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Association between childhood sexual abuse and transactional sex in youth aging out of foster care

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Abstract

Purpose—To evaluate the association between history of childhood sexual abuse (CSA) and having transactional sex among adolescents who have been in foster care.

Methods—We used an existing dataset of youth transitioning out of foster care. Independent CSA variables included self report of history of sexual molestation and rape when participants were, on average, 17 years of age. Our outcome variables were self-report of having transactional sex ever and in the past year, when participants were an average age of 19 years. Separate multiple logistic regression analyses were conducted to assess the associations between CSA variables and transactional sex variables. Initial analyses were performed on both genders; exploratory analyses were then performed evaluating each gender separately. Total N=732; 574 were included in the main analyses.

Results—History of sexual molestation was significantly associated with increased odds of having transactional sex, both ever and in the past year (OR [95% CI]: 3.21 [1.26-8.18] and 4.07 [1.33, 12.52], respectively). History of rape was also significantly associated with increased odds of having had transactional sex ever and in the past year (ORs [95% CI]: 3.62 [1.38-9.52] and 3.78 [1.19, 12.01], respectively). Odds ratios in female-only analyses remained significant and were larger in magnitude compared with the main, non-stratified analyses; odds ratios in male-only analyses were non-significant and smaller in magnitude when compared with the main analyses.

Conclusions—Both CSA variables were associated with increased likelihood of transactional sex. This association appears to vary by gender. Our results suggest that policymakers for youth in foster care should consider the unique needs of young women with histories of CSA when developing programs to support healthy relationships. Health care providers should also consider adapting screening and counseling practices to reflect the increased risk of transactional sex for female youth in foster care with a history of CSA.

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INTRODUCTION

Transactional sex, or the trading of sex for drugs or money, is associated with a variety of important health consequences including an increased risk of acquiring a sexually transmitted disease, sustaining an injury as a result of physical or sexual victimization, and having a mental health disorder such as depression, suicidality or substance abuse (Burnette, Lucas, Ilgen, Frayne, Mayo & Weitlauf, 2008; Gilchrist, Gruer, & Atkinson, 2005; Senn, Carey & Vanable, 2008; Silbert & Pines, 1982). Given these potentially severe outcomes, it is important to identify antecedents to this behavior to develop effective screening and prevention strategies. Several researchers have postulated that exposure to childhood sexual abuse (CSA) is an antecedent to engagement in risky sexual behaviors, of which transactional sex is one (Browning & Laumann, 1997; Kendall-Tackett, Williams & Finkelhor, 1993). These investigators suggest that exposure to CSA causes alterations in perceived norms related to sexual behavior, as well as feelings of stigmatization, betrayal and powerlessness, all of which can produce permanent impacts on survivors' mental health and relational styles and therefore on their sexuality (Browning & Laumann, 1997; Kendall-Tackett et al., 1993).

Consistent with the above theory, many case control and cross-sectional studies have indicated a specific link between CSA and transactional sex (for a review, see Abramovich, 2005). Although these designs are typical for rare outcomes, it is difficult to accurately assess the magnitude of an association or draw inferences as to causality using case control or cross-sectional methodology (Koepsell & Weiss, 2003). Only one study has evaluated this association using a prospective, longitudinal design (Widom & Kuhns, 1996; Wilson & Widom, 2008). When this sample was stratified by gender, these authors found significant associations between CSA and transactional sex among females only (Widom & Kuhns, 1996; Wilson & Widom, 2008).

Adolescents in foster care frequently have histories of exposure to CSA (Chernoff, Combs-Orme, Risley-Curtiss & Heisler, 1994) and are 2-4 times more likely to engage in transactional sex compared to their general population peers (Courtney, Dworsky, Ruth, Havlicek, Perez & Keller, 2007). The current study contributes to our understanding of this topic for two reasons. First, it is only the second study to the authors' knowledge to use a longitudinal design to evaluate this association in any population. Additionally, it is the first study on this topic involving both male and female adolescents in the foster system.

METHODS

Study Design and Sample

The data were drawn from Waves 1 and 2 of the Midwest Evaluation of the Adult Functioning of Former Foster Youth, a longitudinal cohort study of youth transitioning out of the foster care system from three Midwestern states: Illinois, Iowa, and Wisconsin (Courtney, Dworsky, Ruth, Keller, Havlicek & Bost, 2005; Courtney, Terao & Bost, 2004). Adolescents were included if they were in out-of-home care supervised by the public child welfare agencies of the three states, were 17 years or older at time of recruitment, and had already been in out-of-home care for at least 1 year prior to recruitment. Participants were excluded if they were incarcerated, were in an inpatient psychiatric institution, had a developmental disability, or were on runaway status during the entire field period for the baseline interview. Of the 770 youth originally identified as eligible for this study, a total of 732 consented to participate and completed an in-person baseline interview (95% response rate). Most Wave 1 participants were 17 years old (range = 17-20 years). According to their self-report, 50% of the participants were male, 9% were of Hispanic ethnicity, and racial distribution was as follows: 57% African-American, 31% Caucasian, and 12% Asian or

Pacific Islander, American Indian or Alaskan Native or mixed race. Of those completing the Wave 1 interview, 82% participated in Wave 2, which was conducted two years later when participants were, on average, 19 years old. When Wave 2 responders and non-responders were compared in their responses to a variety of demographic and other variables, the only significant difference found was that the non-responder group contained a higher proportion of males (62% vs. 46%; Courtney et al., 2005).

Data Collection Procedures

All of Wave 1 and the majority of Wave 2 interviews were conducted at the youth's residence in a room/area that they considered confidential. Audio computer-assisted self-interviewing techniques were used for a portion of the sensitive questions, including the ones related to engagement in transactional sex. Human participants (IRB) approval and informed consent were obtained prior to all interviews.

Variables

All variables were self-reported.

Exposure to childhood sexual abuse (Wave 1)—We evaluated two questions regarding exposure to childhood sexual abuse, both of which were originally drawn from the World Health Organization's Composite International Diagnostic Interview (World Health Organization, 1998).

1. History of childhood molestation: Participants were considered to have had a history of sexual molestation if they answered "yes" to the following question: "Were you ever sexually molested, that is someone touched or felt your genitals when you did not want them to?"
2. History of childhood rape: Participants were considered to have a history of childhood rape if they answered "yes" to the following question: "Were you ever raped, that is someone had sexual intercourse with you when you did not want to, by threatening you, or using some degree of force?"

Engagement in transactional sex (Wave 2)—We evaluated two outcomes variables reflecting participants' histories of engagement in transactional sex.

1. Ever engaged in transactional sex: Participants were considered to have a history of having ever had transactional sex if they answered "yes" to the following question: "Have you ever had sex for someone who paid you to do so?"
2. Transactional sex in the past year: Participants were considered to have had transactional sex in the past year if they answered yes to the above question and then indicated a response other than "none" to the following question: "In the past 12 months, how many times have you had sex with someone who paid you to do so?" This variable was originally ordinal but was re-coded as a binary "yes/no" variable for the present analyses.

Covariates—We selected several *a priori* covariates that could plausibly influence rates of engagement in transactional sex among adolescents with experience in foster care, but that were not likely to be mediators of an association between CSA exposure and transactional sex. This approach of choosing covariates *a priori* rather than performing unadjusted analyses or statistical tests to determine which covariates should be included in a model has been advocated by epidemiologists as the best way to produce valid point estimates (Kleinbaum & Klein, 2002). Covariates included the following Wave 1 variables: age, gender, race (Caucasian versus African American versus other race), ethnicity (Hispanic

versus not Hispanic), and experiences in foster care (variables reflecting total number of placements, number of group home placements, and whether the youth had ever been in kinship [relative] care). We also included the following Wave 2 covariates: highest level of education (no high school diploma versus high school diploma or GED versus any college), and past history of exposure to physical abuse (Y/N) and neglect (Y/N).

Analysis

Stata SE 10 (Stata Corp, College Station, TX) was used for all analyses. The ICE multiple-imputation program with predictive matching (Royston, 2005) was used to impute 10 datasets with complete data for independent variables. Dependent variables (outcomes) as well as race and ethnicity variables were excluded from imputation. Prior to imputation, item-level missingness (i.e., the amount of missing data for a given variable after the sample was restricted to youth participating in both Waves 1 and 2) ranged from <1%-5%, and was highest for physical abuse and neglect covariates. After the imputation procedure, descriptive statistics comparing demographic and other characteristics of participants both with and without histories of rape and sexual molestation were computed. For our main analyses, we performed multiple logistic regressions that included all covariates to determine whether histories of rape and/or sexual molestation as reported at Wave 1 were associated with increased likelihood of having transactional sex ever or in the past year at Wave 2. As exploratory analyses, we re-analyzed these models after stratifying by gender. Due to relatively small sample sizes for the female and male-only models, we excluded covariates which were found in individual models to be highly collinear with other variables in order to maximize model stability. Finally, to evaluate the stability of point estimates and significance levels of the above analyses, we conducted sensitivity analyses in which only covariates which were significantly related at a level of $p < 0.10$ with an outcome variable were included in the models.

RESULTS

Exposure to CSA was common among participants in the Midwest Study, as reported previously (Courtney et al, 2004). Twenty-seven percent (27%) of participants reported a history of sexual molestation and 18% of participants reported a history of rape. When comparing the characteristics of exposed and non-exposed youth (Table 1), participants reporting a history of sexual molestation and/or rape were more likely to be female and Caucasian. On average, youth with a history of either form of CSA also reported a significantly higher number of placements in foster group care, were less likely to have been in a kinship placement, and were significantly more likely to have experienced physical abuse and/or neglect compared to non-exposed youth.

At 19 years of age, 5.0% of all youth reported having had transactional sex ever ($N=29$; 14 females and 15 males), and 3.5% reported having had transactional sex in the past year ($N=20$; 10 females and 10 males). In our main analyses, after adjustment for covariates we found that participants reporting a history of sexual molestation had significantly increased odds of reporting having had transactional sex both ever and in the past year, compared with participants who did not report this exposure (Table 2). The same was true for youth who reported a history of rape compared to participants without this history.

For our exploratory analyses evaluating these variables among female participants only, odds ratios were larger and remained significant for the relationship between exposure to sexual molestation and both outcomes variables; the same was true for exposure to rape (Table 2). For male-only analyses, odds ratios for these analyses were all smaller in magnitude compared with our main, mixed gender analyses and were non-significant. One male-only model evaluating the association between history of rape and having engaged in

transactional sex in the past year did not converge due to the fact that all male participants reporting a history of transactional sex in the past year were in the non rape-exposed category.

For the sensitivity analyses, two covariates were significantly related to one or both of the transactional sex outcomes at a level of 0.10 and were thus included in these analyses: age at wave 1 (significantly related to the “ever had transactional sex” outcome variable [OR 1.87; $p=0.10$]) and number of group homes in which the participant reported having lived at wave 2 (significantly related to both the “ever had transactional sex” outcome variable [OR 1.13; $p=0.005$] and the “transactional sex in the past year” outcome variable [OR 1.15; $p=0.003$]). Analyses including only these covariates revealed consistently positive odds ratios for combined and female-only analyses. Odds ratios for the combined analyses tended to be smaller in magnitude compared with our primary analyses (range = 1.80-2.21 for all exposure and outcome variables). Stratified sensitivity analyses revealed that this was due to much lower odds ratios among males (range of odds ratios among males only = 0.65-1.05, with one model not converging). When only females were included, odds ratios were similarly large compared with our female-only main analyses and were all statistically significant (range of odds ratios = 3.79-6.26).

DISCUSSION

Engagement in transactional sex has been associated with several important consequences including increased risk of sexually transmitted diseases, injury due to physical or sexual victimization, and having a serious mental health disorder (Burnette et al., 2008; Gilchrist et al., 2005; Senn et al., 2008; Silbert & Pines, 1982). It is therefore vitally important to understand the risk factors for this behavior. Our results indicate large, significant associations between histories of both sexual molestation and rape and subsequently reporting having transactional sex among a group of youth emancipating from the foster care system. We found these associations to be independent of participants’ demographic factors, experiences in foster care, educational achievement, and experiences with physical abuse and neglect. As such, this study provides important confirmatory evidence of an association between history of CSA and engagement in transactional sex.

One key strength of this study is that we were able to assess history of CSA prior to measurement of engagement in transactional sex. To the authors’ knowledge only one previous study has assessed the association between CSA and transactional sex using a prospective, longitudinal design (Widom & Kuhns, 1996; Wilson & Widom, 2008). Although the observational nature of our study precludes us from confirming a causal relationship between sexual abuse and engagement in transactional sex, our findings were robust and significant odds ratios were larger in magnitude when comparing results using the “transactional sex in the past year” outcome with those using the “ever engaged in transactional sex” outcome. The time-limited “transactional sex in the past year” outcome allowed us to omit overlap between when the sexual abuse occurred and when the episodes of transactional sex were reported. These results therefore provide stronger evidence of a causal relationship compared to the majority of previous studies, which have case-control or cross-sectional designs (Abramovich, 2005).

It is important to note that our point estimates of the magnitude of associations between CSA and transactional sex tended to be larger than those reported in Widom & Kuhns (1996) or Wilson & Widom (2008). This may be due methodological differences, including the fact that the previous authors used matched controls and a more limited set of covariates in their analyses compared with those used in this study. They also utilized a definition of CSA which included only cases that were legally substantiated prior to age 11 (Widom &

Kuhns, 1996; Wilson & Widom, 2008). Based on this definition, a proportion of their controls may have either experienced CSA prior to age 11 without legal substantiation or alternatively may have experienced CSA during later childhood (i.e., after age 11). The inclusion of such persons in the control group would be likely to produce a more conservative estimate of the association between CSA and transactional sex compared with the methodology we used in this study. It may also be that the magnitude of the association between CSA and transactional sex is truly larger among adolescents emancipating from the foster system, who may on average experience higher rates of other risk factors (e.g., economic insecurity and/or homelessness) that could conceivably compound their risk of engaging in transactional sex compared with the population evaluated in Widom & Kuhns (1996) and Wilson & Widom (2008).

If confirmed, these findings have important implications for both policy makers and health care providers serving children and adolescents in foster care. There has been a call to action to develop prevention programs to help youth in the foster system make healthy sexual choices (The National Campaign to Prevent Teen Pregnancy, 2006). Policy makers and researchers for youth in foster care should consider prioritizing survivors of CSA when developing these programs. In addition, health care providers for youth in foster care may need to modify their behavioral counseling and sexually transmitted disease screening practices to better reflect these youth's increased risk of transactional sex and its sequelae.

In addition to contributions to the literature, findings from our exploratory analyses suggest that the relationship between CSA and transactional sex may be different for males and females. Similar to the previous prospective, longitudinal study on this subject (Widom & Kuhns, 1996; Wilson & Widom, 2008), when we stratified by gender the analyses containing female participants revealed significant odds ratios, whereas the male-only analyses were both non-significant and much smaller in magnitude. Sensitivity analyses revealed a similar pattern. These findings suggest at least preliminarily that females may be more susceptible to engagement in transactional sex after a childhood exposure to CSA compared with males.

We would like to acknowledge several limitations. First, the small number of youth who reported having engaged in transactional sex as well as the relatively small overall sample sizes for our gender-stratified analyses produced large confidence intervals, and may have resulted in a lack of power to detect a modest association, if present, in males. However, it should be noted that our sensitivity analyses also revealed a similar pattern of non-significance in male-only analyses and that authors of the previous longitudinal study on this topic also failed to detect significant associations between CSA and transactional sex in males (Widom & Kuhns, 1996; Wilson & Widom, 2008). A second limitation is that our CSA variables only reflected exposure to two specific forms of abuse. Other forms of CSA may be related to transactional sex in different ways and/or to different extents compared with the variables included in the present study. In addition, we did not measure associated characteristics of the abuse, such as its duration, its frequency, and/or the nature of the perpetrator; these factors may also be important in predicting risk of subsequent engagement in transactional sex (Senn et al., 2008). Third, some might consider it a limitation that we included in our exposed groups any youth who reported rape or sexual molestation CSA before an average age of 17. However, one meta-analysis evaluating the association between CSA and later sexual risk behaviors found larger and more homogenous effect sizes in studies which included CSA episodes that occurred during late adolescence (Arriola, Loudon, Doldren, Fortenberry, 2005). Fourth, youth were excluded from participation in baseline interview for this study if they were receiving inpatient psychiatric care, were incarcerated, or had run away, and it is possible that our odds ratios might have been different had these youth been included. Finally, this study was done in a specific, unique

population (i.e. adolescent youth emancipating from the foster care system) which may limit the generalizability of our results.

In conclusion, this study provides important evidence suggesting an association between CSA and transactional sex as one of few studies on this topic to use a prospective, longitudinal cohort design. It is the first study to examine this association among youth emancipating from the foster system. If confirmed, our findings suggest that policymakers and researchers involved with the child welfare system should consider prioritizing young women with histories of CSA when developing programs to support healthy sexual choices, and that health care providers should take this association into account when developing counseling and sexual risk behavior screening practices for these youth.

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Table 1

Comparison of Youth Reporting Childhood Sexual Abuse with Youth Who Did Not Report Childhood Sexual Abuse^a

Characteristic	History of Molestation (N=199; 27.2%) ^b	No History of Molestation (N=533; 72.8%) ^b	History of Rape (N=130; 17.8%) ^b	No History of Rape (N=602; 82.2%) ^b
Gender (% Female)	76.3%	42.1% ***	84.1%	44.4% ***
Age ^c	17.5 (0.5)	17.4 (0.5)	17.5 (0.6)	17.4 (0.5)
Race ^d				
Caucasian	49.0%	24.3% ***	41.5%	28.8% **
African American	37.6%	64.7% ***	43.7%	60.2% **
Other	13.4%	11.0%	14.7%	11.0%
Ethnicity (% Hispanic) ^e	8.2%	8.8%	7.0%	9.0%
Experiences in Foster Care				
3 Total Placements ^c	65.1%	49.3% ***	68.1%	50.5% ***
Ever in Group Care ^c	66.1%	57.6% *	70.8%	57.6% **
Ever in Kinship Care	48.0%	60.1% **	45.7%	59.2% **
Highest Grade Completed				
No HS Diploma	33.6%	38.3%	36.9%	37.1%
HS Diploma or GED	55.2%	50.4%	55.7%	50.8%
Any College	10.1%	10.9%	6.8%	11.6%
History of Other Abuse				
Physical Abuse	41.1%	28.1% **	41.1%	29.6% *
Neglect	49.7%	37.4% **	51.2%	38.5% *

^aTotal N = 732 unless otherwise noted;

^bNs vary slightly between imputed datasets due to the fact that the rape and sexual molestation variables were imputed and Ns/percentages presented reflect the average of all datasets;

^cmean (SD);

^dtotal N = 728 due to exclusion from imputation;

^etotal N = 729 due to exclusion from imputation.

*
p<0.05;

**
p<0.01;

p<0.001

Table 2

Association Between Childhood Sexual Abuse and Having Transactional Sex (Multiple Logistic Regressions)^{a,b}

Characteristic	Ever had transactional sex (OR [95% CI])	Transactional sex in past year (OR [95% CI])
History of molestation		
Both genders	3.21 [1.26, 8.18] *	4.07 [1.33, 12.52] *
Females only	4.45 [1.10, 18.02] *	9.08 [1.37, 60.21] *
Males only	2.46 [0.37, 16.22] ^c	1.34 [0.12, 14.56] ^c
History of rape		
Both genders	3.62 [1.38, 9.52] **	3.78 [1.19, 12.01] *
Females only	4.10 [1.20, 14.08] *	5.79 [1.24, 26.98] *
Males only	1.45 [0.13, 16.00] ^d	--- ^e

*
p<0.05;

**
p<0.01

^a N=574 for analyses with both genders, 314 female-only analyses, and 262 for male-only analyses (combined N's for gender-stratified analyses do not exactly match the N for the main analyses due to the fact that slightly different covariates were included in the male-only models; see footnotes ^c and ^d below);

^b except where otherwise noted, covariates included were: gender (included in the non-stratified analyses only), age at wave 1, race, ethnicity, highest level of education, history of kinship care, number of group placements, total number of placements, history of physical abuse, and history of neglect;

^c ethnicity was not included as a covariate for this model due to collinearity with other variables;

^d ethnicity and the kinship care variable were not included as covariates for this model due to collinearity with other variables;

^e model did not converge due to the fact that all transactional sex cases were in the non rape-exposed category.