into the re-victimization hypothesis is important, not only for the obvious value in disrupting this pattern, but also because further victimization is argued to aggravate the effects of previous sexual abuse experiences (Finkelhor, Ormrod, & Turner, 2007b; Fortier et al., 2009). Much of the research in this area has focused on the sexual re-victimization of CSA survivors (e.g., Cloitre, Tardiff, Marzuk, Leon, & Portera, 1996; Maker, Kemmelmeier, & Peterson, 2001; Merrill et al., 1999); however, more recent studies have considered a range of different types of trauma and re-victimization experiences among CSA survivors at various points in the life-course (e.g., Banyard, Williams, & Siegel, 2001; Ogloff, Cutajar, Mann, & Mullen, 2012; Wdom, Czaja, & Dutton, 2008).

It is estimated that CSA doubles or even triples the risk of further victimization compared to those without a CSA history (Arata, 2002; Barnes, Noll, Putnam, & Trickett, 2009; Fergusson, Horwood, & Lynskey, 1997; Fleming, Mullen, Sibthorpe, & Bammer, 1999). Retrospective studies, which comprise the majority of research in this area, indicate that as many as 70% of CSA survivors experience re-victimization during adolescence and/or adulthood (see Arata, 2002; Boney-McCoy & Finkelhor, 1995; Messman & Long, 1996). Although much of this research has focused on female samples, several studies that have included male samples also reveal a strong association between CSA and subsequent victimization among males (Desai, Arias, Thompson, & Basile, 2002; Krahé & Berger, 2017; Werner et al., 2016). In one of the few large-scale prospective studies available, Widom et al. (2008) found that all types of substantiated childhood maltreatment, including sexual abuse, were associated with an increased risk for lifetime re-victimization relative to matched non-abused controls. This increased risk was, however, confined to re-victimization experiences that were of an interpersonal nature, rather than for general traumas (e.g., natural disaster), witnessed traumas, or general crime victimization (e.g., property damage, theft). CSA victims in particular were almost 5 times more likely than controls to have experienced a subsequent sexual assault and almost 3 times more likely to have been the victim of kidnapping or stalking; although CSA victims also evidenced higher rates of lifetime physical assault following their index abuse, these differences failed to reach significance perhaps owing to the small number of CSA victims included in the maltreatment sample. In a more recent prospective study, which the current study extends, the authors found that female and male victims with medically confirmed CSA were 5 and 7 times more likely to have been re-victimized for a sexual offense, and 3 and 2 times more likely to have been re-victimized for a violent offense, respectively, relative to comparisons without a known history of abuse (Cutajar, Ogloff, & Mullen, 2011; Ogloff et al., 2012). Female CSA victims also had 5 times the odds of being threatened with violence subsequent to their index abuse relative to female comparisons.

Given the vast body of literature showing that CSA victims are at risk of being re-victimized at some point in their lives, a logical extension of this line of inquiry is to examine the temporal progression of re-victimization experiences from a life-course perspective. As noted by Swartout, Swartout, and White (2011), despite offering major advances in knowledge in this area, traditional approaches to studying re-victimization that involve the dichotomous classification of CSA victims as either 're-victimized' or 'not re-victimized' do little to elucidate more nuanced distinctions based on differences in frequency, severity, stability, and change in re-victimization over time. Unfortunately, however, there is very limited data concerning the longitudinal patterns of re-victimization among sexually abused children and, relatedly, the extent to which this differs from the aggregate rates of victimization across the life-course for those without known histories of CSA. With respect to the latter, for example, data from a number of sources indicate that the aggregate 'age-victimization' curve for the general population closely mirrors that of the 'age-crime' curve (Farrington, 1986; Hirschi & Gottfredson, 1983), particularly for person-related crimes, where violent victimization rates tend to be highest during the late teens and early 20s and then decline with age (Australian Bureau of Statistics, 2016; Truman & Planty, 2012). It is unclear whether a similar age-graded pattern exists for the re-victimization rates of CSA survivors, or whether there are important differences in the parameters (e.g., mean age at first re-victimization, peak age, rate of decline with increasing age) of the 'age-re-victimization' curve for this particular population. For example, there is some evidence to suggest that sexually abused children may be younger at the time of their first subsequent victimization compared to non-maltreated children. Widom et al. (2008) found that maltreated cases (including 67 cases of CSA) were significantly more likely to report being victimized prior to the age of 12 years (after taking into account the index episode of abuse), than non-maltreated comparisons. Similarly, Barnes et al.'s (2009) prospective study found that, relative to comparisons without a CSA history, CSA victims tended to be younger at their first sexual (re)victimization (11.8 years vs. 13.1 years) and first physical (re)victimization (9.7 years vs. 11.1 years); however, these differences failed to reach statistical significance. There were, however, significant differences in the age at second sexual (re)victimization, whereby CSA victims were almost 5 years younger, on average, than comparisons (13.5 years vs. 18.1 years); perhaps this suggests that victimization rates tend to be more stable over time among CSA victims than comparisons.

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