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The Role of Ethnicity, Sexual Attitudes, and Sexual Behavior in Sexual Revictimization During the Transition to Emerging Adulthood

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Abstract

An experience of child sexual abuse (CSA) substantially increases women's risk of adult sexual assault (ASA), but the mechanisms underlying this relationship are unclear. Previous research often has not examined the full range of ASA experiences or included the influence of ethnicity, sexual behavior, and sexual attitudes on CSA and severity of ASA. The current study utilized path analysis to explore the relationships among ethnicity, sexual attitudes, number of lifetime sexual partners, CSA, and severity of ASA in emerging adult women. Results indicated a significant relationship between CSA and more severe ASA that was partially explained by having more lifetime sexual partners. Additionally, European American women, relative to Hispanic women, reported more severe victimization, which was fully explained by more positive attitudes toward casual sex and having more lifetime sexual partners. These results have implications in the design and implementation of universal and selective prevention programs aimed at reducing ASA and revictimization among emerging adult women.

Keywords

child sexual abuse; sexual assault; repeat victimization

Emerging adulthood (approximately aged 18–25) is the critical stage of transition from adolescence to adulthood during which young people develop and crystallize the skills necessary for successful assumption of adult roles and explore their identities through the pursuit of different love and work experiences (Arnett, 2000). It is during emerging adulthood that most young people pursue more intimate and serious romantic relationships in an effort to identify potential life partners (Arnett, 2000). While this developmental period

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is crucial for the formation of successful adult romantic relationships, it also is a time when women are at particularly high risk for sexual victimization. For instance, research shows that approximately 20% to 25% of women experience an attempted rape or rape during their college careers (Fisher, Cullen, & Turner, 2000), and 37% of female victims of rape experience their first rape between 18 and 24 years of age, more than at any other stage of life (Black et al., 2011).

There is substantial empirical evidence that experiencing child sexual abuse (CSA) places women at increased risk of adult sexual assault (ASA) (Arata, 2002; Breitenbecher, 2001; Mayall & Gold, 1995; Messman & Long, 1996; Roodman & Clum, 2001). In a meta-analysis of studies examining revictimization, the effect size for the relationship between CSA and ASA was .59 (Roodman & Clum, 2001), corresponding to a moderate effect (Cohen, 1988). Reported rates of revictimization vary widely, due in part to differences in participants sampled and in the way ASA and CSA are defined (Arata, 2002; Roodman & Clum, 2001). In one review, Messman and Long (1996) found that 16% to 72% of women who had been sexually abused as children were subsequently revictimized. In another review, Arata (2002) concluded that once a woman has been sexually abused as a child, she is 2 to 3 times more likely to be sexually victimized as an adult. Given that approximately 19% of women report having experienced CSA before the age of 18 (Pereda, Guilera, Forns, & Gómez-Benito, 2009), both CSA and the elevated risk it poses for sexual revictimization are significant public health concerns.

Despite the public health significance of CSA and ASA, research focusing on these issues among ethnically diverse women is limited. One group that is especially important to investigate is Hispanic women, as Hispanics are the largest and fastest growing minority group in the United States (Pew Research Center, 2011). Additionally, there is research suggesting that rates of CSA might be higher among Hispanic women than among European American women (Kalof, 2000; Ullman & Filipas, 2005), although there is research suggesting no relationship between ethnicity and CSA (e.g., Arroyo, Simpson, & Aragon, 1997; Finkelhor, 1993; Roosa, Reinholtz, & Angelini, 1999). Conversely, there is evidence that European American women are at higher risk of ASA than Hispanic women (Black et al., 2011; Sorenson & Siegel, 1992; Ullman & Filipas, 2005). Due to a paucity of literature, it is unclear why the relationships between ethnicity and CSA and ASA vary, although the differences may be in part due to differences in sexual attitudes and behaviors among European American and Hispanic women.

In studies examining the relationship between CSA and ASA, researchers have identified many correlates of revictimization, including childhood physical abuse, family characteristics (e.g., families that are less cohesive or expressive), marital status, psychiatric disorders (e.g., posttraumatic stress disorder), substance abuse, problems with affect regulation, and deficits in sexual risk perception (see Classen, Palesh, & Aggarwal, 2005 for a review). There are several theoretical models that posit deleterious effects of CSA that may increase the risk of ASA (Arata, 2002). One such model is the trauma-genic dynamics model, which suggests that CSA may result in several trauma-causing factors, including traumatic sexualization (Finkelhor & Browne, 1985). Traumatic sexualization is a process through which victims of CSA develop inappropriate sexual behaviors and attitudes as a

result of abuse. Specifically, children may be rewarded for sexual behavior by their abusers and learn that this behavior may be used to fulfill needs, which may lead to risky sexual behavior (Finkelhor & Browne, 1985). However, this model has typically been used to describe ASA as an additional negative consequence of CSA, rather than considering how sexual attitudes and behavior are related to revictimization (Arata, 2002). The extant literature is also limited by a somewhat narrow focus on revictimization experiences and unexplored putatively relevant factors, including ethnicity and women's sexual attitudes.

The present study extends previous research by including a wide range of adult sexual victimization experiences and investigating the role of ethnicity, sexual attitudes, and sexual behaviors in revictimization among college women. We hasten to note that the study of factors related to sexual revictimization is conducted with the ultimate aim of informing the science around effective prevention of and intervention following ASA. This research is not meant, either overtly or covertly, to cast any blame on victims who might possess characteristics empirically linked to revictimization, including and perhaps especially the characteristics on which we focus in the present study.

Sexual Attitudes

It is well established that, on average, women who have experienced CSA report more liberal or permissive sexual attitudes than women who have not experienced CSA (Finkelhor & Browne, 1985; Meston, Heiman, & Trapnell, 1999; Miller, Monson, & Norton, 1995; Nagy, Adcock, & Nagy, 1994; Redfearn & Laner, 2000). Research also suggests that the experience of ASA is associated with more liberal sexual attitudes (Himelein, 1995; Koss & Dinero, 1989; Redfearn & Laner, 2000). It is relevant to note that a distinct subgroup of women who have experienced CSA greatly limit their own sexual behavior, suggesting the development of more conservative sexual attitudes (Merrill, Guimond, Thomsen, & Milner, 2003). Of course, the development of sexual attitudes is influenced by numerous individual-level factors such as positive sexual experiences (Bauserman & Davis, 1996) and religiosity (Lefkowitz, Gillen, Shearer, & Boone, 2004), as well as many factors beyond the individual, including family- (e.g., parental monitoring; Sieverding, Adler, Witt, & Ellen, 2005) and peer- (e.g., peer pressure; Santor, Messervey, & Kusumakar, 2000) level factors. Literature regarding the influence of ethnicity on sexual attitudes is mixed, with some research suggesting that Hispanics report more conservative sexual attitudes than European Americans (Eisenman & Dantzker, 2006) and other research finding no relationship between ethnicity and sexual attitudes (Ahrold & Meston, 2008; Sprecher, Treger, & Sakaluk, 2013).

There is also strong evidence that sexual attitudes are related to women's perception of risk for adult sexual victimization (Rinehart & Yeater, 2012; Yeater, Viken, Hoyt, & Dolan, 2009; Yeater, Viken, McFall, & Wagner, 2006), a factor hypothesized to be related to sexual revictimization (see Gidycz, McNamara, & Edwards, 2006 for a review). Specifically, women with more positive attitudes toward casual sex, relative to women with less positive attitudes about such sex, perceived less sexual victimization risk in hypothetical dating and social situations (Rinehart & Yeater, 2012; Yeater et al., 2006, 2009). Additionally, sexual attitudes mediated the relationship between victimization history and responses to risky situations. Women with more severe victimization histories reported more liberal sexual

attitudes, which in turn were related to less effective responses to risky situations (Nason & Yeater, 2012). Although none of the above-mentioned studies examined the direct relationship between sexual attitudes and ASA, they do suggest that sexual attitudes are related to constructs thought to predict adult sexual victimization (e.g., Gidycz et al., 2006; Nason & Yeater, 2012; Vanzile-Tamsen, Testa, & Livingston, 2005; Yeater, McFall, & Viken, 2011; Yeater & Viken, 2010).

While there has been considerable research investigating the relationship between sexual behavior and revictimization (Classen et al., 2005), research examining the role of sexual attitudes in revictimization is limited, perhaps because sexual attitudes are more difficult to measure than behavior. The only study we identified suggested that, like behavior, attitudes appear to be related to experiences of revictimization. Specifically, Randolph and Mosack (2006) found that severity of CSA directly predicted the number of lifetime sexual partners, and that this relationship was mediated by several factors, including severity of adolescent sexual victimization, age of sexual debut, and sexual attitudes. For example, those women who had experienced more severe CSA had more permissive sexual attitudes, which predicted more lifetime sexual partners. However, the authors did not examine whether factors such as sexual attitudes and sexual behavior mediated the path between CSA and ASA, as the number of lifetime sexual partners was the outcome in their model (Randolph & Mosack, 2006). Moreover, abuse and victimization severity scores were calculated by summing the number of items to which women responded yes, which might better represent the number of abuse events the women had experienced rather than the severity of those experiences. This scoring system makes it difficult to determine how these experiences might be related to factors such as sexual attitudes and number of lifetime sexual partners.

Sexual Behavior

There is substantial evidence that both CSA (Senn & Carey, 2010; Senn, Carey, & Venable, 2008) and ASA (e.g., Benson, Gohm, & Gross, 2007; Koss & Dinero, 1989; Testa & Dermen, 1999) are correlated with an increased number of lifetime sexual partners. Sexual behavior also is reliably related to sexual revictimization (Arata, 2002; Breitenbecher, 2001; Classen et al., 2005; Messman-Moore & Long, 2003). For instance, a greater number of sexual partners is significantly correlated with a history of revictimization and, in some cases, mediates (Bramsen et al., 2013; Fargo, 2009; Messman-Moore, Walsh, & Dilillo, 2010) or partially mediates (e.g., Fergusson, Horwood, & Lynskey, 1997; Krahé, Scheinberger-Olwig, Waizenhöfer, & Kolpin, 1999) the relationship between CSA and ASA. Messman-Moore, Walsh, and Dilillo (2010) conducted a path analysis and found that CSA predicted the number of lifetime sexual partners, which then predicted adult rape. There was no direct path between CSA and adult rape. Krahé, Scheinberger-Olwig, Waizenhöfer, and Kolpin (1999) found that while CSA directly predicted ASA, this relationship was only partially mediated by the number of lifetime consensual sexual partners.

In addition to CSA, other factors, such as sexual attitudes and ethnicity, influence the number of lifetime sexual partners. Women with more liberal sexual attitudes also report having more lifetime sexual partners (Ostovich & Sabini, 2004). The evidence regarding ethnicity and sexual behavior is mixed, with some research suggesting that Hispanics report

more conservative sexual behaviors than European Americans (Marín, Tschann, Gómez, & Kegeles, 1993) and other research suggesting no difference between Hispanics and European Americans in sexual behavior (Meston & Ahrold, 2010). Meston and Ahrold (2010) suggest that these inconsistent findings may be due to levels of acculturation among Hispanics. When Hispanics more strongly identify with mainstream culture than with their cultural heritage, they are more likely to report sexual behavior similar to European Americans.

Severity of Victimization

When investigating the relationship between CSA and ASA, it is important to assess the full range of adult sexual victimization experiences in order to gain a more complete understanding of the full extent of revictimization and of the underlying risk and protective factors. In past research examining revictimization and correlated factors, some researchers did not describe the criteria used for determining victimization history (for a review, see Messman & Long, 1996), while others used only one question to assess victimization history, which tends to underestimate the rates of victimization (Koss, 1993). Even when multiple questions have been used to assess victimization experiences, studies differ in how these experiences are categorized. In some studies, researchers asked about several types of sexual victimization experiences and then created a single victimized category for subsequent analyses (e.g., Himelein, 1995; Krahé et al., 1999). When researchers only assess the most severe sexual victimization experiences or collapse sexual experiences into one category, it is difficult to determine how CSA is related to less severe but significant ASA experiences. While nearly one in five women in the United States reports experiencing attempted or completed rape in their lifetime (Black et al., 2011), there is also evidence that a substantial number of women experience less severe adult sexual victimization. For instance, approximately 14% of women experienced unwanted sexual contact (i.e., fondling, kissing, or petting, but not intercourse) and 12% of women were sexually coerced (i.e., had sexual intercourse because of a man's use of authority or continual arguments) since the age of 14 (Koss, Gidycz, & Wisniewski, 1987). Assessing experiences such as unwanted contact and coercion and including them in analyses of revictimization may allow researchers to better understand the full extent of victimization and its associated risk factors.

There has been some research examining the relationship between CSA and a full range of ASA experiences (e.g., Fortier, DiLillo, Messman-Moore, Peugh, & DeNardi, 2009; Gidycz, Coble, Latham, & Layman, 1993; Messman-Moore & Long, 2000). Messman-Moore and Long (2000) surveyed 648 college women about a variety of ASA experiences (i.e., unwanted fondling, oral-genital contact, intercourse, or penetration adult) and CSA (contact abuse only). The authors also assessed whether ASA experiences occurred due to arguments, misuse of authority, physical force, or alcohol/drugs, and whether the perpetrators were strangers or acquaintances. They found that CSA survivors, relative to women who had not experienced CSA, were more likely to experience a variety of acquaintance ASA experiences, including fondling due to misuse of authority, genital-oral contact due to alcohol/drugs, and intercourse due to misuse of authority or physical force. These findings suggest that CSA does in fact predict some less severe ASA experiences, such as fondling,

thus future research may benefit from the inclusion of ASA experiences ranging in severity (Messman-Moore & Long, 2000).

While this study provides a thorough investigation of the relationship between CSA and ASA, to date, no revictimization research to our knowledge has included a model investigating the relationships between CSA, severity of ASA, and other factors such as ethnicity, sexual attitudes, and sexual behavior. There is some evidence that ethnicity is related to severity of sexual victimization. In one study of undergraduate women, Hispanic women reported higher rates of attempted rape and lower rates of completed rape than European American women (Kalof, 2000). However, the authors caution that the high rate of attempted rape among Hispanic women may be influenced by a small sample size.

Current Study

In the current study, we examined the relationships among CSA, ethnicity, sexual attitudes, number of lifetime sexual partners, and severity of ASA in emerging adult women. We hypothesized several direct paths: (1) the presence of CSA will be associated with more severe ASA experiences, (2) CSA will be associated with more positive attitudes toward casual sex, (3) CSA will be associated with more lifetime sexual partners, (4) more positive attitudes toward casual sex will be associated with more severe ASA, (5) more lifetime sexual partners will be associated with more severe ASA, and (6) European American women will report more severe ASA than Hispanic women. We also predicted the following indirect paths: (1) the relationship between CSA and ASA will be partially explained by more positive attitudes toward casual sex; (2) the relationship between CSA and severity of ASA will be partially explained by the number of lifetime sexual partners; and (3) the relationship between more positive attitudes toward casual sex and severity of ASA will be partially explained by number of lifetime sexual partners. We also examined how CSA, sexual attitudes, and sexual behavior influenced the relationship between ethnicity and severity of ASA, although due to limited and mixed research examining ethnicity, we did not make specific hypotheses regarding these relationships.

Method

Participants

Participants were 785 women selected from the psychology subject pools from a large southwestern university and a large midwestern university. Nearly half (49.8%) of the participants were freshmen, and their mean age was 19.8 ($SD = 2.54$). Approximately 65% of the women were European American and 35% were Hispanic. Due to insufficient power to examine group differences among all ethnic groups, 149 women who reported their ethnicity as African American, Asian, native American, or “other,” and 7 women who did not report their ethnicity were excluded from the original sample of 941.

Procedures

Participants completed four paper-and-pencil measures: a demographics questionnaire, the Sociosexuality Scale (SS; Bailey, Kirk, Zhu, Dunne, & Martin, 2000), the Childhood Sexual Experiences Questionnaire (CSEQ; Finkelhor, 1979), and the Sexual Experiences Survey

(SES; Koss et al., 1987). These measures were completed as part of larger questionnaire batteries in five separate, unrelated studies investigating sexual risk judgments (Crawford, Leiting, Yeater, Verney, & Lenberg, 2014; Rinehart & Yeater, 2012; Yeater, Treat, Viken, & McFall, 2010; Yeater et al., 2009). Data from these five studies informed analyses in the present study. Complete information about study procedures and other measures collected in the five studies can be found in previous work (see Crawford et al., 2014; Rinehart & Yeater, 2012; Yeater et al., 2009; Yeater et al., 2010). Briefly, participants in each of the studies were undergraduate women recruited from psychology subject pools who were provided with extra credit in psychology courses for their participation. Women in each study completed questionnaires in groups ranging from 1 to 20 women. All of these studies were approved by the universities' institutional review boards.

Measures

Demographics questionnaire.—This self-report measure asked participants for their age, academic status, and ethnic membership. Participants were asked to identify their ethnicity as Asian, African American, Hispanic/Latino, white/Caucasian, native American, or other. Participants were not asked to provide any more detail regarding their national origin. They were also asked how many sexual partners they have had in their lifetime and were told that sexual partners were “different persons with whom you have had vaginal, oral, or anal intercourse.”

SS.—The SS is a 20-item self-report measure used to assess participants' sexual attitudes and their willingness to engage in sexual activity (Bailey et al., 2000). The SS includes 7 items from the Sociosexuality Orientation Inventory (SOI; Simpson & Gangestad, 1991) and 13 items from Eysenck's (1976) study of the genetics of sexual behavior. The SS full scale score is correlated highly with the SOI and has α coefficients of .88 for men and .85 for women (Bailey et al., 2000). In the current study, only the first 15 items (i.e., those items addressing sexual attitudes) of the SS were used, and the response options were modified from the original yes/no format to Likert-type scales (1 = *strongly agree*, 2 = *agree*, 3 = *disagree*, and 4 = *strongly disagree*). This modified version of the SS has been used successfully in previous research (Nason & Yeater, 2012; Rinehart & Yeater, 2012; Yeater et al., 2009). Scores were created by summing participants' responses to the items. Higher scores indicate more positive attitudes toward casual sex. In the current study, the mean SS score was 28.86 ($SD = 7.52$) and the internal consistency was .86.

CSEQ.—The CSEQ is an 11-item self-report questionnaire that assesses various childhood sexual experiences before the age of 14, including CSA (Finkelhor, 1979). There is variation in the literature in how to distinguish between child versus adult sexual abuse. Numerous investigators place the cutoff at age 13, which represents the maximum age for distinguishing “child” sexual abuse (e.g., Finkelhor, 1979; Gidycz et al., 1993; Koss & Dinero, 1989); thus, we adopted this cutoff. Cutoffs near age 13 are selected to distinguish, in the absence of better data, between prepubertal versus postpubertal abuse, which might affect victims differently. The CSEQ uses behaviorally specific descriptions of experiences ranging from viewing another person's genitals to intercourse. The measure also contains items assessing the age of the other person involved in the event, the reason for participating

in the experience, and the number of times the most severe event occurred. If the event occurred with a person at least 5 years older than the participant, or due to coercion, threats, or force by the perpetrator, the event is considered CSA.

In order to capture CSA experiences, participants were categorized by their most severe experience. In the current sample, 69 women experienced CSA, including 6 (8.7%) who reported that another person showed his or her sexual organs to them, 6 (8.7%) who reported that someone older than them requested that they do something sexual, 2 (2.9%) who showed their sexual organs to another person at his or her request, 4 (5.8%) who were fondled by another person in a sexual way, 17 (24.6%) who reported that another person touched or stroked their sexual organs, 9 (13%) who touched or stroked another person's sexual organs at his or her request, 18 (26.1%) who reported that another person attempted intercourse but penetration did not occur, and 7 (10.1%) who had intercourse with another person. Given the low frequencies of some events, CSA experiences were collapsed into a dichotomous variable (CSA or no CSA) for all further analyses.

SES.—The SES is a 10-item self-report questionnaire developed to measure various degrees of severity of sexual victimization (i.e., unwanted sexual contact, sexual coercion, attempted rape, and rape) since the age of 14 (Koss et al., 1987). As noted earlier, we adopted the use of age 13 as the maximum age indicating CSA; thus, age 14 denotes the age of peer and adult sexual abuse. The classification of experiences occurring since age 14 as “adult” sexual assault is common in the sexual revictimization literature, and researchers have argued that when examining the link between CSA and ASA, adolescent experiences (ages 14–18) that occur with peers in dating and social situations likely occur in contexts similar to those in which ASA experiences occur (Arata, 2002). The SES possesses good internal consistency ($\alpha = .74$) and 1-week test–retest reliability ($r = .93$; Koss & Gidycz, 1985). The SES correlates .73 with responses obtained by an interviewer (Koss & Gidycz, 1985), suggesting that the SES is a reliable measure of self-reported sexual victimization. Following the common scoring procedure for the SES (e.g., Gidycz et al., 1993; Koss & Dinero, 1989; Yeater et al., 2010), participants were assigned to one of four severity categories based on the following most severe victimization experience they reported: (*no victimization* = 0, *unwanted contact* = 1, *coercion* = 2, *attempted rape* = 3, and *rape* = 4). Coercion included vaginal intercourse due to a man's continual arguments/pressure or use of authority. Table 1 presents the frequency of CSA and each type of ASA, as well as additional descriptive information about the number of lifetime sexual partners and sociosexuality.

Data Analysis

A path analysis, modeled with Mplus Version 7.11 (Muthén & Muthén, 1998–2013), was used to examine the relationships among CSA, ethnicity, sexual attitudes, number of lifetime sexual partners, and severity of ASA. Path analysis is warranted when a priori relationships are theoretically based, particularly when the hypothesized relationships have empirical support (Cook & Campbell, 1979). The weighted least squares (weighted least squares with mean and variance adjusted) estimator was used to allow for the estimation of robust χ^2 and

standard errors (*SEs*) and is the suggested estimator with a categorical or ordinal dependent variable and a sample size over 200 (Flora & Curran, 2004).

We tested the influence of each variable, including CSA, ethnicity, number of lifetime sexual partners, and sexual attitudes, on severity of ASA. Additionally, we tested (a) the influence of ethnicity on CSA, sexual attitudes, and the number of lifetime sexual partners; (b) the influence of CSA on number of lifetime sexual partners and sexual attitudes; and (c) the influence of sexual attitudes on number of lifetime sexual partners. We also modeled all indirect paths between CSA and ASA and between ethnicity and ASA as well as the indirect path from sexual attitudes to severity of ASA through number of lifetime sexual partners. After this fully saturated model was explored, a more parsimonious model with nonsignificant paths set to zero was identified.

Path models allow the modeling of the indirect effects of one variable on another as well as the total effect of one variable on the other. The total effect is the combination of the direct effect and indirect effect, and these total effects are reported in the results as well. Mplus allows for the assessment of total and indirect effects with the IND command. Estimates for the model were adjusted for the sampling of participants at two different campuses using the cluster feature in Mplus 7.11. This feature uses a sandwich procedure to calculate robust errors (Muthén & Muthén, 1998–2013).

Results

The path model with estimates and *SEs* for all estimated direct paths can be found in Figure 1. The final model fits the data well, with all standard fit indices within the acceptable range ($\chi^2 = 5.321$, $df = 4$, $p = .26$, root mean square error of approximation = .021, comparative fit index = 1.00, Tucker–Lewis index = 1.0, and weighted root mean square residual = .716). There was a statistically significant total effect of CSA on ASA, which was comprised of a significant direct path between CSA and severity of ASA and a significant indirect path from CSA to severity of ASA through lifetime sexual partners (see Table 2 for the estimates of total, direct, and indirect effects). Women with a history of CSA, relative to women without a history of CSA, were more likely to experience more severe ASA, although this relationship was partially explained by the number of lifetime sexual partners. Specifically, women who experienced CSA reported more lifetime sexual partners and women who reported more lifetime sexual partners were more likely to experience more severe ASA.

There was also a statistically significant total effect of ethnicity on severity of ASA. While the direct path from ethnicity to severity of ASA was not statistically significant, there was a significant total indirect effect of ethnicity on severity of ASA through sexual attitudes and number of lifetime sexual partners. Specifically, European American women, relative to Hispanic women, reported more positive attitudes toward casual sex. Women with more positive attitudes toward casual sex also reported more lifetime sexual partners, and women with more lifetime sexual partners were more likely to experience more severe ASA.

In the fully saturated model, several direct paths were not statistically significant: CSA was not related to sexual attitudes (estimate = $-.050$, $SE = .554$, $p = .928$), ethnicity was not

related to number of lifetime sexual partners (estimate = $-.002$, $SE = .074$, $p = .979$) or CSA (estimate = $.076$, $SE = .152$, $p = .617$), and sexual attitudes were not related to severity of ASA (estimate = $.008$, $SE = .006$, $p = .174$). In the final model, all of these paths were constrained to zero for parsimony. While the direct effect of ethnicity on severity of ASA was nonsignificant in the final model, it was significant in the fully saturated model and therefore was not set to zero in the more parsimonious model. All other indirect paths from ethnicity to severity of ASA were nonsignificant, and the indirect path from CSA to severity of ASA through sexual attitudes was nonsignificant.

Discussion

Although the relationship between CSA and ASA has been widely examined, there are some limitations in the extant literature. Much of the literature has not included Hispanic women or examined the full range of ASA experiences. Additionally, the influences of factors such as sexual attitudes and ethnicity on sexual revictimization have not been studied widely. The current study addresses some of these limitations and extends this literature in several ways. First, the study included a large sample of European American and Hispanic emerging adult women. Second, the study examined the relationship between CSA and severity of ASA by including a range of ASA experiences. Finally, a path analysis was used to investigate how factors such as sexual attitudes and behavior may explain the relationship between CSA and severity of ASA.

Our results revealed a significant relationship between CSA and severity of ASA, even in the presence of other factors, which is consistent with previous literature (Arata, 2002; Breitenbecher, 2001; Mayall & Gold, 1995; Messman & Long, 1996; Roodman & Clum, 2001). This relationship was partially explained by number of lifetime sexual partners, suggesting that while an experience of CSA increases the severity of ASA, this is in part because women who have experienced CSA are more likely to report having more lifetime sexual partners, and women with more lifetime sexual partners are at higher risk of experiencing more severe ASA. This finding is consistent with previous literature which found that the relationship between CSA and ASA was partially mediated by sexual behavior (Fergusson et al., 1997; Krahé et al., 1999), although some researchers have also found that the relationship between CSA and ASA was fully mediated by sexual behavior (Bransen et al., 2013; Fargo, 2009; Messman-Moore et al., 2010). However, women with more lifetime sexual partners may be at increased risk for more severe ASA simply because they are more likely to encounter an aggressive partner who might assault them (Kanin, 1985).

There was a significant relationship between ethnicity and severity of ASA in the current study. European American women were more likely to experience more severe ASA than Hispanic women; however, this relationship was fully explained by sexual attitudes and behavior. European American women, relative to Hispanic women, reported more positive attitudes toward casual sex. Women with more positive sexual attitudes reported more lifetime sexual partners and women with more lifetime sexual partners were more likely to report more severe ASA. This is an important finding, as it suggests that the relationship

between ethnicity and severity of ASA is related to potentially modifiable attitudes and behaviors.

However, there was no significant relationship between ethnicity and CSA. The previous literature has been quite mixed (Kenny & McEachern, 2000), and the finding from the current study is consistent with previous research that has not found a relationship between ethnicity and CSA (e.g., Arroyo et al., 1997; Finkelhor, 1993; Roosa et al., 1999). It is important to note that the sample in the current study was college women, which may affect (i.e., reduce) the prevalence rates of CSA (Kenny & McEachern, 2000). Additionally, there is evidence that factors related to ethnicity, such as socioeconomic status, religiosity, and acculturation may also be related to victimization (Sabina, Cuevas, & Schally, 2013). For example, researchers have suggested that less acculturated Hispanic parents may more closely monitor and restrict their daughters' dating experiences, thus potentially protecting them from dating violence victimization (Smokowski, David-Ferdon, & Stroupe, 2009). Future research should measure these variables in order to more clearly illuminate the complex relationships between ethnicity and victimization.

Unexpectedly, there was no significant relationship between CSA and sexual attitudes in the current study, which generally is inconsistent with previous literature (Meston et al., 1999; Miller et al., 1995; Nagy et al., 1994; Redfearn & Laner, 2000). This discrepancy between the literature and the current findings may be due in part to differences among our study and others in definitions of CSA and measurement of sexual attitudes. For example, Meston, Heiman, and Trapnell (1999) included unwanted sexual experiences before age 18 in their definition of CSA, while the current study included victimization experiences before age 14. Nagy, Adcock, and Nagy (1994) asked participants to rate the acceptability of having multiple sexual partners as a measure of sexual attitudes, while in the current study sexual attitudes were measured with a widely used measure assessing ratings of agreement regarding a number of statements about unrestricted sexual behavior. Thus, CSA might not influence sexual attitudes when the abuse occurs at a younger age and when the attitudes more clearly reflect liberal sexuality more broadly versus acceptability of having multiple sexual partners, which is only one indicator of liberal sexuality.

While this study was characterized by several strengths, including a relatively large sample of Hispanic and European American women, there were also some limitations. First among these is the retrospective nature of the study, which renders it impossible to determine causality. Second, while the women in the current study were European American and Hispanic emerging adults, they were all college students, which limits generalizability of the findings to relatively well-educated women. Additionally, women were asked how many sexual partners they had in their lifetimes but were not told to exclude perpetrators of victimization experiences, which may have affected the overall number of partners (e.g., if victims included perpetrators as "partners") and the relationships between sexual partners, CSA, and ASA. Future research should have women distinguish between consensual sexual partners versus perpetrators. A final limitation is that, while we distinguished CSA from ASA, we did not assess the age of the perpetrators of victimization that occurred since the age of 14. It is possible that sexual abuse perpetrated by someone close in age to the victim differentially impacts victims than victimization perpetrated by older offenders (Arata,

2002). Additionally, due to a relatively small number of women reporting CSA in the sample, CSA experiences were dichotomized into no CSA and CSA. This makes it unclear whether the relationships between CSA and other factors are true for the full range of CSA experiences or just for some CSA experiences. Similarly, the analyses included only European American and Hispanic women. Future research would benefit from even larger samples that would allow for statistical comparison, such as tests of measurement invariance, between types of CSA and ASA among diverse ethnic groups.

In conclusion, women who have experienced CSA are at higher risk of experiencing more severe ASA, and this relationship is partially explained by number of lifetime sexual partners. Additionally, European American women, at least in these samples, are at higher risk of experiencing more severe ASA than Hispanic women, and this relationship is fully explained by sexual attitudes and behaviors. These findings reaffirm the need to address concerns about adult revictimization in treatment programs targeting victims of CSA. In addition, if the present results are replicated, there are implications for both universal and selective or targeted prevention programs among emerging adult women. The period of emerging adulthood may be an especially appropriate time for preventive interventions, as it is a time during which women are simultaneously focused on dating and engaging in more serious, intimate romantic relationships (Arnett, 2000), and at significant risk of sexual victimization (Black et al., 2011). Universal ASA prevention interventions may benefit from addressing risk factors such as CSA and number of sexual partners with emerging adult women, while selective interventions may benefit from using these factors to identify women who are at increased risk of ASA. Incorporating women's experiences and behavior into prevention programs is not intended to imply blame for sexual victimization. Rather, doing so should help to increase both the effectiveness of prevention interventions and women's self-agency by encouraging them to engage in dating and romantic relationships while helping them to reduce risk of sexual victimization for themselves and for their peers.

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Figure 1.

Diagram of paths from CSA and ethnicity to severity of ASA. Estimates are standardized direct path coefficients with standard errors and p -values. All nonsignificant paths from the fully saturated model were constrained to be zero and omitted from the figure. * $p < .05$. ** $p < .001$. ASA = adult sexual assault; CSA = child sexual abuse.

Table 1.

Description of Sexual Attitudes and Sexual Partners for Each Level of Sexual Assault Severity.

Adult sexual assault severity	Child sexual abuse		
	No CSA	CSA	Total
None			
<i>N</i> (%)	273 (40%)	21 (30%)	294 (39%)
Sociosexuality, <i>M</i> (<i>SE</i>)	27.1 (.44)	27.1 (1.37)	27.1 (.42)
Sexual partners, <i>M</i> (<i>SE</i>)	2.6 (.22)	1.8 (.37)	2.5 (.20)
Unwanted contact			
<i>N</i> (%)	129 (19%)	8 (12%)	137 (18%)
Sociosexuality, <i>M</i> (<i>SE</i>)	27.2 (.65)	27.3 (2.8)	27.3 (.60)
Sexual partners, <i>M</i> (<i>SE</i>)	2.9 (.29)	2 (.68)	2.8 (.27)
Coercion			
<i>N</i> (%)	97 (14%)	6 (9%)	103 (14%)
Sociosexuality, <i>M</i> (<i>SE</i>)	30.8 (.82)	27.3 (2.3)	30.7 (.79)
Sexual partners, <i>M</i> (<i>SE</i>)	5.6 (.48)	6.2 (2.0)	5.6 (.48)
Attempted rape			
<i>N</i> (%)	58 (9%)	15 (22%)	73 (10%)
Sociosexuality, <i>M</i> (<i>SE</i>)	29.9 (.84)	30.1 (1.8)	29.9 (.75)
Sexual partners, <i>M</i> (<i>SE</i>)	4.5 (.53)	6.1 (2.1)	4.8 (.60)
Rape			
<i>N</i> (%)	123 (18%)	19 (28%)	142 (19%)
Sociosexuality, <i>M</i> (<i>SE</i>)	32.1 (.63)	29.8 (1.6)	32.0 (.58)
Sexual partners, <i>M</i> (<i>SE</i>)	8.7 (.61)	10.6 (2.6)	9.0 (.63)
Total	680 (91%)	69 (9%)	749

Note. ASA = adult sexual assault; CSA = child sexual abuse; *SE* = standard error. Percentages represent the percentage of women who have experienced CSA or no CSA in each cell and may not sum to 100% due to rounding. Additionally, 36 women who did not provide information about CSA and/or ASA were not included in this table but were included in the path analysis.

Table 2.

Estimates of Effects of CSA and Ethnicity on Severity of ASA.

	Total effect			Direct effect			Total indirect effect		
	Standardized estimate	SE	p	Standardized estimate	SE	p	Standardized estimate	SE	p
CSA to ASA	.183	.017	<.001	.134	.018	<.001	.048	.002	<.001
Ethnicity to ASA	-.054	.025	.033	-.022	.026	.40	-.032	.001	<.001

Note. ASA = adult sexual assault; CSA = child sexual abuse; *SE* = standard error.