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CHARACTERISTICS OF CHILDHOOD SEXUAL ABUSE IN LESBIANS AND HETEROSEXUAL WOMEN

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Keywords

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Childhood sexual abuse (CSA) is a strong predictor of adverse physical and mental health outcomes (Koenig, Doll, O'Leary, & Pequegnat, 2004; Lalor & McElvaney, 2010). Recent research has found that CSA is reported more frequently by lesbians than by heterosexual women (Austin et al., 2008; Balsam, Rothblum, & Beauchaine, 2005; Stoddard, Dibble, & Fineman, 2009). Possible reasons for lesbians' higher CSA rates include childhood maltreatment (e.g., physical and sexual abuse) because of gender atypical behavior (Tjaden, Thoennes, & Allison, 1999), and involvement in behaviors (e.g., substance abuse, running away from home) that increase risks of sexual victimization, following family and peer rejection due to same-gender orientation (Ryan, Huebner, Diaz, & Sanchez, 2009). More limited research suggests that lesbians may also experience *more severe* CSA than heterosexual women. Austin and colleagues (2008) and Balsam and colleagues (2005) found that lesbians exceeded heterosexuals to a greater extent in reports of more severe forms of CSA (e.g., forced sexual activity) than in reports of less severe forms (e.g., sexual touching). Hughes, Johnson, and Wilsnack (2001) found that lesbians reported more different types of CSA experiences than heterosexual women. Understanding CSA severity is important because the few studies that assessed CSA severity found a "dose-response" relationship between severity (e.g., genital CSA, physical coercion) and adverse outcomes (Bulik, Prescott, & Kendler, 2001; Zink, Klesges, Stevens, & Decker, 2009).

Previous research is inconclusive about perpetrator characteristics that might be severity indicators. Some studies have found more negative long-term outcomes following abuse by a father figure (Casey & Nurius, 2005; Ketring & Feinauer, 1999) or by perpetrators who are strangers or authority figures, caretakers, or parents' friends (Zink et al., 2009). Tomeo and colleagues (2001) found that lesbians were more likely than heterosexual women to be abused by a female perpetrator (cf. Stoddard et al., 2009). Although this research is neither

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extensive nor consistent enough to suggest specific hypotheses, we present descriptive information about CSA perpetrators for comparison with previous findings.

Higher rates of CSA among lesbians may be at least partly related to their greater willingness to acknowledge this experience. In coming to terms with their sexual orientation, sexual minority women often spend considerable time reflecting about identity and authenticity. Research suggests that the majority of lesbians have been in therapy or counseling (Cochran, Sullivan, & Mays, 2003), which may increase their awareness of and comfort about disclosing painful and stigmatized experiences, including CSA.

The present study tests the hypothesis that, among women reporting CSA, lesbians will report more severe CSA than heterosexual women. Because information is limited about CSA perpetrators among sexual minority women, we also present descriptive information about perpetrators reported by samples of lesbians and heterosexual women. Finally, we present exploratory analyses of associations between psychotherapy experience and self-perception of CSA among women who meet researcher-defined criteria for CSA.

Methods

Sample and data collection

The data analyzed here are from the 2001 National Study of Health and Life Experiences of Women (NSHLEW) and the 2001 Chicago Life Experiences of Women (CHLEW) study. The NSHLEW is 20-year longitudinal study of drinking among women in the U.S. general population (Wilsnack, Kristjanson, Wilsnack, & Crosby, 2006). The CHLEW is a 5-year longitudinal study that replicated and extended the NSHLEW with a sample of self-identified lesbians in the greater Chicago area. The CHLEW recruited study participants through clusters of social networks, including formal organizations and informal social groups. The study was advertised in local newspapers and on flyers distributed via community events and social networks. In an attempt to overcome some limitations of convenience samples, the CHLEW study made special efforts to recruit groups underrepresented in previous research, including women of color, older lesbians, and lesbians of lower socioeconomic status (Hughes et al., 2006). Both studies had good response rates and sample retention (66% – 91% completion rates across 5 waves of the NSHLEW; 86% between CHLEW Waves 1 and 2).

Sexual identity in both studies was assessed by the question, “Understanding that sexual identity is only one part of your identity, how do you define your sexual identity (only heterosexual, mostly heterosexual, bisexual, mostly homosexual/lesbian/gay, only homosexual/lesbian/gay)?” Of the 1,126 NSHLEW respondents aged 21 and older, the 1,044 (92.7%) who described themselves as “only heterosexual” were included in the present analyses. The 2001 CHLEW survey asked the same sexual identity question in telephone screening interviews, which selected 477 women aged 18 and older who self-identified as lesbian. In the subsequent main study interview, 13 women who identified themselves as bisexual or “other” were omitted from the analyses.

The CHLEW questionnaire was adapted from the NSHLEW, modifying language where necessary to make it more inclusive of lesbians’ experience. Data in both studies were collected in face-to-face interviews conducted by extensively trained female interviewers. Detailed information is available elsewhere about sampling and data collection in the NSHLEW (Wilsnack et al., 2006) and the CHLEW (Hughes et al., 2006). Informed consent and confidentiality procedures were approved by Institutional Review Boards at the University of North Dakota (NSHLEW) and the University of Illinois at Chicago (CHLEW).

Measures

CSA was measured by questions about 8 sexual activities before age 18: exposure (of respondent's genitals), exhibitionism (by perpetrator), touching/fondling (as initiator and recipient), sexual kissing, oral-genital activity (as initiator and recipient), and vaginal or anal intercourse. For each activity reported, follow-up questions asked about age of onset, participants, and respondent's feelings about the experience. To avoid suggesting abuse, terms such as "sexual abuse" were not used in any of these questions. Following Wyatt (1985), CSA was defined as (1) any intrafamilial sexual activity before age 18 that was unwanted by the respondent, or that involved a family member 5 or more years older than the respondent; or (2) any extrafamilial sexual activity that occurred before age 18 and was unwanted, or that occurred before age 13 and involved another person 5 or more years older than the respondent. Respondents who reported more than one experience that met criteria for CSA were asked to think about the "most distressing" experience when answering additional follow-up questions (e.g., duration, pain, injury). When all other CSA questions had been asked, respondents who met Wyatt CSA criteria were asked whether they felt they had been sexually abused. Further detail about CSA measures can be found elsewhere (Vogeltanz et al., 1999).

Indicators of CSA severity, drawn from previous research, included (1) genital CSA (Kendler et al., 2000; Zink et al., 2009); (2) vaginal or anal intercourse (Dube et al., 2005; Molnar et al., 2001); (3) younger age of first CSA (Casey & Nurius, 2005; Zink et al., 2009); (4) larger number of perpetrators (Briere & Runtz, 1988; Casey & Nurius, 2005); (5) greater number of CSA occurrences (Jasinki et al., 2000; Zink et al., 2009); (6) longer duration of CSA (Briere & Runtz, 1988; Lange et al., 1999); and (7) physical force or coercion (Dube et al., 2005).

Data analysis

The NSHLEW sample was weighted to reflect the complex sampling design (Wilsnack et al., 2006). Because heterosexual and lesbian respondents differed on major demographic characteristics (see below), logistic regression analysis was used to predict CSA characteristics by sexual identity, controlling for four demographic variables: age (continuous); education (ordinal categories); race/ethnicity (White vs. non-White); and geographic residence (large or medium-sized city, or suburb near large city vs. small city, farm, open country). Analyses were conducted using SAS 9.2 (SAS Institute Inc., Cary, NC). Adjusted odds ratios and confidence intervals are presented for effects of sexual identity on CSA characteristics. Due to length limitations, associations between control variables and CSA characteristics are not reported, although overall patterns are noted. Tests of significance were 2-tailed for perpetrator categories and 1-tailed (given the directional hypotheses) for CSA prevalence and severity indicators.

Results

Demographic characteristics

The lesbian and heterosexual samples differed significantly on six demographic characteristics (data available on request from first author). Heterosexuals were older than lesbians (age 51, 41.3% vs. 19.7%, $\chi^2_{(df=1)}=48.5, p<.001$). More heterosexuals (72.5%) than lesbians (47.0%) were white ($\chi^2_{(df=1)}=69.9, p<.001$), indicating the CHLEW's successful efforts to recruit women of color. More lesbians (54.0%) than heterosexuals (22.5%) had a bachelor or graduate degree ($\chi^2_{(df=1)}=113.7, p<.001$), and more lesbians (65.7%) than heterosexuals (48.2%) were employed fulltime ($\chi^2_{(df=1)}=29.5, p<.001$). The two groups did not differ on household income. Heterosexuals were more likely than lesbians to be married or living with a partner (64.5% vs. 48.6%, $\chi^2_{(df=1)}=25.5, p<.001$).

Lesbians were more likely than heterosexuals to live in a medium-sized or large city or suburb (96.5% vs. 50.5%, $\chi^2_{(df=1)}=214.2$, $p<.001$), reflecting the recruitment of the CHLEW sample within the greater Chicago metropolitan area.

CSA prevalence and severity

Table 1 presents unadjusted percentages and adjusted odds ratios and confidence intervals (controlling for demographic covariates) for the effect of lesbian sexual identity on CSA prevalence (in the total sample) and on CSA perpetrators and CSA severity among women meeting Wyatt CSA criteria. As predicted, lesbians were significantly more likely than heterosexuals to report experiences that met Wyatt-based criteria for CSA and to report CSA that involved physical contact. Lesbians also exceeded heterosexuals in rates of eight of nine indicators of CSA severity: lesbians were significantly more likely than heterosexuals to report genital CSA, vaginal or anal CSA, younger age at first CSA, larger number of perpetrators, greater frequency of CSA, longer duration of CSA, painful CSA, and CSA involving physical injury. The two groups did not differ on CSA involving physical force.

CSA perpetrators

Table 1 shows several categories of perpetrators drawn from previous research. Among women who met criteria for CSA, lesbians and heterosexuals did not differ in rates of reporting an influential woman (not including mother) as perpetrator, and there were no significant differences for any other female perpetrators, including female playmates, relatives, and other adult women (data available on request). Lesbians and heterosexuals did not differ in rates of abuse by biological father, but lesbians more often reported abuse by grandfather, stepfather or mother's boyfriend, and uncle.

Covariate effects

Due to length limitations, odds ratios and confidence intervals are presented only for sexual identity, the predictor of primary interest in this study. Of the 4 control variables, age and education were significantly related to some of the CSA variables. Younger age predicted higher prevalence of any CSA and contact CSA and predicted greater severity for 5 of the 9 severity variables. Lower education predicted greater severity for 4 of the 9 severity variables. Tables showing covariate effects are available on request from the first author.

Self-perceived CSA

Among women who met the Wyatt-based CSA criteria, lesbians were more likely than heterosexuals to report feeling they had been sexually abused ($p<.05$). To determine whether lesbians' greater likelihood of having been in psychotherapy or counseling (79.7% of lesbians vs. 31.5% of heterosexuals in the total sample; $\chi^2_{(df=1)}=227.8$, $p<.001$) was associated with their greater self-perception of abuse, we examined associations between therapy experience and self-perceived CSA among women who met Wyatt CSA criteria, for the two samples separately. Rates of self-perceived CSA were higher among both lesbians and heterosexuals who had been in therapy than among their counterparts without therapy experience. Associations between therapy and self-perceived CSA were statistically significant among heterosexuals ($\chi^2_{(df=1)}=5.2$, $p<.05$) but not among lesbians ($\chi^2_{(df=1)}=1.1$, $p=.29$).

Discussion

Our findings are among the first to suggest that CSA is not only more prevalent among lesbians than among heterosexual women, but also more severe. Given research linking CSA with subsequent psychiatric disorders (Dinwiddie et al., 2000; Molnar, Buka, &

Kessler, 2001) and research finding elevated rates of depression, psychological distress, and substance abuse among lesbian and bisexual women (Bostwick, Boyd, Hughes, Cranford, & McCabe, 2010; Wilsnack et al., 2008), our findings suggest two factors that may contribute to lesbians' increased risk: (1) higher prevalence of CSA among lesbians; and (2) greater severity of the CSA that lesbians experience.

Information on CSA perpetrators did not support Tomeo et al.'s (2001) finding that lesbians were disproportionately abused by female perpetrators. In our samples there were no significant differences in abuse by an "influential woman" or other categories of female perpetrators. Our finding that lesbians exceeded heterosexuals in rates of abuse by grandfathers, stepfathers or mother's boyfriends, and uncles may be consistent with some previous research suggesting that abuse by a father figure has particularly negative long-term effects (Casey & Nurius, 2005; Ketring & Feinauer, 1999).

Lesbians who met CSA criteria were more likely than heterosexuals to report feeling they had been sexually abused. This difference could directly reflect the greater severity of CSA experienced by lesbians. Experiencing early, frequent, and severe sexual abuse is undoubtedly one cause of seeking psychotherapy for many women, and lesbians' more severe CSA may help to explain their higher rates of counseling and therapy. In addition, exploring CSA experiences with a therapist may increase the salience of these experiences, and perhaps increase comfort with reporting these experiences as abuse. (The significant association between therapy experience and self-perceived CSA in the heterosexual sample would be consistent with this latter dynamic.) In this study the experiences that met the Wyatt-based criteria for CSA occurred before age 18 and thus in most cases likely preceded entry into psychotherapy. However, without time-ordered data on age of entering therapy and age of self-perceiving one's childhood experiences as sexual abuse, it is not possible to know the relative contributions of actual CSA severity, and increased awareness of CSA as a result of therapy, to lesbians' higher rate of self-perceived CSA.

Several limitations of this study should be noted. First, the heterosexual women were from a national probability sample whereas the lesbians were from a community-based sample (albeit one with greater racial/ethnic, age, and socioeconomic diversity than in most previous studies). Although we controlled statistically for major demographic characteristics on which the two samples differed, it is possible that other unmeasured differences between the groups influenced the study findings. Other limitations include the fact that the lesbians were from one metropolitan area and therefore do not represent lesbians in other geographic areas, particularly rural lesbians. The possibility of underreporting must always be considered when interviews include sensitive topics such as CSA.

Despite these limitations, the study's findings have potentially important implications for future research. Longitudinal analyses should include CSA severity in models with other possible risk factors to determine whether greater CSA severity helps to explain lesbians' heightened risk for substance use and mental health disorders. Research is also needed to determine to what extent lesbians' greater participation in therapy may help to explain their higher rates and greater severity of CSA. To disentangle the individual and combined effects of CSA and other experiences, and to better understand which characteristics of severity confer the greatest health risks, studies with larger samples of sexual minority and heterosexual women are needed.

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References

- Austin SB, Jun HJ, Jackson B, Spiegelman D, Rich-Edwards J, Corliss HL, Wright RJ. Disparities in child abuse victimization in lesbian, bisexual, and heterosexual women in the Nurses' Health Study II. *Journal of Women's Health*. 2008; 17(4):597–606.
- Balsam KF, Rothblum ED, Beauchaine TP. Victimization over the life span: A comparison of lesbian, gay, bisexual, and heterosexual siblings. *Journal of Consulting and Clinical Psychology*. 2005; 73(3):477–487. [PubMed: 15982145]
- Bostwick WB, Boyd CJ, Hughes TL, Cranford J, McCabe SE. Sexual orientation and mental health: Lifetime and past year mood and anxiety disorders in the United States. *American Journal of Public Health*. 2010; 100:468–475. [PubMed: 19696380]
- Briere J, Runtz M. Symptomatology associated with childhood sexual victimization in a nonclinical adult sample. *Child Abuse & Neglect*. 1988; 12:51–59. [PubMed: 3365583]
- Bulik CM, Prescott CA, Kendler KS. Features of childhood sexual abuse and the development of psychiatric and substance use disorders. *British Journal of Psychiatry*. 2001; 179:444–449. [PubMed: 11689403]
- Casey EA, Nurius PS. Trauma exposure and sexual revictimization risk: Comparisons across single, multiple incident, and multiple perpetrator victimizations. *Violence Against Women*. 2005; 11:505–530. [PubMed: 16043560]
- Cochran SD, Sullivan JG, Mays VM. Prevalence of mental disorders, psychological distress, and mental health services use among lesbian, gay, and bisexual adults in the United States. *Journal of Consulting and Clinical Psychology*. 2003; 71:53–61. [PubMed: 12602425]
- Dinwiddie S, Heath AC, Dunne MP, Bucholz KK, Madden PAF, Slutske WS, Bierut LJ, Statham DB, Martin NG. Early sexual abuse and lifetime psychopathology: A co-twin control study. *Psychological Medicine*. 2000; 30:41–52. [PubMed: 10722174]
- Dube SR, Anda RF, Whitfield CL, Brown DW, Felitti VJ, Dong M, Giles WH. Long-term consequences of childhood sexual abuse by gender of victim. *American Journal of Preventive Medicine*. 2005; 28(5):430–438. [PubMed: 15894146]
- Hughes TL, Johnson T, Wilsnack SC. Sexual assault and alcohol abuse: A comparison of lesbians and heterosexual women. *Journal of Substance Abuse*. 2001; 13:515–532. [PubMed: 11775080]
- Hughes TL, Wilsnack SC, Szalacha LA, Johnson TP, Bostwick WB, Seymour R, Aranda F, Benson P, Kinnison KE. Age and racial/ethnic differences in drinking and drinking-related problems in a community sample of lesbians. *Journal of Studies on Alcohol*. 2006; 67:579–590. [PubMed: 16736078]
- Jasinski JL, Williams LM, Siegel J. Childhood physical and sexual abuse as risk factors for heavy drinking among African-American women: A prospective study. *Child Abuse & Neglect*. 2000; 24:1061–1071. [PubMed: 10983816]
- Kendler KS, Bulik CM, Silberg J, Hettema JM, Myers J, Prescott CA. Childhood sexual abuse and adult psychiatric and substance use disorders in women: An epidemiological and cotwin control analysis. *Archives of General Psychiatry*. 2000; 57(10):953–959. [PubMed: 11015813]
- Ketring SA, Feinauer LL. Perpetrator-victim relationship: Long-term effects of sexual abuse for men and women. *American Journal of Family Therapy*. 1999; 27:109–120.
- Koenig, LJ.; Doll, LS.; O'Leary, A.; Pequegnat, W., editors. From child sexual abuse to adult sexual risk: Trauma, revictimization, and intervention. Washington, DC: American Psychological Association; 2004.
- Lalor K, McElvaney R. Child sexual abuse, links to later sexual exploitation/high-risk sexual behavior, and prevention/treatment programs. *Trauma, Violence, & Abuse*. 2010; 11(4):159–177.
- Lange A, de Beurs E, Dolan C, Lachnit T, Sjollem S, Hanewald G. Long-term effects of childhood sexual abuse: Objective and subjective characteristics of the abuse and psychopathology in later life. *Journal of Nervous & Mental Disease*. 1999; 187:150–158. [PubMed: 10086471]

- Molnar BE, Buka SL, Kessler RC. Child sexual abuse and subsequent psychopathology: Results from the National Comorbidity Study. *American Journal of Public Health*. 2001; 91:753–760. [PubMed: 11344883]
- Ryan C, Huebner D, Diaz RM, Sanchez J. Family rejection as a predictor of negative health outcomes in White and Latino lesbian, gay, and bisexual young adults. *Pediatrics*. 2009; 123:346–352. [PubMed: 19117902]
- Stoddard JP, Dibble SL, Fineman N. Sexual and physical abuse: A comparison between lesbians and their heterosexual sisters. *Journal of Homosexuality*. 2009; 56:407–420. [PubMed: 19418332]
- Tjaden P, Thoennes N, Allison CJ. Comparing violence over the life span in samples of same-sex and opposite-sex cohabitants. *Violence & Victims*. 1999; 14:413–425. [PubMed: 10751048]
- Tomeo ME, Templar DI, Anderson S, Kotler D. Comparative data of childhood and adolescence molestation in heterosexual and homosexual persons. *Archives of Sexual Behavior*. 2001; 30(5): 535–541. [PubMed: 11501300]
- Vogeltanz ND, Wilsnack SC, Harris TR, Wilsnack RW, Wonderlich SA, Kristjanson AF. Prevalence and risk factors for childhood sexual abuse in women: National survey findings. *Child Abuse & Neglect*. 1999; 23:579–592. [PubMed: 10391515]
- Wilsnack RW, Kristjanson AF, Wilsnack SC, Crosby RD. Are U.S. women drinking less (or more)? Aging and historical trends, 1981 – 2001. *Journal of Studies on Alcohol*. 2006; 67:341–348. [PubMed: 16608142]
- Wilsnack SC, Hughes TL, Johnson TL, Bostwick WB, Szalacha LA, Benson PB, Aranda FA, Kinnison KE. Sexual orientation and drinking: A comparison of lesbian and heterosexual women. *Journal of Studies on Alcohol and Drugs*. 2008; 69:129–139. [PubMed: 18080073]
- Wyatt GE. The sexual abuse of Afro-American and white-American women in childhood. *Child Abuse & Neglect*. 1985; 9:507–519. [PubMed: 4084830]
- Zink T, Klesges L, Stevens S, Decker P. The development of a Sexual Abuse Severity Score: Characteristics of childhood sexual abuse associated with trauma symptomatology, somatization, and alcohol abuse. *Journal of Interpersonal Violence*. 2009; 24:537–546. [PubMed: 18451098]

Table 1

CSA Prevalence, Severity Indicators, and Perpetrators in Lesbian (CHLEW) and Heterosexual (NSHLEW) Samples

CSA Characteristic	CHLEW % (SE)	NSHLEW % (SE)	Odds Ratio ^a	95% CI ^a
CSA of any kind (total sample N = 1328)	55.8 (0.99)	26.5 (1.63)	3.07***	(2.37, 4.00)
Contact CSA (total sample N = 1328)	44.9 (1.28)	19.2(1.59)	2.94***	(2.20, 3.94)
CSA Characteristics Among Women Meeting Wyatt Criteria (n=446)				
Perpetrator				
Grandfather	8.4 (3.51)	2.5 (0.83)	5.73*	(1.16, 28.24)
Stepfather/mother's boyfriend	13.5 (1.41)	5.7 (1.81)	3.74**	(1.50, 9.34)
Uncle	14.2 (0.98)	8.7 (1.99)	1.90*	(1.01, 3.60)
Father	7.1 (0.80)	8.5 (2.52)	NS	--
Influential man	14.2 (1.60)	8.0 (2.09)	2.59 ^b	(0.97, 6.85)
Influential woman	3.9 (1.32)	4.1 (2.43)	NS	--
Severity Indicators				
Type of CSA				
Genital (oral/vaginal/anal)	66.4 (1.98)	48.4 (4.20)	2.05**	(1.26, 3.34)
Vaginal or anal CSA	28.9 (1.92)	19.3 (2.82)	1.65*	(0.92, 2.95)
Age of first CSA (% 8 years or younger)	52.3 (3.42)	33.2 (3.32)	2.22**	(1.31, 3.76)
Number of perpetrators (% 2 or more)	61.0 (0.67)	33.5 (3.40)	3.16***	(1.96, 5.10)
Severity Indicators: Most Distressing CSA Experience				
Frequency, Duration				
Frequency of CSA (% 2+ times)	68.9 (5.89)	54.1 (4.15)	2.57**	(1.39, 4.75)
Duration of CSA (% 1+ years)	53.4 (4.71)	35.9 (3.96)	2.35**	(1.33, 4.14)
Physical Consequences				
Physical force	50.0 (5.08)	43.2 (3.93)	NS	--
Pain	44.0 (3.75)	26.3 (3.13)	2.18**	(1.31, 3.61)
Cuts, bruises, broken bones	15.7 (3.36)	9.5 (1.91)	2.39*	(1.20, 4.75)
Perceived being abused?				
Yes	60.4 (6.75)	33.9 (4.09)	2.19*	(1.12, 4.30)

^aAdjusted odds ratios and 95% confidence intervals for effects of lesbian sexual identity on CSA characteristics in logistic regression models controlling for age, education, race/ethnicity, and geographic residence.

^b $p=0.057$ (2-tailed)

* $p<0.05$,

** $p<0.01$,

*** $p<0.001$. Significance levels are 2-tailed for perpetrator categories, 1-tailed for CSA prevalence and severity characteristics.