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Self-defining as sexually abused and adult sexual risk behavior: Results from a cross-sectional survey of women attending an STD clinic

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Abstract

Objective—Childhood sexual abuse (CSA) is associated with increased sexual risk behavior in adulthood, and this association may be mediated by traumagenic dynamics constructs (i.e., traumatic sexualization, trust, guilt, and powerlessness). However, few studies have investigated whether such relationships hold for women who do not identify as having experienced CSA despite meeting objective criteria that CSA occurred. This study sought to determine whether individuals who met research criteria for CSA and who self-defined as sexually abused differed on traumagenic dynamics constructs and current sexual risk behavior from individuals who met research criteria for CSA and who did not self-define as sexually abused.

Methods—Participants were 481 women recruited from a publicly-funded STD clinic. Participants completed a computerized survey assessing childhood sexual experiences and adult sexual risk behavior.

Results—Of the total sample, 206 (43%) met research criteria for CSA. Of the women meeting research criteria for CSA, 142 (69%) self-defined as sexually abused. Women who met research criteria for CSA reported more traumatic sexualization, more trust of a partner, more powerlessness, less sexual guilt, more episodes of unprotected sex, more sex partners, and greater likelihood of sex trading, compared to women who did not meet research criteria for CSA. Among women meeting research criteria, those who self-defined as sexually abused did not differ from those who did not self-define on any of the traumagenic dynamics constructs or on current sexual risk behavior, controlling for CSA characteristics.

Conclusions—Individuals who were sexually abused as children by behavioral research criteria are at risk for engaging in sexual risk behavior as adults, regardless of whether or not they perceive the experience to be CSA. Future research is needed to understand how non-definers perceive these childhood sexual experiences.

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Introduction

The relation between childhood sexual abuse (CSA) and adult sexual risk behavior is well-established (Bensley, Van Eenwyk, & Simmons, 2000; El-Bassel, Simoni, Cooper, Gilbert, & Schilling, 2001; Mullings, Marquart, & Brewer, 2000; Senn, Carey, Vanable, Coury-Doniger, & Urban, 2006). A large body of research demonstrates an association between CSA and trading sex for money or drugs, having more sexual partners, an earlier age of first intercourse, more frequent unprotected sex, and STD or HIV diagnosis (Senn, Carey, & Vanable, 2008).

In contrast, little is known about how self-perceptions of the CSA experience may be related to later sexual risk behavior. Many individuals who meet research criteria for sexual abuse do not self-define as sexually abused. In studies that asked men about CSA both objectively and subjectively, between 35% and 61% of men who met research criteria for CSA did *not* self-define as having experienced CSA (Carballo-Diéguez & Dolezal, 1995; Fondacaro, Holt, & Powell, 1999; Holmes, 2008). Few studies have investigated women's perceptions of abuse; in one of the few studies to do so, Stander, Olson, and Merrill (2002) found that female Navy recruits meeting research criteria for CSA were more likely than males to self-define as sexually abused (49% vs. 15%, respectively).

There are at least two possible explanations for why individuals who meet research criteria for sexual abuse do not self-define as sexually abused. First, these individuals may perceive the childhood sexual experience as normative and non-harmful, rather than as abusive. If this were the case, these individuals may not report the negative outcomes commonly associated with CSA. Alternatively, individuals may not self-define as abused because they may not want to or may be unable to recognize the abusive nature of the childhood sexual experience. Avoidant coping with CSA has been associated with worse outcomes than other more active forms of coping (Cantón-Cortés & Canón, 2010; Fortier et al., 2009; Walsh, Fortier, & DiLillo, 2010). Therefore, these individuals might report more negative outcomes than individuals who have acknowledged that they were sexually abused.

Research on psychological functioning has found that men who self-define as sexually abused generally have poorer adult adjustment than individuals who do not perceive the experience as abusive (Fondacaro et al., 1999; Stanley, Bartholomew, & Oram, 2004; Steever, Follette, & Naugle, 2001). The few studies that have investigated the association between CSA perceptions and adult sexual risk behavior reported mixed findings. One study of women found that individuals who self-defined as sexually abused reported worse outcomes than non-definers. Female college students who self-defined as sexually abused reported that their early sexual experiences affected their sexual functioning more negatively than did women who met research criteria for CSA but who were non-definers; this latter group, in turn, reported that their early sexual experiences affected their sexual functioning more negatively than nonabused women (Rellini & Meston, 2007). In contrast, a study of men found that non-definers reported the most sexual risk behavior. In a telephone survey, men who were non-definers reported more sex in conjunction with substance use than individuals who self-defined as sexually abused, who reported more sex in conjunction with substance use than nonabused men (Holmes, 2008). Other studies of men have found that those who did and did not self-define as sexually abused did not differ in sexual behavior outcomes (Dolezal & Carballo-Diéguez, 2002; Steever et al., 2001). One limitation of these studies is that they did not control for characteristics of the abuse experience (e.g., Dolezal & Carballo-Diéguez, 2002; Holmes, 2008; Rellini & Meston, 2007; Steever et al., 2001). CSA experiences that are perceived as abusive differ from CSA experiences that are not perceived as abusive, with the former generally being more severe. Experiences that are perceived as abusive are more likely to involve penetration, threat or force, occur at a

younger age, occur multiple times, involve a greater age difference, and involve a family member (Dolezal & Carballo-Diéguez, 2002; Holmes, 2008; Rellini & Meston, 2007; Stander et al., 2002; Steever et al., 2001). Because more severe CSA has been associated with greater adult sexual risk behavior (Senn, Carey, Venable, Coury-Doniger, & Urban, 2007), it is important to control for the abuse characteristics that are associated with CSA perceptions. Second, most research on sexual abuse perceptions has focused on men; few studies have investigated the impact of women's perceptions of their childhood sexual experiences. Because men's perceptions of their childhood sexual experiences may differ from women's perceptions (Rind, Tromovitch, & Bauserman, 1998), it is important to investigate abuse perceptions among women.

Finally, existing studies tell us little about how and why perceptions of CSA may be associated with adult sexual risk behavior. One theory of the effects of CSA, traumagenic dynamics (Finkelhor & Browne, 1985), proposes that CSA leads to adverse outcomes such as sexual risk behavior through four mechanisms: (a) traumatic sexualization; (b) betrayal; (c) shame and guilt; and (d) powerlessness. Traumatic sexualization refers to the inappropriate shaping of sexual behavior that may occur during CSA, which results in an individual learning to use sexual behavior to obtain affection or rewards, and could ultimately lead to multiple sexual partners and episodes of unprotected sex in adulthood. Betrayal occurs when an individual becomes unable to trust others because he or she feels betrayed by the abuser or by others' reactions to the abuse; betrayal could lead to an inability to trust partners and form lasting intimate relationships. Shame and guilt occurs when an individual feels stigmatized as sexually deviant because of the abuse; if this stigmatization becomes internalized, individuals may have multiple sexual partners and engage in numerous episodes of unprotected sex. Individuals who were sexually abused may also feel powerlessness in sexual situations because they were unable to stop the CSA, and thus as adults may have difficulty refusing unsafe sex. Empiric research has found that these four dynamics play an important role in later outcomes among individuals who were sexually abused (Coffey, Leitenberg, Henning, Turner, & Bennett, 1996; Gibson & Leitenberg, 2001; Kallstrom-Fuqua, Weston, & Marshall, 2004). Little is known about whether perceptions of the abuse experience are associated with these traumagenic dynamics.

The present study thus had three main purposes: (a) to replicate findings demonstrating an association between CSA and adult sexual risk behavior with a large sample of urban women; (b) to determine whether there were differences in the traumagenic dynamics constructs between women meeting research criteria for CSA who did and did not self-define as sexually abused, controlling for characteristics of the abuse experience; and (c) to determine whether there were differences in adult sexual risk behavior between these two groups, controlling for characteristics of the abuse experience. Based on previous research that found worse psychological outcomes among non-definers, we hypothesized that non-definers would report worse scores on the traumagenic dynamics variables and would report engaging in more sexual risk behavior.

Methods

Participants

Participants were 481 women attending a publicly-funded STD clinic who agreed to participate in a research project about childhood sexual experiences and current health. The sample was 66% African American ($n = 317$) and 19% Caucasian ($n = 90$). Approximately half of the women had a high school education or less ($n = 271$; 56%), were unemployed ($n = 235$; 59%), and earned <\$15,000/year ($n = 265$; 56%). Participants were 27.5 years of age

($SD = 8.8$), on average. The majority of participants had a steady partner in the past 3 months ($n = 394$; 83%).

Procedures

Patients were called by a trained Research Assistant (RA) into a private exam room and were asked if they would be willing to answer a few brief questions to determine their eligibility to participate in a study that was being conducted at the clinic. Eligibility criteria included: age 18 or older; not impaired mentally; and sexually active in the past 3 months. The study was explained to eligible patients; all patients who were interested in participating were provided with a written consent form, which was described in detail by the RA. Patients were given time to read the consent form and to ask questions; 61% of eligible patients agreed to participate and signed the informed consent form. Participants completed a calendar of important events over the past 3 months, to assist their recall when responding to survey questions. Participants then completed an Audio Computer-Assisted Self-Interview (ACASI), which assessed childhood sexual experiences and current sexual behavior; they also completed audiotaped role plays and a condom application exercise. Participants were reimbursed \$20 for their time and provided with a list of local low- and no-cost counseling centers. Participation took approximately 1 hour. All procedures were approved by the Institutional Review Boards of the participating institutions.

Measures

Demographic information

Participants reported their race (recoded as Caucasian vs. non-Caucasian), education (recoded as high school or less vs. some college), employment status (recoded as employed vs. unemployed), income (recoded as $< \$15,000/\text{year}$ vs. $\geq \$15,000/\text{year}$), and current age.

Childhood sexual abuse

Participants were asked to report up to 10 different people with whom they had a sexual experience (ranging from kissing to intercourse) before age 18. They were told these sexual experiences could have been wanted or unwanted. For each person with whom they had a sexual experience, they were asked their age, the other person's age, their relationship to the other person, the type of act (kissing, fondling, receiving oral sex, giving oral sex, vaginal intercourse, anal intercourse), the duration of the sexual relationship, and whether or not force was used. Questions were adapted from Finkelhor (1979). Participants were also asked whether or not they were sexually abused as a child. If they answered "yes" to this item, they were asked to respond to the above questions about the nature of this experience. These questions were repeated because in qualitative interviews several women indicated that they only reported consensual experiences when asked about childhood sexual experiences, even though the question indicated they should consider both wanted and unwanted experiences.

For the present study, participants were considered sexually abused (research definition) if they met an age-graded discrepancy criterion *or* a force criterion. Specifically, CSA was defined as fondling, oral sex, vaginal sex, or anal sex that occurred: (a) when the participant was age 12 or younger, and the other individual was 5 or more years older; (b) when the participant was age 16 or younger, and the other person 10 or more years older; or (c) when the participant was age 16 or younger, and the other person threatened or forced her. CSA by self-definition was indicated by an affirmative response to the question asking if participants were sexually abused as a child.

Some participants reported more than one experience that met research criteria for CSA. We selected the characteristics of the most severe abuse experience for inclusion in the analyses.

To determine which experience was the most severe, we created a summary score of abuse severity (similar to the abuse severity score reported by Mayall & Gold, 1995). Severity scores were based on type of sexual act (0 = fondling only; 1 = oral sex; 2 = vaginal or anal sex), duration (0 = one time; 1 = less than one month; 2 = more than one month), force (0 = no force; 1 = a little force; 2 = force) and relationship to the other person (0 = stranger; 1 = known person other than parent; 2 = parent or stepparent). These characteristics were summed, and the experience with the greatest score was selected as the most severe CSA experience. If participants had more than one CSA experience of equal severity, the experience that occurred at the youngest age was selected as the most severe experience.

Traumatic sexualization

Traumatic sexualization was assessed with a subset of 15 items from the Traumatic Sexualization Survey (Matorin & Lynn, 1998). Participants indicated on a 5-point scale (0 = never to 4 = almost always) how frequently they feared sex (e.g., “I am afraid of sex.”), thought about sex (e.g., “I daydream about sex.”), based relationships on sex (e.g., “My relationships with men are based on sex.”), and used their sexuality (e.g., “Men want to be with me because I am seductive.”) Previous research established the internal consistency reliability, test-retest reliability, and construct validity of this measure (Matorin & Lynn, 1998).

The original measure included four subscales. In the present study, items loaded on 2 factors: (a) role of sex and sexuality in relationships (7 items; Cronbach Alpha = 0.86), and (b) thoughts about sex (4 items; Cronbach Alpha = 0.89). Items comprising each of the 2 factors were averaged. For the first factor, higher scores indicated more frequent use of sex and sexuality to obtain and maintain relationships with men. For the second factor, higher scores indicated more frequent sexual thoughts.

Betrayal/trust

Trust was assessed with a subset of 5 items from the Dyadic Trust Scale (Larzelere & Huston, 1980), a measure of trust in close relationships. Participants responded on a 7-point scale (1 = strongly disagree to 7 = strongly agree) to items assessing how much they trusted and counted on their partner (e.g., “My partner is perfectly honest and truthful with me.”) Women who did not have a main partner were asked to respond to the items based on the sexual partner to whom they currently felt closest. The 5 items were averaged, and higher scores indicated greater partner trust. The reliability and validity of this measure has been established in previous studies (Larzelere & Huston, 1980). In the present study, internal consistency reliability was .93.

Guilt

To assess guilt, participants responded to a subset of 8 items from the sex guilt subscale of the Revised Mosher Guilt Inventory (D. L. Mosher, 1988). This measure was chosen because, unlike other measures of guilt or shame, the sex guilt subscale specifically assesses guilt and shame about sexual behaviors. The sex guilt scale subscale has good split-half reliability and is relatively uncorrelated with measures of anxiety, social desirability, or authoritarianism (D. L. Mosher, 1966, 1968; O’Grady & Janda, 1978). Internal consistency reliability for the present study was 0.76. Evidence of the scale’s validity comes from studies in which higher sex guilt was associated with sexual inactivity and conformity with social norms about sexual behavior (Gerrard, 1980; Langston, 1975).

Participants indicated on a 7-point scale (0 = not at all true for me; 6 = extremely true for me) how true for them a series of statements related to sexual desires and practices were

(e.g., “Masturbation is not healthy.”). Items were averaged, and higher scores indicated greater guilt associated with sexual desires and behaviors.

Powerlessness

A subset of items from Levenson’s (1974) Locus of Control Scales was used to assess powerlessness. The original measure included 3 scales: belief in chance; perceived control by powerful others; and perceived control over one’s own life. A factor analysis of items used in the present study resulted in 1 factor comprised of 7 items that reflected an external locus of control. Internal consistency reliability for the 7 items used in the present study was 0.79. Participants responded to items (e.g., “My life is chiefly controlled by powerful others.”) on a 6-point scale (0 = Strongly Disagree; 5 = Strongly Agree). Items were averaged, and a higher score indicated a more external locus of control, or greater powerlessness.

Sexual risk behavior

Participants were asked to report their number of sexual partners in the past 3 months and lifetime. Participants were also asked to report the number of condom-protected and the number of unprotected vaginal sex episodes and anal sex episodes in the past 3 months with a steady partner and with non-steady partner(s). The total number of unprotected sex episodes in the past 3 months and the percentage of unprotected sex episodes in the past 3 months were calculated based on responses to these questions. Finally, participants were asked how many times they had traded sex for money, drugs, food, or a place to stay; participants who indicated they had done this at least once in their lives were considered to have engaged in sex trading. Sexual behavior items were consistent with published recommendations on assessing sexual risk behavior (Schroder, Carey, & Venable, 2003; Weinhardt, Forsyth, Carey, Jaworski, & Durant, 1998), and have been used extensively in previous research with women (Carey et al., 2000; Carey, Senn, Venable, Coury-Doniger, & Urban, 2010).

Data analysis

Outliers ($> 3 \times$ the interquartile range (IQR) from the 75th percentile) on the sexual risk behavior outcome variables were trimmed (to $3 \times$ IQR from the 75th percentile + 1). Variables that were non-normally distributed (i.e., number of partners in the last 3 months, number of lifetime partners, number of episodes of unprotected sex in the past 3 months) were transformed using a $\log_{10}$ transformation.

To first establish that CSA and non-CSA groups differed in the traumagenic dynamics constructs, we conducted separate ANCOVAs with CSA status (based on the research definition of CSA) as the independent variable and each of the traumagenic dynamics constructs as the dependent variables, controlling for demographic variables that differed between the CSA and non-CSA groups. To establish that CSA and non-CSA groups differed in adult sexual risk behavior, we conducted separate ANCOVAs (for continuous outcomes) with CSA status (based on research definition) as the independent variable and each of the sexual risk behavior outcomes as the dependent variables, controlling for demographic variables that differed between CSA and non-CSA groups, as well as demographic variables associated with sexual risk behavior. A logistic regression was conducted for the dichotomous outcome of sex trading.

The main analyses included only the subset of women who met research criteria for having experienced CSA, in order to be able to control for characteristics of the CSA experience. Analyses were conducted to determine whether self-defining as sexually abused was associated with the four traumagenic dynamics. We conducted ANCOVAs with CSA status

(based on self-definition) as the independent variable and the traumagenic dynamics as the dependent variables, controlling for characteristics of the CSA experience that differed between definers and non-definers. To investigate whether self-defining as sexually abused was associated with sexual risk behavior, we conducted ANCOVAs with CSA status (based on self-definition) as the independent variable and each of the sexual risk behavior outcomes as the dependent variables, controlling for characteristics of the CSA experience that differed between definers and non-definers, as well as demographic characteristics that were associated with the sexual risk behavior outcomes. A logistic regression was conducted for the dichotomous outcome of sex trading.

Results

Participants reported high rates of sexual risk behavior, with an average of 22.4 ($SD = 23.2$) lifetime sexual partners, and an average of 2.1 ($SD = 1.8$) sex partners in the past 3 months. Participants reported an average of 17.6 ($SD = 22.1$) episodes of unprotected sex in the past 3 months; an average of 66% ($SD = 34\%$) of episodes of sex were unprotected. The majority of women (84%; $n = 397$) had been previously diagnosed with an STD. Of the 481 women who reported on their child sexual experiences, 43% ($n = 206$) met the research criteria for sexual abuse. Of the women who met the research criteria for CSA, 69% ($n = 142$) self-defined as sexually abused.

Research definition of CSA and traumagenic dynamics

Analyses were conducted to determine whether there was an association between CSA (based on a research definition) and the traumagenic dynamics constructs. Several demographic variables (unemployment, income, and age) were associated with meeting research criteria for CSA ($ps < .05$); these variables were controlled for in subsequent analyses. In multivariate analyses, women who met research criteria for CSA reported more traumatic sexualization, more trust of a partner, more powerlessness, and less sexual guilt, compared to women who did not meet research criteria for CSA (see Table 1).

Research definition of CSA and adult sexual risk behavior

We conducted analyses to investigate whether there was an association between CSA (based on a research definition) and adult sexual risk behavior. In addition to controlling for demographic variables associated with meeting research criteria for CSA, we controlled for variables associated with sexual behavior outcomes in the relevant analyses (i.e., race was associated with the number of partners, past 3 months and lifetime, $ps < .05$). Meeting research criteria for CSA was associated with greater adult sexual risk behavior, after controlling for covariates (see Table 2). Women who met research criteria for CSA reported more episodes of unprotected sex in the past 3 months, a greater percentage of episodes of unprotected sex in the past 3 months, and more lifetime sexual partners. In addition, women who met research criteria for CSA were more likely to report ever trading sex for money or drugs.

Self-definition of CSA and characteristics of the abuse experience

Among women who met research criteria for CSA, sexual abuse experiences differed between those who did and did not perceive themselves to have been sexually abused. In general, participants who self-defined as sexually abused reported more severe abuse experiences (see Table 3). Women who self-defined as sexually abused were more likely to report that the experience involved a family member, lasted for a longer duration, involved threat or force, occurred at a younger age, and involved a greater age difference between themselves and the other person. Women who self-defined as sexually abused were less likely to report that the experience involved vaginal or anal sex.

Self-definition of CSA and traumagenic dynamics

Analyses were conducted to determine whether self-defining as CSA was associated with the traumagenic dynamics constructs, among women who met research criteria for CSA. Demographic variables associated with self-defining as sexually abused (i.e., employment, $p < .05$), as well as characteristics of the experience that differed between those who did and did not self-define as abused (i.e., intrafamilial abuse, type of sex act, duration, force, age at experience, and age difference) were included as covariates in these analyses. After controlling for covariates, self-defining as sexually abused was not associated with any of the traumagenic dynamics (see Table 4).

Self-definition of CSA and adult sexual risk behavior

Finally, we conducted analyses to determine whether self-defining as sexually abused was associated with adult sexual risk behavior among women meeting research criteria for CSA. In addition to controlling for variables associated with self-defining as sexually abused, demographic variables that were associated with adult sexual risk behavior in this subsample (i.e., age was associated with the number of lifetime partners; race was associated with the number of lifetime partners; income was associated with the number of partners in the past 3 months and with sex trading, $ps < .05$) were controlled for in the relevant analyses (see Table 5). Among women meeting research criteria for CSA, self-defining as sexually abused was not associated with any of the adult sexual risk behavior outcomes.

Discussion

In a sample of women attending an STD clinic, 43% met research criteria (based on age-graded discrepancy or use of force) for CSA. This rate is considerably higher than rates reported in national samples of women, which range from 15% to 32% (Briere & Elliott, 2003; Vogeltanz et al., 1999), but is consistent with other studies which found that women attending STD clinics report high rates of CSA (NIMH Multisite Prevention Trial Group, 2001; Senn et al., 2006). Of the women meeting research criteria for CSA, only 69% self-defined as sexually abused, consistent with other studies that have found a large percentage of individuals who meet research criteria for CSA do not self-define as sexually abused (Dolezal & Carballo-Diéguez, 2002; Fondacaro et al., 1999; Holmes, 2008; Stander et al., 2002; Stanley et al., 2004).

Three main findings emerged from the present study. First, participants who were sexually abused (by research criteria) differed from individuals who were not sexually abused in scores on traumagenic dynamics measures. The fact that women who were sexually abused reported greater use of sex to start and maintain relationships, more thoughts about sex, and more powerlessness is consistent with both theory (Finkelhor & Browne, 1985) and empiric research (Brown, Kessel, Lourie, Ford, & Lipsitt, 1997; Matorin & Lynn, 1998). However, findings that women who were sexually abused reported more trust of a partner and less sexual guilt were in the opposite direction of what was expected. Some researchers have suggested that individuals who are sexually abused might have difficulty telling who they can trust because as a child they trusted their abuser, who may have manipulated them and lied to them (Zurbriggen & Freyd, 2004). It is possible that women who were sexually abused had difficulty accurately assessing the trustworthiness of their partners. It was surprising that women who were sexually abused reported less sexual guilt. Perhaps for individuals who experienced CSA, most adult sexual practices do not seem shameful in comparison to the abuse experience.

The second major study finding was that participants who were sexually abused (by research criteria) reported more sexual risk behavior than participants who were not sexually abused.

This finding is consistent with much previous research, which has found a relation between CSA and adult sexual risk behavior (Bensley et al., 2000; El-Bassel et al., 2001; Mullings et al., 2000; Senn et al., 2006). Further research is needed to explain how CSA may result in greater adult sexual risk behavior. In addition to the traumagenic dynamics (Finkelhor & Browne, 1985), other possible mechanisms through which CSA may lead to sexual risk behavior include emotion dysregulation, which could make it difficult for individuals to resist impulses to engage in sexual risk behavior, and disrupted attachment, which could make it difficult for individuals to form lasting romantic attachments and lead to multiple sexual partners (Briere, 2002; Cicchetti & Toth, 2005).

The third major finding from this study was that among participants who met research criteria for CSA, those who did and did not self-define as abused did *not* differ on the traumagenic dynamics constructs or in lifetime and current sexual risk behavior. Other previous research found that CSA perceptions were not associated with adult sexual risk behavior (Dolezal & Carballo-Diéguez, 2002; Steever et al., 2001), but these findings are in contrast to research on psychological outcomes, which found worse outcomes for non-definers (Fondacaro et al., 1999; Stanley et al., 2004; Steever et al., 2001; Varia, Abidin, & Dass, 1996). Because the sexual experiences of those who did not self-define as sexually abused were less severe than those who self-defined as abused (i.e., less likely to have occurred with a family member, lasted for a shorter duration, less likely to involve force, occurred at an older age, and less of an age difference between self and other person), it may be easier for these individuals to construe the experience as non-abusive. Alternatively, non-definers may view their experiences as abusive, but they do not consider them to be childhood sexual abuse; particularly if the experience occurred when they were older and did not involve a family member, non-definers may consider the experience to be dating violence or intimate partner violence, rather than CSA. Qualitative research could help elucidate how non-definers perceive these childhood sexual experiences that researchers would define as CSA.

Because non-definers and definers did not differ in sexual risk behavior, it is important to target both groups in sexual risk reduction interventions. There is limited research on the most effective way to reduce sexual risk behavior among individuals who experienced CSA. Some research suggests that an intervention focused on current sexual behavior would be effective (Greenberg et al., 2000), whereas other research suggests that an intervention focused on the CSA experience would be effective (Sikkema et al., 2008; Wyatt et al., 2004). However, it may be difficult to engage individuals who do not self-define as sexually abused in interventions focused on CSA. Further, it is unclear whether labeling someone as sexually abused would be helpful or harmful. For participants who do not self-define as sexually abused, perhaps the best approach based on current knowledge is to focus the intervention on their current sexual risk behavior.

The use of an ACASI survey, which has been associated with reporting higher rates of socially sensitive behavior (Des Jarlais et al., 1999; Metzger et al., 2000), and the large sample of women reporting CSA were strengths of this study. Study limitations included the retrospective study design, which may have led to recall biases for childhood sexual experiences or recent sexual risk behavior. In addition, because of the cross-sectional study design we cannot draw causal inferences from the study. We do not know whether or not CSA causes sexual risk behavior in adulthood; it may be, for example, that a third variable, such as poor family functioning, leads to both childhood sexual abuse and adult sexual risk behavior. Finally, results may not generalize to other groups of women. Participants were recruited from an urban STD clinic, and reported high rates of sexual risk behavior; in addition, participants were predominantly low-income and African American. It is unclear how the sample characteristics might have affected the results; for example, national surveys

indicate that race is not associated with CSA (Centers for Disease Control and Prevention, 2010; Vogeltanz et al., 1999) and that there are few racial differences in women's sexual behavior (W. D. Mosher, Chandra, & Jones, 2005). Further research is needed to replicate these results with other populations of women.

In conclusion, CSA based on research criteria was associated with higher scores on measures of traumatic sexualization, trust of a partner, and powerlessness, and lower scores on sexual guilt. CSA based on research criteria was also associated with more sexual risk behavior, including more partners, more unprotected sex, and sex trading. Individuals meeting research criteria for CSA who did and did not self-define as abused did not differ on these outcomes. Therefore, including only individuals who self-define as abused in research and interventions may be inappropriate. Care will need to be taken to develop interventions that do not label non-definers as abused.

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Table 1**Traumagenic Dynamics by CSA (Research Definition)**

	No CSA (<i>n</i> = 275)		CSA (<i>n</i> = 206)		<i>F</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Traumatic sexualization					
Role of sex in relationships (0 – 4)	0.91	0.80	1.29	0.92	16.90***
Thoughts about sex (0 – 4)	1.37	0.92	1.63	1.04	10.43**
Trust (1 – 7)	3.31	1.58	3.79	1.80	6.23*
Sex Guilt (0 – 6)	2.60	1.28	2.11	1.18	19.39***
Powerlessness (0 – 5)	1.36	0.89	1.62	1.02	6.35*

Note: All analyses controlled for employment, income, and current age. CSA = childhood sexual abuse.

* $p < .05$;

** $p < .01$;

*** $p < .001$.

Table 2**Sexual Risk Behavior by CSA (Research Definition)**

	No CSA (<i>n</i> = 275)		CSA (<i>n</i> = 206)		<i>F</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Episodes unprotected sex (no.)	14.6	19.6	21.4	24.3	15.33***
Episodes unprotected sex (%)	61%	36%	72%	32%	8.85**
Partners, lifetime (no.) ^a	16.7	18.7	29.8	26.3	39.64***
Partners, past 3 months (no.) ^a	2.0	1.7	2.2	1.9	0.56
Traded sex, lifetime	<i>n</i>	%	<i>n</i>	%	Wald χ^2
	49	18	99	48	35.51***

Note: All analyses controlled for unemployment, income, and age; CSA = childhood sexual abuse; no. = number.

^a Analysis also controlled for race.

** $p < .01$;

*** $p < .001$.

Table 3

Characteristics of Childhood Sexual Experiences by Self-Perception of CSA

	No perceived CSA (<i>n</i> = 64)		Perceived CSA (<i>n</i> = 142)		χ^2
	<i>n</i>	%	<i>n</i>	%	
Family member	1	2	70	49	44.50***
Vaginal or anal sex	56	88	83	58	16.96***
Duration > 1 month	36	56	102	72	4.84*
Force	40	63	132	93	29.70***
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>F</i>
Age at experience (years)	14.2	1.9	9.3	3.9	89.27***
Age difference (years)	7.9	6.8	16.8	10.7	37.62***

Note: CSA = childhood sexual abuse.

*
 $p < .05$;***
 $p < .001$.

Table 4**Traumagenic Dynamics By CSA (Self-Definition)**

	No perceived CSA (<i>n</i> = 64)		Perceived CSA (<i>n</i> = 142)		
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>F</i>
Traumatic sexualization					
Role of sex in relationships	1.20	0.90	1.33	0.92	0.89
Thoughts about sex	1.60	1.01	1.65	1.06	0.42
Trust	3.66	1.66	3.84	1.86	0.74
Guilt	2.17	1.18	2.08	1.19	0.16
Powerlessness	1.45	0.90	1.70	1.06	1.65

Note: All analyses controlled for employment, intrafamilial abuse, penetrative abuse, duration, use of force, age at time of experience, and age difference; CSA = childhood sexual abuse.

Table 5

Sexual Risk Behavior by CSA (Self-Definition)

	No perceived CSA (<i>n</i> = 64)		Perceived CSA (<i>n</i> = 142)		<i>F</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Episodes unprotected sex (no.)	23.3	24.5	21.6	27.3	0.34
Episodes unprotected sex (%)	76%	31%	70%	32%	0.34
Partners, lifetime (<i>no.</i>) ^{<i>a</i>}	27.8	27.7	34.1	34.7	1.56
Partners, past 3 months (<i>no.</i>) ^{<i>b</i>}	2.1	1.7	2.3	2.0	0.12
	<i>n</i>	%	<i>n</i>	%	Wald χ^2
Traded sex, lifetime ^{<i>b</i>}	23	37	76	54	1.94

Note: All analyses controlled for unemployment, intrafamilial abuse, penetrative abuse, duration, use of force, age at time of experience, and age difference; CSA = childhood sexual abuse; no. = number.

^{*a*} Analysis also controlled for race and current age.

^{*b*} Analysis also controlled for income.