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Sexual Assault Revictimization Risk Reduction

Guidelines for Action

Prepared for



The purpose of this white paper is to make a sober appraisal of the risk factors that increase the likelihood of a survivor of sexual assault being reassaulted. This white paper provides recommendations to sexual assault victim services for more effectively reducing known risk factors that place victims in danger of being sexually assaulted again. It focuses on delivering researched, informed, thought-out, policy-based guidelines for action specifically on the individual level.

The prevention of sexual assault victimization and thus revictimization is the responsibility of all, not merely a matter of separate and independent actions to reduce individual risk. Changing the many long-held social messages, beliefs and myths about the causes of and responses to sexual assault will more effectively protect people from the often unseen forces that allow the perpetrator to bear down violently upon the victim's body through sexual assault.

Taking into account the larger collective focus is also a central component of prevention strategies, policies and actions to reduce these invisible layers that together create fertile ground for sexual assault perpetration. A future white paper will address the interpersonal, community, institutional and societal forces more in-depth.

Background

Glossary

Sexual assault is a broad term including rape, attempted rape, drug-facilitated rape, sexual battery and unwanted touching of the body. For this white paper, we are looking specifically at sexual assault revictimization.

Sexual assault victimization refers to the harms inflicted upon a victim as the result of undergoing a sexual assault.

Sexual assault revictimization refers to the specific, researched risk factors that increase the chances of a victim of sexual assault being assaulted by other perpetrators or reassaulted by the same perpetrator(s). "Revictimization" can also be used to describe the distress that victims may experience from their involvement with the criminal justice system or adjudication processes. Instead, the focus of this paper is on victims suffering additional criminal violations after their original exposure, whether reported to police or not.

Gender: High rates of sexual assault revictimization have been found across all genders. Nonetheless, gender—particularly identifying as female, whether cisgender or transgender—is an individual risk factor. Male-to-female transgender individuals are at a higher risk for revictimization compared to those who identify as male cisgender or female-to-male transgender. The risk is not due to any characteristic of the person, but rather due to social messages and responses to gendered characteristics. Most research cited in this paper uses cisgender male and female terminology; LGBTQ-specific data is included when available.



Race and ethnicity: High rates of sexual assault revictimization have been found across all races. Similar to gender, race and ethnicity are individual risk factors for sexual assault revictimization, particularly identifying as Black or of mixed race/ethnicity. It bears noting that the increased risks associated with these identity groups stem from racial biases and stereotyping, rather than from the characteristics themselves.

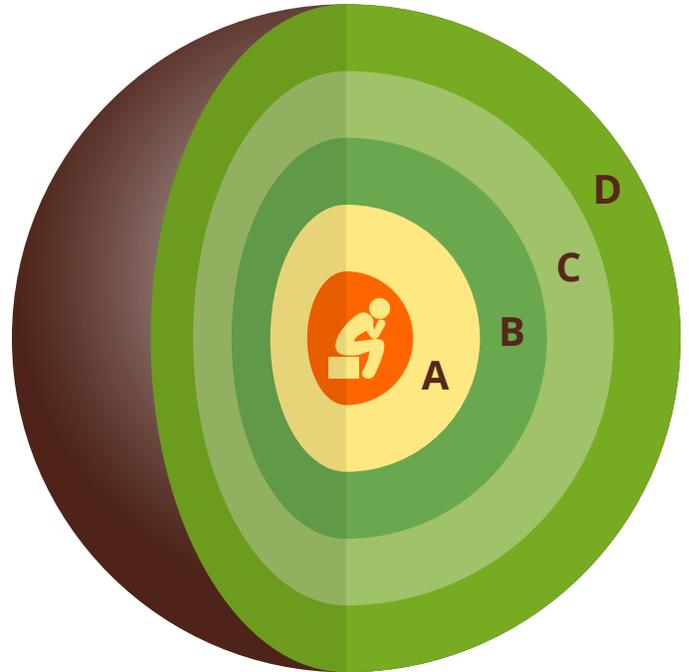
Intersectionality is the phenomenon in which multiple factors may add one form of disadvantage to another or produce a multiplier effect. The overlapping burden of numerous marginalized social categorizations such as gender, race/ethnicity, sexual orientation and socioeconomic status combine to further increase an individual's risk of sexual assault revictimization. (Donovan, 2007; Reuter et al., 2017; West et al., 2000)

Public health socio-ecological model and synthesized research

Based on the acknowledgment that sexual assault is a public health problem, not just a personal risk, the application of a socio-ecological model provides a wider lens to uncover the deeply rooted political, historical, gendered, religious and cultural beliefs, traditions and messages related to sexual assault. Such contexts may support misconceptions that hinder larger community engagement and meaningful change in public attitudes about the known causes of and effective responses to sexual assault.

Public policy recommendations that identify the multiple levels of socio-ecological risk factors are widely supported in the sexual violence prevention research field. In the multi-dimensional public health socio-ecological model, victimization and revictimization vulnerability factors are represented as concentric spheres with the individual occupying the common center influenced by all four levels.

The socio-ecological model of intersecting vulnerability factors



Visualization by California Center of Excellence for Trauma Informed Care; Seated person icon by Ahmed Sagarwala from the Noun Project; Factor definitions source: Prego-Meleiro et al., 2020

A. Individual Factors

Intimate features arising due to biological aspects, experiences, and personality that influence an individual's behavior, such as gender, age, sexual assault history, disabilities and illnesses, religious identity, racial/ethnic identity, sexual orientation, knowledge, attitudes, self-concept, coping skills

B. Interpersonal Factors

Human social contexts and situation characteristics encompassing direct personal relationships and interactions in immediate physical surroundings, such as family, friends, peer networks, work group, rituals, customs and traditions, bystander behavior



C. Community/Institutional Factors

Social structures affecting immediate contexts that surround individuals and influence their experiences, such as social institutions, police and judicial systems, the media, educational institutions, community environment, religious institutions, healthcare and social welfare services, workplace environment

D. Societal/Systemic/Cultural Factors

Broad cultural values and beliefs that shape social processes and environments and historical social and power relations, such as attitudes and ideologies of the culture, societal expectations, social class, social conditions, economic system, governmental system, inequalities based on gender, race, sexual orientation, or religious or cultural beliefs

History of individual risk theories

Over time, both blatant and subtle victim-blaming theories have been formulated to account for sexual assault revictimization. These theories range from “learned helplessness theory,” suggesting that victims learn to expect no positive response from their own actions and cease trying over time, to other concepts that position victims as voluntarily remaining in the situation to protect their roles and reputations at the expense of their own safety (Messman and Long, 1996). The once fashionable and now largely discredited “reenactment compulsion” model theorized that hyperarousal led to repetition of familiar patterns, even if they caused pain (van der Kolk, 1989), and “control mastery theory” posited that victims attempt to re-experience situations similar to the traumatic ones to master traumas in safer conditions (Fimiani, et al., 2020). Herman (1992) theorized that prolonged, repeated abuse can only occur under the complete control of the perpetrator, leading to the victim’s learned compliance.

More recent theories have continued to explore the cognitive alterations in the mechanisms by which sexual assault victims learn about and interact with their social environments (Lenow, et al., 2018), how they detect threats (Messman-Moore & Brown, 2006), and how unsafe behaviors related to substances and sex (Messman-Moore et al., 2010) might put them at increased risk. While survivors can take specific actions to reduce their own risks for revictimization, and such actions might protect them individually, focusing solely on a single individual’s risk reduction only moves risk from one person to another with no net reduction in sexual assaults. To prevent sexual assault, perpetrators must be identified and stopped by other people, collectively and institutionally. It must never be the sole burden of survivors to prevent what they have not caused.

The following discussion focuses on investigating the research-informed processes that lead to increased or reduced risk of victims being sexually assaulted again and on communicating these risks in a non-blaming and informed manner. Most strategically, the mechanisms that leave victims of childhood sexual abuse most vulnerable to revictimization can be revealed, and better interventions can be developed. Protecting sexual assault victims becomes a collective priority.

Known revictimization individual risk factors

No victim caused any assault to happen. Yet, increased risk for sexual assault victimization is known to be associated with certain individual characteristics including female and non-gender-conforming identity, difficulty paying for basic



necessities, fraternity/sorority membership, binge drinking, participation in more frequent casual sexual encounters, and experiencing a prior sexual assault. Major individual risk factors for sexual assault revictimization include (1) being younger and/or female; (2) identifying as part of a marginalized community; and (3) having mental health or physical disabilities. (Mellins et al., 2017; Baldwin et al., 2021; Messman-Moore et al., 2005; Pittenger et al., 2018)

Sexual assault victimization history

Being a sexual assault survivor is a well-known risk factor for experiencing subsequent victimization. Since the 1990s, a growing body of evidence has revealed a stark reality: repeat sexual assault victimization estimates indicate that female victims who had been sexually assaulted during the previous twelve months experienced an average of three sexual assaults during that time period. Repeat victimization likely happened within the same month of the initial victimization and the form of revictimization was often the same type as the original victimization. (Messman-Moore & McConnell, 2018; Tjaden & Thoennes, 2006; Fergusson et al., 1997; Jaffe et al., 2019; Messman and Long, 1996; Acierno et al., 1999; Kilpatrick et al., 2003)

Victimization in childhood

All types of childhood victimization increase the risk of lifetime revictimization. Individuals with histories of abuse and neglect reported revictimization at much higher rates than individuals without histories of abuse and neglect. The effects of childhood victimization on mental health partially explain the high risk of chronic revictimization into adulthood. (Scrafford et al., 2018; Widom et al., 2008)

Child sexual abuse victims

Child sexual abuse victims are particularly vulnerable to revictimization experiences later in life. Child sexual

abuse victims face between 2–11 times increased risk of being sexually assaulted in adulthood; revictimization risk increases exponentially with the severity of child sexual abuse. Around half of child sexual abuse victims will go on to face future victimization. Male child sexual abuse victims are more likely than male nonvictims to experience adult sexual abuse. (Walker et al., 2019; Fergusson, et al., 1997; Papalia et al., 2020; Wyatt, et al., 1992; Aosved et al., 2011)

Acknowledgment of status as a victim of sexual assault

Sexual assault victims who have yet to acknowledge a prior victimization are more than twice as likely to report having experienced another attempted sexual assault and completed rape, relative to acknowledged victims. Male rape survivors are significantly more likely to be unacknowledged survivors (i.e., to not conceptualize their experience as rape) than female rape survivors. (Reed et al., 2020; Littleton et al., 2017; Littleton et al., 2009)

Emotional dysregulation and PTSD

Emotional dysregulation maintains a significant direct path to revictimization. Findings have confirmed that emotional dysregulation is a critical pathway to more direct risk factors such as risky sexual behavior. Sexual assault increases risk for and severity of all psychological disorders, most prominently PTSD and suicidality. Post-traumatic stress, hostility, depression and general distress are individual level symptoms that increase risk for subsequent sexual assault victimization. There is strong scientific evidence of innate alarm system overactivation in people with PTSD diagnoses; in particular, misperceiving threat in the environment has been identified as the most predictive factor in revictimization. (Dworkin, et al., 2017; Messman-Moore et al., 2010; Aosved et al., 2011; Iverson et al., 2013; Zamir et al., 2018)



Dissociation and delayed response to threat

A delayed response to danger cues is a known risk factor that increases vulnerability for sexual assault revictimization by acquaintances. Dissociation lowers the ability to detect threats and delays response to threats, thereby increasing revictimization risk. Growing evidence has shown that dissociation is a causal factor for ongoing interpersonal violence and is predictive of becoming a victim later in life. (Terpou et al., 2019; Messman-Moore and Brown, 2006; Jaffe et al., 2019; Tschoeke et al., 2019)

Unsafe behaviors and risk assessment

Unsafe behaviors, such as substance abuse and unsafe sex, are known risk factors that increase vulnerability for future sexual assault revictimization. Sexual assault is a causal factor in the development of substance use disorders, and substance use disorders have been shown to be predictive of adult sexual victimization. Substance use impairs the ability to assess potential risks and respond in a timely manner. (Messman & Long, 2002; McConnell & Messman-Moore, 2019; Messman-Moore & Brown, 2006; Messman-Moore et al., 2010)

Recommendations

The key for the sexual assault survivor is to build active skills to measure one's level of safety in the moment and to actively protect oneself when in danger. Safety planning prompts a clear set of response actions before, during, and after a sexual assault. The victim—or potential victim—can create a safety plan to better respond in case a sexual threat becomes an actual attack.

- Provide quality information about sexual assault, the impacts of trauma and the toxic stress

response, as well as information that is health-focused, sex-positive and explains personal rights.

Knowledge is power.

- Safety plan around any situation where acquaintances, substance use and/or sexual encounters are a possibility. **Thinking ahead is the opposite of impulsivity.**
- Protect personal information and prepare a safety plan around any personal disclosures. **Blind trust is dangerous.**
- Deliver broad messages acknowledging past victimization in early childhood and in intimate relationships, intergenerationally and historically. **Trauma exposure matters.**
- Acknowledge that survivors who were sexually abused as children face multiple, increased risks for revictimization. **Build a compassionate, informed network of protection.**
- Assess a survivor's perception of safety, danger and risk in the environment, including threat identification and biobehavioral responses to hypothetical or real situations. **Improve observational skills.**
- Aim clinical interventions at improving emotional regulation and reducing dissociative symptoms. **Use scaling. (Example: 0=no distress to 10=most distress)**
- Improve awareness skills to build accurate perceptions of threat in the environment. **Practice sensory awareness skills.**
- Develop survivors' abilities to attune to body-based signals and danger cues. **Triggers are your friends, reminding you of your safety.**
- Measure reductions in unsafe sexual encounters and substance use to track trauma recovery. **Risky behaviors measure the problem, but are not the actual problem.**



Resources

- **National Sexual Violence Resource Center:** <https://www.nsvrc.org/>
- **Rape, Abuse & Incest National Network (RAINN):** <https://www.rainn.org/>
- **Seeking Safety**, an evidence-based, present-focused counseling model to help people attain safety from PTSD/trauma and/or substance abuse and other unsafe behaviors: <https://www.treatment-innovations.org/seeking-safety.html>

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