

# RISK-TAKING IN ADULTHOOD OFTEN THE RESULT OF CHILDHOOD SCARS

Childhood sexual and physical abuse have been linked to adolescent and adult risky sexual behaviours, including early sexual debut, an increased number of sexual partners, unprotected sex, alcohol and drug use during sex and sexual violence. *Linda Richter* reports on a study conducted in three African countries – South Africa, Tanzania and Zimbabwe – that found high rates in childhood sexual and physical abuse among men and women, showing a strong relationship with a range of sexual risk behaviours.

Representative baseline community surveys were conducted in 2005 at four sites in the three countries as part of a multi-year randomised control trial called Project Accept. The objective was to rapidly increase knowledge of HIV status and mobilise community responses to reduce HIV incidence, stigmatisation and high-risk sexual behaviour.

From randomly sampled households in 34 communities – 16 in South Africa, 10 in Tanzania and eight in Zimbabwe – more than 14 600 male and female participants aged 18–32 completed interview-based questionnaires.

In South Africa, eight communities were selected from Vulindlela, close to Pietermaritzburg in KwaZulu-Natal, a mixed rural and semi-urban, largely Zulu-speaking area with a population of approximately 553 000. The other eight communities were selected from Soweto, South

Africa’s most densely populated urban area adjacent to Johannesburg, with a population of approximately two million people from diverse cultural and geographic backgrounds.

The 10 communities in Tanzania were selected from Kisarawe, located in the country’s Pwani region. This is an agricultural area with a largely Muslim population of approximately 160 000. The eight communities in Zimbabwe were selected from Mutoko outside Harare, a rural district with a population of approximately 130 000.

## Gender, age, education and other demographics

Table 1 shows the rates of exposure to child physical abuse (CPA) and/or child sexual abuse (CSA). Such abuse leads to a range of outcome variables related to HIV risk, as reflected in Table 2 on page 10 (by gender and setting).

Table 1: Rates of assessed exposure (abuse) by gender and site (N denotes the number of participants who answered the particular question, followed by the percentage (%)).

	Zimbabwe		Tanzania		Vulindlela, SA		Soweto, SA	
	Male (N = 1 237)	Female (N = 1 637)	Male (N = 1 423)	Female (N = 1 650)	Male (N = 1 076)	Female (N = 1 520)	Male (N = 1 208)	Female (N = 1 455)
<b>Exposures</b>								
CSA, N (%)	56 (4.5)	72 (4.4)	59 (4.2)	34 (2.1)	17 (1.6)	36 (2.4)	49 (4.1)	71 (4.9)
CPA, N (%)	338 (27.4)	254 (15.6)	212 (14.9)	71 (4.3)	167 (15.6)	98 (6.5)	181 (15)	124 (8.5)
CSA or CPA, N (%)	360 (29.1)	301 (18.4)	251 (17.7)	100 (6.1)	178 (16.6)	121 (8.0)	205 (17.1)	166 (11.4)
CSA and CPA, N (%)	34 (2.8)	25 (1.5)	20 (1.4)	5 (0.3)	6 (0.6)	13 (0.9)	25 (2.1)	29 (2.0)

Rates of reported childhood physical abuse were much higher than reports of sexual abuse.



in Soweto. In all settings, except Zimbabwe, rates of reported childhood sexual abuse were lower among men than women.

Rates of reported childhood physical abuse were much higher than reports of sexual abuse, ranging from 4.3% among women in Tanzania to 27.4% among men in Zimbabwe. Reported physical abuse among women in Zimbabwe was roughly two to three times higher than in Tanzania and South Africa.

The average rates of reported childhood sexual abuse ranged from 1.6% among men in Vulindlela to 4.9% among women

There were also strong relationships between childhood abuse and lifelong alcohol and drug use.



### Relationships between child abuse and sexual risk behaviours

The researchers found a relationship between sexual and physical abuse in childhood and a range of reported sexual risk behaviours, alcohol and drug use, partner violence and absence of HIV preventive behaviours among men and women in adulthood (Table 2).

Table 2: Rates of outcome (sexual risk behaviour) by gender and site (N denotes the number of participants who answered the particular question, followed by the percentage (%)).

	Zimbabwe		Tanzania		Vulindlela, SA		Soweto, SA	
	Male (N = 1 237)	Female (N = 1 637)	Male (N = 1 423)	Female (N = 1 650)	Male (N = 1 076)	Female (N = 1 520)	Male (N = 1 208)	Female (N = 1 455)
Preventive behaviour – all respondents who received the result of their last HIV test								
<b>HIV testing</b>								
Ever voluntarily tested for HIV, n (%)	67 (5.4) N = 1 236	178 (10.9) N = 1 636	144 (10.1) N = 1 420	699 (42.4) N = 1 649	174 (16.2) N = 1 072	606 (39.9) N = 1 517	348 (28.9) N = 1 205	764 (52.6) N = 1 453
Median no. lifetime tests, range	1 (1–8) N = 70	1 (1–7) N = 19	1 (1–10) N = 149	1 (1–15) N = 784	1 (1–15) N = 176	2 (1–16) N = 65	2 (1–21) N = 359	2 (1–32) N = 940
HIV+ at last test, n (%)	4 (6.7) N = 60	8 (4.8) N = 165	0 (0.0) N = 127	1 (0.2) N = 664	15 (10.2) N = 147	101 (17.6) N = 575	6 (1.9) N = 321	71 (8.1) N = 877
Told sex partner results of HIV test, n (%)	35 (83.3) N = 42	110 (8.33) N = 132	77 (80.2) N = 96	523 (93.7) N = 558	118 (77.1) N = 153	456 (83.2) N = 548	249 (85.0) N = 293	713 (88.9) N = 802



Sexual debut occurred half a year earlier among men and women who reported childhood abuse as compared to those who did not. Men who reported childhood abuse were one and a half times more likely to have had more than one sexual partner in the six months preceding the survey. Both men and women with histories of child abuse were more than twice as likely to have experienced forced sex in the six months prior to the survey, and at least three times more likely to have had a partner who had hurt them.

There were also strong relationships between childhood abuse and lifelong alcohol and drug use, especially among women, with a three-fold increase among women abused in childhood.

Both men and women who reported childhood abuse were more likely to have taken an HIV test voluntarily. These men were also more likely to report that they tested HIV-positive as adults than non-abused men, by a factor of three. Men with reported histories of childhood abuse were also less likely to disclose their HIV status to a partner.

### Discussion

The results confirmed associations between childhood abuse and adult sexual risk behaviour. Especially notable were rates of childhood abuse among African men, including sexual abuse, as well as high rates of recent forced sex and partner violence among men. This has not previously been reported from such sizeable population-based samples in the region.

In many prior studies, higher rates of childhood sexual abuse were reported among women. Lower rates of reported childhood sexual abuse among men may be underestimated as a result of under-reporting, resulting from stigma and the fear of being considered 'un-manly'.

As far as could be discerned, this is one of the first studies reporting a relationship between childhood abuse and sexual risk behaviours in adulthood among African men.

**The 'virgin myth' is not considered a major factor driving the sexual abuse of children.**



### Long-term harm

The researchers reason that maladaptive emotional and behavioural associations with sex, as a result of childhood abuse, interfere with the development of close relationships and a sense of self-efficacy, and increase the individual's sense of shame, isolation and stigmatisation. Most child abuse is perpetrated by people who are known to the child and on whom the child depends for security and affection; the betrayal of trust and frequent denial further complicate an abused child's ability to relate to others.

While there are isolated reports of young virgins being used to 'cleanse' men of sexually transmitted infections and HIV, the so-called 'virgin myth' is not considered to be a major factor driving the sexual abuse of children in sub-Saharan Africa. Instead, patriarchy and the obedience demanded of women and children in traditional societies, the acceptance of the view that men's sexual urges are 'uncontrollable', endemic interpersonal violence, and substance abuse are believed to account for much of the abuse of children.

The exposure to risk among young people troubled by such childhood events may be increased by their relative powerlessness to take up and implement HIV-preventive behaviours even when they have knowledge. Young people may need additional assistance beginning, for example, by screening for sexual abuse histories. At the same time, greater public awareness and prevention of child abuse, both sexual and physical, is needed as are services for affected children and families.

**Sexual risk... is moulded by social relationships and interpersonal encounters throughout child development.**



The strength of this study lies in large representative samples from three sub-Saharan African countries. It adds to the emerging evidence of the carry-over of adverse effects from childhood abuse into maladaptive approaches to sexuality and relationships, including engaging in behaviours that put the individual at risk of HIV infection.



Sexual risk does not arise at puberty when sexual interests and behaviour usually manifest. Rather, it is moulded by social relationships and interpersonal encounters throughout child development, especially by experiences with the salience of abuse.

Abuse prevention is imperative in situations of known child vulnerability in order to avoid inter-generational cycles of sexual risk and HIV infection in high HIV-prevalence environments. It is also important as a secondary prevention strategy among people living with HIV who have been abused in childhood. ■

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*The full paper, Reported Physical and Sexual Abuse in Childhood and Adult HIV Risk Behaviour in Three African Countries: Findings from Project Accept (HPTN-043), by Linda Richter et al, was published in AIDS and Behavior, February 2014, Volume 18, Issue 2, pp 381-389. The full article is available on <http://link.springer.com/article/10.1007%2Fs10461-013-0439-7> page-1*