

*The author of this piece, **Melissa Royer**, is entering her senior year at the University of New Hampshire. She is in pursuit of a Bachelor of Arts degree in Sociology with a minor in Justice Studies. The following submission was written to fulfill a requirement for Professor Karen VanGundy's Sociological Analysis course.*

Child Sexual Abuse Victims: Gender Specific Consequences in Sexual Behavior and Intimate Relationships in Adulthood

This paper will examine the sexual behavioral effects of victims of child sexual abuse (CSA), and the similarities/differences according to gender. The thesis is that outcomes of child sexual abuse determining sexual behaviors are: increased promiscuity; more lifetime sexual partners; earlier ages of first sexual experiences; increases in sexual identity confusion; experimenting with homosexuality; higher rates of teenage pregnancy; a higher rate of contracting HIV and STD's, and a higher rate of overall risky sexual behavior (including, but not limited to, unprotected sex and exchanging sex for money and drugs). In addition to the physical behaviors of CSA victims, attitudes and emotional feelings about sexual experiences and intimacy will be a part of this literature review as well. Analyzing the behaviors in terms of gender and the gender of the abusers will make even clearer and more specific conclusions on the behavioral effects of victims. Lastly, once the literature has been reviewed and analyzed, I will look at the sociological implications and overall effects this phenomenon has on society and families. This topic is of sociological relevance to understanding the spread of infectious diseases, family deterioration, and re-victimization as the larger social consequences of the individual sexual behaviors of child sexual abuse victims.

Background

Child sexual abuse is not a new issue in society, but one that has just recently been getting more attention as more cases are becoming reported to authorities. Sexual abuse as a raw definition is defined as rape, sexual assault, or sexual molestation, but defining it in terms of “child sexual abuse” is much more difficult. The University of New Hampshire’s Crimes Against Children Research Center considers this kind of abuse to involve a young child, aged 2-17 who is abused by an adult family member or acquaintances. Calculating rates, percentages, and forming statistics about the number of children victimized each year is acknowledged in all of the literature as a very difficult thing to do, which all numbers must be looked at skeptically. The reasons for such difficulties are primarily because numbers are reported at different time periods (Douglas and Finkelhor 2005:1). Some reports are retrospective, which means they are given to adults who look back at their childhood, and some are taken as a report for a single year, (such as an annual national victimization survey), and many cases go unreported at all. The number of reported cases that were confirmed by child protection authorities for 2002 were 88,656, or 1.2 for every 1,000 children. The number of incidents of child sexual abuse from a national survey of youth and caretakers suggest 320,400, or roughly 4.6 per every 1,000 children were abused.

Lastly, retrospective data suggests approximately 9 to 32 percent of women and 5 to 10 percent of men reported being victimized at one point during their childhood (Douglas and Finkelhor 2005:4). It was also interesting to find in the literature this problem is not confined within U.S borders, but occurring just as much in Canada and other western world countries. There was a behavioral analysis done in Canadian sexually abused children by Martine Hebert et al. from Quebec where they also found

that between 12 and 35 percent of women and 4 to 9 percent of men had been victims of CSA, which are mirroring images of our statistics (Hebert et al.2006: 203). This can leave implications that unlike other violent crimes that can be associated with different social structures, sexual dysfunction and abusive behaviors can be solely an individual decision. Just remember that all of these data sources have their limitations, and all figures are approximations.

Douglas and Finkelhor (2005) from the Crimes Against Children Research Center also have contributed to their data source demographic characteristics of victims and perpetrators. From their findings, it can be asserted that females are at a higher risk than are males, lower socioeconomic status and lower income families are more at risk, ninety percent of the time men are the perpetrators, most offenders are young adults under the age of thirty, and most CSA crimes are committed by acquaintances and family members. There is not conclusive evidence that race and age of the victims play a part in potential to be victimized (Douglas and Finkelhor 2005). With this information as my foundation, I will provide a paper that will illustrate how these hundreds of thousands of children behave in their adult sexual and intimate relationships, and how or what behaviors are gender specific.

Women

Women are the gender that is the most vulnerable and statistically has larger numbers of child and teenage sexual abuse victims over males. Usually girls are three times more likely to be sexually assaulted than are males (Koenig et al., 2004: 75). A very large consequence left on women from earlier sexual abuse is an increase in commercial sex work. For clarification, commercial sex work is not limited to

prostitution for money; but also bartering sex for drugs, shelter, and other things of monetary value. Five different studies from Koenig et al. consistently supported that there was a significant relationship between CSA and being a commercial sex worker, where more than fifty percent of the women self reported to have been abused at one point in childhood. In fact, CSA victims were two and a half times more likely to have been paid for having sex with someone over their non-victim counterparts (2004:81). Clearly this kind of behavior opens the door for even more negative outcomes, such as STD's, HIV, drug addiction, homelessness and even death. Other research done on the behaviors and attitudes of sexually abused women was done by Randolph and Mosack, (2006: 23) which surveyed one hundred and fifty seven college women. Compared to non CSA victims, the women from these surveys reported more behaviors that put them in risk of contracting HIV/STDS, a higher frequency of sexual intercourse and a larger range of sexual experience, at a younger age. Another commonality between these women was engaging in sexual intercourse without protection, increasing the potential of unplanned pregnancy, and of course the risk for HIV/STDS (Randolph and Mosack 2006:24). Randolph and Mosack (2006:25) also questioned the women about the attitudes and emotions they held towards their sexual behaviors and choices. They found that compared to their non victim counterparts, these women were “more preoccupied with sex and to have more permissive attitudes toward sexual activity, such as positive attitudes towards several sexual partners, as well as more negative attitudes regarding their own sexuality and sexual behaviors” (Randolph and Mosack 2006:25).

Although most of the literature supports and finds similar occurrences of promiscuity in CSA victims, I did find an inconsistency with this claim. From the

Handbook on Sexual Abuse of Children Walker (1988: 57) asserts this promiscuity claim has not been “empirically confirmed,” specifically within the college population. He says that many victims of CSA can describe themselves as promiscuous, but the raw number of sexual partners and experiences is not much different than their non victim counterparts. He also finds in his work that victims of CSA suffer from low sexual self-esteem and because of this it may perpetuate self labeling and not be a true representation of the real behaviors (Walker 1988:57). This must also be looked at with a skeptical eye since the publishing of his work is almost twenty years old, and may be considered outdated. From the majority of the literature then, it does suggest that women who are CSA victims have more lifetime sexual partners, earlier sexual experiences, are more preoccupied with sex, have lower self-esteem, higher chances of unplanned pregnancies, contracting STD’s and HIV, and becoming a commercial sex worker. What is the most interesting about all of this is that males share the same behaviors/consequences (except for obvious biological reasons the pregnancy aspect) as the females.

Men

Even though males are the minorities when it comes to victims of CSA, this paper has a large focus on their outcomes because of the uniqueness and rarity of the abuse. A case study by Krug (1989) examined the long term consequences of eight male adults who were victimized during childhood by their mothers, which is the rarest of abuse cases. In Krug’s (1989) own research, he said that “the literature documenting sexual abuse of male children by mothers is virtually nonexistent” (p.111) and accounts for only one percent of reported incest cases (Krug 1989:111). Of these eight case studies from males who were sexually abused by their mothers, each displayed an array of

psychological problems/disorders as a result of the abuse. One man actually died as a result of a sexually transmitted disease (STD) acquired through his unsafe sexual behaviors. There is also a very high rate of drug and alcohol abuse in victims of CSA, and sometimes it is not clear to what extent of a spurious variable this can be.

From this study Krug (1989) found that as adults, all of the men demonstrated an impaired ability to relate to a significant other in an intimate, sustained, and meaningful manner (p.116). Of the eight men studied, three fourths of them had multiple concurrent sexual partners; marriage being irrelevant. One man who was married regularly used a prostitute to “release sexual tension he could not discharge with his wife,” even after they had a child together (Krug 1989: 113). Although some could maintain a monogamous sexual relationship, it was the emotional bond with their partners they could not make, eventually leading to their failed marriages and relationships. Sex is both a physical act and emotional attachment, and all of these men were dysfunctional in making that attachment. The last sexual behavioral effect this study found was that thirty eight percent of the men had “sexual identity problems,” and engaged in homosexual relationships (Krug 1989: 117). Krug (1989:117) was actually surprised this percentage was not higher, since most victims lacked a paternal figure and had an extremely aggressive maternal figure. However, some of these men may be “hiding” or still confused themselves of their sexual preference since they all had problems staying in a relationship and as Krug (1989) states; had “rejection of a female as a love object” (p117). This study must not be used however to generalize about the entire population of male CSA victims, because eight people is a very unrepresentative sample.

Staying on the topic of homosexuality in male child sexual abuse victims, another study was done among a group of gay and bisexual male internet escorts which revealed the sexual behaviors of men who were abused as children by other men. (There were even some incestuous relationships, which the participants did not consider to be sexual abuse.) Sixty one percent of the men who reported CSA said they were abused by a family member and the average age of the abuse was age eleven (Parsons et al. 2005:9). Although Krug (1989) felt that thirty eight was a small percentage of his sample to engage in homosexual behavior this study by Parsons et al. (2005) found supporting figures in his study of eleven to thirty seven percent of men who have sex with other males reported child sexual abuse (p.3). Parsons (2005) also found in his study the inability of CSA male victims to fare well with intimate relationships with both men and women. “Males who report CSA also tend to be distrustful of others, avoid or have difficulty with close relationships, and have difficulty expressing emotions with other men” (Parsons et al. 2005: 2). Like the men from Krug’s (1989) study, these male participants also reported confusion with sexual orientation, and self-identification as either bisexual or gay (Parsons et al. 2005:9).

The behaviors found to be associated among this group of participants who reported CSA were younger sexual experiences, promiscuity, more sexual partners, and compulsive sexual behaviors. The research suggests that CSA victims who have sex with other men are more likely to exchange sex for money and drugs, increasing their likelihood of contracting HIV or an STD (Parsons et al. 2005:3). There is definitely a high risk factor for the disease when about one fourth of the forty six participants in this study reported having spent more than twenty hours a week escorting, and could be

considered “full- time” or nearly full-time sex workers (Parsons et al. 2005: 8). From the sex workers, the point that CSA victims make on their preference of top or bottom is interesting, because it seems to be an expression of the vulnerability they will not succumb to once again. Parsons et al. (2005) explains in their research that the more painful experiences of abuse in the victims were the men with more verbal assertions about only having a sexual role as a “top” (p14). A gap in the research and limitation to these studies is to understand the extent that drug and alcohol use acts as a spurious variable in these behaviors. Do CSA victims engage in these sexual behaviors solely as a response to the abuse or does that drug induced state they are in cause them to carry out with their risky sexual behavior? Further research should be conducted as to how many of these risky behaviors are engaged in sober or under the influence of drugs and alcohol. One thing that Parsons (2005:2) does find in this study is that males are more likely than females of CSA to be diagnosed with a substance abuse disorder. Although this is a difference in gender behaviors, the literature has shown that there are many similar sexual behaviors of female and male child sexual abuse victims.

Sociological Relevance

Child sexual abuse leaves many devastating effects to the greater society as a whole. It destroys families, spreads life threatening immune and infectious diseases, and leaves open the potential for re-victimization. In a study conducted by faculty from Syracuse University and the University of Rochester School of Medicine and Dentistry, the members went to a sexually transmitted disease clinic, with the intent of finding out the percentage of the people there who had been victims of CSA. A mediating variable

from CSA to acquiring an STD is engaging in risky sexual behavior, which has been an outcome experienced by both genders (Senn et al. 2006:720). In the end, the results of the study were alarming. Out of the eight hundred and twenty seven patients there with an STD, fifty three percent of the women and forty nine percent of the men there had reported to have been a victim of CSA (Senn et al. 2006:726). In terms of broader implications, if half of all STD's acquired were associated with risky sexual behavior as a result of CSA, then half of the STD cases would essentially be eliminated if CSA never happened in the first place. As a country we spend eight billion dollars a year trying to control the spread of STD's, and each year fifteen million new cases emerge (Rodgers, lecture notes. 3/1/2007). This would mean huge societal benefits from less STD's; financially and in terms of the public's overall health. We are also in an AIDS epidemic right now, and all it takes is practicing safe sex to eliminate one way of spreading the disease, yet this is something that CSA victims often don't do or care to think of.

Aside from spreading diseases, other overall consequence's the society faces is an increase in dysfunctional families, and re-victimization in adulthood. From Michael Patton's (1991: 50) book, Family Sexual Abuse he finds that victims and families have a plethora of services and societal groups that they must meet with for both a short term and sometimes long term basis after the abuse. A physician, child protection agency, police, counselors, legal, school, church, guardian *ad litem*, and a victim-witness assistant are all a part of the post abuse team. Usually, victims end up needing counseling for a long time, if not indefinitely; which can be financially costly to the victim and society (Patton 1991:50). Lastly, in an article by David Fergusson et al, (1997:781) his study looked at how CSA leads to increased rates of risky sexual behavior, and that cycles into

higher chances of sexual re-victimization. The study shows that CSA victims exert a higher level of sexual vulnerability, have more sexual partners, and with more sexual exposure, comes the chances of re-victimization. With increases in substance abuse, and sexual promiscuity, there leaves a higher likelihood of falling into unwanted sexual experiences; creating an endless cycle of abuse (Fergusson et al. 1997:781).

Conclusion

The literature suggests that victims of child sexual abuse are left with what society would consider “negative” or adverse sexual behaviors, a hard time making intimate attachments, and suffer emotionally from the abuse long into adulthood. The literature supports my thesis and most of the research has found the same of similar findings. There are a few inconsistencies and gaps in the literature, and the one variable I think has the most questioning on as far as spuriousness is alcohol and drug use. Further research should be done to validate that CSA is the sole cause of risky sexual behavior, being unmediated by substance abuse. Overall, the literature offers insight to a very dark and depressing world of CSA victims, and consequences that both the individuals and society must endure together.

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