**INTRODUCTION**

- Sexual assault is prevalent on college campuses (Fisher, Cullen, & Turner, 2000)
- Women with child sexual abuse (CSA) histories are at particularly high-risk for later adolescent and adult sexual assault (ASA; Arata, 2002, for review)
- CSA can double or triple risk for ASA (Classen et al., 2005), particularly if there is adolescent assault (Siegel & Williams, 2003)
- Psychological distress and increased sexual activity have been linked to risk for ASA (Orcutt, Cooper, & Garcia, 2005; Senn, Carey, & Vanable, 2008)

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**INTRODUCTION – VICTIMIZATION OUTCOMES**

- CA associated with long-term emotional consequences:
- Elevated distress and depression (e.g., Arata, 2002)
- Difficulty effectively regulating and responding to negative internal experiences (Cloitre et al., 2002, 2005; Gratz et al., 2007)
- CA survivors are more likely to use avoidant, maladaptive coping strategies (Fortier et al., 2009; Simons et al., 2003)
- Survivors’ strategies for coping with negative affect may play an important role in the path from CA to revictimization

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**INTRODUCTION – COPING STRATEGIES**

- Increased sexual behavior and engagement in risky sexual practices are some avoidant strategies for coping (Briere, 1992; Classen et al., 2005)
- CSA history is related to greater sexual partners and more casual sexual experiences than those without CSA (Merrill et al., 2003; Noll et al., 2003)
- Depressive symptoms shown to predict risky sexual activity (Wilson et al., 2010)
- In these instances, sex may be used for non-sexual goals
INTRODUCTION – SEX TO REDUCE NEGATIVE AFFECT

• SRNA may exaggerate risk revictimization by:
  - Increasing sexual encounters with poorly-known partners (Cooper et al., 1998)
  - Impacting sexual decision-making (Tice et al., 2001)
  - Increasing the odds of encountering a partner who coerces sex

INTRODUCTION – PREVIOUS SRNA FINDINGS

• Orcutt Cooper and Garcia (2005) found that:
  - SRNA was associated with number of new sexual partners over the next 6 years
  - SRNA partially mediated the relation between CSA and prospective adult sexual assault (P-ASA).

INTRODUCTION – BEYOND CSA

• Most revictimization research is focused on CSA
• Other CA types linked to risk factors mentioned previously (e.g., Cloitre et al., 1996; Messman-Moore et al., 2010)
• Other CA types may also increase risk for revictimization (e.g. Widom et al., 2008)
• To what extent are survivors of various types of CA at risk for ASA?
• Is the path to revictimization comparable to that for CSA survivors?

STUDY 1

• The goal of study 1 was to explore how the use of SRNA may operate independently, and in combination with other factors to increase risk for P-ASA
• Hypothesized that the relationship between CA types (i.e., sexual, physical, and emotional) and P-ASA would be partially explained by AdSA, distress symptoms, SRNA, and participants’ forecasting of future sexual behavior.
• Interested in whether revictimization risk and mediated pathways differed as a function of CA type
METHOD - PARTICIPANTS

- Participants were NIU undergraduate women (N = 541) who reported being sexually active in their lifetime
- Approximately 64% of sample identified as White, non-Latina; 23% as African American
- Mean age at T1 was 19.6 (SD = 1.95), 19.7 (SD = 2.9) at T2 and 20.2 (SD = 2.4) at T3

METHOD – TIMELINE FOR STUDY 1

- Time 1
- Time 2
- Time 3
- 50% Completed
- P-ASA Window
- Fall 2006
- Spring 2007
- Spring 2008
- March 2008
- September 2008

METHOD - MEASURES

- CSA – Dichotomous variable indicating sexual abuse before 13 (TLEQ; Kubany, 2004)
- CEA – Dichotomous variable indicating experiences of emotional abuse 14 or younger (How frequently did caregivers insult you, try to make you feel guilty, ridicule or humiliate you, make you feel like you were a bad person? (FEQ; Briere & Runtz, 1990)
- CPA – Dichotomous variable indicating experiences of physical abuse 14 or younger (How frequently did punishment leave bruises, cuts or scratches, welts? (CHQ; Milner, Robertson, & Rodgers, 1990)
- AdSA – Dichotomous variable indicating sexual assault 15-18 (TLEQ; Kubany, 2004)
- Depression - (DASS-21; Lovibond & Lovibond, 1995)
- SRNA - (MSI: Cooper, et al., 1998) Assessed frequency of using sex:
  - To cope with upset feelings
  - To help deal with disappointment
  - Because it helps one feel better when one is lonely
  - Because it helps one feel better when feeling low
  - To cheer oneself up
METHOD – MEASURES

- Likely Sex – Likelihood of intercourse with poorly known partner (SRDS; Orcutt, 2004)

**INSTRUCTIONS:** For the following questions, put a mark on the line at the point that best describes how likely you think each situation is.

*SRDS: What’s the chance that the two of you would have sexual intercourse (for example, vaginal or oral intercourse)?*

<table>
<thead>
<tr>
<th>% Chance</th>
<th>0%</th>
<th>10%</th>
<th>20%</th>
<th>30%</th>
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<th>50%</th>
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<th>70%</th>
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METHOD – PROCEDURE

- Conducted several serial multiple mediator path models in Mplus
- Examined saturated sequential models of direct and indirect effects with all childhood/adolescent abuse variables at once, as well as each abuse type separately
- Models were trimmed at p < .10 (Kafetery, 1995)
- Bootstrapped 95% confidence intervals were used to examine the significance of specific indirect effects (Hayes, 2013)

RESULTS – PRELIMINARY ANALYSES

Of the 541 qualifying female participants:

- 46 (8.5%) reported a history of CSA
- 115 (21.3%) reported a history of CPA
- 167 (30.9%) reported a history of CEA
- 86 (14.8%) reported a history of AdSA
- 58 (10%) reported P-ASA between T1 and T3
RESULTS – PRELIMINARY ANALYSES

Table 1: Bivariate Correlations among Study Variables

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<tr>
<td>T1 CPA</td>
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<tr>
<td>T1 CEA</td>
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<tr>
<td>T1 AdSA</td>
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<tr>
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<td>.20**</td>
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<tr>
<td>T1 CEA</td>
<td>.20***</td>
<td>.22***</td>
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<td>T1 AdSA</td>
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- 45.6% of CSA survivors reported AdSA
- 28.1% of CPA survivors reported AdSA
- 23% of CEA survivors reported AdSA
- 20.9% of CPA survivors reported P-ASA
- 20.4% of CEA survivors reported P-ASA
- 22% of AdSA survivors reported P-ASA
DISCUSSION

• In the full model, CPA and CSA significantly predicted AdSA at T1, which in turn predicted P-ASA

• CEA and CPA directly predicted P-ASA independently (CEA while also controlling for other CA types) as well as through mediational chains

• Effect of CSA on P-ASA operated through mediators only

• All models supported the full hypothesized path

• This is noteworthy given the length of the hypothesized path

DISCUSSION

• Assault in adolescence and depression appear to play critical mediating roles in the relationship between CA and P-ASA

• Women with higher rates of depression and SRNA rated themselves as likely to engage in hypothetical sexual behavior

• The Likely Sex forecasting item demonstrated promising relationships among key variables

• Yet to be determined is how forecasting confers risk for P-ASA
LIMITATIONS

- Present study targeted at women only (predominantly heterosexual)
- Because P-ASA is such a low base-rate phenomenon (10% of current sample) hard to draw firm results
- Though expected, indirect effects are quite small
- Mediators of the relationship between CA and AdSA were not explored

IMPLICATIONS AND FUTURE DIRECTIONS

- Further examination of the unique influence of childhood abuse types other than CSA on adult victimization risk is warranted
- Interventions designed to provide women with more adaptive affect regulation strategies may serve to decrease sexual risk and disrupt revictimization cycles
- What processes drive AdSA? It is similar to ASA? Can they be changed?
- Does forecasting of hypothetical behavior reliably predict future sexual risk behavior?
- Are risky sexual choices made "in the moment" or do women have reliable estimates of their future behavior?

STUDY 2 - CURRENTLY UNDERWAY

- The goal of study 2 is to examine whether the Likely Sex behavioral forecasting item reliably predicts risky sexual behavior, and whether this behavior accounts for the link between T1 Likely Sex and P-ASA
- We also plan to explore whether a history of abuse (child abuse and/or AdSA) moderates this relationship, where individuals with an abuse history are more likely to endorse risky sexual behavior and subsequent P-ASA

METHOD – MEASURES

Participants were asked to assess behavior since their last interview:
- New Sexual Partners – "how many new sexual partners have you had?"
- One Night Stand – "how many times have you had intercourse with someone on one and only one occasion - a 'one night stand'?"
- Sex with Stranger – "how many times have you had intercourse with someone who was a stranger to you? (By a stranger we mean someone you had met for the first time the same day or evening you had intercourse?)"
RESULTS - PRELIMINARY ANALYSES

- Any Sex with Stranger T1-T2 = 16 (3% of sample)
- Any One Night Stand T1-T2 = 75 (14% of sample)
- 4+ New Sexual Partners T1-T2 = 36 (6.7% of sample)

THANK YOU!