I. ABORTION


A connection between intimate partner violence and unintended pregnancy was a consistent theme in focus groups with women recruited from domestic violence shelters.


Interviews were conducted with 51 consecutive female patients seen at an abortion clinic in North Carolina. The majority of women was of a lower socioeconomic status and were women of color. The lifetime prevalence of physical abuse was 31.4% and the prevalence of physical abuse in the past year was 21.6% among women seeking abortion.


Data from a two-stage case control study with a random sample of women in Australia. In the second stage of the study, women who disclosed an alcohol problem and a randomly selected group of controls were surveyed about childhood sexual abuse. The definition of sexual abuse ranged from contact such as touching or fondling to intercourse. Women with a history of childhood sexual abuse were nearly twice as likely (OR=1.90) to disclose a history of having an abortion compared to women with no history of childhood sexual abuse.


A cross-sectional survey of 486 women seen at abortion clinics. The lifetime prevalence of physical abuse was 39.5% among women seeking abortion. Only 43% of women who experienced domestic violence involved their partners in their choice to have an abortion compared to 65% of nonabused women. Women with abuse histories were significantly
less likely to inform their partner of the pregnancy, have partner support, or partner involvement in the abortion decision. “Relationship issues” were significantly more likely to be stated as the primary reason for abortion by women with an abuse history compared to nonabused women.


Interviews were conducted with women seeking abortion during a one-month period (n=245) and a random sample of general gynecology patients (n=256). The lifetime prevalence of domestic violence was 27.3% among women seeking abortion compared to 8.2% of general gynecology patients. Repeat interviews conducted six weeks after women had their abortions did not increase the disclosure rate of domestic violence.


All women attending a pregnancy counseling clinic over a seven month time period who chose to terminate their pregnancy were asked to complete a self-administered questionnaire (n=312; response rate=97.7%). The Abuse Assessment Screen (AAS) questions were used to assess past and recent history of abuse. More than one-third (35.1%) of women requesting an abortion disclosed that they had experienced physical and/or emotional abuse at some time in their lives. Approximately one-half (45.3%) of the abuse had been perpetrated by a current or former intimate partner. Among women who disclosed abuse, 8.8% received an injury to their genital area. Nearly 1 in 5 women (19.5%) disclosed physical abuse by an intimate partner in the past year and 6.6% of women said that they were afraid of someone. A total of 3.7% of women requesting abortions disclosed forced sexual intercourse in the past year and approximately one-half (55%) of the women who disclosed forced sex said it was associated with their current pregnancy.


A random telephone survey of 2,525 women (median age range was 40-44 years old; 79% White, 17% African-American, and 4% other racial backgrounds or unidentified) indicated that women who reported abortion were more likely to have experienced childhood sexual abuse and domestic violence. Respondents were asked if they ever felt that they had been sexually abused growing up. Eleven items from the Conflict Tactics Scale that included physical abuse, threats, and emotional abuse were used to measure domestic violence experiences in the past 12 months. Women who had abortions were
three times more likely to have experienced sexual abuse compared to women who reported no abortions. Having an abortion was significantly associated with having a violent partner (p <.001).


In a cross-sectional cohort study with women seeking abortion (n=818), 14% of patients disclosed significant abuse (physical or sexual abuse or fear of partner) within the past year. Physical or sexual abuse or both was twice as common among women who chose not to disclose the abortions to their partners (23.7% compared to 12.0%). Among nondisclosers, 8% of women said that disclosure would result in physical harm.

**Weihe ER, Janssen P. Universal screening for domestic violence in abortion. Women’s Health Issues. 2001;11(5):436-441.**

The prevalence of domestic violence in the past 12 months was 15% among 254 women who were screened for domestic violence at an abortion clinic. The women who were abused did not differ significantly from the nonabused women with respect to age, gestational age, or ethnicity (sample predominately Caucasian and Asian women).


The lifetime prevalence of sexual or physical abuse was 50.8% among women (n=62) who completed a self-administered questionnaire at an abortion clinic in New Zealand. In the past year, 13.3% of women seeking abortion had experienced physical abuse and 8.5% had been sexually abused. In this study, there was no significant difference in terms of using contraceptive pills or condoms between women who reported a lifetime history of physical or sexual abuse and nonabused women. Nearly all of the women felt comfortable completing the questionnaire and thought it was a good idea to ask questions about abuse.

less likely to have had formal sexual education compared to women seeking an initial abortion.

**II. REPEAT ABORTIONS**


Nonrandom sample (n=1145; 93.8% response rate) of a consecutive series of women presenting for termination of pregnancy in Ontario, Canada. A self-administered questionnaire was administered prior to counseling or any other intervention. Among
women seeking a repeat abortion, more than one-quarter (26.4%) reported “significant conflict in their relationship with the man involved in their pregnancy.” More than one-quarter (27%) reported lifetime sexual abuse or sexual violence and 1 in 5 (19.5%) disclosed a lifetime prevalence of physical intimate partner violence.


Data from a cross-sectional survey, gynecologic exams, and laboratory tests for sexually transmitted diseases were collected from 2002 young women (mean age=22) seeking abortion in China. The prevalence of having ever been forced to have sexual intercourse was 14%. Nearly half (43%) of sexual abuse victims seeking abortion had undergone two or more induced abortions. Women presenting for a third or subsequent abortion were more than two and a half time as likely (OR=2.78) to report a history of physical abuse by a male partner or a past history of sexual abuse or sexual violence (OR=2.53) compared to women seeking a first abortion. Women presenting for repeat abortion were

**III. EARLY SEXUAL DEBUT**


Structured interviews were conducted with 517 female adolescents during their first visit to a family planning clinic. Girls who had experienced violence (grouped variable: rape, physical attack, threat against a life, murder, or robbery) were nearly 4 times (OR=3.9) more likely to have first intercourse before 13 years of age compared to girls who had not experienced violence.

**Boyer D. Fine D. Sexual abuse as a factor in adolescent pregnancy and child maltreatment. Family Planning Perspectives. 1992;24:4-9.**

A longitudinal study that recruited 535 sexually active adolescent females who had been pregnant from 35 program sites serving pregnant and parenting adolescents. Nearly two-thirds (62%) of the adolescent females had been sexually victimized (childhood sexual abuse and/or rape) prior to their first pregnancy. When nonvoluntary first intercourse was excluded, the mean age at first intercourse was 14.2 years old among victimized adolescents compared to 16.2 years among sexually active 14-19 year olds in the general population.

Coker and colleagues analyzed data for 9th through 12th graders who participated in the South Carolina Youth Risk Behavior Survey. One-third (33.8%) of adolescents who had ever experienced severe dating violence had sexual intercourse before the age of 14 compared to 22.6% of adolescents who had not been victimized in an intimate relationship.


This birth cohort study followed 520 New Zealand born young women for a period of 18 years. Sexual experiences were assessed between the ages of 14 and 18 years. Young women reporting childhood sexual abuse had significantly higher rates of early onset consensual sexual activity (before 16 years of age) compared to nonabused women. There appeared to be a causal chain relationship between childhood sexual abuse and sexual experiences in which childhood sexual abuse was associated with early onset sexual activity which, in turn, led to increased risk of other adverse outcomes in adolescence.


A randomized clinical trial with 1026 young African-American women (mean age=18) who were less than 29 weeks pregnant, had no previous births, and had at least two of the following characteristics: 1) unmarried, 2) less than 12 years of education, 3) unemployed. After adjusting for income, parental separation, urban residence, age of menarche, and teen smoking, childhood sexual abuse was associated with younger age at first sexual intercourse---14.9 years among the sexually abused group compared to 15.6 years in the nonabused group. Childhood sexual abuse was defined as nonconsensual sexual contact (sexual intercourse, being touched on the genitals or breasts and being forced to touch the perpetrator's genitals) before 13 years of age.


Using a case control study design, interviews were conducted with 82 women with low birth weight infants (cases) and 91 women with a normal birth weight infant (controls). Women who had been sexually abused as children reported lower age at menarche and sexual debut.

A self-administered survey of 166 pregnant or parenting adolescent females, ages 13 to 21 years of age that were newly enrolled in a school-age parenting program. Nearly half (45%) disclosed an unwanted sexual experience. Unwanted sexual experience was defined as “any kind of sexual touching which made you feel uncomfortable, bad, uneasy etc. that may have come from another teen or an adult or someone you did not know well.” Specific types of sexual contact were described in the questionnaire. The average age at unwanted sexual experience was 11.6 years and 46% had an unwanted sexual experience with more than one person. Younger age at first unwanted sexual experience was associated with younger age at first wanted sexual experience (p <.05). For each year decrease in age at first unwanted sexual experience, there was a 1.2 month decrease in age at first wanted sexual experience.


The authors analyzed data from the National Survey of Children for a sample of white females, ages 18-22 (n=441). Participants were asked if there was ever a time when they were forced to have sex against their will or were raped and how old they were when it happened. Young females who had been forced to have sexual intercourse at some point in their lives initiated sexual intercourse at a younger age (16.38 years) than females that had not been forced to have sex (17.20 years). Forced sexual intercourse remained a significant predictor of age at first voluntary sexual intercourse in multivariate analyses and when comparisons were made between females reporting forced sexual intercourse before versus after their first date and for those who experienced forced sex before versus after 12 years of age.


A cross-sectional survey was conducted with 8th and 10th grade females (n= 3,124; 59% White, 38% African-American) from urban, rural and semi-rural school districts to identify adverse outcomes associated with forced sex. Girls who had not been abused and were not sexually experienced active (45% of the sample) were excluded from the analyses to avoid confounding associations based on differences in risk behaviors between non-abused sexually active and non-sexually active students. Students were asked about forced sex and a broader definition of “someone touching you or did something to you sexually that you did not want.” Sexually active girls were 2.5 times to have initiated sex at a younger age than nonabused girls.

According to data from the Massachusetts Youth Risk Behavior Survey with a representative sample of 9th through 12th graders (n=4014), sexually active female students who disclosed a history of sexual abuse were more than two times (OR=2.28) more likely to have had sexual intercourse before age 15 than nonabused girls. Boys who had been sexually abused were also more than two times more likely to have had sexual intercourse by age 15 compared to nonabused boys. This analysis controlled for behaviors related to sexual risk (sexual orientation, bisexual behavior, aggressive and delinquent behavior, substance abuse, suicide ideation, and safer sex education).


A cross-sectional survey of young women (n=2003) who were recruited from 44 different sites including community colleges, social service agencies, parenting programs, and public health clinics. Young women with a history of sexual abuse reported younger ages at first intercourse compared to nonabused peers (14.5 years versus 16.2 years). Each year that sex was postponed resulted in a 29% decrease in the likelihood of teenage pregnancy.


Data is from a representative sample of female 9th through 12th grade students who participated in the 1997 and 1999 Massachusetts Youth Risk Behavior Surveys (n=1977 and 2186 respectively.) One out of five female students reporting being physically and/or sexually abused by a dating partner. Girls who were physically abused by a dating partner were 1.6 times more likely to have first intercourse before age 15 compared to nonabused girls; girls who were physically and sexually abused by a dating partner were 3.5 times more likely to have intercourse before age 15.


In this population-based study in Sweden (n=2810), 61% of adults who were sexually abused reported first intercourse prior to 17 years of age compared to 42% of adults who did not disclose childhood or adolescent sexual abuse.

This study analyzed data from the Washington State Survey of Adolescent Health Behaviors of 8th, 10th, and 12th grade girls (n=3,128). The prevalence of self-reported childhood sexual abuse was 18% among 8th graders, 24% among 10th graders, and 28% among 12th graders. A history of sexual abuse was disclosed by nearly one-half (48%) of students who had been pregnant once compared to 21% of girls who had never been pregnant. Girls with a history of sexual abuse were two times (OR=2.1) more likely to have had intercourse by 15 years of age.

III. BIRTH CONTROL SABOTAGE


Two focus groups were conducted to document strategies that domestic violence perpetrators used to coerce their partners to have babies. Victims described a number of tactics used by perpetrators that sabotaged their birth control such as destroying diaphragms, flushing birth control pills down the toilet, and saying that sex did not feel right with condoms.

Center for Impact Research, Chicago, IL. Domestic violence and birth control sabotage: a report from the teen parent project. 2000.

A cross-sectional survey was conducted with teen mothers receiving mandatory case management services through a health department and a comparison group of teen girls who did not have children and accessed care at two community health centers (n=474). Two-thirds (66%) of teen domestic violence victims experienced birth control sabotage compared to 34% of nonabused teens. Teen domestic violence victims were twice as likely to experience verbal sabotage (62% vs. 31%) and more than 4 times more likely to experience behavioral birth control sabotage (22% vs. 5%) compared to nonabused teens. Birth control sabotage was most prevalent and severe among younger girls, and those with older boyfriends. As the severity of domestic violence increased among teen girls, so did the severity of verbal and behavioral birth control sabotage (demonstrating a dose-response relationship). The level of domestic violence and level of physical coercion to have unprotected sex were also positively associated. Work and school sabotage were strongly related to birth control sabotage.


A qualitative and quantitative study with a nonrandom sample of community-dwelling women attending support groups for abuse survivors and women residing at a domestic violence shelter who participated in group therapy sessions. A recurrent theme from
focus groups was the inability to access birth control among women experiencing domestic violence.


Nineteen percent of women using oral contraceptives did not disclose use to their male partners. Covert users were 11 to 30 times more likely than open users to have been threatened by their partners or been afraid that their partners would hit them for using the pills. Women being victimized by an intimate partner were more likely to discontinue pill use than nonvictimized women.


According to data from a cross-sectional survey with 474 teen girls on TANF (Temporary Assistance to Needy Families), 55% of teen girls experienced domestic violence in the past 12 months. Two-thirds (66%) of teen domestic violence victims experienced birth control sabotage compared to 34% of nonabused teens. Teen girls disclosing domestic violence were more than 4 times more likely to experience behavioral birth control compared to nonabused girls (22% versus 5%).


African-American women who were abused by an intimate partner were significantly more likely to be verbally abused, threatened with physical violence, or threatened with abandonment when they asked their partners to use condoms compared to nonabused women.


This study recruited black females, ages 14 to 18 years of ages, from a health department, an adolescent medicine clinic, and school health classes to participate in an HIV/STD prevention study (n=522). Girls who experienced physical dating violence were 2.8 times more likely to fear the perceived consequences of negotiating condom use and 2.6 times more likely to fear talking with their partner about pregnancy prevention than nonabused girls.
IV. UNINTENDED AND TEEN PREGNANCY


In this review study, 15 articles on sexual abuse and teen pregnancy were examined. All but one of the studies were cross-sectional, retrospective, and relied on recall. All of the studies examined sexual abuse alone or in combination with other types of abuse. Ten studies supported a link between abuse and teen pregnancy. Five studies did not demonstrate a link or qualified the association. Major methodological weaknesses limited inferences that could be made from existing studies.


Findings from the South Carolina Youth Risk Behavior Survey (9th grade through 12th grade) indicated that more than one-quarter (28%) of adolescents who experienced severe dating violence had been pregnant or caused a pregnancy compared to 12.9% of nonabused teens.


A randomized clinical trial with 1026 young African-American women (mean age=18) who were less than 29 weeks pregnant, had no previous births and had at least two of the following characteristics: 1) unmarried, 2) less than 12 years of education, 3) unemployed. After adjusting for income, parental separation, urban residence, age of menarche, and teen smoking, girls who had been sexually abused became pregnant nearly 10 months earlier than nonabused adolescents (9.7 months; 95% CI, 3.0 to 16.3 months). Childhood sexual abuse was defined as nonconsensual sexual contact (sexual intercourse, being touched on the genitals or breasts and being forced to touch the perpetrator’s genitals) before 13 years of age.


In a cross-sectional survey of a population-based sample of 12,612 women from four different states who recently gave birth, unwanted and mistimed pregnancies accounted for almost 70% of the women who reported physical violence during pregnancy. The prevalence rate of physical violence was highest for women who had an unwanted pregnancy (12.1%) and lowest for women who had an intended pregnancy (3.2%).

Hathaway and colleagues analyzed data for women ages 18 to 59 years old (n=2043) from a population-based survey (Massachusetts Behavioral Risk Factor Survey). Intimate partner abuse was defined as experiencing physical violence, fear or, or control by an intimate partner. Among women experiencing abuse who had been pregnant in the past 5 years, nearly 40% reported that the pregnancy was unwanted compared to 8% of women who were not experiencing abuse.


A self-administered survey of 166 pregnant or parenting adolescent females, ages 13 to 21 years of age that were newly enrolled in a school-age parenting program. Nearly half (45%) disclosed an unwanted sexual experience. Unwanted sexual experience was defined as “any kind of sexual touching which made you feel uncomfortable, bad, uneasy etc. and that may have come from another teen or an adult or someone you did not know well.” Specific types of sexual contact were described in the questionnaire. The average age at unwanted sexual experience was 11.6 years and 46% had an unwanted sexual experience with more than one person. Younger age at first unwanted sexual experience was associated with younger age at first pregnancy (p <.05).


A self-administered survey with a nonrandomized sample of 1937 non-Hispanic Anglos (40.5%), African American (16.5%), Mexican American (14.6%) and Native American (16.5%) women between the ages of 18 and 22 years old recruited from 44 urban and rural sites (health clinics, private health care providers, vocational schools, community colleges, universities, and American Indian reservations). Women were asked a wide range of questions on sexual abuse ranging from coercion to attempted rape and forced sex/rape. Teenage age pregnancy was defined as become pregnant before 18 years of age. Among women who were coerced into sex, 50% had a teen pregnancy, while 40% of women who were raped had a teen pregnancy. The prevalence of teen pregnancy among women who had not been sexually abused ranged from 11.7 to 29% according to ethnicity. Teenage pregnancy rates were significantly different among ethnic groups of women who had been coerced into sex.

A cross-sectional survey was conducted with 8th and 10th grade females (n=3,124; 59% White, 38% African-American) from urban, rural, and semi-rural school districts to identify adverse outcomes associated with forced sex. Girls who had not been abused and were not sexually experienced active (45% of the sample) were excluded from the analyses to avoid confounding associations based on differences in risk behaviors between non-abused sexually active and non-sexually active students. Students were asked about forced sex and a broader definition of “someone touching you or did something to you sexually that you did not want.” Among sexually active students, 13% disclosed forced sex and 22% disclosed unwanted touching or sexual activity. Sexually abused girls who were sexually active were approximately two times (OR=2.14) more likely to have been pregnant than their sexually active, nonabused counterparts.


Population-based data from the 2000 Demographic and Health Survey for Colombia were used to analyze the relationship between physical and/or sexual abuse by an intimate partner and unintended pregnancy among ever-married women who had given birth in the past five years or were currently pregnant (n=3,431). The prevalence of physical or sexual abuse by a current or most recent partner was 38%. Women who disclosed physical and/or sexual abuse were more likely to have had an unintended pregnancy (OR=1.4) in two regions of the Colombia but this association was not observed throughout the country. The authors estimated that 32,523-44,986 unintended pregnancies could be prevented in Colombia by eliminating intimate partner violence.


Using survey data from a representative sample of 9th through 12th graders (n=4014) and controlling for behaviors related to sexual risk (sexual orientation, bisexual behavior, aggressive and delinquent behavior, substance abuse, suicide ideation, and safer sex education), girls with a history of sexual abuse approximately two times (OR=2.15) more likely to have ever been pregnant than nonabused girls. Boys who had been sexually abused were more than five times (OR=5.31) more likely to have engaged in sex resulting in pregnancy compared to nonabused boys.

Roberts et al. analyzed cross-sectional data from the National Longitudinal Study of Adolescent Health and adjusted for sociodemographic factors, number of intimate partners and history of forced sexual intercourse. A past history or current involvement in a physically abusive relationship was associated with a history of being pregnant among sexually active adolescent girls. Girls who had been in a physically abusive relationship were 2.5 times more likely to have a history of pregnancy and girls who were currently experiencing physical abuse were 3.5 times more likely to have been pregnant compared to nonabused girls. Physical abuse in a relationship was narrowly defined as “push you,” “shove you,” or “throw something at you.”


Surveys and interviews were conducted with a random sample of 252 women who reported a history of childhood sexual abuse or teen pregnancy and a comparison group of 225 who did not disclose either of these experiences. Women with a history of childhood sexual abuse were significantly more likely to have been pregnant as adolescents. A dose response relationship was observed---as the severity of the sexual abuse increased, the risk of teen pregnancy increased.


A cross-sectional survey of young women (n=2003) who were recruited from 44 different sites including community colleges, social service agencies, parenting programs, and public health clinics. Young women who had been sexually abused by a boyfriend were at significantly higher risk of teenage pregnancy compared to nonabused girls (OR=2.44).


Data is from a representative sample of female 9th through 12th grade students who participated in the 1997 and 1999 Massachusetts Youth Risk Behavior Surveys (n=1977 and 2186 respectively). Girls who disclosed physical abuse by a dating partner were nearly twice as likely to have ever been pregnant compared to nonabused girls.

In a cross-sectional, retrospective survey with a random sample in Sweden (n=4781), 30% of women who disclosed childhood sexual abuse had unwanted pregnancies that were terminated by abortion compared to 17% of women who did not disclose childhood sexual abuse.

V. RAPID, REPEAT PREGNANCIES


In a case-control study using retrospective chart review with 100 adolescents (ages 13-21) who received prenatal care at a nonprofit health clinic, girls who experienced any form of physical or sexual violence were more than 3 times (OR=3.46) more likely to have a rapid repeat pregnancy in 12 months and more than 4 times (OR=4.29) more likely to have a rapid repeat pregnancy in 18 months compared to nonabused girls. Other previously reported predictors of rapid repeat pregnancy including family stress, financial stress, and demographic factors were not predictor of rapid repeat pregnancy.

VI. OTHER SEXUAL RISK BEHAVIORS

SEX WITHOUT CONTRACEPTION/UNPROTECTED SEX


Face-to-face interviews were conducted every 3 months with a minimum of 2 interviews and a maximum of 10 interviews across 27 months (longitudinal design). Participants were nonpregnant, English-speaking adolescent women (n=279), ages 14-17 years, receiving health care at one of three primary care clinics that serve primarily lower and middle income residents in areas with high rates of teen pregnancy and sexually transmitted diseases. A series of four questions were used to assess for unwanted sex that ranging from “making you have any kind of sex when you don’t want to?” to “Would he break up with you unless you have sex?” A total of 40.9% of adolescent women reported unwanted sex with 10 percent indicating that they had been forced to have sex. Participants who disclosed unwanted sex were more than twice as likely (OR=2.3) to report having sexual without condom use and 1.8 times more likely to disclose lack of sexual control with a partner.

A longitudinal study that recruited 535 sexually active adolescent females who had been pregnant from 35 program sites serving pregnant and parenting adolescents. There was no control group in this study. Approximately one-quarter of sexually active teens with a history of childhood sexual abuse used contraception at first intercourse compared to 49% of sexually active adolescents in the National Survey of Family Growth, Cycle III.


Using survey data from a representative sample of 9th through 12th graders (n=4014) and controlling for behaviors related to sexual risk (sexual orientation, bisexual behavior, aggressive and delinquent behavior, substance abuse, suicide ideation, and safer sex education), boys with a history of sexual abuse were less likely to have used a condom at last sex and less likely to use contraception at last sex compared to nonabused boys.


Using cross-sectional survey data from the National Longitudinal Study of Adolescent Health and adjusting for sociodemographic factors, number of intimate partners and history of forced sexual intercourse, females who were currently in a verbally abusive relationship were less likely to use a condom during the most recent intercourse (OR=1.56). Girls who were currently experiencing physical abuse (narrowly defined as push you, shove you, or throw something at you) were not at higher risk for having unprotected sex (not using a condom during most recent intercourse).


A cross-sectional survey of young women (n=2003) who were recruited from 44 different sites including community colleges, social service agencies, parenting programs, and public health clinics. Young women (ages 18-22) who disclosed a history of sexual abuse were significantly less likely to use birth control at first intercourse. The use of birth control at first intercourse reduced the risk of teenage pregnancy by 55%.

Participants were recruited from an ongoing randomized clinical trial at a public sexually transmitted disease (STD) clinic. A total of 871 (45% female; 63% African American) participants completed a computerized survey and audio computer-assisted self-interview. More than half of women (53%) and men (51%) disclosed childhood sexual abuse. Sexual abuse was broadly defined (fondling, giving or receiving oral sex, vaginal sex, anal sex) before the age of 13 with someone 5 years or more older, or between the ages of 13 and 16 with someone 10 years or more older, or before age 17 when force or coercion was used. Patients with a history of childhood sexual abuse reported a greater number of episodes of unprotected vaginal or anal intercourse during the past three months. When the analyses examined unprotected sex practices by type of partner, unprotected sex remained significant for patients with a history of sexual abuse with steady partners but not with nonsteady partners.


In this population-based study in Sweden, 60% of teens who had been sexually abused did not interrupt sex despite the risk of pregnancy compared to 40% of teens who had not been abused.


This study analyzed data from the Washington State Survey of Adolescent Health Behaviors of 8th, 10th, and 12th grade girls (n= 3,128). Girls with a history of sexual abuse were twice (OR=2.0) as likely to not have used birth control at last intercourse compared to girls with no history of sexual abuse.


Interviews were conducted with 165 sexually active African-American women, 18 to 29 years of age. Women experiencing physical abuse by an intimate partner were less likely to use condoms than women who were not experiencing abuse.


This study recruited black females, ages 14 to 18 years of ages, from a health department, an adolescent medicine clinic, and school health classes to participate in an HIV/STD
Adolescent girls with a history of dating violence were half as likely to use condoms consistently compared to nonabused girls.

**SEX WITH MULTIPLE PARTNERS**


According to data from the South Carolina Youth Risk Behavior Survey (9th grade though 12th grade), adolescent boys and girls who experienced severe dating violence were more than twice as likely (35.4% versus 16.2%) to have 5 or more lifetime sexual partners than teens who did not disclose severe dating violence.


Among this birth cohort study of 520 New Zealand born young women who were followed for a period of 18 years, one-half (51.3%) of young women who were sexually abused as children had more than 5 sexual partners by age 18 compared to 13.7% of nonabused women.


A retrospective study of 5,060 female members of a managed care organization. Women who disclosed childhood sexual abuse were nearly 3 times (relative risk = 2.8) more likely to have 30 or more sex partners compared to women who had not had an adverse childhood experience.


Survey data from a representative sample of 9th through 12th graders (n=4014), revealed that almost one-third (30.2%) of sexually experienced adolescent girls and one-tenth (9.3%) of adolescent boys reported a history of sexual abuse. After controlling for behaviors related to sexual risk (sexual orientation, bisexual behavior, aggressive and delinquent behavior, substance abuse, suicide ideation, and safer sex education), boys and girls were more likely to have ever had three or more sex partners and to have had two or more sex partners in the past three months.

Data is from a representative sample of female 9th through 12th grade students who participated in the 1997 and 1999 Massachusetts Youth Risk Behavior Surveys (n=1977 and n=2186 respectively). Approximately 1 in 5 female students reported being physically and/or sexually abused in this predominantly Caucasian, random sample of high school girls. Girls who were physically and sexually abused by their boyfriends were 7.4 times more likely to have 3 or more sex partners in the past 80 days.


In this population-based study in Sweden, teens who reported sexual abuse were twice as likely (12% versus 6%) to have group sex compared to nonabused teens.

SURVIVAL SEX


Qualitative data from a long-term ethnographic study indicated that sexual abuse and continued experiences of coerced sex create a pathway for risk behaviors including teen pregnancy, prostitution, and survival sex (trading sex for drugs etc.).


A cross-sectional survey of young women (n=2003) who were recruited from 44 different sites including community colleges, social service agencies, parenting programs, and public health clinics. Young women (ages 18-22 years) with a history of sexual abuse were significantly more likely to have exchanged sex for alcohol, drugs, or money compared to nonabused peers (p<.0001).


Participants were recruited from an ongoing randomized clinical trial at a public sexually transmitted disease (STD) clinic. A total of 871 (45% female; 63% African American) participants completed a computerized survey and audio computer-assisted self-
More than half of women (53%) and men (51%) disclosed childhood sexual abuse. Sexual abuse was broadly defined (fondling, giving or receiving oral sex, vaginal sex, anal sex) before the age of 13 with someone 5 years or more older, or between the ages of 13 and 16 with someone 10 years or more older, or before age 17 when force or coercion was used. Patients with a history of childhood sexual abuse were more likely to report exchanging sex for money or drugs compared to patients that did not disclose sexual abuse (p<.0001).


Spatz-Widom & Kuhns conducted a prospective cohort study that followed abused children (n=676) and nonabused children (520) into early adulthood. Case (abused) and controls (nonabused) were matched on age, race, sex, and social class. Females who had been sexually abused were three times (OR=2.96) more likely to be involved in prostitution compared to nonabused females.


A prospective review of medical and police records indicated higher rates of arrest for prostitution among CSA victims.

ADOLESCENT GIRLS PARTNERING WITH ADULT MEN

Center for Impact Research, Chicago, IL. Domestic violence and birth control sabotage: a report from the teen parent project. 2000.

A cross-sectional survey was conducted with teen mothers receiving mandatory case management services through a health department and a comparison group of teen girls who did not have children and accessed care at two community health centers. Young women who partnered with older boyfriends were more likely to experience domestic violence---three-quarters of girls with boyfriends 26 years or older were domestic violence victims compared to one-half of those with boyfriends aged 18 to 25 years old.


Adolescent girls with histories of early sexual abuse were more likely to partner with adult men than nonabused adolescents. This partnering may initially offer a way to escape a neglectful or violent family of origin.

A self-administered survey of 166 pregnant or parenting adolescent females, ages 13 to 21 years of age that were newly enrolled in a school-age parenting program. Nearly half (45%) disclosed an unwanted sexual experience. Unwanted sexual experience was defined as “any kind of sexual touching which made you feel uncomfortable, bad, uneasy etc. and that may have come from another teen or an adult or someone you did not know well.” Specific types of sexual contact were described in the questionnaire. The average age at unwanted sexual experience was 11.6 years and 46% had an unwanted sexual experience with more than one person. Participants who disclosed an unwanted sexual experiences had their first wanted sexual experience with a partner who was 2.6 years older compared to 2 years older for females who did not disclose unwanted sexual experiences (p <.05).

HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS


The authors analyzed data from the Massachusetts Youth Risk Behavior Surveys for a representative sample of female 9th to 12th graders who reported having ever had sexual intercourse. Approximately 1 in 3 (31.5%) of sexually active adolescent girls reported having ever been physically or sexually abused by dating partners. More than one-half (51.6%) of girls who were diagnosed with a sexually transmitted disease/HIV were experiencing dating violence. Girls who experienced physical and sexual dating violence were 2.6 times more likely to being diagnosed with an STD than nonabused girls.

Johnson PJ, Hellerstedt WL. Current or past physical or sexual abuse as a risk marker for sexually transmitted disease in pregnant women. Perspectives in Sexual and Reproductive Health. 2002;34:62-7

The authors used a matched retrospective cohort design where all patients who had experienced physical or sexual abuse and delivered a live-born singleton were selected for chart abstraction. Two female controls who did not report any abuse and who delivered live-born singletons were matched to each abused women by maternal age-group and year of infant’s birth. A total of 744 charts were abstracted. Women who reported current abuse and those with a history of sexual abuse only had approximately twice the odds of having a history of a STD compared to nonabused women while those with a history of both physical and sexual abuse had three times the odds of having a STD compared to nonabused women. The majority of reported abused was perpetrated by an intimate partner.

A retrospective chart review of adult female outpatients (n=191) was conducted at a university-based clinic over a seven-month period. Women who had been emotionally, physically, and/or sexually abused by a partner or someone close to them were more than twice as likely (40% versus 18%) to have had one or more sexually transmitted infections compared to nonabused women.


A literature review of 29 studies that investigated the link between violence and HIV. Thirteen of the studies examined coercive sex as a risk factor for HIV infection. While these studies consistently demonstrated an association between HIV and sexual coercion, all of the studies were cross-sectional thereby limiting any conclusions about causality. The authors noted that “it is clear from these 13 studies that forced sex is indirectly related to HIV risk.”


This study examined HIV risk behaviors using data from large-scale, school-based adolescent health surveys with 5 different student cohorts in Seattle, Washington and British Columbia (BC) that involved more than 800,000 respondents. Seven different HIV risk behaviors (ever used injection drugs, age at sexual debut, number of sexual partners in past 3 months, number of lifetime sexual partners, condom use during last intercourse, previous STD diagnosis, and alcohol or drug use during last intercourse) were used to evaluate risk. In the two Seattle-based surveys, the definition for sexual abuse was limited to vaginal and anal intercourse while any sexual abuse history was coded as sexual abuse in the three BC surveys. Students who disclosed sexual abuse had significantly higher HIV risk scores compared to nonabused students; this association was found in all 5 cohorts which span over a decade (first cohort-1992; most recent cohort-2003).


In this population-based study in Sweden, men and women who were sexually abused as children or adolescents were twice as likely to be diagnosed with Chlamydia, Human Papilloma Virus, and Gonorrhea, and three times more likely to have herpes compared to nonabused teens.

This study is a brief report describing the results from 611 interviews (response rate=79%) with consequently sampled HIV-infected individuals from eight infectious disease clinics in five states in the “deep south.” Sexual abuse was broadly defined to include clear force, threat, or harm with unwanted touching, making the victim touch the perpetrator’s pubic or anus area, vaginal or anal intercourse, and implied threat of force or harm when a child was less than 13 years of age and the perpetrator was at least five years older. Approximately 1 in 4 HIV-positive adults were sexually abused before the age of 13. The lifetime prevalence of sexual abuse was similar for men and women (30% and 38% respectively). A male parent or guardian threatening the respondent’s mother or stepmother was associated with childhood sexual abuse.


This study recruited black females, ages 14 to 18 years of ages, from a health department, an adolescent medicine clinic and school health classes to participate in an HIV/STD prevention study (n=522). Assessment for dating violence was limited to physical abuse (i.e. punched, hit, or pushed). Adolescents with a history of dating violence were 2.8 times more likely to have a sexually transmitted infection in the past six months.

SUBSTANCE ABUSE BEFORE SEX


Structured interviews was conducted with 517 female adolescents during their first visit to a family planning clinic. Girls who had experienced violence (grouped variable: rape, physical attack, threat against a life, murder, or robbery) were nearly 3 times (OR=2.7) more likely to use illicit drugs before sex compared to girls who had not experienced violence.


Using survey data from a representative sample of 9th through 12th graders (n=4014) and controlling for behaviors related to sexual risk (sexual orientation, bisexual behavior,
aggressive and delinquent behavior, substance abuse, suicide ideation, and safer sex education), girls and boys with a history of sexual abuse were significantly more likely to have used alcohol prior to last intercourse compared to nonabused girls and boys.


Data is from a representative sample of female 9th through 12th grade students who participated in the 1997 and 1999 Massachusetts Youth Risk Behavior Surveys (n=1977 and 2186 respectively). Girls who were physically or sexually abused by a dating partner were about two times more likely to report substance use before last intercourse.


An ethnically-diverse sample of young adults from a school-based, longitudinal study. This study examined the impact of cumulative lifetime abuse experiences which included childhood sexual abuse and intimate partner violence. Women who experienced three or more types of abuse had a higher likelihood of alcohol use before or during sex compared to nonabused women.

VII. SEXUALITY


A cross-sectional survey was administered to 277 female undergraduate students who were randomly selected from an introductory psychology class. Students who disclosed a history of sexual abuse were more likely to report maladaptive sexual behavior (scale included items such as “I have gotten into trouble because of my sexual behavior,” “I have controlled others through my use of sex.”)


A history of childhood sexual abuse had negative impact on survivors’ ability to have close, healthy intimate relationships.

Data from a two-stage case control study with a random sample of women in Australia. In the second stage of the study, women who disclosed an alcohol problem and a random selection of controls were surveyed about childhood sexual abuse. Women who were sexually abused (sexual contact ranging from touching or fondling to intercourse) were almost two times (OR=1.95) more likely to report sexual problems. Sexual problems were measured by a series of questions asking about pain/discomfort during intercourse, lack of sexual arousal, lack of sexual interest etc.


Data from a national survey on sexual activity indicated that women who had been touched sexually as children by older persons had greater anxiety about sex and less pleasurable sex as adults.


A retrospective chart review of adult female outpatients (n=191) was conducted at a university-based clinic over a seven-month period. Women who had been emotionally, physically, and/or sexually abused by a partner or someone close to them were more than twice as likely (47% versus 23%) to experience pain during sex compared to nonabused women.


This study recruited black females, ages 14 to 18 years of ages, from a health department, an adolescent medicine clinic and school health classes to participate in an HIV/STD prevention study (n=522). Girls with a history of physical dating violence were nearly 2 ½ times (OR=2.4) less likely to perceive themselves as having control over their sexuality and two times more likely to have norms that were not supportive of a healthy relationship (ex. “Your boyfriend gets angry when you don’t do what he wants’”) compared to nonabused females.
VIII. REVICTIMIZATION


A longitudinal study that recruited 535 sexually active adolescent females who had been pregnant from 35 program sites serving pregnant and parenting adolescents. Sixty percent (60%) of young adults who had been sexually abused prepregnancy had also been hit by a partner in a relationship compared to 29% of young women who did not report a history of sexual abuse.


This birth cohort study followed 520 New Zealand born young women for a period of 18 years. Young women who were sexually abused as children had significantly higher rates of sexual assault after the age of 16 compared to nonabused women.


Data from a two-stage case control study with a random sample of women in Australia. In the second stage of the study, women who disclosed an alcohol problem and a random selection of controls were surveyed about childhood sexual abuse. Women who were sexually abused (sexual contact ranging from touching or fondling to intercourse) were more likely to experience physical domestic violence in at least one past relationship compared to women who did not disclose a history of sexual abuse (19% versus 11%).


A systematic evaluation of the literature on the relationship between childhood sexual abuse and adolescent and adult sexual victimization. The reviewers concluded that the association between childhood sexual abuse and revictimization as an adolescent and/or adult is robust. While most of the study populations where limited to women, studies that included men have shown an increased risk of revictimization among men who were sexually abused as children. In studies that did not demonstrate a statistically significant relationship between childhood sexual abuse and revictimization, the results were usually in the predicted direction. Numerous challenges in comparing these studies are examined including definitional issues and study methodologies.

A cross-sectional survey was conducted with 8th and 10th grade females (n=3,124; 59% White, 38% African-American) from urban, rural and semi-rural school districts to identify adverse outcomes associated with forced sex. Girls who had not been abused and were not sexually experienced active (45% of the sample) were excluded from the analyses to avoid confounding associations based on differences in risk behaviors between non-abused sexually active and non-sexually active students. Students were asked about forced sex and a broader definition of “someone touching you or did something to you sexually that you did not want.” Among sexually active students, 13% disclosed forced sex and 22% disclosed unwanted touching or sexual activity. Sexually abused girls were more than 3.5 times more likely to have been physically assaulted during the past year than nonabused females.


Two classes of university women (n=1569) were surveyed five times during their four years in college. Women who experienced physical dating violence as adolescents were three times more likely to be revictimized during their freshmen year than nonabused women and the increased risk of revictimization continued for each subsequent year of college.


In this population-based study in Sweden, 8% of adults who were sexually abused as children or adolescents were sexually assaulted as adults compared to 1% of respondents who did not disclose childhood sexual abuse.