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## Sexual abuse victimisation and perpetration in a cohort of men living with HIV/AIDS who have sex with women from São Paulo, Brazil

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### Abstract

Sexual abuse leads to physical harm and devastating psychosocial consequences. It increases risk of HIV transmission and is associated with risky behaviour. Little is known about sexual abuse victimisation (SAV) and perpetration (SAP) among HIV-positive men who have sex with women (MSW). We investigated self-reported SAV and SAP among 242 Brazilian MSW selected at HIV care centres. Patients were questioned about sociodemographic data, mode of HIV acquisition, sexual practices, drug use and history of SAV or SAP. Prevalence of outcomes was estimated and risk factors for SAP investigated by logistic regression. Fifty-eight (24.1%) interviewees reported SAV. Of patients abused before 15 years of age, 64.3% reported events before the age of ten. Aggressors included relatives, friends and teachers. Among those victimised after 15 years old, 57.7% described events before 17 and 38.5% had acquainted aggressors. Fourteen (5.8%) interviewees reported SAP and most knew their victims. Sexual abuse perpetration was associated with lower schooling, marital status, illicit drug use and self-reported SAV. Sexual abuse was frequently reported by MSW from this cohort. Identifying predictors of violence and addressing SAV and SAP in comprehensive HIV care may help reduce violent behaviour, psychological distress and contribute to maximise benefits of preventive and care interventions.

### Introduction

Sexual abuse, as a manifestation of violence, is a serious public health concern due to the physical harm and devastating psychosocial consequences it may lead to. Coercive sex has been shown associated with HIV/AIDS, not only for increasing direct risk of HIV transmission to victims by genital laceration or abrasion (Maman et al., 2000; WHO, 2006), but also as a result of HIV-risky sexual behaviour that is frequently described in both abused men and women, particularly when victimised in childhood and adolescence (Arriola et al., 2005; Bartholow et al., 1994; Bogart et al., 2005; Carballo-Diequez & Dolezal, 1995; Cunningham et al., 1994; Di Iorio et al., 2002; El-Bassel et al., 1998; Kalichman & Simbayi, 2004; Kalichman et al., 2004; Lenderking et al., 1997; NIMH Multisite HIV Prevention Trial Group, 2001; Parillo et al., 2001; Ruzany et al., 2003; Wingwood & Di Clemente, 1997a).

Among people living with HIV/AIDS (PLWHA), sexual abuse has been evaluated in few studies, focusing mainly on men who have sex with men (MSM) (O'Leary et al., 2003) or on infected women

(Cohen et al., 2000; Zierler et al., 2000). In addition, although between 50 and 75% of all intimate partner violence is mutual, most estimates of abuse reported by PLWHA describe only victimisation and not perpetration of abuse (Galvan et al., 2004). Considering that sexual abuse victimisation (SAV) is associated with increased risk of perpetrating abuse (Lodico et al., 1996), information concerning both circumstances may be important for a better understanding of this issue and for planning effective interventions to reduce abusive behaviour.

Moreover, PLWHA, regardless of gender or sexual orientation, often present complex psychosocial needs. These may at some point impair their adherence to preventive and therapeutic measures, rendering them more vulnerable in their response to care. Considering that sexual abuse might be one of these potentially intervening factors and that the links of HIV and violence have seldom been investigated from the perspective of seropositive men, we found it relevant to find out what men who have sex with women (MSW) have to say in this regard. Better knowledge about the occurrence of sexual violence and its associated factors in this population may help establish more effective psychosocial intervention

aiming at maximising the benefit of a comprehensive HIV/AIDS care approach. Furthermore, identifying HIV-infected men in care who may have perpetrated sexual violence may open a window of opportunity in terms of prevention for their female partners.

In this study we investigated history of sexual abuse, based on reports of men living with HIV/AIDS who have sex with women and are followed at two reference centres in São Paulo city: Centro de Referência e Treinamento DST/AIDS, affiliated to the State STD/AIDS Programme, and the AIDS Clinic (Casa da AIDS) of the University of São Paulo School of Medicine. We aimed at estimating the prevalence of SAV and SAP in this population, as well as at identifying possible predictors of abusive behaviour.

## Methods

We recruited a consecutive sample of 242 MSW, among male patients who attended two HIV/AIDS reference centres in São Paulo, Brazil, for a routine follow-up medical visit with an infectious disease physician from October 2001 to February 2002. Patients were addressed by one of the investigators in the waiting room and asked whether they recognised themselves as MSW. In case of an affirmative answer they were invited to participate in this cross-sectional study.

After informed consent, enrolled patients were submitted to face-to-face interviews with a member of the researchers' team in a special room to comply with ethical aspects of privacy and confidentiality. They answered a standardised questionnaire on sociodemographic characteristics, mode of HIV acquisition, sexual practices and use of alcohol and illicit drugs.

Interviewees were questioned whether they 'had ever been forced by anyone to have sex unwillingly' or 'ever forced anyone to have sex with them against his/her will'. Based on the answers to these questions, two study outcomes were defined, as follows: (1) history of having suffered sexual abuse (sexual abuse victimisation), in this regard additional information was collected about age at which events occurred and the identification of the aggressor, including sex and degree of relationship; and (2) history of having sexually abused others (sexual abuse perpetration), likewise, information on the age of occurrence and identification of the victim (sex and degree of relationship) was sought.

Crude prevalence of each outcome was calculated, as well as their 95% confidence intervals (CIs). We also evaluated risk factors for sexually abusive behaviour, using perpetration of sexual abuse as the dependent variable and as independent variables:

skin colour, schooling, marital status, religion, mode of HIV acquisition, use of alcohol and of illicit drugs and self-reported history of SAV. Statistical analysis was carried out at first in univariate analysis. Odds ratios (ORs) were calculated using Pearson's chi-squared test to compare frequencies of the outcome for each independent variable and their respective 95%CI were estimated. Continuous variables had their means compared by ANOVA or Kruskal-Wallis tests, at an alpha level of 0.05. Relevant variables ( $p < 0.25$  in univariate analysis) were then selected for multivariate analysis in a logistic regression model, in a stepwise forward procedure, using STATA 8.0 (StataCorp LP, College Station, Texas, US). Variables independently associated with the outcome and those shown to be confounding factors were kept in the final regression model, considering plausibility and maximum likelihood estimates during the modelling process.

The study protocol was approved by the Institutional Review Boards of participating healthcare centres. Interviewees were informed they might refrain from answering any question from the questionnaire if they felt uncomfortable in doing so and were offered psychosocial support at the healthcare setting they attended if necessary. Subject anonymity and information confidentiality were ensured at all times.

## Results

The study comprised 242 men living with HIV/AIDS from both participating reference centres, 58% of whom were white. Their mean age was 39 years old (min = 18; max = 71), mean schooling 9 years (min = 1; max = 19) and mean time since HIV diagnosis 60 months (min = 1; max = 252). Report of having had sex with another man was obtained from 92 (38%) patients.

Fifty-eight interviewees reported having suffered sexual abuse at least once in their lifetime, yielding an overall prevalence of SAV of 24.1% (95%CI: 18.6–29.5%). Abuse under the age of 15 was reported by 42 patients (17.3%; 95%CI 12.5–22.1%) and out of these, 64.3% were abused before they were ten years old. Aggressors were identified mainly among relatives, friends and teachers and three abuse episodes were related to female aggressors. Sexual abuse victimisation at the age of 15 or later in their lives was reported by 27 men (11.2%; 95%CI 7.2–15.2%). Out of these episodes, 57.7% occurred between 15 and 17 years old and 30.8% in men aged 18 to 20. Acquainted aggressors were reported by ten interviewees from this group.

Self-reported information on SAP was obtained from 14 (5.8%; 95%CI 2.8–8.7%) men of this

cohort, most of whom (10/14, 71.4%) were acquainted to their victims.

In Table I we present univariate analysis to investigate risk factors for self-reported SAP. In this cohort this outcome was shown to be associated with marital status, divorced/separated men being more likely to have forced others to have sex with them than single or married individuals. Moreover, sexually abusive behaviour was associated with history of illicit drug use and with self-reported history of having previously been a victim of sexual abuse. In contrast, no association was seen between perpetration of sexual abuse and lifetime number of sexual partners (Kruskal-Wallis,  $p=0.36$ ) or time since HIV diagnosis (ANOVA,  $p=0.47$ ). Seven subjects reported history of both SAV and SAP. In all these cases SAV preceded SAP.

Results of logistic regression models for multivariate analysis are shown in Table II. After controlling for other variables, self-reported perpetration of sexual abuse was shown to be independently associated with

lower schooling, marital status (separated/divorced), history of illicit drug use and self-reported history of SAV. Predictors of SAP were not associated with one another.

Even though reported use of alcohol and illicit drugs was frequent in our cohort (51.7 and 57.7%, respectively), no information was available as to whether the episodes of sexual abuse perpetration occurred under the influence of recent alcohol and/or drug use.

## Discussion

History of sexual abuse was frequent in the studied cohort of men living with HIV/AIDS, who have sex with women, followed at the two participating reference centres for HIV care in São Paulo, Brazil.

The overall prevalence of SAV among these patients was 24.1% (95%CI 18.6–29.5%) and assaults occurred predominantly before the age of 15. In accordance with previous surveys carried out

Table I. Univariate analysis for risk factors for self-reported perpetration of sexual abuse among HIV-positive men who have sex with women, São Paulo, Brazil, 2001–2002.

Variable	<i>n</i>	Prevalence (%)	OR	95%CI	<i>p</i> value
Skin colour					0.50
Non-black	142	7 (4.9)	1.0		
Black	100	7 (7.0)	1.5	0.5–4.3	
Schooling (years)					0.10
>8	137	5 (3.7)	1.0		
≤8	105	9 (8.6)	2.5	0.8–7.6	
Marital status					0.002
Single/married/lives together	206	8 (3.9)	1.0		
Separated/divorced	35	6 (17.1)	5.1	1.7–15.8	
Religion					0.76
None	29	2 (6.9)	1.0		
Catholic	121	8 (6.6)	1.0	0.2–4.8	
Others	91	4 (4.4)	0.6	0.1–3.6	
Practices religion					0.64
No	152	8 (5.3)	1.0		
Yes	89	6 (6.7)	1.3	0.4–3.9	
Mode of HIV acquisition					0.13
Sexual route	187	9 (4.8)	1.0		
IDU/transfusion	35	4 (11.4)	2.6	0.7–8.8	
Alcohol use					0.50
No	117	8 (6.8)	1.0		
Yes	125	6 (4.8)	0.7	0.2–2.0	
Usual use of alcohol before sex					0.43
No	157	8 (5.1)	1.0		
Yes	78	6 (7.7)	1.6	0.5–4.6	
Use of illicit drugs					0.006
No	102	1 (1.0)	1.0		
Yes	139	13 (9.4)	10.4	1.4–81.0	
Suffered sexual abuse					0.02
No	183	7 (3.8)	1.0		
Yes	58	7 (12.1)	3.5	1.2–10.3	

*n* = number; OR = odds ratio; CI = confidence interval.

Table II. Multivariate analysis for risk factors for self-reported perpetration of sexual abuse among HIV-positive men who have sex with women, São Paulo, Brazil, 2001–2002.

Variable	OR	AOR	95%CI	p value
Schooling (years)				0.05
>8	1.0	1.0		
≤8	2.5	3.3	0.9–11.5	
Marital status				0.003
Single/married/lives together	1.0	1.0		
Separated/divorced	5.1	7.6	2.1–28.1	
Suffered sexual abuse				0.02
No	1.0	1.0		
Yes	3.5	4.3	1.3–14.4	
Use of illicit drugs				0.005
No	1.0	1.0		
Yes	10.4	9.8	1.2–78.1	

OR = odds ratio; AOR = adjusted odds ratio; CI = confidence interval.

among men and women at risk for HIV infection, results from this study suggest that history of sexual abuse in our cohort of men living with HIV/AIDS who have sex with women exceeds what is reported in the general population.

Evidence from population-based studies indicates that the prevalence of self-reported sexual abuse in childhood may vary significantly, depending on the definition of abuse that is used, the study population and the evaluation methods. However, among women, rates range from 2–62%, with most studies estimating 20%, as compared to 3–11% among men (Finkelhor 1994; Watkins & Bentovim, 1992). Among adolescents attending public schools in Geneva, Switzerland, for instance, 20.4% of girls and 3.3% of boys reported at least one abuse episode with physical contact and 5.6% and 1.1%, respectively, an event involving penetration (Halperin et al., 1996). According to these investigators, in most cases aggressors (66%) were acquainted to victims and 90% were males. Similar results were reported by Brazilian researchers. In a cohort of women attending a primary care centre in São Paulo, 11.5% (8–14.9%) reported sexual violence and 54% of aggressors consisted of patients' present or former sexual partners (Schraiber et al., 2002), whereas among youngsters from public schools in Rio de Janeiro (Ruzany et al., 2003) and Porto Alegre (Polanczyk et al., 2003), 2.5 and 2.3%, respectively, informed having been obliged to have sex against their will.

In certain groups, however, sexual violence is more frequent. Among MSM, for example, Arreola et al. (2005) described self-reported SAV in childhood among 11% of non-Latinos and 22% of Latinos, whereas Di Iorio et al. (2002) found 25% in a multi-site study with African American and

Latino men at high risk for HIV infection and Lenderking et al. (1997) reported 35.5% among homosexual and bisexual men in Boston. In women with HIV or at risk of acquiring this retroviral infection, self-reported SAV in childhood occurred in 13.3% among African American women from a lower socioeconomic community in San Francisco (Wingwood & Di Clemente, 1997b), 26% of female genitourinary clinic attendees in London (Petrak et al., 2000) and in 27–31% in a multi-centre investigation in the US (Cohen et al., 2000).

The recognition of history of SAV seems important in clinical and psychosocial care of PLWHA. Particularly when occurring in childhood and adolescence, SAV has been clearly associated with HIV-risky behaviour in cross-sectional (Bartholow et al., 1994; Bogart et al., 2005; Carballo-Diequez & Dolezal 1995; Cunningham et al., 1994; Di Iorio et al., 2002; El-Bassel et al., 1998; Kalichman & Simbayi, 2004; Kalichman et al., 2004; Lenderking et al., 1997; NIHM Multisite HIV Prevention Trial Group, 2001; Parillo et al., 2001; Strathdee et al., 1998; Wingwood & Di Clemente, 1997a) and meta-analysis studies (Arriola et al., 2005). Investigating history of sexual abuse as part of a more comprehensive care approach to men living with HIV/AIDS may thus be useful for the proposal of psychosocial interventions aiming at increasing adherence to safer sex practices and consequently at reducing risk of both HIV transmission to partners and acquisition of viral super-infection.

Perpetration of sexual abuse was reported by 5.8% (2.8–8.7%) of interviewees in our study. Though this may be seen as a rare outcome, we believe its prevalence should be regarded as relevant for a better understanding of the care needs of men living with HIV. In fact, self-reported information on socially 'unaccepted' behaviours is known to be frequently biased and therefore underestimated in epidemiological studies (Armstrong et al., 1992).

Predictors of abusive behaviour in this cohort included lower schooling, marital status (separated/divorced), history of illicit drug use and history of SAV. The logistic regression model we present for the investigation of risk factors for self-reported SAP includes four predictors for only 14 outcome events that may render it over-fit to some extent. However, it should be pointed out that the predictors were not associated with one another. In addition, as self-reported sexual abuse perpetration is certainly a rare outcome, we believe that the model presented in our study is useful to provide a better understanding of correlates of abusive behaviour among HIV-positive MSW.

As far as the predictors of SAP we found are concerned, lower schooling as a proxy for unprivileged socioeconomic status, as well as history of

illicit drug use had previously been shown associated with SAP in other studies (Galvan et al., 2004). Marital status was also shown independently associated with SAP in our cohort, separated/divorced men being seven-fold more likely to have perpetrated abuse. Nevertheless, the cross-sectional design of the study and the unavailability of data concerning date of divorce/separation preclude any inference on temporal associations between these variables. It may be speculated that SAP could have led these men to divorce/separation from their wives or, alternatively, the breaking up of their marriages may have preceded the abusive behaviour event. Regardless of the interpretation that is given to this association, evidence that lower schooling and a divorced/separated marital status predicts SAP, may be useful to identify individuals at particular higher risk of abusive behaviour to be prioritised in psychosocial preventive interventions.

The association between SAP and history of SAV during childhood and adolescence should also be taken into account as particularly relevant in violence prevention strategies. In accordance to our findings, Lodico et al. (1996) reported SAV as associated with a five-fold higher risk of perpetrating abuse among school-based adolescents in the US Midwest. Likewise, in a longitudinal study with 224 male victims of abuse who were followed for a 7–19 year period in the UK, 11.6% were shown to commit sexual offences, mainly with children outside their households (Salter et al., 2003).

Results of the present investigation should be seen in the context of its methodological limitations, since the cross-sectional study design does not allow any causal inference between self-reported SAP and its associated factors. Moreover, the small number of sexual abuse perpetration episodes may have led to underestimation of risk factors for this outcome. Further investigation is therefore warranted to help clarify these issues and to investigate whether our findings can be reproduced in other sociocultural contexts.

Incorporating a multidisciplinary approach aimed at investigating sexual violence has previously proven useful in HIV/AIDS comprehensive care to women (Wyatt et al., 2004). We believe that this applies for men likewise. Based on the results of our study, we thus propose that screening men living with HIV/AIDS for SAV and SAP and addressing these abusive behaviours in prevention strategies may help reduce HIV risk to their female sexual partners and further contribute to maximise their adherence to interventions (Wyatt et al., 2004).

It is therefore crucial to provide adequate training of HIV/AIDS healthcare teams, so as to enable professionals to approach sexual violence, to ask patients questions about sexual abuse victimisation

and perpetration and to develop an ethic of respect among men and women to serve as a basis for both violence and HIV prevention efforts (Maman et al., 2002). Recognising most vulnerable patients to violence may then help establish interventions to reduce violent behaviour, lessen psychological distress and thus contribute to providing a more comprehensive approach to HIV/AIDS prevention and care.

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### References

- Armstrong, B.K., White, E., & Saracci, R. (1992). *Principles of exposure measurement in Epidemiology*. Oxford, UK: Oxford University Press.
- Arreola, S.G., Neilands, T.B., Pollack, L.M., Paul, J.P., & Catania, J.A. (2005). Higher prevalence of childhood abuse among Latino men who have sex with men than non-Latino men who have sex with men: Data from the Urban Men's Health Study. *Child Abuse & Neglect*, 29, 285–290.
- Arriola, K.R., Loudon, T., Doldren, M.A., & Fortenberry, R.M. (2005). A meta-analysis of the relationship of child abuse to HIV risk behavior among women. *Child Abuse & Neglect*, 29, 725–746.
- Bartholow, B.N., Doll, L.S., Joy, D., Douglas, J.M. Jr., Bolan, G., Harrison, J.S., et al. (1994). Emotional, behavioural and HIV risks associated with sexual abuse among adult homosexual and bisexual men. *Child Abuse & Neglect*, 18, 747–761.
- Bogart, L.M., Collins, R.L., Cunningham, W., Beckman, R., Golinelli, D., Eisenman, D., et al. (2005). The association of partner abuse with risky sexual behaviours among women and men with HIV/AIDS. *AIDS & Behavior*, 10, 1–9.
- Carballo-Dieguez, A., & Dolezal, C. (1995). Association between history of childhood sexual abuse and adult HIV-risk sexual behavior in Puerto Rican men who have sex with men. *Child Abuse & Neglect*, 19, 595–605.
- Cohen, M., Deamant, C., Barkan, S., Richardson, J., Young, M., Holman, S., et al. (2000). Domestic violence and childhood abuse in HIV-infected women and women at risk for HIV. *American Journal of Public Health*, 90, 560–565.
- Cunningham, R.M., Stiffman, A.R., Dore, P., & Earls, F. (1994). The association of physical and sexual abuse with HIV risk behaviors in adolescence and young adulthood: Implications for public health. *Child Abuse & Neglect*, 18, 233–245.
- Di Iorio, C., Hartwell, T., Hansen, N., & NIHM Multisite HIV Prevention Trial Group (2002). Childhood sexual abuse and risk behaviors among men at high risk for HIV infection. *American Journal of Public Health*, 92, 214–219.
- El-Bassel, N., Gilbert, L., Krishnan, S., Schilling, R., Gaeta, T., Purpura, S., et al. (1998). Partner violence and sexual HIV-risky behaviors among women in an inner-city emergency department. *Violence and Victims*, 13, 377–393.
- Finkelhor, D. (1994). The international epidemiology of child sexual abuse. *Child Abuse & Neglect*, 18, 409–417.

- Galvan, F.H., Collins, R., Kanouse, D.E., Burnam, M.A., Paddock, S.M., Beckman, R., et al. (2004). Abuse in the close relationship of people with HIV. *AIDS & Behavior*, 8, 441–451.
- Halperin, D.S., Bouvier, P., Jaffe, P.D., Mounoud, R.L., Pawlak, C.H., Laederach, J., et al. (1996). Prevalence of child sexual abuse among adolescents in Geneva: Results of a cross sectional survey. *British Medical Journal*, 25, 1326–1329.
- Kalichman, S.C., Gore-Felton, C., Benotsch, E., Cage, M., & Rompa, D. (2004). Trauma symptoms, sexual behaviors and substance abuse: Correlates of childhood sexual abuse and HIV risks among men who have sex with men. *Journal of Child Sexual Abuse*, 13, 1–15.
- Kalichman, S.C., & Simbayi, L.C. (2004). Sexual assault history and risks for sexually transmitted infections among women in an African township in Cape Town, South Africa. *AIDS Care*, 16, 681–689.
- Lenderking, W.R., Wold, C., Mayer, K.H., Goldstein, R., Losina, E., & Seage, G.R. 3rd (1997). Childhood sexual abuse among homosexual men: Prevalence and association with unsafe sex. *Journal of General Internal Medicine*, 12, 250–253.
- Lodico, M.A., Gruber, E., & Di Clemente, R.J. (1996). Childhood sexual abuse and coercive sex among school-based adolescents in a midwestern state. *Journal of Adolescent Health*, 18, 211–217.
- NIMH Multisite HIV Prevention Trial Group (2001). A test of factors mediating the relationship between unwanted sexual activity during childhood and risky sexual practices among women enrolled in the NIMH Multisite HIV Prevention Trial. *Women & Health*, 33, 163–180.
- Maman, S., Campbell, J., Sweat, M.D., & Gilean, A. (2000). The intersections of HIV and violence: Directions for future research and interventions. *Social Science and Medicine*, 50, 459–478.
- Maman, S., Mbwambo, J., Hogan, M., Kilonzo, G.P., Campbell, J.C., Weiss, E., et al. (2002). HIV-positive women report more lifetime partner violence: Findings from a voluntary counselling and testing clinic in Dar es Salaam, Tanzania. *American Journal of Public Health*, 92, 1331–1337.
- O'Leary, A., Purcell, D., Remien, R.H., & Gomez, C. (2003). Childhood sexual abuse and sexual transmission risk behaviour among HIV-positive men who have sex with men. *AIDS Care*, 15, 17–26.
- Parillo, K.M., Freeman, R.C., Collier, K., & Young, P. (2001). Association between early sexual abuse and adult HIV-risky sexual behaviors among community-recruited women. *Child Abuse & Neglect*, 25, 335–346.
- Petrak, J., Byrne, A., & Baker, M. (2000). The association between abuse in childhood and STD/HIV risk behaviours in female genitourinary clinic attendees. *Sexually Transmitted Infections*, 76, 457–461.
- Polanczyk, G.V., Zavaschi, M.L., Benetti, S., Zenker, R., & Gammerrman, P.W. (2003). Sexual violence and its prevalence among adolescents, Brazil. *Revista de Saúde Pública*, 37, 8–14.
- Ruzany, M.H., Taquette, S.R., Oliveira, R.G., Meirelles, Z.V., & Ricardo, I.B. (2003). Does violence in the emotional relationships make STD/AIDS prevention more difficult? *Jornal de Pediatria* (Rio de Janeiro), 79, 349–354.
- Salter, D., Mcmillan, D., Richards, M., Talbot, T., Hodges, J., Bentovim, A., et al. (2003). Development of sexually abusive behaviour in sexually victimised males: A longitudinal study. *Lancet*, 361, 471–476.
- Schraiber, L.B., D'Oliveira, A.F.P.L., França, I. Jr., & Pinho, A.A. (2002). Violence against women: A study in a primary healthcare unit. *Revista de Saúde Pública*, 36, 470–477.
- Strathdee, S.A., Hogg, R.S., Martindale, S.L., Cornelise, P.G., Craib, K.J., Montaner, J.S., et al. (1998). Determinants of sexual risk-taking among young HIV-negative gay and bisexual men. *Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology*, 19, 61–66.
- Watkins, B., & Bentovim, A. (1992). The sexual abuse of male children and adolescents: A review of current research. *Journal of Child Psychology and Psychiatry*, 33, 197–248.
- Wingood, G.M., & Di Clemente, R.J. (1997a). Child sexual abuse, HIV sexual risk and gender relations of African-American women. *American Journal of Preventive Medicine*, 13, 380–384.
- Wingood, G.M., & Di Clemente, R.J. (1997b). The effects of an abusive primary partner on the condom use and sexual negotiation practices of African-american women. *American Journal of Public Health*, 87, 1016–1018.
- World Health Organization (2006). Violence against women and HIV/AIDS: Critical intersections. Intimate Partner Violence and HIV/AIDS. Information Bulletin Series. Number 1. Available at: <http://www.who.int/entity/gender/violence/en/vawinformationbrief.pdf> (accessed May 31, 2006).
- Wyatt, G.E., Longshore, D., Chin, D., Carmona, J.V., Loeb, T.B., Myers, H.F., et al. (2004). The efficacy of an integrated risk reduction intervention for HIV-positive women with sexual abuse histories. *AIDS & Behavior*, 8, 453–462.
- Zierler, S., Cunningham, W.E., Andersen, R., Shapiro, M.F., Nakazone T., Morton, S., et al. (2000). Violence victimization after HIV infection in a US probability sample of adult patients in primary care. *American Journal of Public Health*, 90, 208–215.