

# CHILD SEXUAL ABUSE RECURRENCE

PHILADELPHIA CHILDREN'S ALLIANCE | TEMPLE UNIVERSITY

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Dear Friends & Community Partners,

Among the worst things that can happen to a child is sexual abuse or exploitation. Once the abuse has been reported and professionals become involved with a family, a child should be on an uninterrupted path to hope and healing. Sadly, however, we're seeing this is not the case for many kids. Our observations guided us to the research, which shows that recurrence – further abuse after an initial disclosure or report – may occur for more than one third of children. That's an unacceptable number, given all that we know about trauma and its intergenerational legacy. We also know that the complexity of these issues is such that no one system can assure ongoing safety. An intentional, coordinated and evidence-informed approach, with an emphasis on family engagement, will guide us towards better results.

We are sharing this review of the current literature and recommendations for next steps from practitioners and academics at the Philadelphia Children's Alliance (PCA) and Temple University. We do not see this information as final, though it informs us as we evolve our knowledge and practice. PCA's partnership with Temple University's School of Social Work is grounded in our more substantial collaboration with the Philadelphia Department of Human Services, the Philadelphia Police Department and the District Attorney's Office, as well as St. Christopher's Hospital for Children and the Children's Hospital of Philadelphia. Our three-decade involvement with child survivors has taught us the value of a consistent, collaborative response grounded in the shared purpose of child safety and family healing.

As we learn more this coming year, we will pass it on to all of you and our caregiver partners. We remain humbled by the path ahead and hope you'll join us by sharing your input on how to reduce and eventually eliminate recurrent maltreatment of any child who comes to our attention.

Sincerely,  
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Interim Executive Director  
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## DEFINING CHILD SEXUAL ABUSE RECURRENCE

The literature uses both “revictimization” and “recurrence” to define further victimization of a child or teen who has previously experienced sexual abuse.



## RISK FACTORS FOR CHILD SEXUAL ABUSE RECURRENCE

**CHILD FACTORS:** Revictimization appears higher in children with mental health concerns, a diagnosed developmental delay, or sexual and high-risk behaviors.

**MALTREATMENT FACTORS:** More severe initial sexual abuse, the perpetrator being the caregiver’s significant other (stepfather, mother’s boyfriend) or babysitter, the abuse occurring in a familiar location, and prior emotional abuse all increase risk.

**FAMILY FACTORS:** Within families, a caregiver with drug, alcohol or mental health concerns, a history of sexual abuse, or the presence of domestic violence may heighten risk. Children were at greater risk of revictimization if they had a history of being left home alone or multiple different caregivers in their life.

**COMMUNITY/SYSTEMS FACTORS:** Active or prior child welfare involvement, foster care placement, and prior law enforcement involvement were associated with higher rates of child sexual abuse recurrence.

## PROTECTIVE FACTORS FOR CHILD SEXUAL ABUSE RECURRENCE

Identified family social supports and the caregiver believing the child’s initial victimization were protective factors for children. Further research is necessary to grow the field’s understanding of protective factors against recurrence.

### OF NOTE

#### PREVALENCE OF REVICTIMIZATION

Revictimization of children who have experienced sexual abuse averaged 48% across 80 studies.

#### PRIOR SEXUAL ABUSE AS THE STRONGEST RISK FACTOR

Prior sexual abuse is the strongest risk factor for sexual abuse victimization, underscoring the need for recurrence prevention.

### ADDITIONAL CONSIDERATIONS

#### RACE & ETHNICITY

Studies showed mixed vulnerability to recurrence among racial-ethnic minority groups, highlighting the need for more research.

#### SOCIOECONOMIC STATUS

Findings were mixed as to socioeconomic risk factors at the neighborhood and family level.

#### AGE & GENDER

Some studies point to younger age of initial abuse and female victims at higher risk, though a meta-analysis did not find age or gender effects.

## WHERE DO WE GO FROM HERE?



### PRACTICAL IMPLICATIONS

The existing literature has areas of limitation, but may aid child-serving agencies in better understanding intersecting risk for children, factors that promote safety, and **opportunities for thoughtful intervention**.

The aftermath of even one occurrence of child sexual abuse can be deeply complex and painful, and those children who experience recurrent CSA have higher rates of acute psychiatric needs and self-harm. These findings provide a compelling basis for organizations to evaluate outcomes for children once they are referred for services, and in the process to strengthen communities of care.

**Risk and protective factors** provide critical guidance to professionals, though we must be wary of implementing screening approaches without addressing the potential for bias. Broader maltreatment research provides critical understanding of under-reporting that stems from phenomenon such as delayed abuse disclosures, as well as disparate surveillance that occurs for families of color. We hope communities across the country will join Philadelphia in building a dialogue around child sexual abuse recurrence to develop impactful, equitable prevention solutions.

### AREAS OF FURTHER STUDY

#### FAMILY INPUT

Essential qualitative accounts from families who are directly impacted will help us learn of structural and day-to-day challenges, self-identified strengths, and how systems can be more responsive to needs.

#### INTERVENTION

The impact of intervention services such as mental health treatment or community programs on recurrence rates is not well understood. Evaluation in this arena may yield innovative response strategies for the field.

#### LOCAL CONTEXT

Child Advocacy Centers can leverage this national data to evaluate their own recurrence rates and elevate practice, policy and resources that will yield the most sustainable prevention approach for local communities.



## APPENDIX A: ANNOTATED BIBLIOGRAPHY

**Assink, M., van der Put, C. E., Meeuwse, M. W. C. M., de Jong, N. M., Oort, F. J., Stams, G. J. J. M., & Hoeve, M. (2019). Risk factors for child sexual abuse victimization: A meta-analytic review. *Psychological Bulletin*, 145(5), 459-489. <https://doi.org/10.1037/bul0000188>**

This meta-analysis identified 765 putative risk factors for child sexual abuse victimization. These risk factors, which were extracted from 72 studies, were classified into 35 risk domains. The strongest risk factor for child sexual abuse victimization was prior child sexual abuse victimization of the child and/or siblings ( $r = .36$ ).

**Barnes, J. E., Noll, J. G., Putnam, F. W., & Trickett, P. K. (2009). Sexual and physical revictimization among victims of severe childhood sexual abuse. *Child Abuse & Neglect*, 33(7), 412-420. <https://doi.org/10.1016/j.chiabu.2008.09.013>**

This 15-year prospective study examined the long-term effects of substantiated childhood sexual abuse on female development. Participants ( $n = 179$ ) included a group of females who were sexually abused by a family member between the ages of 6-16 at Time 1 ( $n = 89$ ) and a comparison group of females who were not sexually abused between the ages of 6-16 at Time 1 ( $n = 90$ ). They found that 41% of the sexually abused group and 24% of the comparison group were sexually victimized between baseline and follow ups at ages 11-25, 13-26, and 18-27. The group who had experienced childhood sexual abuse were almost twice as likely to have experienced sexual victimization at follow-up than the comparison group. Additionally, females who were sexually abused in childhood were more likely to be sexually (re)victimised by an older, non-peer than females who were not sexually abused in childhood.

**Fergusson, D. M., Horwood, L. J., & Lynskey, M. T. (1997). Childhood sexual abuse, adolescent sexual behaviors and sexual revictimization. *Child Abuse & Neglect*, 21(8), 789-803. [https://doi.org/10.1016/S0145-2134\(97\)00039-2](https://doi.org/10.1016/S0145-2134(97)00039-2)**

This longitudinal study assessed young women in New Zealand ( $n = 520$ ) at birth, 4 months, annually to age 16 and again at age 18. At age 18, retrospective reports of childhood sexual abuse were obtained from participants to examine the extent to which childhood sexual abuse was associated with increased rates of sexual risk-taking behaviors and sexual revictimization (rape/attempted rape or sexual assault) during adolescence (ages 16-18). The sample was split into four groups: no childhood sexual abuse ( $n = 430$ ), noncontact childhood sexual abuse ( $n = 22$ ), contact childhood sexual abuse that did not involve attempted or completed intercourse ( $n = 39$ ), and contact childhood sexual abuse involving attempted or completed intercourse ( $n = 29$ ). They found that young women reporting both contact childhood sexual abuse involving attempted or completed intercourse and childhood sexual abuse not involving attempted or completed intercourse had higher odds of rape/attempted rape and sexual assault compared to young women with no childhood sexual abuse. Young women reporting noncontact childhood sexual abuse did not have significantly different odds of sexual revictimization during adolescence (rape/attempted rape or sexual assault) compared to young women not reporting childhood sexual abuse.

**Finkelhor, D., Ormrod, R. K., & Turner, H. A. (2007). Re-victimization patterns in a national longitudinal sample of children and youth. *Child Abuse & Neglect*, 31, 479-502. <https://doi.org/10.1016/j.chiabu.2006.03.012>**

This study examined data from the Developmental Victimization Survey on children, ages 2-17, who participated in two waves of data collection, obtained approximately one year apart ( $n = 1,467$ ). In the first wave, 8% of the sample had experienced sexual victimization ( $n = 117$ ). They found that 39% of those that experienced sexual victimization in the first wave also experienced sexual victimization in the second wave. The risk ratio for re-victimization for children who had experienced sexual victimization in the first wave was 6.9 ( $p < .001$ ).

**Hornor, G., & Fischer, B. A. (2016). Child sexual abuse revictimization: Child demographics, familial psychosocial factors, and sexual abuse case characteristics. *Journal of Forensic Nursing*, 12(4), 151-159. [doi: 10.1097/JFN.0000000000000124](https://doi.org/10.1097/JFN.0000000000000124)**

This study involved retrospective chart reviews of children, 18 years of age or younger, who presented to a children's advocacy center (CAC) for sexual abuse assessments ( $n = 198$ ) over the course of a year. The sample consisted of a revictimization group who were seen for at least their second sexual abuse assessment and a one-assessment group who were seen for a sexual abuse assessment for the first time. Children in the revictimization group were younger and more often had a developmental delay diagnosis or mental health diagnosis compared to the one-assessment group. Families in the revictimization group more often reported multiple psychosocial risk factors including financial concerns, receiving public assistance, parental drug/alcohol concerns, parental mental health concerns, domestic violence, parental history of sexual abuse, previous law enforcement involvement, and previous CPS involvement. Additionally, a higher proportion of parents in the one-assessment group were

supportive and believed their child's allegation and families in the one-assessment group more often had an identified support system compared to the revictimization group.

**Hu, M. H., Huang, G. S., Huang, J. L., Wu, C. T., Chao, A. S., Lo, F. S., & Wu, H. P. (2018). Clinical characteristics and risk factors of recurrent sexual abuse and delayed reported sexual abuse in childhood. *Medicine*, 97(14), e0236. <https://doi.org/10.1097/MD.00000000000010236>**

Authors conducted retrospective medical record analysis of victims of witnessed or disclosed childhood sexual abuse, 18 years of age or younger, who were admitted to a pediatric emergency department over a 10-year period (n = 91). The sample consisted of children with recurrent (n = 32) and non-recurrent sexual abuse (n = 59). Children with recurrent sexual abuse had more comorbidities (based on their complete medical chart), a family member as a perpetrator (stepfather, mother's boyfriend, or babysitter), and were more likely to be victimized in a familiar location (the victim's home, the babysitter's home, kindergarten, or school). Victims of recurrent sexual abuse also had significantly higher rates of acute psychiatric problems, attempted suicide (self-hurting behaviors), the need for treatment with antipsychotic medications, and decreased school performance.

**Palusci, V. J., & Illardi, N. (2020). Risk factors and services to reduce child sexual abuse recurrence. *Child Maltreatment*, 25(1), 106-116. <https://doi.org/10.1177/1077559519848489>**

This study included NCANDS data of children, 18 years and younger, with sexual abuse reports confirmed by CPS during 2010 (n = 42,036). They found that 3.6% of the sample had a second confirmed sexual abuse report through 2015 and that family hearing and vision problems and other family violence were associated with increased risk for recurrence. Four child age groups were analyzed: 0-4 years, 5-9 years, 10-14 years, and 15-18 years. The 10-14 age group was the reference group and the group with the highest and fastest recurrence rates. They found that younger child age was associated with decreased risk for reoccurrence. Child male gender, Hispanic ethnicity, and family substance abuse were also associated with decreased risk for recurrence. Additionally, one fourth of the initial reports were referred for any CPS services. None of the CPS service referrals significantly reduced recurrence.

**Pittenger, S. L., Huit, T. Z., & Hansen, D. J. (2016). Applying ecological systems theory to sexual revictimization of youth: A review with implications for research and practice. *Aggression and Violent Behavior*, 26, 35-45. <https://doi.org/10.1016/j.avb.2015.11.005>**

This literature review of child and adult sexual revictimization applied an ecological perspective. In terms of individual characteristics, studies have found that victimization in middle childhood increased the risk of revictimization in later adolescence, that Black children, especially those from non-poor families, have a higher risk for subsequent maltreatment reports, that reported psychological distress following the initial victimization predicted youth's revictimization within one year, and that sexual and overall risk-taking increased the possibility of adolescent revictimization. In terms of microsystem factors that influence youth revictimization, studies have found that chaotic family characteristic such as violence and instability (youth being left alone by parents, having a mother with a mental health or drinking problem, having lived with a variety of different caregivers) increase risk for revictimization, that youth living within families on state assistance are at an increased risk for revictimization, that social support can help reduce revictimization risk, and that having a male perpetrator and experiencing sexual abuse by a parent's significant other increased risk for revictimization. In terms of mesosystem factors, a study found that youth in the child welfare system, and particularly those in foster care, are at a higher risk for revictimization. In terms of exosystem factors, a study found that youth living in neighborhoods with low median incomes had higher rates of revictimization than those living in higher income neighborhoods. In terms of outcomes of revictimization, studies have found that revictimization is associated with difficulties in interpersonal relationships.

**Pittenger, S. L., Pogue, J. K., & Hansen, D. J. (2018). Predicting sexual revictimization in childhood and adolescence: A longitudinal examination using ecological systems theory. *Child Maltreatment*, 23(2), 137-146. <https://doi.org/10.1177/1077559517733813>**

This study analyzed closed case records from a CAC of youth, aged 19 and younger, with a sexual abuse investigation between 2002-2009 (n = 1,915) to retrospectively identify predictors of sexual revictimization prior to adulthood using ecological systems theory. They found that 11% of the youth were revictimized (they returned to the CAC for a subsequent allegation occurring through the end of year 2014 and that allegation involved a different perpetrator from the initial report) and 14% of the revictimizations occurred within two years of their initial CAC visit. In terms of individual-level factors, younger children, girls, racial-ethnic minorities, and children with identified mental health problems were more likely to experience revictimization. In terms of interpersonal factors, domestic violence in the home, the presence of an adult other than those identified as caregivers in the house and being in mental health treatment increased the likelihood of revictimization. The community-level factors

examined (median household income and neighborhood educational attainment) did not predict revictimization. Of note, higher severity in youths who tend to receive mental health treatment may explain findings.

**Sinanan, A. N. (2011). The impact of child, family, and Child Protective Services factors on reports of child sexual abuse recurrence. *Journal of Child Sexual Abuse*, 20(6), 657-676. <https://doi.org/10.1080/10538712.2011.622354>**

They analyzed 2002-2004 NCANDS data of children, younger than 18 years of age, who had a substantiated case of child sexual abuse ( $n = 3,835$ ) to retrospectively identify factors that influence reporting of child sexual abuse recurrence. The sample was 76% female and 24% male. They found that 35.5% of the sample experienced child sexual abuse recurrence (the subsequent presence of one or more substantiated sexual abuse reports between 2002-2004). In terms of child factors, being Hispanic, having a disability, and having a caregiver as perpetrator decreased the likelihood for reports of recurrence, as did having family financial problems. In terms of services provided by CPS, receiving family supportive services increased the likelihood for reports of recurrence while receiving family preservation services and receiving both family supportive services and family preservation services decreased the likelihood for recurrence reports. They note the different levels of risk associated with families in family supportive services and of family preservation services as a possible explanation for findings.

**Swanston, H. Y., Parkinson, P. N., Oates, R. K., O'Toole, B. I., Plunkett, A. M., & Shrimpton, S. (2002). Further abuse of sexually abused children. *Child Abuse & Neglect*, 26(2), 115-127. [https://doi.org/10.1016/S0145-2134\(01\)00311-8](https://doi.org/10.1016/S0145-2134(01)00311-8)**

Data on children, ages 5-15, with substantiated sexual abuse who presented to the Child Protection Units of two hospitals in Sydney, Australia from 1988-1990 ( $n = 183$ ) were examined to retrospectively determine the incidence of re-abuse and find factors that increase the risk of re-abuse. Information about the child, family, and abuse incident was collected at intake at the hospital and records from the Department of Community Services were checked six years after intake to determine if the study participants had additional substantiated notifications for abuse and/or neglect before or after their intake at the hospital. They found that 9% of children had sexual abuse notifications before intake and that 17% of children had notifications for sexual abuse after intake. Caregiver changes before intake and notifications for emotional abuse before intake predicted sexual abuse notifications after intake.

**Walker, H. E., Freud, J. S., Ellis, R. A., Fraine, S. M., & Wilson, L. C. (2019). The prevalence of sexual revictimization: A meta-analytic review. *Trauma, Violence, & Abuse*, 20(1), 67-80. <https://doi.org/10.1177/1524838017692364>**

This meta-analysis determined an average prevalence rate of sexual revictimization from previous literature and identify why there is reported variability. They identified and screened 1,412 articles and included 80 studies, which contained 12,252 survivors of child sexual abuse. To be included, studies had to either (a) define Time 1 victimization as at or before age 12, 13, or 14 with revictimization categorized as events at or after age 13, 14, or 15 [child measurement cutoff] or (b) define Time 1 victimization as at or before age 15, 16, or 17, with revictimization categorized as events at or after 16, 17, or 18 [adolescent measurement cutoff]. They found that the mean prevalence rate of sexual revictimization was 47.9% (95% CI: 43.6%, 52.3%). The between class-effects for gender and age were not statistically significant and the meta-analysis did not determine a reason for varied prevalence rates defined in preexisting literature.