

Emotional and Sexual Correlates of Child Sexual Abuse as a Function of Self-Definition Status

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Abstract

Among individuals defined as having been sexually abused based on legal criteria, some will self-report having been abused and some will not. Yet, the empirical correlates of self-definition status are not well studied. Different definitions of abuse may lead to varying prevalence rates and contradictory findings regarding psychological outcomes. The present study examined whether, among legally defined sexual abuse survivors, identifying oneself as having experienced childhood sexual abuse (CSA) was associated with more severe abuse, negative emotional reactions toward the abuse, and current sexual reactions. A convenience sample of 1,021 French-speaking Canadians completed self-report questionnaires online. The prevalence of legally defined CSA was 21.3% in women and 19.6% in men, as compared to 7.1% in women and 3.8% in men for self-defined CSA. Among legally defined sexual abuse survivors, those who identified themselves as CSA survivors had been abused more frequently, were more likely to report a male aggressor, and more often described abuse by a parental figure than those who did not self-identify as abused. Further, self-defined CSA was associated with more negative postabuse reactions and sexual avoidance, whereas those not identifying as sexually abused were more likely to report sexual compulsion.

Keywords

childhood sexual abuse, self-definition, legal definition, sexual avoidance, sexual compulsivity

Although meta-analytic studies allow the estimation of the prevalence of childhood sexual abuse (CSA), these rates are relatively heterogeneous (Murray, Nguyen, & Cohen, 2014). These estimates range from 0% to 53% for women and 0% to 60% for men, with average estimates of 18–20% and 8%, respectively (Barth, Bermetz, Heim, Trelle, & Tonia, 2013; Stoltenborgh, van Ijzendoorn, Euser, & Bakermans-Kranenburg, 2011). Part of this variability may be due to the range of clinical and operational criteria used to define CSA in different studies. Past efforts to address this issue have delineated two main definitional categories: on one side, normative, objective, and legally based definitions of CSA and, on the other, self-defined, subjective, and perception-based definitions (Rellini & Mes-ton, 2007; Stoltenborgh et al., 2011).

Most normative, or legally based, conceptualizations rest on a mixture of two notions: age of consent for sexual activity and behaviors considered to be sexually abusive. For example, the Criminal Code of Canada states that any sexual act, ranging from sexual touching to sexual intercourse, between a person under the age of 16 and an individual more than 5 years older (or an authority figure) is considered to be CSA. Similarly, in the United States, statutory rape laws assert that sexual

activities with a minor under the age of consent are illegal, with the age of consent varying from 16 to 18 according to state jurisdiction (Cartwright, 2011). In contrast, subjective, or perception-based, definitions rely on whether the individual identifies himself or herself as a victim or defines the sexual experience as abusive. For example, studies have utilized questions such as “Would you define the experience(s) you experienced as sexual abuse?” (W. C. Holmes, 2008), “Do you feel

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that you have been sexually abused?” (Rellini & Meston, 2007), or “As a child, have you ever been sexually abused?” (Diaz, Simantov, & Rickert, 2002).

Proponents of normative conceptions contend that legally based criteria provide more objective and valid CSA estimates. This approach, they suggest, is more inclusive of cases that do not necessarily draw the attention of child protective services or that are not seen as abusive by some survivors (Goldman & Padayachi, 2000). In addition, because CSA survivors frequently suffer from altered self-capacities or poorly integrated self- and other-representations (Bigras, Godbout, & Briere, 2015; Briere & Scott, 2014), they may have more difficulty perceiving, and thus reporting, past sexual maltreatment. Other writers, however, assert that, compared to non-self-definers, self-definers describe CSA in a factual way that is more reliable and representative of the specifics of their experiences (e.g., Steever, Follette, & Naugle, 2001). These different operationalizations are concerning not only because they may lead to varying prevalence rates and, as a result, differential resource allocation (Stoltenborgh et al., 2011), but also because they may offer different pictures of sexually abusive experiences and their associated long-term outcomes (Stanley, Bartholomew, & Oram, 2004).

As compared to rates of legally defined CSA, self-defined CSA is typically underreported by a ratio of at least 1:2 (Dolezal & Carballo-Dieiguez, 2002; W. C. Holmes, 2008; Rellini & Meston, 2007; Senn, Carey, & Cury-Doniger, 2011; Stanley et al., 2004; Valentine & Pantalone, 2013) and sometimes as high as 1:4 and 1:6 (Silvern, Waelde, Baughan, Karyl, & Kaersvang, 2000; Stander, Olson, & Merrill, 2002). These findings, suggesting only 15–65% of those exposed to legally defined CSA actually self-define as CSA survivors, have been reported for male and female college students (Rellini & Meston, 2007; Silvern et al., 2000), adult women recruited through a sexually transmitted diseases clinic (Senn et al., 2011), gay or bisexual men with or without health problems (Dolezal & Carballo-Dieiguez, 2002; Stanley et al., 2004; Valentine & Pantalone, 2013), and a sample of community men (W. C. Holmes, 2008).

Because past studies suggest that rates of legally defined CSA are at least twice as high as those of self-defined CSA, factors associated with self-definition call for more study. From a practical perspective, such research is important because some clinicians tend to conduct symptom-focused assessment without a complete evaluation of childhood trauma exposure, per se (Becker-Blease & Freyd, 2007), risking an underdetermination of CSA status in those without obvious negative impacts. Other individuals, however, have experienced legally defined CSA but may not see themselves as survivors, despite significant psychological difficulties. An empirically driven investigation of the correlates of self-defined versus legally defined CSA might support professional standards by informing assessment protocols that take into account the self-definition process among abuse survivors.

Major theories regarding the development of child maltreatment outcomes rest on the assumption that self-definition as a survivor is a multifaceted, lengthy process, best understood as

arising from pretraumatic, peritraumatic, and posttraumatic factors that, in turn, are influenced by social dynamics. Traumatogenic dynamics theory (Finkelhor & Browne, 1985), the self-trauma model (Briere & Scott, 2014), and betrayal trauma theory (Freyd & Birrell, 2013) suggest that early abusive experiences may trigger various self-protection mechanisms invoked to cope with stressful life experiences. Along with child abuse severity and sociodemographic factors, these coping strategies (e.g., forgetting, minimizing, denying, and dissociating) may play key roles in determining self-views as a survivor as well as emotional reactions, including reactions toward sexuality (Spaccarelli, 1994). Thus, self-definition as a survivor may be the result of complex psychological and social factors, including the gender of the survivor, the severity of the abuse, the emotional valence associated with the experience, and the sexual reactions of the survivor.

Gender. Only two empirical studies have specifically examined the influence of gender on self-defined CSA, and their findings were contradictory: one revealing no significant male–female differences (Silvern et al., 2000) and the other yielding a 6:1 ratio, with abused women being more likely than men to self-define as CSA survivors (Stander et al., 2002). Whereas both women and men face important difficulties in recognizing or disclosing early sexual experiences as abusive, the nature of these challenges is likely to be gender related (Alaggia, 2005). In this regard, women may be more likely to be affected by social prejudices and stereotypes around passivity and sexual provocation, whereas men may be more influenced by socialization processes valuing early sexual experiences and masculine norms that are incompatible with being a victim (Alaggia, 2005; Briere, 1996). Qualitative studies on men’s abuse disclosures also suggest that concern about being labeled as less manly, homosexual, or responsible for the abuse constitutes sociocultural barriers to self-report (Easton, Saltzman, & Willis, 2014; Gagnier & Collin-Vézina, 2016). These differences between male and female survivors may lead men to normalize their experience of CSA and inhibit disclosure (Alaggia, 2005).

CSA severity. CSA severity tends to increase the likelihood of self-defined sexual abuse, with self-definers being more likely to report that the abuse lasted for a longer duration (Senn et al., 2011; Silvern et al., 2000), involved multiple perpetrators (Silvern et al., 2000), included penetration (Rellini & Meston, 2007), occurred in the context of threat or force (Dolezal & Carballo-Dieiguez, 2002; Valentine & Pantalone, 2013), began at a younger age (Stander et al., 2002; Steever et al., 2001), involved a greater age difference between the victim and the aggressor (Senn et al., 2011; Stanley et al., 2004), was perpetrated by a man (Steever et al., 2001), and more typically involved a family member (Rellini & Meston, 2007; Stander et al., 2002; Valentine & Pantalone, 2013). However, not all abuse characteristics appear to discriminate self-definers in some research (e.g., Rellini & Meston, 2007; Stander et al., 2002), and other investigations report conflicting results in this

area. For example, in the studies by W. C. Holmes (2008) and Senn, Carey, and Coury-Doniger (2011), self-defined survivors were less likely to report CSA with penetration.

Negative emotional reactions. Whether adult men and women perceive their experience as sexual abuse may partially depend on their emotional reactions immediately after the abuse, as well as their current emotional processing of the event. In a qualitative analysis of barriers to disclosure in 460 male CSA survivors, negative emotions in childhood and across the life span, such as fear, guilt, anger, and disgust, were significant deterrents to disclosure for more than half of the participants (Easton et al., 2014). These emotions were associated with a false sense of responsibility and self-blame for the abuse. The effect of negative emotions on self-definition processes is less documented, although self-definers, as compared to non-self-definers, have been found to report greater fear at the time of the abuse (Rellini & Meston, 2007) as well as more psychological distress currently (Steever et al., 2001). However, Steever, Follette, and Naugle (2001) found that self-definers did not rate their sexual experience as significantly more negative. Thus, although emotional reactions, both at the time of the abuse and currently, may be associated with self-definition, results thus far are contradictory. Moreover, previous investigations have not discriminated between negative emotional reactions as a child and current negative emotional responses as an adult, even though reactions may change over time with the development of sexual knowledge and as a function of adult perspectives on these childhood events (Stanley et al., 2004).

Sexual reactions. Sexual difficulties have been documented in survivors (e.g., Aaron, 2012; Rellini, 2014) and found to distinguish self-definers from non-self-definers, with self-definers reporting more sexual distress (Rellini & Meston, 2007), but also less substance use before sexual activities and a lower number of lifetime sex partners (W. C. Holmes, 2008; Valentine & Pantalone, 2013). Other studies, conducted in highly specific or small samples (e.g., 60 college students, 481 women from a sexually transmitted diseases clinic, and 307 Latino gay men), found no significant associations between self-definition and sexual decision-making, sexual thoughts, lifetime number of sexual partners, or early relationship sexualization (Dolezal & Carballo-Diequez, 2002; Senn et al., 2011; Steever et al., 2001). Notably, although recent research has examined avoidance of sexual contact and sexual compulsivity as abuse-related sexual responses (Aaron, 2012; Rellini, 2014; Vaillancourt-Morel et al., 2015), the relationship between these variables has not been investigated in relation to self-definition of sexual abuse. Aaron (2012), in a theory-based literature review, suggests that phobic reactions to sexual activities are generally stronger when CSA was perceived as a bad experience. In contrast, when some parts of the abusive experience are perceived as positive, for example, in reaction to positive comments by the abuser or to gender-specific stereotypes, future reenactments or compulsive sexual behaviors may increase. When applied to self-definition processes, Aaron's theory

implies that viewing oneself as a survivor may be associated with sexual avoidance, whereas non-self-defined CSA may increase the risk of sexual compulsion.

Objectives of the Current Study

Beyond an examination of the prevalence of self-defined CSA among those who meet legal definitions of abuse, the main objective of the present study was to examine the empirical correlates of CSA self-definition. First, we explore CSA characteristics that distinguish self-definers from non-self-definers among those who have experienced legally defined CSA. We specifically evaluated a range of abuse characteristics: age at first abuse, frequency of abuse, gender of the victim and of the aggressor, relationship with the abuser, and act(s) perpetrated. Based on the existing literature, we tested the hypothesis that features associated with high CSA severity would be associated with identifying oneself as a sexual abuse survivor. The second purpose of the study was to determine whether negative emotional reactions to CSA and CSA-related sexual reactions were correlates of self-definition status among legally defined CSA survivors. We hypothesized that retrospective and current reports of negative emotional reactions to CSA, as well as higher sexual avoidance and compulsivity, would discriminate self-identification status among CSA survivors.

Method

Procedure

Following approval of this study by the Laval University institutional review board, a convenience sample of French-speaking Canadians, aged 18 or older, was recruited from the general population and the academic community for an online study of the determinants of sexuality in adulthood. Various recruitment methods were used: university electronic lists, posters in various locations (e.g., schools, coffee shops, community organizations, and support centers for victims of sexual assault), and messages on social networks (e.g., Facebook and Twitter). Interested participants accessed a hyperlink to electronically sign a consent form that outlined the nature of the study and guaranteed confidentiality. After their approvals, participants over 18 years were directed to the anonymous survey hosted by LimeSurvey, a secured website. There was no compensation for participant involvement in the study. A small subgroup of the current sample was included in another published study on a topic unrelated to self-definition in CSA survivors (Vaillancourt-Morel et al., 2015).

Participants

Of the 1,472 eligible men and women who began the survey, 1,021 (69.4%) provided usable data (i.e., completed objective and subjective CSA assessments) and were included in this study. Of these, 74.0% were women ($n = 756$), and 26.0% were men ($n = 265$). Participants' mean age was 26.98 ($SD = 8.79$, ranging from 18 to 77 years). Most participants

had a postsecondary degree (42.7%, $n = 436$), while 31.9% had an undergraduate ($n = 326$), and 17.1% had a graduate degree ($n = 175$); 63.6% were currently students ($n = 649$), and 33.7% were employed full-time or part-time ($n = 344$). More than a third of participants reported an annual income of less than CAD\$10,000 (34.0%, $n = 347$), 32.9% reported an annual income between CAD\$10,000 and CAD\$30,000 ($n = 336$), 16.3% reported between CAD\$30,000 and CAD\$50,000 ($n = 166$), and 15.9% reported above CAD\$50,000 ($n = 162$). The majority of participants identified themselves as heterosexual (84.5%, $n = 863$), 4.5% reported being homosexual ($n = 46$), and 8.4% reported being bisexual ($n = 86$). A total of 31.0% were single ($n = 317$), 22.9% were dating ($n = 234$), 34.0% were involved in a nonmarital cohabiting relationship ($n = 347$), 9.6% were married ($n = 98$), and 2.4% were divorced, separated, or widowed ($n = 25$).

Measures

All measures were administered as self-report computerized questionnaires. Sociodemographic information was assessed using questions about gender, age, relationship status, relationship duration, sexual orientation, education, occupation, and annual income.

Legally based CSA. According to Canadian law, CSA refers to any sexual act between a child under 16 years of age and a person 5 or more years older, or in a position of authority. Using this legal definition, 12 items assessed if, when they were a child (before 16 years old), participants had a sexual experience with one or more individuals at least 5 years older or in a position of authority: natural or adoptive mother/father, stepmother, stepfather, grandmother, grandfather, sister, brother, other family member, family friend/acquaintance/stranger at least 5 years older and/or teacher/babysitter/instructor. Participants who responded affirmatively to at least one of those 12 items were classified as having experienced legally based CSA. Because not all legally based CSA survivors were expected to acknowledge their experiences as abuse, terms such as “perpetrator,” “victim,” and “abuse” were not employed.

Self-defined CSA. After having completed the legally based and CSA severity questions, participants who reported legally based CSA were asked, via a dichotomous yes/no question: “Do you consider this sexual experience as sexual abuse?” Participants who responded affirmatively were categorized as *self-definers*, while survivors who responded negatively were considered *non-self-definers*.

CSA severity. Participants were asked to specify their age at their first CSA experience, the frequency of the CSA experience, their gender, the gender of the aggressor, their relationship to the abuser, and the act(s) perpetrated. Age and frequency were continuous variables, whereas survivor and perpetrator’s

gender were coded into two categories: (1) female (at least one female perpetrator) and (2) male (male perpetrator only). Relationship to the abuser was coded using a four-category system based on the closeness to the abuser: (1) stranger, (2) known person who is not a family member or a parent figure (e.g., family friend, teacher, and babysitter), (3) family member but not a parental figure (e.g., cousin, uncle/aunt, grandparent, and brother/sister), and (4) parental figure (i.e., natural or adoptive father, natural or adoptive mother, mother’s spouse, and father’s spouse). Sexual abuse was coded into three categories according to the severity of the experience: (1) absence of direct contact (e.g., voyeurism, exhibitionism, and verbal propositions), (2) touching the victim or having him or her touch the abuser, and (3) anal/vaginal/oral penetration. For participants reporting multiple CSA experiences, the most severe/highest coding was used.

Negative emotional reactions. Two questions assessed the participants’ emotional reaction toward the CSA when they were a child (When you were a child, what was your emotional reaction following this sexual experience?) and currently when thinking about the sexual experience (Currently, what is your emotional reaction when you think about this sexual experience?). Based on emotional reactions reported by CSA survivors in qualitative studies (e.g., Easton et al., 2014), 12 choices were offered: *pride, pleasure/joy, sexual fulfillment/development, shame, curiosity, surprise, guilt, fear, anger/rage, sadness, terror, and other*. Participants who endorsed “other” reactions were asked to write their own descriptors and used terms such as *neutral, incomprehension, blackout, disgust, indifference, powerlessness, hatred, and embarrassment*. Postabuse and current negative emotional reactions were each coded as negative if the survivor reported at least one negative emotion (e.g., shame, guilt, fear, anger/rage, sadness, and terror) and positive if he or she reported only positive or neutral emotions (e.g., pride, pleasure/joy, sexual fulfillment/sexual development, curiosity, and surprise).

Sexual avoidance. The 10-item French version of the Sexual Avoidance subscale (Katz, Gipson, & Turner, 1992) of the Sexual Aversion Scale (Katz, Gipson, Kearl, & Kriskovich, 1989) assesses a general tendency to avoid sexual situations and sexual interactions with a partner. Rated on a 4-point Likert-type scale (1 = *not at all like me*–4 = *very much like me*), the total score is computed by summing the items and ranged from 10 to 40, where a high score indicates a greater tendency to avoid sexual contact. Sample items include “I am afraid to engage in sexual intercourse with another person” and “I try to avoid situations where I might get involved sexually.” Past studies suggest that sexual avoidance is associated with lower sexual esteem, satisfaction, or desire (La Rocque & Cioe, 2011). This subscale has good internal consistency (e.g., Cronbach’s α of .87; La Rocque & Cioe, 2011) and strong temporal stability over a 1-month period ($r = .90$; Katz et al., 1992). In

the current study, Cronbach's α for the sexual avoidance subscale was .86.

Sexual compulsivity. The 10-item French version of the Sexual Compulsivity Scale (Kalichman et al., 1994) assesses participants' intrusive preoccupation with sexuality, their inability to manage their sexual thoughts and/or behaviors, and the subsequent effects of such phenomena on daily functioning. Rated on a 4-point Likert-type scale (1 = *not at all like me* to 4 = *very much like me*), the total score is computed by summing the items and ranges from 10 to 40, where a high score indicates greater sexual compulsivity. Sample items include "My sexual thoughts and behaviors are causing problems in my life" and "I sometimes fail to meet my commitments and responsibilities because of my sexual behaviors." Past studies indicate that sexual compulsivity is positively associated with the number of sexual partners, masturbation frequency, and sexual risk-taking behaviors (Kalichman & Cain, 2004; Kalichman & Rompa, 1995, 2001). This scale has been found to have good internal consistency (e.g., Cronbach's α for the total score ranged between .86 and .92; Kalichman & Rompa, 1995, 2001) and satisfactory temporal stability over a 3-month interval ($r = .80$; Kalichman & Rompa, 1995). In the current study, Cronbach's α for the sexual compulsivity scale was .86.

Statistical Analyses

χ^2 tests were conducted to examine the effects of gender on whether legally defined sexual abuse survivors defined or did not define their experience as a sexual abuse. Within the survivor sample, bivariate Pearson's correlations between all study variables (i.e., CSA characteristics, CSA negative reactions, and self-definition status) were computed to examine the degree of association between variables and to detect potential multicollinearity. A multivariate analysis of variance (MANOVA), univariate t -tests, and χ^2 tests were then computed to compare self-definers versus non-self-definers, including comparisons with nonvictims for sexual reactions, on CSA characteristics (age at first abuse, frequency of CSA, survivor and aggressor gender, relationship with the abuser, act[s] perpetrated), negative emotional reactions (postabuse and current reactions), sexual avoidance, and sexual compulsivity. Effect sizes for these analyses were computed using partial η^2 for the MANOVA and univariate t -tests and Cramer's V for χ^2 tests. Effect size magnitude was estimated based on Cohen (1988) guidelines, where ($\eta^2 > .01$; $\phi_c > .10$) was considered *small*, ($\eta^2 > .09$; $\phi_c > .30$) was *medium*, and ($\eta^2 > .25$; $\phi_c > .50$) was *large*.

In order to determine which CSA severity markers were related to self-definition status among CSA survivors, a binary logistic regression was computed, wherein the dependent variable was self-definition (0 = *non-self-definers*, 1 = *self-definers*), and the independent variables were survivor age at first abuse, frequency of abuse, survivor and aggressor gender, relationship with the abuser, and act(s) perpetrated. Age and frequency were continuous variables, whereas survivor and

aggressor's gender were nominal (0 = *female* or 1 = *male*). Relationship with the abuser was coded using three dummy variables (known person who is not a family member or a parent figure, family member but not a parental figure, and parental figure), with stranger as the referent. The act perpetrated was coded using one summary dummy dichotomous variable (anal/vaginal/oral penetration, with touching or no direct contact as the referent).

Finally, in order to explore whether self-definition status was associated with CSA outcomes, a binary logistic regression was performed with independent variables being postabuse and current negative emotional reactions (in each case, 0 = *positive/neutral* and 1 = *negative*), sexual avoidance, and sexual compulsivity.

Results

Prevalence of CSA According to Definitions

In the present sample, 21.3% of women ($n = 161$) and 19.6% of men ($n = 52$) reported legally defined CSA; these prevalence rates did not vary significantly as a function of gender, $\chi^2(1, 1,021) = 0.33, p = .564, \phi_c = .018$. Among legally defined survivors, 33.5% of women ($n = 54$) and 19.2% of men ($n = 10$) defined their experience as a sexual abuse; this proportion was significantly lower for men, $\chi^2(1, 213) = 3.83, p = .050, \phi_c = .134$. In the total sample, 7.1% ($n = 54$) of women and 3.8% ($n = 10$) of men reported self-defined CSA, $\chi^2(1, 1,021) = 3.79, p = .052, \phi_c = .061$, indicating that self-defined CSA was 3 times lower than legally defined CSA for women and 5.2 times lower for men.

CSA Severity and Outcomes of Self-Definers and Non-Self-Definers

CSA severity. CSA severity indicators among self-definers and non-self-definers are reported in Table 1. As compared to non-self-definers, self-definers reported an earlier age at first victimization, more frequent abuse, and more abuse by a male or a parental figure. The proportion of self-definers versus non-self-definers did not vary significantly according to the type of acts perpetrated.

CSA emotional and sexual reactions. CSA negative reactions among self-definers and non-self-definers are reported in Table 1. χ^2 tests comparing CSA self-definers and non-self-definers on the valence of their emotional response indicated that self-definers more often reported negative reactions at the time of the abuse and negative emotional reactions currently. A MANOVA evaluating the differences between nonvictims, CSA self-definers, and non-self-definers with reference to sexual reactions yielded a significant multivariate effect, $F(4, 1,912) = 16.86, p < .001, \eta^2 = .03, \text{Wilks's } \Lambda = .93$. Post hoc univariate analyses indicated that self-defining survivors reported significantly more sexual avoidance than non-self-defining survivors and nonsurvivors, whereas non-self-defining survivors

Table 1. Childhood Sexual Abuse Characteristics and Outcomes by Self-Definition Status.

CSA Characteristics		Nonvictims <i>n</i> = 808	Non-Self-Definers <i>n</i> = 149, <i>M</i> (<i>SD</i>)	Self-Definers <i>n</i> = 64, <i>M</i> (<i>SD</i>)	<i>t</i>	η^2	
Age at first abuse			9.50 (3.16)	8.27 (3.98)	-2.17*	.026	
Frequency of abuse			6.65 (12.57)	62.84 (216.98)	2.02*	.046	
			<i>n</i> (%)	<i>n</i> (%)	χ^2	ϕ_c	
Survivor gender	Men		42 (28.2)	10 (15.6)	3.83*	.134	
	Women		107 (71.8)	54 (84.4)			
Perpetrator gender	Men		82 (55.0)	59 (92.2)	29.65***	.374	
	Women		67 (45.0)	4 (6.3)			
Relationship with the perpetrator	Stranger		16 (10.7)	4 (6.3)	12.50**	.242	
	Known person		16 (10.7)	11 (17.2)			
	Family member		109 (73.2)	37 (57.8)			
Act(s) perpetrated	Parental figure		8 (5.4)	12 (18.8)	3.89	.135	
	No contact		19 (12.8)	3 (4.7)			
	Touching		85 (57.0)	36 (56.3)			
	Penetration		45 (30.2)	25 (39.1)			
CSA outcomes			<i>n</i> (%)	<i>n</i> (%)	χ^2	ϕ_c	
Postabuse reaction	Positive/neutral		67 (45.0)	3 (4.7)	32.36***	.391	
	Negative		82 (55.0)	60 (93.8)			
Actual reaction	Positive/neutral		61 (40.9)	8 (12.5)	16.53***	.279	
	Negative		88 (59.1)	56 (87.5)			
			<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)	<i>F</i>	η^2	
Sexual avoidance			12.45 (3.98) ^a	12.53 (3.50) ^a	15.44 (6.81) ^b	14.36***	.029
Sexual compulsivity			15.45 (5.30) ^a	18.59 (6.57) ^b	15.68 (6.01) ^a	18.99***	.038

Note. CSA = childhood sexual abuse. Means with different superscript letters differ at $p < .05$.

* $p < .05$. ** $p < .01$. *** $p < .001$.

reported significantly more sexual compulsivity than self-definers or nonsurvivors.

Correlates of Self-Definition Status

CSA severity. Logistic regression analysis, presented in Table 2, revealed that CSA severity variables significantly predicted whether or not survivors defined their experience as sexual abuse, $\chi^2(8, 207) = 58.50, p < .001$, Nagelkerke $R^2 = .35$, accurately predicting 77.8% of cases. Wald tests indicated that three CSA characteristics were statistically significant correlates of self-definition: (1) when the aggressor was a man, survivors were 17.55 times more likely to self-identify as CSA survivors, (2) if the aggressor was a parental figure, participants were 7.19 times more likely to self-define as CSA survivors, and (3) for every one-point increase in abuse frequency scores, survivors were 1.02 times more likely to self-define their experience as CSA. Adding interaction effects between these three severity variables and survivor's gender yielded no significant results.

CSA emotional and sexual reactions. The results of a second logistic regression analysis, also presented in Table 2, revealed that the model containing all CSA reactions significantly predicted whether survivors defined their experience as sexual abuse,

$\chi^2(4, 198) = 56.01, p < .001$, Nagelkerke $R^2 = .35$, accurately predicting 75.8% of cases. Wald tests showed that three CSA reactions were statistically significant correlates of self-definition: (1) survivors who reported a postabuse negative emotional reaction were 10.13 times more likely to self-define as CSA survivors, (2) for every one-point increase in sexual avoidance scores, survivors were 1.14 more likely to self-define CSA, and (3) for every one-point increase in sexual compulsivity scores, survivors were 1.09 times less likely to self-define the experience as CSA. Adding interaction effects between these three significant outcomes and survivor's gender yielded no significant results.

CSA severity, CSA reactions, and confounding variables. First, in order to control for CSA severity when investigating the association between self-definition and CSA emotional and sexual reactions, an integrative model was tested. This model included both the three CSA severity markers (gender of the perpetrator, frequency of abuse, and parental relationship with the aggressor) and the three CSA reactions that accounted for significant variance in the two previous logistic regression models (postabuse emotional negative reaction, sexual avoidance, and sexual compulsivity). Results of the logistic regression indicated that the integrative model predicted whether participants self-defined as CSA survivors in 80.9% of the

Table 2. Logistic Regression Analysis for Variables Associated With Self-Definition Status.

CSA characteristics	Self-Definition					
	B	SE B	OR [95% CI]	Wald	p	
Age at first abuse	-0.07	.06	.93 [0.83, 1.04]	1.73	.188	
Frequency of abuse	0.02	.01	1.02 [1.00, 1.04]	4.88*	.027	
Survivor gender (1 = men)	0.15	.54	1.16 [0.40, 3.32]	0.07	.786	
Perpetrator gender (1 = men)	2.87	.66	17.55 [4.80, 64.20]	18.75***	.000	
Relationship with the perpetrator	Known person	0.98	.83	2.65 [0.52, 13.49]	1.38	.240
	Family member	0.66	.75	1.93 [0.44, 8.38]	0.77	.381
	Parental figure	1.97	.92	7.19 [1.18, 43.92]	4.57*	.033
Act(s) perpetrated	Penetration	0.36	.43	1.44 [0.62, 3.32]	0.72	.397
CSA outcomes						
Postabuse negative reaction	2.32	.65	10.13 [2.85, 35.95]	12.83***	.000	
Actual negative reaction	0.54	.48	1.72 [0.68, 4.35]	1.29	.256	
Sexual avoidance	0.13	.04	1.14 [1.05, 1.24]	9.08**	.003	
Sexual compulsivity	-0.08	.03	0.92 [0.86, 0.98]	6.02*	.014	

Note. CSA = childhood sexual abuse; CI = confidence interval.

* $p < .05$. ** $p < .05$. *** $p < .001$.

cases, $\chi^2(6, 194) = 74.50, p < .001$, and explained 45.8% (Nagelkerke R^2) of the variance in CSA self-definition status. Aggressor gender ($OR = 7.56$, 95% confidence interval [CI] = [2.10, 27.27]), the three CSA outcomes, immediate postabuse emotional reactions ($OR = 6.90$, 95% CI = [1.91, 24.87]), sexual avoidance ($OR = 1.12$, 95% CI = [1.02, 1.23]), and sexual compulsivity ($OR = 0.92$, 95% CI = [0.85, 0.99]) were associated with self-definition status.

Second, correlational analyses were conducted to identify possible control sociodemographic variables that could affect the strength of the relations between variables in the integrative regression model. Participant's current age, length of present relationship (where 0 = *no actual relationship*), and occupational status (*other occupation* = 0, *student* = 1) were significantly correlated with self-definition (respectively, $r = .21, p = .003$; $r = .28, p < .001$; $r = -.22, p < .002$). Adding participant's current age, length of present relationship, and occupational status as covariates to the integrative model did not change the significance or strength of the association between variables.

Discussion

Despite its potential importance, there are relatively few empirical assessments of the effects of different operationalizations of CSA in the child maltreatment literature (Briere, 1992; Murray et al., 2014). In the present study, participants' self-definition of CSA underrepresented actual/legally defined sexual abuse by ratios of 1:3 for women and 1:5 for men. In combination with other studies suggesting overall underreport ratios from 1:2 to 1:6 (W. C. Holmes, 2008; Rellini & Meston, 2007; Silvern et al., 2000; Stander et al., 2002; Stanley et al., 2004), these results indicate that research based solely on self-definition status can lead to confusion in the literature by including only a fraction of CSA survivors. In the present study, 21.3% of women and 19.6% of men reported legally

defined CSA, whereas only 7.1% of women and 3.8% of men self-defined this experience as sexual abuse. These estimates fall within the range reported in recent meta-analyses (Barth et al., 2013; Stoltenborgh et al., 2011). This reported effect may have significant clinical implications: CSA survivors who do not view their abusive experience as CSA may be less likely to seek help and more prone to be undertreated, even if these unrecognized or unlabeled abusive experiences are unlawful, are objectionable, and have specific negative consequences (G. R. Holmes, Offen, & Waller, 1997; Steever et al., 2001).

The current results support the hypothesis that survivors who self-define as abused often have experienced more severe forms of CSA. In comparison with non-self-definers, self-defining survivors in the present study were sexually abused more frequently and more typically experienced abuse by a male and by a parental figure. These findings are consistent with past studies, indicating that self-definitions of CSA are often rooted in abuse characteristics that shape personal and social criteria used to interpret early sexual experiences (Rellini & Meston, 2007; Stander et al., 2002; Steever et al., 2001; Valentine & Pantalone, 2013). In line with trauma-focused theories (Briere & Scott, 2014; Freyd & Birrell, 2013), a single CSA incident perpetrated by a nonparental figure on an older victim might be more easily rationalized or denied as abusive, whereas incest and chronic CSA on a younger child might override subjective attempts to normalize or deny its existence as an abusive sexual experience.

Although not found in multivariate tests, which included potentially mediating variables, univariate analyses indicated that women were marginally more likely than men to self-define as CSA survivors. Our univariate findings support those of a limited number of studies that include both male and female CSA survivors (Silvern et al., 2000; Stander et al., 2002) and validate research indicating that male survivors disclose CSA at lower rates than do female survivors (e.g., O'Leary & Barber, 2008). These results also suggest that

gender role socialization may affect the process of self-definition and self-disclosure (Andersen, 2013). Traditional conceptualizations of masculinity may be relatively incompatible with men being perceived as victims, particularly as CSA victims. In this regard, men may be socialized to believe that they should be able to resist victimizations and, at any rate, should welcome all sexual acts (Briere, 1996). These gender-based responses, in turn, may differently affect perceptions of betrayal, powerlessness, and self-blame, as well as influencing the extent or type of coping strategies or emotion regulation processes a given survivor will employ (Briere & Scott, 2014; Finkelhor & Browne, 1985; Freyd & Birrell, 2013). However, the failure to find multivariate gender effects in the current study constrains the univariate results and suggests the need for further research in this area.

Our results also indicate that CSA sexual reactions are associated with differential self-definition status. Whereas those survivors who self-defined had higher levels of sexual avoidance, those who do not self-define the experience as abuse reported more sexual compulsivity. Generally, from both a theoretical and an empirical viewpoint, it had proven difficult to delineate the conditions under which CSA leads to adult sexual avoidance or to sexual compulsion (Aaron, 2012; Rellini, 2014; Vaillancourt-Morel et al., 2015). In one of the only studies in this area, W. C. Holmes (2008) also found that male non-self-definers reported more sexually risky—or compulsive—behaviors. The present study supports this finding, extends it to women, and further suggests that survivors who do not deny CSA engage in a different sexual response, that is, sexual avoidance.

One possible interpretation for the sexual compulsivity finding is that this response style involves the sexualization of phenomena that may not be entirely sexual in nature. Post hoc/adult interpretations of CSA experiences, especially when they involved any positive feelings, may lead to erroneous attributions of consent—sometimes voiced by survivors as the notion that “because I liked it, it must have been something I wanted and therefore consented to”. This phenomenon, identified in a more general context by various writers (Briere, 1996; Courtois, 2010; Filipas & Ullman, 2006), may be applicable here, given that CSA sexualizes some survivors, who then report sexual victimization as, in fact, not abusive and also score highly on a measure of sexual preoccupation. More broadly, sexual abuse, like other forms of child maltreatment, may impact the child’s sense of identity (Bigras et al., 2015; Briere & Runtz, 2002), leading to internal representations that include a sexualized sense of self wherein even abusive experiences are viewed as consensual (Briere, 1996).

A new finding is that individuals who met both legal and self-defined criteria as sexual abuse survivors were more likely than those who do not recognize that they suffered from CSA to manifest sexual avoidance. It is possible that, since self-identifying survivors reported more severe and more distressing CSA than those who did not define themselves as abused, this group of participants may be more motivated to avoid future sexual experiences because, as demonstrated by a small

number of studies (Noll, Trickett, & Putnam, 2003; Vaillancourt-Morel et al., 2015), sexual stimuli can become associated with especially negative childhood experiences. Alternatively, since it is possible that non-self-defining survivors underestimate the severity of their abuse as a function of having been sexualized by their CSA experiences (Briere, 1996), these individuals may not avoid sexual interactions as self-defining survivors because they view them as more consensual and, potentially, more positively. Both the sexual avoidance and sexual compulsivity findings of the present study require further replication and exploration in order to more clearly delineate the psychological underpinnings of these different responses.

Because the present study involved a cross-sectional design, it remains unclear whether the specific CSA sexual outcomes reported here are caused by the appraisal of the event(s) as abusive or whether survivors with sexual avoidance difficulties retrospectively interpret their early sexual experience as abuse. The latter interpretation, however, requires explanations for sexual avoidance in sexual abuse survivors that less directly relate to the sexual abuse, *per se*; a distinct possibility, but perhaps one that is less parsimonious than other options. Instead, we speculate, in line with a trauma-focused perspective, that sexual avoidance may be a posttraumatic symptom, whereby decreasing exposure to sexual stimuli becomes an implemented coping strategy aimed at preventing retraumatization, flashbacks, and triggered psychological distress in individuals with more severe CSA (Aaron, 2012; Briere & Scott, 2014). On the other hand, sexual compulsivity may represent the sexualized survivor’s behavioral reenactment of the abuse, a denial of unregulated trauma emotions, CSA-altered cognitive and arousal responses, or an attempt to master or process emotionally painful experiences (Aaron, 2012; Bergner, 2002; Briere & Scott, 2014; Briere, Smiljanich, & Henschel, 1994).

Limitations and Further Study

Although the present findings provide information on self-identification status in CSA survivors, their interpretation is potentially constrained by several methodological issues. First, because this study is cross-sectional by nature, causal relations cannot be confirmed. In the present study, negative emotional and sexual reactions were examined as correlates of self-definition. Even if the associations were significant, we cannot conclude that it is these negative emotional and sexual reactions that led the participants to self-define their experience as abusive. Self-definition of CSA may be a continuous process that changes over time, covarying with the evolution of trauma symptoms and the individual’s overall psychological development, and therefore may be best evaluated in longitudinal studies.

Second, the generalizability of our results may be limited by the use of a convenience sample, collected through an online survey. Although we attempted to increase the heterogeneity of this sample by recruiting individuals from a number of different groups, as well as including both male and female

participants, undoubtedly not all demographic or social groups were well represented, including individuals without access to a computer or the Internet. Further, the subgroup of sexually abused men who defined themselves as, in fact, abused was relatively small, as is true in other investigations (Silvern et al., 2000; Stander et al., 2002; Stanley et al., 2004). Future studies should consist of large representative samples of men and women to confirm the present results.

Third, this investigation relied on retrospective self-report measures exclusively, which may introduce classic biases (Hardt & Rutter, 2004) such as underreporting, overreporting, and recall issues. Computerized anonymous questionnaires and standardized scales were used to minimize these potential disclosure concerns to the extent possible. Nevertheless, certain problems remain, including the unknown accuracy of participants' reports of having been sexually victimized according to legal standards, as well as their subjective reports of whether such experiences were, in fact, abusive.

It is possible that some non-self-defined number of abused participants denied (or could not remember) having experienced CSA, even according to the legal definition (Pipe, Lamb, Orbach, & Cederborg, 2007), just as others in the present study denied abuse despite their reports of legally defined CSA. Asking survivors if they thought their experience corresponds to a sexual abuse after they answered questions on sexual experiences as a child might have influenced the self-definition process. Moreover, it is possible that some individuals would have described themselves as CSA survivors even if they did not meet legal CSA criteria, a scenario not assessed in the present study. Finally, some participants may have chosen to not label themselves as sexual abuse survivors, even though they may have known themselves to have been sexually victimized. Methodological remedies for this general nonreport problem are unclear, especially in terms of determining who consciously or unconsciously misrepresents their abuse status and who does not. As noted above, longitudinal studies may be most helpful in this regard, to the extent that they assess CSA based on medical, forensic, or other third-party information; evaluate initial emotional responses to the abuse at the time they occur; and correlate these data with participants' ongoing reports and appraisals.

Apart from the importance of long-term longitudinal studies of representative samples of men and women, future studies should also examine other correlates of self-definition such as attempted, but not completed, sexual acts and the level of violence or coercion used during the abuse. These limitations in our assessment of CSA severity may partially explain the lack of significant results related to the type of act(s) perpetrated. Coping mechanisms associated with negative emotional reactions also may be involved in how these emotions are associated with self-definition processes. For example, based on qualitative findings on obstacles to CSA disclosure, dissociation or denial of negative emotions may be more present in non-self-definers (Easton et al., 2014). Moreover, the support of a significant relative or of a therapist to contextualize and process this sexual experience and associated states of mind

may also play a role in the self-definition process. The reactions of parents in childhood (Godbout, Briere, Sabourin, & Lussier, 2014), or of the partner in adulthood (MacIntosh, Fletcher, & Collin-Vézina, 2016), in the disclosure process are also likely to affect how CSA survivors define their experiences. Indeed, parents who minimize, deny, or try to justify the abuser's acts may counteract the survivor's understanding that he or she has been abused.

Research and Clinical Implications

The current results have implications for researchers and practitioners working with sexual abuse survivors and, perhaps, others who have been exposed to trauma. The discrepancies in prevalence rates found here emphasize the need for comprehensive CSA screening practices, using legally based assessment, in clinical and research contexts. This recommendation is especially crucial to avoid false negatives, that is, non-self-definers, and to develop case conceptualizations that take into account all contributing factors driving self-identification as having been abused. Even when survivors do not define their sexual experiences as abusive, their experiences constitute legally defined crimes against children, involving a premature confrontation with sexuality, and are, as in the present study, associated with specific reenactment of the abuse through sexual compulsivity. Because these survivors do not self-define as having experienced abuse, they may be at additional risk for psychological problems associated with unintegrated memories, inadequate self-awareness, and identity diffusion. Likewise, forgetting, minimizing, denying, and/or dissociating may represent potentially dysfunctional coping mechanisms that are potentially detrimental to psychological functioning (Briere, Hodges, & Godbout, 2010). Researchers and practitioners should take into account both legally based criteria of CSA and the individual's subjective appraisal and perspective. Empirically based assessment of CSA should thus include a detailed analysis of objective abuse characteristics as well as of the survivor's personal experience and self-labeling processes, for both men and women. The CSA literature has focused primarily on female survivors, which is understandable given the high CSA prevalence rate in women. However, the lack of studies on male survivors may contribute to underidentification of abuse in men and to a tendency to discount both the prevalence and effects of CSA in this population.

Given these results, it may be especially helpful to provide treatment that assists the survivor in integrating his or her subjective perceptions and understanding with the objective realities of the CSA experience, especially when mismatches represent psychological defenses, coping mechanisms, abuse-related cognitive distortions, or incomplete information. Especially useful may be therapeutic approaches that emphasize narrative processing of the abuse and the survivor's interpretation and understanding of it and that address cognitive avoidance strategies that otherwise might interfere with the survivor's integration and mentalization of thoughts, feelings, and meaning associated with the abuse (Bradley & Follingstad,

2001; Freyd & Birrell, 2013). To the extent that these targets underpin the specific relationship of sexual avoidance or compulsivity to CSA, intervention may help the survivor to neither avoid nor be overly preoccupied with sexuality and thereby facilitate greater psychosexual and, potentially, relational well-being.

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