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A Population-Based Study of Childhood Sexual Contact in China: Prevalence and Long-Term Consequences

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Abstract

Objectives—This study provides national estimates of the prevalence of childhood sexual contact and its association with sexual well-being and psychological distress among adults in China.

Method—A national stratified probability sample of 1,519 women and 1,475 men aged 20 to 64 years in urban China completed a computer-administered survey in 1999–2000. The data from this survey on both adult-to-child and peer-to-peer sexual contact before age 14 were subjected to descriptive and multivariate analyses that were adjusted for both sampling weights and sampling design.

Results—The overall prevalence of reported childhood sexual contact was 4.2%, with prevalence higher among men (5.1%) than among women (3.3%) and higher among those aged 20–29 years (8.3%). Childhood sexual contact was associated with multiplex consequences, including hyper-sexuality (high levels of masturbation, thoughts about sex, varieties of sexual practices, partner turnover), adult sexual victimization (unwanted sex, unwanted sexual acts, sexual harassment), sexual difficulties (genitor-urinary symptoms, sexually transmitted infections, sexual dysfunctions), and psychological distress. Psychological distress was largely mediated by adult sexual victimization, sexual difficulties, and hyper-sexuality.

Conclusions—Despite the relatively modest prevalence of childhood sexual contact among Chinese adults, the association with multiplex adult outcomes suggests that much as in the West early sexual contact is a significant issue.

Practice Implications—The findings underscore the importance of public education about childhood sexual contact and abuse in China. The findings suggest a need for public health campaigns that tackle the stigma associated with being abused and encourage victims to report abusive behavior to proper sources. The findings are also consistent with new efforts to alleviate the negative long-term impact of childhood sexual abuse.

Introduction

This study provides the first population-based estimates of the prevalence and consequences of childhood sexual contact in China. We adopt a broad definition of childhood sexual contact to include both adult-child sexual contact, often referred to as child sexual abuse, and peer

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sexual contact (Johnson, 2004; Pilkington & Kremer, 1995). We use the term “contact” instead of “assault” because sexual assault is typically associated with contact by force and violence (Johnson, 2004; Pilkington & Kremer, 1995), while our study includes contact which may or may not involve use of force. Although childhood sexual contact has received substantial attention and research in the Western countries, it has been relatively unexplored in China (Chen, Dunne, & Han, 2004, 2006; Tang, 2002).

Our first objective is to provide national estimates of prevalence of childhood sexual contact among Chinese adults. Previous research reports a wide range in the prevalence of childhood sexual contact in the West, with an average of 10–20% for women and 3–10% for men (Finkelhor, 1994; Gorey & Leslie, 1997, 2001; Johnson, 2004; Paolucci, Genuis, & Violato, 2001; Pilkington & Kremer, 1995). Some aspects of Chinese cultural traditions—such as an ethic of filial piety, suppression of sexuality for many, and pressure within families to protect the family from shame—could be conducive to child sexual contact (Tang, 2002). These traditions may make it difficult for children and their family members to report improper sexual behaviors, and thus may indirectly encourage these behaviors (Tang, 2002). Other aspects of Chinese traditions could act as protective factors against child sexual contact. Chinese interpersonal relations have been governed by moral and ethical codes of loyalty, obligation, and reciprocity and thus, Chinese have typically shied from inappropriate interpersonal behaviors, including sexual behaviors (Tang, 2002). Since the early 1980s, China evolved from a planned economy to a market economy and from a closed society to a more open society (Naughton, 1996; Tang & Parish, 2000). These economic and social reforms brought on a sexual revolution (Farrer, 2002; Pan, 1993). Increased Western influence via the mass media, growing market economy, and the weakening of the traditional Chinese extended family have changed the social norms associated with love, marriage, and sex (Farrer, 2002; Higgins, Zheng, Liu, & Sun, 2002; Pan, 1993). Chinese society now has much greater tolerance of diverse sexual attitudes and behaviors (Herold & Byers, 1994). Particularly among urban youth, an explosion of sexually explicit material and a new sexual culture have emerged (Evans, 1997). Women are once again concerned about appearance, premarital sex is on the rise, divorce is up, and prostitution has increased (Diamant, 2000; Evans, 1997; Liu, Ng, Zhou, & Haeberle, 1997; Luo, Parish, & Laumann, 2005; Pan, 1993; Parish et al., 2003; Tang & Parish, 2000). Do these attitudinal and behavioral changes make children more vulnerable to childhood sexual contact? This is an empirical question that needs to be explored.

We are unaware of any national or even regional study of a representative, population-based sample regarding childhood sexual contact in China. Recent studies using convenient samples and limited to high school or college students in selected regions suggest that prevalence of child sexual abuse, both with and without physical contact, is similar to levels reported in the West—although the risk of child sexual abuse involving genital penetration is lower than in other countries (Chen et al., 2004, 2006; Tang, 2002). In a survey of 2,147 Chinese college students in Hong Kong, Tang (2002) found that the overall prevalence for various forms of child sexual abuse were 7.4% for females and 4.3% for males, with prevalence rates for a range of unwanted childhood sexual experiences consistently lower than typically found in the West. Less than 1% reported sexual intercourse with an adult, compared to reports of between 6% and 10% in many western countries (Tang, 2002). A separate survey of 2,300 students in four schools in Hubei, Henan, Hebei, and Beijing found a prevalence of any unwanted sexual experience before the age of 16 years of 16.7% for females and 10.5% for males (Chen et al., 2004). Sexual penetration was reported by 1% of the students, while 8.9% of females and 5.0% of males reported at least one type of physical contact (Chen et al., 2004). Chen et al. (2006) surveyed 351 female students in a medical secondary school in Henan, finding that 21.9% reported at least one type of childhood sexual abuse before the age of 16 years, with 14% involving physical contact. Furthermore, risk of any childhood sexual abuse was not associated with the existence of siblings, rural/urban residence during childhood, or parental education

(Chen et al., 2004, 2006). Because these studies were all based on convenience samples and restricted to selected populations (e.g., high school students) in selected regions, whether these findings can be generalized to the larger population is not clear.

The second objective of this study is to examine the association between childhood sexual contact and subsequent sexual well-being and psychological distress. Reviews suggest that although previous research has not revealed any dominant and consistent set of symptoms resulting from childhood sexual contact, childhood sexual contact has been found to be associated with mental distress, the likelihood of alcoholism, sexually transmitted diseases, and other health and social problems (Browning & Laumann, 1997, 2001; Johnson, 2004; Kendall-Tackett, Williams, & Finkelhor, 1993; Paolucci et al., 2001; Tyler, 2002). For sexual well-being, the results are mixed, which leads to efforts to find intervening variables that condition the influence of childhood sexual contact (Bartoi, Kinder, & Tomianovic, 2000; Browning & Laumann, 1997, 2001; Else-Quest, Hyde, & DeLamater, 2005). The multifaceted model of traumatization has been proposed to interpret the lack of a dominant pattern of symptoms associated with childhood sexual contact (Downs, 1993; Kendall-Tackett et al., 1993). According to this model, the impact of childhood sexual contact is complicated because it produces multifaceted effects and that distinct mechanisms and processes may operate to account for the variety of outcomes (Kendall-Tackett et al., 1993; Paolucci et al., 2001). Thus, childhood sexual contact can lead both to heightened eroticism or hyper-sexuality (early and frequent masturbation, more partners, high-risk sex, and lack of contraceptive use) and to more sexual problems (sexually transmitted diseases, more genito-urinary difficulties, and more sexual dysfunctions) (Browning & Laumann, 1997, 2001; Davis & Lay-Yee, 1999; Else-Quest et al., 2005; Laumann, Paik, & Rosen, 1999; Paolucci et al., 2001). Browning & Laumann (1997, 2001) further suggest that the long-term impact of childhood sexual contact on emotional well-being may be mediated by life trajectories established in the aftermath of childhood sexual experiences.

Whether the multifaceted effects similar to those in the West also appear in developing countries like China is poorly documented. In studies from China, students reporting childhood sexual experiences were more likely to also report psychological problems and risky behaviors—including depression, suicidal thoughts, alcohol consumption, early sexual intercourse, anorexic and bulimic behavior (among women), and violence (men) (Chen et al., 2004, 2006; Cheng et al., 2001). Whether these patterns persist into adulthood is not clear.

In this study, we distinguish peer contact and adult-child contact. In the West, it is not unusual to find pre-adolescents and early adolescents experimenting with their sexuality, thus one cannot assume that any sexual contact between peers would have long-term negative consequences. However, because traditional Chinese culture and the sexual repression of the pre-1980s Mao era discouraged early onset of sexual activities, older adults might report more negative consequences from what would be less disturbing contact in the West. Moreover, research has shown that although some changes have taken place in sexual attitudes and behaviors since the 1980s, the onset of sexual activities in China is still delayed compared to the West with fewer than 5% of senior high school students and fewer than 15% of college students reporting sexual intercourse (Chen et al., 2004; Parish, Mojola, & Laumann, 2007). Therefore we expect that childhood sexual contact before age 14, even if it is peer contact, could have some negative consequences for sexual well-being and psychological distress in adulthood.

Method

Sample

Data come from the urban portion of the 1999–2000 Chinese Health and Family Life Survey (CHFLS). With the exclusion of Tibet and Hong Kong, the sample is nationally representative of the adult urban population of China aged 20–64 years. Following standard procedures for complex samples (Levy & Lemeshow, 1999), the probabilistic sample was drawn from 14 strata and 48 primary sampling units (counties and city districts), with probabilities of selection proportional to population size at each of the four sampling steps down to the individual. The sampling frame was the official household register for the population in each neighborhood, plus the local list of registered migrants. From these sources a list of eligible adults was compiled, a random individual chosen, and then every n th adult after that picked in order to complete the quota for each neighborhood. With the names and addresses of these individuals, interviewers approached each household in an attempt to explain the purposes of the survey and to secure their informed consent to participate in the survey. Cities with a high prevalence of sexually transmitted diseases (STDs) were oversampled, which resulted in overrepresentation of urban residents. Among the 5,000 individuals sampled, 3,821 completed the interview, giving response rate of 76%.

Most interviewers were trained middle-aged social workers and researchers who remained with the project throughout the interview period of one year. In the field, interviewers were of the same sex as the respondent. For the sake of privacy, interviews took place outside the home of the respondent, normally in a private room in a hotel in big cities or in a meeting facility in smaller locales. Oral and computer-entered consent was obtained prior to the hour-long interview. The first part of the interview that included basic demographic questions was computer assisted face-to-face interview—the interviewers read out the questions from the computer to the respondent and entered the answers into the computer. The second part of the interview, which included childhood sexual contact and other forms of sexual behavior questions, was self-administered. For the less literate, 9% of respondents, got the questions via audio from earphones attached to the computer, including audio in a local dialect. For both the audio-users and others, interviewers remained nearby to provide assistance, which they did always for 14%, sometimes for 24%, rarely for 27% and never for 35% of respondents. Interviewers mostly used the Mandarin version of Chinese. For 91% of respondents, the self-administered part of the interview was based on reading Chinese characters, with the characters spanning multiple dialects in Chinese. Each respondent received 20 Chinese yuan (2.5 U.S. dollars) for their participation. The methods were approved by institutional review boards at the University of Chicago, Chicago, Ill., and Renmin University, Beijing, China. Details about sample design and the final questionnaire used in this study are available at <http://www.src.uchicago.edu/prc/chfls.php> and also see Parish et al. (2003).

The intentional oversampling of cities with high prevalence of STDs resulted in the overrepresentation of urban residents in our sample (3,054 urban vs. 767 rural). The sample for this particular analysis was restricted to 1,538 urban women and 1,516 urban men, for whom we had a large sample size and stable estimates. The urban respondents were further limited to 1,519 women and 1,475 men who provided information on childhood sexual contact and father's occupation. Moreover, the sample sizes in the analysis of the effects of childhood sexual contact on sexual well-being and psychological distress varied by the particular outcome examined.

Measures

Based in part on the 1992 U.S. National Health and Social Life Survey (Laumann, Gagnon, Michael, & Michaels, 1994), the survey questionnaire covered a spectrum of topics, ranging

from childhood sexual experience, marriage and sexual dysfunction, to sexual practices and sexual harassment. Translation and cross-cultural adaptation of the questionnaire to Chinese was performed by a forward translation from English to Chinese followed by an independent backward translation from Chinese into English. The Chinese questionnaire was pretested in China in three field trials. Also, 50 husband-wife pairs were given shortened versions of the questionnaire which produced modest agreements about shared sexual behavior ($Kappa = .35$). Another 50 respondents had repeat interviews after a gap of two months and the agreements on the 21 items about sexual behavior were substantial ($Kappa = .75$).

Childhood sexual contact—The respondents were asked: “Did someone have sexual contact with you before you turned age 14? ‘Sexual contact’ here includes vaginal intercourse (sleeping with someone or making love), caressing as well as other ways of stimulating genitals/female breasts.” Those who answered yes to this question were asked additional questions about their age at the first contact, the number of times of contact, type of contact (breasts caressed, genitals touched, vaginal intercourse, anal sex), gender of the person whom they had contact with, and that person’s relationship to the respondent. We used “peer contact” to include contact with schoolmates, playmates, siblings, and others of approximately the same age and used “adult contact” to include contact with adult relatives or non-relatives (teacher, supervisor, superior, and stranger). We also created a severity score with a person getting an extra degree of severity rating for each of the following activities: two or more contacts, two or more perpetrators, and anal or vaginal penetration.

Demographics—Basic demographic characteristics included respondent’s gender, age (recoded into four categories: 20–29, 30–39, 40–49, and 50–64), father’s occupation (recoded into four categories: manual/farmer, sales/service, clerical/self-employed, and professional/technical/administrative/managerial), and residence at age 14 (coded rural and urban).

Hyper-sexuality—The six items in this category were as follows: (1) “Masturbation” reports whether the respondent ever masturbated in the past 12 months. In the self-administered part of the interview the section on masturbation began with a statement that masturbation is a very common and normal human behavior and with a gender specific definition of masturbation. This was followed by a question on how often the respondent masturbated in the past 12 months. We compare respondents who masturbated in the past 12 months to those who did not. (2) “Thinks about sex often” indicates thinking about sex of at least once a week, in response to the question “In daily life, people often think about things sexual. How often do you think about sex?” (3) “High variety of sexual practices” was based on reports of nine sexual activities in the past year: kissing, caressing female partner’s breast, genital contact (each way), oral sex (each way), anal sex, female partner on top, and “from behind (‘doggy’, or in Chinese, ‘piggy’) style.” The answers to each item were “never,” “sometimes” or “often.” A summary score was created and those whose score was among the top 25% were classified as having high variety of sexual practices. (4) “More than two sexual partners in lifetime” was coded 1 if the respondent reported more than two sexual partners in their lifetime. (5) “More than one sexual partner last year” was coded 1 if the respondent reported more than one sexual partner in the past year. (6) “Concurrent sexual partner(s)” was coded 1 for “yes” responses to the question “Throughout the sexual relationship with your current partner, have you ever had sex with other people (even if it happened just once)?”

Victimization in later sexual history—The six indicators of later sexual history were as follows: (1) Respondents were asked, “For whatever reason, has your partner ever hit (dongshou da) you?” Those who answered yes were further asked, “Has your partner ever hit you hard (bruised, swelling, bleeding, pain)?” “Hit by partner” was coded 1 if the respondent was ever hit during the relationship with one’s spouse (98%) or other steady partner (2%). “Hit

hard by partner” was coded 1 if the respondent were ever hit hard by the partner resulting in bruises, swelling, bleeding, or pain. (2) “Unwanted sex with partner” was based on the question, “Up till now, has it occurred that you were unwilling but still had to concede to have sex with someone (including between husband and wife)?” If yes, respondents were further asked about the relationship of the person with whom the unwanted sex occurred—permitting in turn the coding of 1 for unwanted sex with spouse / steady partner. (3) “Unwanted act in sex” was based on the question: “Some people insist that their partner do certain things or adopt certain styles in sex that their partner does not like. In the past 12 months, did your partner often ask you to do things that you did not want to do during sexual intercourse?” The responses were coded 0 (“never”) and 1 (“sometimes” or “often”). (4) “Sex to please partner” compared those who answered “often” or “sometimes” (coded 1) to those who answered “rarely” or “never” (coded 0) to the question: “Some people do not want to have sex themselves, but they do it to satisfy their partner. In the past 12 months, how often did this situation occur to you?” (5) “Physical sexual harassment” was coded 1 if the response was yes to the question, “During the past 12 months, has anyone acted in a sexually harassing way toward you (e.g., touch sexually, act indecently, or take advantage of)?” (6) “Verbal sexual harassment” was coded 1 if the response was yes to the question, “During the past 12 months, has anyone said anything sexually offensive to you?”

Sexual problems—The five indicators of sexual problems were as follows: (1) “Genito-urinary symptom(s)” was coded 1 if the respondent reported having experienced any of the following genitor-urinary symptoms in the past 12 months. The computer controlled questionnaire used gender appropriate wordings to ask about (i) a burning pain while urinating; (ii) any genital lesion, blister, or sore; (iii) a discharge of unusual color or odor from the head of the penis or from vagina; and (iv) warts in the genital area (genital surface, lower parts). (2) “Sexually transmitted infection” was coded 1 if there were any “yes” responses to any of the following questions: “Up till now, have you ever had a sexually transmitted disease?” which was followed by specific questions on whether a doctor had ever told them that they had (i) syphilis; (ii) gonorrhea; (iii) chlamydia; (iv) herpes; (v) trichomonas. (3) “Sexual dysfunction (s)” was based on four items asking whether the respondent had ever encountered during sex in the past 12 months: (i) couldn’t get any pleasure (uncomfortable, unaroused); (ii) any genital pain; (iii) vaginal dryness and insufficient lubrication (for women), or trouble in achieving or maintaining erection when having sex (for men); and (iv) unable to achieve an orgasm. The 3-point response scale to each question ranged from “never” to “yes, for more than two months.” In order to identify the highly dysfunctional individuals, a summary index was first created and then it was dichotomized with the top 25% responses on the summary index coded 1 and the rest coded 0. (4) “Fear of being harassed” was based on the question “In your daily life, what is the possibility that you might encounter sexual harassment?” Since few respondents answered “likely” or “very likely,” this analysis compares respondents who answered “somewhat unlikely,” “likely,” or “very likely” (coded 1) with those who thought it was “very unlikely.” (5) “Partner’s extramarital affair(s)” was based on “yes” or “perhaps” responses to the question “Throughout the sexual relationship with your current partner, has your partner ever had sex with other people (even if it happened just once)?”

Psychological distress was indicated by the respondent being in the worst 25% on a 4-item short form of Zung’s Self-Rating Depression Scale (SDS) (Zung, 1965), validated and translated in China (Leung, Lue, Lee, & Tang, 1998). The constituent items were (i) “In the past three months, did you sleep well or poorly at night?” (ii) “... did you often feel depressed or bored?” (iii) “... did you feel fatigued for reasons unknown to you?” and (iv) “... have you felt more irritable than usual?” The 3-point response scale to the first item ranged from 1 (usually slept well) to 3 (always slept poorly) and the answers to the remaining three items ranged from 1 (never) to 3 (often). The four items loaded on one factor in factor analysis with the eigenvalue of 1.17 and Cronbach’s reliability was .64.

Statistical procedures

We first ran descriptive statistics of childhood sexual contact by severity, age of contact, type of contact and sex of the offender. We then calculated prevalence rates of childhood sexual contact by demographic characteristics. We also calculated descriptive statistics for sexual well-being and psychological distress measures for those who reported childhood sexual contact and those who did not report this experience. Logistic regressions were used to estimate the effects of childhood sexual contact on hyper-sexuality, victimization in later sexual history, sexual problems and psychological distress, net of demographic characteristics. The first set of regressions examines the effects of any childhood contact, and the second set examines the effects of peer contact and adult-child contact. Furthermore, we performed regressions of psychological distress on childhood sexual contact controlling for hyper-sexuality, victimization in later sexual history, and sexual problems in addition to basic demographic characteristics to examine whether the long-term effects of childhood sexual contact are mediated by sexual experiences after the incidence of childhood sexual contact.

We weighted results in our analyses, first using population weights that adjusted for the intentional oversampling of coastal and urban settings with high prevalence of STDs. After comparison of the resulting age distribution to census results for 2000, we adjusted weights by age to compensate for the smaller number of usable interviews of 20–29-year-olds and 50–64-year-olds. With these adjustments, the percentage distributions by age, occupation, urban residence and education closely parallel those in the national census. Using *svy* methods in STATA 9.0 (STATA Corp, College Station, Texas), we adjusted standard errors in our regression analyses for sample stratification (sampling strata independently) and clustering (sampling individuals within each of 48 primary sampling units) (Skinner, Holt, & Smith, 1989).

Results

Prevalence of childhood sexual contact

Among urban Chinese adults, about 4.2% reported childhood sexual contact before age 14 (Table 1), with men being more likely to report this experience than women (5.1% versus 3.3%, $p < .05$). About 1.4% of women and 2.7% of men reported at least one severe type of contact. While most women reported that their first contact was before age 12, most men reported that their first contact was when they were age 12 or 13. More respondents reported peer contact than adult contact (2.6% versus 1.6%). For women almost all of the people involved in their contact were men, while for men, about one-third of those involved were men.

Childhood sexual contact by demographic characteristics

For both men and women, the prevalence of childhood sexual contact differed little either by father's occupation or by whether a person grew up in a rural or urban area. In contrast, prevalence did differ by age (Table 2). Childhood sexual contact was reported by 8.3% of 20–29 year olds, 4.3% of 30–39 year olds, 1.3% of 40–49 year olds and 2.2% of 50–64 year olds ($p < .001$). This age difference was most substantial for men—11.6% of men aged 20–29, as compared to 1.2% of men aged 50–64, reported childhood sexual contact ($p < .001$). The men's pattern was largely the result of more contact not with an adult while he was young but of his contact with a peer of about the same age, with peer contact totaling 7.8% among men aged 20–29 years versus .0% among men aged 50–64 years ($p < .001$). This contact was largely heterosexual and restricted to the period when the man was age 12–13 (Table 2).

Childhood sexual contact, sexual well-being and psychological distress

Controlling for respondent's age, urban/rural location at age 14 and father's occupation, logistic regression analyses found that childhood sexual contact was positively associated with both more sexualized behaviors and more sexual and psychological problems (Table 3 for women and Table 4 for men). Those patterns appeared both in results for any childhood contact and in results differentiated by peer and adult contact, with the latter results muted in part because of smaller cell sizes.

Hyper-sexuality—Among the six indicators of hyper-sexuality, two for women and four for men were statistically significant at $p < .05$ level, and another two for women were marginally significant at $p < .1$ level. Chinese women reporting childhood sexual contact were more likely to have masturbated last year (OR = 3.85, $p < .01$), to have more varied sexual practices (OR = 4.37, $p < .001$), to think sex often (OR = 2.52, $p < .1$), and to have had more than two sexual partners in their lifetime (OR = 2.97, $p < .1$). Chinese men reporting childhood sexual contact were more likely to have masturbated last year (OR = 2.22, $p < .01$), to have more than two sexual partners in their lifetime (OR = 2.46, $p < .01$), to have had more than one partner last year (OR = 2.01, $p < .05$), and to have had one or more sexual relationships with others while being with their current partner (OR = 2.79, $p < .001$).

Victimization in later sexual history—Of the six outcomes measuring victimization in later sexual history, statistical significance was reached concerning four items for women and two for men (Column 4 in Table 3 and Table 4). Chinese women with childhood sexual contact were more likely to have at some point been hit hard by their sexual partner (OR = 2.98, $p < .05$), to have experienced an unwanted sexual act (OR = 3.49, $p < .05$), and to experience physical (OR = 4.55, $p < .001$) and verbal sexual harassment (OR = 2.67, $p < .01$). Chinese men reporting childhood sexual contact were more likely to have ever been hit by their sexual partner (OR = 1.90, $p < .05$) and to have had sex just to please their partner (OR = 4.47, $p < .001$).

Sexual problems—Chinese women reporting childhood sexual contact had higher odds of reporting all five of the sexual problems examined in this study. In contrast, men reporting childhood contact were at risk for only one additional sexual problem. Specifically, when reporting early sexual contact, women with childhood sexual contact were 1.94 times ($p < .05$) more likely to have genitor-urinary symptoms, 3.35 times ($p < .01$) more likely to have ever had sexually transmitted infection, 2.33 times ($p < .05$) more likely to report sexual dysfunctions, 5.64 times ($p < .001$) more likely to report that they were likely to be harassed, and 2.52 times ($p < .01$) more likely to have a partner who had sexual affair(s) with other women. Men with childhood sexual contact were 5.01 times ($p < .001$) more likely to report that they were likely to be harassed.

Psychological distress—For both women and men, childhood sexual contact was correlated with increased reporting of psychological distress. Specifically, when they reported childhood sexual contact, women were 1.94 times ($p < .05$) and men were 2.91 times ($p < .05$) more likely to report psychological distress. In separate regressions of psychological distress on childhood sexual contact controlling for measures of hyper-sexuality, victimization in later life history, and sexual problems in addition to basic demographics, the effects of childhood sexual contact became non-significant (not shown in Tables). This particular pattern is consistent with the later-life consequences of childhood sexual contact being mediated through sexualized behaviors, sexual revictimization, and other sexual and relationship problems.

Adult-child contact versus peer contact—Our next set of logistic regression analyses distinguished adult-child contact and peer contact. Because of the small number of cases in

some cells, the coefficients could not be estimated for variables measuring concurrent partners for women and physical sexual harassment for men. Small cell sizes also caused many of the coefficients to have wide confidence intervals. Although some effects seemed stronger for peer contact while others appeared to be stronger for adult-child contact, for all but one of the outcomes, differences in the coefficients for peer contact and adult-child contact were statistically non-significant at the $p < .05$ level. The sole exception was in “sex to please partner” for men, for which adult-child contact (OR = 13.39) had a significantly stronger effect than peer contact (OR = 2.44). Thus, typically, the associations between adult-child sexual contact and sexual well-being and psychological distress measures were not consistently stronger than the associations between peer contact and these outcome measures. Because sexual contact with a sibling is unlikely to be consensual and may be more likely to have a greater negative impact associated with it, we also estimated the effects of peer contact excluding a small number of respondents who reported sexual contact with a sibling. This analysis did not yield substantially different results (not shown in Tables).

Discussion

Little is known about prevalence and consequences of childhood sexual contact in developing countries such as China. This study provides the first national estimates of the prevalence of childhood sexual contact and its effects on sexual well-being and psychological distress among Chinese adults living in towns and cities in 1999–2000. Several findings emerged:

First, the prevalence for Chinese urban adults was 3.3% for women and 5.1% for men, with childhood sexual contact defined as both adult-child contact and peer contact. This pattern contrasted with the typical pattern in the West which has a higher prevalence for women than for men. Specifically, while the prevalence for Chinese men was within the 3–10% prevalence for men in the West, the prevalence for Chinese women was far lower than the typical 10–20% for women in the West (Finkelhor, 1994; Gorey & Leslie, 1997, 2001; Johnson, 2004; Paolucci et al., 2001; Pilkington & Kremer, 1995). The lower prevalence among Chinese women was consistent with an argument that Chinese cultural traditions shielded children, particularly girls, from childhood sexual contact. However, it was also consistent with significant under-reporting by women. Chinese cultural tradition emphasizes women’s sexual propriety, and women experiencing childhood sexual abuse were often advised to keep it secret so as to save face for herself and her family (Ruan, 1991; Tang, 2002).

Our prevalence estimate for women was also low compared to a few previous studies in China, which began at a minimum of 8.9% for women (Chen et al., 2004, 2006). Differences in definitions, sampling procedures, and measurements may account for much of this discrepancy. For example, our prevalence estimate was based on a single question while Chen et al. (2004, 2006) were based on nine items, each asking one type of physical contact. The sample for our study was a probability sample of urban adults aged 20 to 64 years in towns and cities of all sizes and locations, while the samples for Chen et al. (2004, 2006) were convenience samples of senior high school students in selected regions. Also, our survey asked about childhood sexual contact before age 14 while Chen et al. (2004, 2006) asked about contact before age 16. Research has shown that more specific questions, student samples, and higher cutting points for contact age tend to produce higher prevalence rates (Finkelhor, 1994; Pilkington & Kremer, 1995). Furthermore, although both were retrospective reports, the CHFLS respondents were asked about experiences for as many as six decades in the past, while the questions for the respondents in other studies were more current. Asking about distant events could lead to a recency bias in our estimates. The discrepancies can only be resolved with additional data collection efforts.

Second, at least for men, the data are consistent with a trend towards more childhood sexual contact in recent decades, particularly heterosexual contact among peers at ages 12–13 (Table 2). This apparent trend is consistent with a pattern of economic reform, foreign contact, and a more open media, leading to more liberal sexual norms (Bullough & Ruan, 1994; Higgins et al., 2002; Parish, Luo et al., 2007). Of course, the pattern could also be attributed to young men being more willing to talk about their early sexual experience than older people. And, it could also be attributed to recency bias, with childhood events more salient in the memory for younger people.

Third, socioeconomic origins seem unrelated to sexual contact in childhood. We found no significant link between childhood contact and socioeconomic background such as father's occupation and whether the child lived in an urban or rural area at age 14. This statistically non-significant finding is consistent both with the studies of Chinese high school and college students (Chen et al., 2004, 2006) and with most studies in the West (Fergusson & Mullen, 1999), which also found no strong association between social class and risk of sexual abuse.

Fourth, the China data confirm a multifaceted relationship between childhood sexual contact and sexual well-being in adulthood (Downs, 1993; Kendall-Tackett et al., 1993), which underscores similarities in the consequences of childhood sexual contact across diverse societies. Consistent with studies in the West (Browning & Laumann, 1997, 2001; Davis & Lay-Yee, 1999; Else-Quest et al., 2005; Laumann et al., 1999; Paolucci et al., 2001) and in China (Chen et al., 2004, 2006), we observed more sexualized behavior and more sexual problems among Chinese adults who reported childhood sexual contact. This multifaceted relationship between childhood sexual contact and sexual well-being in later life apparently apply to both women and men, although some sexual problems, such as genitor-urinary symptoms, sexual transmitted infection, sexual dysfunctions and partner's extramarital affairs, were particular salient outcomes for women. In addition, consistent with our expectations, Chinese adults who reported peer sexual contact were no better off than those who reported adult-child contact. However, because of small cell sizes involved in these analyses, cautions need to be taken when interpreting these findings.

The results reported here held up to some checks on the robustness of the findings. In the regression analyses on the effects of childhood sexual contact on sexual well-being in adulthood, we only controlled for respondent's age, father's occupation and urban/rural residence at age 14, that is, factors prior to the contact (Table 3 & Table 4). Arguably, some contemporary experiences could affect reports of childhood sexual contact and sexual well-being measures, which would lead to overestimates of the true effects of childhood sexual contact. In additional analyses, we reran regressions with the same outcomes as in Table 3 and Table 4, but added more contemporary controls, such as education, income, coastal residence, age at puberty, and whether the respondent needed help during the interview. The results from these analyses were similar to those in Table 3 and Table 4 with very few exceptions (not shown in Tables). Thus, even in the face of contemporary experiences, childhood sexual experiences live on.

Finally, in terms of psychological distress, we observed a positive effect of childhood sexual contact on psychological distress in adult life—those who had childhood sexual contact reported higher levels of psychological distress than those who had no such contact. Moreover, this effect was almost completely mediated by the effects of childhood sexual contact on hypersexuality, victimization in later sexual history, and sexual problems, a finding consistent with Browning & Laumann (1997, 2001). This finding suggests that whether childhood sexual contact has long-term impact on psychological distress may be in large part mediated by later sexual experience and sexual well-being.

This study is informative for prevention and intervention of child sexual abuse in China. The findings suggest a need for increasing public awareness of child sexual abuse through open discussions of various abusive behaviors and the potential impact of these behaviors lingering into adulthood. The findings are consistent with a need for public health campaigns that tackle the stigma associated with being abused and encourage victims to report abusive behavior to proper sources. The findings are also consistent with new efforts to alleviate the negative long-term impact of childhood sexual abuse by following up on the victims and to address their needs.

This study has several limitations. The prevalence of childhood sexual contact may have been underestimated because our estimation was based on retrospective report of undesired behavior. Lack of specific questions on oral sex in childhood could also contribute to the lower prevalence rates reported here. The data do not allow us to examine childhood sexual experience not involving direct physical contact. Because of the small cell sizes, we could not conduct detailed analysis of the long-term effects of different types of childhood sexual contact (e.g., severity, age of contact, gender of the offender, etc.) on sexual and general well-being. Our results on peer contact and adult-child contact were based on small cell sizes, and thus tended to be unstable. Moreover, previous research suggests that it is important to distinguish between contact with someone known to the child and contact with a stranger. However, we have too few cases of contacts with strangers to make meaningful comparisons. Future research using larger samples and more detailed questions on childhood sexual experience as well as in-depth interviews with people with this experience may shed greater light on these issues.

In sum, though arguably increasing among young men, the overall prevalence of childhood sexual contact reported by Chinese adults remained modest compared to the West. Nevertheless, much as in the West, childhood sexual contact was associated with multiple adult consequences—including hyper-sexuality, sexual problems and psychological distress.

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References

- Bartoi MG, Kinder BN, Tomianovic D. Interaction effects of emotional status and sexual abuse on adult sexuality. *Journal of Sex & Marital Therapy* 2000;26:1–23. [PubMed: 10693113]
- Browning C, Laumann EO. Sexual contact between children and adults: A life course perspective. *American Sociological Review* 1997;62(4):540–560.
- Browning, C.; Laumann, EO. Sexual contact between children and adults: A life course perspective. In: Laumann, EO.; Michael, R., editors. *Sex, love, and health in America*. Chicago: University of Chicago Press; 2001. p. 148–196.
- Bullough VL, Ruan FF. Marriage, divorce, and sexual relations in contemporary China. *Journal of Comparative Family Studies* 1994;25(3):383–393.
- Chen JQ, Dunne MP, Han P. Child sexual abuse in China: A study of adolescents in four provinces. *Child Abuse & Neglect* 2004;28(11):1171–1186. [PubMed: 15567022]
- Chen JQ, Dunne MP, Han P. Child sexual abuse in Henan province, China: Associations with sadness, suicidality, and risk behaviors among adolescent girls. *Journal of Adolescent Health* 2006;38(5):544–549. [PubMed: 16635765]
- Cheng Y, Kang B, Wang T, Han X, Shen H, Lu Y, Han L, Cui Y, Lin H, Yu W, Wu M, Wang J, Zhang Y, Yu Q. Case-controlled study on relevant factors of adolescent sexual coercion in China. *Contraception* 2001;64(2):77–80. [PubMed: 11704082]

- Davis P, Lay-Yee R. Early sex and its behavioral consequences in New Zealand. *Journal of Sex Research* 1999;36(2):135–144.
- Diamant, N. *Revolutionizing the family: Politics, love, and divorce in urban and rural China*. Berkeley: University of California Press; 2000.
- Downs WR. Developmental considerations for the effects of childhood sexual abuse. *Journal of Interpersonal Violence* 1993;8:331–345.
- Else-Quest NM, Hyde JS, DeLamater JD. Context counts: Long-term sequelae of premarital intercourse or abstinence. *Journal of Sex Research* 2005;42(2):102–112. [PubMed: 16123840]
- Evans, H. *Women and sexuality in China: Female sexuality and gender since 1949*. New York: Continuum Publishing; 1997.
- Farrer, J. *Opening up: Sex and market in Shanghai*. Chicago: University of Chicago Press; 2002.
- Finkelhor D. The international epidemiology of child sexual abuse. *Child Abuse & Neglect* 1994;18(5):409–417. [PubMed: 8032971]
- Fergusson, DM.; Mullen, PE. *Childhood sexual abuse: An evidence-based perspective*. Thousand Oaks, CA: Sage Publications; 1999.
- Gorey KM, Leslie DR. The prevalence of child sexual abuse: Integrative review adjustment for potential response and measurement biases. *Child Abuse & Neglect* 1997;21(4):391–398. [PubMed: 9134267]
- Gorey KM, Leslie DR. Working toward a valid prevalence estimate of child sexual abuse: A reply to Bolen and Scannapieco. *The Social Service Review* 2001;75(1):151–158.
- Herold ES, Byers ES. Sexology in China. *Canadian Journal of Human Sexuality* 1994;3:263–269.
- Higgins LT, Zheng M, Liu Y, Sun CH. Attitudes to marriage and sexual behaviors: A survey of gender and culture differences in China and United Kingdom. *Sex Roles* 2002;46(3–4):75–89.
- Johnson CF. Child sexual abuse. *Lancet* 2004;364:462–470. [PubMed: 15288746]
- Kendall-Tackett KA, Williams LM, Finkelhor D. Impact of sexual abuse on children: A review and synthesis of recent empirical studies. *Psychological Bulletin* 1993;113(1):164–180. [PubMed: 8426874]
- Laumann, EO.; Gagnon, JH.; Michael, RT.; Michaels, S. *The social organization of sexuality: Sexual practices in the United States*. Chicago: University of Chicago Press; 1994.
- Laumann EO, Paik A, Rosen RC. Sexual dysfunction in the United States: Prevalence and predictors. *Journal of the American Medical Association* 1999;2816:537–544. [PubMed: 10022110]
- Leung K, Lue B, Lee M, Tang L. Screening of depression in patients with chronic medical diseases in a primary care setting. *Family Practice* 1998;15(1):67–75. [PubMed: 9527300]
- Levy, PS.; Lemeshow, S. *Sampling of populations: Methods and applications*. 3rd ed.. New York: Wiley; 1999.
- Liu, D.; Ng, M.; Zhou, L.; Haeberle, EJ. *Sexual behavior in modern China: Report on the nationwide survey of 20,000 men and women*. New York, NY: The Continuum Publishing Company; 1997.
- Luo Y, Parish WL, Laumann EO. A population-based study of body image concerns among urban Chinese adults. *Body Image* 2005;2(4):333–345. [PubMed: 18089199]
- Naughton, B. *Growing out of the plan: Chinese economic reform 1978–93*. New York, NY: Cambridge University Press; 1996.
- Pan S. A sex revolution in current China. *Journal of Psychology and Human Sexuality* 1993;6:1–14.
- Paolucci EO, Genuis ML, Violato C. A meta-analysis of the published research on the effects of child sexual abuse. *Journal of Psychology* 2001;135(1):17–36. [PubMed: 11235837]
- Parish WL, Laumann EO, Cohen MS, Pan S, Zheng H, Hoffman I, Wang T, Ng KH. Population-based study of chlamydial infection in China: A hidden epidemic. *Journal of the American Medical Association* 2003;289:1265–1273. [PubMed: 12633188]
- Parish WL, Luo Y, Stolzenberg R, Laumann EO, Farrer G, Pan S. Sexual practices and sexual satisfaction: A population based study of urban Chinese adults. *Archives of Sexual Behavior* 2007;36(1):5–20. [PubMed: 17187219]
- Parish WL, Mojola S, Laumann EO. Trends in Chinese sexual behavior. *Population and Development Review*. 2007forthcoming.
- Pilkington B, Kremer J. A review of the epidemiological research on child sexual abuse: Community and college student samples. *Child Abuse Review* 1995;4(2):84–98.

- Ruan, FF. Sex in China. New York: Plenum; 1991.
- Skinner, C.; Holt, D.; Smith, T. Analysis of complex surveys. New York: Wiley; 1989.
- Tang, CS-k. Childhood experience of sexual abuse among Hong Kong Chinese college students. *Child Abuse & Neglect* 2002;26(1):23–37. [PubMed: 11860160]
- Tang, W.; Parish, WL. Chinese urban life under reform: The changing social contract. New York: Cambridge University Press; 2000.
- Tyler KA. Social and emotional outcomes of childhood sexual abuse: A review of recent research. *Aggression and Violent Behavior* 2002;7(6):567–589.
- Zung WWK. A self-rating depression scale. *Archives of General Psychiatry* 1965;12(1):63–70. [PubMed: 14221692]

Table 1
Prevalence of Childhood Sexual Contact among Urban Women and Men in China

	Total (<i>N</i> = 2994)	Women (<i>N</i> = 1519)	Men (<i>N</i> = 1475)
Any childhood sexual contact	4.2	3.3	5.1
Severity			
No severe conditions	2.2	1.9	2.4
1+ severe conditions	2.0	1.4	2.7
Age of contact			
2–11	1.8	2.0	1.6
12–13	2.2	1.1	3.3
Missing	.2	.2	.2
Type of contact			
Peer	2.6	1.9	3.3
Adult	1.6	1.4	1.8
Sex of “offender”			
Different	3.2	3.2	3.3
Same	1.0	.1	1.8

Note. Numbers are weighted percentages.

Table 2
Childhood Sexual Contact by Demographic Characteristics

	Total			Women			Men		
	N	Any Contact		N	Any Contact		N	Any Contact	
								Type of Contact	
								Age 12-13	Peer
									Hetero-sexual
Age									
20-29	712	8.3 [*]		374	5.4		338	11.6 [*]	7.8 [*]
30-39	884	4.3		440	2.8		444	5.7	4.4
40-49	815	1.3		412	1.3		403	1.3	.5
50-64	583	2.2		293	3.5		290	1.2	.0
Father's occupation									
Manual/Farmer	1785	4.1		896	3.0		889	5.1	3.2
Sales/Service	202	2.7		102	4.1		100	1.3	.2
Clerical/Self-employed	481	7.6		267	6.2		214	9.5	6.3
Professional/Administrative	526	2.2		254	1.5		272	2.8	2.1
Residential area at age 14									
Rural	1102	4.1		545	2.7		557	5.4	4.5 [*]
Urban	1892	4.3		974	3.9		918	4.8	2.3

Note. Unweighted observations (N) and weighted percentages.

* indicates the set of percentages differ across rows at $p < .05$.

Table 3
Childhood Sexual Contact, Sexual Well-Being and Psychological Distress, Urban Women

	N	No Contact ^a	Any Contact ^b	Any Contact Adjusted OR (95% CI)	Peer Contact Adjusted OR (95% CI)	Adult Contact Adjusted OR (95% CI)
Hyper-sexuality						
Masturbation	1510	14.4%	37.9%	3.85 (1.53–9.71) **	3.53 (1.14–10.89) *	4.38 (1.61–11.92) **
Thinks about sex often	1518	28.3%	47.3%	2.52 (.94–6.72)	1.94 (.58–6.52)	3.68 (1.07–12.71) *
Variety of sexual practices high ^c	1203	19.2%	48.2%	4.37 (2.08–9.20) ***	4.84 (1.84–12.76) **	3.86 (1.19–12.53) *
Partners in lifetime > 2	1519	5.3%	12.8%	2.97 (.91–9.63)	5.03 (1.77–14.30) ***	.73 (.09–6.17)
Partners in last year > 1	1519	4.1%	9.5%	2.41 (.55–10.42)	3.56 (.85–14.87)	.89 (10–8.00)
Concurrent partner(s) ^c	1311	5.0%	6.6%	1.71 (.46–6.38)	–	–
Victimization in later sexual history						
Hit hard by partner ^c	1313	10.1%	22.4%	2.98 (1.09–8.16) *	3.83 (.93–15.80)	2.24 (.79–7.22)
Unwanted sex with partner	1498	28.5%	36.7%	1.67 (.76–3.66)	1.61 (.79–3.28)	1.73 (.41–7.27)
Unwanted act ^c	1202	22.0%	47.0%	3.49 (1.24–9.87) *	2.09 (.31–13.85)	6.20 (2.49–15.41) ***
Sex to please partner ^c	1203	45.5%	50.0%	1.32 (.39–4.53)	1.39 (.33–5.83)	1.26 (.19–8.38)
Sexual harassment physical	1255	9.0%	31.5%	4.55 (2.24–9.25) ***	4.69 (1.79–12.24) ***	4.29 (.52–35.19) *
Sexual harassment verbal	1264	13.4%	29.8%	2.67 (1.35–5.27) **	1.77 (.60–5.16)	5.67 (1.47–21.92) *
Sexual problems						
Genito-urinary symptom(s)	1519	30.3%	45.5%	1.94 (1.07–3.52) *	2.20 (1.04–4.66) *	1.63 (.57–4.72)
Sexually transmitted infection	1519	10.4%	25.8%	3.35 (1.42–7.94) **	2.18 (.73–6.48)	5.63 (1.70–18.65) **
Sexual dysfunction(s) ^d	1244	38.1%	59.3%	2.33 (1.06–5.14) *	2.70 (.75–9.72) **	1.99 (.55–7.14) *
Fear of being harassed	1518	28.7%	67.3%	5.64 (2.31–13.76) ***	4.55 (1.66–12.46) **	7.38 (1.95–27.98) **
Partner's extra affair(s) ^c	1310	20.1%	41.4%	2.52 (1.48–8.36) **	2.60 (.81–8.39)	4.68 (1.03–21.27) *
Psychological distress	1519	27.9%	52.1%	2.91 (1.19–7.12) *	3.34 (.67–16.61)	2.43 (.97–6.08)

Note. Percentages and odds ratios adjusted for sampling strata, primary sampling unit and population weights. Adjusted odds ratios estimated with logistic regression of each sexual well-being and psychological distress measure on childhood sexual contact, controlling for age, father's occupation and residence at age 14 with "no contact" as the reference category for childhood sexual contact.

^a Percentages based on 1479 women who had no childhood sexual contact. The number of cases used in the calculation varies for different items.

^b Percentages based on 47 women who had childhood sexual contact. The number of cases used in the calculation varies for different items.

^c Restricted to respondents with stable sexual partner.

^d Restricted to respondents who were sexually active in the past year.

* $p < .05$

** $p < .01$

*** $p < .001$.

Table 4
Childhood Sexual Contact, Sexual Well-Being and Psychological Distress, Urban Men

	N	No Contact ^a	Contact ^b	Any Contact Adjusted OR (95% CI)	Peer Contact Adjusted OR (95% CI)	Adult Contact Adjusted OR (95% CI)
Hyper-sexuality						
Masturbation	1471	33.7%	65.0%	2.22 (1.46–3.39)**	1.83 (.80–4.18)	3.23 (1.42–7.36)**
Thinks about sex often	1475	54.5%	64.1%	1.13 (.43–2.95)	2.15 (.40–11.54)	.43 (.10–1.85)
Variety of sexual practices high ^c	1233	30.1%	69.1%	3.34 (.74–15.14)	4.20 (1.25–14.17)*	2.27 (.15–34.11)
Partners in lifetime > 2	1475	23.7%	48.0%	2.46 (1.30–4.64)**	1.75 (.69–4.45)	4.57 (1.63–12.84)**
Partners in last year > 1	1475	20.3%	41.0%	2.01 (1.05–3.86)*	1.65 (.79–3.43)	2.90 (.59–12.23)
Concurrent partner(s) ^c	1303	20.8%	47.5%	2.79 (1.67–4.64)***	2.31 (.69–7.68)	3.73 (.74–18.90)
Victimization in later sexual history						
Hit by partner ^c	1304	14.9%	28.5%	1.90 (1.06–3.41)*	2.68 (1.12–6.40)*	.90 (.26–3.12)
Unwanted sex with partner	1463	10.4%	9.6%	1.07 (.53–2.17)	1.35 (.75–2.45)	1.87 (.90–3.87)
Unwanted act ^c	1232	11.6%	16.4%	1.14 (.36–3.62)	1.29 (.30–5.49)	.86 (.15–5.05)
Sex to please partner ^c	1233	19.6%	47.0%	4.47 (2.09–9.55)***	2.44 (.89–6.68)	13.39 (4.99–35.92)***
Sexual harassment physical	1223	3.7%	3.1%	.65 (.11–3.72)		
Sexual harassment verbal	1229	14.5%	29.2%	1.81 (.41–7.96)	1.63 (.42–6.34)	2.21 (.27–17.71)
Sexual problems						
Genito-urinary symptom	1475	15.4%	18.1%	1.05 (.50–2.18)	.96 (.35–2.60)	1.23 (.36–4.18)
Sexually transmitted infection	1475	5.0%	3.6%	.92 (.34–2.43)	.76 (.17–3.30)	1.21 (.33–4.47)
Sexual dysfunction(s) ^d	1264	14.0%	23.8%	2.57 (.75–8.81)	2.98 (.86–10.37)	2.07 (.49–8.82)
Fear of being harassed	1473	31.6%	76.4%	5.01 (1.99–12.64)***	3.77 (1.39–10.19)*	8.95 (2.47–32.42)**
Partner's extra affair(s) ^c	1304	14.3%	24.0%	1.47 (.55–3.88)	1.54 (.52–4.54)	1.35 (.29–6.23)
Psychological distress	1475	27.3%	41.5%	1.94 (1.13–3.34)*	1.66 (.72–3.83)	2.52 (.44–14.32)

Note. Percentages and odds ratios adjusted for sampling strata, primary sampling unit and population weights. Adjusted odds ratios estimated with logistic regression of each sexual well-being and psychological distress measure on childhood sexual contact, controlling for age, father's occupation and residence at age 14 with "no contact" as the reference category for childhood sexual contact.

^a Percentages based on 1418 men who had no childhood sexual contact. The number of cases used in the calculation varies for different items.

^b Percentages based on 61 men who had childhood sexual contact. The number of cases used in the calculation varies for different items.

^c Restricted to respondents with stable sexual partner.

^d Restricted to respondents who were sexually active in the past year.

* $p < .05$

** $p < .01$

*** $p < .001$.