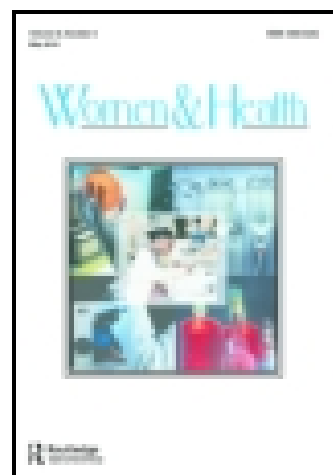


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Child and Adolescent Sexual Abuse History in a Sample of 1,490 Women Sexual Partners of Injection Drug-Using Men

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Child and Adolescent Sexual Abuse History in a Sample of 1,490 Women Sexual Partners of Injection Drug-Using Men

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ABSTRACT. Subjects for this study were 1490 community-recruited women sexual partners of injection drug-using men who were interviewed in three U.S. cities during 1990-'92. Data were collected on respondents' childhood and adolescent sexual abuse history, identity of abuse perpetrators and duration of abuse. Over 56 percent of respondents reported a history of sexual victimization by age 18, including 39 percent who were abused before age 12 and over 53 percent who were victimized by abuse involving bodily contact by age 18. One in three women were victimized by unwanted penetration by age 18. White women more likely than African-American and Hispanic women to have been the victims of virtually every type of abusive act investigated here. Overall, nearly two out of three White women had experienced some form of sexual abuse by age 18, including almost 42 percent who were the victims of unwanted penetration by this age. Acts of forced sexual touching and penetration occurring in childhood were most likely to have been carried out by an uncle or other relative of the victim; family members were much less likely to be the perpetrators of adolescent contact abuse. Based

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on these findings, it appears that many in this special population of women are likely to be at substantial risk for some of the long-term effects of early life sexual abuse, including those that may reduce victims' ability to take preventive action against HIV risk. Recommendations are offered for those who function as caregivers to this population, including drug treatment personnel. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-342-9678. E-mail address: <getinfo@haworthpressinc.com> Website: <http://www.HaworthPress.com> © 2001 by The Haworth Press, Inc. All rights reserved.]*

KEYWORDS. Sexual abuse, women, IDU sexual partners

INTRODUCTION

Sexual victimization in childhood is likely to have a significant impact on victims' interpersonal—including sexual—relationships in later life (Finkelhor & Browne, 1985; Briere & Runtz, 1987; Brunngraber, 1986). For instance, a tendency among child sexual abuse (CSA) victims to become repeatedly involved in abusive relationships in adulthood (Alexander & Lupfer, 1987) may be related to a combination of some of the direct outcomes of the initial betrayal, such as low self-esteem, impaired sense of efficacy and coping skills as a result of overwhelming feelings of powerlessness, impaired judgment about the trustworthiness of other people, or a desperate search for a healing relationship (Finkelhor & Browne, 1985; Johnsen & Harlow, 1996). In addition, to the degree that involvement in victimizing relationships, chronic depression, and sexually compulsive behaviors—common adulthood characteristics of CSA survivors—may make it less likely that such women will be able to successfully negotiate condom use with their sexual partners, such individuals may be at substantially elevated risk for acquiring the human immunodeficiency virus (HIV) through heterosexual contact (Allers & Benjack, 1991; Zierler, Feingold, Laufer et al., 1991; Cunningham, Stiffman, Dore et al., 1994).

Women who are sexually abused in early life and who subsequently become the sexual partners of males who are, themselves, at elevated risk—such as injection drug users (IDUs) (CDC, 1997; 1996; Neal, Fleming, Green et al., 1997)—might well rank among those at highest risk for HIV acquisition through sex. Although a growing body of research has detailed the sexual abuse histories of adult women drug users (Teets, 1995; Paone, Chavkin, Willets et al., 1992; Gil-Rivas, Fiorenzine,

Anglin et al., 1997), relatively little is known about the early life family experiences and abuse histories of women who, as adults, find themselves as *sexual partners* of injection drug-using men. As a result, little can be said with any certainty regarding the severity and duration of any early life sexual abuse experienced by such women, or whether they are more likely to be victimized by strangers or persons known to them, or whether such abuse history is likely to vary by victim's race. In an effort to address this gap in the research literature, this study examines—by victim's race/ethnicity—the prevalence, age of onset, and perpetrator of specific types of childhood and adolescent sexual abuse reported by a large ($N = 1490$) multiethnic sample of female sexual partners of male IDUs recruited via community outreach in 3 U.S. cities.

METHODS

Subjects

Subjects in this study were participants in the National Institute on Drug Abuse-supported Women Helping to Empower and Enhance Lives (“WHEEL”) Project, a 3-year, multisite evaluation of an HIV prevention model for noninjecting female sexual partners of male IDUs. WHEEL participants must not have injected drugs in the year prior to study entrance and must have had sexual intercourse with a male IDU at least once in the previous 5 years. Recruitment methods varied at each site, although community outreach workers typically were involved in the process. All participants were randomized into either a 1-session individual AIDS education intervention or into one consisting of an individual session plus 3 AIDS education group sessions.

Instruments and Measures

WHEEL interviewers used the Women's Supplement (WS) to collect data on women's childhood and adolescent sexual abuse histories. Acceptable test-retest reliability coefficients (.72 to .97) have been reported for this instrument (NOVA Research Co., 1993). The WS probed 4 types of childhood (defined as age < 12 years) sexual abuse and 4 types of adolescent (ages 12-18 years) sexual abuse. Questions probing childhood incidents were prefaced by the following instruction, read to

each respondent: *Now I'd like you to think back to childhood (that is, when you were 11 or younger) and remember if a relative, family friend, or stranger ever made you do something sexual or touched you in ways that made you feel uncomfortable.* Next, respondents were asked whether, during this period, anyone had ever forced them to observe their sexual private parts or to reveal their own; talked "dirty" to them or shown them "dirty" pictures, magazines, or videos; touched their body in a sexual way or forced the respondent to touch *their* body in a sexual way; or put their penis or another object into the respondent's mouth, private parts, or butt. For analytical purposes, the acts probed with the first 2 questions were categorized as instances of *noncontact abuse*; the latter 2 questions probe behaviors categorized here as *contact abuse*.

In investigating adolescent sexual abuse, respondents were first read the following instruction: *I'd like you to think back to your adolescence (when you were 12 to 18) and remember if you had any sexual contact that made you very uncomfortable or where the person was much bigger, stronger, or older than you were.* Next, respondents were asked whether, during adolescence, anyone had ever forced them to observe their sexual private parts or to reveal their own; touched their body in a sexual way or forced the respondent to touch *their* body in a sexual way; tried to make them have sex; or put their penis or another object into the respondent's mouth, private parts, or butt. Again, for analytical purposes, the first act was categorized as *noncontact abuse* and the latter 3 as *contact abuse*. It should be noted that the sets of questions used to probe the childhood and adolescent abusive acts are not identical.

Respondents indicating victimization by one of these acts were asked a series of follow-up questions concerning their age the first and last time they were so victimized in that life stage and the identity of the perpetrator (i.e., relationship to victim) the *first* time they were victimized by that particular act in that life stage. Abuse perpetrators were categorized as: (1) *family member* (father, mother, brother, sister, grandfather); (2) *aunt/uncle/other relative*; (3) *stepfather/stepbrother*; (4) *neighbor/family friend* (including family member's boyfriend/girlfriend); (5) *teacher/social worker/other helping professional/clergy/police*; (6) *boyfriend/girlfriend* (including friend and other person you know); and (7) *stranger*. Finally, in this report, duration of abuse was calculated on the basis of victim's reported age when a particular form of abuse began and age when it last occurred.

Data in this report were analyzed using standard statistical methods, including chi-square for assessing significance of results for categorical

data and ANOVA for assessing significance of differences among continuous variables. SAS version 6.12 and SPSS version 8.0 for Windows were used in all computations.

Sample

This analysis is drawn from WHEEL Project baseline participants who resided in the 3 U.S. study sites (Boston, Los Angeles, and San Diego) and who responded to all abuse history questions ($N = 1,544$). The majority (67.3%) of these women identified themselves as African-American; White women comprised slightly less than 20% of the sample, Hispanics/Latinas made up 9.8%, and those of “other” race made up the remaining 3%. Sample mean and median age was 32 years ($SD = 8.0$). More than half (52.3%) of study women were single; more than one-quarter were separated, divorced, or widowed; 12% were married or living in a common law relationship, and about 8% were living with a sex partner to whom they were not married (data not shown).

To simplify analyses of abuse history across categories of race/ethnicity, data collected from self-identified racial “others” ($N = 48$), as well as those collected from 6 respondents who furnished conflicting answers to questions concerning abuse history, were deleted from the analytical data file. Table 1 presents data on the sociodemographic characteristics of the final study sample ($N = 1,490$) by racial/ethnic group. Hispanic women were significantly younger (mean age = 28.4 years) than were the White and African-American women (mean ages = 32.5 years and 32.4 years, respectively); less likely to have a high school education, to be homeless, to be divorced, or to live alone; and the most likely to be homemakers, to be living with children under the age of 18, to be living with a spouse, to be married, and to have a common law partner. African-American women were significantly less likely than were the other women to be married and more likely to be single, to be unemployed, and to be homeless. White women were significantly more likely than non-Whites to have had at least some college education; to be working full-time, and to be divorced, while they were the least likely to be single and to have children under 18 years of age. Overall, 88.9% of the sample reported a heterosexual orientation—7.8% were bisexual and 3.1% described themselves as lesbians—while 92% had been pregnant at some time in their lives (data not shown).

TABLE 1. Sample Characteristics by Race/Ethnicity.

Characteristic	Percent Reporting*			p ^a
	African-American	Hispanic	White	
Highest grade of schooling				.000
Less than H.S. graduation	36.5	60.3	37.4	
H.S. graduate/GED	40.3	23.2	32.8	
Trade school	2.2	3.3	3.6	
Some college	21.0	13.2	26.2	
Marital status				.000
Single	57.3	44.7	39.1	
Married	5.2	14.7	11.2	
Common law partner	4.7	8.7	3.0	
Living with sex partner	7.9	9.4	6.9	
Separated	12.8	13.3	16.8	
Divorced	9.7	8.0	20.1	
Widowed	2.4	.7	2.6	
Other	--	.7	.3	
Has children <18 years of age	74.9	74.8	55.1	.000
Person(s) living with ^b				
Alone	10.2	4.0	9.3	.05
Spouse	5.9	14.0	7.9	.001
Sex partner (not spouse)	14.0	13.3	13.6	n.s.
Other adult family/friends	41.8	43.0	27.5	.000
Other adults	25.5	28.5	40.9	.000
Children <18 years of age	53.5	64.9	34.8	.000
Current work situation				.000
Unemployed; seeking work	40.8	29.8	25.9	
Unemployed; not looking	18.1	19.2	18.6	
Working full-time	2.7	6.0	8.6	
Working part-time	5.9	10.6	7.6	
On leave	1.1	2.0	1.3	
Homemaker	8.6	13.9	7.6	
Student	5.4	6.6	4.7	
Retired	.2	--	--	
Disabled	14.1	6.6	18.3	
Other	3.0	5.3	7.3	
Homeless	38.7	20.8	26.8	.000
Mean age ^c (years)	32.4 ¹	28.4 ²	32.5 ¹	

*Percentages based on cases with complete data.

^aBy chi-square.^bCategories are not mutually exclusive.^cMeans with the same superscript are not significantly different.

RESULTS

Sexual Abuse in Childhood

Using the indicators employed here, 39% of study women were sexually abused before age 12 (Table 2).

Rates of contact and noncontact child abuse, as well as total child abuse, differed significantly by race/ethnicity. Indeed, for every act investigated here except forced penetration, White women reported significantly higher rates of victimization than did African-American and Hispanic women. Over 45% of White women were sexually abused before age 12, and nearly 40% were victimized by at least one form of *contact* abuse by this age. African-American women were the least

TABLE 2. Forms of Noncontact and Contact Sexual Abuse Reportedly Occurring in Childhood,* Total Sample and by Respondent Race/Ethnicity.

Type of Abuse	Percent Reporting				
	Total sample	African-American	Hispanic	White	p ^a
A. Noncontact abuse					
“During childhood, did anyone ever force you to see their sexual private parts or force you to show yours?”	27.2	24.4	25.2	37.7	.000
“During childhood, did anyone ever talk dirty or show you dirty pictures, magazines, or videos?”	17.6	15.3	19.9	24.3	.001
Any noncontact abuse	31.9	29.0	32.5	41.3	.000
B. Contact abuse					
“During childhood, did anyone ever touch your body in a sexual way, including your breasts or private parts, or have you touch <u>their</u> body in a sexual way?”	32.9	30.6	36.0	39.1	.015
“During childhood, did anyone put their penis or another object in your body, including your mouth, private parts, or butt?”	16.7	17.4	11.4	16.8	n.s.
Any contact abuse	34.1	32.0	36.7	39.9	.029
Any childhood sexual abuse ^b	39.0	36.8	41.1	45.6	.018

* "Childhood" defined as age 11 and under.

^a By chi-square.

^b Includes contact and/or noncontact abuse.

likely to report sexual abuse in childhood, although they were the *most* likely to report being victimized by a penetrative act. Overall, more women reported victimization by contact than by noncontact sexual abuse before age 12, although slightly more White women reported noncontact than contact victimization in childhood. Sexual touching, reported by almost one-third of study women, was the most frequently reported type of child sexual abuse.

Forced viewing of sexual private parts began at a mean age of 7.5 years, followed by forced penetration (7.6 years), sexual touching (7.7 years), and “dirty” talking or viewing of “dirty” images (7.9 years) (data not shown). Among Whites, unwanted sexual touching began at a significantly younger age (mean = 7.0 years) than it did for African-Americans (8.0 years), while White females reported victimization by forced viewing of private parts at a significantly younger mean age (6.9 years) than did African-Americans (7.8 years). Overall, mean duration of CSA was 1.3 years, including 61.8% of abused women who reported a duration of < 1 year (including lone episodes of abuse). The mean duration of victimization reported by White women (2.0 years) was significantly greater than that reported by African-American women (1.1 years) and Hispanic women (0.7 years) (data not shown).

CSA Perpetrators

Perpetrators of the 2 types of contact CSA did not differ significantly by race/ethnicity (Table 3).

In the full sample, acts of forced sexual touching and penetration were most likely to have been carried out by an *uncle* or *other relative*, followed by *neighbors/friends of the family*. Hispanic women were particularly likely to identify *uncles* and *other relatives* as perpetrators; White women were the most likely to identify a *family member* as the perpetrator. *Aunt*, *mother*, and *other female relative* totaled < 1% of the identified perpetrators of forced sexual touching (data not shown). The gender of other types of perpetrators—e.g., *family friend*; *social worker*—was not coded by the interviewer.

Sexual Abuse in Adolescence

Over 37% of sample women reported at least 1 instance of contact abuse in adolescence and over 39% reported *any* kind of sexual abuse in adolescence (Table 4).

Again, White women were significantly more likely to report victim-

TABLE 3. Perpetrator of First Incident of Childhood* Contact Sexual Abuse, by Act and Respondent Race/Ethnicity.

Perpetrator	Percent Reporting				p ^a
	Total sample	African-Am.	Hispanic	White	
A. Forced sexual touching					n.s.
Family member	15.5	14.0	11.1	21.6	
Aunt/uncle/relative	36.7	37.8	44.4	30.2	
Stepfather/stepbrother	4.2	4.9	1.9	3.4	
Neighbor/family friend	29.4	30.6	29.6	25.9	
Teacher/social worker/clergy/police	0.8	1.0	1.9	--	
Boyfriend/girlfriend	10.5	9.1	5.6	16.4	
Stranger	2.9	2.6	5.6	2.6	
B. Penetration					n.s.
Family member	18.0	16.7	11.8	25.0	
Aunt/uncle/relative	36.4	38.5	47.1	25.0	
Stepfather/stepbrother	6.3	7.5	--	4.2	
Neighbor/family friend	26.8	26.4	17.6	31.3	
Teacher/social worker/clergy/police	0.8	1.1	--	--	
Boyfriend/girlfriend	7.5	6.3	11.8	10.4	
Stranger	4.2	3.4	11.8	4.2	

* "Childhood" defined as age 11 and under.

^a By chi-square (4 empty cells in table).

ization than were Hispanic and African-American women (whose rates were remarkably similar). The most often-reported form of adolescent sexual abuse was attempted coercion into sex (over 31% reporting), although rates did not differ significantly by race/ethnicity. However, White women were significantly more likely than were other women to report victimization by a penetrative act; indeed, nearly one-third of White women reported being so victimized, compared to 22% of African-American and Hispanic women.

Overall, forced viewing of sexual private parts in adolescence began at a mean age of 13.9 years; forced touching of private parts began at a mean age of 14.1 years, and attempted coercion into sex and forced penetration began at a mean of 14.4 years (data not shown). Age of onset of these acts did not differ significantly by race/ethnicity.

TABLE 4. Forms of Noncontact and Contact Sexual Abuse Reportedly Occurring in Adolescence, * Total Sample and by Respondent Race/Ethnicity.

Type of Abuse	Percent Reporting				
	Total sample	African-American	Hispanic	White	p ^a
	A. Noncontact abuse				
“During adolescence, did anyone ever force you to see their sexual private parts or force you to show yours?”	20.9	18.8	16.6	30.2	.000
	B. Contact abuse				
“During adolescence, did anyone ever force you to let them touch your body in a sexual way, including your breasts or private parts, or force you to touch <u>their</u> body in a sexual way?”	27.2	24.8	25.3	36.1	.000
“During adolescence, did anyone try to make you have sex?”	31.5	30.4	28.5	36.7	n.s.
“During adolescence, did anyone put their penis or another object in your body, including your mouth, private parts, or butt?”	24.2	22.0	21.9	32.9	.000
Any adolescent contact abuse	37.6	35.7	36.0	44.9	.012
Any adolescent sexual abuse ^b	39.3	36.9	37.1	48.2	.002
Any early life contact abuse ^c	53.6	51.2	54.4	61.3	.007
Any early life sexual abuse ^{b,c}	56.3	53.4	57.6	65.6	.001

* "Adolescence" defined as ages 12 to 18.

^a By chi-square.^b Includes contact and/or noncontact abuse.^c Includes childhood and adolescence.

Combining reports of child and adolescent sexual abuse, over 53% of this sample—including over 61% of White women—were victimized by contact sexual abuse by age 18 (Table 4). Fully one-third of the full sample—including 41.9% of White women—reported victimization by at least 1 act of forced penetration by age 18 (data not shown). When acts of noncontact sexual abuse are included, over 56% of study women were victimized by at least 1 instance of sexual abuse by age 18 (Table 4). Nearly 2 out of 3 White women (65.6%) were sexually abused by age 18; they were significantly more likely than were African-American and Hispanic women to have been so victimized.

Study women were more likely to have been abused in *both* child-

hood and adolescence than to have been victimized in only one stage. Over one-fifth of the sample (21.9%)—but almost 30% of White women—were sexually abused in *both* stages (data not shown). By age 18, the average abused woman had been victimized for a mean of 2.5 years (median = 1 year), ranging from < 1 year to 13 years. The duration of abuse reported by White women (3.8 years) was significantly greater than that reported by African-American (2.1 years) and Hispanic women (0.9 years) (data not shown).

Perpetrators of Adolescent Sexual Abuse

Uncles and *other relatives* were not nearly as likely to be identified as perpetrators of adolescent contact abuse as they were to be mentioned as perpetrators of childhood contact abuse (Table 5).

Rather, *boyfriends*, generally followed by *neighbors/family friends* and *strangers*, were most likely to be identified as perpetrators of adolescent contact abuse. By and large, then, family members were much less likely to be perpetrators of the first act of adolescent contact abuse than they were to be involved in the first instance of childhood contact abuse (see Table 3). For every type of contact abuse investigated here, women from all 3 racial/ethnic categories were most likely to identify a *boyfriend* as the perpetrator. No Hispanic woman attributed any of these abusive acts to a *stepfather* or *stepbrother*, while between one-quarter and 30.5% of White victims identified the perpetrator as a *stranger*. Perpetrators of adolescent abuse varied significantly by victim's race/ethnicity only for acts involving penetration, where the proportions identified as *boyfriends* ranged from less than one-third of African-American victims to over half of Hispanic victims. Once again, females comprised less than 1% of the identified perpetrators of contact abuse in this life stage (data not shown).

DISCUSSION

Over 56% of the nearly 1500 female sex partners of male IDUs investigated here experienced at least 1 instance of sexual abuse by age 18, including 39% who were sexually abused before age 12 and over 53% who were victimized by *contact* sexual abuse by age 18. One in 3 women were victimized by unwanted penetration by age 18. Moreover, over one-fifth of sample women were sexually abused both before age 12 and again between the ages of 12 and 18.

TABLE 5. Perpetrator of First Incident of Adolescent* Contact Sexual Abuse, by Act and Respondent Race/Ethnicity.

Perpetrator	Percent Reporting				p ^a
	Total sample	African-Am.	Hispanic	White	
A. Forced sexual touching					n.s.
Family member	8.0	6.9	7.9	10.7	
Aunt/uncle/relative	14.2	17.5	13.2	6.8	
Stepfather/stepbrother	3.6	4.1	--	3.9	
Neighbor/family friend	23.5	26.4	23.7	16.5	
Teacher/social worker/clergy/police	1.3	1.2	--	1.9	
Boyfriend	29.7	26.4	36.8	35.0	
Stranger	19.6	17.5	18.4	25.2	
B. Attempted coercion into sex					n.s.
Family member	7.1	7.3	4.7	7.6	
Aunt/uncle/relative	10.5	13.0	9.3	3.8	
Stepfather/stepbrother	2.9	3.3	--	2.9	
Neighbor/family friend	22.3	24.7	20.9	16.2	
Teacher/social worker/clergy/police	0.9	1.0	--	1.0	
Boyfriend	34.8	32.3	44.2	38.1	
Stranger	21.4	18.3	20.9	30.5	
C. Penetration					.05
Family member	6.1	6.9	3.0	5.2	
Aunt/uncle/relative	10.4	13.3	9.1	4.2	
Stepfather/stepbrother	2.0	2.3	--	2.1	
Neighbor/family friend	18.4	22.5	15.2	10.4	
Teacher/social worker/clergy/police	1.2	1.4	--	1.0	
Boyfriend	38.3	32.1	51.5	47.9	
Stranger	23.6	21.6	21.2	29.2	

* "Adolescence" defined as ages 12 to 18.

^a By chi-square (6 empty cells in table).

The prevalence of early life sexual abuse reported here ranks toward the upper end of the range reported in the research literature. For instance, in the first national survey investigating CSA (Finkelhor, Hotaling, Lewis et al., 1990), victimization—defined as either attempted/actual sexual intercourse, unwanted touching or grabbing, acts of exhibitionism, or oral sex acts or sodomy before age 18—was reported by 27% of adult women; in a community-based study of over 3000 adults (Siegel, Sorensen, Golding et al., 1987), prevalence of childhood sexual assault, defined as incidents involving pressure or force for sexual contact before age 16, was 5.3%. Indeed, the levels of early life sexual abuse uncovered here have been approached only by those reported in a relative handful of studies that have used similar nonprobability samples (e.g., Teets, 1995; Dembo, Williams, Wish et al., 1988; Rew, 1989) and in even fewer that have utilized probability samples. Among the latter are the investigations conducted by Russell (1983)—who found that 54% of women in San Francisco reported history of intra- and/or extrafamilial sexual abuse, including noncontact experiences—and Wyatt (1985), who found that 62% of African-American and White women in Los Angeles County reported history of sexual abuse prior to age 18. However, 40% of African-American and 51% of White women in the latter study reportedly experienced *contact* abuse, each about 10% lower than the corresponding figure in the present study.

White women were significantly more likely than non-White women to have been victimized by all of the abusive acts occurring before age 12 investigated here except forced penetration. Over 45% of White women were sexually abused in some fashion before age 12—nearly 40% were victimized by at least 1 form of *contact* abuse before this age—while almost 42% reported at least 1 act of unwanted penetration and over 61% reported some form of contact sexual abuse by age 18.

The finding of White women's greater likelihood of victimization supports the results of a number of studies that have used probability samples (Siegel, Sorensen, Golding et al., 1987; Wyatt & Mickey, 1988; Browne & Bassuk, 1997), including national surveys (Cappelleri, Eckenrode & Powers, 1993). Nevertheless, other investigators (Arroyo, Simpson & Aragon, 1997; Urquiza & Goodlin-Jones, 1994; Teets, 1995) have found no significant differences in CSA prevalence by race/ethnicity. While the present study's large sample size increases the likelihood of statistically significant between-group differences, the consistency with which White women in the study reported—across the various types of abuse investigated—greater frequency of victimization than did non-White women is striking. That being said, the possibility

that these patterns might reflect a type of response bias cannot be ruled out, for although all WHEEL interviewers were women, the matching of respondents and interviewers along lines of race/ethnicity could not be verified across all program sites.

In the present sample, respondents were more likely to report victimization by contact than by noncontact abuse in both early life stages. Indeed, about one-third of the sample reported unwanted sexual touching—and about 17% unwanted penetration—before age 12; almost one-fourth reported unwanted penetration during adolescence. The relative severity of this early life abuse may well have serious ramifications for later life health behaviors among this population. While the long-term effects of CSA reportedly extend to depression (Rew, 1989; Gil-Rivas, Fiorentine, Anglin et al., 1997; Lindberg & Distad, 1985), self-destructive behaviors (Gil-Rivas, Fiorentine, Anglin et al., 1997; Lindberg & Distad, 1985; Greenwald, Leitenberg, Cado et al., 1990), feelings of isolation (Brunngraber, 1986; Tsai & Wagner, 1978; Briere & Runtz, 1987), and low self-esteem (German, Habenicht & Futch, 1990; Brunngraber, 1986; McCauley, Kern, Kolodner et al., 1997), involvement in HIV-risky sexual behaviors may be an important addition to this list (Allers & Benjack, 1991; Zierler, Feingold, Laufer et al., 1991; Cunningham, Stiffman, Dore et al., 1994). Already at risk for HIV/AIDS as a result of sexual involvement with men who may be HIV-infected through use of contaminated drug injection equipment, the women in this sample would appear to be at substantially heightened risk to the extent that abuse-related depression, low self-esteem, sense of powerlessness, and/or impaired self-efficacy renders them less adept at negotiating condom use with their partner or otherwise less capable of adopting self-protective behaviors. Moreover, a number of studies have suggested that adulthood posttraumatic stress disorder (PTSD) may be a sequelae to CSA (Widom, 1999; Gil-Rivas, Fiorentine, Anglin et al., 1997; Astin, Ogland-Hand, Coleman et al., 1995; Brady, Dansky, Sonne et al., 1998), and PTSD may be linked to HIV-risky sexual behaviors as a result of, for instance, numbing of responsiveness (Miller, 1999).

Of added importance for the women in this sample are research findings that indicate that CSA victims are at heightened risk for adulthood drug use, possibly as a way of chemically dissociating from abuse-related psychic pain (Allers & Benjack, 1991; Johnsen & Harlow, 1996; Gil-Rivas, Fiorentine, Anglin et al., 1997; Brown & Anderson, 1991). Not only may drug use impair women's judgment regarding use of protection (e.g., condoms) when having sex with high-risk partners, it also

is not uncommon for women who have extensive drug habits to trade sex to support their drug use, thus extending their HIV risk. Indeed, the fact that the women in this sample are recent sex partners of drug-using men would appear to place them at particularly high risk for substance use and abuse insofar as drug use may well have comprised the basis of these relationships (MacRae & Aalto, 2000; Ouellet, Rahimian, & Wiebel, 1998). Analyses of drug use in this sample presently are under-way.

The strong prospect that women sex partners of male IDUs eventually will present at drug treatment programs suggests that it might be profitable to utilize certain program approaches in attempting to reduce their abuse-related HIV sexual risks. At a minimum, screening for abuse history might be included as an important component of the intake process into care-providing programs. Logically, such a development might be augmented by the hiring of staff trained in handling abuse-related issues. Victims' support groups, along with referral opportunities to specialized programs offering treatment for abuse victims, might be established as part of the service repertoire.

In addition, interventions specifically aimed at treating those effects of the sexual abuse that may hinder adoption of HIV-preventive action—for instance, programs to help participants overcome barriers in negotiating the adoption of sexual risk reduction measures with one's partner—should be strongly considered. That being said, simple reliance on such interventions to alter risk behaviors, without attempting to understand and change the unconscious processes and harmful behavior patterns that stem from unresolved early life trauma, is likely to be of limited effectiveness. Similarly, it should be cautioned that the optimal temporal order of treatment for comorbid substance use and the effects/sequelae of sexual abuse-related distress—including PTSD—is in some dispute. For instance, insofar as the substance use may be functioning as a coping mechanism for dealing with abuse-related psychological distress, some patients may be unable to halt their drug intake until alternative skills for dealing with trauma-related memories and cognitions have been put into place (Root, 1989; Roesler & Dafler, 1993). Hence, treatment models that integrate the two approaches merit consideration (Sullivan & Evans 1994; Triffleman, Carroll, & Kellogg, 1999).

The present analysis is limited in several ways. As these results were gathered from a convenience sample, they cannot be generalized to other samples. Reports of sexual victimization are particularly difficult to corroborate, as retrospective data collection is subject to error from

memory fading and reconstruction (Gidycz & Koss, 1989). Loss of memory about details of CSA typically is associated with younger age of onset, a longer duration of abuse and injury during the abuse (Briere & Conte, 1993). Moreover, as the WS probed only the *first* instance of each type of abuse reported in childhood and adolescence, it was not possible to ascertain the actual *frequency* of the abusive acts experienced by study women. The age ceiling utilized here (i.e., 18 years) means that some of the reported adolescent abuse might have been committed by individuals who ordinarily might be regarded as victims' peers, although it should be noted that respondents had been instructed to consider only those incidents that had made *them* "feel very uncomfortable or where the [other] person was much bigger, stronger, or older" than they were.

Finally, it is extremely difficult to ascertain what role physical force may have played in the execution of the acts investigated in the WS. For instance, respondents were asked whether anyone had tried ". . . to make [them] have sex . . ." in adolescence, and although a positive response was categorized as an instance of contact abuse, the coercion involved in many such incidents may more likely extend to persuasion or psychological threat than to the application of direct force (Russell, 1983; Siegel, Sorensen, Golding et al., 1987). Nevertheless, acknowledging interviewers' introductory statement to this section of the questionnaire, it probably can be assumed that any incidents cited by respondents are likely to have been ones that had made them feel distinctly uncomfortable at the time and/or were ones in which the aggressor was clearly an intimidating presence, suggesting that the use of force appeared as a distinct possibility.

Notwithstanding these limitations, the data reported here indicate that high proportions of women sexual partners of male IDUs are likely to have been victims of child/adolescent sexual abuse, particularly of a contact nature. Caregivers to this relatively "hidden" population need to be cognizant that many may be at substantial risk for some of the long-term effects of such abuse, including those that reduce their ability to take HIV-preventive action.

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