



Applying ecological systems theory to sexual revictimization of youth: A review with implications for research and practice



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ABSTRACT

This article reviews the literature on sexual revictimization, integrating findings from studies with adult and youth samples and organizing research evidence within a social ecological framework. Multiple victimization experiences are common among children, adolescents, and adults with histories of child sexual abuse; they are associated with negative cumulative effects on the individual and, through these negative sequelae, perpetuate a cycle of victimization. While much of the research has focused on individual factors that promote revictimization, there is emerging evidence that external influences on the individual may influence risk for subsequent victimization. Specifically, family, perpetrators, and engagement with helping professionals may all mediate revictimization risk. Although limited evidence prevents conclusions regarding societal values, public policy, and law, these systems may also impact individual risk for experiencing multiple victimizations.

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1. Introduction

Child sexual abuse (CSA) is a prevalent problem that disrupts developmental trajectories and impacts victims across their lifespan. While epidemiological data vary, an astonishing number of children experience sexual abuse each year (Friedenberg, Hansen, & Flood, 2013) and consequently endure a number of negative outcomes in the form of psychological, behavioral, and neurobiological sequelae (De Bellis, Spratt, & Hooper, 2011; Putnam, 2003). Rigorously designed studies have provided evidence for the pervasiveness of problems stemming from initial victimization experiences, shedding light on the long-term consequences that individuals experience (Polusny & Follette, 1995); one of which is sexual revictimization. Over the past few decades, investigators have shown that experiences of sexual abuse heighten subsequent risk for victimization within childhood, adolescence, and adulthood (for reviews see Arata, 2002; Breitenbecher, 1999; Classen, Palesh, & Aggarwal, 2005). The majority of research exploring factors that increase the risk of subsequent victimization has focused on symptomatology associated with initial abuse experiences (Grauerholz, 2000) which is often reported retrospectively by adult women; however, the issue may be best understood when viewed within a developmental model that accounts for individual, family, environment, and societal factors (Grauerholz, 2000; Matta Oshima, Jonson-Reid, & Seay, 2014; Simmel, Postmus, & Lee, 2012). The purpose of this paper is to review current research evidence regarding revictimization across the lifespan from a social–ecological developmental perspective, noting areas in need of further exploration and providing recommendations for future research and prevention efforts.

2. Relationship between sexual abuse and revictimization

CSA is associated with an increase in risk for subsequent sexual victimization (see Arata, 2002; Classen et al., 2005). This phenomenon has been termed “revictimization,” and is here used to mean any victimization experience perpetrated by a different individual and occurring subsequently to an initial abuse occurrence (Barnes, Noll, Putnam, & Trickett, 2009). Despite recent evidence that children and adolescents experience sexual revictimization, investigations have mostly focused on sexual assault in adulthood for individuals with CSA histories. These endeavors have greatly contributed to knowledge regarding the relationship between CSA and adult sexual revictimization, and there is promise that similar risk models may apply to youth.

In a meta-analysis of studies concerning revictimization, Roodman and Clum (2001) concluded that there was a definite relationship between CSA and adult sexual victimization. In fact, female victims of CSA experience rape or sexual assault in late adolescence or adulthood at a rate two to three times higher than non-abused women (Arata, 2002; Barnes et al., 2009; Coid et al., 2001; Desai, Arias, Thompson, & Basile, 2002; Gidycz, Hanson, & Layman, 1995). While 24–38% of non-abused women report sexual victimization in adulthood, (Banyard, Williams, & Siegel, 2001; Barnes et al., 2009; Gidycz et al., 1995; Maker, Kemmelmeier, & Peterson, 2001), as many as 72% of adult CSA victims report sexual revictimization (Messman & Long, 1996); thus the relationship between CSA and adult victimization is not mere coincidence. Beyond contributing to the heightened likelihood of adult sexual victimization, CSA may actually predict its occurrence (Gidycz, Coble, Latham, & Layman, 1993; Himelein, 1995; Roodman & Clum, 2001). Classen et al. (2005) provided a thorough review of the adult revictimization literature to date, including cross-sectional and longitudinal studies across clinical, community, and college samples from the United States and other countries. They concluded that two out of three women with a history of CSA are likely to endure subsequent sexual victimization (Classen et al., 2005). Given this evidence, it can confidently be asserted that CSA strongly impacts risk for sexual victimization in adulthood.

Sexual abuse in childhood has also been associated with revictimization prior to adulthood (Miron & Orcutt, 2014). The few studies exploring revictimization as it occurs in childhood and adolescence suggest that it is a very real issue for individuals within these developmental periods, with re-abuse rates between 20 and 39% (Finkelhor, Ormrod, & Turner, 2007; Swanston et al., 2002). Surveying 304 female teenagers, Krahe, Scheinberger-Olwig, Waizenhöfer, and Kolpin (1999) found that girls with a history of sexual abuse reported more unwanted sexual experiences in comparison to non-abused peers, coerced and/or forced intercourse in particular. In their survey of 2000 children ages 10–16 years, Boney-McCoy and Finkelhor (1995) found that children with a prior report of CSA were 11.7 times more likely than those without a prior report to have experienced sexual abuse within the past year, an effect that persisted after taking into account repeat victimization by the same perpetrator. A large survey of adolescents also found CSA to be a predictor of sexual victimization within the past year (Smalls & Kerns, 1993). Further, a retrospective survey of 520 women found that those who reported experiencing CSA were five times more likely to experience attempted or completed rape and three times more likely to experience sexual assault between the ages of 16 and 18 years (Fergusson, Horwood, & Lynskey, 1997). Thus, sexual revictimization is commonly experienced by victims of CSA, occurs more frequently than can be considered chance, and impacts youth as well as adults.

3. Effects associated with sexual revictimization

Numerous studies provide evidence for the cumulative negative effects of multiple victimization experiences regarding individuals' psychological well-being. Green et al. (2000) conducted a large examination of the impact of multiple interpersonal traumatic events (e.g., sexual victimization) on psychological functioning. Reviewing questionnaire data from 2507 female college students, the authors found that experiencing multiple interpersonal traumas was associated with significantly higher self-reported psychological distress compared to women reporting multiple non-interpersonal traumas and those experiencing single traumas (either interpersonal or non-interpersonal). In her review of the sexual revictimization literature, Arata (2002) concluded that revictimized women are likely to report more trauma, depression, and anxiety symptoms, more frequently develop dissociative disorders, and have lower self-esteem compared to non-victimised women, those reporting child sexual assault only, and those reporting adult sexual assault only. A wide array of studies following suit has shown that victims of multiple instances of sexual violence tend to also report more psychological distress, suicidality and self-harm behaviors, poorer physical health, and more substance and alcohol use compared to those with single instances of victimization (Balsam, Lehavot, & Beadnell, 2011; Casey & Nurius, 2005; Fortier et al., 2009). Due to these cumulative effects, Barnes et al. (2009) identify continued victimization as having “far-reaching public health consequences” (p. 418).

Although there has been no formal investigation of the cumulative impact of revictimization on youth, it is clear that the psychosocial consequences of CSA are associated with risk for subsequent abusive episodes. For example, the emotional impact of CSA may place youth at higher risk for revictimization, which, in turn, increases risk for adult sexual assault. Utilizing data from the Developmental Victimization Survey, Cuevas, Finkelhor, Clifford, Ormrod, and Turner (2010) sought to explore predictors of revictimization for children and adolescents. Results indicated that reported psychological distress – calculated as an aggregate of depression, anxiety, and anger – predicted revictimization within one year of initial interview. Additionally, surveying 1569 women, Humphrey and White (2000) found that those who have experienced victimization in both childhood and adolescence had the highest rates of sexual assault as young adults. Multiple victimizations appear to contribute to a feedback loop whereby the impacts of initial

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