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## Childhood sexual experiences among substance-using non-gay identified Black men who have sex with men and women

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### Abstract

This study explored potential variations in childhood sexual abuse (CSA) by examining qualitative accounts of first sexual experiences among non-disclosing, non-gay identified Black men who have sex with men and women (MSMW). We analyzed data from semi-structured qualitative interviews with 33 MSMW who described first sexual experiences with male and female partners. Thematic analysis revealed four patterns of first sexual experiences including: unwanted sexual experiences with a male or female consistent with definitions of childhood sexual abuse; consensual sex with an older male or female; bodily exploration with another male or female child; and, consensual sex with a peer-age female. Most of the experiences described by participants as consensual with an older male or female, however, met criteria for childhood sexual abuse found in the extant literature. Several men discussed childhood sexual experiences (CSE) relative to their experiences with alcohol, drugs, and same-sex behavior as adults. Findings suggest that the relationship between CSE and risk-taking behavior may be shaped by whether men perceive their experiences as abusive or consensual, and have implications for researchers, treatment providers and counselors.

### Keywords

sexual abuse; Black MSMW; non-gay identified; childhood sexual experiences; qualitative research

### Introduction

Childhood sexual abuse (CSA) has been associated with high-risk sexual behavior and substance use among men who have sex with men (MSM) (Brennan, Hellerstedt, Ross, & Welles, 2007; Mimiaga et al., 2009; Rosario, Schrimshaw, & Hunter, 2006), and some research suggests that the effects of CSA on sexual risk among MSM are mediated by substance use (Paul, Catania, Pollack, & Stall, 2001). However, CSA is not defined consistently in the literature, and this may limit researchers' understanding of the implications for later risk behavior. In this paper we explore potential variations in CSA by examining qualitative accounts of childhood sexual experiences (CSE) reported by 33 substance-using, non-gay identified (NGI) Black men who have sex with men and women (MSMW). After presenting a working typology of childhood sexual experiences (including

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abuse) based on the participants' descriptions, we reinterpret the experiences by applying criteria of coercion and abuse established in the literature. This reinterpretation positions the men's experiences in the CSA literature and highlights the importance of considering men's perceptions in attempting to understand the relationship between CSE and risk-taking behavior.

## Background

Black men are substantially more likely than White men to be infected with HIV/AIDS, despite having similar and sometimes lower levels of risk behavior (Millett, Flores, Peterson, & Bakeman, 2007). Thus it is important to understand contextual factors that contribute to disproportionate risk, including CSA, particularly among NGI Black MSMW, an under-studied and vulnerable population. Research indicates that MSM with histories of CSA are less likely than other MSM to identify as gay and more likely to be behaviorally bisexual (Rosser, 2009), and that CSA is associated with high-risk sexual behaviors and substance abuse (Brennan et al., 2007, Paul et al., 2001) and with shame (Persons, Kershaw, Sikkema, & Hansen, 2010). Further, although empirical evidence is limited, there is reason to speculate that African American men may fail to disclose CSA out of fear of being perceived as victims or as homosexual (Alaggia, 2005). Men may also be less likely than women to endorse certain sexual experiences as abusive (Widom & Morris, 1997). Other demographic associations are complicated. CSA is more common among African American and Latino men than among White men (Doll et al., 1992, Rosser, 2009), but CSA is associated with higher risk across racial/ethnic groups (Rosser, 2009). MSM with histories of CSA are not only less likely to be White or Asian, but also likely to have lower levels of formal education and household income (Paul et al., 2001).

One limitation of research to date is a lack of consistency in defining CSA. Lloyd and Operario (2012) recently conducted a meta analysis of 12 studies that compared MSM with a history of CSA to MSM without a history of CSA on a number of HIV risk indicators. They found that MSM with CSA history were more likely to report several risk behaviors. Also important, however, is their finding that the studies they reviewed employed inconsistent definitions of CSA. Generally, definitions varied on a number of characteristics, including the child's age at the time of experience, degree of coercion involved, age differential between partners, frequency of exposure, severity of exposure and involvement of physical contact. The authors found that most of the studies operationalized CSA based on Finkelhor's (1979) definition, which included specific criteria pertaining to the ages of perpetrator and victim, the nature of their relationship, physical contact and level of coercion. Lloyd and Operario (2012) argued that their findings indicate a need to incorporate CSA history and effects in interventions targeting risk behavior among MSM, and a need for researchers and providers to reach consensus in defining CSA.

Lloyd and Operario's (2012) analysis is valuable, but it is also limited to quantitative studies. Although such studies define CSA inconsistently, they are consistent in imposing definitions on respondents by requiring them to endorse or deny pre-selected criteria. This does not leave room to examine men's interpretations of their experiences, something that researchers are beginning to recognize is important in understanding relationships between CSA and later risk behavior (Arreola, Neilands, Pollack, Paul, & Catania, 2008; Holmes, 2008; Hussen, Bowleg, Sangaramoorthy, & Malebranche, 2012; Williams, Kisler, Glover, & Sciolla, 2011). There have been attempts to address this need by adding qualitative components to quantitative investigations. One such study examined childhood sexual experiences with an older partner (CSEOP) in a sample of 307 Latino MSM (Dolezal & Carballo-Diéguez, 2002). The authors defined CSEOP as physical sexual contact before age 13 with a partner at least 4 years older than the participant, and collected details about the events through closed-ended questions. They also asked whether the participant considered

the experience to be sexual abuse (a closed-ended question), and followed up with an open-ended qualitative question asking why the participant did or did not consider the event to be abusive. More than half of the men who perceived abuse referred to their age; men who did not perceive abuse frequently mentioned their willingness to go along with or even initiate the encounters. Men who felt that they had been abused had higher rates of unprotected anal sex, more male sex partners, and more alcohol use in adulthood.

Similarly, Holmes (2008) conducted a telephone survey of 197 men to investigate adult risk behavior and psychiatric outcomes among men who define their childhood sexual experiences as abusive. The sample was diverse in terms of race (54% African American, 9% Hispanic, 32% White) and sexual identity (7% gay/bisexual). Holmes defined CSA as any sexual experience before 18 (even those described as “willing”) that met several criteria including age and power differentials, coercion and penetration. Men responded yes or no to dichotomous variable questions, including whether they would define their CSE as sexual abuse. Both those who affirmed abuse (Definers) and those who did not (Non-Definers) were then asked to explain in their own words why they considered the experience abusive or not. Of the 43 men in the sample (22%) whose experiences met CSA criteria, there were 15 Non-Definers (35% of 43) and 28 Definers (65%). Holmes did not find significant differences in sexual identity between Definers and Non-Definers. However, Non-Definers reported higher rates of sex under the influence, larger numbers of lifetime sex partners and higher rates of STD histories; and Definers reported higher levels of PTSD symptoms. Holmes concluded that there are liabilities in not only experiencing CSA, but also in not defining it as abuse. He also suggests that potential interventions for Non-Definers address sexual histories, sexual scripts and self-perceptions without labeling histories and scripts as related to abuse.

Studies such as these raise important questions that warrant in-depth qualitative exploration in order to understand the meanings that men assign to their childhood sexual experiences and the impacts they believe those experiences have on their lives, particularly later substance use and risk behavior. To date, however, such qualitative efforts are rare and incomplete. Williams and colleagues (2011) conducted focus groups with 16 HIV-positive Black MSMW on coerced sexual experiences before age 18 with someone at least five years older. A majority of participants believed that these experiences influenced their subsequent sexual decision-making, and approximately half believed that the experiences contributed to confusion and high-risk exploration of their sexuality. Although the investigators screened for CSA prior to participation, the findings are useful in that participants were able to appraise their experiences (as positive or negative) and draw their own conclusions about how the experiences affected them. However, the study also has an important limitation beyond its small sample: although participants were screened as non-gay identified, during the study more than 80% identified as gay or same-gender loving, 19% as bisexual, and 0% as heterosexual. Thus it is unclear how much relevance the findings have for men who do not self-identify as gay or who consider themselves to be heterosexual.

In an analysis of findings across three qualitative studies of Black MSM (total N = 87), Fields, Malebranche, and Feist-Price (2008) found that abusive experiences often involved older male relatives, that men commonly reported depression, suicidality and other negative mental health effects as responses to the abuse, and that many respondents believed their current same-sex desire was grounded in the abusive experiences. Only one of the three studies had asked about CSA specifically; in the other two, CSA was defined based on narrative accounts of childhood experiences of unsolicited or nonconsensual physical sexual contact with adults older than themselves. The authors included among their recommendations further qualitative explorations of the contexts of CSA experiences among Black MSM.

More recently, Hussen et al. (2012) conducted semi-structured qualitative interviews with 90 Black men, mostly heterosexual (86.7%), in order to explore sexual socialization and the potential influence of formative sexual scripts on adult HIV risk behavior. Fourteen participants reported that their initial sexual encounters were with female partners significantly older than themselves, and five respondents described their first sexual learning experience as one of abuse. The authors suggest that whether men appraise childhood sexual experiences as abusive or normative may be more important than the event itself to future risk behavior. They also point to the importance of investigating how men process the events over time (i.e., whether their interpretation of the events as abusive or not changes with their sexual and social development).

All of these qualitative studies focused on Black men exclusively, which is important and helpful, given that these men face a disproportionate risk of HIV infection. In two of the studies, investigators also did not impose CSA definitions, but rather let interpretations of abuse emerge in response to open-ended questions about childhood sexual experiences. In this paper we begin to explore CSE of non-gay identified Black MSMW who actively conceal their same-sex behavior and discuss how they define their experiences. The data reported here are from a two-year qualitative study investigating the feasibility of recruiting this population to participate in research on non-disclosure of same-sex behavior, substance use, and HIV risk (Benoit, Pass, Randolph, Murray, & Downing, 2012). The formative sexual experiences of these men have thus far not been addressed in the emerging qualitative research. Our investigation has the potential to advance some of the findings in this literature, because our participants have a particular risk profile that calls for more attention to the role of masculine norms in men's disclosure of CSE and their perceptions of these experiences.

## Method

### Participants

Thirty-three men completed in-depth interviews as part of the research study. Eligibility criteria included: 1) self-identifying as a Black or African American male; 2) 18 years of age or older; 3) not self-identifying as gay or homosexual; 4) use of illicit drugs and/or alcohol in the past 12 months; 5) female primary sexual partner; and, 6) sexual activity with another man at least once in the past 12 months. Participant characteristics are shown in Table 1. Men ranged in age from 21 to 60, with a mean age of 42. Approximately half of the men self-identified as bisexual (52%) and more than one-third as heterosexual. Almost two-thirds of the men had at least some college experience or a degree, though only 30% reported employment as their primary source of income. Additionally, five participants (15%) were currently living with their female primary sexual partners including one man who was married. Average length of time with a female primary partner was 3.4 years. The primary substances that men reported using were alcohol, marijuana, and crack or powder cocaine. More than half of the participants reported using multiple substances in the past 12 months. Four men (12%) were in substance use recovery at the time of the interview.

### Procedure

Recruiting and interviewing occurred between March and October 2009. Recruitment efforts included targeted and referral sampling, with initial contacts and/or key informants drawn from several types of settings in New York City (e.g., Watters & Biernacki, 1989). More specifically, field staff utilized existing neighborhood networks to generate contacts, established relationships with key informants in known venues frequented by men who have sex with men, and obtained participant referrals through substance use treatment programs (e.g., 12-step meetings) and community-based organizations that provide HIV testing and

related services (Benoit et al., 2012). The research institute's institutional review board approved the research design, interview protocols, and informed consent documents.

Prospective participants were initially screened by field staff, which included two Black male and two Black female interviewers. The research team was prepared to replace the female interviewers if gender proved to be a barrier to recruitment or interview quality. However, that did not become necessary; the two women recruited and interviewed two-thirds of the participants, yielding data as rich as the interviews conducted by the male staffers. All interviewers were trained in skills for putting participants at ease, establishing rapport, remaining neutral, preparing field notes, and eliciting rich in-depth data using a semi-structured interview guide. The principal investigator and interviewers met on a biweekly basis to monitor study progress, discuss emerging themes and address challenges. Interviews were conducted in private and public settings where participants agreed they would feel safe. Private spaces included offices, participant homes, and vehicles; public settings included restaurants, park benches, and other outdoor spaces. All participants provided informed consent and chose code names prior to the interviews, which were digitally recorded. After obtaining demographic information, the interviewers proceeded to ask 20 open-ended questions covering a range of topics including: sexual experiences with men and women (safe and unsafe practices); alcohol and drug use; sexual histories; relationships with female primary partners and attitudes toward disclosure of same-sex behavior to those partners and to others; perceptions of sexual identity; and motivations for NGI men to have sex with other men.

The focus of this report is on participants' descriptions of their sexual histories, which were prompted by the following open-ended questions: (1) "When was the first time you had sex with a female?" and (2) "When was the first time you had sex with another male?" Interviewers probed participants' initial responses to each of these questions. These questions were asked approximately one-third of the way through the interview. Due to the highly sensitive nature of this topic, as well as others in the interview guide, our interviewers were trained to watch for signs of distress and equipped to provide the necessary referrals to counseling and other services if participants became upset and required assistance. However, none of the men expressed any distress or requested a referral during their interview.

## Analysis

Interviews were transcribed and entered into FileMaker Pro, a relational database program for managing qualitative data (Johnson, Dunlap, & Benoit, 2010). The lead investigator extracted all sections of the interviews pertaining to participants' sexual histories. Both authors systematically read and coded these texts, independently, using a process of thematic analysis (Braun & Clarke, 2006). Initial codes and patterns of sexual experiences were then compared and discussed to arrive at a mutually agreed upon set of four childhood sexual experience patterns. The authors selected direct quotations that most clearly reflected and substantiated these patterns.

## Results

### Patterns of childhood sexual experiences

Four initial patterns of childhood sexual experiences emerged from the interviews with non-disclosing NGI Black MSMW including: (1) unwanted sexual experiences consistent with definitions of childhood sexual abuse [with male (21%) or female (3%)]; (2) consensual sex with an older male (12%) or female (21%); (3) consensual bodily exploration with another male (12%) or female (6%) child; and, (4) consensual sex with a peer-age female (52%). Thirty men (91%) reported at least one childhood sexual experience, though it was not

uncommon for participants to recall multiple experiences across patterns and sexes. Indeed, 12 men (36%) described at least one experience with a male and one experience with a female.

**Unwanted sexual experiences consistent with definitions of childhood sexual abuse**—Several men openly discussed being molested or raped by another male as a child. The perpetrator was often someone the participant knew (e.g., a family member). In the following example, Close (age 25) describes ongoing abuse by an older cousin lasting for a period of five years:

C: The first time I had sex with a dude was when I was young. I was maybe about eight but it was a molestation kind of thing.

I: Okay so it wasn't consensual. Can you tell me about that time?

C: It was one of my cousins...one of my older cousins and that is kind of how it happened. I really don't want to go into detail about it but I mean, yeah, he kind of messed around with me or whatever like that.

I: Did you tell anybody about it?

C: No. No one until today knows about it.

I: And why did you choose not to tell anybody about it?

C: It was an embarrassing thing. I mean, you know, for someone to take your manhood like that I just kind of just blocked it out and don't talk about it.

I: Okay. At the age of eight you really didn't know much about having manhood so what was your reasoning at the age of eight for not saying anything?

C: It is just an embarrassing thing. You don't want people to know about it and it wasn't like it was a fun thing or something like that. I mean it was...I guess it was kind of...it just wasn't a good experience. That's all.

I: And how often did that go on with your cousin?

C: That went on maybe until I was about 13-years old.

I: What made it stop at the age of 13?

C: I just got older and bigger.

Sean (age 43) recalled how he and a male cousin, who he identifies as gay, were repeatedly molested by their grandfather starting around age six:

I: When was the first time you had sex with another man? Tell me about it.

S: Child molestation counts?

I: Yeah.

S: Right. That was my grandfather. I was like six or seven.

I: What was the circumstances?

S: My grandfather used to tell us to play with his wee wee and do all types of tricks.

I: You say us.

S: Yeah...me and my cousin. By the way, my cousin is gay...straight up. It ain't no bi-nothing. He don't want nothing to do with a woman.

I: Okay....also a gay cousin, meaning he had the cousin doing it too?

S: Yeah, both of us together.

I: All right. Where would this take place?

S: In the bed...in the bedroom and in the evenings.

I: No other adults would be around?

S: No other adults. My grandmother slept in one room and he slept in the other room.

It was not uncommon for participants to connect personal experiences with male-perpetrated CSA to their same-sex behavior or substance abuse as an adult. This emerged in the following excerpts from Red and Charlie. Red (age 53) described being molested by his uncle when he was around 12 years old:

R: He got on top of me and stuff and bumped and grinded or something like that.

I: Were you upset by it?

R: Well I was upset because he forced himself and wouldn't get off of me and stuff like that. Then I started to like men.

I: Did the uncle ever have sex with you?

R: No, not that way but he got off by doing what he did.

I: Did he continue to do it?

R: No, I think I told my brother or something and I think my brother beat him up or something.

In this next example, Charlie (age 53) reasons that the sexual abuse he experienced as a child by an adult male has had some impact on his substance abuse:

I: And when you say he raped you, what did he do?

C: He went into me anally. He penetrated me in the asshole...in the rectum.

I: Did that make you...is that how you came to do this when you were 20-years old or...?

C: I think so. Yes, I agree. Yes. I definitely think it's a connection.

I: How do you feel about this so far because these are some deep questions, you know.

C: But it's something that I have to deal with. It's something you have to meet head on because if you try to suppress it like I suppressed it for 20, 30, damn-near 40 years and it has always been there and probably caused my addiction and probably caused me to do a lot of shit.

Like all of the participants, Charlie had discussed his adult same-sex behavior before this point in the interview. Unlike most, however, Charlie had also suggested – at the beginning of the interview – that childhood sexual abuse might explain why some men who do not self-identify as gay have sex with other men. This prompted the interviewer to ask Charlie if he perceived such a connection in his own experience.

Memories of early, unwanted experiences with female perpetrators may also cause stress that men may seek to relieve with substances. While discussing the experience of being

raped by multiple female cousins as a child, Joel (age 39) interrupted the interview to ask for a beer:

J: Whew! I think I was about six. Seriously. I was raped by all my cousins.

I: So you say you were raped by your cousins?

J: Yeah...all my female cousins.

I: How old were they?

J: Older than me.

I: And raped, meaning what? What did they do?

J: They used to suck me off and made me do things. You know. Wow! I'm in a real, live interview! Wow! If my mother heard me now!

I: Okay.

J: Can we please get a beer!? I need something to drink! My mouth is dry as hell.

**Consensual sex with an older male or female**—Although several participants described consensual sexual experiences with an older male or female, most of these encounters met conditions for childhood sexual abuse as previously defined in the literature. We sought to reinterpret these experiences based on abuse criteria applied by other researchers (e.g., Arreola et al., 2008; Fields et al., 2008; Holmes, 2008; Williams et al., 2008) including: (1) participant's age at the time of the experience; (2) age of sexual partner; (3) nature of the relationship or encounter; and, (4) age of consent laws. As shown in Table 2, the proportion of experiences qualifying as sexual abuse increased to 30% with male perpetrators and 24% with female perpetrators.

It was not uncommon for participants to discuss coercive exchanges with older males and females that led to a first sexual encounter. For example, John (age 57) described an encounter he had as a 13-year old with an older male who offered him money in exchange for oral sex:

I went to the store. My mother gave me \$20 and I don't know but for some reason I walked into the store and put the money on the counter and went walking through the store to get the stuff. When I got back to the counter, naturally, the money wasn't there ... So I walked around all night and I walked around the next day so I was hungry. And I was by [street]...and this guy came up to me and said, Oh, how are you doing? So I'm looking at this guy and he says, Are you hungry? I said, Yeah I'm hungry! He said, Come on, I'll get you something to eat. So he took me to a restaurant and got me some food and while we was sitting there eating he stuck his hand under the table and he grabbed me between my legs. So at first I was taken aback but then I started getting hard. He said, Listen. Why don't you let me suck that for you and I'll give you \$20. I said, Okay. So we went upstairs in the projects and he gave me a blow job and that shit felt good. Then he said, Have you ever had sex? I said, What do you mean? We can't have sex. He said, No, no, you can put it in my ass. I said, What!?! And that was the first time and, I ain't going to lie to you, that shit felt good. Maybe it was the first hole I stuck it in or whatever but it felt good. But now...then you got another part of you telling you that it's wrong so you can't let nobody know this.

As shown in this excerpt, John tells the interviewer that this sexual encounter with another male "felt good" even though a part of him also felt that it was "wrong" and that he should



not tell anyone about it. In this next excerpt, Outstanding (age 47) discusses his first sexual encounter with a male, a tennis instructor he met through his sister:

I: When was the first time you had sex with another man? Tell me about it.

O: Oh God! Maybe 15.

I: Tell me about it.

O: Well it was actually the tennis instructor that my sister was using because she was working in [name of hospital] and I was working there on a summer job. And so that is when I first encountered having sex with another man and letting him penetrate me.

I: Letting him penetrate.

O: Yeah. Yeah. That was my first time.

I: And this was consensual?

O: Yeah. It was. It was.

I: So you guys like knew each other?

O: Yeah. I come to know him. Yeah.

I: So you knew what he was about and he knew what you was about, made you an offer...

O: And that is how it happened, pretty much.

I: Were you paid?

O: Yes I was.

In this next example, Robert (age 53) discusses an ongoing relationship he had with the building superintendent's wife starting at the age of 12:

I: When was the first time that you had sex with a female...your first female sex was at what age?

R: Twelve.

I: You wasn't playing, huh?

R: No.

I: Was the female around your age?

R: She was older.

I: About how much older?

R: She was grown.

I: With a grown woman.

R: Yeah. It was the super's wife.

I: The super's wife! Who hit on who? Did she hit on you?

R: She always hit on me. She used to kiss me underneath the steps in the tenement building.

I: So she would kiss you under the steps.

R: She used to kiss me. She would call me in the hallway. I would be with my friends and she would call me into the hallway and push up against me and start kissing me.

I: Okay. And then at some point, at age 12, you actually had what type of sex with her? Was it vaginal sex?

R: Yeah.

I: She actually had you put your penis in her?

R: Yeah!

Later in the interview, Robert explained that the relationship went on for several years, that the woman used to give him money, and that his father knew what was going on and encouraged him to participate as it contributed to his development as a man:

R: No, the first time it happened I thought I was the man because my father always told me, Boy, I think that woman like you.

I: Even then?

R: My father knew what was going on.

I: He must have seen it.

R: My father knew. My father was a player. He knew what was going on. He said, I think that woman like you. You better get that money, man.

Several participants recalled more obvious examples of CSA despite their assertion that the encounters were consensual or that their age at the time did not matter. For instance, Boss (age 46) describes having sex with his teacher, an authority figure, when he was just 7 years old:

B: My first sexual contact with a woman was...I was 7. It was a school teacher.

I: Okay. And what did she do to you?

B: She gave me oral sex. In the bathroom.

I: Um. Wow! Did you tell anyone?

B: No.

I: Okay. That was your first. Now was it consensual?

B: Of course it was, after I felt that sensation. I was like, Wow! What is that!?

I: You can say yes but if somebody had walked in there on her that was pedophilia.

B: Yeah. Of course.

I: Because you were a baby.

B: I know but at that time it didn't matter.

Similarly, Max 40 (age 42) recalled a "consensual" encounter when he was 14, though his female partner was 29:

I: Was it consensual?

M: It was. We were playing doctor. (Laughter) This one was with a Caucasian woman, actually. I was 14 and she was about 29.

I: And ya'll were playing doctor?

M: We were playing doctor, yeah, with my little fresh self. So we went...so that is where oral came in.

I: So you performed oral on her?

M: No, she performed oral sex on me.

I: Did that relationship continue?

M: No, it was a one-time thing.

I: Did you know her? Was she someone you knew?

M: It was somebody I knew...a close neighbor of mine.

Barney (age 42) explains how his first sexual encounter with a female, described as a prostitute, led him to continue searching for women that he could pay to have sex with him:

B: The first time I had sex with a female I was 15 years old and it was with a prostitute.

I: Was it stimulating? Did you enjoy it?

B: I enjoyed it because I felt like she was more experienced than me so I felt like the things she was doing to me was things that I could never imagine...After that it was like every day I wanted to have that sexual pleasure...the orgasm to come.

I: When you were 15?

B: Yes.

I: So who did you find?

B: I would go to like bars and women would strip and dance in the back...the shady bars in Brooklyn and I would wait for the woman to come over and talk to me and I would tell her that I want to engage in sex with her. A lot of times they would say I was too young but once I showed them the money I mean it wasn't a problem and age didn't make a difference.

We further examined potential differences in adult risk-taking behaviors between those participants who described consensual experiences that met conditions for childhood sexual abuse and those who reported unwanted abusive experiences (discussed in the previous section). More of the men who described their CSE as consensual also reported that they had ever engaged in exchange sex (i.e., sex for money, drugs, housing, etc.) with another man (89%) compared to men who reported abusive CSE (50%). Men with consensual CSE also reported more crack or powder cocaine use (44%) compared to men with abusive CSA (25%). However, both groups of men were nearly equivalent with regard to their use of alcohol and marijuana. For HIV status, a greater percentage of men who described consensual CSE indicated in their interviews that they were HIV-positive (56%) compared to men who reported abusive CSE (38%).

**Consensual bodily exploration with another male or female child**—Only a small number of men reported that their first sexual experience occurred during childhood with another child. They described sexually oriented behavior that did not reach the level of vaginal, oral or anal intercourse. In this example, Derek (age 43) tells the interviewer about a sexual experience with a male childhood peer when he was 12 years old:

It was just like a childhood friend. I don't know because there wasn't really any insertion but we was naked and, you know, we just kind of touched each other. I can remember ejaculating but nothing came out. ... It was nothing but I can

remember the sensation and it was just like the best sensation but there was nothing there. And then eventually something started coming out. But yeah so I would say 12.

Similarly, Mr. Smith (age 37) described his first same-sex encounter as occurring with his best friend when he was only 6 years old:

I: When was the first time you had sex with another man? Tell me about it.

M: The very first time when I was maybe like 6.

I: Six?

M: Yeah. It's when my best friend came onto me. He was like 7 or 6, like my age, and I guess he knew what he was doing. He was kind of experienced for that age. You know.

I: When you say he knew what he was doing, what did he do?

M: He knew how to touch me, fondle me; he knew the right spot and he also was kissing too. So, again, for that person at that age it was kind of weird to know that he knew about sex. And he was the first one who taught me and I was his first and basically I was only his first. After periods of time, as I got real older, I found out the truth and it was his father molesting him.

As shown in the interview excerpt, Mr. Smith found out after this sexual experience that his friend's father was molesting him around this same time.

This type of bodily exploration was also common with opposite-sex childhood peers. Smooth (age 49) discussed a sexual encounter he had with a girl from his hometown when he was 13 years old:

I: When was the first time you had sex with a female?

S: Wow! I was like 13.

I: Tell me about it.

S: Now you expect me to remember after all these years?

I: I remember my first.

S: Wow! I was in my hometown, which is Utica, New York, and it was a girl I knew. As a matter of fact I knew her real well. I think as a matter of fact she might have stayed next door to me. And me and her and her brother and this other girl, we were up playing around and you know how kids' curiosity killed the cat and we got busy.

I: Now what did ya'll do? Did you have vaginal sex with her?

S: I think I just felt her up and felt on her vagina, breasts and stuff like that and kissed her.

**Consensual sex with a peer-age female**—Several participants discussed their first female sexual experiences as occurring with a peer of similar age. Juju (age 25) described a consensual encounter with his female best friend when they were 12 years old:

J: I was like 12 and it was my best friend and everybody like in 7th grade was having sex besides me and her so one day we was just like, Hey! We want to take each other's virginity so we just got to freaking every day.

I: Was it consensual?

J: Yeah.

I: Okay.

J: Yeah it was a mutual thing.

Jay (age 28) also recalled a similar first encounter with a female when he was 12 years old:

I: When was the first time you had sex with a female?

J: Twelve.

I: Tell me the circumstances of that.

J: Well she was my girlfriend and she had me sucking her titties and then the next thing you know she let me eat her out.

I: And you was 12-years old?

J: Yeah.

I: That is a little early to be eating.

J: Yeah. I ate her out and then...

I: Where did that take place?

J: At her house while her parents were not home.

I: And that was also consensual?

J: Yes.

I: Meaning you didn't take it from her or anything, right?

J: No.

In this next example, J. Love (age 44) tells the interviewer about his experiences with his girlfriend when he was around 13 years old:

J: Wow! I've been having sex with females a long time.

I: When was the first time?

J: I was in elementary school and I dated [name of girlfriend]. How old was I? I think I was 13 or 14.

I: Where was this at?

J: In Harlem.

I: Was it in the hallway, the house or where?

J: No. My mommy wasn't home and she lived across the street and I invited her over...

I: So how did that affect you?

J: It was awesome. I had smile on my face. Then there was another time one of her girlfriends and I and her, we did foreplay. We were young but that turned me on. Most guys say that is nutty but when I saw them playing with each other, the two girls, that got me excited. Some men can't get with that. I mean they weren't...I don't think they were...they were doing it more or less for my benefit and they played with each other and that got me all aroused. Most guys say they can't get into that but I can get into seeing two straight girls play around with each other and

making the mood right and getting everything all together and then I intervene afterwards. Ain't nothing wrong with that.

Consensual sex with peer-age females was the most commonly reported first opposite-sex sexual encounter among our participants. Overall, men recounted a range of experiences that they variously interpreted as consensual or coercive, in narrative descriptions that have provided rich data to analyze for future research implications.

## Discussion

Our findings reinforce the notion that recognizing men's own appraisals and interpretations of their childhood sexual experiences can lead to a better understanding of childhood sexual abuse and its consequences than relying on externally imposed definitions. Recent research using qualitative methods to address the limitations of scale-based definitions are a step in the right direction, but more in-depth investigation is needed. There is a particular need for qualitative exploration that does not begin with pre-conceived definitions of abuse, which have been typically used in past quantitative research with MSM (Lloyd & Operario, 2012). Similar to previous qualitative efforts (Alaggia, 2005; Holmes, 2008; Hussen et al., 2012; Williams et al., 2011), our study allowed participants to describe their experiences in their own terms in a private, controlled setting. However, unlike most of those studies our interviewers did not initially prompt participants to disclose abusive experiences, and our study focused on a specific sub-sample of behaviorally bisexual Black men who conceal their same-sex behavior. Further, providing men with an opportunity to talk about how they perceive their experiences created dialogue rather than labels. This process also allowed men to voice links they perceive between their CSE and their adult sexual activity and risk behavior, connections that may not be revealed in quantitatively measured correlations between CSE and specific behavioral variables.

This is not to say that there is no value in definitions of CSA that have been generated by large-scale quantitative research. On the contrary, using a framework of agreed-upon variables to reinterpret men's narratives, as our findings indicate, may reveal discrepancies that can be further addressed. For example, without reinterpretation there can be no awareness on the researchers' part of any denial (or potential denial) by a participant. Researchers might miss an opportunity to help address the problem of uncovering and clarifying experiences of childhood sexual abuse and subsequently miss the need for counseling, support and appropriate referrals. It is important to emphasize that reinterpretation does not invalidate the men's perceptions of their own experiences. Indeed, cognitive appraisal and interpretation of CSA is associated with adjustment and coping strategies, so it is critical that men be able to reflect on their experiences in their own terms (Stanley, Bartholomew & Oram, 2004; Williams et al. 2008). These reflections contain clues that, through skilled reinterpretation, may lead to more effective counseling and treatment. (See Implications, below.)

Notably, men were more apt to describe their early sexual encounters with males as abusive compared to their encounters with females. However, most of the men who had experienced abuse by another man as a child indicated that they had not disclosed this information to anyone. Although only one participant recalled feeling embarrassed as an explanation for not disclosing, Close further perceived that his manhood was taken as a result of being molested. With the potential influence of masculine norms in the Black community on attitudes toward sexual orientation (Ward, 2005), aggression and risk-taking (Wade, 2008), as well as a fear of being labeled as homosexual or a victim (Alaggia, 2005), the lack of disclosure was not entirely unexpected. It is important to examine this influence relative to whether men interpret their CSE as abusive or consensual. Questions remain, however, as to

whether the concealment of same-sex abuse contributed to the concealment of same-sex encounters as adults.

Our reinterpretation created the greatest change in men's descriptions of consensual CSE with older females. Concurrent with their descriptions of male encounters as abusive, socialization into masculine gender norms is likely to have influenced the men's original appraisals as consensual. This was most evident with Robert, who described ongoing sexual encounters with the super's wife as key to his sexual socialization into manhood. This finding extends previous research with MSM and MSMW by stimulating discussion on abusive experiences with women, an underexplored topic warranting further investigation.

By asking the questions the way we did, we were also able to gain a better understanding into sexual socialization in general. More than half of our participants reported consensual sexual activity with a peer-age female as their first opposite-sex sexual experience; a smaller percentage indicated that they engaged in consensual bodily explorations (e.g., touching, fondling, kissing) with other children as their first sexual experience. These findings are not surprising, given that we purposely recruited non-gay identified, behaviorally bisexual men with female primary partners. They also preclude us from drawing any conclusions about the relationship between childhood sexual abuse and later substance use and sexual risk behavior.

### Limitations

The study had several limitations that should be noted. First, this was a small convenience sample of non-gay identified, substance-using Black MSMW. Although the sample was sufficient for the qualitative analyses reported here, it is not necessarily representative of all Black MSMW. Second, the current study recruited men who were non-disclosing of their same-sex behavior, and as such, the findings may not generalize to more openly bisexual men. Third, no direct associations between childhood sexual experiences and adult risk-taking behaviors can be made from these limited qualitative findings. However, participants who described consensual experiences that met existing criteria for CSA may be at risk for poor health outcomes, as a greater percentage reported exchange sex and crack/powder cocaine use than men who labeled their CSE as abusive. Additional work is needed to determine the extent of these differences. Further, as the primary aims of this research focused on non-disclosure of same-sex behavior, substance use, and HIV risk, the findings reported here were unanticipated. Future research efforts might consider administering a standard measure of abuse to supplement a semi-structured or open-ended interview protocol to better account for the specifics of participants' experiences (e.g., age of partner or perpetrator; geographic location; relationship to partner or perpetrator). Additionally, researchers should examine the impact of childhood sexual experiences, particularly those qualifying as abusive, on the mental health and risk-taking behaviors of HIV-positive MSMW, and non-disclosing MSMW from other racial minorities.

### Implications

The findings from this study have several important implications for future research efforts aimed at ascertaining a history of childhood sexual experiences, particularly abuse among non-gay identified, ethnic minority MSMW. First, the interviewers were able to elicit accounts of abuse from these men simply by establishing a dialogue about first sexual experiences with females and other males. Participants were not initially confronted with questions about unwanted or coercive encounters during their childhoods, but rather afforded an opportunity to recall how they came to a behaviorally bisexual orientation through frank discussion about same-sex and opposite-sex relationships. Moreover, interviewers were trained to watch for any distress and provide counseling referrals and

other services in the event that any of the participants required further assistance. Although a few men did express some discomfort talking about experiences of abuse, no one discontinued the interview and several were able to establish connections between childhood encounters and adult risk-taking behaviors.

It is encouraging to see emerging research that focuses on the childhood sexual experiences of Black men, because they are at disproportionate risk of harm related to substance abuse and sexual risk behavior. However, it is also important to examine the cultural context of CSE among Black men, particularly with respect to gender norms and sexual identity. Our participants were behaviorally bisexual, but also specifically non-gay identified *and* in the practice of concealing their same-sex behavior. Research is needed to investigate the degree to which these men attach feelings of shame to both same-sex behavior and abusive CSE, and whether they feel that their shame has anything to do with masculine, heterocentric gender norms in parts of the Black community. In addition, this would yield an opportunity for men to explore connections between their experiences of abuse by other men relative to their current same-sex relationships.

By shifting focus from pre-defined childhood sexual abuse to a more open investigation of early sexual experiences, researchers can begin to examine the motivations that men may have for perceiving them as abusive or consensual. A few of our participants talked about their CSE in terms of manhood, but there is clearly a need for further research to address how culture affected their initial interpretations. Several men in the current study appraised their CSE with older females as consensual, despite fitting into existing frameworks of sexual abuse. When probed for clarity on the issue, it was not uncommon for participants to explain that their age at the time did not matter; to describe the experience as pleasurable; or to consider the experience as affirming their manhood. It is possible that normative pressures to be heterosexual in the Black community account for, at least in part, these explanations of consensual sex. Further research is needed to address the long-term implications this may have on adult risk-taking behavior. More specifically, how does defining one's manhood or masculinity by an early sexual encounter with an older woman affect mental health, substance use, and the ability to sustain opposite-sex relationships?

Our findings also have implications for treatment providers and risk reduction counselors. First, they support some previous suggestions, such as incorporating CSA history and effects into interventions targeting risk behavior among MSM (Lloyd & Operario, 2012), and addressing sexual histories, sexual scripts and self-perceptions without labeling histories and scripts as related to abuse (Holmes, 2008). This is particularly important for men who perceive their sexual debut as consensual, although it nonetheless meets existing criteria for CSA. In the current study, these men appeared to have a greater propensity - compared to men who were more open about their abusive experiences - for engaging in exchange sex and using crack or powder cocaine as an adult, which increases their risk for HIV acquisition or transmission. Additionally, we believe that elements of our research methodology with nondisclosing NGI Black MSMW contain insights that may be helpful to providers. Elsewhere we have discussed the men's perceptions of therapeutic benefits in the one-on-one interviews with nonjudgmental, sympathetic interviewers (Benoit et al., 2012). While we believe the individual setting may be less intimidating than a focus group, our interviews with these men and some previous research (e.g., Williams et al., 2011) suggest that CSE (including experiences of abuse) may be an issue that can be discussed in support groups. In fact, for the men in our sample, it may be a safer issue to discuss than concealed same-sex behavior.

Although we did not approach participants with the intention of collecting information about CSA, our findings suggest that an open-ended and indirect interviewing technique may



provide guidance in how to approach clients and how to phrase questions that elicit this type of sensitive information. Such a technique allows the clinician or service provider to systematically appraise certain experiences as abusive based on details provided by the participant (i.e., age differential, evidence of coercion, sexual penetration as a minor) without influencing the narrative. This strategy can be particularly useful for treatment providers and risk reduction counselors working with NGI Black MSMW who may be motivated by normative heterocentric pressures from within their communities to conceal abusive same-sex experiences or to consider CSEs with older females as an affirmation of one's manhood, even when those experiences fit into existing frameworks of sexual abuse. All providers want men to not be afraid to admit victimization, but men may not do so if they are asked flat out if they have been abused or if they perceive their experiences as consensual and non-abusive. Less direct approaches may be more effective. Similarly, when assessing sexual history, providers must anticipate the possibility of hearing about abuse even if it is not expressed that way.

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## References

- Alaggia R. Disclosing the trauma of child sexual abuse: A gender analysis. *Journal of Loss and Trauma*. 2005; 10:453–470.
- Arreola S, Neilands T, Pollack L, Paul J, Catania J. Childhood Sexual Experiences and Adult Health Sequelae Among Gay and Bisexual Men: Defining Childhood Sexual Abuse. *Journal of Sex Research*. 2008; 45(3):246–252. [PubMed: 18686153]
- Benoit E, Pass M, Randolph D, Murray D, Downing MJ Jr. Reaching and engaging non-gay identified, non-disclosing Black men who have sex with both men and women. *Culture, Health & Sexuality*. 2012; 14(9):975–990.
- Braun V, Clarke V. Using thematic analysis in psychology. *Qualitative Research in Psychology*. 2006; 3(2):77–101.
- Brennan DJ, Hellerstedt WL, Ross MW, Welles SL. History of childhood sexual abuse and HIV risk behaviors in homosexual and bisexual men. *American Journal of Public Health*. 2007; 97(6):1107–1112. [PubMed: 17463386]
- Dolezal C, Carballo-Diéguez A. Childhood sexual experiences and the perception of abuse among Latino men who have sex with men. *Journal of Sex Research*. 2002; 39(3):165–173. [PubMed: 12476263]
- Doll LS, Joy D, Bartholow BN, Harrison JS, Bolan G, Saltzman LE. Self-reported childhood and adolescent sexual abuse among adult homosexual and bisexual men. *Child Abuse & Neglect*. 1992; 16:855–864. [PubMed: 1486514]
- Fields SD, Malebranche D, Feist-Price S. Childhood sexual abuse in Black men who have sex with men: Results from three qualitative studies. *Cultural Diversity and Ethnic Minority Psychology*. 2008; 14(4):385–390. [PubMed: 18954175]
- Finkelhor, D. *Sexually victimized children*. New York: Free Press; 1979.
- Holmes WC. Men's self-definitions of abusive childhood sexual experiences, and potentially related risky behavioral and psychiatric outcomes. *Child Abuse & Neglect*. 2008; 32:83–97. [PubMed: 18035415]
- Hussen SA, Bowleg L, Sangaramoorthy T, Malebranche DJ. Parents, peers and pornography: the influence of formative sexual scripts on adult HIV sexual risk behaviour among Black men in the USA. *Culture, Health & Sexuality*. 2012; 14(8):863–877.

- Johnson BD, Dunlap E, Benoit E. Organizing “Mountains of Words” for data analysis, both qualitative and quantitative. *Substance Use & Misuse*. 2010; 45:648–670. [PubMed: 20222777]
- Lloyd S, Operario D. HIV risk among men who have sex with men who have experienced childhood sexual abuse: Systematic review and meta-analysis. *AIDS Education and Prevention*. 2012; 24(3): 228–241. [PubMed: 22676462]
- Millett GA, Flores SA, Peterson JL, Bakeman R. Explaining disparities in HIV infection among black and white men who have sex with men: a meta-analysis of HIV risk behaviors. *AIDS*. 2007; 21:2083–2091. [PubMed: 17885299]
- Mimiaga MJ, Noonan E, Donnell D, Safren SA, Koenen KC, Gortmaker S, Mayer KH. Childhood sexual abuse is highly associated with HIV risk-taking behavior and infection among MSM in the EXPLORE study. *Journal of Acquired Immune Deficiency Syndromes*. 2009; 51(3):340–348. [PubMed: 19367173]
- Paul JP, Catania J, Pollack L, Stall R. Understanding childhood sexual abuse as a predictor of sexual risk-taking among men who have sex with men: The Urban Men’s Health Study. *Child Abuse & Neglect*. 2001; 25:557–584. [PubMed: 11370726]
- Persons E, Kershaw T, Sikkema KJ, Hansen NB. The impact of shame on health-related quality of life among HIV-positive adults with a history of childhood sexual abuse. *AIDS Patient Care and STDs*. 2010; 24(9):1–10. [PubMed: 20095911]
- Rosario M, Schrimshaw EW, Hunter J. A model of sexual risk behaviors among young gay and bisexual men: longitudinal associations of mental health, substance abuse, sexual abuse, and the coming-out process. *AIDS Education and Prevention*. 2006; 18(5):444–460. [PubMed: 17067255]
- Rosser BRS. History of childhood sexual abuse and unsafe anal intercourse in a six-city study of HIV+ men who have sex with men. *American Journal of Public Health*. 2009; 99(6):1079–1086. [PubMed: 19372529]
- Stanley JL, Bartholomew K, Oram D. Gay and bisexual men’s age-discrepant childhood sexual experiences. *Journal of Sex Research*. 2004; 41(4):381–389. [PubMed: 15765278]
- Wade JC. Traditional masculinity and African American men’s health-related attitudes and behaviors. *American Journal of Men’s Health*. 2009; 3(2):165–172.
- Ward EG. Homophobia, hypermasculinity and the U.S. black church. *Culture, Health & Sexuality*. 2005; 7(5):493–504.
- Watters JK, Biernacki P. Targeted sampling: Options for the study of hidden populations. *Social Problems*. 1989; 36:416–430.
- Widom CS, Morris S. Accuracy of adult recollections of childhood victimization: Part 2. Childhood sexual abuse. *Psychological Assessment*. 1997; 9(1):34–46.
- Williams, JK.; Kisler, KA.; Glover, D.; Sciolla, A. Exploring childhood sexual experiences and vulnerability to intimate partner violence among African American MSMW: Was that abuse or love?. In: Hynes, LE., editor. *Sexual Abuse: Types, Signs and Treatments*. Hauppauge, NY: Nova Science Publishers, Inc; 2011. p. 1-22.
- Williams JK, Wyatt GE, Rivkin I, Ramamurthi HC, Li X, Liu H. Risk reduction for HIV-positive African American and Latino men with histories of childhood sexual abuse. *Archives of Sexual Behavior*. 2008; 37:763–772. [PubMed: 18506611]

Table 1

## Participant Characteristics

	M (SD) or n (%)
Age (in years)	M = 42.21 (10.68)
Marital status	
Never married	23 (69.7)
Separated/divorced	7 (21.2)
Widowed	2 (6.1)
Married	1 (3.0)
Sexual identity	
Heterosexual	10 (30.3)
Bisexual	18 (54.5)
Other <sup>a</sup>	5 (15.2)
HIV status	
HIV-positive	13 (39.4)
HIV-negative	18 (54.5)
Unknown	2 (6.1)
Education	
Some college or a degree	21 (63.7)
HS diploma/GED	6 (18.2)
Less than high school	6 (18.2)
Primary income source	
Employment	10 (30.3)
Receiving public benefits	20 (60.6)
Hustles/other <sup>b</sup>	3 (9.1)
History of incarceration	17 (51.5)
Substance use	
Alcohol	22 (66.7)
Marijuana	16 (48.5)
Crack or powder cocaine	11 (33.3)
Other <sup>c</sup>	4 (12.1)

Notes:

<sup>a</sup>Other sexual identities included: deviant, trade, down low, sexual being, and freak.

<sup>b</sup>Selling used clothing, selling drugs, borrowing money from family and friends.

<sup>c</sup>Other substances included: ecstasy, heroin, and prescription pills.

**Table 2**

## Patterns of Childhood Sexual Experiences

	<b>Before reinterpretation</b> <b>n (%)</b>	<b>Reinterpreted</b> <b>n (%)</b>
Male		
Childhood sexual abuse	7 (21.2)	10 (30.3)
Consensual sex with an older male	4 (12.1)	1 (3.0)
Bodily exploration	4 (12.1)	4 (12.1)
Female		
Childhood sexual abuse	1 (3.0)	8 (24.2)
Consensual sex with an older female	7 (21.2)	0 (0)
Bodily exploration	2 (6.1)	2 (6.1)
Consensual sex with a peer-age female	17 (51.5)	17 (51.5)