

**SEXUAL VICTIMIZATION, PARTNER AGGRESSION
AND ALCOHOL CONSUMPTION**

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ABSTRACT

This paper examines the relationship sexual victimization (both childhood sexual victimization and adult sexual victimization), aggression and alcohol consumption. The data for this research is from the Gender, Alcohol and Culture: an International Study (GENACIS). A random sample of 2070 adults (53.8% males and 64.2% females), 18 years and above, drawn from two geo-political regions in Nigeria were interviewed. The interest here is to examine the prevalence of childhood- and adult- sexual victimization among males and females, who is reported as the perpetrators of victimization. Results obtained did not show any gender difference in prevalence of childhood sexual victimization or adult sexual victimization. It was also found that childhood sexual victimization was predictive of adult victimization. This paper further explores the relationship of sexual victimization with the experience of partner aggression as well as individual alcohol drinking pattern. There are indications of a link between childhood sexual victimization and subsequent partner aggression. There was however no relationship in regards to alcohol consumption patterns. Implications of these findings are discussed.

KEY WORDS: Gender and alcohol, sexual victimization, partner aggression, GENACIS

INTRODUCTION

In recent history there has been considerable attention focused on issues of childhood sexual abuse, and adult sexual victimization. This may in part be due to the efforts to address related issues of sexually transmitted infections, HIV/AIDS, commercial sexual exploitation of women, and child/ human trafficking. Issue of this nature have at one level increased the need for a clearer understanding of sexual activities and behaviours particularly as it relates to individuals that may be in a vulnerable position.

The new understanding that has emerged has played a central role in dispelling previously held beliefs that the sexually abused victims were to blame for their experience (Messam & Long, 1996). This shift from previously held beliefs along with the interest raised in regards to these issues has made it easier for people to disclose their own victimization. With this also is the desire to unearth the extent and nature of victimization in varied populations.

Many of the studies seeking to establish the prevalence of sexual victimization often adopt cross-sectional retrospective methods

where respondents are required to report from memory any history of sexual victimization. The validity of self-reporting of sexual victimization has been drawn into question as people have been known to under-report their own experience (Fergusson, Horwood, & Woodward, 2000; Widom & Morris, 1997). It is thought that factors such as individuals responding in what is considered socially appropriate, unwillingness to disclose information, misinterpretation of the questions or sheer errors in their ability to recall the incident, could lead to this under reporting of incidents. Rohsenov et al, (1988) report that asking the question more than once aids disclosure of difficult material of this nature. In a more recent work which improves on methods used in previous research, Barnes et. al., (2009) present evidence contrary to this, they found that individuals can accurately report retrospectively substantiated sexual victimization (SV), and at this with remarkably high test re-test assessment over a two year period. Whether this is a result of the changing culture in recent times or purely as a result of the method adopted may however be in question.

The reported rates of child sexual abuse (CSA) in literature range from 4% to 62% for women (Salter 1992), these rates are said to be lower for men (Ackard & Neumark-Stainzer, 2003; Dube et al., 2005; Edgardh & Ormstad 2000; Sundaram, Laursen & Helweg-Larsen, 2008). The variations in prevalence of CSA obtained in different studies have been attributed to inconsistencies in the definition and method of study used. For one, this field is plagued by inconsistencies in definition of sexual abuse and victimization (Mayall & Gold, 1995; Simpson & Miller, 2002). Some studies use restrictive definitions which limit it to activities involving intercourse or penetrative contact (i.e rape) while some others use varying degrees of a broadened definition encompassing any unwanted experience of a sexual nature that may involve but are not limited to penetrative contact. Responses to the questions are also affected by how these questions are phrased as well as the context in which these questions are presented. The range of response

obtained in these surveys often highlight the fact that SV in children and adults are more prevalent than previously thought.

Child sexual abuse has been associated with a number of negative consequences. It has for instance been found to contribute to risky sexual behaviour and lack of self-protection in sexual situations among the women (Cohen et al., 2000, 2009; Heiman et. al., 2004; Koenig & Clark, 2004; McNair & Seals, 2001). As noted by Arriola et al. (2005) this relationship between CSA and risky sexual behaviour is upheld despite varying definitions of CSA. Other negative outcomes associated with the experience of CSA includes; self-harm (Messman-Moore & Long, 2003; Noll, Horowitz, et al., 2003), suicidal ideation (Bendixen et al. 1994; Garnefski & Diekstra, 1997), depressive disorders (Kendler et. al., 2000) pervasive sexual problems (Leonard & Follette 2002); emotional and somatic symptoms of morbidity (Sundaram et al., 2008), and other forms of psychological distress. (Carter, et al., 2006; Hilden et al., 2004; Kendler, et al., 2000; Murphy et al., 1988).

The negative consequences of particular concern in this paper are the association of CSA and SV and intimate partner aggression, and subsequent alcohol use in adulthood. Women who for instance have experienced CSA have been found to be at a greater risk of being sexually victimized in adolescence and adulthood, than women who otherwise did not experience childhood sexual abuse (Classen, et. al., 2005; Coid et al., 2001; Desai et al., 2002; Maker, Kemmelmeier, & Peterson, 2001; Siegel & Williams, 2003). A few researchers postulate CSA as the strongest predictor of subsequent SV at an older age (Casey & Nurius, 2005; Merrill et al., 1999; Wolfe et al., 2004). Revictimization is commonly reported among women who have experienced CSA; sexual aggression is reported for their male counterparts (Witchel, 1991; Burgess et al., 1988). It has been linked to the tendency for these women to be physically revictimized with a much greater tendency for them to experience domestic and intimate partner violence ((Banyard et al., 2000; Coid et al., 2001;

Daigneault, Hébert & McDuff, 2009; West, Williams & Segal, 2000; White & Widom, 2003; Whitfield et al., 2003).

Revictimization just as CSA has long term effects; this has been examined in a number of studies. A couple of studies that have examined this in great detail gathering data from women who have experienced multiple SV (either as children who were repeatedly sexually victimized by the same person or victimized by different assailants, or had been sexually victimized both before and after the age of 18, or multiple sexual assault as an adult). This group showed greater levels of distress and psychiatric difficulties than other victim groups and non-victims (Murphy et al., 1988).

With regards to the association of CSA with subsequent drug or alcohol use, it has been speculated that the individuals reporting sexual abuse in childhood use drugs and alcohol to self-medicate (Miranda et al., 2002; Wilsnack et al., 1991; Young, 1992). A number of studies have shown CSA to significantly correlate with subsequent alcohol or drug use (Cohen et al., 2009; Dong, et al., 2003; Dube et al., 2002; Fargo, 2008; Johnson et al., 2005; Nelson et al., 2002; Wilsnack et al., 1997). One study (Widom et al., 1999) present contrary findings where CSA does not lead to increased risk for lifetime usage of drugs. In the literature that shows an association of CSA or SV with alcohol consumption, the direction of the relationship has not been too clear. The direction of the relationship at times presents alcohol or drug use as a precursor to SV, increasingly associated with unwanted sexual advances and sexual victimization (Amos et al., 2008; Fisher et al., 2000; Krieter et al., 1999; Martin et al., 2005; Messman-Moore, et al., 2009), and at other times that SV increases the risk of alcohol consumption (Foshee, 1996; Kilpatrick et al. 1997; Wilsnack et al., 1997). Alcohol or drugs thus present as a consequence of, and at other times as a precursor to SV.

Previously the research on CSA has largely been focused on women with fewer studies that are inclusive of males (Miller and Mancuso, 2004). Studies that have included male respondents suggest that males may be affected dif-

ferently. Hoffman and Su (1998) have in their research found significant gender differences in response to stressful life events, where adolescent females showed a greater likelihood of abusing substance than their male counterparts. These findings in relation to gender differences in CSA and alcohol relationship has been confirmed in other studies (Miller and Mancuso, 2004; Simpson and Miller, 2002; Widom and Hiller-Sturmhöfel, 2001).

Urquiza and Goodline-Jones (1994) have likewise reported prevalence rates for different types of victimization among college students of different ethnic groups. They found that black women reported significantly higher rates of rape and revictimization than white and Hispanic women. Later findings of Miller et al (1999) contradicts this as they found lowest rates of rape and revictimization reported by black women. Possible explanations given for this disparity has been in the population used. Miller et al used respondents recruited from the Navy as opposed to college students. Irrespective of where the sample was drawn from, the evidence points to ethnic differences being reported in the rates of experience of SV by women. Despite this observed ethnic difference however, the predictors for SV remain the same.

In this paper we will in using a uniform questionnaire be able to examine prevalence rates for different types of SV in Nigeria. As responses will be received from both male and female respondents, it will allow for us to examine gender differences as well as identify patterns of association between sexual victimization (CSV or ASV), partner aggression, and alcohol consumption

METHOD

Data used in this study were collected in 2002 from the North-Central and the South-South regions of the country. In the North-Central region, three states (Benue, Nasarrawa, and Plateau), and the Federal capital Territory were selected. In the South-South two states were included (Akwa Ibom, Rivers).

Sampling frame was obtained from the Federal Office of Statistics. The sampling process involved a number of stages:

- i. sampling the enumeration area to be included,
- ii. sampling household units from households listed in the each of the enumeration areas selected,
- iii. sampling of housing units where there was more than one housing unit in a household (address), and lastly
- iv. sampling the individuals within the housing unit.

Representativeness was achieved through the selection of respondents based on other variables like sex, and age. Because of the need to sample relatively equal number of males and females each interviewer alternated from house-to-house between the males and females in the choice of the adult member to interview.

Procedure

Interviewers were recruited from the Federal Office of Statistics, and trained for the purpose of this study. The interviewers were trained in two separate locations for the separate regions of the country. This training was done by members of the research planning team and consultants. Most of the refusals that would have come from community heads in these situations were averted as the interviewers were known for their data collecting roles for the Federal Office of Statistics in the past.

Measures

The data used in this study is part of the Gender Alcohol and Culture: An International Study (GENACIS). The questionnaire used in this study was designed by the International Research Group on Gender and Alcohol (IRGGA). It was a highly structured questionnaire with defined response codes. The respondents were asked questions which related to experience of CSV (before age 16) by family members as well as by non-family members. They were also required to respond

to questions of adult sexual victimization (i.e age 16 or older). In most countries the response categories for these questions included: “very often”, “often”, “sometimes”, “rarely”, or “never”. For the purpose of analysis the responses very often, often, sometimes, rarely and never were recorded as “Yes”, or “No” to allow for comparison with those other countries that had limited themselves to yes or no responses.

Other measures of interest were questions regarding the experience of aggression and alcohol consumption. It was possible from these measures to identify if the individual had been a victim or perpetrator of intimate partner aggression within the past two years. Two measures of drinking were taken; the individuals current drinking status, (either a current drinker or abstainer depending on his or her consumption of an alcoholic beverage within the past 12 months). A second drinking measure used was the usual quantity of alcohol consumed during a typical drinking session.

RESULTS

A total of 2070 adults were interviewed. This was made up of 1114 (53.8%) males and 956 (46.2%) females (see Table 1). The mean age of this sample was 37.71 (SD=12.4). Measures of consumption of alcoholic beverage within the past 12 months showed 42.1% for males and 22.3% for females.

Prevalence of Childhood and Adult Sexual Victimization

One of the primary aims was to examine the prevalence of child and adult sexual victimization as it occurs among both male and female respondents, within Nigeria. Results show there was no gender difference in the reported occurrence of childhood sexual victimization 175 (21.3%) for males and 148 (21.4% for females. In regards to sexual victimization in adulthood ASV, results showed 163 (15%) for males and 154 (16.5%) for females.

It was also possible to examine who was reported to be the perpetrators of CSV. Table

2 shows obtained results. A larger percent of CSV was reported by both males and females to be perpetrated by non-family members as compared to family members

Frequency of Occurrence of CSV

As some countries required respondents to provide information regarding the frequency with which they had experienced victimiza-

tion. It was then possible to tabulate this according to the reported perpetrators. Table 3 shows the frequency with which family and non family members were reported to have perpetuated victimization.

The tendency was to report occurrence of CSV from non family members as occurring rarely, though in some cases it was reported as relatively the same. It was also possible to exam-

Table 1: Demographic characteristics of the sample

Variable	N (%)
Gender	
Male	1114 (53.8)
Female	956 (46.2)
Age	Mean = 37.71 (SD=12.4)
Marital Status	
Married	1463 (71.1)
Living with a lover, boy-or girlfriend	45 (2.2)
Widowed	120 (5.8)
Divorced	24 (1.2)
Married but separated	35 (1.7)
Never married	372 (18.1)
Current Drinkers	
Males	467 (42.1)
Females	213 (22.3)

Table 2: Gender differences in reported perpetrators of

Gender	CSV	
	Family Members	Non Family Members
Male	70 (8.5%)	170 (15.4%)
Female	58 (8.4%)	147 (15.5%)

Table 3: Reported perpetration of CSV by family and non-family members

Gender	Family Member		Non-Family Members	
	Rarely	Often	Rarely	Often
Male	42 (5.1%)	28 (3.4%)	92 (8.3%)	78 (7.1%)
Female	30 (4.3%)	28 (4.0%)	81 (8.6%)	66 (7.0%)

ining the degree to which CSV by family member may be associated with later victimization by non-family members. Chi-square analysis showed that being abused by Family members was significantly associated with the likelihood of being abused by non-family members.

Child Sexual Abuse, Sexual Victimization and Revictimization

We compared rates of CSA and SV calculating rates of revictimization.

Sexual Victimization and Intimate Partner Aggression

Using binary logistic regression we also examine the relationship between CSA, SV and aggression experienced by respondent, first as a victim of aggression and then as a perpetrator of intimate partner aggression. It was found that CSV alone was predictive of intimate partner violence perpetrated by female respondents.

Sexual Victimization and Alcohol Consumption

Data collected also allowed for the examination of the relationship between CSV, ASV and two variables measuring alcohol consumption. Alcohol measures showed whether the individual was a current drinker or abstainer as well as the usual quantity of alcohol consumed during a regular drinking session. Results of regression showed that CSV and ASV were not predictive of drinking status or consumption of larger quantities of alcohol in a typical drinking session.

DISCUSSION

This work provided the opportunity to examine the prevalence of reported childhood and adult sexual victimization in both male and female respondent; this provided the rare opportunity to examine gender difference on a variety of levels. As well as the extent to which CSV or ASV was predictive of subsequent experience of intimate partner aggression and substance misuse.

The results obtained in this study are in line with previous studies which reported that CSV is evident in both male and female respondents. Though female children are reported to have a higher prevalence of reported abuse in previous studies (Ackard & Neumark-Stainzer, 2003; Dube et al., 2005; Edgardh & Ormstad 2000), this finding was not upheld in this study, and as reported elsewhere (Ibanga et al 2010) these differences are not evident in some countries. As some have shown findings that are similar to these; It would be interesting to investigate whether this non significant gender difference is due more to a change in the culture of reporting that may have made it easier for males to disclose information on sexual abuse and therefore giving us rates that are similar to those of females, or that females in this study were less willing to report abuse. It is research that would tap into the underlying stigma, shame and the cultural beliefs and responses to CSV or ASV that is missed out in this study that would through more light on the factors that may affect the individual's willingness to report the abuse. Are the rates observed here related to the working situations in various homes where there are several maids, security men and other low skilled workers in households or is the high incidence of males reporting ASV related to this working arrangement?

This study further examined who the reported perpetrators were; whether it was a family member or a non-family member. Results show that non-family members were reported as perpetrators in higher rates than family members. There is a need for further investigations into cultural and other factors that may account for the observed differences; whether the perpetrators as mentioned were workers in the homes that have access to the children or employers who are in a position of power and therefore using this power in relation to sexually victimizing those under them?

Though our measure was imperfect as responses included never, rarely, sometimes, often and very often; there was no way of knowing whether those that indicated that it occurred rarely meant once or twice or if they

meant a frequency slightly greater than this even though to them it is reported as rare. The concept of rare with regards to CSV or ASV does have dire consequences. Taking this into consideration the results does point to the fact that when CSV does occur it is likely to be one of multiple victimization, not just by the same perpetrator but also possibly by different people (family and non-family members for instance). With the issues of sexual victimization in adulthood it is assumed that at this age the rates drop for males are they are stronger and more able to defend themselves from perpetrators. This drop was not significant for the male respondents in this study. There may be a need for more specific information in regards to who in reality is the perpetrator of the reported sexual victimization.

We also were able to examine if CSA was predictive of partner aggression or subsequent alcohol use in later life. Evidence from previous research predicts that men are more likely than women to engage in overt behaviour such as interpersonal violence, and heavy drinking which are more overt while women would engage in activities that are internalized such as depression and anxiety (Coid et al., 2001; West, Williams & Segal, 2000; White & Widom, 2003). Results obtained did not support the gender pattern of behaviour. The predictive pattern of previous research where it leads to female drinking and being victims of partner aggression in adulthood and males perpetrating aggression. The data here shows that CSV was predictive of respondents perpetuation of aggressive act towards partner. It appears the questions of the relationship of victimization and intimate partner aggression could be better addressed using qualitative research methods which would help understand the experience of CSV and/or ASV and how this may be related to aggressive episodes experienced by some.

Again victimization as a predictor of subsequent alcohol consumption was also examined the results showed that CSV and ASV were not predictive of drinking status, neither were they individually or jointly predictors for later consumption of larger amounts of alco-

hol than individuals who had not experience victimization. These findings are somewhat different from earlier surveys which were consistent in finding a relationship between CSA and later alcohol consumption, in some cases reflecting more of Widom (1999) result, as no relationship was found between CSA and substance misuse. It could be that the relationship between substance misuse and CSA refers more to situation of multiple victimization rather than single incidents of abuse. Or it could be that as Nigeria is considered more as a nation with high levels of abstention that alcohol consumption may not be the route via which those who have experience sexual victimization use in coping with this experience. Additionally, the lack of difference may have been due to the measure of alcohol consumption being used. As we measured last year abstainers along with taking self-report measures of usual quantity consumed at a normal drinking session These results highlight a need for more in-depth study at country levels to ascertain gender differences in the negative consequences of CSV and ASV that people experience.

Though this work had several strengths as it included both males and females, allowing for comparison across a number of issues, there were however several limitations to this work. It was cross sectional and the information gathered was retrospective, and not confirmed. Being quantitative did not allow for gathering information to the meaning of the concepts and the persons understanding or interpretation of the questions asked. This could have provided insights to the meanings and associations of CSV and ASV and possibly provide greater insight to the pattern of results that was obtained.

Further limitation of this work was that specific questions regarding abuse were not included in this survey. For instance the severity of the victimization was not assessed, neither was the respondent's age at the time of the abuse, gender of the abuser, and whether or not it was accompanied by physical violence or threat of violence. If at all the individual had reported the abuse at that

time to any other person. Furthermore we did not inquire as to the nature of the abuse that would have allowed for us to make a distinction between abuse that was penetrative as opposed to non-penetrative forms of abuse. These questions would have better enabled us to search for other consequences of abuse to see if they differ (Classen, Palesh, & Rashi, 2005).

CONCLUSION

Despite the limitations, this work for the first time allowed for the examination of childhood sexual abuse, adult sexual victimization and revictimization across a large sample. The results presented showed that males and females reported equally high rates of victimization. In planning any prevention or intervention programme there will be a need to understanding of the specific factors that are associated with CSV/ ASV in this country.

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REFERENCES

- Ackard, M.D., & Neumark-Sztainer, D. (2003). Multiple sexual victimizations among adolescent boys and girls: Prevalence and associations with eating behaviors and psychological health. *Journal of Child Sexual Abuse, 12*, 17-37.
- Amos, C., Peter, R.J Jr, Williams, L., Johnson, R.J., Martin, Q., and Yacoubian, G.S. (2008). The link between recent sexual abuse and drug use among African American male college students: it's not just a female problem in and around campus. *Journal of Psychoactive Drugs, 40*, 161-166.
- Arriola, K.R.J., Loudon T., Doldren M. A., and Fortenberry R.M. (2005). A meta-analysis of the relationship of child sexual abuse to HIV risk behavior among women. *Child Abuse Neglect, 29*, 725-746.
- Banyard, V. L., Arnold, S., and Smith, J. (2000). Childhood sexual abuse and dating experiences of undergraduate women. *Child Maltreatment: Journal of the American Professional Society on the Abuse of Children, 5*(1), 39-48.
- Barnes, J. E., Noll, J. G., Putnam, F. W., and Trickett, P.K. (2009). Sexual and physical revictimization among victims of severe

- childhood sexual abuse. *Child Abuse & Neglect* 33 412-420.
- Burgess, A.W., Hartman, C.R., McCormack, A., and Grant, C.A. (1988). Child victim to juvenile victimizer: Treatment implications. *International Journal of Family Psychiatry*, 9, 403- 416.
- Casey, E. A., and Nurius, P. S. (2005). Trauma exposure and sexual revictimization risk. *Violence Against Women*, 11(4), 505–530.
- Classen, C. C., Palesh, O. G., and Aggarwal, R. (2005). Sexual Revictimization: A review of the empirical literature. *Trauma, Violence & Abuse*, 6(2), 103-129.
- Cohen, M., Deamant, C., Barkan, S., Richardson, J., Young, M., Holman, S., et al. (2000). Domestic violence and childhood sexual abuse in HIV-infected women and women at risk for HIV. *American Journal of Public Health*, 90, 560-565.
- Cohen, L. R., Tross, S., Pavlicova, M., Hu, M., Campbell, A. N., and Nunes, E. V. (2009). Substance Use, Childhood Sexual Abuse and Sexual Risk Behavior among Women in Methadone Treatment. *American Journal of Drug and Alcohol Abuse*, 35, 305-310.
- Coid, J., Petrukevitch, A., Feder, G., Chung, W., Richardson, J., and Moorey, S. (2001). Relation between childhood sexual and physical abuse and risk of revictimisation in women: A cross-sectional survey. *Lancet*, 358, 450-454.
- Daigneault, I., Hébert, M., and McDuff, P. (2009). Men's and women's childhood sexual abuse and victimization in adult partner relationships: A study of risk factors. *Child Abuse & Neglect*, 33, 638-647.
- Desai, S., Arias, I., Thompson, M.P., and Basile, K.C. (2002). Childhood victimization and subsequent adult revictimization assessed in a nationally representative sample of women and men. *Violence and Victims*, 17, 639-653.
- Dong, M., Anda, R.F., Dube, S.R., Giles, W.H., and Felitti, V.J. (2003). The relationship of exposure to childhood sexual abuse to other forms of abuse, neglect, and household dysfunction during childhood. *Child Abuse & Neglect*, 27, 625-639.
- Dube, S.R., Anda, R.F., Felitti, V.J., Edwards, V.J., and Croft, J.B. (2002). Adverse childhood experiences and personal alcohol abuse as an adult. *Addictive Behaviors*, 7, 713-725,
- Dube, R.S., Anda, R.F., Whitfield, C.L., Brown, D.W., Felitti, V.J., Dong, M., et al. (2005). Long-term consequences of childhood sexual abuse by gender of victim. *American Journal of Preventive Medicine*, 28, 430-438.
- Edgardh, K., and Ormstad, K. (2000). Prevalence and characteristics of sexual abuse in a national sample of Swedish seventeen-year-old boys and girls. *Acta Paediatrica*, 89, 310-319.
- Fargo, J.D. (2009) Pathways to Adult Sexual Revictimization Direct and Indirect Behavioral Risk Factors Across the Lifespan. *Journal of Interpersonal Violence*, 24, 1771-1791.
- Fergusson, D.M., Horwood, L. J., and Woodward, L.J. (2000). The stability of child abuse reports: A longitudinal study of the reporting behavior of young adults. *Psychological Medicine*, 30(3), 529-544.
- Finkelhor, D., Hotaling, G., Lewis, I.A., and Smith C. (1989). Sexual abuse and its relationship to later sexual satisfaction, marital status, religion, and attitudes. *Journal of Interpersonal Violence*, 4, 279-99.
- Fisher, B.S., Cullen, F.T., and Turner, M.G. (2000). The sexual victimization of college women. US Department of Justice, Office of Justice Programs, National Institute of Justice, December, 1-39.
- Foshee, V.A., Linder, G.F., Bauman, K.E., et al. (1996). The Safe Dates Project: Theoretical basis, evaluation design, and selected baseline findings. *American Journal of Preventive Medicine*, 12, 39-47.
- Garnefski, N. and De Wilde, E.J. (1998). Addiction-risk behaviours and suicide attempts in adolescents. *Journal of Adolescence*, 21, 135-42.
- Hayatbakhsh, M. R., Najman, J. M., Jamrozik, K., Mamun, A. O'Callaghan, M. J., Williams, G., and M. (2009). Childhood Sexual Abuse and Cannabis Use in Early

- Adulthood: Findings from an Australian Birth Cohort Study. *Archives of Sexual Behavior*, 38, 135-142.
- Heiman, J., and Heard-Davidson, A.R. (2004). Child sexual abuse and adult sexual relationships: Review and perspective. In: Koenig L.J., Doll L., O'Leary A., Pequegnat W., editors. *From Child Sexual Abuse to Adult Sexual Risk: Trauma, Revictimization, and Intervention*. Washington, DC: American Psychological Association Books; pp. 13-47.
- Hilden, M., Schei, B., Swahnberg, K., Halmesmaki, E., Langhoof-Roos, J., Offerdal, K., et al. (2004). A history of sexual abuse and health: A Nordic multicenter study. *BJOG*, 111(10), 1121-1127.
- Jasinski, J.L., Williams, L.M. and Siegel, J. (2000). Childhood physical and sexual abuse as risk factors for heavy drinking among African-American women: A prospective study. *Child Abuse and Neglect*, 24, 1061-1071.
- Johnson, R. J., Ross, M. W., Taylor, W. C., Williams, M. L., Carvajal, R. I., & Peters, R. J. (2005). A history of drug use and childhood sexual abuse among incarcerated males in a county jail. *Substance Use and Misuse*, 40, 211-229.
- Kendler, K., Bulik, C., Silberg, J., Hettema, J., Myers, J., and Prescott, C. (2000). Childhood sexual abuse and adult psychiatric and substance abuse disorders in women. *Archives of General Psychiatry*, 57, 953-959.
- Kilpatrick, D.G., Acierno, R., Resnick, H.S, et al. (1997) A 2-Year longitudinal analysis of the relationship between violent assault and substance use in women. *Journal of Consulting and Clinical Psychology*, 65, 834-847.
- Koenig, L.J., and Clark, H. (2004). Sexual abuse of girls and HIV infection among women: are they related? In: Koenig L.J., Doll, L., O'Leary, A., Pequegnat, W., (eds) *From Child Sexual Abuse to Adult Sexual Risk: Trauma, Revictimization, and Intervention*. Washington, DC: American Psychological Association Books; pp. 69-92.
- Koss M.P., and Dinero, T.E. (1988). Predictors of sexual aggression among a national sample of male college students. *Annals of the New York Academy of Sciences*, 528, 133-47.
- Krieter, S.R., Krowchuk, D.P., Woods, C.R., et al. (1999). Gender differences in risk behaviors among adolescents who experience date fighting. *Pediatrics*, 104, 1286-1292.
- Langeland, W., and Hartgers, C. (1997). Child sexual and physical abuse and alcoholism: a review. *Journal of Studies on Alcohol*, 59, 336-348.
- Lee, S., Lyvers, M. and Edwards, M. S.(2008). Childhood sexual abuse and substance abuse in relation to depression and coping. *Journal of Substance Use*, 13, 349-360.
- Leonard, L.M., and Follette, V.M. (2002). Sexual functioning in women reporting a history of child sexual abuse: Review of the empirical literature and clinical implications. *Annual Review of Sex Research*, 13, 346-388.
- Maker, A. H., Kimmelmeier, M., and Peterson, C. (2001). Child sexual abuse, peer sexual abuse, and sexual assault in adulthood: A multi-risk model of revictimization. *Journal of Traumatic Stress*, 14, 351-368.
- Martin, Q., Peters, R.J., Amos, C.E., Yacoubian, G.S., Johnson, R.J., Meshack, A., and Essien, E.J. (2005). The relationship between sexual abuse and drug use: a view of African-American college students in Texas. *Journal of Ethnicity in Substance Abuse*, 4, 23-33.
- Marx, B. P., Van Wie, V., and Gross, A. M. (1996). Date rape risk factors: A review and methodological critique of the literature. *Aggression and Violent Behaviour*, 1, 27-45.
- Mayall, A., and Gold, S. R. (1995). Definitional issues and mediating variables in the sexual revictimization of women sexually abused as children. *Journal of Interpersonal Violence*, 10, 26-42.
- Merrill, L.L., Newell, C.E., Thomsen, C., Gold, S.R., Milner, J.S., and Koss, M.P.

- (1999). Childhood abuse and sexual revictimization in a female Navy recruit sample. *Journal of Traumatic Stress*, 12, 211–225.
- Messmanand, T.L. and Long, P.J.(1996). Child Sexual Abuse And Its Relationship To Revictimization Adult Women: A Review. *Clinical Psychology Review* , 16, 597-420.
- Messman-Moore, T.L., and Long, P.J. (2003). The role of childhood sexual abuse sequelae in the sexual revictimization of women: An empirical review and theoretical reformulation. *Clinical Psychology Review*, 23, 537-571.
- Messman-Moore, T.L., Ward, R. M., and Brown, A.L. (2009). Substance use and PTSD symptoms impact the likelihood of rape and revictimization in college women. *Journal of Interpersonal Violence*, 24, 499–521.
- Miranda Jr., R., Meyerson, L.A., Long, P.J., Marx, B.P., & Simpson, S.M. (2002). Sexual assault and alcohol use: Exploring the self-medication hypothesis. *Violence and Victims*, 17, 205– 217.
- Muram, D., Hostetle,r B.R., and Jones, C.E. (1995). Speck PM. Adolescent victims of sexual assault. *Journal of Adolescent Health*, 17, 372–375.
- Murphy, G.E. (1998). Why women are less likely than men to commit suicide. *Comprehensive Psychiatry*, 39, 165–175.
- Nelson, E.C., Heath, A.C., Madden, P.A., Cooper, M.L., Dinwiddie, S.H., Bucholz, K.K., Glowinski, A., Mclaughlin, T., Dunne, M.P., Statham, D.J., and Martin, N.G. (2002). Association between self-reported childhood sexual abuse and adverse psychosocial outcomes: Results from a twin study. *Archives of General Psychiatry*, 59, 139-145.
- Noll, J.G., Horowitz, L.A., Bonanno, G.A., Trickett, P.K., and Putnam, F. W. (2003). Revictimization and self-harm in females who experienced childhood sexual abuse: Results from a prospective study. *Journal of Interpersonal Violence*, 18, 1452-1471.
- Richman, J.A., Rospenda, K.M ., and Cloninger, L. (2009). Terrorism, Distress, And Drinking Vulnerability and Protective Factors. *The Journal of Nervous and Mental Disease* , 197, 909-917.
- Rohsenow, D. J., Corbett, R., and Devine, D. (1988). Molested As Children: A Hidden Contribution to Substance Abuse? *Journal of Substance Abuse Treatment*, 5, 13-18.
- Russell, D.E.H. (1987) .*The secret trauma: Incest in the lives of girls and women*. New York, Basic Books.
- Salter, A. C. (1992). Epidemiology of child sexual abuse. In W. O'Donohue & J. H. Geer (Eds.), *The sexual abuse of children: Clinti issues* (Vol. I, pp. 108-138). Hillsdale, NJ: Lawrence Erlbaum Associates, Inc
- Schuck, A. And Widom, C.S. (2001). Childhood victimization and alcohol symptoms in women: Causality and mediators. *Child Abuse & Neglect*. 25: 1069-1092.
- Shrier, L.A., Pierce, J.D., Emans, S.J., and Durant, R.H. (1998). Gender differences in risk behaviors associated with forced or pressured sex. *Archives of Pediatrics & Adolescent Medicine*, 152, 57-63.
- Siegel, J.A., and Williams, L.M. (2003). Risk factors for sexual victimization of women. *Violence Against Women*, 9, 902-930.
- Silverman, J.G., Raj, A., Mucci, L.A., and Hathaway, J.E. (2001). Dating violence against adolescent girls and associated substance use, unhealthy weight control, sexual risk behavior, pregnancy, and suicidality. *Journal Of the American Medical Association*, 286, 572-579.
- Simpson, T.L., and Miller, W.R. (2002), Comorbidity between childhood sexual and physical abuse and substance use problems. A review. *Clinical Psychology Review* 22, 27-77.
- Simpson, T.L., Westerberg, V.S., Little, L.M., and Trujillo, M. (1994). Screening for childhood physical abuse and sexual abuse among outpatient substance abusers. *Journal of Substance Abuse Treatment*, 11, 347-358.

- Sundaram, V., Laursen, B., and Helweg-Larsen, K. (2008). Is Sexual Victimization Gender Specific? The Prevalence of Forced Sexual Activity Among Men and Women in Denmark, and Self-Reported Well-Being Among Survivors. *Journal of Interpersonal Violence*, 23, 1414-1440
- Thoits, P. (1995) Stress, coping and social support processes: Where are we? What next. *Journal of Health and Social Behavior*. 53-79.
- Turner, R.J., and Lloyd, D.A. (1995). Lifetime traumas and mental health: The significance of cumulative adversity. *Journal of Health and Social Behavior*, 36, 360-376.
- Turner, R.J., Wheaton, B., and Lloyd, D.A. (1995). The epidemiology of social stress. *American Sociological Review* 60, 104-125.
- Urquiza, A.J., and Goodlin-Jones, B.L. (1994). Child sexual abuse and adult revictimization with women of color. *Violence and Victims*, 9, 223-232.
- West, C.M., Williams, L.M., and Siegel, J.A., (2000). Adult sexual revictimization among black women sexually abused in childhood: A prospective examination of serious consequences of abuse. *Child Maltreatment*, 5, 49-57.
- Whitfield, C.L., Anda, R.F., Dube, S.R., and Felitti, V.J. (2003). Violent childhood experiences and the risk of intimate partner violence in adults: Assessment in a large health maintenance organization. *Journal of Interpersonal Violence*, 18, 166-185.
- Widom, C.S., Courtois, C.A, Eth, S., et al. (1997). Accuracy of adult recollections of early childhood abuse. *Recollections Of Trauma - Scientific Evidence And Clinical Practice Book Series: Nato Advanced Science Institutes Series, Series A, Life Sciences* 291, 49-78.
- Widom, C.S., Ireland, T., and Glynn, P. J. (1995). Alcohol abuse in abused and neglected children followed-up: Are they at increased risk? *Journal of Studies on Alcohol*, 56, 207-217.
- Widom, C.S., Weiler, B.L., & Cottler, L.B. (1999). Childhood victimization and drug abuse: A comparison of prospective and retrospective findings. *Journal of Consulting and Clinical Psychology*, 67, 867-880.
- Widom, C.S., Marmorstein, N.M., and White, H.R. (2006) Childhood Victimization and Illicit Drug Use in Middle Adulthood. *Psychology of Addictive Behaviors*, 20, 394-403.
- Williams, L.M., Siegel, J.S., Hyman, B., and Jackson-Graves, J. (1993). *Recovery from sexual abuse: A longitudinal study 1973-1990*. Durham, NH: Family Research Laboratory.
- Wilsnack, S.C., Klassen, A.D., Schur, B.E., and Wilsnack, R.W. (1991). Predicting onset and chronicity of women's problem drinking: A five-year longitudinal analysis. *American Journal of Public Health*, 81, 305-317.
- Wilsnack, S. C., Vogeltanz, N. D., Klassen, A. D., and Harris, T. R. (1997). Childhood sexual abuse and women's substance abuse: National survey findings. *Journal of Studies on Alcohol*, 58, 264-272.
- Witchel, R.I. (1991). College-student survivors of incest and other child sexual abuse. *New Directions Student Services*, 54, 63-76.
- Wolfe, D.A., Sas, L., and Wekerle, C. (1994). Factors associated with the development of posttraumatic stress disorder among child victims of sexual abuse. *Child Abuse & Neglect*, 18, 37-50.
- Wyat,t G.E., Guthrie, D., and Notgrass C.M. (1992). Differential effects of women's child sexual abuse and subsequent sexual revictimization. *Journal of Consulting & Clinical Psychology*, 60, 167-73.
- Young, L. (1992). Sexual abuse and the problem of emodiment. *Child Abuse and Neglect*, 16, 89- 100.