Breaking the silence

Childhood sexual abuse makes people vulnerable to HIV

by Paula Braitstein

Child sexual abuse isn't exactly dinner conversation, which is almost surprising given how many people have experienced it. Most people don't talk about it. It's too painful.

For many years, people accepted Freud's notion of hysteria as an explanation of claims of sexual abuse. In recent years, some child sexual abuse claims have been dismissed as false memory syndrome. But real abuse has probably been sublimated by survivors in a kind of amnesia resulting from trauma—that is, not remembering abuse.

In the non-HIV population, one in five people have experienced child sexual abuse. Among people living with HIV, the rate is at least one in three.

It is difficult to know precisely how many people have experienced child sexual abuse. Family and cultural factors, such as spoken or unspoken pressure, intimidation, or threats of violence to prevent disclosure of abuse; different age definitions of "child"; and different definitions of "abuse" (What if there wasn't penetration? What if the victim/survivor experienced orgasm or didn't explicitly say NO?) could all be reasons people don't talk about this problem.

A researcher named Finkelhor investigated several different studies from 19 developed countries. He found that child sexual abuse was prevalent in each country at a rate of 7–36% of women and 3–29% of men. Most studies found that women were three times more likely to have been abused than men and that incest accounted for one-third to one-half of all experiences for girls. Incest was found to be less frequently experienced by boys. Other more recent studies of the general non-HIV population have found that at least 14% and as many as 30% of women and between 1–20% of men have experienced child sexual abuse (see Table 1). In HIV populations, the amount ranges from 20–70% (see Table 2). Child sexual abuse is apparently endemic in our society.

A large number of studies show associations between child sexual abuse and a wide variety of emotional, cognitive, interpersonal, biological, and behavioural effects. Emotional associations include depression, mood disorders, and anxiety disorders, as well as the inability to deal with anger, fear, low self-esteem, guilt, and shame.

Some cognitive effects are massive denial, repression, dissociation, and post-traumatic stress disorder, while the list of interpersonal effects include sexual dysfunction, problems with intimacy, being prone to revictimization, and becoming a victimizer.

Aggressive and antisocial behaviour, eating disorders, suicidal behaviors, risky sexual behaviour, and substance abuse are some of the behavioural effects. Finally, chronic pain (especially pelvic), headaches, gastrointestinal problems, and a variety of other chronic disorders such as arthritis are some of the biological effects.

Survivors of child sexual abuse also use the healthcare system a great deal more.

Probably anybody reading this is thinking "Hey—that describes me!" regardless of whether you have actually experienced sexual abuse or not. Although we all get depressed, anxious, and have diarrhea from time to time, the scale, severity, and complexity of the effects are what distinguish trauma survivors from others.

Not everybody will experience negative effects after being abused. A child who discloses abuse to a parent who takes immediate steps to protect and support the child will probably have a much easier time coping with the assault than a child whose parent chooses to look the other way. Many other mediating factors can influence how devastating child sexual abuse can be for someone. These include how frequently the abuse occurred, how violent or physically invasive it was, whether the perpetrator was a close family member, or whether other severe family dysfunction was happening at the same time, such as alcoholism, neglect, or physical abuse.

Because of the bravery and courage of the participants in the Vancouver Injection Drug Users Study (VIDUS), researchers at the BC Centre for Excellence in HIV/AIDS have been able to

learn the extent to which child sexual abuse has played a role in the life circumstances of the participants.

Of the 1437 participants in the study, 505 were women and 932 were men. The 113 (12%) men in this study who experienced child sexual abuse (defined as experiencing the first incident of sexual violence at age 12 or younger) were on average about two years younger than girls at their first experience of sexual violence, though both boys and girls were very young, at ages 10 and 12 respectively. For boys, the perpetrators were more likely to be either male relatives of the child or men known to the child. Only 13% of the men who had been abused had ever disclosed their abuse prior to the research interview. Only 5% of these men had ever received any counselling regarding the abuse. Approximately 10% of the men who had been abused had been revictimized.

Among the 167 (33%) women in this study who experienced child sexual abuse, most had also been abused for the first time by a male relative or a man known to them. Shockingly, 15% of the women who had been abused reported that the perpetrator the first time was a female stranger. Nearly half the women in the study who experienced child sexual abuse had never disclosed the abuse prior to the research interview, only 16% of them had ever received counselling, and more than 50% have been revictimized. While men seem to be most vulnerable as children, women are vulnerable as children but their vulnerability remains high as they grow older.

The men in the study who had survived child sexual abuse were more likely than the other male injection drug users to have been in the sex trade. They were also more likely to share needles/rigs with known HIV-positive people, to have accidentally overdosed, to be living with a diagnosed mental illness, and to binge on alcohol.

Similarly, the women in the study who had survived child sexual abuse were more likely to have been in the sex trade and to have entered the sex trade at an earlier age than other female IDUs. The female survivors of child sexual abuse were also more likely to have started injecting drugs at an earlier age, to have borrowed needles/rigs from known HIV-positive people, to use heroin more than once per day, and to binge on alcohol. As well, they were more likely to be living with a diagnosed mental illness and to have attempted suicide.

All analyses controlled for fixed sociodemographics, including being aboriginal. Thankfully, aboriginal men and women in VIDUS were no more likely than anyone else to have experienced child sexual abuse.

Nobody wants to talk about it. Nobody really has any answers or cures or quick fixes. That's because there are no easy solutions for experiences that shut down some of the fundamental ways in which we exhibit our humanness: trust, innocence, play, sexuality. Because so many perpetrators are emotionally close to their prey, love gets twisted in terrible ways, ways in which hearts and minds become confused and damaged, sometimes permanently.

This isn't somebody else's problem. In the non-HIV population, one in five people have experienced child sexual abuse. Among people living with HIV, the rate is at least one in three. That's a lot of people and a lot of pain. We need to recognize, publicly and collectively, that there is no shame in having experienced sexual abuse, no matter what the circumstances. We need to support ourselves and take care of each other when our worlds fall apart. We need widescale prevention campaigns to break the cycles of violence and to protect our children, and we need comprehensive counselling and support programs to get through to the other side. As cheesy as it may sound, we need to break the silence. ⊕

[The full report is available at the PARC library, and is called "Sexual Violence Among a Cohort of Injection Drug Users" by Paula Braitstein.]

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Table 1. General population estimates of the prevalence of child sexual abuse

Authors	Year Published	Prevalence
Molnar et al. National Comorbidity Survey, US	2001	n=5877 13.5% of the women, 2.5% of the men Of those: 6% incest among girls, <1% for boys
Bensley et al., Washington State Behavioral Risk Factor Surveillance System, US	2000	n=3473 29% of the women 9% of the men
Kendler et al. Virginia Twin Registry, US	2000	n=1411 female adult twins 30% overall, 42% of them incest
Fleming et al. Australia	1997	n=6000 women 20% overall, 50% of them incest
Romans et al. New Zealand	1995	n=3000 women 16% overall, 45% of them incest

Table 2. Prevalence estimates of sexual violence among HIV–positive and at–risk populations

Authors	Year Published	Population	Prevalence
Gielen et al.	2001	HIV-positive women	41% (lifetime)
Paul et al.	2001	Men who have sex with men	20% (childhood)
Parillo et al.	2001	Female non-injecting sex partners of IDUs	33% (childhood and adolescence)
Cohen et al.	2000	HIV-positive or at-risk women	25% (childhood overall) 31% (HIV-positive) 27% (HIV-negative)
Liebschutz et al.	2000	HIV-positive women in primary care	68% (sexual or physical)
Pao et al.	2000	HIV-infected psychiatric adolescent patients	50% (childhood)
Simoni & Ng	2000	HIV-positive women	50% (childhood) 68% (adulthood)
Zierler et al.	1996	HIV-positive women	43% (lifetime) 20% (childhood)
Allers et al.	1991	HIV-infected	65% (childhood)

For more information on any of these studies, you can do a literature search at http://www.4.ncbi.nlm nih.gov/PubMed/ using the author's name.