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article

Sexual re-victimisation of adolescent girls in institutional care with a history of sexual violence in childhood: empirical results and conclusions for prevention

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The article explores the issue of sexual re-victimisation, based on a short-term longitudinal study of adolescent girls in residential care in Germany. Using qualitative and standardised instruments, the study examined the frequency and conditions of re-victimisation occurring within a set time period and the possibilities and difficulties of preventing the recurrence of sexual violence, including psychological and social consequences of sexual abuse. The research found that despite traumatic problems and psychological disorders, for the girls and young women in residential care improvement towards lesser vulnerability after sexual abuse and other forms of endangerment was possible.

key words re-victimisation • sexual abuse • stigma • institutional care

key messages

- In order to adequately protect and support sexually abused adolescent girls, interventions and prevention need to combine trauma pedagogy, emancipatory sex education and violence prevention.
- Protection has to include entitlement to a self-determined sexuality, individual development and the licence to make mistakes without being judged.

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The article explores the issue of sexual re-victimisation, based on a short-term longitudinal study of adolescent girls in residential care in Germany. Using qualitative and standardised instruments, the study examined the frequency and conditions of sexual re-victimisation occurring within a set time period of 12 months and the possibilities and difficulties of preventing the recurrence of sexual violence, including psychological and social consequences of sexual abuse. Sexual re-victimisation is seen as embedded in pathways of general risk processes and vulnerabilities. It is a challenging task for institutions such as residential care facilities to understand why deeply troubled girls – especially those with a history of sexual violence – are more vulnerable compared to others.

Introduction

Current research in Germany has found that adolescents with a history of sexual abuse belong to a high-risk group as far as the recurrence of sexual assault, or sexual re-victimisation, is concerned. This is particularly the case for adolescents in residential care (Allroggen et al, 2012). In addition to their experiences of sexual violence they usually face other challenges, which may further increase the risk of sexual re-victimisation, and they are confronted with specific institutional risks (Allroggen et al, 2012).

For this article it is helpful to know more about conditions in Germany. A professional and political debate about sexual abuse began in Germany in the mid-1980s as a result of the women's movement. Self-help groups and crisis centres were established and the first research was conducted on this topic (Kavemann, 2016). For a long time, sexual abuse was regarded as a rather 'dirty' topic, which was difficult to discuss. The study presented here is embedded in the context of the public and professional discussion about institutions failing to respond to signs for sexual abuse which has developed intensely in Germany in the last ten years. As a result, the Federal Ministry for Education and Research dedicated funds for research on the prevention of sexual abuse in educational institutions. The study focuses on girls because the funding, which was finally granted did not cover interviews with both genders as was initially planned. This funding supported a cooperative project between the Social Research Institute on Women and Gender and the German Youth Institute: the study PRÄVIK (2014–2017). The results are particularly relevant to professional practice because there is a lack of concepts for secondary prevention for this especially vulnerable group of girls.

In Germany, if children are at risk in their families, there are two possible ways to accommodate them in state care: in foster families – mostly for younger children – and in residential care. Large children's homes, as they existed until the beginning of the 1970s, were restructured under a broad reform of residential care aimed at democratising such institutions. Girls and boys live in groups similar to families or in homogenous age groups. Depending on their age, young people are included in decisions about their accommodation. In large cities there are emergency services for girls and boys who no longer can or want to live at home. These services organise their placement. This service is of high relevance for young people escaping violent living conditions and for girls from traditional patriarchal families in which they may be at risk of forced marriage. In some cities there are intercultural residential care

services and specialised groups for girls who have experienced sexual violence. In 2015, 81,310 children and young people were living in residential care.

There is currently a discussion in Germany on the responsibility of youth welfare institutions for developing more and better support services for the young people for whom they have to care (Wolff and Kampert, 2015; Fegert et al, 2015). In this article, based on the results of the research presented here, we argue that gender and age or development related aspects are crucial. For girls who live in residential child welfare facilities, a high percentage will have been exposed to various forms of violence (Allroggen et al, 2012). The prevention of (sexual) re-victimisation is therefore a challenging task for these institutions and for general educational concepts of child welfare.

There is a broad range of types and definitions of re-victimisation (for an overview, see Classen et al, 2005). In the standardised part of our study re-victimisation is defined as some re-occurrence of sexual violence between two points in time (12 months) reported by girls with a history of child sexual abuse. Scott-Storey (2011) criticise overly simplistic concepts of the effects of sexual re-victimisation that ignore the heterogeneity of abuse experiences and dynamics within life trajectories. In light of this, in the qualitative analyses of our study we looked for processes of accumulating or diminishing vulnerability and of 'persistence' or 'desistence' in risk careers concerning sexual victimisation (Helfferich et al, forthcoming). Furthermore Scott-Storey states: 'For women, any one type of abuse rarely occurs in isolation of other types, and a single abusive experience is often the exception rather than the norm' (Scott-Storey, 2011: 135). Finkelhor, Ormrod and Turner (2007: 1) introduced the term 'poly-victimisation' as the co-occurrence of different forms of violence in childhood, for instance physical maltreatment, sexual abuse, bullying and witnessing domestic violence. They showed that poly-victimisation increases the probability of experiencing more violence later in life, including the risk of violence becoming chronic in the course of the transition from adolescence into adulthood (Finkelhor et al, 2007: 2).

In this article central results of our study are reported on the girls' exposure to risks, patterns of vulnerability and sexual re-victimisation over a period of almost a year. The impact of sexual abuse on sexuality and sexual development and the resources for development of this particularly vulnerable group of girls in institutional care are discussed. Different biographical processes are reconstructed, which cover past sexual abuse, further developmental experiences and lead to a future with more or less vulnerability for sexual re-victimisation. Results based on standardised measures examine the predictability of re-victimisation, and the qualitative results show the dynamics of biographies as development of vulnerability and as 'risk careers'. In this way the mechanisms which influence the vulnerability of young victims of sexual abuse in residential care are revealed. From this, conclusions for professional practice, in particular for an appropriate concept of prevention, can be derived.

Relevant literature/current research

The impacts of child sexual abuse have been the subject of international research in a range of disciplines because they are complex and tackle psychological, physical and social wellbeing. In the following section we refer in brief to research about health impacts of sexual abuse and subsequent behaviours, sexual abuse literature looking at

risk and protective factors, and a wider range of factors involved in re-victimisation. The high risk for sexually abused children of experiencing multiple and repeated violence is to be found in the literature on all life phases that have been researched up to now, in later childhood as well as in adolescence and adulthood (Walker et al, 2017; Pittenger et al, 2016; Classen et al, 2005). For example, there was an English study of 140 children, who at the time were seven years old or younger and had all experienced sexual abuse. At a follow-up eight years later over a third of the children had experienced renewed victimisation (Frothingham et al, 2000). In a similar study in Australia (Swanston et al, 2002) around a fifth of sexually abused children had experienced violence again within six years. In both studies renewed sexual violence was in the foreground but physical abuse and neglect were also included. Although in some of the studies presented here (Jonson-Reid, 2003) a move to residential care reduced the risk of further abuse experiences, in comparison to abused children who remained with their family of origin, the risk of (renewed) sexual abuse remained higher than among children in the general population (Hobbs et al, 1999). Against this background, sexually abused children must be recognised as a particular target group for secondary prevention. A 2016 study (Ports et al, 2016) concluded that a high risk of sexual re-victimisation exists following any kind of violence in childhood. In particular, sexualised violence proved to be the strongest predictor of later sexual violence in adulthood. The risk increases with the extent of poly-victimisation.

This paper focuses on the effects of sexual abuse on sexuality and sexual development of a particularly vulnerable group of girls. Up to now research on the impacts of sexual abuse on sexuality, and sexual relationships, has mostly been done in the context of health research. A review of the literature in English (Senn et al, 2008) presented results on sexual risk behaviour – including unprotected sex, frequent change of sexual partners, offering sex for money or drugs and frequency of sexually transmitted diseases. These results were consistent across a variety of samples examined, both taken from the general population as well as from particularly vulnerable groups (Senn et al, 2008: 721) or from people with higher education (Senn et al, 2008: 713). The authors suggest that future research should include additional factors which could contribute to vulnerability, such as low self-confidence, low self-efficacy and violence in intimate relationships (Senn et al, 2008: 728). They summarised studies which identified a connection between sexual abuse in childhood and later violence in intimate relationships. Based on the criteria of health research heightened risk is perceived when the violent partner demands unprotected sex and the girl or the woman does not dare to refuse. If they have experienced as a child that disclosing the abuse results in a breakdown of family relationships, this experience could undermine their ability to insist on safer sex (Senn et al, 2008: 729). Sexual abuse may then result in unprotected sex and low contraception use. Within a social science approach, to which our study belongs, sexual risk is more often defined in terms of the likelihood of repeated physical and sexual violence in relationships and unwanted sexual acts by partners.

A further consequence of sexual abuse, which is empirically well documented and which is closely connected to the handling of intimate relationships, is the effect on attachment behaviour. Sexual abuse in childhood damages, or at least seriously endangers the sense of self and the ability to engage in attachment relationships with others. An impairment of self-image and how others are seen, linked to a loss of trust and possible anxiety, can make it very challenging to form positive intimate

relationships. Research shows that children and adolescents who have been affected by sexual abuse develop an insecure, evasive or fearful attachment style (Bartholomew and Horowitz, 1991; Alexander, 1992; Spangler and Zimmermann, 2009). There may be a tendency to not value the self as worthy of love and to view others in an idealised form as either positive or negative. Girls with this difficulty tend to develop compulsive sexual activity with frequently changing partners in order to briefly experience intimacy without engaging in closeness which is seen as dangerous. Girls with this difficulty have a higher risk of embarking on relationships in which they are exploited or re-victimised (Gold et al, 1999: 463). These psychological studies tend to focus on the individual characteristics of the victim, while our study discusses the interaction between the individual and environment, leaving the responsibility for repeated experiences of sexual violence with perpetrators, institutions and society.

In this large body of research on the sequelae of sexual violence (Senn et al, 2008) longitudinal studies that not only calculate a statistical correlation between two points in time but also take up the perspective of girls are generally lacking. Alongside statements on long-term risks, such studies could also offer a starting point for strengthening protective factors. Our research project aims to contribute to filling this gap.

For both genders the experience of having been sexually abused as a child is a risk for sexual re-victimisation. But women who have been sexually abused *and* physically maltreated in childhood are twice as likely to be sexually victimised by a current partner than women who did not experience both types of violence (Desai et al, 2002: 646). Furthermore, recent European research came to the conclusion that the potential causal relationship between childhood and adult violence is not likely to be simple and direct and that many factors influence women's vulnerability (Flood Aakvaag et al, 2017: 1613). 'The total burden of childhood violence was the most important factor for adult victimization' (Flood Aakvaag et al, 2017: 1613). Our research focused on sexual abuse, but also included any other forms of adverse childhood experiences.

Methods

In the study qualitative and quantitative data collection methods were combined and a short-term longitudinal approach was used, with a sample of sexually abused girls in residential care in Germany. By combining reported life histories on the individual level with quantitative data collected from girls as well as carers the girl's biographies and histories could be reconstructed. The main research questions guiding the standardised analysis were: to what extent is sexual re-victimisation within approximately 12 months reported by girls who are between 14 and 19 years old, who were sexually abused in childhood and who live in residential care and, in addition, which determining factors can be identified? The main research questions for the qualitative approach were: what different types of biographic patterns of continuous and repeated victimisation can be reconstructed and described with a focus on intimate sexual relationships? How can this contribute to explanations of the vulnerability of sexually abused girls in intimate relationships and peer groups, especially of those girls, who live in residential care?

The study was organised as a short-term longitudinal study, following the girls for one year. The sample consisted of girls from the target population who were

questioned with standard instruments and in qualitative face-to-face interviews at two points in time (t_0: 42 girls; t_2: 26 of the 42 girls approximately one year later; both instruments were applied at both time points). At both points in time for each girl[1] a person in charge in the residential care facility was included in the questioning. Between the two points in time a sex education workshop tailored to the problems and needs of these girls was offered (t1) and evaluated, as well as training on the subject of sexual re-victimisation for professionals in the cooperating facilities.

The sample of 42 girls was recruited by contacting all residential care facilities caring for adolescent girls known to us in two regions (Berlin and Munich, including surrounding areas). This covered a broad range of different types of facilities.[2] The caregivers in institutions willing to participate served as gate keepers and informed those girls who met the criteria of age, history of sexual abuse and who were considered not in danger of re-traumatisation by participating in the study. There are high barriers to the recruitment of such a sample. All girls who agreed were included. Therefore, we do not claim to be representative for sexually abused girls in residential care in Germany more generally.

All participating girls had experienced sexual violence before their placement in the residential care facility. They were between 14 and 19 years old, the average age was 16. Eighteen girls were from migrant families, eight from the first and ten from the second generation. Seven girls were in vocational training, all others were still attending school.[3]

Interviewing young people with a history of sexual violence has to take into account a number of ethical issues, even if the interviews do not focus on violent events. We applied for and received the approval of an ethics commission. Interviewers were well trained and had experience in research on sensitive topics and violence. For girls under 16 a declaration of consent by their parents or custodian was secured, in addition each girl was asked for informed consent. Each girl was given complete information about the research and data protection and was provided with contact numbers of services for victim support. During and after the interviews psychological assistance was available, if needed. There were no negative responses to the interviews.

At the first point of data collection (t_0) in summer 2015 the main focus of the qualitative, semi-structured face-to-face interviews was on generating a narrative of the history of intimate and close relationships by inviting the girls to speak freely about their experiences. At t_2 the girls spoke about developments that had occurred in the meantime and on sexual re-victimisation, if any. Additionally, more focused questions were put at the end of the interview. For ethical reasons they were not asked to disclose sexual abuse, but several opportunities were offered to do so if they wanted. Most of the girls welcomed these chances to tell their story.

The interviews were analysed by first reconstructing individual case stories and, in the next step, achieving a typology of cases by a contrasting approach. For more focused research questions, strategies of content analysis were applied. The analysis was designed as inductive, letting the individual meaning of relevant aspects emerge. Nevertheless, as the topic of biographic processes is very complex and heterogeneous, more specific additional research questions for special analyses were needed, focusing on more narrow areas of interest. According to Finkelhor and Browne's (1985) systematic differentiation of areas of the sequelae of sexual abuse we conducted more detailed separate analyses focusing on sexuality, attachment, powerlessness

and stigmatisation, keeping in mind that these aspects of development are strongly interrelated.

The following standardised measured were employed at t_0: Computer Assisted Maltreatment Inventory (CAMI) (DiLillo et al, 2010), the Trauma Symptom Checklist for Children (TSCC) (Briere, 1996) and a questionnaire on sexual scripts (Krahé et al, 2004). Based on reported levels of force, frequency and chronicity, CAMI maltreatment scales contain severity ratings which may be very different from perceived severity. Due to their predictive power (for example, English et al, 2005) there is some justification for severity ratings based on event descriptions. Among the many questionnaires on trauma symptoms the TSCC was chosen because it covers aspects of traumatic sexualisation. Caregivers in the facilities who were responsible for the girls were requested to give their assessment of behaviour problems (Parental questionnaire on the behaviour of children and adolescents – CBCL/4-18: Working group on German child behaviour checklist 1993) and to describe sexual risk-behaviours, if any (Adolescent Clinical Sexual Behaviour Inventory – Parent Report (ACSBI-P)) (Friedrich et al, 2004). Changes were made to the standardised instruments as necessary (for example, replacing the word 'parent' with 'caregiver'). At t_2 all girls who could be located and agreed to be interviewed again (n=26) were asked some questions regarding a possible sexual re-victimisation between the two time points. Questions included exhibitionism; unwanted kissing and touching; attempted rape; and unwanted confrontation with or re-enactment of pornographic pictures and films; as well as rape ('Since the last interview in 2015, has another person had sex with you (oral, anal, vaginal), against your will.'). In addition, the participating young women were asked if they had experienced violent situations with any of the following persons: as an adult who was responsible for you; someone of your own age; a partner; or anyone else.

For each single girl in the sample the quantitative data from the questionnaires for girls and for caregivers, as well as the qualitative data from the interviews, were combined in the course of the analysis. By this method, the different strengths of standardised and qualitative approaches could be united.

Results from quantitative data describing the sample

Participating girls showed a heavy burden of problems including high prevalences of maltreatment experiences. Five forms of maltreatment were investigated (sexual violence, physical violence from adult carers, violence between adult carers, emotional abuse by adult carers and neglect). In addition to sexual violence by age 14, all participants reported experiencing at least one further form of abuse. Over half of the interviewees (25 = 60%) reported experiencing all five forms of violence, which confirms a high level of poly-victimisation. The level of severity was estimated on the basis of the participants' reports of the level of force and violence they experienced. Based on this assessment, participants reported experiencing on average severe sexual violence, physical abuse and domestic violence. Factor analysis offered insight into the structure of risk experienced such that sexual violence tended to be accompanied by physical abuse, while emotional abuse was associated with neglect. Details on the factor analysis are reported in Helfferich et al (forthcoming).

At the time of the study German population norms for the Trauma Symptom Checklist for Children (TSCC) had not yet been published. Therefore, it was not

possible to reference valid cut-off scores for clinical classification of samples in Germany. However, in comparison to a non-clinical sample of vocational school attendees (n=185) (Matulis et al, forthcoming) the sample shows a much higher level of strain as reflected in the reported trauma symptoms in all seven sub-scales. In relation to post traumatic stress (PTS sub-scale) the data of the participants in this study reached an average percentile rank of 85, which means that 85 per cent of the comparison sample described less post-traumatic stress. In relation to two aspects of traumatic sexualisation – above average intensive preoccupation with sexuality (SAV-IB sub-scale) and perceived problems with one's own sexuality (SAV.SB sub-scale) – the average percentile ranks were 71 and 87, respectively. This means that the participants in our study described much higher traumatic sexualisation than participants in the comparison sample of vocational school students.

In addition to self-reported trauma symptoms, the overall burden of psychological problems was measured through reports from institutional caregivers. With the Child Behaviour Check List (CBLC) internalising problems such as depression were recorded as well as externalising problems such as high impulsivity. For the CBCL German population norms are available, with which the level of internalising and externalising problems can be categorised as clinically insignificant, at the threshold of clinical significance, and within the clinically significant range. This division demonstrates a high, but in no way perfect congruence with medical diagnoses and should therefore be understood as a rough measure of psychological problems. In our study, 36 of 41 carers completed the CBCL. According to the carers' assessment of the girls 30 out of 36 (83%) were in the clinically significant range in terms of internalising disturbances. Two girls (6%) were borderline. In terms of externalising behaviour problems, 20 girls or young women (56%) were in the clinically significant range and a further four (11%) were borderline.

It is possible to determine statistical connections between reported experiences of maltreatment (abuse, sexual violence, neglect) in childhood and psychological problems. Beyond the experience of sexual abuse, experiences of emotional abuse and neglect, which are often taken less seriously by child welfare services, are correlated with reported trauma symptoms. TSCC total raw scores showed moderately strong correlations to emotional abuse (r=0.45**) and neglect (r=0.34*). Emotional abuse and neglect jointly also increased perceived difficulties with sexuality (TSCC SAV-SB, r=0.69**). Moreover, levels of physical and sexual violence suffered by the girls and young women were moderately correlated with CBCL externalisation scores (r=0.35(*)).

Regarding sexual re-victimisation 24 of 26 participants answered questions at t_2. Six reported no further experience of sexual violence, nine had experienced moderate levels of sexual violence in the follow-up period (1 year) and a further nine had experienced rape(s) as well as other sexual violence.

Results from qualitative data

For this article, we analysed types of individual patterns of vulnerability of sexually abused girls who live in residential care in intimate relationships and peer groups. While doing this, we referred not only to trauma but also paid attention to social relationships in residential and peer groups, the history of love and sexual relationships, at the same time keeping in mind the general behaviour typical of adolescents and

their developmental tasks. Our starting point is an understanding that adolescents actively and productively organise their own development. All adolescents need to deal with age-typical developmental tasks in their respective social context and every analysis needs a critical non-affirmative gender perspective. What is specific to our sample is that the girls must also deal with the impact of sexual abuse and often other problems that led to their placement in residential care.

Pathways in the development of sexual integrity

For the 42 girls who were interviewed at t_0 four ideal-typical patterns of development of sexual integrity were identified from the qualitative biographical interviews. They are about the (non)existence of a subjective conception of a defined intimate sexual space and about the qualities of the individual boundaries: (1) no appropriate concept of sexual integrity, (2) an ineffective concept of sexual integrity, (3) fear and an inflexible concept of sexual integrity and (4) an effective concept of self-determination and sexual integrity. They reflect subjective ideas on sexuality, gained from narrations of intimate relationships. Vulnerability in sexual relationships was analysed because these relationships formed the main context in which the girls experienced sexual re-victimisation. The patterns of development led to varying degrees of vulnerability, for which we suggest suitable messages of secondary prevention tailored to the specific needs of girls included in each pattern.

As ideal types, the patterns are not static or clearly distinguished from each other in terms of individual biographies. We did not analyse singular 'risk factors' but rather developmental processes and common background conditions.

In the short-term perspective, it was stated whether a girl's representation of patterns changed from time point t_0 to time point t_2.

(1) For the first pattern – 'no appropriate concept of sexual integrity' – the qualitative interviews showed that participating girls had no concept of being entitled to be in charge of their own body and no clear concept of intimacy. Sexual attacks were not defined as violence, it was not possible to differentiate between being in love and being exploited and pain during sex was normalised. One's own wishes and needs were hardly mentioned ('Men could have their way with me as they liked.'). From a biographical point of view, this can be traced back to a prior history of severe sexual abuse or rather poly-victimisation in the family, according to the reports of those girls who are included in this pattern.

The task of a needs-oriented secondary prevention strategy for this group lies in communicating: a different meaning of intimacy; an understanding of how violence differs from love; an understanding of the connection between loving relationships and sexuality as well as the recognition and avoidance of violence and exploitation in relationships with the goal of a safer and self-determined sexuality.

> 'During sex, it did hurt, it was painful but, I mean, that's part of it.' (17 year old)

> 'I can't really distinguish between love and exploitation. I think, you can't have one without the other, in order to be loved you have to do certain things.' (18 year old)

(2) With regard to a second pattern – 'ineffective concept of sexual integrity' – participants did have a concept of sexual integrity and boundaries which included the possibility of passionate experiences; however, such experiences of intimate relationships were seen as largely beyond participants' control. Asymmetrical power relations were accepted, as was the idea that a woman must satisfy a man in order to keep him, which also includes enduring control and unwanted and/or pain-inducing sexual acts and violence. Despite attacks and the violation of boundaries, separation is not possible. Experiences of girls and women being devalued and degraded, including in sexual terms through abuse and/or domestic violence, dominated the biographies of the participants. In this case the task of a needs-based secondary prevention strategy is to provide support with recognising and formulating one's own needs and negotiating and asserting one's own needs in relationships. The goal is to develop appropriate self-esteem and to learn to value femininity.

> 'He always wanted to do things with me that I didn't really want and then he cheated on me and then I did just go along with it.' (14 year old)

> 'I don't like it anymore, because there is no more love in it. I just think: hopefully the guy will just have his damned orgasm and finish. Quite honestly, I don't think beyond that.' (16 year old)

(3) In a third pattern – 'fear and an inflexible concept of sexual integrity' – fear dominated. Characteristically, this provides an inflexible and defensive dissociation from everything that could have to do with sexuality, fear of contact with and distance to men. To some extent, negative associations of disgust and fear are explicitly connected to the abuse. Sexual activity triggers a memory of abuse which is unbearable. In terms of biography this relates to coercion and violence during sexual abuse and a poly-victimisation in childhood, but also other sources of fear in childhood, according to the reports of those girls.

The secondary prevention message which needs to be communicated in this case is to learn how sexuality may be seen as non-threatening and to find a way to deal with anxiety, or coping strategies for anxiety, and to learn how to find trustworthy friends. The message should not communicate pressure to be (hetero-) sexually active.

> 'I have tried but I couldn't, not even touching or so, nothing, I just hated it. I feel so disgusting sometimes, really so rank.' (17 year old)

> 'I simply cannot imagine it for myself. I am totally happy for others, when it makes them happy, but I can't do that, it disgusts me.' (16 year old)

(4) A fourth pattern – 'effective concept of self-determination and sexual integrity' – constitutes an adequate form of development. The notion of one's own rights is developed, as well as the ability to set boundaries, recognise one's own needs, formulate and assert them. Pursuing this pathway includes a conscious decision against relationships and sexuality or a decision to postpone sexual relationships. In this pathway we see the development of sexuality contributing little to the risk of sexual re-victimisation. Problems in other areas of development apart from sexuality are possible and require attention and good supervision while growing up. Protection

is not the centre of attention here, rather getting support with learning how to manage stigma in order to communicate safely about sexual abuse in relationships.

There were four interviews that were not covered by our typology: two transgender interview partners – girl to boy and boy to girl. They had to cope with sexual norms in the social environment in addition to their history of abuse under the specific condition of their transgender identity. Both engaged in high risk milieus (prostitution and drug scene). For two other girls, the sexual re-victimisation risk was related to their relationship to the perpetrator, with whom they wanted contact, and in so doing partly denied the sexual abuse.[4]

Pathways in the development of sexuality and sexual re-victimisation in the short term

To gain an insight into the short-term development of sexuality we applied the four-pattern model, which was developed based on the data of the interviews at time point t_0, to the interviews at the second time point. It was discussed whether the classification of any girl changed and if the way she speaks of her intimate relationships in the second interview indicates another type of pattern than shown in the first interview. While interviews at time point t0 provided information on developmental processes in the past, time point t2 focused on the assessment of the development in the limited period between t_0 and t_2. These two assessments form the beginning and the end of the short-term developmental path observed in the qualitative part of the study. The pathways showed different developmental processes: solidification of high vulnerability; improvement towards lesser vulnerability; and girls who on both occasions displayed positive and self-confident ways to handle sexual relations. There was no change from low vulnerability to higher vulnerability.

Information on re-victimisation between t_0 and t_2 was gained from the standardised questionnaire in a systematic way while in the qualitative interview it was left to the girls themselves whether they wanted to speak about further experiences of sexual violence. Because of this, subsequently we refer to the standardised data on re-victimisation for each girl and connect it to the qualitative patterns. All the girls who in both interviews were categorised in the vulnerable patterns (1) and (2), reported further (serious) experiences of violence, including rape, at t_2. The contexts in which these violations occurred were often intimate relationships from which the girls could not detach themselves. For interviewees, who had developed from a pattern of high vulnerability to the effective and adaptive pattern (4), everything was possible: some of them had experienced no further violence, while others had even been raped. Despite renewed serious violence, some were found to have a positive development. They had ended violent relationships or asserted themselves in their relationship.

> 'He will respect me now. We only have sex if I feel like it.'

Even some girls whose patterns at both points in time were categorised as the non-vulnerable pattern (4) and whose development was therefore stable and competent experienced some severe sexual re-victimisation. However, all stayed with the effective patterns showing strategies of adaptive coping. Some chose a single life:

'I don't necessarily have to have a relationship. It is stressful. You always have to be with the other person and that is not so nice.'

Discussion

Sexual re-victimisation is usually understood as victimisation at a later date following victimisation earlier by the same perpetrator or other perpetrators. However, most of the interviewed girls experienced persistent or chronic violent relationships rather than individual acts of violence. Therefore, we need to talk about patterns of continuous and repeated victimisation. In the case of sexual abuse in the family or other social or personal contexts, assaults may continue for a long time before they are stopped, often only when the affected child or adolescent is placed in residential care. Abusers are often also physically or emotionally violent or neglectful. Thus, sexual violence is but one facet of complex and persistent violent patterns. Through the use of two data points our study can estimate the frequency of sexual re-victimisation for the twelve months between t_0 and t_2. For some girls we see a sexual re-victimisation continuum in the sense of a sequential traumatisation, an accumulation of many violations that by themselves may not be traumatic but that in conjunction and over time turn into traumatic experiences (Kavemann et al, 2016: 167). While our quantitative data provided information about the statistical predictability of risk (Helfferich et al, 2017), our qualitative data showed vulnerability in a biographical dimension.

The results showed the extent of the problems with which the girls and young women, who worked with us on the study, embark upon adulthood. Yet, considering that the correlations between endangerment and various mental health indicators were only moderately high one could argue that even a history of repeated and varied experiences of maltreatment does not determine the extent of psychological problems.

Despite traumatic problems and psychological disorders, for girls and young women in residential care, improvement towards lesser vulnerability after sexual abuse and other forms of endangerment is possible. This was demonstrated particularly by the qualitative case analysis, which revealed positive developmental processes and more mature decisions to avert risk (Giordano et al, 2003). This included the formation of appropriate concepts of sexual integrity and the development of safe and reliable friendships. This result, concluded from a very vulnerable group, is of great significance for professionals, as well as survivors, because it shows that stigmatising and discouraging attributions can be counteracted and overcome.

This study goes beyond the current research in three ways: (1) In terms of a process-oriented understanding of development, (2) by combining statistical probabilities of sexual re-victimisation with the subjective perspectives of the girls surveyed and (3) through the contextualisation of so-called sexual risk behaviour. First, the study follows conceptual development (Finkelhor et al, 2011) rather than the more widespread empiricism of pure statistical correlations between experiences of abuse over time. Second, the mixed-methods approach made it possible to connect qualitative and quantitative data, both collected at two points in time, *within one sample* so that correlations among indicators could be supplemented with the subjective perspective of a 'biographical logic' of development. Thus, behaviours, which in statistical analysis are considered risk factors, in biographical analysis may appear as subjectively 'logical' moves. For instance, the lack of a concept of sexual integrity may have a biographical rationale. The formation of subjective theories, concepts and

behaviours can be interpreted in relation to the processing of negative experiences. Furthermore, the question to what extent positive experiences in social and intimate relationships can change prior concepts and behaviours can be discussed, so that risks and threats of new experiences of violence can be reduced. More specifically, in this way sexual integrity can be conceived and asserted, and general skills can be acquired for safer intimate relationships.

Third, the findings go beyond current studies in Germany (for example, Schuhrke and Arnold, 2009). For the first time in our study, individual biography and aspects of peer-culture and social environment provide a key to understanding the behaviour of girls who are seen as exposing themselves to renewed risk of sexual assault and other violence (Grauerholz, 2000).

This shift in the focus of the discussion is important for practitioners because it shows the significance of sex education. Excluding sexuality from communication with sexually victimised girls makes it difficult for those girls to speak about problems and assaults. Victims of sexual violence need the removal of sexual taboos that protect and inform at the same time. This also includes a public discourse that takes the stigma from the victim (Kavemann et al, 2016). Sexual violence is a fact and girls have a right to protection. But sexual violence also is used as a threat to discipline girls who actively articulate and live their sexual desires. The warning of sexual violence can confirm male dominance. The right to be protected has to be supplemented by being entitled to a self-determined sexuality, individual development and the licence to make mistakes without being judged.

The urgency of effective work with the particularly vulnerable target group researched in this study is emphasised by the alarmingly high rate of severe sexual re-victimisation within the fairly short follow-up period of one year. Longitudinal studies have shown that re-victimisation, in addition to the immediate harm it causes, makes it more difficult to shift to a non-vulnerable pathway (Culatta et al, 2017). Aspects of the social environment, such as educational concepts and relationships with carers in the residential facility, as well as the quality of peer relationships, play important roles as both risk factors and resources. Intervention studies need to scrutinise educational and/or therapeutic services to reduce the risk of severe sexual re-victimisation, starting with the social environment and concepts of sexual integrity, as well as with a non-vulnerable approach to sexuality.

Adolescent girls demand their own space and scope for development, they engage in sexual relationships and want to make their own decisions about their free time and relationships. In order to adequately protect and support the very vulnerable group of adolescent girls who have been sexually abused as children and live in residential facilities, interventions and prevention concepts are needed that can combine elements of trauma pedagogy, emancipatory sex education and violence prevention. In addition, sufficient therapeutic care, including elements of trauma therapy, must be provided.

Notes

[1] Forty women and one man. One girl refused to have her caregiver questioned.

[2] No national or regional register exists.

[3] Detailed information on the sample and the research methods are available online: www.soffi-f.de/files/u2/Ausfuehrliche_Darstellung_d__method__Vorgehens.pdf.

[4] A larger sample might have revealed even more patterns. In our sample the majority of girls were included in patterns 2 and 4. It could be that we had not adequately recruited girls of the other patterns. This qualitative approach cannot result in representative data.

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