

University of St. Thomas, Minnesota
St. Catherine University

Social Work Master's Clinical Research Papers

School of Social Work

2018

Promoting Resilience and Preventing Sexual Offenses in Survivors of Childhood Sexual Abuse: A Systematic Review

Cassie DeGraw

University of St. Thomas, Minnesota, cassiedegraw@gmail.com

Follow this and additional works at: https://ir.stthomas.edu/ssw_mstrp

Part of the [Clinical and Medical Social Work Commons](#), and the [Social Work Commons](#)

Recommended Citation

DeGraw, Cassie, "Promoting Resilience and Preventing Sexual Offenses in Survivors of Childhood Sexual Abuse: A Systematic Review" (2018). *Social Work Master's Clinical Research Papers*. 845.

https://ir.stthomas.edu/ssw_mstrp/845

This Clinical research paper is brought to you for free and open access by the School of Social Work at UST Research Online. It has been accepted for inclusion in Social Work Master's Clinical Research Papers by an authorized administrator of UST Research Online. For more information, please contact libroadmin@stthomas.edu.

Promoting Resilience and Preventing Sexual Offenses in Survivors of Childhood Sexual Abuse:

A Systematic Review

Cassandra L. DeGraw, BSW, LSW

Committee Member:

Courtney Wells, Ph.D., M.S.W., M.P.H., LGSW (Chair)

The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University – University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

Abstract

Maltreatment is often experienced in adverse environments during childhood. Children who survive maltreatment demonstrate protective and risk factors that impact the developmental pathway to lifelong outcomes. The purpose of this systematic review was to identify the factors that impact the pathway between surviving childhood sexual abuse and committing a sexual offense. A survivor of childhood sexual abuse may possess protective factors that are important towards their ability to function and have positive lifelong outcomes. For survivors of childhood sexual abuse, it is important to identify the protective factors essential to positive lifelong outcomes and resilience. Educating professionals on important protective factors for survivors of childhood sexual abuse can improve screening tools and interventions. This would be to provide effective treatment that supports the protective factors to decrease the likelihood of lifelong negative outcomes. Without interventions and screening tools effectively supporting protective factors, risk factors can overcome and impact the pathway to committing a sexual offense. With this in mind, educating professionals on identifying the risk factors is important in order to provide them on screening tools and in interventions for effective treatment. A systematic review research design was used to analyze 19 articles that met inclusion criteria. The articles were analyzed in the results section to identify the protective factors that survivors of sexual abuse experience, and the risk factors that could potentially impact the pathway to an outcome of committing a sexual offense. The discussion demonstrates assumptions in which factors impact the pathway between surviving childhood sexual abuse and committing a sexual offense. The need for future research is suggested to further understand the factors between the pathway of surviving childhood sexual abuse and committing sexual offenses.

Acknowledgments

I would like to express a sincere thank you to my research chair, Courtney Wells, Ph.D., MSW, MPH, and LGSW for her support, encouragement, flexibility, and patience throughout the nine months that I worked on this systematic review. I cannot thank you enough for your time, attention, and feedback in reviewing the content of my paper. I would also like to thank my husband, Charlie Possert, as I am grateful for his love and our life together. Getting married during the same semester as starting this research made it difficult to keep up with school, and you helped ensure both were possible. While having difficult experiences with writing this systematic review, you were always available. You provided support, strength, encouragement, and laughter when I needed it most. While writing the systematic review I also depended on the support from my closest family members, friends, and co-workers.

Table of Contents

Introduction.....	6
Literature Review.....	9
Survivors of Childhood Sexual Abuse.....	9
Impact on Health.....	9
Female Survivors of Sexual Abuse.....	10
Male Survivors of Sexual Abuse.....	10
Sex Offenders.....	10
Statistics on Sex Offenders.....	10
Cost of Sex Offenders.....	11
Prevalence of Surviving Childhood Sexual Abuse in the Sex Offender Population.....	13
Prevalence of Surviving Childhood Sexual Abuse in Male Sex Offenders.....	14
Prevalence of Surviving Childhood Sexual Abuse in Female Sex Offenders.....	16
Summary.....	18
Conceptual Framework.....	20
Methodology.....	21
Research Design.....	21
Data Collection.....	22
Selection Process.....	22
Search Strategy.....	22
Data Abstraction and Analysis.....	25
Results.....	26
Surviving Childhood Sexual Abuse and Protective Factors.....	26

Environment and Relationships.....	27
Spirituality.....	32
Internal Characteristics.....	33
Coping Behaviors.....	34
Education.....	34
Disclosure of Abuse.....	35
Satisfaction with Adult Life.....	37
A Combination of Protective Factors.....	37
Factors that Impact Committing a Sexual Offense.....	38
Mental Health.....	39
Psychological and Emotional Abuse.....	39
Sexual Behaviors.....	40
Addiction.....	41
Anti-social Behaviors and Attachment.....	42
Posttraumatic Stress Disorder.....	43
Trauma.....	44
History of Abuse.....	45
Disclosure of Abuse.....	45
Home Environment.....	46
Physical Abuse and/or Violence.....	48
Domestic Violence.....	50
Poly-victimization.....	50
Committing Sexual Offenses as Reenactment Behavior.....	51

Discussion.....52

Implications.....61

 Policy.....61

 Significance for Social Work Practice.....61

 Future Research.....64

 Limitations and Strengths.....65

References.....66

Promoting Resilience and Preventing Sexual Offenses in Survivors of Childhood Sexual Abuse: A Systematic Review

Throughout the United States during the year 2014, child protection services reported that there were 683,487 child victims of maltreatment (United States Department of Health & Human Services, 2016). This is a concern, as individuals who are raised with maltreatment during their childhood are believed to create a cycle of abuse in repeating the abusive behavior they witnessed, experienced, and learned in their environments (Levenson, 2014). “Child maltreatment is defined as an act or failure to act on the part of a parent or caretaker which results in death, physical harm, emotional harm, sexual abuse or exploitation; or an act or failure to act, which presents an imminent risk of serious harm” (United States Department of HHS, 2016, p. 98). There are different types of maltreatment that can be experienced by a child throughout their development. The maltreatment type could be labeled as medical neglect, neglect or deprivation of necessities, physical abuse, emotional maltreatment, sexual abuse, and other forms that are included within the state law (United States Department of HHS, 2016). For the purpose of this paper, emphasis was focused on surviving maltreatment in childhood identified as sexual abuse.

Sexual abuse is defined as, “the involvement of a victim in sexual activity to provide sexual gratification or financial benefit to the offender which includes a physical contact for sexual purpose, molestation, statutory rape, prostitution, exposure, incest or any other sexually exploitative activities” (United States Department of HHS, 2016, p. 109). After experiencing childhood sexual abuse, protective and risk factors that are present determine the impact the abuse has on human development and whether there are associations to lifelong consequences. To have a further understanding of this concept, assumptions are relied on from retrospective

recall of participants in the research asking them to identify their childhood risk factors, and then identify protective factors that positively impacted limiting those risk factors. A risk factor is defined as an attribute, characteristic, or exposure of an individual that increases the possibility of developing negative lifelong outcomes (Salter et al., 2003). A protective factor is defined as a characteristic or attribute that provides influence, separate of risk, which reduces the negative impact of risk factors on negative outcomes (Salter et al., 2003). The purpose of this systematic review was to better understand how to prevent survivors of childhood sexual abuse from committing sexual offenses by examining the risk and protective factors involved.

There is research in regard to the survivor's experience of childhood sexual abuse having a correlation to possible mental health and legal consequences. For example, the effects of childhood sexual abuse can affect a survivor's mental health as they are four times more likely to abuse substances (Rape Abuse and Incest National Network, 2016a). A survivor of childhood sexual abuse is also four times more likely to experience posttraumatic stress disorder and three times more likely to experience major depression (RAINN, 2016a). One type of legal consequence often analyzed in research is whether there is a correlation between experiencing childhood sexual abuse and committing a criminal sexual offense. In literature and research, this is often referred to as the sexual abuse-sex offender hypothesis. History of sexual abuse is often present in children and adolescents which can manifest into problematic or abusive sexual behaviors (Rasmussen, 2012). The breeding ground for sexual offending is believed to be influenced by having adverse childhood experiences characterized by various forms of abuse during developmental years (Levenson, 2014). Legal definitions of criminal sexual offense charges vary throughout every state in the nation. The term sex offense encompasses a broad range of offenses within a sexual nature that have an element of involving a sexual act or sexual

contact with a person (United States Department of Justice, 2007). Examples include involvement with genital, oral, or anal penetration; contact with a person's body directly or through clothing; child pornography; voyeurism; and/or prostitution of a minor (United States Department of Justice, 2007).

There is research to analyze whether there is a relationship between being a survivor of childhood sexual abuse and committing criminal sexual offenses. The relationship between childhood sexual abuse and committing a sexual offense is identifying the risk factors in the pathway between these two outcomes (Veneziano, Veneziano, & LeGrand, 2000). Research supports the concept that for a subgroup of sex offenders, the explanation of their sexual offense may be seen as a reenactment of their own experience of childhood sexual abuse (Veneziano et al., 2000). There is also evidence-based research in regard to survivors of childhood sexual abuse and protective factors that contribute to resilience. The definition of resilience is experiencing a process of adapting to cope when dealing with challenges, adversity, trauma, tragedy, threats, or significant sources of stress (American Psychological Association, 2017; Kent, Davis, & Reich, 2013). The resilience model was used as a conceptual framework lens when examining the articles towards the research questions of this systematic review.

The purpose of the systematic review was to answer two research questions. What are the identified risk factors that could contribute to a survivor of sexual abuse committing a sexual offense? What are the protective factors that could help minimize risk factors for a survivor of childhood sexual abuse? This systematic review was focused on the factors that impact the pathway between childhood sexual abuse and committing a sexual offense. This is determined by abstracting data from articles in regard to the risk and protective factors survivors of sexual abuse experience that could potentially impact the outcome of committing a sexual offense. The

information in the articles was used to provide evidence-based answers to the research questions for this systematic review while combining a professional perspective in delivering interventions or needed changes in policy (Boland, Cherry, & Dickson, 2017). Improving these interventions to strengthen the protective factors would be to decrease the risk factors in the sexual abuse-sexual abuser cycle.

Literature Review

Survivors of Childhood Sexual Abuse

Being a survivor of childhood sexual abuse, unfortunately, is an epidemic. This is demonstrated by child protection services substantiating or finding evidence for a claim of child sexual abuse every eight minutes (RAINN, 2016a). From 2009 to 2013 child protection services found evidence that implies 63 thousand children a year are survivors of childhood sexual abuse. Within the population of children experiencing sexual abuse and reported to child protection services, 12-17 years old accounted for 66 percent of the population, while the remaining 34 percent was younger than 12 years old (RAINN, 2016a).

Impact on health. Survivors of childhood sexual abuse are more likely to experience health challenges that can create both serious short and long-term consequences. The health challenges experienced can include mental, physical, sexual, reproductive, and well-being (RAINN, 2016a). Additional concerns are a higher risk for engaging in unsafe sex, abuse, drugs, misuse of alcohol, suicide, self-harm, and anxiety. Survivors of childhood sexual abuse are three times more likely to experience major depression (RAINN, 2016a). They are also four times more likely to develop symptoms of drug abuse and experience post-traumatic stress disorder when compared to non-victims (RAINN, 2016a).

Female survivors of sexual abuse. Of the total child protection reports in the years 2009 to 2013, 82 percent of survivors of sexual abuse identified as female. Of the identified females, the age group from 16-19 years old was found to be four times more likely to have experienced sexual assault, attempted rape, or rape (RAINN, 2016a). Regardless of age, when a rape is reported, nine out of ten survivors are female. Lastly, one out of six American women become a survivor of an attempted or completed rape during their lifetime (RAINN, 2016a).

Male survivors of sexual abuse. There is a belief in the literature that boys and males who are survivors of sexual assault may face additional challenges. This is due to societal perceptions and stereotypes regarding the perception of men and masculinity (Rape Abuse and Incest National Network, 2016c). Data collected throughout the United States in 1998 found that there was 2.78 million men who had reported being victims of attempted or completed rape (RAINN, 2016c). This also meaning that one in 33 American men have experienced rape in their lifetime (RAINN, 2016c).

Sex Offenders

Statistics on sex offenders. Of the sexual abuse cases reported with substantiating or strong evidence determined by child protective services, the offender was reported to be male for 88 percent, female for nine percent, and unknown for three percent of the cases (RAINN, 2016a). The sex offender was identified as a parent 80 percent of the cases, other relatives for six percent of the cases, and classified as “other” for five percent of the cases, and unmarried partners of a parent was for four percent of the cases (Rape Abuse and Incest National Network, 2016b). In the research, the most frequently cited characteristic and risk factor in regard to committing a sexual offense are identified as being a male and being a survivor of childhood sexual abuse. (Salter et al., 2003).

Offenders of suspected rape are often already existing criminals. Out of one thousand suspected rape offenders, 370 offenders had at least one prior felony conviction and 10 percent have five or more prior felony convictions (RAINN, 2016b). When offenders are convicted of committing a sexual offense, they are staying in prison with a median time served of 48 months. In 2013, there was 161,000 state inmates across the country who were incarcerated as punishment for committing a sexual offense. This number is equal to 12 percent of the state inmate population (RAINN, 2016b). The significant cost put towards treatment of sex offenders is important to understand, as policy is using tax payer dollars to fund these interventions. Social work and policy need to consider in looking at the research, could it be more effective to have more funding in preventative efforts to decrease the likelihood for negative life outcomes.

Cost of sex offenders. Social workers are important to educate about the sex offender population as the profession is often involved in providing assistance, support, and interventions. The education and interventions professionals provide to the sex offender population through treatment have a cost through tax payer dollars. When looking at the financial budget in regard to sexual offenses at a state level, the state of Minnesota is used as an example. Sexual offenses are a concern in Minnesota, as they cost the state 3.3 times as much as alcohol-impaired driving (Minnesota Department of Health, 2007). The Minnesota government in 2005 spent 8 billion dollars; which more than half of this funding was used towards sexual abuse committed against children 0-17 years old. This is only an estimate of the true total in cost since the eight billion dollars excludes “the cost of crimes committed by people whose experiences of victimization contributed to their criminal behavior, costs of family and relationship problems related to the sex offender, re-victimization during the disclosure or investigation process, costs to those who are mistakenly suspected of committing sexual offenses, costs of personal and community

protection, and heightened fear or mistrust in neighborhoods, schools, workplaces, and other community settings” (Minnesota Department of Health, 2007, p. 12). The costs listed above do not include security, family or relationship concerns, sexual harassment, pornography, voyeurism, and other forms of sexual violence (Minnesota Department of Health, 2007). Also, the government costs are compiled from state record systems, therefore, this report excludes city and county costs (Minnesota Department of Health, 2007).

For examples of specific budget breakdown, in the fiscal year of 2006 including both state and federal spending, the Minnesota government spent more on the sex offender population than on the survivors of sexual abuse. Minnesota spent 59 percent of the budget equaling 130.5 million dollars towards the sex offender population with the largest portions put towards inpatient treatment and for confinement in prisons or jails (Minnesota Department of Health, 2007). In total, there were 5,400 convicted criminal sexual conduct offenders under supervision in Minnesota. Minnesota spent 41 percent of the budget equaling 90.5 million dollars towards the survivors of sexual abuse. Costs paid towards survivors of sexual abuse included medical care, mental health care, property damage, work loss, unplanned pregnancy, sexually transmitted diseases, pain, suffering, lost quality of life, substance use, and suicidal behavior (Minnesota Department of Health, 2007).

A concern to consider is that services for survivors of sexual abuse do not reach all Minnesota cities and counties which is partially due to the budget being below the actual need to serve this population. There are costs allotted towards prevention and increasing service accessibility. Prevention funds are supported by Centers for Disease Control and Prevention to Minnesota in 800,000 dollars (Minnesota Department of Health, 2007). The Minnesota Department of Health has developed a unified state plan to prevent sexual offenses with

intentional goals. “The goals are to change societal norms that encourage or normalize sexual offenses, train professionals to educate about prevention and the normalization for sexual violence, learn from diverse communities on the affect sexual violence, increase the capacity of people to prevent sexual offenses, and to seek action from local and state representatives.”

(Minnesota Department of Health, 2007). As demonstrated in the information above, a significant amount of funding is allocated to treatment for sex offenders and recidivism rather than the prevention efforts. It is interesting to consider if more funding was directed towards prevention efforts and early intervention with children exhibiting risk factors that could impact the developmental pathway to committing a sexual offense, whether it would decrease the number of committed sexual offenses. Having the best appropriate interventions to provide effort in prevention and address immediate risk factors could decrease the state costs for criminal offenses; sexual offenses being one type.

Prevalence of Surviving Childhood Sexual Abuse in the Sex Offender Population

It is important to understand the evidence-based research in regard to surviving sexual abuse being part of the developmental history of a sex offender. Research reports that there is a specific correlation between having experienced sexual abuse in the lifespan histories among the sex offender population when in comparison to non-sex offenders. The sexually abused-sexual offender hypothesis suggests a correlation between surviving sexual abuse and later in life committing a sexual offense. The hypothesis proposes that individuals who experience sexual abuse in their lifetime are significantly more likely to engage in sexual offenses (Jespersen, Lalumiere, & Seto, 2009). Although research has evidence supporting the sexual abuse-sex offender hypothesis, other studies can vary in their results on the prevalence of early childhood sexual abuse as an adverse experience for sexual offenders (Levenson, Willis, & Prescott, 2016).

Research on female and male sex offender populations experiencing childhood sexual abuse was kept separate by gender for this literature review, to follow the layout of the original articles produced on these populations. Articles keep the sex offender population in research divided by gender because if they were kept together in a study, more than likely it would significantly skew the results depending on the hypothesis. This could be due to both of these genders having extremely different sample sizes and diverse experiences. Most studies on the sex offender population are with male participants, and if females were in the same setting of the male population, the author would then exclude the female participants. In studies specific to the female sex offender population, the sample size available is typically significantly smaller than the male population. Due to the small sample sizes of female sex offenders, some researchers feel it can question the accuracy of the research. The following studies are examples of results providing statistical evidence to their hypothesis in recognizing the correlation between early childhood sexual abuse and committing a sexual offense.

Prevalence of surviving childhood sexual abuse in male sex offenders. In the study conducted by Levenson and Grady (2016) the participants were a non-random sample of 679 adult male sex offenders that were given a survey to complete. Of the participants, 28 percent were under civil commitment and 72 percent were court ordered to attend outpatient treatment as part of their probation requirements following a criminal conviction of sexual abuse. The research for this study was focused on answers to the Adverse Childhood Experiences Scale and analyzed childhood trauma scores in relation to offense characteristics (Levenson & Grady, 2016; Levenson et al., 2016). The Adverse Childhood Experiences Scale is a 10-question scale for which participants answer whether they have experienced, prior to 18 years of age, abuse (emotional, physical, and sexual), neglect (emotional and physical), and household dysfunction

(domestic violence, unmarried parents, and the presence of substance-abusing, mentally ill, or incarcerated member of the household) (Levenson & Grady, 2016, p. 96). The results of the scale for the sex offender population was significantly higher than the general male population in this study (Levenson & Grady, 2016). Higher scores revealed the correlation between childhood adversity being associated with sexual deviance and sexual violence. Sex offenders compared to males in the general population had more than 3 times the odds of experiencing childhood sexual abuse (Levenson & Grady, 2016; Levenson, et al., 2016).

In the meta-analysis conducted by Jespersen et al. (2009) the research results supported the sexually abused-sexual abuser hypothesis. The results compared rates of childhood sexual abuse reported in 17 studies involving 1,037 sex offenders and 1,762 non-sex offenders (Jespersen et al., 2009). Of the 17 studies that met inclusion criteria, 16 studies reported greater odds of having survived childhood sexual abuse among sex offender's when compared to non-offenders. Of the 16 studies, it was found that sexual abuse was three times more likely in the history of sex offender's when compared to non-sex offenders (Jespersen et al., 2009).

A study conducted by Veneziano et al. (2000) consisted of 74 adolescent male sexual abusers who had been referred or court-ordered to a residential treatment facility. Of the sex offenders, 92% reported that they had been sexually abused which was disclosed during an investigation that provided documented or verbal corroborating evidence (Veneziano et al., 2000). In another study, a chi-square test was used to determine whether abusing a young child was independent of an offender also being a survivor of childhood sexual abuse which had lower results compared to the study above but still did have correlating results. Of 147 sexual offenders, 32 of the offenders reported that they were survivors of childhood sexual abuse (Coxe & Holmes, 2001). Based on the results, the hypothesis was supported in the study because

experiencing abuse during childhood was correlated to be a risk in the histories of adult sex offenders (Coxe & Holmes, 2001). These studies were used to demonstrate the statistical evidence of adults who become sex offenders being more likely to experience childhood sexual abuse compared to the general population (Coxe & Holmes, 2001). This is important when considering the literature identifying the survival of childhood sexual abuse as a risk factor in becoming a sex offender.

Prevalence of surviving childhood sexual abuse in female sex offenders. Females represent the minority of the sex offender population. It is unclear in whether the research truly reflects the number of females that commit sexual offenses, as this population is limited. A few proposed reasons the female population is believed to be underrepresented in research in regard to committing sexual offenses includes societal and cultural stereotypes, professional biases, problems with research methodologies, and unique dynamics that impact disclosures of sexual offenses (Center for Sex Offender Management, 2007). The research on females committing sexual offenses is underdeveloped. Research is typically based on small samples of females in clinical settings which creates difficulty in proving reliable conclusions about characteristics, risk factors, and sexual offense dynamics (Center for Sex Offender Management, 2007).

A study conducted by Strickland (2008) compared scores on various outcome measures of women incarcerated in the state prison system of Georgia. The sample consisted of 130 participants who were split between 60 sexual offenders and 70 other types of offenders. Chi-Square analyses examined if significant differences existed between the two comparison groups on the demographic variables. The sex offending population scored significantly higher on the subscale measuring childhood sexual abuse. In this study, the sex offender population was 2.88 times more likely to have experienced childhood sexual abuse when compared to the population

of other types of offenders (Strickland, 2008). The results suggest that the severity of childhood trauma, with a focus on sexual abuse, is a significant risk factor for the future development of sexually deviant behaviors. The severe sexual abuse survived by the female sex offenders may play a role in the development of sexually deviant interest in children (Strickland, 2008).

The study conducted by Roe-Sepowitz and Krysik (2008) used a sample of 118 female juvenile sex offenders drawn from a statewide database that were charged and sanctioned over a 6-year period from 1999 to 2005 in the state of Florida. Of the 118 participants, 31 of those participants, which was 26.3 percent, reported a history of childhood sexual abuse (Roe-Sepowitz & Krysik, 2008). Of the 31 participants that had reported childhood sexual abuse, 10 of those participants, which was 8.5 percent, reported multiple sex offenders (Roe-Sepowitz & Krysik, 2008). The literature reviewed in this article suggests that female juveniles who were survivors of childhood sexual abuse displayed more of a challenge in regard to prevention and housing placement as they have a need for severe supervision.

In the study conducted by Miccio-Fonseca (2000) a population of 18 female sex offenders was compared with 332 male sex offenders and with 215 females who were not sex offenders on various experiences in their personal histories. All subjects were interviewed in regard to psychological, medical, gynecological, urological, drug, law enforcement, and homicidal or suicidal histories. The percentage of survivors of sexual abuse in this study was high. Of the male sex offenders, 50 percent reported having survived childhood sexual abuse and of the female non-offenders, 52 percent reported having survived childhood sexual abuse (Miccio-Fonesca, 2000). Both were compared to 72 percent of the female sex offenders reported having survived childhood sexual abuse. Although there was a small number of female sex offenders in the present study, there were numerous statistically significant differences. Even if

the unequal group sizes raise concern for the validity of the differences, there was information showing that female sex offenders differ in their life history from male sex offenders and female-non-sex offenders (Miccio-Fonesca, 2000).

The study conducted by Christopher, Lutz-Zois, and Reinhardt (2007) examined a female sample for the relationship between a history of childhood sexual abuse and committing a sexual offense. The participants were 61 sex offenders and 81 non-sex offenders recruited from a woman's prison in the Midwest. The participants completed measures that included a childhood history of sexual abuse, socially desirable responding, primary and secondary psychopathy, and Borderline Personality Disorder tendencies (Christopher et al., 2007). The results of this study showed that the sexual-offender group reported more frequent and greater durations of childhood sexual abuse than participants in the non-sex offender group (Christopher et al., 2007). The results of this study made an assumption that the more frequent and longer duration of sexual abuse, the more likely the survivors perspectives could change in regard to thinking that sexual relationships with children are a normal (Christopher et al., 2007). The results suggested a correlation between the sexual abuse-sex offender hypothesis.

Summary

Sexual abuse is a common form of childhood maltreatment and the consequences leading to later mental health are substantial. The results suggest that the accumulation of early trauma including sexual abuse is a predictor of sexual deviance and sexually violent behaviors producing emotional difficulties throughout a lifetime (Levenson & Grady, 2016). Survivors of childhood sexual abuse are at risk for using sex to compensate for negative feelings, distorted thinking, and may associate sexual arousal with adult-child sexual activity (Levenson & Grady, 2016). In research, analyzing the link between surviving childhood sexual abuse and committing

a sexual offense against children has relied on retrospective recall of childhood risk factors (Salter, et al., 2003). The risk factors after experiencing childhood sexual abuse that could impact the psychological and environmental experiences of committing a sexual offense are discussed in the research results.

It is important to also understand the relevant research regarding the population with sexual abuse histories who identify in having protective factors. Research indicates that experiences of childhood sexual abuse often negatively impact the mental health of males across their lifespan. Some male survivors recognize a turning point marking a positive change in their mental health and healing process (Easton, Leone-Sheehan, Sophis, & Willis, 2015). Males not becoming sexual offenders in relation to their own sexual abuse experience challenges the sexual abuse-sex offender cycle hypothesis. Research suggests that some male survivors of sexual abuse still experience long-term psychological effects that introduce resiliency rather than becoming a sex offender (Lambie & Johnston, 2016). Researchers have explored the impact sexual abuse has on the development of emotional, physical, and environmental adversities for an individual survivor. Part of this research has been to identify reasons some individuals develop an ability to cope, survive, and thrive while other individuals facing similar adversities struggle with often expected negative outcomes (Goldstein & Brooks, 2005). Resilience has been found in research in regard to males who experienced sexual abuse having the ability to find positive outcomes in life, despite the serious threats to adaptation or development during the adverse experiences (Matson, 2001). The purpose of the systematic review is to answer two research questions. What are the identified risk factors that could contribute to a survivor of sexual abuse committing a sexual offense? What are the protective factors that could help minimize risk factors for a survivor of childhood sexual abuse?

Conceptual Framework

For this research paper, the conceptual framework was based on the resilience model. It is important to have an understanding of the resiliency model within its application provided to the population and framework of this systematic review. Resilience was recognized during the 1970s by a group of psychologists and psychiatrists. They had recognized resilience occurring in at-risk children with mental health and problems in development due to genetic or experiential circumstances (Masten, 2001). When using resilience, a person was able to identify and use strengths to thrive while managing the tasks of daily living in adverse situations (Miller-Karas, 2015). A person with resilience has the ability to prevail, bounce back, and grow during their positive adaptive process within their environment or relationships (Kent et al., 2013). People use varying strategies as an approach to build resilience, as an approach for one individual may not work for another individual. Individual factors and strategies are important to recognize in considering the impact of building resilience (APA, 2017).

Resilience does not represent a characteristic of an individual, instead, it is a two-dimensional construct. This implies demonstration of positive adjustment while experiencing exposure to adversity. The two constructs within resilience are the risk and protective adaptation (Luther & Cicchetti, 2000). A protective adaptational system is able to meet developmental milestones, is considered healthy, and is in a good working order. A combination of protective factors that individuals can develop in themselves contributes to resilience. These include a capacity to create realistic plans with obtainable steps, a positive view on oneself, confidence in personal strengths and abilities, ability to communicate, skills in problem-solving, and capacity to manage feelings or impulses (APA, 2017). During the process of being resilient, a person can still experience difficulty, emotional pain, distress, and sadness (APA, 2017). If the adaptable

systems are impaired, then the risk for developmental problems can increase and there is a higher chance of risk if the environmental hazards are prolonged (Masten, 2001). If an individual has risks impacting their adaptation that encompass negative life circumstances, this is known to be statistically associated with adjustment difficulties (Luther & Cicchetti, 2000). A protected adaptational system creates the ability for a person to continue to process and develop in the face of severe risk (Masten, 2001). Research has shown the importance to assist children to develop resilient functioning rather than implementing treatment strategies designed to repair existing mental disorders among high risk populations (Luther & Cicchetti, 2000). By choosing the resilience model as a framework for this systematic review, guidance was provided to understanding survivors of childhood sexual abuse and additional adverse experiences as risk factors, which have an impact on their ability to demonstrate resilience or negative outcomes (Kent et al., 2013).

Methodology

Research Design

This paper was chosen to be formulated as a systematic review to examine the research and journal articles available in relation to the research questions. A systematic review consists of a review of the literature that is designed to research, evaluate, synthesize, and assess the available existing evidence related to a specific research question (Boland et al., 2017). Articles were examined for themes that identified factors that are experienced by a survivor of childhood sexual abuse, and if any of the factors relate to the risk factors for committing a sexual offense. The information in the articles was used to provide evidence-based answers to the research questions while combining a professional perspective in delivering interventions or needed changes in policy (Boland et al., 2017). Improving these interventions to strengthen the

protective factors would be to decrease the sexual abuse-sexual abuser cycle. This systematic review consisted of a well-defined search strategy with detailed inclusion or exclusion criteria to limit and prevent bias in gathering the research.

Data Collection

Selection Process. Articles were examined in regard to the research question for this systematic review addressing which protective factors could help minimize risk factors for a survivor of sexual abuse. When examining articles for this research question, the study populations were in regard to survivors of childhood sexual abuse and identified protective factors towards reducing life-long outcomes with a focus towards an outcome as committing a sexual offense. Articles were examined in regard to the research question for this systematic review addressing the identified risk factors that could contribute to a survivor of sexual abuse committing a sexual offense. Assumptions were made after reviewing the research in whether survivors of childhood sexual abuse identify risk factors that correlate to an impact to committing a sexual offense. The purpose of this systematic review was to have focus on the factors that impact the pathway between childhood sexual abuse and committing a sexual offense. Articles that were included reviewed 1) survivors of childhood sexual abuse who had identified protective factors, 2) survivors of childhood sexual abuse who had identified risk factors, 3) identified risk factors related to committing a sexual offense.

Search Strategy. The search was conducted from September 2017 through April 2018 in finding research articles that met the inclusion criteria for this systematic review. Table 1 shows the search strategies for obtaining journal articles. Each article had at least one of the inclusion criteria and met none of the exclusion criteria to be used in the results of this systematic review. This systematic review used electronic databases to search for existing

research that met the inclusion criteria. Social Work Abstracts and SocIndex with Full Text were the chosen electronic databases used for this systematic review. The search terms that were used are shown in Table 1 which included: childhood sexual abuse protective factors, childhood sexual abuse and risk factors for sexually offending, childhood sexual abuse and process to resilience, resiliency from sexually offending, and risk factors for sexually offending.

The results were generated by having one or more of the search terms appear in either the title, article, abstract, or keyword index of each article reviewed. The articles needed to have research that addressed the research question for this systematic review. Articles either had research on one or several points of the research questions. After the initial search terms were used, there were 511 total articles. The titles and abstracts of those articles were reviewed to ensure whether the content of the articles met the inclusion criteria for this systematic review. An inclusion criterion used towards all the articles reviewed was the articles being published between the years of 1998 and 2018. An additional inclusion criterion used when reviewing all the articles was that the research design had to be an empirical, qualitative, or quantitative study. Articles that were not published in English met criterion for exclusion. In each search, there were several articles that had been repeated from a previous used search term. Articles that were found in a previous search, were not repeated in the final count of articles meeting inclusion criteria. The articles that were in the results for each search term had individualized well-defined inclusion and exclusion criteria. After the 511 article titles and abstracts were reviewed, a further assessment of the articles results, and discussion section were reviewed for 71 articles that had potential to meet inclusion criteria. After completing a further assessment of meeting inclusion criteria and eliminating duplicate articles, 19 articles met full inclusion criteria and

were included in this systematic review. The inclusion and exclusion criteria for each search term can be referenced in Table 1.

Table 1

Search Terms and Specific Inclusion or Exclusion Criteria

Search Terms	Inclusion Criteria	Exclusion Criteria
Childhood Sexual Abuse Protective Factors	<ol style="list-style-type: none"> 1) Study population was survivors of childhood sexual abuse 2) Protective factors 3) Risk factors 4) Resilience or recovery 	<ol style="list-style-type: none"> 1) Study population was not related to survivors of childhood sexual abuse 2) Study population was not related to childhood sexual abuse 3) Outcome was not related to committing a sexual offense
Childhood Sexual Abuse and Risk Factors for Sexually Offending	<ol style="list-style-type: none"> 1) Risk factors for committing a sexual offense 2) Childhood sexual abuse must impact part of the study population 3) An article may compare multiple populations however only information about committing a sexual offense was used 4) Study population was survivors of childhood sexual abuse and post experience risk factors 5) Recidivism was not the purpose of the study, but could be mentioned 	<ol style="list-style-type: none"> 1) Childhood sexual abuse was not identified 2) Study population included offenders that was related to committing a sexual offense 3) The article's purpose was recidivism for a sexual offense
Childhood Sexual Abuse and Process to Resilience	<ol style="list-style-type: none"> 1) Childhood sexual abuse and factors that contribute to the process of resilience 2) Study population was survivors of childhood sexual abuse 	<ol style="list-style-type: none"> 1) Outcome was not related to committing a sexual offense 2) Study population experienced maltreatment or adverse childhood experiences not related to childhood sexual abuse
Resiliency from Sexually Offending	<ol style="list-style-type: none"> 1) Study population was survivors of childhood sexual abuse 2) An article may compare multiple populations however only information about survivors of childhood sexual abuse was used 3) Study population was survivors of childhood sexual abuse and post 	<ol style="list-style-type: none"> 1) Used the term resilience not related committing a sexual offense 2) Outcome was not related to committing a sexual offense

	experience factors contributing to the process of resilience	
	4) Study population was survivors of childhood sexual abuse and factors that impact committing a sexual offense	
Risk Factors for Sexually Offending	1) The study population had factors that impacted committing a sexual offense 2) Study population had factors related to experiencing childhood sexual abuse 3) An article may compare multiple populations however only information about individuals who have committed a sexual offense was used 4) Recidivism was not the purpose of the study, but could be mentioned	1) Outcome was not related to committing a sexual offense 2) Outcome was not related to committing a sexual offense 3) The articles purpose was recidivism for a sexual offense

Data Abstraction and Analysis

For the analysis of this systematic review, the results were split into two main sections with sub headers. The first section is survivors of childhood sexual abuse and protective factors that were identified in the articles used for the systematic review. The second section is risk factors that were identified in articles that impact committing a sexual offense. When abstracting data from the articles, if information was labeled as untrue, not supported, or insignificant, the information was excluded from the results section of this systematic review. If the research in the article did not identify characteristics in the pathway between childhood sexual abuse and committing a sexual offense, the information was not used. If the articles had results to a specific sexual offense type, the information was not used. If the articles identified factors that were related specifically to before or during the event of childhood sexual abuse the information was not used in this systematic review. Articles that had mixed results were unable

to be included because of the analysis process. Data analysis from the articles was to identify risk factors between survivors of childhood sexual abuse and committing a sexual offense, which is elaborated upon in the discussion section. The risk factors identified after experiencing childhood sexual abuse and/or prior to committing a sexual offense, are important to further understand a possible pathway between these two outcomes.

Results

The purpose of the systematic review was to answer two research questions. What are the identified risk factors that could contribute to a survivor of sexual abuse committing a sexual offense? What are the protective factors that could help minimize risk factors for a survivor of childhood sexual abuse? The analysis was composed from 19 articles that addressed aspects of the research questions for this systematic review. Of the 19 total articles used for the systematic review, eight of the articles identified protective factors after childhood sexual abuse, and 15 articles identified risk factors that impact the developmental pathway to lifelong negative outcomes. Of the 15 articles, 11 of the articles identified risk factors specific to the lifelong negative outcome of committing a sexual offense. Of the 15 articles that identified risk factors, 11 of the articles had mentioned statistics of surviving childhood sexual abuse as a risk factor. The articles were analyzed to identify the factors that impact the pathway between surviving childhood sexual abuse and committing a sexual offense.

Surviving Childhood Sexual Abuse and Protective Factors

Of the 19 articles used for the analysis of this systematic review, eight articles identified protective factors that were important to survivors of childhood sexual abuse. A protective factor is defined as a characteristic or attribute that provides influence, separate of risk, which reduces the negative impact of one or more risk factors on negative outcomes (Salter et al.,

2003). The articles had survivors of childhood sexual abuse as participants and in the research had identified protective factors identified that contribute to the developmental pathway of resilience. The protective factors that were identified were environment and relationships, spirituality, internal characteristics, coping behaviors, education, disclosure of abuse, satisfaction with adult life, and the need for a combination of protective factors. The purpose was to better understand how to support survivors from childhood sexual abuse in enhancing their protective factors through interventions. This is essential in order to decrease the possibility of lifelong negative outcomes; committing a sexual offense as one example.

Environment and relationships. For survivors of childhood sexual abuse, the most frequently identified protective factor was environment and relationships in the articles used for this analysis. Seven studies within this systematic review identified environment and relationships having an impact on the process of resilience. The research could be specific to subcategories within environment and relationships whether considered micro, mezzo, or macro. Examples could include home environment, community environments, family relationships, friendships, and social supports that impact the process of resilience after experiencing childhood sexual abuse.

In the study conducted by Lambie, Seymour, Lee, & Adams (2002) the participants all reported being survivors of childhood sexual abuse and gave information through an interview and questionnaires. The male participants were split into groups labeled as a sex offender group having 41 participants, and a resilient group which had not committed sexual offenses with 47 participants. Chi-square analysis was used to find the significant differences between the two groups in their childhood experiences of sexual abuse. Results indicated that those participants who had survived childhood sexual abuse had significant statistical difference in possible

protective factors when compared to the population that had committed a sexual offense (Lambie et al., 2002). The resilient group received more emotional support from a wider variety of sources including parents and other relatives when compared with the sexual abuse-sex offender group. The sexual abuse-sex offender group was more likely than the resilient group to experience an adverse home environment, making the receiving of emotional support more difficult. Lastly, from the sexual abuse-sex offender group, 95 percent reported having limited to no support (Lambie et al., 2002). The study also identified significant differences between the two groups regarding their level of social contact with friends (Lambie et al., 2002). The group labeled as resilient after experiencing childhood sexual abuse had more frequent social contact than the sexual abuse-sex offender group. There were no significant differences on the perceptions of inhibiting factors to making friendships for participants in either group. The resilient group was almost three times more likely to have had six or more friendships when compared with the sexual abuse-sex offender group (Lambie et al., 2002). Overall, the results of this study suggest that friendships and social support may play a significant role in acting as a buffering factor to the victim-offender cycle.

A study conducted by McClure, Chavez, Agars, Peacock, and Matosian (2008) was to evaluate the contribution of family characteristics and abuse characteristics in the process of resilience in a sample of 177 university women who were survivors of childhood sexual abuse. The results indicated that family functioning has a significant influence on the long-term adjustment for survivors of childhood sexual abuse (McClure et al., 2008). This impacts how the participant feels about themselves, their ability to establish and/or sustain healthy meaningful relationships, and their sense of competence in managing their daily affairs. Family cohesion reduced psychological distress, and enhanced self-esteem, promote social competence (McClure

et al., 2008). Overall, this article shared results that supported family functioning and abuse characteristics having an influence on the process of resilience.

Gentlewarrior (1998) conducted research consisting of a two-stage self-administered questionnaire that documented the prevalence of self-reported child sexual abuse in a sample size of 125 females. Despite having experienced childhood sexual abuse, most of the females still described protective factors related to their home environment and relationships. A sense of safety was experienced by approximately 83 percent of the females. Additional childhood experiences were characterized as love, help, and availability of parental support. Most females reported an average of 2.4 social supports available which were identified as helpful and utilized when needed (Gentlewarrior, 1998). The results of this study support that home environment and relationships are important for the process of resilience in survivors of childhood sexual abuse.

In the study conducted by Hyman and Williams (2001) the participants were 136 females who had treatment at the emergency room that included examination and collection of forensic evidence regarding their childhood sexual abuse experiences. The females were asked to complete questionnaires measuring factors that impacted their ability to have resilience after surviving the childhood sexual abuse. The distribution of the scores on the resilience scale indicated that 52 percent of the participants demonstrated poor or fair resilience, which articulates that the consequences from childhood sexual abuse predominated their ability to have a process of resilience (Hyman & Williams, 2001). Of the participants, 29 percent exhibited good resilience and may have overcome some, but not all, consequences of childhood sexual abuse. Of the participants, 18 percent demonstrated excellent resilience in the majority of the domains explored (Hyman & Williams, 2001). Relationships with partners was answered

positively for 72 percent of the resilient group, while only 36 percent had this experience from the non-resilient group (Hyman & Williams, 2001). All of the resilient group and only 78 percent of the non-resilient group were living with their children. All of the resilient group and only 75 percent of the non-resilient group reported positive friendships. Of the resilient group, 80 percent reported ongoing socialization which could include social support, no isolation, belonging to an organization, or participating in social activities regularly. Of the non-resilient group, 38 percent reported ongoing socialization which could include one or more of those same options (Hyman & Williams, 2001). Overall the statistics showed that relationships, friendships, and social supports had a strong significant impact on resilience for a survivor of childhood sexual abuse.

The study conducted by Hyman and Williams (2001) also talked about family origin as a contributing protective factor associated with resilience. For the resilient group, the absence of severe physical abuse, parents with no substance abuse problems, and a stable family were the three most important protective factors related to family origin. Not experiencing severe physical abuse as children was found in 72 percent of the resilient group, and only 42 percent of the total participant sample. Growing up with parents having no substance abuse problems was reported by 60 percent of the resilient group and 28 percent of the total participant sample (Hyman & Williams, 2001). Only 8 percent of the resilient group and 65 percent of the total sample live in a foster home or institution. These statistics from this study show that the protective factors found in the resilient group were identified as environment, relationships, and family origin which all contributed to the process of resilience (Hyman and Williams (2001)

The correlational study conducted by Williams and Nelson-Gardell (2011) used hierarchical regression analysis with cross-sectional data from the National Survey of Child and

Adolescent Well-Being which resulted with 237 participants. The purpose of the study was to empirically examine a contextual model that predicted resilience in survivors of childhood sexually abuse. The survey identified themes that described child characteristics, family characteristics, and well-being outcomes with the purpose of relating those outcomes to the children's involvement with the child welfare system. The results identified that school engagement, caregiver social support, hope and expectancy, caregiver education and socioeconomic status predicted resilience (Williams & Nelson-Gardell, 2011). The results also suggest that placing a greater emphasis on the contextual environment could improve support for adolescent resilience (Williams & Nelson-Gardell, 2011). The results of the study suggest that improving interventions to focus on individual change with those that address environmental factors may increase the benefits to adolescents affected by sexual abuse (Williams & Nelson-Gardell, 2011).

In the study conducted by Arias and Johnson (2013), the healing process of 10 female survivors from childhood sexual abuse shared viewpoints during an interview that were examined. The interviews were coded with major themes and subthemes which were formulated as a result of individuals' personal accounts of healing from childhood sexual abuse. The study found that the process of healing for participants improved self-concept and competence in relationships which deepened the level of support attained from supportive networks (Arias & Johnson, 2013). Results concluded that recovery was guided with healing relationships as a main theme with subthemes of supportive people and higher power. Secure and healing relationships were identified as crucial to healing for survivors (Arias & Johnson, 2013). The participants identified experiencing healing relationships with at least one supportive person and/or with spirituality enabled participants to begin repairing their sense of self and competency

in relationships (Arias & Johnson, 2013). Participants indicated that relationships assisted in their healing process when they had characteristics such as forgiveness, acceptance, trust, dependability, morals, and were nurturing (Arias & Johnson, 2013). By having relationships with people who were perceived as trustworthy, participants indicated they had the opportunity to disclose their painful past which assisted in alleviating their sense of isolation and enhanced their ability to connect to others (Arias & Johnson, 2013).

The study conducted by Bogar and Hulse-Killacky (2006) concluded interviews with 10 female survivors of childhood sexual abuse regarding their identified resilience determinants and processes. One of the five resiliency determinants that was identified in this study was interpersonal skills. The characteristics included innate or learned skills that facilitated their ability to interact positively and effectively in relationships (Bogar & Hulse-Killacky, 2006). These skills were verbal ability, capacity for emotional intimacy, independent minded, assertive, and optimistic or an enthusiastic outlook on life and in supportive relationships. They were able to connect with others appropriately, genuinely, and in meaningful ways as evidenced by their sustained friendships, relationships, successful parenting of their children, and development of career or volunteer interests (Bogar & Hulse-Killacky, 2006). Overall this article shared that survivors of childhood sexual abuse need to have learned skills to facilitate positive relationships in order to have the ability for resilience.

Spirituality. Two studies within this systematic review identified after surviving childhood sexual abuse that spirituality is a protective factor which has an impact on the process of resilience. In the study of Arias and Johnson (2013) the results found that that achieving a deep connection and believing in a higher power through religion and/or spirituality had encouraged survivors of childhood sexual abuse to seek help, heal, and find an inner sense of

peace that was transformative to participants' during their healing processes (Arias & Johnson, 2013). Bogar and Hulse-Killacky (2006) also found spirituality to be an important component to resiliency. Several of the participants reported that they had always embraced a belief in God, whereas others developed a connection with God later in life. Their faith in God provided them with a sense of protection and total acceptance (Bogar and Hulse-Killacky, 2006).

Internal characteristics. Two studies within this systematic review identified after surviving childhood sexual abuse that internal characteristics is a protective factor which has an impact on the process of resilience. In the study conducted by Arias and Johnson (2013), participants discussed having several resilient traits related to their internal characteristics and the most common were perseverance, self-efficacy, optimism, self-esteem, empowerment, autonomy, and sense of strength. By having these positive inner characteristics, participants worked through hardships with the belief that they are strong, capable, and that their situation would improve. Most stated they formulated these characteristics by connecting with supportive relationships (Arias & Johnson, 2013).

In the study conducted by Bogar and Hulse-Killacky (2006), although most participants struggled with feelings of shame and low self-esteem during some point in their lives, all possessed high self-regard at the time of the interviews. All 10 participants shared the importance of refocusing their physical and emotional energy on something other than the childhood sexual abuse. The participants chose to redirect their thoughts and energy away from their abuse experiences by focusing on educational pursuits, family involvement, social affiliations, sports, religion or spirituality, and career interests (Bogar & Hulse-Killacky, 2006). Redirecting negative thoughts improved their ability to function effectively, respond to opportunities and responsibilities in their lives, develop a meaningful purpose, and minimize or

eliminate the influence that their abuse experiences held over them. Their ability to refocus was seen as very significant to their healing process and ability to move on for their determinant towards resilience. They rejected the negative messages that they had previously internalized because of their childhood sexual abuse and began replacing them with positivity which took control of their own destiny. Conscious decisions to assign less influence and power to their childhood sexual abuse experience facilitated their recovery process and their ability to be resilient adults (Bogar & Hulse-Killacky, 2006).

Coping behaviors. One article had results related to coping behaviors as protective factors that are present during the process of resilience after surviving childhood sexual abuse. Gentlewarrior (1998) found in the participants of their research that 89 percent reported using emotion-focused coping. This term is defined as behaviors focused on managing the emotional distress associated with child sexual abuse. Of those who used emotion-focused coping, 56.5 percent found this strategy helpful or very helpful, 32.6 percent answered the strategy did not help or hurt, and 10.9 percent found the strategy unhelpful (Gentlewarrior, 1998). Of the participants, 84 percent of the women had indicated the use of problem-focused coping in an effort to change or stop the abusive activities. Of those participants, 74.1 percent of the participants reported problem-focused coping as helpful or very helpful, 12.9 percent answered the strategy did not help or hurt, and 12.9 percent reported the strategy as unhelpful in dealing with victimization experiences (Gentlewarrior, 1998)

Education. Two studies within this systematic review identified that education is a protective factor which has an impact on the process of resilience after surviving childhood sexual abuse. In the study conducted by Arias and Johnson (2013) participants identified education had served a role in their healing and recovery. The participants stated that education

assisted their ability to gain self-confidence, competence, which ultimately led to understanding and conceptualization of their childhood sexual abuse experiences (Arias & Johnson, 2013). In the study conducted by Bogar and Hulse-Killacky (2006) education was also identified as important. Participants in this study identified talents and skills that contributed to their ability to be resilient in adulthood. Among most of the women interviewed, excelling in school was a dominant pattern identified in the results section. For many of these women, academic success during childhood was a respite from the reality of their sexual abuse experiences and other hardships (Bogar & Hulse-Killacky, 2006).

Disclosure of abuse. Three articles had results related to disclosure of the abuse as a protective factor that is present during the process of resilience after surviving childhood sexual abuse. In the study conducted by Gentlewarrior (1998), the decision to disclose the sexual abuse was made by only 36.3 percent of participants, in an effort to receive support or help. This percentage was low when compared to the study conducted by Denov (2003) which had all of the participants share their experience with disclosure of the sexual abuse to a professional in order to receive support. Denov (2003) conducted research with 14 survivors of childhood sexual abuse by completing semi-structured interviews asking the participants to recall the sexual abuse that occurred in childhood by female sex offenders. The 14 participants had experienced sexual abuse by their mothers, and of the participants seven were male and seven were female. The purpose of the study was to explore the experiences of survivors of childhood sexual abuse committed by female sex offenders, in regard to disclosing sexual abuse to a professional and the impact the professional response had on the survivor (Denov, 2003). The participants responded to questions on their family background, sexual abuse experience(s), disclosure to professionals, and the impact of professional reactions to their disclosure (Denov, 2003).

All of the participants reported being fearful of disclosing their sexual abuse experience to professionals due to the sex offender being female. The fear of disclosing was shared to be from the research and the societal focus of childhood sexual abuse always being towards female survivors and male sex offenders (Denov, 2003). Two categories identified as positive professional responses and negative professional responses were used to divide how the victims perceived the professional responses to their disclosure of sexual abuse. As defined by the survivor of childhood sexual abuse, a positive professional response was when professionals were supportive of their disclosures and survivors claimed to be satisfied with the intervention (Denov, 2003). The participants that shared a negative professional response was discussed in the section as a risk factor after experiencing childhood sexual abuse.

Of the 14 participants, six participants reported experiencing only positive professional response, and six participants reported experiencing both negative and positive professional responses (Denov, 2003). The 12 survivors who reported at least a partial positive professional response to their disclosures consulted with a total of 12 professionals. The factors that contributed to their perception of the disclosure experience as positive were the professional providing support, understanding, and treating the sexual abuse with seriousness (Denov, 2003). The survivors of the sexual abuse that identified the disclosure as positive, were never doubted in regard to females being capable of committing the sexual abuse. The survivors of childhood sexual abuse stated the positive professional responses were critical impact in initiating assistance to relief, reassurance, healing, overcoming the fear of disclosure, and helping minimize negative effects of the sexual abuse (Denov, 2003).

In the study conducted by Arias and Johnson (2013) a subtheme identified was disclosing the abuse in therapy. The majority of participants benefited from participating in individual or

group therapy. Once trust was established, participants indicated therapy helped them learn new coping skills and discover the meaning of their childhood sexual abuse experiences (Arias & Johnson, 2013). Some participants reported a sense of comfort after disclosing their childhood sexual abuse histories with those they trust, and they were encouraged to confront their abusers. The participants had indicated that confronting their abusers initially seemed frightening due to the fear of re-traumatizing themselves (Arias & Johnson, 2013). Afterwards, participants reported feelings of empowerment, stronger sense of freedom, and control by holding their abuser accountable and also having their voices heard (Arias & Johnson, 2013).

Satisfaction with adult life. One article had results related to satisfaction of adult life as a protective factor that is present during the process of resilience after experiencing childhood sexual abuse. The participants were asked to rate their overall satisfaction with life using the five question Satisfaction with Life Scale (SWLS) with possible scores ranging from 5 to 35 on the scale. The participants mean score was 25.4, indicating that overall the women felt slightly satisfied with their lives and identified this as a protective factor related to resilience from experiencing childhood sexual abuse (Gentlewarrior, 1998).

A combination of protective factors. Simpson (2010) conducted an online survey to 134 females that were part of a group called Adults Molested as Children (AMAC) who had experienced physical abuse associated with sexual abuse. The protective factors analyzed in this study were high control against deviant behavior, ability to work with others, sense of acceptance and belonging to family, caring adults and mentor, and availability of community resources. The results found that protective factors overall could account for an overall 49 percent variance in an individual's process to resilience. The highest amount of resilience was found when females had a combination of protective factors. The three most impactful protective factors were to have

high control against deviant behavior, an ability to work with others, and a sense of acceptance and belonging to a family (Simpson, 2010). These three factors combined together, accounted for 87 percent variance in having the ability to be resilient. A combination of protective factors make sense in having a larger impact towards resilience and identifying these three as the most impactful shows the importance for implementation into interventions by professionals.

Factors that Impact Committing a Sexual Offense

Of the 19 articles used for the analysis of this systematic review, 15 articles identified risk factors that impact the developmental pathway to lifelong negative outcomes. Of the 15 articles that identified risk factors that impacted committing a sexual offense, 11 of the articles had mentioned statistics of surviving childhood sexual abuse as a risk factor. For the purpose of this systematic review, committing a sexual offense was the outcome of focus which was specifically identified in 10 of the articles. A risk factor is an attribute, characteristic, or exposure of an individual that increases the possibility of developing negative lifelong outcomes (Salter et al., 2003). The risk factors were split into two main sections titled as mental health and history of abuse. The risk factors included in mental health were psychological and emotional abuse, sexual behaviors, addiction to alcohol and/or substances, anti-social behavior and attachment, posttraumatic stress disorder, and trauma. The risk factors included in history of abuse were disclosure of abuse, home environment, physical abuse and/or violence, domestic violence, poly-victimization, and sexual abuse impacting the potential to commit sexual offenses as reenactment behavior. The purpose was to analyze the research as to whether there was a link between risk factors co-occurring or present after childhood sexual abuse and whether they impact committing criminal sexual offenses.

The articles used in this analysis had one of two populations for participants. The first was that participants were survivors of childhood sexual abuse and in the research had identified risk factors known to contribute to the potential of lifelong outcomes. The second was that participants in the research had identified risk factors that impacted committing a sexual offense. The purpose was to better understand risk factors that impact the potential developmental pathway between survivors from childhood sexual abuse and lifelong negative outcomes. In having a better understanding of the risk factors identified in these articles for both populations, an assumption can be made in which risk factors contribute to a survivor of sexual abuse committing a sexual offense. The purpose of this systematic review was to have an understanding of the risk factors co-occurring or present after childhood sexual abuse experiences and that have an impact on committing a sexual offense.

Mental health. This section focuses on the risk factors that were identified to impact committing a sexual offense. The risk factors identified by participants that impact committing a sexual offense were categorized into the general theme titled mental health. Within the general theme titled mental health, the risk factors that were identified were emotional abuse, sexual behaviors, addiction to alcohol and/or substances, attachment, posttraumatic stress disorder, and trauma.

Psychological and emotional abuse. In the conducted research by Haapasalo, Puupponen, Crittenden (2008), the participant in the study reported ongoing psychological abuse co-occurring with childhood sexual abuse from his father. Also, emotional abuse was identified as a risk factor in the research results of Simons et al. (2008) by 63 percent of the incarcerated adult male sexual offenders that had committed sexual offenses against children. This was similar to the research results of Lightfoot and Evans (2000), which found that experiences of

emotional abuse were reported by 60 percent of the participants. Psychological and emotional abuse co-occurring with surviving childhood sexual abuse presents several barriers for a child's overall development, which increases the risk of these factors impacting lifelong negative outcomes.

Sexual behaviors. Heightened sexuality and expressing sexual behaviors at an early age was identified as a risk factor to potentially committing a sexual offense in two studies. In the study conducted by Simons et al. (2008) sexuality demonstrated with animals was identified as a risk factor for committing a sexual offense. Of the participants that had committed sexual offenses, 38 percent reported engagement in bestiality beginning at 12 years old. These preliminary results suggest that abuse of animals may precede sexual offending behaviors (Simons et al., 2008). Of these same participants, 65 percent reported early exposure to pornography before 10 years old and 60 percent reported an earlier onset to masturbation before 11 years old (Simons et al., 2008). In addition, the study conducted by Simons et al. (2008) found that sex offenders included in the study reported deviant masturbatory fantasies, such as sexual interactions with children, by 55 percent of the participants. Of the participants, 51 percent reported that they had masturbation thoughts towards their own childhood sexual abuse experiences (Simons et al., 2008). This was also discussed in the study conducted by Lambie et al (2002) which demonstrated that more men in the sexual abuse-sex offender group reported masturbating and fantasizing about their childhood sexual abuse experience when compared to the sexual abuse-resilient group. These preliminary results in both studies suggest that abuse of animals and early onset of sexual behaviors may precede sexual offending behaviors (Simons et al., 2008).

Addiction. Addiction with alcohol and/or substance use as a risk factor that impacts committing a sexual offense was identified in five studies. Articles may have discussed whether the addiction was present before and/or present during the event of committing a sexual offense. In the research results of Sigurdsson et al. (2010), the model for females found that the use of sedatives and amphetamines contributed to the pathway between experiencing childhood sexual abuse and committing a sexual offense. In the research of DeCou, Cole, Rowland, Kaplan, and Lynch (2015) the study qualitatively interviewed 24 females who identified factors that contributed to committing a sexual offense. Nearly all of the participants interviewed described the involvement of substance use before and during the process of committing a sexual offense. This included long-standing patterns of substance use and the use of substances during the process of committing a sexual offense. In addition to descriptions of impaired decision-making related to the use of substances, participants also reported providing substances to their victims prior to and while committing a sexual offense (DeCou et al., 2015). Haapasalo et al. (2008) conducted research sharing similar results with the participant in their study who shared that he was under the influence of alcohol when committing his sexual offenses against his victims. Also, McMackin et al. (2002) conducted research with 40 juvenile male sex offenders and comparable results shared that 37.5 percent reported being under the influence of drugs of alcohol at the time of their offense. Clinicians providing care saw 27.5 percent of the participants as having a concern with alcohol and 50 percent as having a concern with drug use.

The study conducted by Levenson (2016) explored the influence of adverse childhood experiences on the prevalence of substance abuse in a sample of 679 male sexual offenders. Of the participants, 38 percent reported being survivors of childhood sexual abuse, while others experienced a different maltreatment type. Nearly half of the participants reported that they had

had a problem with alcohol, and one-third stated that they had engaged in illicit drug abuse. About one-quarter had sought treatment for substance abuse at some time, with a slightly higher proportion indicating that treatment services were mandated in some way. About one in five had been arrested for a drug-related crime. The results found that as adverse childhood experience scores increase by one point the likelihood of alcohol abuse in adulthood increased by 29 percent, illegal drug abuse by 24 percent, marijuana abuse by 22 percent, and smoking cigarettes by 14 percent. While committing a sexual offense, those who used force, weapons, or caused an injury in the commission of a sex offense had significantly higher substance abuse scores. Overall, the results from all five studies demonstrate the significance addiction has as a risk factor impacting the likelihood to commit a sexual offense.

Anti-social behaviors and attachment. Anti-social behaviors and attachment as a risk factor that impacts committing a sexual offense was identified in three studies. In the research conducted by Haapasalo et al. (2008), the participant in their study had completed the Adult Attachment Interview. The results shared that the participant had a lack of recall of early childhood, and he had attempted to still idealize his parents by taking their psychological perspective even though they were the source of abuse. He reported being lonely due to being fearful and withdrawing from relationships as he learned this was necessary for him to feel safe. He also stated he needed to protect himself from rejection by isolating himself from social relationships (Haapasalo et al., 2008). Simons et al. (2008) found that 94 percent of sex offenders in the study described having insecure parental attachment bonds. For a further understanding in impacting specific types of attachment, avoidant parental attachments were reported by 27 percent of participants and anxious parental attachment bonds were reported by 62 percent of participants.

In the research conducted by Lightfoot and Evans (2000) with 20 adolescent sex offenders, 65 percent of the participants experienced multiple disruptions to attachment. An experience of disrupted attachment was categorized as three or more major interruptions to the relationship with primary attachment figures such as a parent or caregiver. The interruption for each period needed to last a minimum of 3 months and happen prior to seven years old under the circumstances of family conflict, abandonment, and separation due to placement in care (Lightfoot & Evans, 2000). Also, Lightfoot and Evans (2000) found that 90 percent of their participants identified an adult whom they could talk with for support. However, when actual use of an adult for social support was considered during times of high emotional arousal, 80 percent of the sex offender participants were more likely to report withdrawing behaviors and internalizing distress in order to be alone. Overall, these three studies identified the significance anti-social behaviors and attachment can have as a risk factor that has potential to impact committing a sexual offense.

Posttraumatic stress disorder. Posttraumatic stress disorder as a risk factor that impacts committing a sexual offense was identified in one study. In the research of McMackin et al. (2002), the rate of Posttraumatic Stress Disorder (PTSD) among the 40 juvenile sex offenders was 65 percent and was diagnosed by their treating clinicians. The rate of PTSD as a diagnosis for the subsets of juvenile sex offenders with histories of abuse were as diagnosed as follows: 86.4 percent of the 22 juvenile sex offenders who had experienced sexual abuse history were diagnosed; 68.8 percent of the 32 juvenile sex offenders who had experienced physical abuse history were diagnosed; and 84 percent of the 19 juvenile sex offenders who had experienced both physical and sexual abuse history were diagnosed (McMackin et al, 2002). There was a 100

percent diagnosis of PTSD rate in the 11 juvenile sex offenders with histories of physical abuse, sexual abuse, and being a victim of other violence (McMackin et al., 2002).

Trauma. Trauma was identified as a risk factor that impacts committing a sexual offense in two studies. In the research conducted by McMackin et al. (2002) with juvenile sex offenders, other violent abuse, was identified by 50 percent of the participants when reporting their childhood history. Unexpected traumatic experiences and violent deaths were experienced by 31 percent of the participants. Other trauma, without explanation was identified by 28 percent of the participants (McMackin et al., 2002). Overall, clinicians reported a sex offender's own trauma history is related to their offense cycle with 85 percent of the participants for this study. In the sample, 62.5 percent identified specific feelings of fear, horror and/or helplessness that was identified to an offender's offense triggers. Those feelings were seen as directly related to a youth's trauma experience in 96% percent of the of the sex offenders (McMackin et al., 2002). A breakdown describes that the experience of trauma associated specifically with a feeling of helplessness was related to a sex offender's trigger in 55 percent of the participants. Among the youth with histories of physical abuse, 68.7 percent had helplessness identified as a sexual offense trigger. Among the youth with sexual abuse histories, 72.7 percent had helplessness identified as a sexual offense trigger. Among the youth with both physical and sexual abuse histories, 78.9 percent had helplessness identified as a sexual offense trigger (McMackin et al., 2002). In the second research study conducted by Lightfoot and Evans (2000) results found that 95 percent of the 20 participants had disclosed they had experienced traumatic events. Of these participants, it was found that an average of three different types of traumatic events was experienced. Overall, these two studies identified the significance trauma can have as a risk factor that has potential to impact committing a sexual offense. In these two articles, trauma was

used as a general term that did not specify specific adverse experiences that created the trauma, which then was identified as a risk factor for potential impact to committing a sexual offense. The term trauma encompasses adverse experiences and includes specific abuse types, which are further demonstrated in the next section.

History of abuse. This section focuses on the risk factors that were identified to impact committing a sexual offense. The risk factors identified by participants that impact committing a sexual offense were categorized into the general theme titled history of abuse. Within the general theme titled history of abuse, the risk factors that were identified were home environment, physical abuse and/or violence, domestic violence, poly-victimization, and sexual abuse impacting the potential to commit sexual offenses as reenactment behavior.

Disclosure of abuse. One of the studies within this systematic review had survivors of childhood sexual abuse as participants and the research had disclosure of abuse as a risk factor known to contribute to the potential of lifelong negative outcomes. In the results for Denov (2003), two participants reported experiencing only negative professional responses from their disclosure of sexual abuse. Then six participants reported experiencing both negative and positive professional responses. As defined by the survivor of childhood sexual abuse, a negative professional response was when professionals were unsupportive of their disclosures and survivors claimed to be dissatisfied with the intervention (Denov, 2003). The eight survivors who reported experiencing negative professional responses to their disclosures consulted with a total of 13 professionals. The factors that contributed to the survivor's perception of the disclosure experience as negative were recognized if the professional displayed visible discomfort, expressed shock at a female committing the sexual offense, resistance to discussing a female committing the sexual offense, minimizing the sexual abuse, and disbelief of the sexual

abuse allegations. The survivors of sexual abuse stated that having a negative response from a professional while disclosing the abuse had an adverse impact which increased distrust in professionals, increased anger, and provoked survivors to question or deny their experience of sexual abuse (Denov, 2003). Of the total 14 participants who had experienced childhood sexual abuse by female sex offenders, the offenses were disclosed to a total of 25 professionals (Denov, 2003). The disclosure to professionals included police officers, child protection services, psychologists, and psychiatrists (Denov, 2003). Survivors of childhood sexual abuse who were dissatisfied with the initial response to their first disclosure often consulted with an additional professional. However, not all victims who experienced a negative professional response continued to search for a positive response. After at least one negative professional response to disclosure, three victims (21%) refused, for an extended period of time, to seek further professional help. Although these victims eventually, out of desperation, sought professional help many years later, for a time, they were forced to suffer in silence (Denov, 2003).

Home environment. The results of the following research were found when significance was identified for the risk factor of home environment for the potential impact on committing a sexual offense. The research in regard to this risk factor in correlation to committing a sexual offense was found in two articles from this systematic review. In the study conducted by McClure et al. (2008) the participants were survivors of childhood sexual abuse that had identified environment and relationships as risk factors known to contribute to the potential of lifelong negative outcomes. Negative parental responses and lack of support was identified to exacerbate the negative effects of childhood sexual abuse. Family conflict was negatively related to self-acceptance in the study. Households characterized by strife and negativity provided growing children with disapproval, depreciation, and frequent or ongoing adverse

experiences (McClure et al., 2008). This article was the only example using the population of survivors of childhood sexual abuse in regard to identifying environment and relationships as risk factors potentially impacting lifelong negative outcomes.

In the research conducted by Lightfoot and Evans (2000), out of the 20 adolescent sex offenders, only four participants were living with both parents in their family of origin. Three of the participants were in single parent households, six were living with a parent and step-parent, and three were living with grandparents. For housing type, four of the participants were living with a stranger in a foster care placement, which by the three months post notification of this study the number had increased to twelve (Lightfoot & Evans, 2000). These results confirmed it was common for participants that have committed a sexual offense to have experienced a disruption in the housing environment. Participants reported that this contributed to a lack of a stable care-giving relationships, which was labeled as a reported risk factor for committing a sexual offense (Lightfoot & Evans, 2000).

In the research of Lightfoot and Evans (2000), all of the participants reported they had experienced an extreme emotion-arousing event in the 24 hours preceding the sexual offense. The specific nature of the emotion-arousing events experienced by the participants varied greatly, but examples were the family dog was killed by the father, a scenario on the television was very similar to their own traumatic experience of sexual abuse, or they witnessed a physically violent argument between the parents (Lightfoot & Evens, 2000). All of the emotion-arousing events that were reported happened within their home environment. When the participants reported they had experienced an emotion-arousing event, they identified a significant difficulty in their ability to contain distress or symptoms of anger. The participants stated this created a disconnect between emotion and behavior. Difficulty in containing their

reactions or feelings in regard to the emotional-arousing event was identified as a risk factor which contributed to their sexual offense (Lightfoot & Evans, 2000).

Lastly, Lightfoot and Evans (2000) also wanted to understand the variables contributing to the occurrence of adolescent sex offenders in 20 participants with 12 males and 8 females. High rates of family disruption, as well as specific traumatic experiences related to physical abuse, verbal abuse, and domestic violence were certainly part of these children's experiences before committing sexual offenses. Different abuse types that may or may not happen within the home environment but are identified as additional risk factors impacting the potential to commit a sexual offense are discussed.

Physical abuse and/or violence. Three of the studies within this systematic review included physical abuse as a risk factor when co-occurring with childhood sexual abuse. Simpson (2010) conducted research with results recognizing that when survivors have higher levels of physical abuse associated with sexual abuse there was an identified correlation with having lower levels of resilience. Gentlewarrior (1998) conducted research with results suggesting that women in this study reported child sexual victimization experiences involving a number of the hypothesized abuse characteristic risk factors. The results found that 40.8 percent of the sample experienced concurrent forms of child abuse involving sexual and physical abuse by the same abuser(s). Hyman and Williams (2001) results stated out of all 136 participants, 58 percent of them experienced physical abuse. Physical force used during sexual abuse was reported in 62 percent of the cases. Medical evidence of physical trauma was present in 34 percent of cases. Overall, the three studies agreed that survivors of childhood sexual abuse with an additional risk factor of co-occurring physical abuse can impact the developmental pathway to lifelong negative outcomes (Gentlewarrior, 1998; Hyman & Williams, 2001; Simpson, 2010).

The results of the following research were found when significance was identified for the risk factor of physical abuse and/or violence having a potential impact on committing a sexual offense. The research in regard to this risk factor in correlation to committing a sexual offense was found in four articles from this systematic review. McMackin et al. (2002) conducted research with juvenile male sex offenders and physical abuse was reported by 80 percent of the participants in the study. Also, results found that exposure to co-occurring sexual and physical abuse was reported by 47.5 percent of the participants (McMackin et al., 2002). This demonstrates that when a participant is experiencing childhood sexual abuse as a risk factor, that is also co-occurring with physical abuse this increases the risk to committing a sexual offense. In the research results of Lightfoot and Evans (2000) the participants that had experienced physical abuse was reported by 60 percent of the adolescent sex offenders.

In the research results of Simons et al. (2008), physical abuse was reported by 56 percent of the incarcerated adult male sexual offenders that had committed sexual offenses against children. The participants also reported 44 percent had experience in engaging in violence and cruelty to animals. Lastly, 93 percent of the participants reported frequent exposure to violent media during their childhood (Simons et al., 2008). In the research results of Sigurdsson et al. (2010), the purpose was to investigate the developmental pathways to committing sexual offenses. The population was 344 participants that had reported committing a sexual offense and being a survivor of sexual abuse. Of this total number, 212 were males and 130 were females. The results suggest that violence in the home was reported by 20 percent of male participants which was the second most reported contributor in the developmental pathway between experiencing childhood sexual abuse and committing a sexual offense. Overall, all four of these

articles demonstrated the significance of physical abuse and/or violence as a risk factor that has potential to impact committing a sexual offense.

Domestic violence. The results of the following research were found when significance was identified for the risk factor of domestic violence and the potential impact on committing a sexual offense. The research in regard to this risk factor in correlation to committing a sexual offense was found in four articles from this systematic review. In the research conducted by Haapasalo et al. (2008) their one participant described his father being abusive to the family by being negative, derogatory, violent, alcoholic, physically abusive, and would have forced sexual intercourse with his mother. His father's alcoholism and violent tendencies were noted by child protection services and authorities (Haapasalo et al., 2008). Abuse within the family was found in additional studies, as the research conducted by Salter et al. (2003) had 224 male participants that were survivors of sexual abuse, and 26 of these participants had committed sexual offenses. In the results, the survivors of childhood sexual abuse and later committed sexual offenses had more frequently witnessed serious intrafamilial violence. The research conducted by McMackin et al. (2002) found that 62.5 percent of the participants reported being a witness to family physical abuse during their childhood. Also, 13 percent of the participants reported being a witness to family sexual abuse during their childhood. Lastly, in the research results of Simons et al. (2008), domestic violence was reported by 42 percent of the incarcerated adult male sexual offenders that had committed sexual offenses against children. Overall, all four of these articles demonstrated the significance of domestic violence as a risk factor that had potential to impact committing a sexual offense.

Poly-victimization. The study conducted by Leach, Stewart and Smallbone (2016) aimed to examine links between sexual abuse and sexual offending using a prospective longitudinal

birth cohort design. The hypothesis was to examine an association between maltreatment history and committing a criminal offense in a birth cohort of 38,282 males (Leach et al., 2016). The results suggested that only 3 percent experienced childhood sexual abuse and later in life committed a sexual offense, which is contrary to results that are typically reported in retrospective clinical studies (Leach et al., 2016). The study did not find a specific association between sexual abuse and sexual offending; rather the results found that poly-victimization was significantly associated with sexual offending (Leach et al., 2016). There were 615 cases of sexual abuse and 286 of those involved experiencing sexual abuse only while 329 of those involved sexual abuse with additional notifications for other types of maltreatment (Leach et al., 2016). Of the 329 experiencing sexual abuse with additional types of maltreatment, 63.5 percent had experienced physical abuse, 78.1 percent had experienced emotional abuse or neglect, and 41.6 percent experienced both physical abuse and emotional abuse or neglect. Of the participants that had committed sexual offenses, 64 percent had experienced poly-victimization in their childhood history (Leach et al., 2016). The study results suggest that any specific link between sexual abuse and sexual offending was secondary to the association between poly-victimization and sexual offending.

Committing sexual offenses as reenactment behavior. Two articles had results related to experiencing childhood sexual abuse and direct correlations to committing a sexual offense. Veneziano et al. (2000) conducted research with a sample of 68 consecutive adolescent male sexual abusers who had experienced sexual abuse in their own history. Veneziano et al. (2000) found results that participants who had experienced sexual abuse when they were younger than five years old were twice as likely to sexually abuse someone younger than five years old. The participants of the study were also twice as likely to have sexually abused males if they had been

abused by males (Veneziano et al., 2000). It was one and a half times more likely that if they were sexually abused by a relative, they would sexually abuse a relative as well. Boys who had experienced anal intercourse during their sexual abuse were 15 times more likely to abuse their victims identically (Veneziano et al., 2000). If they had been fondled, they were seven times more likely to fondle their victims. If their abuse involved oral sex, they were twice as likely to have engaged in oral sex with their victims. The results of this study offer support to the correlation between a subset of sexual offenses possibly being a reenactment, reactive condition, and/or learned behavior of an individual's childhood sexual abuse (Veneziano et al., 2000).

Haapasalo et al. (2008) conducted research with one participant who had completed self-assessments and data was collected to examine the correlation between his childhood sexual abuse and adult sexual offenses. Haapasalo et al. (2008) had found results that revealed the participant had experienced severe physical, psychological, and sexual abuse in childhood. His pattern of committing sexual offenses against children was found to be similar to his own experiences of sexual abuse by his father (Haapasalo et al., 2008). This correlation was suggested because the age of the survivors was within range of the participant's age at the time of his childhood sexual abuse (Haapasalo et al., 2008). Also, the use of treats and coercion to gain survivor compliance resembled the way that the participant's father had acted towards him during his childhood sexual abuse (Haapasalo et al., 2008). The results from both of these studies supports that a subset of sex offenders commit sexual offenses as reenactment or learned behavior from the childhood sexual abuse they survived.

Discussion

The systematic review of these articles was intended to analyze two research questions. What are the identified risk factors that could contribute to a survivor of sexual abuse

committing a sexual offense? What are the protective factors that could help minimize risk factors for a survivor of childhood sexual abuse? Through a review of 19 articles, results demonstrated protective factors that interventions need to address in ongoing support and screening tools when working with survivors of childhood sexual abuse. Results also demonstrated risk factors that interventions need to screen for when working with survivors of childhood sexual abuse. Including these risk factors in screening tools and implementing support in interventions would anticipate reduction to lifelong negative outcomes, with committing a sexual offense as the focus of this systematic review.

Of the 19 articles used for the analysis of this systematic review, eight articles had identified protective factors that were used to answer the research question for this systematic review; what are the protective factors that could help minimize risk factors for a survivor of childhood sexual abuse? The articles had survivors of childhood sexual abuse as participants and the research had identified protective factors that contribute to the developmental pathway of resilience. The protective factors that were identified were environment and relationships, spirituality, internal characteristics, coping behaviors, education, disclosure of abuse, satisfaction with adult life, and the need for a combination of protective factors. The purpose was to better understand how to support survivors from childhood sexual abuse in enhancing their protective factors through interventions. This is essential in order to decrease the possibility of lifelong negative outcomes; committing a sexual offense as one example.

Environment and relationships were the most significant protective factor in having an impact on the process of resilience, as this was identified in seven studies within the systematic review. Throughout the articles, examples within environment and relationships included home environment, community environments, family relationships, friendships, and social supports

that impact the process of resilience after experiencing childhood sexual abuse. Environment and relationships can be difficult to build upon after experiencing childhood sexual abuse since this can impact the ability to trust others. Screening tools and interventions should encompass assessing environment and relationships to be aware, promote, and support this protective factor. Environment and relationships as a protective factor suggests that augmenting interventions to teach families to nurture and support each other could modify the potentially detrimental impact childhood sexual abuse can have on the ability to engage in healthy relationships. The efforts to strengthen primary relationships have the potential to improve post-abuse behavioral and/or lifelong negative outcomes (Williams & Nelson-Gardell, 2011). Home environment and relationships was also identified as a risk factor for childhood sexual abuse, and as a risk factor for committing a sexual offense. For this systematic review it is assumed that if environment and relationships are given support in interventions as a protective factor after childhood sexual abuse, it should decrease the ability to become a risk factor that could potentially impact committing a sexual offense. An assumption could be made that if proper interventions are not implemented to address home environment as a risk factor, a potential outcome could be to commit a sexual offense. The protective factors identified after experiencing childhood sexual abuse are important in discussing the implementation of interventions and systems in order for the abuse to have the least amount of impact on life outcomes for this population. Improving these interventions to strengthen the protective factors would be to decrease the sexual abuse-sexual abuser hypothesis research.

In the study conducted by Simpson (2010), the results had identified a combination of protective factors that were found to be the most impactful towards resilience after surviving sexual abuse associated with physical abuse. This was understandable as it is logical to believe

that the more protective factors a survivor has, the easier an increase in their ability to progress through resilience is available. This study found that the age of onset of sexual abuse and level of physical abuse experienced did not differ in whether resilience could be an outcome. Whether resilience could be an outcome, depended on having the right combination of protective factors available. The combination of protective factors the study identified as most important when predicting resilience were high control against deviance, ability to work with others, and the sense of acceptance and belonging to a family (Simpson, 2010). The implications for treatment are evident in the need to provide support to develop and strengthen these three identified protective factors in order to have the most impact towards resilience. Mental health providers and social workers could bring about meaningful change by incorporating these protective factors into their support work with the survivors of childhood sexual abuse (Simpson, 2010).

Specifically, in the study conducted by Denov (2003), disclosure of abuse was identified as a protective factor and a risk factor for survivors of childhood sexual abuse as participants. Disclosure from the survivor of childhood sexual abuse was identified as a protective and a risk factor depending on each participant's experience. Disclosures were to professionals and the response from the professional determined whether the survivor of childhood sexual abuse identified disclosure as a protective factor or a risk factor. The sexual abuse for all participants was committed by a female sex offender. It is assumed that if the study was completed with survivors of sexual abuse committed by a male sex offender, that the results would be different. This is because, in the article, variance in labeling the disclosure of childhood sexual abuse to a professional as either a protective factor or a risk factor was because the sexual abuse was committed by a female sex offender. The survivors were concerned in whether they would be believed by professionals when disclosing their sexual abuse was from a female sex offender.

The study completed by Denov (2003) had results that some survivors of childhood sexual abuse identified disclosure as a risk factor. Disclosure of sexual abuse identified as a risk factor happened when professionals disbelieved or minimized the sexual abuse due to it being committed by a female sex offender. Disclosure of abuse being identified as a risk factor emphasizes the need for the development and implementation of professional training initiatives to sensitize professionals to the subject of female sex offending and the interventions needed for those survivors.

Of the 19 articles used for the analysis, 15 articles identified risk factors for lifelong negative outcomes with committing a sexual offense as the focus of this systematic review. These articles were to answer the research question, what are the identified risk factors that could contribute to a survivor of sexual abuse committing a sexual offense? The articles used in this analysis had survivors of childhood sexual abuse as participants and in the research had identified risk factors known to contribute to the potential of lifelong outcomes. The purpose was to better understand survivors from childhood sexual abuse and risk factors that impact the potential developmental pathway to lifelong negative outcomes. In having a better understanding of the risk factor identified in these articles, interventions and screening tools can be appropriately implemented to address the client risks. This is essential in order to decrease the possibility of lifelong negative outcomes; committing a sexual offense is the focus of this systematic review but is only one example of a negative outcome.

The risk factors that were identified to potentially impact committing a sexual offense were split into two main sections titled as mental health and history of abuse. The risk factors included in mental health were psychological and emotional abuse, sexual behaviors, addiction to alcohol and/or substances, anti-social behavior and attachment, posttraumatic stress disorder,

and trauma. The risk factors included in history of abuse were disclosure of abuse, home environment, physical abuse and/or violence, domestic violence, poly-victimization, and sexual abuse impacting the potential to commit sexual offenses as reenactment behavior. The purpose was to analyze the research in whether there is a link between risk factors co-occurring or present after childhood sexual abuse and whether they impact committing criminal sexual offenses.

Trauma was found as an overarching risk factor for participants committing sexual offenses. Most of the studies in this systematic review identified different types of repeated trauma in childhood as a risk factor. Trauma would assumingly encompass all the risk factors listed under both survivors of childhood sexual abuse and committing a sexual offense. With respect to secondary prevention after surviving childhood sexual abuse, these results suggest that selected interventions need to be provided to individuals and families who have been identified as having these developmental risk factors. Most importantly, the studies identified the need for universal preventive interventions to decrease the prevalence of risk factors in the general population as a means to prevent the development of sexual offending behaviors. (Simons et al., 2008).

Physical abuse and/or violence was a risk factor that was identified in both sections: survivors of childhood sexual abuse and committing a sexual offense. Physical abuse being a present risk factor in both of these categories suggests an assumption that after experiencing childhood sexual abuse, if physical abuse is experienced, it could create a stronger correlation to potentially impact committing a sexual offense. This would align with the results of Simpson (2010) that when survivors have higher levels of physical abuse associated with sexual abuse, there was an identified correlation with having lower levels of resilience. Lower levels of resilience would increase a concern in the developmental pathway to possibly having lifelong

negative outcomes. It is important that interventions attend to recognizing that when survivors have higher levels of physical abuse associated with sexual abuse, there is an identified correlation with having lower levels of resilience. Creating scales or questionnaires that are directed towards childhood sexual abuse, but also screen for physical abuse, is important in providing appropriate interventions that therapeutically work through trauma with this population. Also, the general concept of violence along with specific violence examples that are highlighted in the literature should be implemented into screening tools with children who have experienced maltreatment. This could then lead to providing appropriate interventions with a goal to decrease lifelong negative outcomes.

In the study of Simons et al. (2008), the statistical amounts of childhood sexual abuse, early exposure to pornography, early and frequent masturbation, and sexual involvement with animals all suggested a heightened sexualized childhood which was an unexpected risk factor before conducting the research. This all may suggest that childhood sexual abuse may only influence the development of sexual offending behaviors when it occurs within the context of a pathological sexual environment and when home environment is considered a risk factor. Particular interest was identified by the authors hypothesis that the preliminary results of abuse towards animals may precede sexual offending behaviors. For home environment as a risk factor, services such as community involvement where social activities are built in should be considered an integral part of a comprehensive sexual abuse treatment model (Williams & Nelson-Gardell, 2011).

In the study of Leach et al. (2016), the results found that surviving childhood sexual abuse did not have an impact on committing a sexual offense, but rather poly-victimization has a stronger impact. Understanding poly-victimization having a potential impact on committing a

sexual offense supports the basis of this systematic review. As the purpose of the systematic review was to identify the risk factors that could contribute to a survivor of childhood sexual abuse committing a sexual offense. Suggesting poly-victimization has an impact supports that a survivor of childhood sexual abuse is more than likely a survivor of additional maltreatment. The more types of maltreatment a childhood survivor experiences, it is assumed there is an increase in risk for lifelong negative outcomes with committing a sexual offense being one example. The study found that of the participants that had committed sexual offenses, 64 percent had experienced poly-victimization in their childhood history (Leach et al., 2016). This demonstrates that professionals working with survivors of childhood sexual abuse need to have interventions and screening tools used to ask for additional maltreatment to understand the full potential impact of risk factors on lifelong negative outcomes.

Although it was identified that surviving childhood sexual abuse is a risk factor to committing a sexual offense, discussing the pathway in-between while giving focus to the terms of reenactment or learned behavior was only specifically discussed in two articles. Describing the pathway between surviving childhood sexual abuse and committing a sexual offense as a reenactment of learned behavior directly labels the correlation and further validates the sexual abuse-sex offender hypothesis. In the research conducted by Veneziano et al. (2000) and Haapasalo et al. (2008), participants of the studies had shared results related to experiencing childhood sexual abuse and direct correlations in the characteristics to committing a sexual offense. Each study interviewed participants by asking questions about certain characteristics in regard to the childhood sexual abuse and then asking those questions in relation to the sexual offenses that were committed. Characteristics that were present in experiencing childhood sexual abuse were also present when committing a sexual offense. Both of the results in each

study offered support to the correlation between a subset of sexual offenses possibly being a reenactment, reactive condition, and/or learned behavior of a survivor's childhood sexual abuse experience (Veneziano et al., 2000; Haapasalo et al., 2008). Further research using reenactment or learned behavior as search terms may find more articles further discussing how the childhood sexual abuse itself may impact committing a sexual offense. Which is different from this systematic review which identified the other factors that happen in the pathway between surviving childhood sexual abuse and committing a sexual offense.

Overall, it is interesting that the participants used for research on sex offenders are most often males and that results discuss the percentages that experienced childhood sexual abuse. When participants are used for research on childhood sexual abuse, females are most often used, and they have higher rates of the childhood sexual abuse when compared to males. Also, when participants are survivors of childhood sexual abuse and are used for research on resilience, females are most often used. This should be considered when reading this systematic review, along with how this could impact the professional perspective of different sections when working with these populations. Through this systematic review, the results show similarities and differences between the protective factors after surviving childhood sexual abuse, risk factors after experiencing childhood sexual abuse, and risk factors for committing a sexual offense. However, this systematic review indicates that after childhood sexual abuse, there are factors that occur more often than others. Screening tools and interventions need to be built based on the awareness from research in the identified factors that need support to reduce lifelong negative outcomes.

Implications

Policy

Funding for programs for childhood sexual abuse, and treatment with sex offenders is determined by federal and state policies. In the literature review, the cost for sex offender programming was discussed in Minnesota as an example. More money is put towards sex offender treatment compared to the survivors of the sexual abuse. Throughout this systematic review, there has been evidence that an increase in funding should be put towards prevention efforts which in time could decrease the financial need for sex offender treatment. It is interesting to consider that if more funding was directed towards prevention efforts and early intervention with children exhibiting risk factors that research shares, there could be a link to potential concerns with sexual behavior and whether it would decrease the number of committed sexual offenses. A funding increase in prevention efforts would help support implementation of the social work practice suggestions and future implications for these populations.

Significance for Social Work Practice

Searching for improvement for providing effective treatment for survivors of childhood sexual abuse remains imperative for social workers and related professions (Christopher et al., 2007; Simpson, 2010). With a high prevalence of childhood sexual abuse in society, it is essential that social service providers assess for a history of childhood sexual abuse to prevent possible severe outcomes (Christopher et al., 2007; Simpson, 2010). The results of this study suggest that social service providers would benefit from understanding the relationship among childhood sexual abuse, protective factors, and resilient outcomes (Simpson, 2010). The factors each individual may express are important to their ability to function and have positive long-term

effects that should be recognized by providers because these variables relate to various treatment possibilities (Simpson, 2010).

The results from the Denov (2003) study underscore the significance of professional intervention in relation to a survivor's disclosure of sexual abuse, with attention given to females committing the sexual offense. The assumption is that sexual offenses are committed by males and professionals may unintentionally dismiss disclosures of sexual abuse committed by females. When professionals minimized survivor's disclosures of sexual abuse with unsupportive or disbelieved responses, this appeared to exacerbate the negative effects or risk factors of sexual abuse, ultimately provoking secondary victimization (Denov, 2003). Whether the committed sexual offense is by a female or male, the failure to implement education for professionals in providing support and sensitive reactions to disclosures of childhood sexual abuse could have negative consequences for survivors. Some survivors of childhood sexual abuse in this study reported professional re-victimization following disclosure if responses were unsupportive. Professional responses need to include support, acknowledgment, and validation of a survivor's experience of sexual abuse in order to mitigate the negative effects or risk factors of the abuse (Denov 2003). Victims made great efforts to seek out professional help and took considerable risk to disclose the sexual abuse based on the assumption that they would be helped and supported. Negative responses ignored victims' needs and failed to address the fundamental issues that impacted their level of functioning.

The concept of having an individual be accountable for their actions is central to all offender treatment models. Justice professionals are sensitive to not providing excuses to offenders for their behavior, which may contribute to not focusing on how closely trauma is entwined within the offense cycle. The results of research articles included in this systematic

review suggest a relationship between trauma possibly triggering an offense cycle (McMackin et al., 2002). Identifying the trauma-associated feelings and experiences may be an important target for treatment with any type of childhood maltreatment, to successfully decrease the risk of negative outcomes. Specific ways in which trauma focused treatment could be integrated with sex offender treatment include: training therapists working with sex offenders in understanding the close link between trauma and sex offending triggers, screening all sex offenders for trauma histories, assessing sex offenders for the presence of PTSD as a co-morbid condition, having sex offenders diagnosed with PTSD and/or with histories of trauma exposure participate in a trauma focused treatment group that is integrated into their overall risk prevention offender treatment plan, and teaching sex offenders how to better manage trauma associated affects, especially helplessness and fear (McMackin et al., 2002). The social work profession needs to act as an advocate for sex offenders. This population is stigmatized and does not get the recognition or support needed towards the trauma they have been through. This often leads them to continue to develop further risk factors that this research proves can impact their developmental pathway to make mistakes in committing sexual offenses.

In research, when being a survivor of childhood sexual abuse is identified as the greatest risk to subsequently committing sexual offenses later in life. Therapeutic resources should be directed more accurately and effectively in providing preventative interventions. Investigations and research in regard to the cycle of sexual abuse and the causal link between survivors of childhood sexual abuse and subsequently becoming a sex offender, has relied on retrospective recall of childhood risk factors (Levenson, 2016). By enhancing our understanding of identifying and noticing the frequency of dynamic risk factors, professionals can improve implementation of clinical interventions that respond to the comprehensive needs of survivors of

childhood sexual abuse and sex offenders. This paper demonstrates the significance of children surviving childhood sexual abuse and missed opportunities in providing preventative interventions. Early interventions for at-risk families and maltreated youth may interrupt their trajectory toward criminal behavior, including sex offending (Levenson, 2016). As social workers, it is our job to advocate for survivors of childhood sexual abuse. This population feels victimized, and it can be retraumatizing to ask them to share their stories in order to impact the necessary changes needed in policies, funding, and missed opportunities for intervention. Overall, practicing social workers have the connections and resources to advocate for the clients served in order to impact the necessary changes in meeting the individual needs for both of these populations.

Future Research

It would be beneficial for future studies to complete research comparing and contrasting factors related to a specific type of sexual offense. Future research could also define their inclusion criteria specifically in using studies that include either adolescents or adult sex offenders, and this would differ from this study which included both. A future study would be beneficial in comparing and contrasting factors related to a specific type of sexual abuse. There has been minimal research on the moderating factors that may prevent a survivor of child sexual abuse from committing a sexual offense. The results of this study along with articles included in this systematic review support the assumption that factors can be identified and if present, can increase or decrease the likelihood of a survivor of child sexual abuse committing a sexual offense (Lambie et al., 2002). This research helps professionals understand the identified protective and risk factors that are experienced after surviving childhood sexual abuse in order to prioritize and create interventions to decrease negative outcomes.

Limitations and Strengths

When conducting a systematic review of the research design study it is important to recognize the strengths and limitations. A limitation can be that the researcher had an unintentional bias in the selection, interpretation, and organization of the content for the systematic review. For the purpose of this systematic review, a limitation was that discretion was used by only one person involved in the process of deciding whether articles met inclusion or exclusion criteria, with some choices being difficult in clarity. Articles were checked several different times and dates to limit bias. A limitation was articles that had mixed results were not included because of the analysis process for this systematic review. Lastly, a limitation of this study was using the specific terms of childhood sexual abuse and committing sexual offenses. It did not get into the specific different kinds of abuse that could fall under these general terms

A strength of this study was the ability to follow strict inclusion and exclusion criteria in limiting bias for selection of articles. A systematic review method requires the researcher to read studies, take notes, organize themes, and create inclusion and exclusion guidelines to immerse into the literature in order to develop a comprehensive understanding of the findings (Boland et al., 2017). This article had a strength in giving an overall generalization in comparing and contrasting factors related to experiencing childhood sexual abuse and committing a sexual offense.

References

- American Psychological Association. (2017). *The road to resilience*. Retrieved from <http://www.apa.org/helpcenter/road-resilience.aspx>
- Arias, B., & Johnson, C. (2013). Voices of healing and recovery from childhood sexual abuse. *Journal of Child Sexual Abuse, 22*(7), 822-841. doi:10.1080/10538712.2013.830669
- Bogar, C. B., & Hulse-Killacky, D. (2006). Resiliency determinants and resiliency processes among female adult survivors of childhood sexual abuse. *Journal of Counseling & Development, 84*(3), 318-327.
- Boland, A., Cherry, M. G., & Dickson, R. (2017). *Doing a systematic review: A student's guide*. (2nd ed.) London: Sage Publications Ltd.
- Center for Sex Offender Management. (2007). *Female sex offenders*. Retrieved from http://www.csom.org/pubs/female_sex_offenders_brief.pdf
- Christopher, K., Lutz-Zois, C. J., & Reinhardt, A. R. (2007). Female sexual-offenders: personality pathology as a mediator of the relationship between childhood sexual abuse history and sexual abuse perpetration against others. *Child Abuse & Neglect: The International Journal, 31*(8), 871-883. doi:10.1016/j.chiabu.2007.02.006
- Coxe, R., & Holmes, W. (2002). A study of the cycle of abuse among child molesters. *Journal of Child Sexual Abuse, 10*(4), 111-118.
- DeCou, C. R., Cole, T. T., Rowland, S. E., Kaplan, S. P., & Lynch, S. M. (2015). An ecological process model for female sex offending: the role of victimization, psychological distress, and life stressors. *Journal of Research and Treatment, 27*(3), 302-323.
- Denov, M. (2003). To a safer place? Victims of sexual abuse by females and their disclosures to professionals. *Child Abuse & Neglect, 27*(1), 47-61.

- Easton, S., Leone-Sheehan, D., Sophis, E., & Willis, D. (2015). "From that Moment on My Life Changed": Turning Points in the Healing Process for Men Recovering from Child Sexual Abuse. *Journal of Child Sexual Abuse, 24*(2), 152-173.
- Gentlewarrior, S. (1998). Symptoms of trauma in middle-aged and older survivors of child sexual abuse: an ecological examination of risk and protective factors (A dissertation presented to the faculty of simmons college school of social work). Retrieved from Social Work Abstracts.
- Goldstein, S., & Brooks, R. (2005). Why study resilience? In S. Goldstein & R. Brooks (Eds.), *Handbook of resilience in children* (pp.3-16). New York, NY: Kluwer Academic & Plenum Publishers.
- Haapasalo, J., Puupponen, M., & Crittenden, M. (2008). Victim to victimizer: the psychology of isomorphism in a case of a recidivist pedophile in Finland. *Journal of Child Sexual Abuse, 7*(3), 97-115. doi:10.1300/J0v07n03_07
- Hyman, B. & Williams, L. (2001). Resilience among women survivors of child sexual abuse. *Affilia, 16*(2), 198-219).
- Jespersen, A. F., Lalumière, M. L., & Seto, M. C. (2009). Sexual abuse history among adult sex offenders and non-sex offenders: A meta-analysis. *Child Abuse & Neglect, 33*(3), 179-192. doi:10.1016/j.chiabu.2008.07.004
- Kent, M., Davis, M., & Reich, J. (2013). *The Resilience Handbook Approaches to Stress and Trauma*. Florence: Taylor and Francis.
- Lambie, I., & Johnston, E. (2016). I couldn't do it to a kid knowing what it did to me: The narratives of male sexual abuse victims resiliency to sexually offending. *International*

- Journal of Offender Therapy and Comparative Criminology*, 60(8), 897-918.
doi:10.1177/0306624X14567664
- Lambie, I., Seymour, F., Lee., A., & Adams, P. (2002). Resiliency in the victim-offender cycle in male sexual abuse. *A Journal of Research and Treatment*, 14(1), 31-48.
- Leach, C., Stewart, A., & Smallbone, S. (2016). Testing the sexually abused-sexual abuser hypothesis: A prospective longitudinal birth cohort study. *Child Abuse & Neglect*, 51, 144-153.
- Levenson, J. (2014). Incorporating trauma-informed care into evidence-based sex offender treatment. *Journal of Sexual Aggression*, 20(1), 9-22.
doi:10.1080/13552600.2013.861523
- Levenson, J. (2016). Adverse childhood experiences and subsequent substance abuse in a sample of sexual offenders: implications for treatment and prevention. *Victims & Offenders*, 11(2), 199-224. doi:10.1080/15564886.2014.971478
- Levenson, J. S., & Grady, M. D. (2016). The influence of childhood trauma on sexual violence and sexual deviance in adulthood. *Traumatology*, 22(2), 94-103. doi:10.1037/trm0000067
- Levenson, J. S., Willis, G. M., & Prescott, D. S. (2016). Adverse childhood experiences in the lives of male sex offenders: Implications for trauma-informed care. *Sexual Abuse: Journal of Research and Treatment*, 28(4), 340-359. doi:10.1177/1079063214535819
- Lightfoot, S., & Evans, I. (2000). Risk factors for a New Zealand sample of sexually abusive children and adolescents. *Child Abuse & Neglect*, 24(9), 1185-1198.
- Luther, S.S., & Cicchetti, D. (2000). The construct of resilience: Implications for interventions and social policies. *Developmental Psychopathology*, 12(4), 857-885

- Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist, 56*(3), 227-238. doi:10.1037/0003-066X.56.3.227
- McClure, F., Chavez, H., Agars, D., Peacock, V., & Matosian, M. (2008). Resilience in sexually abused women: risk and protective factors. *Journal of Family Violence, 23*(2), 81-88. doi:10.1007/s10896-007-9129-4
- McMackin, R. A., Leisen, M. B., Cusack, J. R., LaFratta, J., & Litwin, P. (2002). The relationship of trauma exposure to sex offending behavior among male juvenile offenders. *Journal of Child Sexual Abuse, 11*(2), 25-40.
- Miccio-Fonseca, L. C. (2000). Adult and adolescent female sex offenders. *Journal of Psychology & Human Sexuality, 11*(3), 75-88.
- Miller-Karas, E. (2015). *Building resilience to trauma: The trauma and community resiliency models*. New York, NY: Routledge.
- Minnesota Department of Health. (2007). *Costs of Sexual Violence in Minnesota*. Retrieved from <http://www.health.state.mn.us/injury/pub/svcosts.pdf>
- Rape Abuse and Incest National Network. (2016a). *Children and Teen Statistics*. Retrieved from <https://www.rainn.org/statistics/children-and-teens>
- Rape Abuse and Incest National Network. (2016b). *Offenders of Sexual Violence: Statistics*. Retrieved from <https://www.rainn.org/statistics/offenders-sexual-violence>
- Rape Abuse and Incest National Network. (2016c). *Victims of Sexual Violence: Statistics*. Retrieved from <https://www.rainn.org/statistics/victims-sexual-violence>
- Rasmussen, L. A. (2012). Trauma outcome process assessment (TOPA) model: An ecological paradigm for treating traumatized sexually abusive youth. *Journal of Child & Adolescent Trauma, 5*(1), 63-80. doi:10.1080/19361521.2012.646645

- Roe-Sepowitz, D., & Krysik, J. (2008). Examining the sexual offenses of female juveniles: the relevance of childhood maltreatment. *American Journal of Orthopsychiatry*, 78(4), 405-412. doi:10.1037/a0014310
- Salter, D., McMillan, D., Richards, M., Talbot, T., Hodges, J., Bentovim, A., Hastings, R., & Skuse, D. (2003). Development of sexually abusive behaviour in sexually victimised males: a longitudinal study. *The Lancet*, 361, 471-476. doi:10.1016/S01406736(03)12466-X
- Sigurdsson, J. F., Gudjonsson, G., Asgeirsdottir, B. B., & Sigfusdottir, I. D. (2010). Sexually abusive youth: what are the background factors that distinguish them from other youth? *Psychology, Crime & Law*, 16(4), 289-303. doi:10.1080/10683160802665757
- Simons, D. A., Wurtele, S. K., & Durham, R. L. (2008). Developmental experiences of child sexual abusers and rapists. *Child Abuse & Neglect: The International Journal*, 32(5), 549-560.
- Simpson, C. L. (2010). Resilience in women sexually abused as children. *Families in Society: The Journal of Contemporary Social Services*, 91(3), 214-247. doi:10.1606/1044-3894.4001
- Strickland, S. M. (2008). Female sex offenders: exploring issues of personality, trauma, and cognitive distortions. *Journal of Interpersonal Violence*, 23(4), 474-489. doi:10.1177/0886260507312944
- Veneziano, C., Veneziano, L., & LeGrand, S. (2000). The relationship between adolescent sex offender behaviors and victim characteristics with prior victimization. *Journal of Interpersonal Violence*, 15(4), 363-374.

United States Department of Health & Human Services. (2016). *Child Maltreatment 2015*.

Retrieved from <https://www.acf.hhs.gov/sites/default/files/cb/cm2015.pdf>

United States Department of Justice. (2007). The national guidelines for sex offender registration and notification. Retrieved from

https://www.justice.gov/archive/tribal/docs/fv_tjs/session_3/session3_presentations/Sex_Offender_Guidelines.pdf

Williams, J., & Nelson-Gardell, D. (2011). Predicting resilience in sexually abused adolescents. *Child Abuse & Neglect, 36*, 53-63.

World Health Organization. (2016, September). *Child Maltreatment Fact Sheet*. Retrieved from <http://www.who.int/mediacentre/factsheets/fs150/en/>

World Health Organization. (2017, October). *Responding to Children and Adolescents Who Have Been Sexually Abused*. Retrieved from <http://www.who.int/reproductivehealth/topics/violence/clinical-response-csa/en/>