



REL Pacific Ask A REL Response
Beating the Odds
April 2019

Question:

Are there any studies identifying specific risk and protective factors for students who are victims of sexual assault?

Response:

Following an established REL Pacific research protocol, we conducted a web-based search for resources related to the risk and protective factors for students who are victims of sexual assault (see Methods section for search terms and resource selection criteria). We focused our search in particular on studies in the Pacific and other indigenous contexts for greater relevancy to the Pacific region, however we did include studies with more generalizable findings. Please note, the majority of research articles and resources focus on the antecedent risk and protective factors related to sexual assault. However, the resources included in this response memo remain relevant to the question as you will note in reading the abstracts. Furthermore, not all of the articles referenced in this document are available online; however, options for reviewing the articles include interlibrary loan.

References are listed in alphabetical order, not necessarily in order of relevance. Descriptions of the resources are quoted directly from the publication abstracts. We have not evaluated the quality of references and the resources provided in this response. We offer them only for your reference. Also, our search included the most commonly used research resources, but they are not comprehensive and other relevant references and resources may exist.

Research References

Broman-Fulks, J.J., Ruggiero, K.J., Hanson, R.F., Smith, D.W., Resnick, H.S., Kilpatrick, D.G. & Saunders, B.E. (2007). Sexual assault disclosure in relation to adolescent mental health: results from the national survey of adolescents. *Journal of Clinical Child & Adolescent Psychology*, 36(2), 260-66. Retrieved from <https://eric.ed.gov/?id=EJ772257>.

From the abstract: “Child sexual assault is a risk factor for a wide range of emotional and behavioral problems. Little is known about mental health functioning in relation

to victims' decisions to tell someone (or not) about their assault. This study used data from a nationally representative sample of 4,023 adolescents to examine the relation between sexual assault disclosure characteristics and mental health outcomes. Results indicated that youth who disclosed the assault to someone within 1 month were at reduced risk for current major depressive episode (MDE) and delinquency. No relation was found between disclosure latency and risk for posttraumatic stress disorder (PTSD) or substance use problems. Notably, disclosure to mothers was associated with significantly reduced risk for current PTSD and delinquency.”

Note: REL Pacific was unable to locate a free link to the full-text version of this resource. Although REL Pacific tries to provide publicly available resources whenever possible, this resource may be of sufficient interest to the reader to warrant finding it through university or public library systems.

Jobe-Shields, L., Williams, J., & Hardt, M. (2017). Predictors of emotional security in survivors of interpersonal violence. *Journal of Child and Family Studies*, 26(10), 2834-2842. Retrieved from <https://link.springer.com/article/10.1007%2Fs10826-017-0799-0>.

From the abstract: “As emotional security theory has recently been extended to understand recovery from interpersonal violence, the present study aimed to understand whether and to what extent trauma-specific aspects of the family environment (caregiver responses to disclosure, non-disclosure) and more general aspects of the family environment (interparental conflict, parental invalidation of emotions) explained variance in emotional security in the family in a sample of emerging adults with a history of interpersonal violence (physical or sexual abuse or assault). Results indicated that substantiated aspects of the interparental subsystem (interparental conflict) and parent–child subsystem (parental invalidation of emotions) predicted all three aspects of emotional security (preoccupation, disengagement, and security) in regression models where trauma-specific variables were included. Additionally, non-supportive caregiver response to disclosed trauma also accounted for significant variance in felt security, supporting the idea that problematic caregiver responses to traumatic events can erode emotional security for survivors of interpersonal violence, in addition to broader patterns in the interparental and parent–child subsystems.”

Note: REL Pacific was unable to locate a free link to the full-text version of this resource. Although REL Pacific tries to provide publicly available resources whenever possible, this resource may be of sufficient interest to the reader to warrant finding it through university or public library systems.

Jones, D. J., Lewis, T., Litrownik, A., Thompson, R., Proctor, L. J., Isbell, P., Runyan, D. (2013). Linking childhood sexual abuse and early adolescent risk behavior: The intervening role of internalizing and externalizing problems. *Journal of Abnormal Child Psychology*, 41(1), 139-50. Retrieved from <https://eric.ed.gov/?id=EJ998715>.

From the abstract: “A robust literature links childhood sexual abuse (CSA) to later substance use and sexual risk behavior; yet, relatively little empirical attention has been

devoted to identifying the mechanisms linking CSA to risky behavior among youth, with even less work examining such processes in boys. With the aim of addressing this gap in the literature, the current study examined the indirect effect of childhood sexual abuse (CSA; from age 2 to 12) trajectory group on risky behavior at age 14 (alcohol use & sexual intercourse) via the intervening role of caregiver-reported internalizing and externalizing problems at age 12. Analyses were conducted with a subsample of youth (n=657 sexual intercourse; n=667 alcohol use) from the Longitudinal Studies of Child Abuse and Neglect (LONGSCAN), a multisite prospective study of youth at risk for maltreatment. For boys and girls, there was an indirect effect from CSA to sexual intercourse through externalizing problems. The same pattern emerged for alcohol use, but only for girls. Findings did not support an indirect path through internalizing problems for either boys or girls for either outcome. Findings suggest more focal targets for prevention efforts aimed at maintaining the health and safety of maltreated boys and girls during the adolescent transition.”

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Miller, A. B., Esposito-Smythers, C., Weismore, J. T., & Renshaw, K. D. (2013). The relation between child maltreatment and adolescent suicidal behavior: A systematic review and critical examination of the literature. *Clinical Child and Family Psychology Review, 16*(2), 146-72. Retrieved from <https://eric.ed.gov/?id=EJ1002481>.

From the abstract: “A large body of research suggests that child maltreatment (CM) is associated with adolescent suicidal ideation and attempts. These studies, however, have not been critically examined and summarized in a manner that allows us to draw firm conclusions and make recommendations for future research and clinical work in this area. In this review, we evaluated all of the research literature to date examining the relationship between CM and adolescent suicidal ideation and attempts. Results generally suggest that childhood sexual abuse, physical abuse, emotional abuse, and neglect are associated with adolescent suicidal ideation and attempts across community, clinical, and high-risk samples, using cross-sectional and longitudinal research designs. In most studies, these associations remain significant when controlling for covariates such as youth demographics, mental health, family, and peer-related variables. When different forms of CM are examined in the same multivariate analysis, most research suggests that each form of CM maintains an independent association with adolescent suicidal ideation and suicide attempts. However, a subset of studies yielded evidence to suggest that sexual abuse and emotional abuse may be relatively more important in explaining suicidal behavior than physical abuse or neglect. Research also suggests an additive effect--each form of CM contributes unique variance to adolescent suicide attempts. We discuss the current limitations of this literature and offer recommendations for future research. We conclude with an overview of the clinical implications of this research, including careful, detailed screening of CM history, past suicidal behavior, and current

suicidal ideation, as well as the need for integrated treatment approaches that effectively address both CM and adolescent suicidal ideation and suicide attempts.”

Russell, P.L., Nurius, P.S., Herting, J.R., Walsh, E., & Thompson, E.A. (2010). Violent victimization and perpetration: Joint and distinctive implications for adolescent development. *Victims & Offenders*, 5(4), 329-353. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/21289867>.

From the abstract: “To date few reports have provided direct comparison of psychosocial vulnerability and resources among youth with victimization and perpetration histories. Within a racially diverse, high-risk adolescent sample (n = 849), this study undertakes MANCOVA tests on a multidimensional set of risk and protective factors contrasting youth with histories of (1) neither violent victimization nor perpetration, (2) victimization only, (3) perpetration only, and (4) both victimization and perpetration. All three violence-affected groups reported elevated risk and diminished protection, with perpetrating victims demonstrating the greatest psychosocial impairment. Detailed contrasts among the youth group profiles provide insights regarding overlapping and distinct developmental etiologies and implications for preventive and remedial intervention.”

Scott, D. & Langhorne, A. (2012). BeLieving in native girls: Characteristics from a baseline assessment. *American Indian and Alaska Native Mental Health Research: The Journal of the National Center*, 19(1), 15-36. Retrieved from <https://eric.ed.gov/?id=EJ970438>.

From the abstract: “BeLieving In Native Girls (BLING) is a juvenile delinquency and HIV intervention at a residential boarding school for American Indian/Alaska Native adolescent girls ages 12-20 years. In 2010, 115 participants completed baseline surveys to identify risk and protective factors. Initial findings are discussed regarding a variety of topics, including demographics and general characteristics, academic engagement, home neighborhood characteristics and safety, experience with and perceptions of gang involvement, problem-solving skills, self-esteem, depression, sexual experiences and risk-taking behaviors, substance abuse, and dating violence. (Contains 2 tables and 5 figures.)”

Shilubane, H. N., Ruiter, R. A., C., Bos, A. E., R., van den Borne, B., Shamagonam, J., Reddy, P. S. (2014). Psychosocial correlates of suicidal ideation in rural South African adolescents. *Child Psychiatry and Human Development*, 45(2), 153-62. Retrieved from <https://link.springer.com/article/10.1007%2Fs10578-013-0387-5>.

From the abstract: “Suicide is a prevalent problem among young people in Southern Africa, but prevention programs are largely absent. This survey aimed to identify the behavioral and psychosocial correlates of suicidal ideation among adolescents in Limpopo. A two-stage cluster sample design was used to establish a representative sample of 591 adolescents. Bivariate correlations and multiple linear regression analyses were conducted. Findings show that suicidal ideation is prevalent among adolescents. The psychosocial factors perceived social support and negative feelings about the family

and the behavioral factors forced sexual intercourse and physical violence by the partner were found to increase the risk of suicidal ideation. Depression mediated the relationship between these psychosocial and behavioral risk factors and suicidal ideation. This study increased our understanding of the psychosocial and behavioral predictors of adolescent suicidal ideation. The findings provide target points for future intervention programs and call for supportive structures to assist adolescents with suicidal ideation.”

Note: REL Pacific was unable to locate a free link to the full-text version of this resource. Although REL Pacific tries to provide publicly available resources whenever possible, this resource may be of sufficient interest to the reader to warrant finding it through university or public library systems.

Smith, K., Bryant-Davis, T., Tillman, S., & Marks, A. (2010). Stifled voices: Barriers to help-seeking behavior for South African childhood sexual assault survivors. *Journal of Child Sexual Abuse, 19*(3), 255–274. Retrieved from <https://eric.ed.gov/?id=EJ885024>.

From the abstract: “In South Africa, females under the age of 18 comprise approximately 40% of the rapes and other forms of sexual assault that occur. However, South African girls face multiple barriers to seeking help in the aftermath of sexual assault. This literature review provides an overview of childhood sexual assault in South African girls and addresses barriers to help-seeking behaviors. Risk factors as well as relevant sociocultural, economic, structural, and psychological perceptions regarding childhood sexual assault among South African girls are also discussed. Finally, clinical implications, culturally relevant psychotherapeutic techniques, and suggestions for future research are provided in an effort to reduce the negative mental health consequences for the victims.”

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U.S. Department of Justice. (2014). Through our eyes: Children, violence, and trauma. [Video files]. Retrieved from <http://www.ncjrs.gov/App/publications/abstract.aspx?ID=263484>.

Description: “This Office for Victims of Crime (OVC) Web resource presents a video series and related materials that discuss how crime, abuse, violence, and trauma affect children. The series includes videos on: 1) How violence and trauma affect children, including the serious and long-lasting consequences for their physical and mental health; signs that a child may be exposed to violence or trauma; and the staggering cost of child maltreatment to families, communities, and the Nation. 2) The serious consequences of children’s exposure to violence and trauma, such as substance abuse and mental health and behavioral problems, and the increased severity of symptoms experienced by children who have suffered multiple forms of victimization. 3) The Child Advocacy Center Model, which brings together representatives from many disciplines, including law enforcement, child protection, prosecution, mental health, medical and victim

advocacy, and child advocacy, to provide comprehensive services to child victims of abuse, neglect, and trauma. And, 4) the important role that community- and faith-based programs, services, and agencies play in protecting and responding to children. The videos can be watched via YouTube, or downloaded in three versions: QuickTime, Windows Media, and Closed Caption. Additional online child and youth victimization resources from OVC that detail the effects on children of exposure to violence and trauma are also provided.”

Walsh, K., Blaustein, M., Knight, W. G., & van der Kolk, B. A. (2007). Resiliency factors in the relation between childhood sexual abuse and adulthood sexual assault in college-age women. *Journal of Child Sexual Abuse, 16*(1),1-17. Retrieved from <https://eric.ed.gov/?id=EJ841171>.

From the abstract: “Research has suggested that childhood sexual abuse (CSA) may be a risk factor for adulthood sexual assault. This study examined associations between CSA experiences, cognitive resiliency variables, and revictimization. Participants were 73 college-age females who completed self-report questionnaires assessing CSA, adult assault, self-efficacy, locus of control (LOC), and coping styles. Sexual assault was categorized as forced or coerced assault based on the tactics used by the perpetrator. Results indicated that CSA alone was the strongest independent predictor of forced adult assault; however, LOC and positive coping were associated with resiliency to coercive sexual assault. The current findings have clinical implications in that LOC and coping styles are characteristics that can be enhanced through therapy. (Contains 5 tables.)”

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Additional Organizations to Consult

National Exploration of Emotional/Behavioral Detection in School Screening (NEEDs2) - <https://needs2.education.uconn.edu/>

From the website: “The National Exploration of Emotional/Behavioral Detection in School Screening (NEEDs2) project aims to understand if and how social, emotional, and behavioral screeners are being used in schools, and what factors influence use. This project was funded by the National Center for Education Research, Institute of Education Sciences, within the social and behavioral context for academic learning portfolio (R305A140543).”

Methods

Keywords and Search Strings

The following keywords and search strings were used to search the reference databases and other sources:

- “student sexual assault” and “protective and risk factors” not “dissertations & theses”
- “student sexual assault” and “protective and risk factors” and “pacific” not “dissertations & theses”
- “sexual assault” and “protective and risk factors” not “dissertations & theses”
- “sexual assault” and “protective and risk factors” and “pacific” not “dissertations & theses”
- “sexual assault victims” and “protective and risk factors” and “pacific” not “dissertations & theses”
- “child sexual assault” and “protective and risk factors” not “dissertations & theses”
- “child sexual trauma” and “protective and risk factors” not “dissertations & theses”
- “child sexual trauma” and “protective and risk factors” and “pacific” not “dissertations & theses”

Databases and Resources

We searched ERIC, a free online library of over 1.6 million citations of education research sponsored by the Institute of Education Sciences, for relevant resources. Additionally, we searched the academic database Google Scholar, ProQuest, EBSCO databases, and PsycInfo.

Reference Search and Selection Criteria

REL Pacific searched ERIC and other academic journal databases for studies that were published in English-language peer-reviewed research journals within the last 20 years. REL Pacific prioritized documents that are accessible online and publicly available, and prioritized references that provide practical information based on peer-reviewed research for this Ask A REL requestor. Methodological priorities and considerations were given to randomized control trials where possible, followed by meta-analyses, literature reviews, and quasi-experiments. The target population (e.g., school-level, sample size) was also a consideration. As always, REL Pacific first considers studies conducted in the Pacific region or similar contexts, but also includes relevant research with generalizable findings.

This memorandum is one in a series of quick-turnaround responses to specific questions posed by educational stakeholders in the Pacific Region (American Samoa, the Commonwealth of the Northern Mariana Islands, the Federated States of Micronesia, Guam, Hawai'i, the Republic of the Marshall Islands, and the Republic of Palau), which is served by the Regional Educational Laboratory (REL Pacific) at McREL International. This memorandum was prepared by REL Pacific under a contract with the U.S. Department of Education's Institute of Education Sciences (IES), Contract ED-IES-17-C-0010, administered by McREL International. Its content does not necessarily reflect the views or policies of IES or the U.S. Department of Education, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Government.