

Childhood sexual abuse victimization and later sexual offending: A narrative review

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ABSTRACT

Background: Child sexual abuse (CSA) is a major public health, child-protection, and psychosocial concern associated with adverse psychological, behavioural, interpersonal, and social outcomes. A frequently discussed hypothesis is that some survivors may subsequently engage in sexual offending. However, the evidence is heterogeneous, and a history of CSA should not be treated as a deterministic pathway to later offending. **Objective:** To review the literature on the association between childhood sexual abuse victimization and subsequent sexual offending and to identify individual, abuse-related, family, interpersonal, and social factors that may increase or reduce this risk. **Methods:** The manuscript reports a narrative review of 57 studies published between 1993 and 2021, identified primarily through Google Scholar and covering approximately 39 journals. The original manuscript did not document a reproducible search strategy, detailed eligibility criteria, or a formal risk-of-bias assessment. Accordingly, the present article is framed as a narrative synthesis rather than a systematic review or meta-analysis. **Results:** The reviewed literature provides mixed evidence. Some retrospective, clinical, and offender-sample studies report an association between childhood sexual abuse and later sexual offending, whereas prospective population-based studies indicate that only a minority of sexually abused children subsequently become sexual offenders and that many sexual offenders do not have a documented history of childhood sexual abuse. Additional factors—including other forms of maltreatment, family violence, neglect, inadequate supervision, problematic sexual behaviour, attachment difficulties, and broader social and developmental vulnerabilities—may influence outcomes. **Conclusion:** Childhood sexual abuse may be associated with later sexual offending in a subset of survivors, but the evidence does not support an inevitable or deterministic victim-to-perpetrator pathway. Prevention and intervention should therefore focus on trauma-informed care, early identification of problematic sexual behaviour, strengthening safe and supportive relationships, addressing co-occurring maltreatment and substance use, and improving access to child-protection and mental-health services.

Keywords: Child sexual abuse; sexual offending; victimization; risk factors; protective factors; trauma

INTRODUCTION

Child sexual abuse (CSA) is a significant public health and child-protection concern with consequences that may extend across childhood, adolescence, and adulthood. Evidence from India

indicates that CSA affects both boys and girls and is associated with substantial physical, behavioural, social, and mental health consequences.^[1] The consequences of sexual abuse are heterogeneous: affected children may present with post-traumatic stress symptoms, behavioural

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difficulties, sexualized behaviours, anxiety, depression, or other problems, while some children may show few or no overt symptoms.^[2]

The relationship between childhood victimization and later offending has attracted considerable attention. The proposed “victim-to-offender” or “cycle of abuse” hypothesis suggests that a subgroup of people who experience sexual abuse may subsequently engage in sexually abusive behaviour. Early clinical literature and retrospective studies have reported such an association.^[3,4] However, the existence of an association in selected clinical or offender samples should not be interpreted as evidence that CSA causes later sexual offending or that most survivors follow such a trajectory.

Several studies illustrate the complexity of the association. Glasser et al. reported a relationship between childhood sexual abuse and later perpetration among a minority of male perpetrators in a high-risk forensic sample, while the evidence among female participants was much more limited.^[4] Salter et al., in a longitudinal study of 224 previously sexually abused males, found that 26 subsequently committed sexual offences; importantly, the authors concluded that most male victims did not become sexual offenders and identified additional childhood risk factors among those who did.^[5] These findings support a vulnerability model rather than an inevitable cycle.

Subsequent research has produced similarly mixed findings. Siegel and Williams found that childhood sexual abuse predicted certain forms of later offending among women, but familial neglect and other forms of abuse were also important.^[6] Loh and Gidycz found a significant association between childhood sexual victimization and sexual assault perpetration at baseline, but childhood sexual assault did not predict perpetration during prospective follow-up.^[7] A large birth-cohort study by Leach et al. found that only a small proportion of boys with confirmed sexual abuse subsequently became sexual offenders, providing important evidence against a deterministic interpretation.^[8] Wisdom and Massey likewise directly examined the common belief that sexually abused children grow up to become sexual offenders and found that the evidence did not support such a simple conclusion.^[9]

The evidence also indicates that CSA rarely occurs in isolation. Family violence, neglect, inadequate supervision, other forms of maltreatment,

attachment difficulties, antisocial behaviour, substance use, and social adversity may coexist with CSA and may influence later outcomes.^[10-16]

The clinical and social work significance of these interacting factors is substantial because they provide potential targets for prevention and intervention.

A further issue concerns gender. Most perpetrators of child sexual abuse are male, whereas both boys and girls may experience CSA. Reviews have suggested that the association between childhood sexual victimization and later sexual offending may be more evident in some male subgroups and may depend on characteristics such as severity, duration, age at abuse, relationship with the perpetrator, and experiences of power and powerlessness.^[17, 18] Evidence concerning female perpetrators remains comparatively limited and should not be generalized from small or highly selected samples.

The present review therefore aims to examine the literature critically rather than to assume the existence of a universal victim-to-perpetrator cycle. Particular attention is given to the strength and limitations of the evidence, co-occurring risk factors, protective factors, and implications for psychiatric social work.

OBJECTIVES

1. To synthesize evidence concerning the association between childhood sexual abuse victimization and subsequent sexual offending.
2. To identify individual, abuse-related, family, interpersonal, and social factors that may influence this association.
3. To identify protective and intervention-related factors that may help interrupt adverse developmental pathways following CSA.

METHODS

The present article is a narrative review based on the literature assembled in the submitted manuscript. The original manuscript reported that 57 studies published between 1993 to 2021 were identified, primarily through Google Scholar, and that the literature was drawn from approximately 39 journals. Because the original manuscript did not provide a reproducible search string, a complete list of databases, explicit inclusion and exclusion criteria, a study-selection flow diagram, or a formal risk-of-bias assessment, the review is not presented as a systematic review or meta-analysis.

The evidence was synthesized narratively and organized according to the principal question of whether childhood sexual abuse is associated with later sexual offending, followed by examination of potential individual, abuse-related, family, interpersonal, and social factors. Studies addressing broader childhood maltreatment or general violence were retained only when they contributed to understanding contextual or developmental pathways; they are not treated as direct evidence that CSA leads to sexual offending.

The original manuscript reported thematic proportions of 39%, 19%, 18%, 16%, and 9% across five categories. These figures are not retained as effect estimates because the coding rules, allocation of studies to categories, and denominator are not sufficiently documented, and the reported percentages sum to 101%. They therefore cannot be interpreted as probabilities, prevalence estimates, or effect sizes. In particular, the earlier statement that “39% of victims” become perpetrators was incorrect: the 39% figure referred to the proportion of included studies classified by the authors as identifying CSA history as a relevant factor.

RESULTS

The reviewed literature was heterogeneous in design, population, outcome, and quality. Evidence came from retrospective clinical and forensic samples, longitudinal studies, cohort studies, comparative studies, and reviews/meta-analyses. This heterogeneity is important because retrospective studies conducted among known offenders can produce substantially different estimates from prospective population-based studies.

Evidence supporting an association. Glasser et al. reported that among 747 male patients in a specialist forensic psychotherapy setting, a history of sexual abuse was more common among perpetrators than non-perpetrators; the authors concluded that the data supported a victim-to-victimizer cycle in a minority of male perpetrators.^[4] Salter et al. followed 224 former male victims of sexual abuse and identified 26 who later committed sexual offences.^[5] Importantly, risk was associated with additional childhood experiences, including material neglect, lack of supervision, sexual abuse by a female person, and witnessing serious intrafamilial violence.^[5]

Christopher et al. examined 142 women in a prison sample and found that the women who had committed sexual offences reported more frequent and longer childhood sexual abuse than non-sex offenders.^[19] The study is relevant to female offending but cannot establish that CSA itself caused later offending because the sample was highly selected and other personality and psychosocial factors were examined as possible mediators.^[19] Similarly, Burton et al. found that sexually victimized male adolescent sexual abusers showed more severe developmental antecedents and behavioural difficulties than nonsexually victimized sexual abusers.^[20] These findings suggest heterogeneity within offender populations rather than a universal pathway from victimization to offending.

Meta-analytic evidence also indicates an association but requires careful interpretation. Whitaker et al. reviewed 89 studies and identified family factors, externalizing and internalizing behaviours, social deficits, sexual problems, and attitudes/beliefs as broad categories associated with child sexual offending.^[21] Jespersen et al. found that adult sex offenders had a higher prevalence of reported childhood sexual abuse than non-sex offenders, with an odds ratio of 3.36 (95% CI 2.23-4.82).^[22] However, an association between abuse history and membership in an offender group does not establish that an individual survivor will become an offender.

Evidence challenging a deterministic pathway. Loh and Gidycz reported that childhood sexual victimization was associated with sexual assault perpetration at baseline, but prospective analyses did not show that childhood sexual assault predicted perpetration during follow-up.^[7] Leach et al. studied a very large male birth cohort and found that only 3% of boys with official notifications for sexual abuse subsequently became sexual offenders; only 4% of sexual offenders had a confirmed history of sexual abuse.^[8] Widom and Massey similarly found that the commonly held assumption that sexually abused children grow up to become sexual offenders was not supported as a simple deterministic proposition.^[9] These prospective findings are particularly important when interpreting retrospective offender studies.

Broader maltreatment and developmental pathways. Studies of childhood maltreatment more generally indicate associations with later offending and violence, but they should not be equated with

evidence specific to sexual offending. Watts and McNulty found that childhood physical and sexual abuse predicted adolescent offending, with some gender-specific mediation through depression symptoms and maternal closeness.^[23] Topitzes et al. examined child maltreatment and later violent offending and highlighted the importance of gender and potential mediating mechanisms.^[24] Salzinger et al. showed that personal relationships mediated or moderated the association between preadolescent physical abuse and later violent delinquency.^[25] These studies support a developmental and ecological interpretation but do not demonstrate that CSA specifically produces later sexual offending.

Early sexually problematic behaviour may represent an important intermediate outcome in a subgroup of male survivors. Hershkowitz found that a small proportion of alleged male CSA victims subsequently appeared in records as child suspects of sexually intrusive behaviour, and that personal, family, and abuse characteristics differentiated those with and without such records.^[26] This supports early identification and intervention rather than assuming future offending.

Potential moderators and mechanisms. Thomas and Fremouw proposed a model in which victim characteristics, perpetrator characteristics, abuse characteristics, post-abuse factors, and family factors may moderate the victim-to-offender pathway.^[27] Rasmussen similarly argued for an ecological and trauma-informed understanding in which traumatic experiences interact with developmental and family processes.^[28] Plummer and Cossins concluded that evidence for a cycle was not found among female CSA victims but that particular abuse characteristics may be associated with later offending among some male survivors.^[17] Their analysis highlighted four abuse-related features—age at abuse, frequency, severity, and abuse by a father figure in a relationship of dependency—as potentially relevant, while emphasizing methodological limitations.^[17]

Revictimization and broader adjustment. CSA is also associated with revictimization and difficulties in later relationships. Hébert et al. reviewed mediators in the association between CSA and revictimization in romantic relationships, demonstrating the importance of psychosocial mechanisms; however, revictimization should not be confused with perpetration.^[29] Meyer et al. reported persistent complications involving

sexually compulsive behaviour, attachment, and emotions among CSA survivors.^[30] These findings are relevant to psychosocial intervention but are not direct evidence of a victim-to-offender pathway.

Indian and social-context evidence. The Indian systematic review by Choudhry et al. found substantial heterogeneity in CSA research and emphasized that exposure and perpetration are multifaceted phenomena involving individual, family, community, and societal factors.^[1] Studies included in the original manuscript also described gaps in sexuality education, parental communication, and attitudes toward sexual health.^[31-34] These findings support prevention and safeguarding efforts but should not be used to claim that inadequate sex education causes sexual offending.

DISCUSSION

The principal finding of this review is that childhood sexual abuse may be associated with later sexual offending in a subset of survivors, but the evidence does not support an inevitable or deterministic victim-to-perpetrator cycle. The strongest support for an association comes from selected clinical, forensic, and offender samples, whereas prospective cohort studies provide a more cautious picture.^[4, 5, 7, 9, 21, 22]

The difference between retrospective and prospective findings is particularly important. Retrospective studies among offenders identify a relatively high prevalence of childhood sexual abuse, which may indicate a genuine association.^[22] However, the relevant clinical question is not simply whether some offenders were abused, but how often abused children subsequently offend. Prospective studies suggest that this transition occurs in only a minority.^[8, 9] Therefore, the formulation “victims become perpetrators” is misleading when used without qualification.

The evidence supports a multifactorial developmental model. CSA may interact with other childhood adversities, family violence, neglect, inadequate supervision, attachment difficulties, behavioural dysregulation, antisocial peer influences, and other vulnerabilities.^[5, 10-16, 23-28] Such factors may mediate or moderate developmental pathways, while protective relationships and timely intervention may interrupt them.

The gender dimension requires particular caution. Some literature suggests a stronger association between childhood sexual victimization and later sexual offending among male survivors, while evidence for female survivors is much less consistent.^[4, 17, 18] This does not imply that male survivors are destined to offend or that female survivors are protected from offending. Rather, it highlights the need to understand how gendered socialization, abuse characteristics, power dynamics, and developmental context interact.

For psychiatric social work, the implications are practical. Assessment should identify trauma symptoms, family functioning, attachment, violence exposure, neglect, substance use, problematic sexual behaviour, social support, and safety. Intervention should be trauma-informed and should avoid stigmatizing survivors as potential perpetrators. Where sexually problematic behaviour is identified, early, developmentally appropriate assessment and intervention are warranted. Family work, strengthening safe and stable relationships, and coordinated mental-health and child-protection responses may be important components of prevention.^[31, 35]

The review also highlights the need to avoid victim blaming. A survivor's history of CSA should never be treated as evidence of future dangerousness. Risk assessment, where clinically indicated, should be individualized and based on current behaviour and empirically supported risk factors rather than on victimization history alone.

IMPLICATIONS

- Survivors should be assessed comprehensively for trauma-related symptoms, family violence, neglect, attachment difficulties, substance use, social isolation, and other co-occurring adversities.
- Mental health professionals should avoid deterministic assumptions that a survivor will become an offender. Such assumptions may increase stigma and interfere with help-seeking, therapeutic engagement, and the development of a trusting therapeutic relationship.
- Children displaying sexually intrusive or problematic sexual behaviour require early, developmentally appropriate assessment and intervention, rather than moral labelling

or premature identification as future offenders.

- Family-based interventions should strengthen safe, stable, and nurturing relationships and address violence, neglect, inadequate supervision, and other adverse family circumstances.
- Mental health services should be inclusive of both boys and girls and recognize that men can be victims and women can be perpetrators, while avoiding overgeneralization from small samples of female offenders.
- Mental health professionals working in schools and communities should support age-appropriate prevention and psychoeducation addressing body safety, consent, disclosure, help-seeking, and healthy relationships. Such programmes should be framed primarily as safeguarding and mental health/health education rather than as an unqualified explanation for sexual offending.

LIMITATIONS

This review has several limitations. First, the search strategy reported in the original manuscript relied primarily on Google Scholar and did not provide sufficient detail to permit full replication. Second, no formal risk-of-bias assessment or quantitative meta-analysis was undertaken. Third, the included studies were heterogeneous in design and population, and several addressed broader childhood maltreatments, violence, revictimization, or general offending rather than sexual offending specifically. Fourth, many studies relied on retrospective self-report or selected clinical and forensic samples, which may limit generalizability. Fifth, the original thematic percentages were based on an undocumented coding procedure and contained a rounding inconsistency; they have therefore not been interpreted as probabilities or effect sizes in this revision.

Finally, the literature available in the submitted manuscript extends only through 2021. A future update should use multiple bibliographic databases, a reproducible search strategy, explicit eligibility criteria, duplicate screening, formal quality appraisal, and, where appropriate, quantitative synthesis.

FUTURE RESEARCH

Future research should use prospective, population-based designs to distinguish the effects of CSA from co-occurring maltreatment and social adversity. Studies should examine potential mediators and moderators, including attachment, emotional regulation, family functioning, substance use, antisocial peer affiliation, problematic sexual behaviour, abuse characteristics, and access to supportive relationships. Research should also examine protective factors and resilience rather than focusing exclusively on offending outcomes. More evidence is needed from low- and middle-income countries, including India, and from female survivors and female perpetrators. Standardized definitions and outcome measures would improve comparability across studies.

SUMMARY OF KEY EVIDENCE

Study	Design/sample	Main finding relevant to review	Interpretation
Glasser et al. ^[4]	Retrospective forensic sample; 843 subjects	History of sexual abuse was more common among male perpetrators than non-perpetrators; authors supported a cycle in a minority of males.	Supports association in a selected high-risk sample; not population risk.
Salter et al. ^[5]	Longitudinal; 224 male CSA survivors	26 subsequently committed sexual offences; additional factors included neglect, poor supervision, female-perpetrated abuse and family violence.	Supports a vulnerable subgroup rather than inevitability.
Loh & Gidycz ^[7]	Prospective study	CSA was associated with perpetration at baseline, but did not predict perpetration during follow-up.	Important evidence against a simple causal pathway.
Leach et al. ^[8]	Prospective birth cohort; 38,282 males	Only 3% of boys with official sexual-abuse notifications subsequently became sexual offenders; 4% of sexual offenders had confirmed sexual-abuse histories.	Strong evidence against a deterministic cycle.
Widom & Massey ^[9]	Prospective cohort/archival follow-up	Direct test of the assumption that sexually abused children become sexual offenders did not support a simple deterministic relationship.	Requires cautious interpretation of retrospective offender studies.
Whitaker et al. ^[21]	Review/meta-analysis; 89 studies	Risk factors clustered into family, behavioural, social, sexual and attitudinal domains.	Supports a multifactorial risk model.
Jespersen et al. ^[22]	Meta-analysis; 17 studies of sex vs non-sex offenders	Childhood sexual abuse history was more prevalent among sex offenders (OR 3.36, 95% CI 2.23-4.82).	Association does not establish individual causation.
Plummer & Cossins ^[17]	Comprehensive review	No evidence for a cycle among female victims; evidence for a subgroup of male victims with particular abuse characteristics.	Highlights gender and abuse-characteristic moderators.

CONCLUSION

The literature indicates that childhood sexual abuse is associated with a range of adverse developmental outcomes and may be associated with later sexual offending in a subgroup of survivors. However, the available evidence does not support the conclusion that CSA inevitably or commonly transforms victims into perpetrators. Prospective evidence demonstrates that only a minority of sexually abused children later engage in sexual offending, while many sexual offenders do not have a documented history of CSA.^[7-9] The pathway, where it occurs, is likely to be influenced by multiple interacting individual, family, abuse-related, and social factors. Prevention and clinical practice should therefore emphasize early identification, trauma-informed psychosocial intervention, safe and supportive relationships, family strengthening, and individualized assessment rather than deterministic assumptions about survivors.

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REFERENCES

1. Choudhry V, Dayal R, Pillai D, Kalokhe AS, Beier K, Patel V. Child sexual abuse in India: a systematic review. *PLoS One*. 2018;13(10):e0205086. doi:10.1371/journal.pone.0205086.
2. Kendall-Tackett KA, Williams LM, Finkelhor D. Impact of sexual abuse on children: a review and synthesis of recent empirical studies. *Psychol Bull*. 1993;113(1):164-80. doi:10.1037/0033-2909.113.1.164.
3. Hilton MR, Mezey GC. Victims and perpetrators of child sexual abuse. *Br J Psychiatry*. 1996;169(4):408-15. doi:10.1192/bjp.169.4.408.
4. Glasser M, Kolvin I, Campbell D, Glasser A, Leitch I, Farrelly S. Cycle of child sexual abuse: links between being a victim and becoming a perpetrator. *Br J Psychiatry*. 2001;179(6):482-94. doi:10.1192/bjp.179.6.482.
5. Salter D, McMillan D, Richards M, Talbot T, Hodges J, Bentovim A, et al. Development of sexually abusive behaviour in sexually victimised males: a longitudinal study. *Lancet*. 2003;361(9356):471-6. doi:10.1016/S0140-6736(03)12466-X.
6. Siegel JA, Williams LM. The relationship between child sexual abuse and female delinquency and crime: a prospective study. *J Res Crime Delinq*. 2003;40(1):71-94. doi:10.1177/0022427802239254.
7. Loh C, Gidycz CA. A prospective analysis of the relationship between childhood sexual victimization and perpetration of dating violence and sexual assault in adulthood. *J Interpers Violence*. 2006;21(6):732-49. doi:10.1177/0886260506287313.
8. Leach C, Stewart A, Smallbone S. Testing the sexually abused-sexual abuser hypothesis: a prospective longitudinal birth cohort study. *Child Abuse Negl*. 2016;51:144-53. doi:10.1016/j.chiabu.2015.10.024.
9. Widom CS, Massey C. A prospective examination of whether childhood sexual abuse predicts subsequent sexual offending. *JAMA Pediatr*. 2015;169(1):e143357. doi:10.1001/jamapediatrics.2014.3357.
10. Murrell AR, Christoff KA, Henning KR. Characteristics of domestic violence offenders: associations with childhood exposure to violence. *J Fam Violence*. 2007;22(7):523-32. doi:10.1007/s10896-007-9100-4.
11. Salzinger S, Rosario M, Feldman RS. Physical child abuse and adolescent violent delinquency: the mediating and moderating roles of personal relationships. *Child Maltreat*. 2007;12(3):208-19. doi:10.1177/1077559507301839.
12. Mersky JP, Topitzes J, Reynolds AJ. Unsafe at any age: linking childhood and adolescent maltreatment to delinquency and crime. *J Res Crime Delinq*. 2012;49(2):295-18. doi:10.1177/0022427811415284.
13. Topitzes J, Mersky JP, Reynolds AJ. From child maltreatment to violent offending: an examination of mixed-gender and gender-specific models. *J Interpers Violence*. 2012;27(12):2322-47. doi:10.1177/0886260511433510.
14. Watts SJ, McNulty TL. Childhood abuse and criminal behavior: testing a general strain theory model. *J Interpers Violence*. 2013;28(15):3023-40. doi:10.1177/0886260513488696.
15. Asscher JJ, van der Put CE, Stams GJJM. Gender differences in the impact of abuse and neglect victimization on adolescent offending behavior. *J Fam Violence*. 2015;30(2):215-25. doi:10.1007/s10896-014-9668-4.
16. Levenson JS, Grady MD. The influence of childhood trauma on sexual violence and sexual deviance in adulthood. *Traumatology*. 2016;22(2):94-103. doi:10.1037/trm0000067.
17. Plummer M, Cossins A. The cycle of abuse: when victims become offenders. *Trauma Violence Abuse*. 2018;19(3):286-304. doi:10.1177/1524838016659487.
18. Cossins A, Plummer M. Masculinity and sexual abuse: explaining the transition from victim to offender. *Men Masc*. 2018;21(2):163-88. doi:10.1177/1097184X16652655.
19. Christopher K, Lutz-Zois CJ, Reinhardt AR. Female sexual-offenders: personality pathology as a mediator of the relationship between childhood sexual abuse history and sexual abuse perpetration against others. *Child Abuse Negl*. 2007;31(8):871-83. doi:10.1016/j.chiabu.2007.02.006.

20. Burton DL, Duty KJ, Leibowitz GS. Differences between sexually victimized and nonsexually victimized male adolescent sexual abusers: developmental antecedents and behavioral comparisons. *J Child Sex Abus.* 2011;20(1):77-93. doi:10.1080/10538712.2011.541010.
21. Whitaker DJ, Le B, Hanson RK, Baker CK, McMahon PM, Ryan G, et al. Risk factors for the perpetration of child sexual abuse: a review and meta-analysis. *Child Abuse Negl.* 2008;32(5):529-48. doi:10.1016/j.chiabu.2007.08.005.
22. Jespersen AF, Lalumière ML, Seto MC. Sexual abuse history among adult sex offenders and non-sex offenders: a meta-analysis. *Child Abuse Negl.* 2009;33(3):179-92. doi:10.1016/j.chiabu.2008.07.004.
23. Thomas TA, Fremouw W. Moderating variables of the sexual “victim to offender cycle” in males. *Aggress Violent Behav.* 2009;14(5):382-87. doi:10.1016/j.avb.2009.06.006.
24. Hershkowitz I. Sexually intrusive behavior among alleged CSA male victims: a prospective study. *Sex Abuse.* 2014;26(3):291-305. doi:10.1177/1079063213486937.
25. Rasmussen LA. Victim and victimizer: the role of traumatic experiences as risk factors for sexually abusive behavior. *Isr J Psychiatry Relat Sci.* 2012;49(4):270-79.
26. Hébert M, Lapierre A, MacIntosh HB, Ménard AD. A review of mediators in the association between child sexual abuse and revictimization in romantic relationships. *J Child Sex Abus.* 2021;30(4):385-406. doi:10.1080/10538712.2020.1801936.
27. Meyer D, Cohn A, Robinson B, Muse F, Hughes R. Persistent complications of child sexual abuse: sexually compulsive behaviors, attachment, and emotions. *J Child Sex Abus.* 2017;26(2):140-57. doi:10.1080/10538712.2016.1269144.
28. Thornberry TP, Henry KL, Smith CA, Ireland TO, Greenman SJ, Lee RD. Breaking the cycle of maltreatment: the role of safe, stable, and nurturing relationships. *J Adolesc Health.* 2013;53(4 Suppl):S25-31. doi:10.1016/j.jadohealth.2013.04.019.
29. Kumar R, Goyal A, Singh P, Bhardwaj A, Mittal A, Singh Yadav S. Knowledge attitude and perception of sex education among school going adolescents in Ambala district, Haryana, India: a cross-sectional study. *J Clin Diagn Res.* 2017;11(3):LC01-4. doi:10.7860/JCDR/2017/19290.9338.
30. Do LAT, Boonmongkon P, Paek SC, Guadamuz TE. ‘Hu Hong’ (bad thing): parental perceptions of teenagers’ sexuality in urban Vietnam. *BMC Public Health.* 2017;17(1):226. doi:10.1186/s12889-017-4133-y.
31. Do HN, Nguyen HQT, Nguyen LTT, Nguyen HD, Bui TP, Phan NT, et al. Perception and attitude about child sexual abuse among Vietnamese school-age children. *Int J Environ Res Public Health.* 2019;16(20):3973. doi:10.3390/ijerph16203973.
32. Ismail S, Shajahan A, Sathyanarayana Rao TS, Wylie K. Adolescent sex education in India: current perspectives. *Indian J Psychiatry.* 2015;57(4):333-7. doi:10.4103/0019-5545.171843.