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Research article

Adverse childhood experiences and sexual victimization in adulthood☆

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ABSTRACT

Understanding the link between adverse childhood experiences (ACEs) and sexual victimization (SV) in adulthood may provide important information about the level of risk for adult SV and sexual re-victimization among childhood sexual abuse (CSA) survivors. In the present paper, we explore the relationship between ACEs, including CSA, and SV in adulthood. Data from the CDC-Kaiser ACE Study were used to examine the effect of experiences of early adversity on adult SV. Adult HMO members ($n = 7,272$) undergoing a routine health exam provided detailed information about ACEs that occurred at age 18 or younger and their experiences of SV in adulthood. Analyses revealed that as ACE score increased, so did risk of experiencing SV in adulthood. Each of the ACE variables was significantly associated with adult SV, with CSA being the strongest predictor of adult SV. In addition, for those who reported CSA, there was a cumulative increase in adult SV risk with each additional ACE experienced. As such, early adversity is a risk factor for adult SV. In particular, CSA is a significant risk factor for sexual re-victimization in adulthood, and additional early adversities experienced by CSA survivors may heighten adult SV risk above and beyond the risk associated with CSA alone. Given the interconnectedness among various experiences of early adversity, adult SV prevention actions must consider how other violence-related and non-violence-related traumatic experiences may exacerbate the risk conferred by CSA on subsequent victimization.

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Introduction

Research regarding the long-term effects of child maltreatment and other adverse childhood experiences (ACEs) has proliferated over the past two decades. This robust body of research documents a strong connection between early experiences and optimal health, wellness, and life opportunities across the life course (Anda et al., 2004; Felitti et al., 1998; Liu et al., 2013). Additionally, children and adolescents exposed to early trauma, such as abuse and neglect, are at increased risk for experiencing violence across their life span with accumulating risk for poorer health and social outcomes (Wilkins, Tsao, Hertz, Davis, & Klevens, 2014). As such, understanding the overlapping causes of violence and why some individuals are at greater risk for experiencing violence across their life is important, because it can help us address and prevent violence

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in all its forms, across all the stages of life. In the present paper, we explore the relationship between adverse childhood experiences, including childhood sexual abuse (CSA), and sexual victimization (SV) in adulthood.

Sexual violence is a significant problem in the United States. According to the 2011 National Intimate Partner and Sexual Violence Survey (NISVS; Breiding et al., 2014), an estimated 19.3% of women and 1.7% of men in the United States have been raped during their lifetimes. An estimated 43.9% of women and 23.4% of men have experienced other forms of sexual violence during their lifetimes. Examples include being made to penetrate someone else, sexual coercion, unwanted sexual contact, and noncontact unwanted sexual experiences. Most female victims of rape (78.7%) experienced their first rape before the age of 25; 40.4% experienced their first rape before the age of 18 years (Breiding et al., 2014), and, more than one-quarter of male victims experienced their first rape when they were 10 years of age or younger (Black et al., 2011). In 2013 alone, a total of 60,956 child sexual abuse cases were substantiated in the United States (US Department of Health & Human Services, 2015). Among a nationally representative sample of children and youth, 6% of the total sample report having experienced a sexual offense and 1.4% experienced a sexual assault in the last year (Finkelhor, Turner, Shattuk, & Hamby, 2015). Rates were highest for girls aged 14–17 years, of whom 16.4% experienced a sexual offense and 4.6% experienced a sexual assault in the last year (Finkelhor et al., 2015). For youth in the oldest age category (i.e., 14–17 years old) lifetime exposure to sexual assault was 14.3% for girls and 6% for boys.

Not only is CSA prevalent, but it also has a significant impact on public health. CSA has been linked to poor psychological, social, and physiological outcomes across the lifespan (Dube et al., 2005). For example, children who experience CSA are at increased risk of experiencing poorer mental health outcomes, such as low self-esteem (Tyler, 2002), depression (Kendler et al., 2000), dissociation (Weiss, Longhurst, & Mazure, 1999), and a history of suicide attempts (Dube et al., 2005). Children who experience CSA are also at increased risk of engaging in risky health behaviors, such as alcohol and substance abuse (Bryer, Nelson, Miller, & Krol, 1987), and risky sexual behaviors (Fergusson, Horwood, & Lynskey, 1997; Steel & Herlitz, 2005; Van Dorn et al., 2005). In their 23-year longitudinal study, Trickett, Noll, and Putnam (2011) found that sexually abused females generally had poorer outcomes across a host of additional biopsychosocial factors, including earlier onset of puberty, cognitive deficits, hypothalamic–pituitary–adrenal attenuation, asymmetrical stress responses, high rates of obesity, more major illnesses and healthcare utilization, lower educational attainment, self-mutilation, physical and sexual re-victimization, premature deliveries, and teen motherhood. The host of poor psychological, social, and physiological outcomes associated with CSA are also widely documented risk factors for rape, intimate partner violence, and peer violence (Lalor & McElvaney, 2010; Messman-Moore & Long, 2002), and thus, victims of CSA are particularly vulnerable to future SV (Breitenbecher, 2001; Coid et al., 2001; Desai, Arias, Thompson, & Basile, 2002; Fergusson et al., 1997; Himelein, 1995; Lalor & McElvaney, 2010; Mandoki & Burkhart, 1989; Merrill et al., 1999; West, Williams, & Siegel, 2000; Widom & Kuhns, 1996).

Sexual re-victimization occurs when a survivor of sexual abuse, such as CSA, is sexually victimized again (i.e., re-victimized; Messman & Long, 1996). Re-victimization among CSA survivors has been studied among various populations, typically women (e.g., Arata, 2002; Briere & Runtz, 1987; Bryer et al., 1987; Fergusson et al., 1997; Gidycz, Coble, Latham, & Layman, 1993; Gidycz, Hanson, & Layman, 1995; Humphrey & White, 2000; Mayall & Gold, 1995; Merrill et al., 1999; Messman-Moore & Long, 2002; Messman-Moore & Long, 2000; Shields & Hanneke, 1988; Trickett et al., 2011; Urquiza & Goodlin-Jones, 1994; Wyatt, Guthrie, & Notgrass, 1992), and results indicate that CSA survivors are more likely to experience adult SV compared to non-victims (Fergusson et al., 1997; Wyatt et al., 1992). In fact, CSA is among the strongest predictors of continued victimization (e.g., Casey & Nurius, 2005; Classen, Palesh, & Aggarwal, 2005; Merrill et al., 1999; Siegel & Williams, 2003; Wolfe, Wekerle, Scott, Straatman, & Grasley, 2004). A meta-analysis conducted by Roodman and Clum (2001) concluded that between 15% and 79% of women with histories of CSA were subsequently raped as adults (effect size = 0.59). Humphrey and White (2000) reported that victimization that occurred before the age of 14 years almost doubled the risk of later adolescent victimization. Moreover, Barnes, Noll, Putnam, and Trickett (2009) found that females who experienced CSA had re-victimizations that were more physically violent than those reported by females without a history of CSA. The body of research regarding sexual re-victimization is fairly robust; however, less is known about how other early adversities, beyond CSA alone, contribute to one's risk for experiencing sexual victimization in adulthood.

The relationship between other types of early adversities and adult SV may provide additional insight into risk factors for adult SV and re-victimization, as well as inform subsequent prevention actions. There is some research linking early adversities to SV risk. For example, Merrick, Litrownik, Everson, and Cox (2008) found that maltreatment experiences other than sexual abuse, and the developmental time period in which they occurred, predicted sexual behavior problems (e.g., sexual intrusiveness, displaying private parts, boundary problems) that had been long assumed to be uniquely related to experiences of child sexual abuse. Similarly, Widom, Czaja, and Dutton (2008) found that across a number of types of traumas and victimization experiences, abused and neglected children were at increased risk of re-victimization, compared to matched controls, which suggests that re-victimization extends to children who experience physical abuse and neglect, even in the absence of sexual abuse.

These findings are not unlike those from the landmark CDC-Kaiser ACE study, which assessed the impact of ACEs, a measure of child maltreatment and other household challenges, including parental incarceration and household substance abuse, on a wide variety of health behaviors and outcomes in adulthood (Felitti et al., 1998). Studies that have utilized ACE data have found a strong, graded dose–response relationship between abuse, neglect, and other household challenges and myriad health and social outcomes (Felitti et al., 1998), including perpetration and victimization of intimate partner violence (Whitfield, Anda, Dube, & Felitti, 2003), sexual promiscuity (Felitti et al., 1998), depressed affect (Chapman et al.,

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