Victim and Victimizer: The Role of Traumatic Experiences as Risk Factors for Sexually Abusive Behavior

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ABSTRACT

The Victim to Victimizer paradigm purports to explain the connection between being a victim of sexual abuse and becoming a perpetrator, attributing sexually abusive behavior to a predictable cycle of cognitive distortions and self-destructive and/or abusive behaviors. Integration of two ecological models, Trauma Outcome Process Assessment and Family Lovemap, provides a more comprehensive explanation of salient contributors to sexually abusive behavior in youth (i.e., trauma). A case example illustrates the parallel Trauma Outcome Process in a victim, and the victim’s perpetrator, identifying protective factors beneficial for trauma recovery.

Two decades ago a paradigm was proposed purporting to explain why juveniles offend sexually: “Victim to Victimizer” (1). Its premise: both offenders and victims have “issues of power and control” that for the victim may be “the outcome of abuse” and for the offender “triggers for offending.” Traumatic situations post victimization trigger “a progression of thoughts and feelings” which for some victims involves “a dysfunctional response cycle” (e.g., drug/alcohol abuse, eating disorders and suicide attempts). Others (those who become offenders) enact a “sexual assault cycle” (i.e., “a predictable pattern of negative feelings, cognitive distortions, and control seeking behaviors” leading to a sexual offense) (1, pp. 328-329). “Victim to Victimizer” became a popular term describing this purported link between prior sexual abuse and youthful sexual offending. Although “there is widespread belief in a ‘cycle’ of child sexual abuse, there is little empirical evidence for this belief” (2, p. 482).

A more encompassing paradigm is the Trauma Outcome Process Assessment (TOPA) model (3-7). In TOPA, outcomes of sexual abuse and other abusive trauma and subsequent behavioral responses (i.e., self-victimization and/or abuse) are viewed as a multidimensional process, intrinsically influenced by a priori risk and protective factors in key ecological domains (i.e., neuropsychological elements, family history and dynamics, community and cultural context). TOPA goes beyond the Victim to Victimizer paradigm by including a “recovery” response involving salient predisposing variables present prior to trauma (i.e., self-awareness, protective factors mitigating negative outcomes). It is congruent with another ecological model, Family Lovemap (8, 9), and both models are consistent with validation findings on the MEGA risk assessment tool for youth ages 4-19 years (10-12).

CHALLENGING THE VICTIM TO VICTIMIZER PARADIGM

Examining the hypothesized connection between prior sexual abuse and current sexual offending is daunting, given little prospective research has followed samples of sexual abuse victims over time. Studies have found sexually abused children have a significantly higher percentage of sexualized (not abusive) behaviors than normative samples (13, 14). Engaging in sexualized behavior does not necessarily imply increased risk for sexually abusive behaviors, and most victims of sexual abuse do not become offenders. The Victim to Victimizer...
A paradigm may inadvertently support the misconception that all sexual abuse victims are prone to developing sexually abusive behavior (15). This in turn may subject victims to unfounded accusations related to subsequent behaviors, eroding their self-esteem and increasing likelihood of negative outcomes.

Concepts of social learning theory (i.e., modeling [by a perpetrator] and reinforcement [for rule breaking]), along with classical conditioning (related to orgasm), provide a more viable explanation for a youth’s sexually abusive behaviors, both the initial act and a continued pattern (16). Social learning theory takes into account the multiple factors influencing whether a sexual abuse victim will become abusive, including specific behaviors that are modeled for the youth, then learned and reinforced. Those few victims who go on to become sexually abusive may tend to mirror their perpetrators, engaging in behavior that “replicates the offender’s own experience of abuse” (2, p. 482). A study of male adolescent sexual abusers with histories of childhood sexual abuse found they were likely to utilize similar methods when molesting them (e.g., babysitting, giving favors, making threats, using physical force) (16), thus supporting a social learning paradigm.

Gender must be considered when considering the dynamics involved in a victim becoming a victimizer. Girls are much more likely to have experienced multiple sexual victimizations at younger ages (17), yet girls account for only 2 to 10% of reported juvenile sex offenses (18). Biological (as opposed to environmental) risk factors may better explain the difference between males and females, whether the individual manifests sexually abusive behavior as a youth or eventually develops a paraphilia as an adult. The late sexologist Dr. John Money asserted: “the biological complexities of becoming male, coupled with other crucial developmental events, may contribute to the organism’s developing a paraphilia later” (as cited in 8, p. 93).

Although laudable in its attempt to explain behavior of sexually abused youth who become sexually abusive, the Victim to Victimizer paradigm frankly falls short in the face of the innumerable victims who, in fact, never perpetrate a sexual crime (9). The key question is: what is different about those victims that go on to sexually abuse others? A large descriptive study (N = 656, 72% of whom were youth) provides informative clinical data. Findings showed sex offenders who were previously victims of sexual abuse experienced significantly more life stressors than those without such histories (i.e., divorce/separation, trouble with the law, trouble with the law because of sex, hospitalization, hospitalization due to psychiatric illness, sex difficulties, change in residence, relationship difficulties, and school difficulties). They were also significantly more likely to have a family member who committed suicide or aggression toward others or to come from families in which a member tried to kill someone (19).

“Victims” who perpetrate sex offenses are different kinds of victims. Some do horrendous, vicious, violent, heinous, cruel things to other humans, even though they themselves may have endured such trauma. The society at large does not want to recognize these individuals as victims. They are rightly called perpetrators, as they absolutely are, but they are also victims….distinctly different from other victims. There is something about this kind of victim that may explain why they become sexual perpetrators. TOPA attempts to answer this question.

**DifferenTIAting resPOnses to sexuAL victImizaTion: the toPA model**

The ecologically based Trauma Outcome Process Assessment (TOPA) model presumes individuals have different behavioral pathways they may take subsequent
to a traumatic experience; two maladaptive (i.e., Self-victimization and Abuse) and one adaptive (i.e., Recovery and Integration) (see Figure 1). The Victim to Victimizer paradigm considers only the individual's deficits that potentially lead to dysfunctional and abusive behaviors. TOPA, on the other hand, affirms resilience in the face of daunting challenges, both acute and ongoing. Many victims cope effectively with their abuse and are neither self-destructive nor sexually abusive. Protective factors (e.g., family support, positive influences in school, work, neighborhood, and community) enable these victims to show “positive adaptation…..despite experiences of significant adversity or trauma” (20, pp. 739-740).

Figure 1 illustrates the Trauma Outcome Process pathway from experiencing a trauma to engaging in maladaptive or adaptive behavior. A priori risk and protective factors within the individual (e.g., inheritable characteristics, neuropsychological elements) and the environment (i.e., family dynamics and community and cultural influences) are represented by the oval shape shown at the top of the Figure. They invariably affect (positively or negatively) outcomes of trauma and the individual's responses. Trauma outcomes (illustrated by the first circle in the middle of Figure 1) are observed in three areas: self-regulation, expressed self-perceptions, and neurobiological symptoms (e.g., Posttraumatic Stress Disorder [PTSD]). Self-awareness (the second circle) consists of thoughts, feelings, sensations, motivations, and actions (21) and is a key variable in the model. Impaired self-awareness creates vulnerability to self-destructive and/or abusive behaviors, both at the time of the traumatic experience, but also to later “trigger events” reminiscent of the trauma.

Trigger events (depicted as a “star” at the bottom of Figure 1) may involve any of the senses (i.e., sight, hearing, smell, taste, touch); as well as actions of others; body states (e.g., hunger); and/or cognitive associations (e.g., the anniversary of a loss). Failing to connect a current trigger event to a past trauma may reflect impaired self-awareness (perhaps associated with a dissociative process), making it more likely the individual will follow a maladaptive pathway. The three behavioral pathways of the Trauma Outcome Process are illustrated by the large circles on the right side of Figure 1. The pathways of Self-victimization and Abuse overlap, indicating that an individual can sometimes be self-destructive and abusive at the same time. A circle of “Safety” surrounds Recovery and Integration, signifying a safe environment is needed for trauma to be integrated. In contrast, Self-victimization and Abuse are immersed in “Denial” which in this context is a cognitive distortion used by the individual to try to squash self-awareness. Diminished self-awareness, in a sense, is an oxymoron. Although self-awareness may be impaired, it is impossible to not have some degree of self-awareness.

A well-known case of brutal sexual abuse that occurred in the United States helps demonstrate differences between victims who become sex offenders and victims who are “victims only,” as well as serves to illustrate the three responses in the TOPA model. The example involves two qualitatively different victims: Elizabeth Smart and Brian David Mitchell. The TOPA model will examine these victims at post-victimization, considering developmental variables that come into play.

**CASE EXAMPLE: OVERVIEW**

At approximately 2 a.m. on June 5, 2002, Elizabeth Smart, age 14, was kidnapped at knife-point from the bedroom she shared with her 9-year-old sister. According to her testimony at the trial of her abductor (Brian David Mitchell, age 49 at the time of the kidnapping), Mitchell forced her to hike through 4 miles of rough terrain in the hills behind her home until they arrived at his campsite. There (in the consenting presence of his wife) he performed a “marriage ceremony” after which he raped Elizabeth; then shackled her ankle to a heavy metal cable between two trees, where she was tied for 6 weeks (22, 23). Mitchell and his wife Wanda Barzee (age 57 at the time) held Elizabeth captive for 9 months, during which time Mitchell raped her “on a daily basis up to 3 to 4 times” (24, p. 11). Elizabeth reported she was forced to watch Mitchell and Barzee engage in sexual acts, and then repeat them with Mitchell. She claimed Mitchell forced her to drink alcohol, take drugs, and smoke cigarettes, and once allowed her to lie in her own vomit following drinking (22, 23).

Brian David Mitchell, like Elizabeth, also experienced severe trauma as a child. Per the report of his siblings, there was significant parental discord and “all of the children were exposed to physical and verbal abuse” (25, p. 51). In one instance, Brian’s father allegedly beat him with a garden hose (26). His father once left him in an unknown location, several miles from home, telling him that “if he didn't like where he lived, he could live on his own” (25, p. 51). Brian, about 9 or 10 at the time, borrowed money from a passerby, and found his way home (27). Shadows of this experience were perhaps evident some 37 years later when Brian Mitchell kidnapped
Elizabeth Smart and took her to his isolated campsite. Thus a “victim” became a “victimizer.”

Elizabeth Smart and Brian David Mitchell share many characteristics. Both grew up in Salt Lake City, Utah, in intact two-parent Caucasian families with multiple siblings; and both families were practicing members of the Church of Jesus Christ of Latter Day Saints (Mormons). As children, both were involved in activities outside of school (i.e., Cub Scouts and Little League for Brian, and playing a musical instrument [harp] for Elizabeth). Both fathers were professionals who dealt with the public, although their professions reflected differences in socioeconomic status. Elizabeth’s father was a successful real estate developer and the Smart family lived in a million dollar home in an affluent area of the city. Brian’s father was a social worker and the Mitchell family frequently changed residences (i.e., living in four or five apartments, with the paternal grandmother, and in a house the father constructed) (27). Despite their similarities, the a priori risk and protective factors of Elizabeth and Brian were distinctively different, perhaps accounting for their divergent outcomes and contrasting behavioral responses post trauma.

**BIOLOGICAL AND NEUROPSYCHOLOGICAL RISK FACTORS FOR SEXUALLY ABUSIVE BEHAVIOR**

The effects of traumatic experiences on the brain are well documented, affirming the brain is “the organ mediating the adaptive – and maladaptive – responses relating to traumatic stress” (28, p. 1). Negative outcomes of traumatic experiences are integrally linked to neuropsychological risk factors that may include, but are not limited to distorted self-perceptions and impaired self-regulation (29-31). Difficulties in executive functioning often seen in sexual abusers (e.g., attention deficits, poor self-regulation, impulsivity) may have little to do with the “dysfunctional response cycle” (1) of Victim to Victimizer, but rather reflect biological complexities affecting brain functioning, including inheritable characteristics (30, 32). The MEGA risk assessment validation studies found a good percentage of youths in the samples (N = 1184 and N = 1056) had neuropsychological difficulties (e.g., low intellectual functioning, impulsivity, attention problems, learning disabilities), variables found to be associated with risk for coarse sexual improprieties and/or sexually abusive behaviors (10-12). The MEGA research empirically supports the TOPA premise that a priori ecological risk factors are related to the victim to victimizer dynamic. Neuropsychological difficulties profoundly affect outcomes of traumatic experiences, and as seen in the MEGA data, perhaps relate to an individual’s vulnerability to engage in the Abuse response of the TOPA model.

Many youth develop Posttraumatic Stress Disorder (PTSD) secondary to sexual abuse and other severe traumatic experiences, manifesting clinical symptoms of: (a) reexperiencing (e.g., flashbacks, nightmares, reenacting the trauma); (b) avoidance of cues associated with the trauma; and/or (c) hyperarousal/physiological responses (i.e., increased heart rate, blood pressure, respiration, and muscle tone) (33). Victims who experience symptoms of PTSD typically have difficulties in self-regulating emotions, sometimes alternating between being: (a) emotionally overwhelmed by symptoms of intrusiveness and hyperarousal; or (b) emotionally shut down and detached, as seen in avoidance, numbness, and in some cases dissociation.

Symptoms of PTSD are often part of the TOPA Self-victimization response and relate to the individual’s awareness of feelings, thoughts, and body sensations associated with a particular trauma (see Figure 1). The Self-victimization response is characterized by problems in self-regulation and distorted self-perceptions including: suppression and avoidance of feelings; possible explosive episodes (directed toward self, not others); deteriorating self-esteem; and self-destructive behaviors (i.e., suicidal gestures or attempts, substance abuse, eating disorders, placing self in dangerous situations) (3, 7).

PTSD is hypothesized to be frequently present for sexually abusive youth who have histories of significant trauma. Rates of prior sexual abuse vary considerably across studies (0 to 80%) but “are almost always found to be higher than the general population” (16, p. 277). Likewise, up to two thirds have histories of physical abuse and/or histories of domestic violence (34). Hunter asserted, “PTSD in juvenile sex offenders appears to be high and its presence very likely directly or indirectly impacts the behavior and treatment outcomes of afflicted youth” (34, p. 368). However, to date, only one study has provided incidence data of PTSD; of 40 adolescent sex offenders, two thirds met diagnostic criteria for PTSD. For 85% of these youth, triggers for sexual offending were reportedly related to factors associated with their trauma (35).

History of sexual abuse specifically “may play a direct role in the emergence of sexual behavior problems in some youth, and very likely exacerbates the sexual behavior problems of many others.” (34, p. 368). A review of 45 studies comparing sexually abused and non-abused
children found two symptoms consistently differentiated the two groups: sexualized behaviors and PTSD (36). It may be that the two symptoms are interrelated, that is, children who are sexualized may manifest underlying PTSD (intrusive symptoms) which may then manifest as “repetitive reenactment of their victimization experience” (34, p. 368).

**Brian David Mitchell.** A priori neuropsychological risk factors are evident for Brian Mitchell, whose family history reflects serious mental illness and an obsessive focus on religion. Brian’s paternal grandfather reportedly had a mental disorder and history of psychiatric hospitalization. His father, Shirl Mitchell, reported having unusual spiritual experiences (e.g., hearing a voice when he was a boy saying “You are Christ”) (27). Shirl Mitchell spent over 50 years writing a “1066 page tome” entitled *Spokesman of the Infant God or Goddess.* He claimed to be the “divine emissary” spoken of in the tome and quit his employment in order to work fulltime on the document (25, p. 51).

Brian Mitchell began to show signs of serious mental illness by age 32, and at age 49, when he kidnapped Elizabeth, Mitchell was a self-proclaimed prophet, unkempt with long beard and dressed in a white robe. He claimed he was called by God to reform the Mormon Church (referring to himself as Immanuel David Isaiah). Like his father, he wrote a spiritual manifesto (i.e., the 27-page *Book of Immanuel David Isaiah*), which contained a purported commandment from God for him to forcibly take “seven times seven” sisters to be his wives. His obsession with polygamy appears to be the primary motivator for his kidnapping Elizabeth Smart (25, p. 51).

According to the TOPA model, Mitchell's mental illness put him at risk for distorted self-perceptions (i.e., grandiose religious delusions) and poor self-regulation, and impaired his self-awareness. Evidence of problems in self-regulation is clear in Brian's history. Shirl Mitchell described his son as physically aggressive to his siblings, frequently truant from school and “isolated...in his own world” (27). As an adolescent, Brian abused drugs and alcohol, which continued throughout his adult life, including during the 9 months when he held Elizabeth Smart captive. At age 16, Brian began to manifest sexually abusive behavior when he was arrested for luring a 4-year-old girl to his home, exposing himself and asking her to touch his penis (25). Brian's responses to his childhood trauma include behaviors characteristic of the TOPA Self-victimization response (i.e., substance abuse), as well as behaviors that were clearly abusive (i.e., aggression, luring a child, exposing himself, and kidnapping and sexually assaulting Elizabeth Smart).

**Elizabeth Smart.** There was an absence of psychiatric illness and/or hospitalizations in Elizabeth Smart’s family. There were no reports that Elizabeth had any problems prior to her kidnapping. She was described as a “kind, smart, shy and obedient child” and “an intelligent and diligent student” (37). Elizabeth was an accomplished harpist, an avocation requiring intense focus, concentration, and the self-discipline of daily practice sessions, thus demonstrating she had a good ability to self-regulate. She was also skilled in horseback riding and was a long distance runner who was training to compete in cross-country racing (37), activities that likewise required focus, concentration and self-governance.

At first glance, Elizabeth Smart appears to have escaped having PTSD, self-destructive behaviors or other indicators of the Self-victimization response, despite the terrible nature of her trauma. She did not report any PTSD symptoms (e.g., intrusive thoughts, nightmares, hyperarousal) and, surprisingly, did not avoid cues associated with the horrendous things she endured. On the night of her rescue from her perpetrators and reunion with her family (after 9 months of captivity), she elected to sleep in the bedroom (and same bed) where she was kidnapped, remarkably telling her family “don’t worry; I’ll be here in the morning” (38). A few weeks after her return home, she hiked with her family to the campsite where Mitchell had taken her and later said, “It felt triumphant!” (38). Elizabeth’s initial comment (“don’t worry; I’ll be here in the morning”) is perplexing. Does it reflect Elizabeth’s resilience in the face of severe trauma? Does it evidence aspects of family intimacy, that is, Elizabeth’s trust that her parents will protect her? Or is her comment reflective of denial, that is, lack of self-awareness of the egregiousness of her trauma and its profound emotional effects? Does it represent deficits in Elizabeth’s ability to be self-nurturing, sensitive and attentive to the emotional wounds from her trauma?

Over the years of Elizabeth’s recovery, there were no reports of emotional outbursts, problems with self-esteem, or anger problems or abusive behaviors. On the contrary, in an interview with Oprah Winfrey 6 years after her kidnapping, Elizabeth stated, “I'm doing great. I don't see myself different than anybody else” (39). Some adult sexual abuse survivors have challenged the validity of Elizabeth’s statements, claiming Elizabeth could not possibly have endured the atrocities she reported (e.g., being raped over 1000 times in a 9 month period) without
subsequently showing emotional distress and PTSD symptoms. They speculate Elizabeth has either denied or repressed her feelings (possibilities in the TOPA Self-victimization response), or is hiding something and lying about what happened to her (40). These survivors assert that Elizabeth’s claim of a relatively quick and purportedly complete recovery (without having therapy) (38) does a disservice to the thousands of rape victims and other sexual abuse survivors who suffer years of emotional pain and PTSD symptoms subsequent to traumas similar to those Elizabeth experienced. The TOPA model would support that it is possible, albeit very rare, for a trauma victim to emerge relatively unscathed from extreme trauma, provided there are protective factors in a priori neuropsychological functioning, family dynamics and community support. However, the TOPA model would also support that it is possible to deny the effects of one’s trauma, to hide or suppress one’s feelings, thereby increasing one’s vulnerability to maladaptive self-destructive and/or abusive responses later on (3, 7).

**FAMILY RISK FACTORS FOR SEXUALLY ABUSIVE BEHAVIORS**

The Victim to Victimizer paradigm explores the internal motivators (i.e., feelings and thoughts) of a sexually abusive youth’s behavior, but fails to consider how environmental influences affect the youth’s motivation. Severely disturbed sexually abusive children typically come from chaotic family environments characterized by enmeshed or disengaged relationships, role reversal between parent and child, and/or loss of a parent through death, separation, or divorce (41, 42). The great majority of sexually abusive youth have experienced some type of abuse (i.e., sexual, physical, exposure to domestic violence, neglect) (10-12, 32, 43). Many sexually abusive youth have also been subject to other types of trauma (e.g., serious life threats and/or injuries, witnessing injury and/or death of another, involvement in gang violence, and/or family criminal lifestyle) (44).

A meta-analysis of 59 studies compared 3,855 adjudicated male adolescent sex offenders and 13,393 adjudicated male adolescent nonsexual offenders (some of whom may have been sexually abusive) (45). They found the adolescent sex offenders were more likely to have been sexually abused, exposed to sexual violence in their family and/or experienced other types of abuse or neglect (consistent with the research reviewed above). They had more anxiety and problems with low self-esteem. All of these variables are important when assessing the outcomes of prior trauma for sexually abusive youth.

TOPA and another ecological model, the Family Lovemap (8, 9), emphasize that both internal and environmental factors must be considered when assessing youth who have coarse sexual improprieties and/or are sexually abusive. The Family Lovemap paradigm describes how intimacy is expressed or not expressed in a family. Family Lovemap includes “a family’s hereditary predispositions or manifestations of inheritable characteristics, its history of romantic bonding, erotic bonding, reproductive bonding, and the products of such (i.e., the sexualities)” (9, p. 96). Traumatic abusive experiences occurring within the family impact the youth’s Family Lovemap. This can be seen in two important areas, first the degree of attachment, love and caring between children and their parents (4, 41); and next, the children’s ability to make and sustain relationships (8,10,11) and relate socially with their peers (45, 46).

The TOPA model asserts sexually abusive behavior may emerge, not only subsequent to sexual abuse, but also when violence in the home is coupled by a high degree of sexual awareness engendered by a sexualized environment, although not necessarily sexual abuse (47). Children may be “eroticized,” that is, “prematurely exposed to sexual material through any media form (e.g., TV, Internet, still photos, DVD/video recordings of movies, writings, tapes, songs) beyond their sexual developmental readiness age (Miccio-Fonseca, 1993)” (48, p. 89). This may include “actual sexual behaviors, either observed, or participatory” (48, p. 96). Seto and Lalumière’s meta-analysis (45) is also relevant here: the study not only found that adolescent sex offenders were more likely to be sexually abused than adolescent non-sexual offenders; they were also more likely to be socially isolated, have early exposure to pornography, and show more atypical sexual interests.

**Brian David Mitchell.** Brian Mitchell’s history is replete with risk factors related to the Family Lovemap. Abuse and/or neglect often impair erotic and romantic development and contribute to “a ‘vandalized Lovemap’ (Money, 1986a, 1986b)” (8, p. 96). For Brian, this is seen in physical aggression between him and his mother and alleged emotional abuse and neglect from his father (i.e., being left in an unknown area to find his way home). Although he grew up in a two-parent home, there was conflict in his parents’ marriage and they eventually divorced. His father’s testimony at his trial indicated Brian’s physical aggression toward his mother and sister resulted in him being sent to live with his paternal grandmother. Brian had difficulty engaging in and maintaining...
relationships, as evidenced by his father’s statements that Brian's childhood and adolescence were characterized by “alienation” (27). As an adult, his ability to relate to others was skewed, as evidenced by poor reality testing, religious delusions, and erratic and bizarre behaviors. In aggregate, these behaviors reflect an inability to relate to, or have concern or empathy for others. According to the Family Lovemap model, the degree of sexual violence that Brian perpetrated against Elizabeth (i.e., using a weapon, making lethal threats, raping her on multiple occasions) reflects an individual with profound intimacy deficits, coupled with a history of problems in expressions of intimacy within his family (9).

When interviewed following his son's arrest for the kidnapping of Elizabeth Smart, Shirl Mitchell reported that Brian “was a latchkey kid” who had access “to books of an erotic nature maybe too much – novels that I’d bring into the house” (49). The author of the Family Lovemap model asserts that sexually abusive individuals “often come from unorthodox, unconventional families, having sexually deviant proclivities or unorthodox lifestyles traceable from prior family generations (Miccio-Fonseca, 1994)” (8, p. 96). There are indications in Mr. Mitchell's history that he, like his son, had unconventional sexual interests. In Spokesman for the Infant God or Goddess, the senior Mr. Mitchell ruminated on sexual topics (e.g., erotic play by children, sex between teens) and disclosed having “an addictive voyeurism” (i.e., he fondled young girls as a child and peeped in women’s windows as an adult) (50).

Elizabeth Smart. Family Lovemap centers on the capacity for intimacy in a family as it is played out through a family’s previous generations, ultimately influencing a youth’s ability to have and sustain trusting, close and intimate relationships with the world at large (10). Elizabeth Smart’s history appears on the surface to be absent major problems in family relationships. She came from an intact family (no separation from parents) and was not a victim of physical or emotional abuse or sexual abuse or neglect. Her parents have appeared caring and supportive; her relationships with her four siblings were harmonious; and she has had a network of close friends, both before and after her kidnapping. Support from family and close friends is a protective factor that may mitigate negative outcomes of traumatic experiences, as it apparently did for Elizabeth. However, the long-term effectiveness of support as a protective factor is contingent on whether it is consistently rich and sustaining, or infrequent and sporadic, with extended periods when support is largely absent. In the TOPA model, inconsistent emotional support erodes the sense of “safety” needed to facilitate the adaptive response of Recovery and Integration (see Figure 1).

COMMUNITY AND CULTURAL INFLUENCES
Cultural factors are important to consider when assessing trauma outcomes and responses post trauma. The role of community and cultural factors is not taken into account by the Victim to Victimizer paradigm; rather, all victims of sexual abuse are assumed to be vulnerable to similar cognitive distortions and predictable patterns of dysfunctional behavior. Both TOPA and the Family Lovemap consider these ecological factors to be integral in influencing trauma outcomes and individuals’ responses (particularly when abuse or other trauma occurs within the family). According to TOPA, a specific culture’s view on abuse may adversely impact youths who have experienced sexual abuse and contribute to maladaptive responses, to include self-victimizing or abusive behavior (3, 5). Likewise, the Family Lovemap paradigm considers the individual’s culture among “the fundamentals of a family’s combined biological, physiological, psychological, sexual, social, and cultural history” (8, p. 96).

A youth’s relationship with the social environment includes immediate connections with neighborhood and community, that is, “those entities with which the individual has direct communication, involvement, and some degree of influence (e.g., school, work, church congregation, clubs, and medical, mental health, and social services)” (51, p. 26). Aspects of the family’s environment (e.g., poverty, unemployment, instability of residence) create ecological risk factors that impact children’s ability to form stable interpersonal relationships, inhibit formation of a positive support system, and place them at greater risk for sexually abusive behavior and maladaptive responses to trauma (3, 5, 41). A supportive environment in a youth’s immediate social connections within a culture is an essential component for promoting adaptive coping with the effects of abuse trauma (52).

Brian David Mitchell. Brian’s family reportedly made several changes of residence during his childhood and adolescence (27). The family was described by neighbors as “Mormon, frugal, and a little weird,” perhaps due to their unusual dietary practices (i.e., eating only wheat products and vegetables) and the fact that all children were born at home (26). Other reports indicate Brian’s parents “were not especially active in the [Mormon] church” (25, p. 51). From these statements, one may infer that the family may have been somewhat lacking
in community support, which may have contributed to Brian's own isolation.

Elizabeth Smart. Community and cultural support are seen in the strong connection of Elizabeth Smart and her family with their faith, the Church of Jesus Christ of Latter Day Saints (Mormon) and its social network. Over 700 of the Smart's neighbors in their predominantly Mormon neighborhood showed up to help search for Elizabeth in the days following her kidnapping (53). In an interview 10 years after her kidnapping, Elizabeth attributed her survival and her remarkable recovery to: “my family, and to my friends and community who really supported me, who really loved me and who never treated me any different” (54).

The community support evident in Elizabeth's experience (i.e., 700 people searching for her) is atypical and unprecedented. Victims of sexual abuse typically do not experience such an outpouring of support from their families and communities. Support and/or community resources may be absent altogether – or intermittent and inconsistent. For many victims, messages received from others are not helpful or encouraging, but rather blaming and discounting. Victims may encounter such statements as: “It's your fault because of the way you dressed”; “What happened to you is no big deal; other people have had it much worse”; and “Why don't you just get over it?” Such statements may echo similar statements made by the perpetrator at the time of the abuse (3). Events that occur once abuse is discovered (i.e., negative reactions from family members, inadequate interventions from law enforcement and child welfare) can be almost as traumatic as the abuse itself. Victims are often isolated and feel alone, making them vulnerable to TOPA's Self-victimization response. Contrary to the experience of many victims, Elizabeth Smart was enthusiastically welcomed home after her captivity, then sheltered by her parents and nurtured by her family and friends, thus enhancing the possibilities of recovering from and moving beyond the horrific trauma she experienced.

Recovery and Integration

The ecologically-based TOPA model helps explain why some victims like Elizabeth may not evidence PTSD symptoms or other behaviors indicative of the Self-victimization or Abuse responses. Such victims remain relatively intact and are able to engage in a process of Recovery and Integration of their traumatic experiences. According to TOPA, such recovery is facilitated by protective factors, particularly emotional support from family and community, consistent with other authors who have stressed the importance of protective factors and influences in mitigating effects of trauma (20, 55). The keys for opening the door of Recovery and Integration are self-awareness and safety (see Figure 1). An emotionally supportive environment creates a safe therapeutic space wherein the traumatized victim can sort through the conflicting thoughts and feelings associated with the trauma, take responsibility for his or her recovery, and grieve the losses engendered by the traumatic experience (3, 7).

After being rescued by police from her kidnappers, Elizabeth Smart successfully reunited with her parents and five siblings, reintegrated socially with a network of positive friends, and resumed her school activities, horseback riding, and harp performances and recitals. She went on to major at music performance at Brigham Young University, then completed a successful missionary experience in France for the Church of Jesus Christ of Latter Day Saints. She testified articulately at her abductor's trial and spoke to the United States Congress at the signing of the 2006 Adam Walsh Child Protection and Safety Act (i.e., a U.S. Federal statute that imposed lifetime registration on the most serious sex offenders [56]). An advocate for victim rights, Elizabeth has made numerous appearances at child abuse conferences across the country and discussed her trauma and recovery. She recently married a young man she met on her Mormon mission to France, and was hired by ABC news as an expert on missing persons' cases (57).

All reports indicate Elizabeth has made an extraordinary recovery from the egregious long-term trauma of being kidnapped at knifepoint, held captive for 9 months, and repeatedly sexually assaulted. Remarkably, Elizabeth's recovery was accomplished without therapy. She declined therapy, although her parents offered it. In an interview 6 years following the kidnapping, she explained, "I don't feel the need to talk about what happened to me, but if I do, I know my family is there” (38). Elizabeth Smart evidently was able to find a therapeutic space of safety through the emotional support of her family, her music and her religion. Unlike many sexual abuse victims, Elizabeth was able to see her perpetrator arrested, charged, and ultimately brought to justice, which was perhaps vindicating and allowed her to move on. At the time of Mitchell's sentencing, Elizabeth proclaimed, “I have forgiven him……I am at peace with what's happened” (58).

Elizabeth's story causes pause. Her courage – in facing her perpetrator and testifying for several days against
him – and her resilience – in embracing her life and moving forward – are admirable. Her recovery, however, provokes lingering questions. How does one recover from the terror of being kidnapped at knifepoint and 9 months of captivity and repeated and brutal sexual assaults? The answers are perhaps found in the TOPA model.

**SUMMARY**

The overall conclusion of this review is that the Victim to Victimizer paradigm, while it perhaps explains sexually abusive behavior in some youth, is restrictive, attributing sexually abusive behavior solely to distorted patterns of thinking and patterned behaviors. Responses to traumatic experiences (as demonstrated by the Elizabeth Smart case) are inherently more complex, influenced by the neuropsychological workings of the executive functions of the brain and environmental context of family, culture, and community. The Victim to Victimizer paradigm does not consider these complexities.

Two contemporary ecological models provide comprehensive and multidimensional explanations of the relationship of prior sexual abuse and sexually abusive behavior: Trauma Outcome Process Assessment (TOPA) and Family Lovemap. These models are supported by contemporary empirical research on sexually abusive youth (10-12) and thus provide a more evidence-based explanation of sexually abusive behavior than the Victim to Victimizer paradigm.

The above case example of Elizabeth Smart and Brian David Mitchell serves to illustrate how TOPA can differentiate between victims of abuse who cope effectively with their trauma and those who manifest maladaptive behaviors that may be self-destructive and/or sexually abusive. A notable limitation of the case example is that it is part of the public domain and well known throughout the U.S. Information about such cases is often inflated and possibly peppered with inaccuracies. The author took steps to ensure that information about the case was well documented and cross-checked. Official sources (court records, psychiatric evaluations) were utilized whenever possible. Other sources utilized were reputable and respected news organization generally recognized as a reliable news sources. Included in the information reviewed were direct interviews with Elizabeth Smart (including some that were videotaped). The result is a case study that provides an in-depth analysis of the dynamics of victim to victimizer in a sexual abuse case and serves to show the application of the TOPA model.

**References**

22. Salt Lake Tribune Utah News (November 8, 2010). Nov. 8 transcript:
Elizabetta Smart, blog (n.d.). Elizabeth Smart raped up to 1,000 times, forced into

Free C, Tresniowski A. Heroes of the year. People 2008; 69. Retrieved May 6,

Oprah. Elizabeth Smart, John Ramsey: The stories that captured the


American Psychiatric Association. Diagnostic and Statistical Manual of

Venziano C, Venziano L. Adolescent sex offenders: A review of the

Carroll S. Sexual trauma and never needed therapy? Evil sits at the dinner table. Retrieved

Salt Lake Tribune Utah News, November 9, 2010. Nov. 9 transcript: Shirl


Perry B. Stress, trauma, and post-traumatic stress disorders in children: An


Smolowe J. Elizabeth Smart “I forgive him.” People 2011; 75(22).


United States District Court for the District of Utah Central Division, Case 208CR125, October 1, 2009, Elizabeth Smart testimony.


Streeck-Fischer AS, van der Kolk BA. Down will come baby, cradle and bull 1993; 113:164-180.


United States District Court for the District of Utah Central Division, Case 208CR125, October 1, 2009, Elizabeth Smart testimony.

