

Summary

Sexual abuse and its consequences have long been a high priority for government and policy makers. Particularly within youth care much attention has been paid to this problem. Following the findings of the Commission Samson (2012) a quality framework 'Preventing sexual abuse in youth care' has been developed (Youth Care Netherlands, 2013). In order to adequately deal with children who have been sexually abused and sent to residential care or similar institutions, it is necessary to know the further consequences of this abuse. Therefore, the Research and Documentation Centre (WODC) has asked for a literature study to investigate the etiology of re-victimization and perpetration after sexual abuse. In this literature review, the focus is on children who have been sexually abused in childhood and are at risk of being re-victimized or becoming possible perpetrators of sexual offences themselves when placed in an institution. The current literature review aims at providing information about modifiable factors so that residential institutions are able to adequately respond in a way which avoids renewed victimization and perpetration. In conjunction with a literature study and meeting with professionals in the field of child welfare, the question addressed was whether boys and girls who have been sexually abused should be treated jointly or separately.

The following questions are central to the study:

- What risk and protective factors are associated with re-victimization or perpetration of sexual abuse? What mechanisms could explain this relationship?
- To what extent are there similarities and differences in risk and protective factors for boys and girls?
- Which of the factors found could be (directly or indirectly) changed within the context of residential care or similar settings?
- Based on this study, what recommendations could be made to residential care and similar contexts when dealing with the consequences of sexual abuse, thereby preventing re-victimization and perpetration?
- What new issues should research focus upon in the Netherlands and with what should it be about.

Research Method

A systematic literature review was conducted in order to answer the questions listed above. Relevant search terms were entered in the search engines of various databases to find meta-analysis, reviews and other relevant studies. The selection was based on the following criteria: published between 2000 and 2014 in English or Dutch and the document type is an article or

review. Subsequently, the selection was based on the article content. The following selection criteria were applied: the results should relate to children and / or adolescents up to 25 years of age (25 is the maximum age at which young people could stay in a juvenile institution), studies should focus on the more severe forms of sexual abuse, namely hands-on offences where there is physical contact between the perpetrator and victim, and a difference must be made between boys and girls, if both groups are included in the selected study. All 45 selected studies and key findings are included in a separate table (see Annex II). The table outlines the characteristics of the sample, research methodology, study results and, if available, statistical findings.

Results

Risk and protective factors associated with re-victimization

In particular, characteristics of the abuse, and in particular the severity of the abuse, are related to the risk of re-victimization. Research indicates that duration, force, frequency and familiarity of offender, directly correlates with repeat victimization. If both physical abuse and emotional neglect have occurred alongside taken sexual abuse, there is also a greater chance of repeat victimization.

The (disturbed) sexual development is also an important (mediating) risk factor for repeat victimization of sexual abuse. Girls who have sex at a young age, are very sexually active, have multiple partners, and exhibit a wide variety of sexual behavior, are at an increased risk of re-victimization. A striking result is that almost all risk factors, studied empirically, are related to the individual domain. PTSD, anxiety, depression, problems with regulating emotions, self-blame, low self-esteem and fear of stigmatization seem to increase the risk of re-victimization. Additionally, adolescents and young adults, who use only a few coping strategies (with emphasis on passive avoidant coping), show substance abuse and have a risky lifestyle, have an increased risk of re-victimization. It is also evident from the review that these young people often come from dysfunctional families where they have experienced trauma in several areas (physical abuse, neglect, witnessing violence between parents). Finally, it appears that there is little research done on protective factors. Only two studies were found, conducted with female students, which show that an adequate coping strategy and an internal locus of control may protect against repeat victimization. Girls who are able to talk about their sexual abuse, seek social support and can attribute success to their own behavior and have a sense of self-worth, are less likely to be victimized again.

Looking at the underlying mechanisms which may explain the relationship between different factors and repeat victimization of sexual abuse, many of the empirically found risk

factors fit the dynamic trauma-oriented model of Finkelhor and Browne (1985). This model is based on four traumatogenic factors: namely, traumatic sexual development, betrayal, powerlessness and stigmatization. This model describes the potential consequences of sexual abuse, but does not specifically address the relation with re-victimization of sexual abuse. The "vulnerability hypothesis" is presented by Koss and Dinero (1989) as an explanation for repeat victimization. Women with a history of sexual abuse, liberal views on sexuality and increased sexual activity in combination with excessive alcohol use appear to have the greatest opportunity to be sexually abused again. Chu (1992) assumed that symptoms of PTSD and dissociation increase the chance of repeat victimization. PTSD and symptoms of dissociation would increase the chance of showing risky behavior (alcohol, drugs, sex). This behavior puts the victims at risk of repeat victimization. The risk factors found in this literature review seem to fit different models and hypotheses about the effects of sexual abuse and re-victimization of sexual abuse.

Similarities and differences between boys and girls

Virtually all research on repeat victimization is done with girls and women. It is known that girls are more likely to be (re-)victimized, but that does not mean that boys are not susceptible to repeat victimization. However, the findings about girls and young women cannot be generalized to boys and men because too few studies have been done with men. There are indications however, that a number of mediating factors such as anxiety, depression and PTSD are similarly related to repeat victimization in boys and girls, but there is also evidence that boys more often show an angry and aggressive response after the abuse. Whether this increases the risk of repeat victimization, is doubtful. Possibly, anger and aggression increase the likelihood of later offending.

Risk and protective factors associated with the perpetration of sexual abuse

There has already been a considerable amount of research into the underlying causes of offensive sexual behavior in adolescents, but few studies have examined the relationship between sexual abuse victimization and later abuse perpetration. In the literature review only nine studies were found to have examined this relationship empirically. These studies showed that particularly characteristics of the earlier sexual abuse were associated with later perpetration. Especially being abused by different people (both men and women, both known and unknown to the victim), the degree of physical coercion used during the abuse and the combination with physical abuse and neglect appear to increase the chance of later perpetration. In addition, factors related to sexuality (fantasies about the abuse and many sex partners)

appear to be associated with later perpetration. Also alcohol abuse increases the risk of becoming an offender. Finally, a lack of emotional support from the social network is also associated with later perpetration. Protective factors appear to be the support of others and good school performance. However, some characteristics of the previous sexual abuse and the perception of this abuse can lower the risk of later offending. If the abuse is attributed to the personal characteristics of the offender and the victim does not blame him- or herself for the abuse, the abuse has a short duration and the perpetrator is unknown, then the risk of later offending is lower.

It is not only important to know the risk and protective factors for offending after victimization, but also to understand the underlying mechanisms. However, the literature in this area is limited. Often, the various risk factors are briefly described, but the mechanisms explaining the relation between victimization and perpetration are not discussed. Yet there are a number of underlying mechanisms which may explain the relation between victimization and perpetration of sexual abuse. First, in the study of Burton et al. (2002) the applicability of social learning theory to later sexual offending was tested. This theory was developed by Bandura (1986) and implies exposure to specific behavior increases the likelihood that this behavior will be learned. Through observation of the offender, for example, it may be learned that committing sexual abuse gives a sense of power and a way to generate control over others. This might result in sexually deviant behavior (Burton et al., 2002). This also seems to explain why mostly victimized boys and not girls become perpetrators themselves. In most cases the offender is a man and boys learn probably more from a male role model than girls. A related mechanism is the bond with the perpetrator. Glasser et al (2001) state that children who are emotionally neglected and abused by an adult, will bond with the offender. As a result, they begin to identify with this person and may imitate (deviant) behavior. Again, the identification of a boy with a male perpetrator is more likely than girls identifying themselves with a male perpetrator.

Similarities and differences between boys and girls

Most studies examining the relationship between victimization and later perpetration often involve such a small numbers of females that the results found in males can hardly be generalized to girls and women. The cycle of abuse – from victim to offender - seems especially related to the behavior of boys and men. However, it is striking that many girls who show sexually aggressive behavior (forcing someone into sexual acts), were sexually abused before, and even more often abused than boys, especially by someone they know.

General limitations of the study

Many of the empirical studies discussed are retrospective in nature. Sometimes it is also difficult to determine whether the problems, such as PTSD or negative feelings are caused by sexual abuse or appear just after re-victimization. It is therefore difficult to establish causal links.

In some areas, very little research has been done. There are hardly any factors measured that may act as a moderator between victimization and perpetration e.g. intelligence, PDD-NOS (Pervasive Developmental Disorder Not Otherwise Specified), ADHD (Attention Deficit Disorder with Hyperactivity), impulsivity and behavioral disorders. These factors might potentially strengthen the link between victimization and perpetration. Moreover, these risk factors are often found in young people treated in residential care. Also, there is little research on environmental factors, especially in the study of repeat victimization. Research on repeat victimization is often done among student populations and therefore not entirely representative of a clinical group. Some caution in the interpretation of the findings is therefore warranted.

Which of the factors found are possible (directly or indirectly) influenced within the context of residential care or similar contexts?

From the literature and expert meeting it is shown that some risk factors may be susceptible to alteration within the context of residential care. In order to prevent re-victimization, alterable risk factors might be symptoms of PTSD, the incorrect assessment of danger, anxiety, depression, inability to adequately regulate emotions, and a lack of self-esteem. Also focusing on the (disturbed) sexual development seems important as well as paying attention to a risky lifestyle, and substance dependence. Besides focusing on these individual aspects, paying attention to the environment of the victim is important. Creating support from the victim's social network appears to be a pre-requisite to reduce the chance of repeat victimization. Developing an adequate coping strategy and a strong internal locus of control might have a protective effect.

Alterable individual factors within the residential setting preventing perpetration are almost non-existent found in academic literature. In particular, problems related to sexual development, alcohol abuse and those related to the experienced trauma might be responsive to change. Finally, some protective factors which may reduce the likelihood of offending after victimization are good school performance and receiving support from the environment.

The literature review found no factors related to the institutional environment where juveniles stay. Therefore, within the expert meeting, this aspect was extensively discussed.

According to the experts' focus on group dynamics, the composition of the living groups and physical environment is important to reduce the risk of re-victimization within the institution. These factors are also important when it comes to preventing offending.

What recommendations can be made about how to deal with the consequences of sexual abuse and prevent re-victimization and perpetration in residential care and similar contexts?

All in all, the following recommendations can be made to prevent re-victimization:

- Based on the static factors found in the literature, an overall estimate of the risk of re-victimization among young people (read: females) can be made. Inquiries should be made about the offender (known or unknown), the duration of the abuse and the extent of force used, and the combination of sexual abuse with physical abuse and neglect. This is important to distinguish between young people who are at high risk of repeat victimization and those at a lesser risk. These s high risk youths require more attention and treatment. Dependent on the above is an adequate tracking of treatment files. Files are often found to display an incomplete picture. Notable in this regard is that in the expert meeting it was pointed out that many parents and / or guardians are present at the intake meetings with the adolescent . This is apparently not the ideal setting to produce accurate information about the abuse experiences of the adolescent.
- The risk of repeat victimization is increased when the abused adolescent shows sexually "risky" behavior, decreased sexual assertiveness, uncertainty about sexuality and preoccupation with sex. These factors require a more sexological approach, which should be provided by a specially trained professional. Factors such as emotion regulation, PTSD, depression, self-blame and coping may form part of a general treatment program, but again require specific expertise. Making a correct diagnosis is crucial in order to offer a tailored treatment.

The following recommendations may prevent perpetration after sexual abuse:

- A global risk estimate can be made based on the static factors found in academic literature. It is evidenced that young people (read: males) who have been abused by both men and women, and have been subjected to violent physical abuse, coupled with general physical abuse and emotional neglect, have a higher risk of becoming perpetrators. Again, it is important that the treatment files are in good order and that during the (intake) the professional asks the right questions about the abuse.

- Alongside static factors, the risk of perpetration is increased when these adolescents fantasize about the abuse (during masturbation), have a lot of sex partners, and are experiencing unresolved trauma and substance dependency issues problems. This requires expertise and willingness of professionals to freely talk about this topic.

For both the young people at risk of re-victimization and those at risk of perpetration the following things are important:

- Focus on healthy and 'unhealthy' sexual development, where professionals need to be more open about sexuality. This seems more relevant in residential settings with open living space for boys and girls were they have more possibility of having sex with each other without the staff knowing about it.
- Focus on problems and basic needs that are not only related to sexuality but also to other domains. Sexuality demands the same skills as behavior in other domains such monitoring of your (sexual) boundaries, showing empathy, having an internal locus of control, having self-respect and self-esteem, etc.
- Focus on group dynamics. There might be indications that some young people (boys) exhibit dominant and sexual behavior in the group. There might be evidence that (some) young people (girls) exhibit sexually solicitous behavior? What is the position of the juvenile in the group: leader, follower, bully, victim of bullying?
- Give sufficient attention to the family system and opportunities for the social support network outside the residential setting.
- Greater attention for protective factors. Attention to the social support from the network of the young person (family or wider) seems important, but such support could also come from the residential setting itself. The study of Lamers-Winkelmann and Tierolf (sub-report Commission Samson, 2012) shows that young people indicate that it is important that guidance is available in the group and that staff pays attention to the youths. Being able to talk about feelings and problems and safely talk about the trauma is important. It is also important that there are not too many changes in the staff

In addition to the general recommendations, mentioned above, there was a specific request from the WODC to look into recommendations regarding the pros and cons of placing boys and girls together who have been sexually abused in the same living group.

There appeared to be little empirical literature available on this subject. Creating mixed or unmixed groups was discussed extensively during the expert meeting. It was clear from the discussion that the general professional preference was for separated groups in a closed setting. It was suggested that serious problems may have a better chance of treatment if they live in separate groups. Girls are often severely traumatized after sexual abuse and both boys and girls often have severe behavioral problems. At a later stage, however, mixed groups often seem preferable. After all, if young people are to be prepared for a return to society, it is also important that boys and girls learn to deal with each other in a healthy way. The problem is that the transition between closed and unmixed groups to open and mixed groups is sometimes too much for them. It is therefore important to offer young people a safe environment within the open setting. Such a safe environment can be enhanced by a transparent, orderly arrangement of the institution. Placing boys and girls together in the same group also depends on the background characteristics of the adolescents. Placing adolescents together in the same group requires customization.

Further (empirical) research issues in the Netherlands

Both the review and meeting of experts have shown that it is important to study the risk and protective factors of repeat victimization and perpetration after sexual abuse among a clinical population instead of a student population. Studies of re-victimization have yielded a number of factors which were recognized in the expert meeting concerning young people residing in residential care. However, moderating problems such as ADHD, PDD-NOS, behavioral problems and low IQ, which are common in clinical populations, have barely been studied, along with characteristics of the residential environment. The above shows that specific research among young people in residential care is necessary. In practical terms, this means that in various residential settings sexual abuse and its consequences should be studied. Both individual and environmental factors should be investigated in order to properly understand the relationship between sexual abuse and re-victimization or perpetration inside institutions and to further appreciate the underlying mechanisms. Finally, protective factors should also be included in the study. Research should be based not only on the young people themselves, but also the social workers and therapists should be asked about current (sexual) behavior of young people in the institution and observations should be made about group dynamic behavior. The proposed cross-sectional, partly retrospective study could be followed by a longitudinal study in which the juvenile is followed-up after discharge from the institution.