Further Victimization of Child Sexual Abuse Victims

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Presentation Outline

1. The Problem of Child Sexual Abuse
2. Research on Re-victimization
3. Current Research Aims/Questions
4. Research Methods
5. Key Results
6. Implications/Conclusions
Prevalence of Child Sexual Abuse (CSA)

- CSA continues to be a major social and public health concern
  - 2013 meta-analysis of global prevalence:
    - 8-31% of girls, 3-17% of boys, for CSA of any kind\(^1\)
    - Australian figures: 22% of girls and 8% of boys\(^2\)
  - For more severe abuse (i.e., penetrative), rates generally between 5-10%\(^3\)
    - 7-12% of girls, 4-8% of boys\(^2\)
Outcomes associated with CSA

- Previous research\textsuperscript{3-5} has linked CSA with a range of short- and long-term adverse outcomes, including:
  - Mental health problems (e.g., posttraumatic stress, depression, anxiety, self-harm/suicide, psychosis)
  - Behavioural problems (e.g., substance abuse, criminal behaviour, sexual risk-taking)
  - Social problems (e.g., interpersonal problems, poor educational attainment)
  - Physical health problems (e.g., hepatitis C, poor oral health)
• Considerable interest in the link between CSA & further victimisation
  • *Re-victimization*: any victimization experience during childhood, adolescence or adulthood, and occurring subsequent to an identified ‘index’ episode of CSA
  • Most research focuses on sexual re-victimization among females, with more recent research expanding its focus to include a wide range of trauma and victimization experiences for male and female survivors
  • CSA estimated to double or triple risk of further victimization\textsuperscript{6-8}
  • Why? Population Heterogeneity vs. State Dependence
Studies on the Re-victimization Hypothesis

Large-scale prospective research...

Widom & colleagues (2008, 2011)\textsuperscript{9,10}

- Followed a large sample of maltreated children (n=908) and non-maltreated children through to adulthood

- CSA victims 5 times more likely to experience a subsequent sexual assault, and 3 times more likely to have been the victim of kidnapping or stalking

- CSA victims also more likely to be the victim of violent crime, but no more likely to experience property crime
Large-scale prospective research continued…

Ogloff & colleagues (2012)\textsuperscript{11}

- Examined the crime victimization histories of a large sample of male and female CSA victims (up to 44 years after their initial abuse) and a general population sample
- Except for theft, all types of crime victimization were more common among CSA victims than comparisons
- CSA victims 5 times more likely to experience a sexual assault and almost 3 times more likely to experience a physical assault
Gaps in knowledge prompting the current study

• We know little about temporal patterns of re-victimization over the early life-course in child sexual abuse victims

• Know nothing about whether there are subgroups of CSA victims following different trajectories of re-victimization over time

• If there are, what factors might contribute to different re-victimization pathways?
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 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 1993 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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Research Questions:

1. Do individuals with confirmed CSA and non-abused comparisons follow a similar aggregate ‘age-victimization’ pattern over the early life-course?

2. Can distinct subgroups (or trajectories) of re-victimization over time be identified within a sample of CSA victims?

3. Are sexual abuse characteristics (e.g., victim gender, nature and timing of abuse) and the experience of other adverse outcomes (i.e., criminal history, mental health problems) associated with the type of re-victimization trajectory followed by CSA victims?

(Papalia et al., 2017)
**Method: Design & Samples**

**Design**
Historical cohort design with data linkage
Follow-up period of up to 44 years

**Cases**
- Archival records of 2,759 (2201 F, 558 M) children aged <17 years ($M = 10.22$, $SD = 4.44$)
- Substantiated CSA between 1964 and 1995
- Abuse variables: age, severity, frequency, relationship to perpetrator, no. of abusers
- Serious abuse group $\rightarrow$ 63% penetration

**Comparisons**
- 2,677 (2055 F, 622 M) comparison individuals established from electoral rolls
- Matched on gender and age (provided on two year age bands, e.g., 20-21 years)
- Nil matches for 82 CSA cases

(Papalia et al., 2017)
Method: Data Sources & Linkage

Mental Health Outcomes
• Public psychiatric database in Victoria (VPCR/RAPID)
  • E.g., date of contacts/admissions, psychiatric diagnoses, etc.

(Re)victimisation & Offending Outcomes
• Criminal record database in Victoria (LEAP)
  • E.g., type of victimisations/offences, date of contacts, etc.

CSA
Controls
2009

(Papalia et al., 2017)
CSA victims and comparisons were included in the study if they:

- Had an official record for at least one ‘interpersonal (re)victimization’
  - Defined as victimization for: homicide (no cases), sexual offenses, violent offenses, threatening behaviour, stalking, abduction, family violence incidents, and personal safety intervention orders (IVOs)

- Had no missing data for dates of victimization incidents

- Final sample $N = 510$ (401 victims, 109 comparisons)

- For CSA victims, any victimizations that pre-dated their index sexual abuse were excluded, as were any IVOs taken out against the perpetrator within 6 months of the index abuse.

(Papalia et al., 2017)
Key Results

Aggregate age-(re)victim curves (%) among interpersonal victims

(Fig. 1. Age-(re)victimization distributions reflecting the percentage of (re)victimized CSA cases and comparisons who had a recorded interpersonal (re)victimization at each age between 10 and 25 years.)

(Papalia et al., 2017)
Subgroups of CSA victims following distinct re-victimization trajectories?

(Papalia et al., 2017)
Variables related to CSA re-victimization trajectories?

- Cumulative risk for **Emerging-Adulthood** and **Chronic** subgroups

<table>
<thead>
<tr>
<th>Variable</th>
<th>Emerging Adulthood</th>
<th>Chronic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victim gender</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>Abused age 12–16 years</td>
<td>✓ (OR: 3–12)</td>
<td>✓ (OR: 7)</td>
</tr>
<tr>
<td>Freq. of re-victimization</td>
<td>✓ (Mean: 5.32)</td>
<td>✓ (Mean: 12.75)</td>
</tr>
<tr>
<td>Victim of sexual offense</td>
<td>✗</td>
<td>✓ (OR: 4–5)</td>
</tr>
<tr>
<td>Victim of violent offense</td>
<td>✗</td>
<td>✓ (OR: 6–12)</td>
</tr>
<tr>
<td>Victim of threats</td>
<td>✗</td>
<td>✓ (OR: 8–14)</td>
</tr>
<tr>
<td>IVO (presence &amp; frequency)</td>
<td>✗</td>
<td>✓ (OR: 5–7)</td>
</tr>
<tr>
<td>Family violence (presence &amp; frequency)</td>
<td>✓ (OR: 4–7)</td>
<td>✓ (OR: 7–29)</td>
</tr>
<tr>
<td>Offending history</td>
<td>✓ (OR: 3)</td>
<td>✓ (OR: 7–8)</td>
</tr>
<tr>
<td>Violent offending history</td>
<td>✗</td>
<td>✓ (OR: 3–6)</td>
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<tr>
<td>Sexual offending history</td>
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<td>✗</td>
</tr>
<tr>
<td>Mental health service contact</td>
<td>✓ (OR: 2)</td>
<td>✓ (OR: 3)</td>
</tr>
<tr>
<td>Clinical disorder</td>
<td>✓ (OR: 2)</td>
<td>✗</td>
</tr>
<tr>
<td>Posttraumatic stress disorder</td>
<td>✓ (OR: 10–14)</td>
<td>✓ (OR: 8–11)</td>
</tr>
<tr>
<td>Substance-use disorder</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Personality Disorder</td>
<td>✗</td>
<td>✓ (OR: 6–14)</td>
</tr>
</tbody>
</table>

(Papalia et al., 2017)
1. There is considerable variability among CSA victims in the age-profile, nature, and frequency of their re-victimization experiences over the early life-course.

2. For a small portion of CSA victims, victimization seems to be more of a perpetual condition over time rather than a discrete event. These individuals also experience other problems, including criminal behaviour and mental health issues.
Implications/Conclusions

3. Victims sexually abused during the pubertal period (ages 12-16 years) appear to represent an ‘at-risk’ group for poorer re-victimization trajectories

4. Need for coordinated approaches to management/intervention that recognise the complex interplay between CSA, re-victimization, offending, and serious mental health problems (‘trauma-informed care’)

5. Need for future research to elucidate vulnerability/resiliency factors, intervening mechanisms, etc.
Thank you!

Questions?