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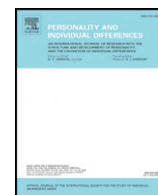

Associations between sexual health concerns and mental health symptoms among African American and European American women veterans who have experienced interpersonal trauma☆,☆☆,☆☆☆

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ABSTRACT

African American women are highly represented in the military and have higher rates of interpersonal trauma than European American women, placing them at greater risk for mental health problems and sexual health issues. The current study examined whether African American women would demonstrate differential associations in sexual health and mental health symptoms than European American women. The study included 91 women Veterans (38 African American, 53 European American) who were seeking treatment for posttraumatic distress. African American women demonstrated more severe sexual health concerns compared to European American women. Bivariate associations were observed between PTSD, depression, and sexual health concerns for African American women, whereas PTSD was the only mental health variable associated with sexual health concerns in European American women. A hierarchical linear regression analysis revealed that PTSD and depression in combination contributed significantly to the prediction of sexual concerns in African American women. This study highlights the presence of sexual health concerns in a highly vulnerable population of women, illustrates the impact of PTSD and depression on sexual health concerns, and suggests that race may be an important factor in studying the effect of interpersonal trauma on women's sexual health.

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1. Introduction

The multifaceted impact of interpersonal trauma, particularly military sexual trauma (MST), on women veterans' psychological wellbeing is confirmed by a substantial body of research (Himmelfarb, Yaeger, & Mintz, 2006; Kimerling, Gima, Smith, Street, & Frayne, 2007; Surís & Lind, 2008; Kimerling et al., 2010; Surís, Lind, Kashner, & Borman, 2007; Yaeger, Himmelfarb, Cammack, & Mintz, 2006; Zinzow, Grubaugh, Monnier, Suffoletta-Maierle, & Frueh, 2007). Exposure to interpersonal trauma has been associated with increased risk for a number of psychiatric diagnoses and medical health issues, including posttraumatic stress disorder (PTSD), depression, substance use disorders, liver disease, pulmonary complications, obesity, and hypothyroidism (Kimerling et al., 2007). Although researchers have acknowledged that the effects of interpersonal trauma are unique from that of other types of trauma and can manifest in complex ways (Allard, Nunnink, Gregory, Klest, & Platt, 2011; Cloitre et al., 2009), few studies have examined less visible forms of posttraumatic distress following interpersonal trauma exposure. Although commonly reported among women veterans (Sadler, Mengeling, Fraley, Torner, & Booth, 2012), disturbance in sexual functioning has received little empirical attention. Research and clinical attention to this topic among veterans is warranted because problems in sexual functioning negatively impact mental health wellbeing and are predictive of reduced intimate relationship satisfaction in OEF/OIF veterans (Bridges, Lease, & Ellison, 2004; Goff, Crow, Reisbig, & Hamilton, 2007; Nunnink, Fink, & Baker, 2012). Moreover, women veterans have identified mental health services for sexual functioning and intimacy as important to them (Kimerling et al., 2014).

Studies in the civilian literature demonstrate a strong connection between interpersonal trauma exposure, most commonly sexual assault, and sexual functioning difficulties (for detailed reviews, see Van Berlo & Ensink, 2000; Weaver, 2009; Zwickl & Merriman, 2011). Following an extensive review of the empirical literature, Van Berlo and Ensink (2000) concluded that sexual functioning disturbances among women with histories of sexual assault tend to manifest as decreased sexual

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contact following sexual assault, reduced satisfaction with sexual activities, and diminished sexual arousal and desire. Additional sexual problems that have been reported by women with histories of sexual victimization include diminished sensuality (Bartoi & Kinder, 1998), inability to have an orgasm and painful vaginal intercourse (Dahl, 1993; Letourneau, Resnick, Kilpatrick, Saunders, & Best, 1996), and a fear of intercourse (Dahl, 1993). The civilian sexual assault literature also reveals a high prevalence of genital injury and painful and irregular menstruation following sexual assault — sexual and reproductive health complications that may contribute to sexual functioning difficulties (for a review see Weaver, 2009). Correlates of sexual disturbances in the civilian literature include young age at time of assault, known perpetrator, completed rape as compared to attempted rape, self-directed anger, shame, and/or guilt during and immediately following the assault, and PTSD symptoms (Becker, Skinner, Abel, & Treacy, 1982; Van Berlo & Ensink, 2000).

Most of the investigations into sexual functioning among women veterans have focused on the impact of sexual assault, mainly military-related sexual assault, on sexual satisfaction (McCall-Hosenfeld, Liebschutz, Spiro, & Seaver, 2009; Skinner & Furey, 1998; Skinner et al., 2000). Overall, women veterans who have experienced sexual assault during military service report higher rates of sexual dissatisfaction than women who were not assaulted during military service (Skinner et al., 2000). Sadler et al. (2012) found that 61% of their sample of women veterans experienced either completed or attempted childhood or military sexual assault, and compared to women who had never experienced a completed sexual assault, women who experienced a completed sexual assault were more likely to report painful sexual intercourse.

Research suggests that the relationship between military sexual assault and reduced sexual satisfaction is mediated by the physical and mental health sequelae of military sexual assault (McCall-Hosenfeld et al., 2009). In Sadler et al.'s (2012) investigation, PTSD, depression, substance use disorder, assault related gynecologic injuries, and poor health related quality of life (i.e., physical and emotional health) were all identified as correlates of compromised sexual functioning in this study. Furthermore, repeated sexual assault was associated with diminished perceived importance of sex, and the absence of PTSD symptoms was positively associated with viewing sex as important. Other investigators have found associations among PTSD diagnosis and sexual dysfunction with loss of PTSD diagnosis being associated with improvements in sexual functioning among women veterans and active duty members (Schnurr et al., 2009). Turchik et al. (2012) found that veterans who experienced MST were more likely to be diagnosed with a sexual dysfunction disorder and the presence of PTSD, depression, or substance use disorder increased this risk. In a longitudinal assessment of predictors of sexual functioning over an 11 year span in a sample of U.S. Marines, Suvak, Brogan, and Shipherd (2012) found that women's sexual difficulties (defined as problems during sex in the last two weeks) were significantly related to negative affectivity and adult sexual assault shortly after the beginning of recruit training and sexual harassment during military service. Further, depression and MST were among the strongest predictors of sexual dissatisfaction. In sum, there is mounting evidence to suggest a relationship between experiencing sexual assault during military service and subsequent sexual health concerns, and PTSD seems to play a role in this relationship.

In addition to mental health disorders (most notably PTSD and depression) and exposure to sexual trauma, other risk factors for sexual health concerns have been identified. In a national probability sample which included 1749 US women ages 18–59, Laumann, Paik, and Rosen (1999) found that sexual dysfunction was associated with age such that sexual problems tended to decrease with increasing age. Turchik et al. (2012) found variations in type of sexual concerns such that sexually transmitted infections (STI) were more common among younger veterans whereas sexual dysfunctions (i.e., sexual pain disorders, sexual desire disorders, sexual arousal disorders, and orgasmic disorders) were more common among older veterans. Moreover, Hosain, Latini, Kauth, Goltz, and Helmer (2013) found that risk factors for sexual dysfunction varied as a function of veterans' age. While Huang et al. (2009) found a general trend toward decreased frequency of sexual activity and sexual desire in older community dwelling women, they also found that more than one quarter of women aged 65 and older endorsed moderate to high interest in sex and one-third of the sample reported sexual activity in the past three months. Despite some discrepancies, the literature on women's sexual functioning seems to suggest that while there is a connection between age and sexual functioning, the connection between young age and sexual health concerns is particularly relevant to women veterans given that the majority of women veterans are under the age of 65 (Frayne et al., 2010). Given the significant associations that have been observed between age and sexual dysfunction, the current study examines this relationship.

Despite substantial literature linking interpersonal trauma exposure and sexual health, there is a paucity of research exploring sexual functioning among African American women veterans. There is a need to understand the experiences of African American women veterans given that their multiple minority status places them at risk for violence exposure and mental health disparities. Moreover, despite their minority status, within the military context in FY 2006, African American women are represented in the military in numbers greater than their percent in the civilian workforce and African American women (31.3%) were more likely to serve in the military than African American men (17.2%; National Center for Veterans Analysis and Statistics; Segal, Thanner, Thanner, & Segal, 2007). Research suggests that, as a group, African American women in the general population experience more prevalent and severe violence in their intimate relationships than European American women (Moore, Probst, Tompkins, Cuffe, & Martin, 2007; Rennison & Planty, 2003). Higher rates of violent trauma exposure have also been found when comparing African American women veterans to European American women veterans (Grubaugh, Slagle, Long, Frueh, & Magruder, 2008). Furthermore, epidemiological research suggests that, compared to other ethnic groups, African Americans have higher exposure to child maltreatment and assaultive violence, greater risk for developing PTSD after trauma exposure, and are less likely to seek PTSD treatment (Roberts, Gilman, Breslau, Breslau, & Koenen, 2011). In sum, the literature on women veteran's health reveals that PTSD and sexual trauma are highly prevalent experiences that have significant impacts on women veteran's health and wellness, and African American women veterans are particularly vulnerable to trauma exposure and PTSD — two well-established risk factors for sexual functioning problems. Given this increased vulnerability, the lack of empirical data on sexual health functioning in African American women veterans is a noticeable gap in the literature, particularly given the field's understanding of the varied and complex ways that trauma can impact physical and mental wellbeing (Allard et al., 2011; Surís & Lind, 2008) and the implications for sexual functioning on general well-being and overall health (Kauth, 2012; Nunnink et al., 2012).

Ethnicity might impact mental and physical health outcomes related to interpersonal trauma by influencing the development of culturally relevant ways of coping (El-Khoury et al., 2004). Cultural factors have been shown to impact the way that African American women cope with interpersonal trauma (Bryant-Davis, 2005; Taft, Bryant-Davis, Woodward, Tillman, & Torres, 2009). For example, African American women rely more heavily on spiritual and religious forms of coping as compared to European American women (El-Khoury et al., 2004).

The goals of the current study were to examine the prevalence and correlates of sexual difficulties (defined as difficulties with sexual cognitions, sexual functioning anxiety or shame related to sexual feelings or behavior, and sexual problems in the context of an intimate relationship) among a sample of African American women veterans using VHA mental health services in an interpersonal trauma focused specialty clinic. The study had three specific aims: 1) examine the frequency of sexual health concerns among African American women veterans; 2) determine whether African American women veterans demonstrate

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