



New Trends and Issues Proceedings on Humanities and Social Sciences



Issue 7 (2017) 74-90

ISSN:2547-8818

www.prosoc.eu

Selected Paper of 8th World Conference on Psychology, Counseling and Guidance, (WCPCG-2017), 28-30 April 2017 Grand Park Lara Convention Center, Lara – Antalya, Turkey

The Individual and Familial Risk Factors of the Adolescents Exposed to Sexual Revictimization: The First Data from Turkey

Nilufer Kocturk^{a*}, Yenimahalle Research and Training Hospital, Ankara, 06370, Turkey

Filiz Bilge^b, Hacettepe University, Ankara, 06800, Turkey

Suggested Citation:

Koçturk, N. & Bilge, F. (2017). The Individual and Familial Risk Factors of the Adolescents Exposed to Sexual Revictimization: The First Data from Turkey. *New Trends and Issues Proceedings on Humanities and Social Sciences*. [Online]. 07, pp 74-90. Available from: www.prosoc.eu

Selection and peer review under responsibility of Prof. Dr. Marilyn Campbell, Queensland University of Technology, Australia

©2017 SciencePark Research, Organization & Counseling. All rights reserved.

Abstract

Childhood sexual abuse (SA) is an important problem worldwide. There are many studies concerning the individual and familial risk factors for SA. However, in literature it is emphasized that there is a need for studies on the risk factors concerning sexual revictimization (SR). Because there is no study on the possible risk factors of SR in Turkey, the aim of this study is to determine whether there are meaningful differences between the possible individual and familial risk factors of individuals who have been exposed to SR and individuals who have not been exposed to SR. A total of 210 parents of adolescent girls participated in the study, 70 of them with daughters who have experienced SR, 70 of them with daughters who experienced SA once, and 70 of them with daughters who have not experienced SA. In order to collect data, a Family Information Form developed by the researchers was used. In the analysis of data, Chi Square tests and Holm's Sequential Bonferroni Method were employed. As a result of analyses, it was determined that adolescents who have experienced SR have more alcohol consumption in their family compared to the adolescents who have experienced SA once and the adolescents in the control group. It was also determined that these adolescents experience physical abuse in the hands of their fathers, that they have problems with their parents about curfew hours and boyfriends, that they have a negative circle of friends, that they consume alcohol and perform self-mutilative behaviors, that they skip classes and have a low academic success level. In addition to these, it was determined that compared to the comparison group, the adolescents with SR as well as the adolescents who have experienced SA once have parents with lower education levels, that they experience more family problems recently, and that their mothers are physically abused. With this study on SR, which is the first of its kind in Turkey, it was determined that victims experience various individual and familial problems and that their parents need psychosocial support. The results were discussed under the light of literature, and suggestions were made.

* ADDRESS FOR CORRESPONDENCE: **Nilufer Koçturk**, Yenimahalle Research and Training Hospital, Ankara, 06370, Turkey
E-mail address: nilkeser@hacettepe.edu.tr / Tel.: +90-312-5872000

Keywords: child; adolescent; sexual revictimization; risk factors;

1.Introduction

Sexual abuse in childhood (SA), which can be observed in different social, cultural, and socioeconomic levels, is an important problem in many countries (Pereda, Guilera, Forns, & Gomez-Benito, 2009). The prevalence of SA in the world is 7.9% in men and 19.7% in women (Pereda, Guilera, Forns, & Gomez-Benito, 2009). The prevalence of SA in Turkey is reported to be 10.7% in high school students (Zoroglu, Tuzun, Sar, Tutkun, Savas, Ozturk, Alyanak & Kora, 2003) and 33% in street children (Ogel & Yucel, 2005).

In the literature, several individual and familial risk factors for SA have been underlined. In a study conducted by Butler (2013) with the participation of 1087 adolescent girls, the fact that the victim has low academic achievement and presents such behavioral problems as impulsiveness as well as introversion and extraversion problems were determined to be an individual risk factor for SA. Likewise, such familial factors low education and income level of parents, being a single parent, and lack of were determined to be risk factors for SA. In a review study, being female and experiencing emotional as well as physical abuse were determined to be individual risk factors like having a single parent/divorced parents, domestic violence, weak child-parent relationship, alcohol or substance abuse of parents, mental problems of parents, and large family (Meinck, Cluver, Boyes & Mhlongo, 2015). In brief, some of the risk factors underlined in literature concerning the parents of the victims of SA are as follows: familial problems experienced by parents (Fergusson, Horwood & Lynksey, 1997; Hornor & Fischer, 2016; Meinck, Cluver, Boyes & Mhlongo, 2015; Onen-Dogan, 2009; Sener, Anci & Dursun, 2014), domestic violence (Hornor & Fischer, 2016; Meinck, Cluver, Boyes & Mhlongo, 2015; Onen-Dogan, 2009; Pittenger, 2016), low education level of parents (Butler, 2013; Demir, 2008; Metin, 2010), alcohol or substance abuse of parents (Fergusson, Horwood & Lynskey, 1997; Hornor, & Fischer, 2016; Meinck, Cluver, Boyes & Mhlongo, 2015; Onen-Dogan, 2009). However, there are some inconsistencies between study results concerning Turkey (Onen-Dogan, 2009; Simsek, 2010). For instance, alcohol and substance abuse is one of them. In a study conducted with the victims between the ages 6-17 committed to the psychiatry ward due to SA, there was no meaningful difference between the alcohol consumption of fathers in the SA group and the alcohol consumption of fathers in the control group (Simsek, 2010). In another study in which the individual, familial, and abuse-related characteristics of 31 adolescents who experienced SA, it was determined that there is no meaningful difference between the SA and the control group in terms of being birth or step parents, parents' state of work, mother's abusing alcohol, and father's level of education. However, the following were detected: the mother has a low education level, father consumes alcohol, there are problems in marriage, domestic violence, and SA story in the family (Onen-Dogan, 2009).

SA is a risk for sexual revictimization (SR) (Boney-McCoy & Finkelhor, 1995). In a study which examined 1915 retrospective cases, the ratio of SR was found to be 11.1% (Pittenger, 2016). In another study, the ratio of SR in female adolescents was reported to be 52.7% (Walsh, Danielson, McCauley, Saunders, Kilpatrick, & Resnick, 2012). According to the study of Humphrey and White (2000), the possibility of experiencing SA in adolescence for those who experienced SA before the age of 14, increases in 1.8 fold.

As not every child that experienced SA becomes a victim of SR, it is thought that there are intermediary factors that lead to SR (Krahe, 2000). In a study, it was determined that being younger, being female, having mental issues, lack of a caregiver at home, and the existence of domestic violence increase the possibility of SR (Pittenger, 2016). According to Classen Palesh and Aggarwal

(2005), the presence of such demographic qualities as physical abuse, substance abuse, and having a dysfunctional family increases the risk of SR. Similarly, in a study in which childhood sexual abuse and experiencing SA in adolescence were examined, it was determined that SA is related to a series of familial factors such as dysfunctional, socially-disadvantaged family structure, distorted child-parent relationship, and compliance problems of parents, and that these factors increase sexual vulnerability in adolescence (Fergusson, Horwood & Lynskey, 1997).

As can be seen above, there are many studies on the risk factors related to SA. However, it is also seen that studies on SR are comparatively fewer, and most of them are retrospective. Thus, the need for studies on the risk factors related to SR in literature is emphasized (Meinck, Cluver, Boyes & Mhlongo, 2015). In addition, there has been no study on the possible risk factors of SR in Turkey. When the fact that cultural factors may be effective in the development of SR is taken into consideration, it would be useful to examine possible risk factors within the context of Turkish culture. Nevertheless, it is necessary to determine the risk factors related to SR, and to run studies of prevention as well as intervention. Thus, the aim of this study is to determine whether there is a meaningful difference in the possible familial and individual risk factors of adolescents who have experienced SR and those who have not. To this end, the following question was tried to be answered: "Is there a meaningful difference in the possible individual and familial risk factors of adolescents who have experienced SR, who experienced it once, and who have not experienced it?"

2. Methods

This study, in which whether there is a meaningful difference between three groups (those who have experienced SR, those who experienced SA once, and those who have not experienced SA) in the possible familial and individual risk factors is tested, is a comparative type relational screening (Karasar, 2010). As the sampling method, convenience sampling method was used.

2.1. Participants

A total of 210 parents of female children between the ages 15-18 participated in the study. 33.3% of the participants were the parents of adolescents who have experienced SR (n=70), 33.3% of the participants were the parents of adolescents who experienced SA once (n=70), and the remaining 33.3% of the participants were the parents of adolescents who never experienced SA (n=70). 13.8 % of the participants (n=29) were fathers, and 86.2% (n=181) were the mothers. The age range of the parents is 31-59, and the average age is $\bar{x}=40.07$ 'dir (SS=4.29).

2.2. Research design and sample

2.2.1. Procedure

After the research ethics committee approval, the parents of 140 victims of SA and SR at the Ankara Child Monitoring Center were contacted. Participants were informed of the aim of the study and were given the Informed Volunteer Consent Form prepared by the researcher, and they were included in the study on a voluntary basis. Similarly, 70 parents whose child has no chronic illness or SA story were asked to consent to participate, and a control group was formed.

Victims who reported touch-type SA in the forensic interview were included. Based on the statement of the victim, groups in the study were formed as those who have experienced SR and

those who experienced SA once. The data gathering process lasted from the end of August 2013 till June 2014.

2.3. Measurements

2.3.1. SA (Sexual Abuse)

Victims who reported touch-type SA in the forensic interview were included. In the study, SR was taken to be a child's experiencing a touch-type SA in adolescence who has experienced touch-type SA before adolescence (before the age of 13).

2.3.2. Family Information Form

In the Family Information Form designed by the researchers, there is demographic information related to possible familial and individual risk factors for SA and SR. In relation to familial and individual risk factors, several variables were examined. These are the education level of the mother and the father, the presence of family issues in recent years, mother's being physically abused, the alcohol consumption in the family, the child being physically abused by the father, the existence of the parent-child conflict about curfew hours or about having boyfriends, a negative circle of friends, the child consuming alcohol, self-mutilation, skipping school, and having a low academic achievement level.

2.4. Data analysis

In the statistical analyses of the data obtained in the study, SPSS 21.0 was used. Because there are categorical variables, 2X3 chi-square test was used in checking sub-problems. Whenever there is a difference in the percentages, 2X2 chi-square test was applied to the three groups in order to find the root of the difference. The existence of multi sub variables in comparisons may lead to increase the margin of error (Green & Salkind, 2014). Thus, Holm's Sequential Bonferroni Method was used for the meaningfulness value in the chi-square analyses in order to check Type 1 error.

3. Results

As a result of the family interviews, data about possible familial and individual risk factors were obtained from the parents. These familial and individual risk factors are the education level of parents, recent problems within family, mother being physically abused, alcohol abuse in the family, the child being physically assaulted by the father, parent-child conflict on the curfew hours and having a boyfriend, the child having a negative circle of friends, the child consuming alcohol, self-mutilation, skipping school, and low academic achievement level. Chi-square test results were given in Table 1 and Table 2 below.

Table 1.2X3 Chi-Square Test Results for the Variables of Familial Risk Factors and Experiencing Sexual Abuse

Familial Risk Factors	Groups			Total	χ^2
	Comparison	SA once	SR		SD
					p
Education Level of the					
Mother					14.626
Primary School or less	39 (%55.7)	57 (%81.4)	56 (%80)	152 (%72.4)	2
High School or more	31 (%44.3)	13 (%18.6)	14 (%20)	58 (%27.6)	0.001**
Education Level of the					
Father					9.750
Primary School or less	40 (%57.1)	54 (%77.1)	55 (%78.6)	149 (%71)	2
High School or more	30 (%42.9)	16 (%22.9)	15 (%21.4)	61 (%29)	0.008**
Familial Problems					
Yes	36 (%51.4)	16 (%22.9)	9 (%12.9)	61 (%29)	27.218
No	34 (%48.6)	54 (%77.1)	61 (%87.1)	149 (%71)	2
					0.000***
Physical Abuse					
Yes	8 (%11.4)	21 (%30)	31 (%44.3)	60 (%28.6)	18.620
No	62 (%88.6)	49 (%70)	39 (%55.7)	150 (%71.4)	2
					0.000***
Alcohol consumption in family					
Yes					18.475
	6 (%8.6)	14 (%20)	27 (%38.6)	47 (%22.4)	2
No	64 (%91.4)	56 (%80)	43 (%61.4)	163 (%77.6)	0.000***
Child being physically abused by father					
Yes					15.483
	11 (%15,7)	16 (%22,9)	31 (%44,3)	58 (%27,6)	2
No	59 (%84,3)	54 (%77,1)	39 (%55,7)	152 (%72,4)	0.000***

Total 70 (%100) 70 (%100) 70 (%100) 210 (%100)

*p<0.05; ** p < 0.01; ***p<0.001

As can be seen in Table 1 and Table 2, there is a meaningful difference in the percentages observed as a result of the chi-square test results in three groups in terms of the education level of the mother [χ^2 (sd=2, n=210)= 14.626, p<.01], education level of the father [χ^2 (sd=2, n=210)=9.750, p<.01], the existence of family problems in recent years [χ^2 (sd=2, n=210)= 27.218, p<.001], the mother being physically abused [χ^2 (sd=2, n=210)=18.620, p<.001], the alcohol abuse in the family [χ^2 (sd=2, n=210)=18.475, p<.001], the child being physically abused by the father [χ^2 (sd=2, n=210)=15.483, p<.001], the parent-child conflict on the curfew hours [χ^2 (sd=2, n=210)=14.881, p<.01] and the existence of a boyfriend [χ^2 (sd=2, n=210)=32.844, p<.001], the child having a negative circle of friends [χ^2 (sd=2, n=210)=30.578, p<.001], the child consuming alcohol [χ^2 (sd=2, n=210)=20.312, p<.001], self-mutilation [χ^2 (sd=2, n=210)= 20.893, p<.001], skipping school [χ^2 (sd=2, n=210)=6.758, p<.05], and having a low academic achievement level [χ^2 (sd=2, n=210)= 15.036, p<.01]. In order to find the root of this difference between the percentages, 2X2 Chi-square test was done for these three groups, and in order to check Type 1 error, Holm’s Sequential Bonferroni Method was employed.

Table 2. 2X3 Chi-Square Test Results for the Variables of Individual Risk Factors and Experiencing Sexual Abuse

Individual Risk Factors	Groups				χ^2
	Comparison	SA once	SR	Total	
					SD
					P
Conflict on curfew					
Yes	10 (%14.3)	17 (%24.3)	30 (%42.9)	57 (%27.1)	14.881
No	60 (%85.7)	53 (%75.7)	40 (%57.1)	153 (%72.9)	2
					0.001**
Conflict on having boyfriend					
Yes	11 (%15.7)	19 (%27.1)	42 (%60)	72 (%34.3)	32.844
No	59 (%84.3)	51 (%72.9)	28 (%40)	138 (%65.7)	2
					0.000***
Negative circle of friends					
Yes	11 (%15.7)	17 (%24.3)	40 (%57.1)	68 (%32.4)	30.578
No	59 (%84.3)	53 (%75.7)	30 (%42.9)	142 (%67.6)	2
					0.000***
Child consuming alcohol					
Yes	1 (%1.4)	5 (%7.1)	17 (%24.3)	23 (%11)	20.312
No	70 (%98,6)	65 (%92.9)	53 (%75.7)	187 (%89)	2
					0.000***

Self-mutilation					
Yes	5 (%7.1)	11 (%15.7)	26 (%37.1)	42 (%20)	20.893
No	65 (%92.9)	59 (%84.3)	44 (%62.9)	168 (%80)	2
					0.000***
Skipping school					
Yes	8 (%11.4)	10 (%14.3)	19 (%27.1)	37 (%17.6)	6.758
No	62 (%88.6)	60 (%85.7)	51 (%72.9)	173 (%82.4)	2
					0.034*
Low academic achievement level					
Yes	13 (%18.6)	20 (%28.6)	34 (%48.6)	67 (%31.9)	15.036
No	57 (%81.4)	50 (%71.4)	36 (%51.4)	143 (%68.1)	2
					0.001**
TOTAL	70 (%100)	70 (%100)	70 (%100)	210 (%100)	

*p<0.05; ** p < 0.01; ***p<0.001

In the result of the 2X2 chi-square test on the level of education of the mother, a meaningful difference was found in the observed percentages between the comparison group and the group that experienced SA once [χ^2 (sd=1, n=140)= 10.739, p<.017] and the group that experienced SR [χ^2 (sd=1, n=140)= 9.464, p<.025] (Table 3). However, no meaningful difference was found in the observed percentages between the group that experienced SR and the group that experience SA once [χ^2 (sd=1, n=140)=0.046, p>.05].

Table 3. Dual Comparison Results for the Education Level of the Mother According to Holm’s Sequential Bonferroni Method

Comparisons	χ^2	p (Alpha)
Comparison- SA Once	10.739*	0.001 (0.017)
Comparison-SR	9.464*	0.002 (0.025)
SA Once-SR	0.046	0.830 (0.05)

*p < Alpha

As a result of the 2X2 chi-square test on the education level of the father, a meaningful difference was found in the observed percentages between the comparison group and the group that experienced SA once [χ^2 (sd=1, n=140)= 6.346, p<.025] and the group that experienced SR [χ^2 (sd=1, n=140)= 7.368, p<.017] (Table 5). However, no meaningful difference was found in the observed percentages between the group that experienced SR and the group that experience SA once [χ^2 (sd=1, n=140)=0.041, p>.05]. As with the level of education of the mother, the level of the father’s education was also lower in both SA groups compared to the comparison group.

Table 4. Dual Comparison Results for the Education Level of the Father According to Holm’s Sequential Bonferroni Method

Comparisons	χ^2	p (Alpha)
Comparison-SR	7.368*	0.007 (0.017)
Comparison- SA Once	6.346*	0.012 (0.025)
SA Once-SR	0.041	0.839 (0.05)

*p < Alpha

As a result of the 2X2 chi-square test on the existence of familial problems in recent times, a meaningful difference was found in the observed percentages between the comparison group and the group that experienced SA once [χ^2 (sd=1, n=140)= 12,238, p<.025] and the group that experienced SR [χ^2 (sd=1, n=140)= 23.874, p<.017] (Table 5). However, no meaningful difference was found in the observed percentages between the group that experienced SR and the group that experience SA once [χ^2 (sd=1, n=140)= 2.386, p>.05].

Table 5. Dual Comparison Results for the Existence of Familial Problems in Recent Times According to Holm’s Sequential Bonferroni Method

Comparisons	χ^2	p (Alpha)
Comparison-SR	23.874*	0.000 (0.017)
Comparison-SA Once	12.238*	0.000 (0.025)
SA Once-SR	2.386	0.122 (0.05)

*p < Alpha

As a result of the 2X2 chi-square test on the mother experiencing physical abuse, a meaningful difference was found in the observed percentages between the comparison group and the group that experienced SA once [χ^2 (sd=1, n=140)= 7.350, p<.025] and the group that experienced SR [χ^2 (sd=1, n=140)= 18.802, p<.017] (Table 6). However, no meaningful difference was found in the observed percentages between the group that experienced SR and the group that experience SA once [χ^2 (sd=1, n=140)= 3.059, p>.05].

Table 6. Dual Comparison Results for Experiencing Physical Abuse by the Partner According to Holm’s Sequential Bonferroni Method

Comparisons	χ^2	p (Alpha)
Comparison-SR	18.802*	0.000 (0.017)
Comparison-SA Once	7.350*	0.007 (0.025)
SA Once-SR	3.059	0.08 (0.05)

*p < Alpha

As a result of the 2X2 chi-square test on the alcohol abuse in the family, a meaningful difference was found in the observed percentages between the comparison group and the group that experienced SA once [χ^2 (sd=1, n=140)= 5.829, p<.025] and the group that experienced SR [χ^2 (sd=1, n=140)= 17.485, p<.017] (Table 7). However, no meaningful difference was found in the observed percentages between the group that experienced SR and the group that experience SA once [χ^2 (sd=1, n=140)= 3.733, p>.05].

Table 7. Dual Comparison Results for the Alcohol Abuse in the Family According to Holm’s Sequential Bonferroni Method

Comparisons	χ^2	p (Alpha)
Comparison-SR	17.485*	0.000 (0.017)
SA Once-SR	5.829*	0.016 (0.025)
Comparison- SA Once	3.733	0.053 (0.05)

*p < Alpha

As a result of the 2X2 chi-square test on the child being physically abused by the father, a meaningful difference was found in the observed percentages between the comparison group and the group that experienced SA once [χ^2 (sd=1, n=140)= 7.207, p<.025] and the group that experienced SR [χ^2 (sd=1, n=140)= 13.605, p<.017] (Table 8). However, no meaningful difference was found in the observed percentages between the group that experienced SR and the group that experience SA once [χ^2 (sd=1, n=140)= 1.147, p>.05].

Table 8. Dual Comparison Results for the Father Physically Abusing the Child According to Holm’s Sequential Bonferroni Method

Comparisons	χ^2	p (Alpha)
Comparison-SR	13.605*	0.000 (0.017)
SA Once-SR	7.207*	0.007 (0.025)
Comparison-SA Once	1.147	0.284 (0.05)

*p < Alpha

The 2X2 Chi-square test was performed in order to find the source of the difference observed in the percentages about the curfew hours, and Holm’s Sequential Bonferroni Method was used to check Type 1 error (Table 9). As a result of the chi-square test, a meaningful difference was found in the observed percentages between the comparison group and the group that experienced SA once [χ^2 (sd=1, n=140)= 5.413, p<.025] and the group that experienced SR [χ^2 (sd=1, n=140)= 14.000, p<.017]. However, no meaningful difference was found in the observed percentages between the group that experienced SR and the group that experience SA once [χ^2 (sd=1, n=140)= 2.248, p>.05].

Table 9. Dual Comparison Results for Obeying Curfew Hours According to Holm’s Sequential Bonferroni Method

Comparisons	χ^2	p (Alpha)
Comparison-SR	14.000*	0.000 (0.017)
SA Once-SR	5.413*	0.020 (0.025)
Comparison-SA Once	2.248	0.134 (0.05)

*p < Alpha

In terms of the existence of a boyfriend, a meaningful difference was found in the observed percentages between the comparison group and the group that experienced SA once [χ^2 (sd=1, n=140)= 15.368, p<.025] and the group that experienced SR [χ^2 (sd=1, n=140)= 29.178, p<.017] (Table 10). However, no meaningful difference was found in the observed percentages between the group that experienced SR and the group that experience SA once [χ^2 (sd=1, n=140)= 2.715, p>.05].

Table 10. Dual Comparison Results for the Existence of a Boyfriend According to Holm’s Sequential Bonferroni Method

Comparisons	χ^2	p (Alpha)
Comparison-SR	29.178*	0.000 (0.017)
SA-SR	15.368*	0.000 (0.025)
Comparison-SA Once	2.715	0.099 (0.05)

*p \leq Alpha

As a result of the 2X2 chi-square test done in order to find the root of the difference between the observed percentages related to having a negative circle of friends, a meaningful difference was found in the observed percentages between the comparison group and the group that experienced SA once [χ^2 (sd=1, n=140)= 15.654, p<.025] and the group that experienced SR [χ^2 (sd=1, n=140)= 25.940, p<.017] (Table 11). However, no meaningful difference was found in the observed percentages between the group that experienced SR and the group that experience SA once [χ^2 (sd=1, n=140)= 1.607, p>.05].

Table 11. Dual Comparison Results for Having a Negative Circle of Friends According to Holm’s Sequential Bonferroni Method

Comparisons	χ^2	p (Alpha)
Comparison-SR	25.940*	0.000 (0.017)
SA Once-SR	15.654*	0.000 (0.025)
Comparison-SA Once	1.607	0.205 (0.05)

*p \leq Alpha

As a result of the 2X2 chi-square tests done on the alcohol abuse of the child, it was seen that there is a meaningful difference in the percentages between the comparison group and the group that experienced SA once [χ^2 (sd=1, n=140)= 7.766, p<.025] and the group that experienced SR [χ^2 (sd=1, n=140)= 19.350, p<.017] (Table 12). Similarly, the difference was in the observed percentages between the group that experienced SR and the group that experience SA once [χ^2 (sd=1, n=140)= 5.185, p>.05] was also found to be meaningful. However, because it was seen that the total number of pores exceeded by 20% the number of pores whose expected value is lower than 5 (it was 50%), results pertaining the meaningfulness test could not be interpreted.

Table 12. Dual Comparison Results for the Alcohol Abuse of the Child According to Holm’s Sequential Bonferroni Method

Comparisons	χ^2	p (Alpha)
Comparison-SR	19.350*	0.000 (0.017)
SA Once-SR	7.766*	0.005 (0.025)
Comparison-SA Once	5.185*	0.023 (0.05)

*p < Alpha

As can be observed in Table 14, a meaningful difference was found in the observed percentages between the comparison group and the group that experienced SA once [χ^2 (sd=1, n=140)= 20.833, p<.025] and the group that experienced SR [χ^2 (sd=1, n=140)= 22.418, p<.017]. However, the difference observed in the percentages in the chi-square test results of the comparison group and the SA once the group was not meaningful [χ^2 (sd=1, n=140)=0.034, p>.05].

Table 13. Dual Comparison Results for Skipping School According to Holm’s Sequential Bonferroni Method

Comparisons	χ^2	p (Alpha)
Comparison-SR	22.418*	0.000 (0.017)
SA-SR	20.833*	0.000 (0.025)
Comparison- SA	0.034	0.853 (0.05)

*p < Alpha

In terms of low academic achievement level, a meaningful difference was found in the observed percentages between the comparison group and the group that experienced SA once [χ^2 (sd=1, n=140)= 5.909, p<.025] and the group that experienced SR [χ^2 (sd=1, n=140)= 14.125, p<.017] (Table 14). However, no meaningful difference was found in the observed percentages between the group that experienced SR and the group that experience SA once [χ^2 (sd=1, n=140)=1.943, p>.05].

Table 14. Dual Comparison Results for Low Academic Achievement Level According to Holm’s Sequential Bonferroni Method

Comparisons	χ^2	p (Alpha)
Comparison-SR	14.125*	0.000 (0.017)
SA Once-SR	5.909*	0.015 (0.025)
Comparison-SA Once	1.943	0.163 (0.05)

*p < Alpha

4. Discussion

In this study, possible familial and individual risk factors obtained from the parents of adolescents who experienced SR, who experienced SA once, and those who have never experienced SA were examined. According to the findings, it was concluded that compared to the adolescents who experienced SA once and who have never experienced it, adolescents in who have experienced SR have more incidents of having alcohol abuse in the family, fathers being physically abusive, parent-child conflict over curfew hours or boyfriends, negative circle of friends, alcohol abuse, self-mutilation, skipping school, and low academic achievement levels. In addition to these, it was also determined that compared to the comparison group, adolescents in both the SR and the SA-once the groups have parents with lower education levels, that they experience more familial problems in recent years, and that their mothers are physically abused.

When the findings of the study are examined, it can be seen that adolescents who have experienced SR have too many familial and individual problems both in quality and quantity. The fact that many of the studies done on SA victims in Turkey are retrospective and that the sample group in not differentiated into three like the one in this study, makes it difficult to compare and contrast findings. When literature on SR is examined, it can be seen that there are differences in the definitions of the concepts SA and SR as well as the sampling and methods of studies (Arata, 2002). Nevertheless, there was one study in which victims aged 0-18 who experienced SA once and victims who experienced SA more than once before 18 were compared; and it was seen that this study and that study have reached similar findings (Hornor & Fischer, 2016).

In this study, it was determined that although there is no difference between the families SA victims compared to the comparison group in terms of alcohol abuse in the family; however, in another study done with 31 adolescents it was determined that the father’s abuse of alcohol was different in the SA group (Onen-Dogan, 2009). However, in another study, similar to this study, there was no meaningful difference in the alcohol abuse of fathers in the SA group and the control group (Simsek, 2010). Again, similar to this study, one study, in which victims who experienced SA more than once before 18 were compared, determined that the SR group has more alcohol consumption (Hornor & Fischer, 2016). Differences in the findings in these studies brought to mind that such differences may be stemming from the characteristics of the sample and its fewness. Additionally, it was also thought that alcohol abuse may be a risk factor for SR since it is a factor that hinders good parenting skills and leads them to becoming negative role models. In this study SR victims have high levels of alcohol consumption compared to other groups, just like their parents; and this highness supports our contention.

In the literature, it was emphasized that SA and SR victims have also experienced physical abuse (Fergusson, Horwood & Lynskey, 1997; Meinck, Cluver, Boyes & Mhlongo, 2015), that they do not have close child-parent relationship (Breiding et al., 2011; Fergusson, Horwood & Lynskey, 1997; Meinck, Cluver, Boyes & Mhlongo, 2015), that they have alcohol abuse (Blom, Hogberg, Olofsson & Danielsson, 2014; Classen Palesh, & Aggarwal, 2005; Davies and Jones, 2013), that there is a negative circle of friends (Tyler, Hoyt, Whitbeck, & Cauce, 2001), that they self-mutilate (Noll, Horowitz, Bonanno, Trickett & Putnam, 2003), that they have low academic achievement levels (Butler, 2013; Ibrahim, Jalali, Al-Ahmadi & Al-Bar, 2008), and that they skip school (Breiding et al, 2011). However, it was determined that the mentioned variables are observed in the SR victims and not in the victims who experienced SA once. The fact that SA victims were not grouped in these studies may be the reason for the differences in findings. Apart from this, the fact that physical violence is more prominent in the SR group may result from the father using physical abuse as a disciplinary method because of the behavioral problems that can be seen in some victims, or it may result from the victim blaming herself for the SA. Additionally, the fact that SR victims experience conflict with their parents on curfew hours or having a boyfriend, that they have a negative circle of friends, that they consume alcohol and self-mutilate, that they skip school and have low academic achievement made us think that these victims may have behavioral problems, and that these problems may be the result of SA. Moreover, it was also thought that victims may see alcohol consumption and self-mutilation as an option to deal with the negative consequences of SA. Gold, Sinclair, and Balge (2000) report that SA increases the risk of SR because victims feel less strong, less valuable, uncontrollable, and desperate due to the psychological problems they experience. In order to clearly determine these views, causative studies are needed. On the other hand, these problems were also thought to be a risk for SR in a vicious circle. For instance, it is highly possible for negative circle of friends or the victim's alcohol consumption to be a catalyst for SA as they would affect the victim's perception of threats and their self-protection skills.

In this study, it was determined that both the parents of adolescents who experienced SA once and the parents of adolescents who experienced SR have low education levels (Butler, 2013; Demir, 2008; Metin, 2010), they have experienced more familial problems recently (Fergusson, Horwood & Lynskey, 1997; Hornor & Fischer, 2016; Meinck, Cluver, Boyes & Mhlongo, 2015; Onen-Dogan, 2009; Sener, Anci, & Dursun, 2014), and their mothers experience physical violence (Hornor, & Fischer, 2016; Meinck, Cluver, Boyes & Mhlongo, 2015; Onen-Dogan, 2009; Pittenger, 2016); and these findings show parallels with literature in general. In two studies done with SA victims in Turkey, it was determined that their parents have low education levels (Demir, 2008; Metin, 2010). In Onen-Dogan's study (2009), it was determined that there is a meaningful difference between the group that experienced SA and the comparison group in terms of the existence of marital problems and domestic violence. In a study done with 63 victims who appealed to the Institute of Forensic Sciences, it was determined that domestic violence and economic problems are risk factors for SA. It was also determined that conflict between parents increase the possibility of children becoming SA victims 40 times, and economic problems of the family increases it 18.2 times (Sener, Anci & Dursun, 2014). Low education level of parents, familial problems, and domestic violence may be factors that affect parents' parenting skills negatively and result in their not being able to educate their children about SA and protect them from abusers. As far as SR is concerned, on the other hand, these factors may prevent the child from reporting it after the first abuse, and they may also prevent the parents from exhibiting the appropriate behavior and necessary social support. In this case victims may indirectly become more susceptible to new SA incidents because adolescents who do not satisfy their need for love and affection within the family may withdraw from their home environment, which they perceive to be

problematic, and may become vulnerable to abusers. The fact that parental supervision is a protective factor for repeated victimizations supports this view (Finkelhor, Ormrod & Turner, 2007).

In conclusion, this study is a first in Turkey, which determined that victims experience many familial and individual problems; these findings show that SR victims and their parents need psychosocial support. To this end, experts who work in the field of marriage or family counseling may prepare preventive psycho-educational programs and interventionist studies such as anger management. Moreover, it is thought that it would be helpful if various institutions, notably the Ministry of Education and the Ministry of Family and Social Policies, evaluate children who have possible familial and individual risk factors in terms of SR, follow up the adolescents, and do preventive studies.

5. Limitations

There are certain limitations in this study. One of them is that there are only the parents of female adolescents in the study group. Secondly, for the first time in Turkey, information was obtained about the individual and familial risk factors of parents with adolescents who have experienced SR. Further studies may compare the data obtained from this study with theirs. Lastly, causal and longitudinal studies are needed in order to determine the causal dimension of the risk factors, which were determined to be related to SA in this study.

References

- Arata, C.M. (2002). Child sexual abuse and sexual revictimization. *Clinical Psychology: Science and Practice*, 9(2), 135-164. doi:10.1093/clipsy.9.2.135.
- Blom, H., Hogberg, U., Olofsson, N. & Danielsson, I. (2014). Strong association between earlier abuse and revictimization in youth. *BMC Public Health*, 14, 715-725. doi: 10.1186/1471-2458-14-715.
- Boney-McCoy, S. & Finkelhor, D. (1995). Prior victimization: A risk factor for child sexual abuse and for PTSD-related symptomatology among sexually abused youth. *Child Abuse & Neglect*, 19(12), 1401-1421. doi:10.1016/0145-2134(95)00104-9.
- Breiding, M. J., Reza, A., Gulaid, J., Blanton, C., Mercy, J. A., Dahlberg, L. L., Dlamini, N. & Bamrah, S. (2011). Risk factors associated with sexual violence towards girls in Swaziland. *Bulletin of the World Health Organization*, 89(3), 203-210. doi:10.2471/BLT.10.079608.
- Butler, A. C. (2013). Child sexual assault: Risk factors for girls. *Child Abuse & Neglect*, 37(9), 643-652. doi:10.1016/j.chiabu.2013.06.009.
- Classen, C. C., Palesh, O. G. & Aggarwal, R. (2005). Sexual revictimization a review of the empirical literature. *Trauma, Violence, & Abuse*, 6(2), 103-129. doi:10.1177/1524838005275087.
- Davies, E. A. & Jones, A. C. (2013). Risk factors in child sexual abuse. *Journal of Forensic and Legal Medicine*, 20 (3), 146-150. Doi:10.1016/J.jflm.2012.06.005.
- Demir, M. (2008). *Cocuk ve ergenlerin cinsel istismarı sonrasında akut stres bozuklugu ve travma sonrası stres bozuklugu ozelliklerinin incelenmesi*. Yayınlanmamış Tıpta Uzmanlık Tezi. Uludag Üniversitesi.
- Fergusson, D. M., Horwood, L. J. & Lynskey, M. T. (1997). Childhood sexual abuse, adolescent sexual behaviors and sexual revictimization. *Child Abuse & Neglect*, 21(8), 789-803. doi:10.1016/S0145-2134(97)00039-2.
- Finkelhor, D., Ormrod, R. K. & Turner, H. A. (2007). Re-victimization patterns in a national longitudinal sample of children and youth. *Child Abuse & Neglect*, 31(5), 479-502. doi:10.1016/j.chiabu.2006.03.012.

Koçturk, N. & Bilge, F. (2017). The Individual and Familial Risk Factors of the Adolescents Exposed to Sexual Revictimization: The First Data from Turkey . *New Trends and Issues Proceedings on Humanities and Social Sciences*. [Online]. 07, pp 74-90. Available from: www.prosoc.eu

Gold, S. R., Sinclair, B. B. & Balge, K. A. (2000). Risk of sexual revictimization: A theoretical model. *Aggression and Violent Behavior*, 4(4), 457-470. doi:10.1016/S1359-1789(98)00024-X.

Green, S. B. & Salkind, N. J. (2014). Using SPSS for Windows and Macintosh: Analyzing and understanding data. NJ: Pearson Education, Inc.

Hornor, G. & Fischer, B. A. (2016). Child sexual abuse revictimization: child demographics, familial psychosocial factors, and sexual abuse case characteristics. *Journal of Forensic Nursing*, 12(4), 151-159. doi:10.1097/JFN.0000000000000124.

Humphrey, J. A. & White, J. W. (2000). Women's vulnerability to sexual assault from adolescence to young adulthood. *Journal of Adolescent Health*, 27(6), 419-424. doi:10.1016/S1054-139X(00)00168-3

Ibrahim, N. K., Jalali, E. A., Al-Ahmadi, J. R. & Al-Bar, A. A. (2008). Prevalence, risk factors and outcome of childhood abuse reported by female university students in Jeddah. *Journal of the Egyptian Public Health Association*, 83(5-6), 329-351.

Karasar, N. (2010). Bilimsel araştırma yöntemi. (21. Baskı). Ankara: Nobel Yayın Dağıtım.

Krahe, B. (2000). Childhood sexual abuse and revictimization in adolescence and adulthood. *Journal of Personal & Interpersonal Loss*, 5(2-3), 149-165. doi:10.1016/S0145-2134(99)00002-2.

Meinck, F., Cluver, L. D., Boyes, M. E. & Mhlongo, E. L. (2015). Risk and protective factors for physical and sexual abuse of children and adolescents in Africa: A review and implications for practice. *Trauma, Violence, & Abuse*, 16(1), 81-107. doi:10.1177/1524838014523336

Metin, O. (2010). *Cocuk psikiyatri polikliniginde degerlendirilen cinsel istismar olgularinin biyopsikososyal ozellikleri*. Yayınlanmamış Tıpta Uzmanlık Tezi. Mersin Üniversitesi.

Noll, J. G., Horowitz, L. A., Bonanno, G. A., Trickett, P. K. & Putnam, F. W. (2003). Revictimization and self-harm in females who experienced childhood sexual abuse. *Journal of Interpersonal Violence*, 18, 1452-1471. doi:10.1177/0886260503258035.

Ogel, K. & Yucel, H. (2005). Sokakta yasayan ergenler ve saglik durumları. *Anadolu Psikiyatri Dergisi*, 6(1), 11-18.

Onen-Dogan, O. (2009). *Cinsel istismara ugrayan ergen olgularda bireysel, ailesel ve istismara ait ozelliklerin tanimlanmasi ve bu ozellikler ile birlikte basa cikma bicimleri, aile islevleri ve anne baba tutumlarının ve olgu olmaya etkisinin belirlenmesi* (Yayımlanmamış Tıpta Uzmanlık Tezi) . Dokuz Eylul Üniversitesi.

Pereda, N., Guilera, G., Forns, M. & Gomez-Benito, J. (2009). The prevalence of child sexual abuse in community and student samples: A meta - analysis. *Clinical psychology review*, 29(4), 328-338. doi: 10. 10 16 /j. cp r .20 09 02.007.

Pittenger, S. L. (2016). Predicting sexual revictimization in childhood and adolescence: A prospective examination using ecological systems theory. Doktora tezi. University of Nebraska: Lincoln. <http://digitalcommons.unl.edu/psychdiss/86>.

Sener, M. T., Anci, Y. & Dursun, O. B. (2014). Significance of healthy family structure in preventing child sexual abuse: A prospective controlled study. *Medicine Science*, 3(1), 1046-1053. . doi:10.5455/medscience.2013.02.8103.

Simsek, S. (2010). *Cinsel istismara ugramis cocuklarda ve ebeveynlerinde travma sonrası stres bozuklugu*. (Yayımlanmamış Tıpta Uzmanlık Tezi) . Akdeniz Üniversitesi.

Tyler, K.A., Hoyt, D.R., Whitbeck, L.B. & Cauce, A.M. (2001). The impact of childhood sexual abuse on later sexual victimization among runaway youth. *Journal of Research on Adolescence*, 11(2), 151-176. doi:10.1111/1532-7795.00008.

Koçturk, N. & Bilge, F. (2017). The Individual and Familial Risk Factors of the Adolescents Exposed to Sexual Revictimization: The First Data from Turkey . *New Trends and Issues Proceedings on Humanities and Social Sciences*. [Online]. 07, pp 74-90. Available from: www.prosoc.eu

Walsh, K. , Danielson, C. K., McCauley, J. L., Saunders, B. E., Kilpatrick, D.G. & Resnick, H.S. (2012). National prevalence of PTSD among sexually revictimized adolescent, college, and adult household-residing women. *Archives of general psychiatry*, 69(9), 935-942. doi:10.1001/archgenpsychiatry.2012.132.

Zoroglu, S.S., Tuzun, U., Sar, V., Tutkun, H., Savacs, H.A., Ozturk, M., Alyanak, B. & Kora, M.E. (2003). Suicide attempt and self-mutilation among Turkish high school students in relation with abuse, neglect and dissociation. *Psychiatry and Clinical Neurosciences*, 57(1), 119-126. doi:10.1046/j.1440-1819.2003.01088.