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## Research article

# Childhood sexual abuse, risky sexual behaviors and adverse reproductive health outcomes among Chinese college students



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## ARTICLE INFO

### Keywords:

Childhood sexual abuse  
Risky sexual behavior  
Reproductive health

## ABSTRACT

**Background:** Childhood sexual abuse (CSA) is a serious public health problem worldwide.

**Objectives:** We reported the prevalence of CSA and examined its association with risky sexual behaviors and adverse reproductive health outcomes among college students in China.

**Participants and setting:** Participants were 17,966 college students from 130 colleges in Eastern, Central, and Western China, who completed the online questionnaire in January–August 2015.

**Methods:** Data were obtained from a cluster-random Internet-based survey. Multivariate logistic regression analyses were employed: risky sexual behaviors and adverse reproductive health outcomes were outcome variables, and various types of CSA were predictor variables, while adjusting for socio-demographic and lifestyle characteristics.

**Results:** The overall prevalence of any type of CSA was 27.5%. Most perpetrators were friends/acquaintances (34.6%) or intimate partners (24.7%) of the victims. Respondents who reported penetrative CSA were strongly associated with regular unprotected sex (odds ratio (OR): 3.0, 95% confidence interval (CI): 2.2–4.0), early sexual debut (OR: 5.5, 95% CI: 3.3–9.1), having genital tract symptoms in the last 12 months (OR: 5.0, 95% CI: 4.1–6.0), unintended pregnancy (OR: 6.2, 95% CI: 4.2–9.0), and induced abortion (OR: 5.5, 95% CI: 3.7–8.2) (for boys, the survey asked about history of unintended pregnancy and induced abortion of their sexual partners). A dose-response relationship was found across non-contact, contact, and penetrative CSA.

**Conclusions:** CSA experience may increase the likelihood of risky sexual behaviors and adverse reproductive health outcomes in victims' early adulthood.

Childhood sexual abuse (CSA) is a serious public health problem worldwide. One in five girls and one in thirteen boys report having experienced CSA all over the world ([World Health Organization, 2016](#)), and the prevalence of CSA ranged up to 53% in girls and up to 60% in boys in 21 different countries ([Pereda, Guilera, Forns, & Gomez-Benito, 2009](#)). According to a meta-analysis of 27 studies in China, the prevalence of CSA was 13.8% in boys and 15.3% in girls ([Ji, Finkelhor, & Dunne, 2013](#)).

In addition to the immediate adverse outcomes, CSA is associated with adverse outcomes when victims are adults. Several studies have indicated that history of CSA could cause adverse mental health issues such as post-traumatic stress disorder (PTSD) ([Miller, Schaefer, Renshaw, & Blais, 2013](#)) and depression ([Cong et al., 2012](#)). It may also induce harmful behaviors by victims as adults, such as risky sexual behaviors ([Lacelle, Hebert, Lavoie, Vitaro, & Tremblay, 2012a](#)), suicide ([Howard & Wang, 2005](#)), and the perpetration of the abuse cycle ([Paolucci, Genuis, & Violato, 2001](#)).

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<https://doi.org/10.1016/j.chiabu.2018.07.038>

Received 6 May 2017; Received in revised form 8 July 2018; Accepted 31 July 2018

0145-2134/ © 2018 Published by Elsevier Ltd.

Several studies in Western countries indicated that experiencing CSA may be associated with risky sexual behaviors, including unprotected sex (Lacelle et al., 2012a), early first sexual intercourse (Lacelle, Hebert, Lavoie, Vitaro, & Tremblay, 2012b), an increased number of sexual partners in adulthood (Howard & Wang, 2005), engaging in casual sex (Negriff, Schneiderman, & Trickett, 2015) and behaviors with high risk of human immunodeficiency virus infection (including having anal sex without a condom) (Bensley, Van Eenwyk, & Simmons, 2000). Nevertheless, limited studies have analyzed the direct relationship between CSA and adverse reproductive outcomes, specifically in victims who are young adults.

Moreover, evidence linking CSA to future adverse reproductive health outcomes was often characterized by several limitations. First, many studies drew their samples from high-risk groups; for example, men who have sex with men (Senn, Carey, Vanable, Coury-Doniger, & Urban, 2007) and patients (Kalichman, Gore-Felton, Benotsch, Cage, & Rompa, 2004), which have limited generalizability and reliability. Second, several studies assessed only specific types of CSA (Howard & Wang, 2005; Parillo, Freeman, Collier, & Young, 2001). Since the strength of the association between CSA and adverse reproductive health outcomes may differ across various types of CSA, results from those studies may be partial and cannot provide a comprehensive description of the type-specific risks.

Knowledge of CSA in the Chinese population remains limited, and relatively few researchers have examined the relationship between CSA and reproductive health outcomes in this population. Most CSA-related studies in China have focused on prevalence (Chen, Han, & Dunne, 2004; Ji et al., 2013) and socio-economic determinants (Chen, Dunne, & Han, 2004). Although several studies examined the consequences of CSA, such as adverse psychological outcomes (Li, Ahmed, & Zabin, 2012), only one study showed that experience of contact CSA was directly associated with ever having had sexual intercourse among high-school students (Chen, Dunne et al., 2004).

In addition to the limited literature on CSA and reproductive health outcomes in China, most CSA-related studies were only conducted with female populations (Chen, Han et al., 2004; Chen, Dunne, & Han, 2006). Moreover, the differences in the prevalence of CSA between China and other Western societies (Ji et al., 2013) might suggest diverse social and cultural pathways for such an association (Chan, Yan, Brownridge, & Ip, 2013). However, there is a gap in the literature regarding the unique characteristics of CSA and its consequences in the Chinese population. Therefore, to bridge this gap, we described the prevalence of CSA in a sample of Chinese college students and analyzed its associations with early adulthood risky sexual behaviors and adverse reproductive health outcomes.

## 1. Methods

### 1.1. Participants

An Internet-based survey was conducted from January to August 2015, which investigated the status of sexual and reproductive health among Chinese college students. One-hundred thirty colleges from Eastern (67.6%), Central (11.7%), and Western (20.8%) China were randomly sampled based on population density. As a form of cluster-random sampling, the survey questionnaire was distributed to students through contact persons in each college where the survey was conducted. A unique web-link of the electronic questionnaire was then distributed to individual students of randomly selected classes in each college. To avoid repetitive responses from the same student, each IP address was restricted to submit the questionnaire only once.

The overall response rate was 94.8%, and effective respondents were limited to undergraduate students aged 18–25 years, who provided informed consent before participating in the survey. After excluding respondents who were out of the noted age range, 17,966 respondents were included in the final analyses.

### 1.2. Measures

#### 1.2.1. Exposures

According to the definition of child maltreatment (World Health Organization, 2016), children are defined as aged 0–18 years, which we adopted in this study. In the questionnaire, participants were asked if they had ever experienced any types of sexual abuse during childhood. Types of CSA reported included: 1) victims who experienced verbal sexual harassment; 2) victims who were forced to expose their breasts or genitals; 3) victims whose breasts or genitals were forcibly touched or fondled; and 4) victims who were forced to have sexual intercourse, including penetrative oral, vaginal, or anal intercourse. Respondents who gave an affirmative response to one or more types of the above-mentioned CSA were defined as having been exposed to CSA.

Additionally, types of CSA were coded into non-contact CSA (i.e., unwanted exposure of genitals or verbal sexual harassment), contact CSA (i.e., touching or fondling genitals), and penetrative CSA (i.e., penetrative oral, vaginal, or anal intercourse).

The relationship of the victim to the perpetrator was also asked in the survey. Answers were classified as “intimate partners” (e.g., boyfriends, girlfriends, and sexual partners); “family members,” “person in a position of power, authority, or trust” (e.g., teachers, coaches); “friends/acquaintance;” “strangers;” and “others (not defined).”

#### 1.2.2. Outcomes

Participants' current sexual behaviors were surveyed, including regular condom use behaviors, condom use during the respondent's last sexual intercourse, age at first sexual intercourse, and number of lifetime sexual partners. The adverse reproductive health outcomes included a number of self-reported indicators, such as the number of unintended pregnancies (for boys, the number of unintended pregnancies of their partners during their relationship), the number of induced abortions (for boys, the number of

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