This annotated bibliography includes research articles documenting studies on the relationship between opioid abuse and sexual victimization. The annotated bibliography summarizes studies published between 2009 and 2018 on sexual violence experienced at different stages of the lifespan by persons who have abused illegal or prescription opioids. Current research suggests that people who abuse opioids report high rates of adverse childhood experiences (including childhood sexual abuse), sexual assault in adulthood, and mental health problems such as post-traumatic stress disorder, suicidal thoughts, and psychological distress. These research findings illustrate the importance of service providers screening opioid users for prior sexual victimization and implementing trauma-informed treatment regimens.


This study used data from the National Longitudinal Study of Adolescent to Adult Health (Add Health). The study measured of childhood abuse and neglect, pain in adolescence, depression, and prescription opioid misuse over time among a nationally representative sample of 14,322 persons. Respondents who reported prescription opioid misuse were more likely than those who did not to indicate that they experienced childhood physical abuse, sexual abuse, supervisory neglect, and physical neglect. Depressive symptoms during adolescence did not impact the relationship between childhood maltreatment and opioid misuse during adulthood.


This study explored correlations between opioid dependence and adverse childhood experiences among 967 opioid-dependent persons and

This study looked at connections between various victimization experiences and high-risk sexual behaviors among women in methadone treatment. The study drew data from the Women's Health Project, selecting 390 women involved in methadone treatment in New York City. Sizeable percentages of respondents reported experiencing traumatic life events such as childhood sexual abuse (55.8%), intimate partner violence during the past 6 months (77.3%) and homelessness during the past 6 months (9.5%). High-risk sexual behaviors such as inconsistent condom use during vaginal intercourse (66.3%), sexual activity while under the influence of any drug (36.6%), and sexual activity while under the influence of heroin (22.3), were common among respondents. Various forms of childhood sexual abuse predicted certain high-risk sexual behaviors, specifically sexual activity under the influence of alcohol and sexual activity under the influence of heroin. Childhood sexual and physical abuse did not predict inconsistent condom use during vaginal or anal sex.


This study explored the relationship between childhood abuse, intimate partner violence, and negative mental health consequences among women in methadone treatment. Out of a sample of 753 women receiving treatment at methadone clinics in New York City, significant percentages of respondents reported experiencing childhood sexual abuse (56.9%), childhood physical abuse (37.9%), and intimate partner violence at some point in their lives (89.8%). More than a quarter (28.1%) of respondents exhibited symptoms of post-traumatic stress disorder, and 19.1% exhibited psychological distress. Childhood sexual abuse was associated with a higher risk of post-traumatic stress disorder and psychological distress. The article highlights the importance
of substance abuse programs screening clients for victimization and mental health issues and providing appropriate referrals.


This study looked at the impact of stress, prescription opioid use, and prior sexual victimization on victims of sexual assault. Out of a mostly female, mostly white sample of 60 adults who received a sexual assault forensic exam, 36.7% reported experiencing a prior sexual assault, and 40% reported using prescription opioids in the past year. More intense stress symptoms were associated with a higher likelihood of suicidal ideation. Respondents who had experience a prior sexual assault and who used prescription opioids were more likely to report suicidal ideation than respondents who experienced prior sexual assault but did not use prescription opioids. The study found no correlation between suicidal ideation and prescription opioid use among respondents with no prior sexual assault victimization. The article recommends that professions performing suicidal ideation screenings and complete safety planning with recipients of sexual assault forensic exams who have used prescription opioids.


This study drew information from interviews with 164 young adults (ages 18-32 years) who reported using heroin or engaging in nonmedical use of prescription opioids during the past 30 days. Large percentages of respondents reported experiencing sexual violence, witnessing sexual violence or being propositioned for sex in drug use settings. Women were more likely than men to report being touched in a sexual way (57% versus 22%), digitally penetrated (30% versus 7%), being made to have sex without their consent (41% versus 11%), being propositioned for sex (82% versus 44%), and feeling sexually violated but unable to remember the incident (38% versus 13%) in drug use settings. Transactional sex was not uncommon among respondents, with 39% of women and 22% of men admitting to receiving drugs or money in exchange for sex at least once. Men were more likely than women to report paying drugs or money for sex (17% of men versus 2% of women). The article concludes that opioid users, especially women, are at heightened risk for sexual harassment and sexual assault in drug use settings, where few social consequences constrain perpetrators. The authors encourage service providers to address sexual violence among opioid users.
through prevention efforts and the creation of supportive environments.


This Israeli study examined the relationship between sleep quality and sexual victimization among 39 women in a methadone maintenance treatment (MMT) program and 15 women seeking treatment for opioid abuse at a medication-free rehabilitation center (MABAT). Using the Pittsburgh Sleep Quality Index and Epworth Sleepiness Scale to evaluate sleep quality, researchers found the majority of MMT and MABAT patients with a history of sexual victimization also reported poor sleep. Most MMT participants who did not report sexual victimization had good sleep quality. Poor sleep quality was not related to dissociation rates but was related to depression severity. The authors argue that interventions for depression can improve sleep quality among patients seeking treatment for opioid abuse, and that screening for a history of sexual abuse can help identify other health conditions.


This study explores the relationship between childhood sexual abuse, lifetime traumatic experiences, post-traumatic stress disorder, and heroin use among adult women residing in Israel. Out of a sample of 104 adult female clients of 4 Israeli methadone clinics who reported experiencing childhood sexual abuse, over half (54.2%) exhibited symptoms that met the DSM-IV criteria for post-traumatic stress disorder. Other lifetime traumatic experiences were common among respondents, such as physical assault by a relative (66.3%), physical assault by a stranger (53.8%), arrest and/or incarceration (57.7%), and experiencing an accident (39.4). Post-traumatic stress disorder symptoms were correlated with more frequent use of heroin at the 1-year study follow-up. The longer a respondent received services at a methadone clinic, the less likely they were to use heroin at 1-year follow up. The authors stress the importance of service providers implementing trauma-informed drug treatment programs.


This study explored the relationship between childhood abuse and psychological distress among 341 heroin users receiving services from drug rehabilitation facilities in Shanghai,
China. Approximately 80% of respondents reported experiencing at least one form of childhood trauma, such as sexual abuse (25.8%), physical abuse (56%), and emotional abuse (35.8%). Greater severity of physical and emotional abuse, but not sexual abuse, was correlated with elevated psychological distress in adulthood. The authors emphasize the importance of screening for childhood trauma in drug abuse prevention and treatment programs.


This study looked at the relationship between childhood trauma and reversal learning abilities (the ability to learn that stimuli connected to a positive outcome can produce a negative outcome in a different context) among 51 patients in an Israeli methadone maintenance treatment (MMT) program. Of the 51 respondents, 32 indicated that they experienced some form of childhood trauma, including physical abuse (27 respondents) and sexual abuse (12 respondents). Respondents who experienced childhood trauma displayed a poorer ability to learn positive outcomes in tests than respondents with no history of childhood trauma. Childhood trauma was not related to lesson retention.

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