This research brief explores the correlation between childhood sexual abuse (CSA) and subsequent sexual victimization in adulthood. The articles below, published between 2000 and 2011, demonstrate the significant link between childhood and adulthood sexual revictimization, as well as related health problems.

Review Articles


Aims: This article reviews research literature on the incidence of CSA, with emphasis on the relation between CSA and later sexual exploitation, and apply this information for successful CSA prevention.

Methods: The authors draw from approximately 128 international scholarly articles on CSA published between 1979 and 2009.

Key Results

• Numerous studies suggest that sexual victimization in adolescence significantly increases the likelihood of sexual victimization in adulthood. Studies suggest that sexual victimization in childhood or adolescence increases the likelihood of sexual victimization in adulthood between 2 and 13.7 times.
• Several researchers speculate that mediating factors caused by CSA contribute to higher risk of sexual revictimization. Childhood abuse may interfere with normal development of interpersonal relatedness and affect regulation, which in turn decrease abuse victims’ awareness of danger. Negative long-term effects of CSA may be attempts to avoid or cope with negative emotional states, but that such emotional avoidance can create challenges in recognizing danger cues. Some female CSA victims may associate sexuality with pain, punishment, and other negative outcomes, leading them to believe that coercion and trauma are “normal” aspects of sexual relations. This, in turn, would leave CSA victims with a “higher threshold of tolerance” for coercive or forceful sexual advances.
• Other researchers speculate that social and cultural factors, rather than personal variables alone, contribute to sexual revictimization. Victims’ experiences can be framed in an ecological model that takes into account the role of individual history, family, larger social systems, and cultural norms and institutions in facilitating sexual revictimization. Much of the literature on CSA
prevention emphasizes a holistic, ecological approach that addresses the various systemic forces influencing children’s development.

Application: This article provides researchers and stakeholders with information on the body of research on CSA, sexual revictimization, and CSA prevention efforts. It can alert stakeholders to vulnerable populations for sexual revictimization (i.e., CSA survivors, women involved in prostitution). Closing the gaps identified by this research can assist stakeholders in forging comprehensive CSA prevention campaigns. More information on prevention is available in the NSVRC information packet on CSA prevention.

Empirical Studies


Aims: This study sought to determine whether CSA increases the risk for adult sexual assault among gay men, lesbian women, and heterosexual women. Additionally, it sought to determine what, if any relationship exists between gender, sexual orientation, CSA, and adult sexual victimization. Finally, it explores the relationship between sexual revictimization and adverse mental health outcomes, including substance use, suicidality, self-injury, eating disorders, and psychological distress.

Methods: Researchers drew from questionnaires completed by 871 adult respondents, who consisted of 322 (37%) lesbian women, 214 (24.6%) gay men, and 335 (38.5%) heterosexual women.

Key Results:
- 35.5% of respondents reported CSA, and 11.6% reported adult rape. Lesbians reported higher rates of both CSA (44%) and adult rape (15%) compared to gay men and heterosexual women.
- 19.7% of respondents who experienced CSA reported adult rape.
Respondents who reported both CSA and adult rape were more likely to report psychological distress, suicidality and self-injury than respondents who had never experienced sexual victimization, or experienced either CSA or adult rape.

Application: This suggests that women who identify as heterosexual and women and men who identify as lesbian or gay experience similar rates of sexual violence revictimization and resulting adverse mental health conditions. Service providers who assist sexual assault victims should be cognizant of the needs of survivors of all sexual orientations. Additionally, collaboration between sexual assault victim advocates, organizations serving gay and lesbian communities, drug and alcohol counseling/rehabilitation service providers, and mental health service providers may prove efficacious in better serving sexual assault survivors.


Aims: This report charts the prevalence and characteristics of intimate partner violence, sexual violence, and stalking in a U.S. sample of adult men and women. Additionally, the report discusses revictimization patterns and health consequences correlated with experiencing these forms of violence.

Methods: The study draws data from random telephone interviews with 16,407 adults (9,086 women and 7,421 men) in 2010. Subjects were asked about lifetime and 12-month exposure to sexual violence, stalking, and intimate partner violence (including psychological aggression, physical violence, and sexual violence), as well as adverse emotional responses, mental health problems, and physical health problems.

Key Results:
- 18.3% of female respondents and 1.4% of male respondents reported experiencing rape (including completed forced penetration, attempted forced penetration, and completed alcohol or drug facilitated penetration) during their lifetimes.
• 44.6% of female respondents and 22.2% of male respondents reported experiencing sexual violence other than rape during their lifetimes.

• Among female respondents who reported experiencing a completed rape before age 18, 35.2% also experienced a completed rape as an adult, compared to 14.2% of women who did not experience rape before age 18. Too few men reported experiencing rape in adulthood to examine revictimization rates.

Application: This study reminds stakeholders that women report high lifetime prevalence of sexual victimization (including but not limited to rape), and that rape before age 18 is significantly correlated with adult rape among women. Stakeholders can target both primary and secondary prevention efforts at youth so as to prevent both initial and later adult sexual victimization.


Aims: This study sought to determine whether childhood physical or sexual abuse increased victims’ risk for physican or sexual revictimization in adulthood.

Methods: The study drew data from the *National Violence Against Women Survey*, which obtained data from 8,000 adult men and 8,000 adult women between November 1995 and May 1996. Respondents answered questions about physical and sexual victimization in childhood and adulthood.

Key Results:

• Childhood sexual victimization was reported by 7% of women and 2% of men. Adult sexual victimization was reported by 11.5% of women and 1% of men. Finally, 8.7% of women and .4% of men reported having experienced sexual abuse by an intimate partner.

• Women who experienced CSA were twice as likely to report adult sexual victimization as women who did not experience CSA.

• Women who experienced both CSA and childhood physical victimization were three times more likely to report physical or sexual victimization in adulthood.

• Women who experienced CSA were twice as likely to experience intimate partner physical victimization. However, women who experienced CSA were not more likely to have experienced sexual violence by an intimate partner in
adulthood than women who had not experienced CSA.

- Men who experienced CSA were almost six times more likely to experience adult sexual victimization than men who did not experience CSA.
- Men who experienced both physical and sexual victimization in childhood were six times more likely to experience sexual victimization.
- Men who experienced CSA were thirteen times more likely to experience adult intimate partner sexual victimization. Men who reported both CSA and physical victimization during childhood were 10 times more likely to report adult intimate partner sexual victimization.

**Application:** This article helps illuminate areas of intersection for prevention and intervention by focusing on the relationship between childhood and adult victimization. It provides clear direction to victim service professionals to increase early intervention and prevention efforts to address the victimization of boys.


**Aims:** This study sought to determine the incidence and prevalence of violent victimization among men and women, including victimization in childhood and adulthood.

**Methods:** The study drew data from the National Violence Against Women Survey, which obtained data from 8,005 adult men and 8,000 adult women between November 1995 and May 1996. Subjects were asked about their experiences with rape, physical assault, stalking, and intimate partner violence in both childhood and adulthood.

**Key Results:**
- Over half of the women and three-quarters of the men who reported attempted or completed rape were minors at the time of their first sexual victimization.
Women who reported being raped before age 18 were twice as likely to report being raped as an adult. Specifically, 18.3% of female respondents raped as minors also reported being raped as adults, compared to 8.7% of female respondents who were not raped as minors.

**Application:** This study can provide a general overview of sexual violence statistics (including statistics on revictimization, injury, and at-risk groups) to aid in public policy discussions about the need for more comprehensive and effective prevention programs and early intervention services for youth.


**Aims:** This study explored the relationship between childhood sexual abuse, adult sexual victimization, and challenges that incarcerated women have with emotional regulation.

**Methods:** Participants for this research included 160 women who were incarcerated. Researchers administered a questionnaire that assessed for childhood maltreatment, unwanted sexual experienced, and emotional regulation (including impulse control difficulties, difficulty engaging in goal-directed behavior, negative secondary responses to experiencing negative emotions, lack of emotional awareness, limited use of emotional regulation strategies, and difficulty clearly identifying emotions that one is experiencing).

**Key Results:**
- Over half (53%) of respondents reported experiencing CSA, and 56% reported experiencing at least one rape since age 14.
- Respondents who experienced CSA were significantly more likely to have experienced rape after age 14. More than a third (37%) of respondents experienced both CSA and rape after age 14.
• Respondents who experienced both CSA and rape after age 14 had higher levels of emotional dysregulation and difficulty clearly identifying emotions. Furthermore, respondents who experienced both types of sexual victimization also reported less acceptance of their emotions, greater difficulties engaging in goal-directed behavior, and limited access to emotional regulation strategies.

Application: This study suggests that women who are incarcerated may experience higher rates of sexual victimization than non-incarcerated women. Clear collaboration between sexual assault advocates, prison based counselors, and prison chaplains is needed to provide trauma-informed services to this often underserved population.


Aims: This study documents the frequency and correlates of adult sexual revictimization among African-American women with documented histories of childhood sexual abuse.

Methods: This study draws from face-to-face interviews with 113 African-American women with documented histories of childhood sexual abuse. Respondents had been examined as children in the emergency room of an urban hospital in 1973 and 1975 when they were age 12 or younger. Subjects and/or their family members were interviewed at the time as part of a prior study on the consequences of sexual violence. Subjects were re-interviewed in 1990 and 1991, whose ages at the time ranged from 19 to 31 years of age.

Key Results:
• Respondents who experienced adult sexual revictimization were more likely to have experienced childhood sexual abuse that involved physical force. Physical force experienced during childhood sexual assault increased the probability of adult sexual victimization by a factor of 4.3.
• Revictimized respondents were also more likely to report having been hit by a partner than child sexual abuse victims who did not experience adult sexual revictimization.
Victims of adult sexual revictimization were more likely to report repeated vaginal infections, problems conceiving, painful intercourse, and sexually transmitted diseases than child sexual abuse victims who did not experience adult revictimization.

**Application:** Medical professionals (i.e., obstetricians, gynecologists, Sexual Assault Nurse Examiners) may benefit from understanding the relationship between sexual victimization and reproductive health problems and make trauma informed adaptations to their practice to increase earlier intervention.

**Summary**

Research shows a significant correlation between CSA and adult sexual revictimization. The wider lifetime public health impact of CSA includes adult sexual assault, intimate partner violence, mental, sexual and reproductive health problems. This information can help stakeholders understand the context of adult sexual violence and design comprehensive responses to sexual assault victims with multiple lifetime traumas. Sexual assault advocates, domestic violence advocates, medical professionals, mental health professionals, drug and alcohol counselors, and other service providers need to understand prior CSA as a context for later victimization, exploitation, and health problems.

The studies examined in this research brief also suggest that certain populations of CSA survivors may be at greater risk for sexual revictimization due to the effects of oppression. People of color, gays and lesbians, people living in poverty and those who are incarcerated may be at greater risk for sexual exploitation and violence. Social justice organizations and service providers can serve vulnerable populations through collaboration, early intervention, and greater service accessibility. Additionally, adult survivors of child sexual abuse are in need of increased services from sexual assault programs.

The precise relationship between CSA and adult sexual victimization is complex, with researchers suggesting a variety of mediating and co-occurring factors. Additional research on mediating and co-occurring factors can enrich the field’s understanding of the links between CSA and revictimization, which may help in the development of sexual assault prevention strategies.