



Pergamon

Child Abuse & Neglect 29 (2005) 1141–1153

Child Abuse
& Neglect

The association between childhood and adolescent sexual abuse and proxies for sexual risk behavior: A random sample of the general population of Sweden[☆]

Jennifer L. Steel^{a,*}, Claes A. Herlitz^b

^a *University of Pittsburgh School of Medicine, Department of Surgery, 3459 Fifth Avenue, Montefiore 7 South, Pittsburgh, PA 15213, USA*

^b *Uppsala University, Department of Social Medicine, Uppsala, Sweden*

Received 19 December 2002; received in revised form 12 October 2004; accepted 12 October 2004

Abstract

Objective: Several studies with small and “high risk” samples have demonstrated that a history of childhood or adolescent sexual abuse (CASA) is associated with sexual risk behaviors (SRBs). However, few studies with large random samples from the general population have specifically examined the relationship between CASA and SRBs with a comprehensive set of measures.

Design: The study was a cross-sectional retrospective survey of past and current sexual health and behavior.

Methods: A random sample of 4781 persons from the Swedish Post Address Register was obtained, which included 6,119,000 Swedish citizens in 1996. Of those persons, 2810 participants agreed to participate in the study. Participants were interviewed as well as administered a questionnaire regarding their sexual health and behavior.

Results: Using Mann-Whitney *U* tests, a history of CASA was found to be associated with younger age at first intercourse; younger age at diagnosis of first sexually transmitted infection (STI); greater frequency of unintended pregnancy; greater likelihood of participation in group sex; higher likelihood of not interrupting sexual intercourse despite the risk of pregnancy or risk of an STI; greater likelihood of exchanging sex for money or other necessities/drugs; more frequent substance use in the last 48 hours; and higher likelihood of adult sexual and physical assault.

[☆] The Swedish National Institute of Public Health provided the data for this study and provided the funding for the analyses of this data.

* Corresponding author.

¹ The first author was previously affiliated with the Karolinska Institute and Dalarna Research Institute.

Conclusions: The findings of this study confirm previous research, which has reported an association between CASA and SRBs in smaller and high-risk samples. Clinicians working with adults with a history of CASA should be aware of the relationship between CASA and SRBs and be prepared to address such issues during therapy. © 2005 Elsevier Ltd. All rights reserved.

Keywords: Child sexual abuse; HIV risk behavior; Sweden

Introduction

Childhood and adolescent sexual abuse (CASA) is characterized as a trauma associated with several short- and long-term psychosocial effects (Briere, 1992; Leitenberg, Greenwald, & Cado, 1992; Williams, 1993). The majority of the research has focused on the impact of CASA on sexual functioning (Beitchman, Zucker, Hood, & DaCosta, 1992); however, with the advent of the HIV, there exists a growing literature concerning an association between CASA and sexual risk behaviors (SRBs). Most of the research concerning SRBs has been conducted with persons from “high risk” groups (e.g., commercial sex workers, intravenous drug users) that, by definition, have a higher mean rate of SRBs than the general population. Furthermore, previous studies often only include one or a few SRBs when studying the association between CASA and SRBs. The proposed study investigated the association of CASA and SRBs in a large random sample of the general population.

The definitions of CASA and SRB vary across studies and the methods utilized to measure these constructs are often self-reported or, in the case of SRBs, may be proxies of unprotected sexual intercourse (e.g., rates of sexually transmitted infections; STIs). Some of the proxies that have been used to measure SRB include: (1) age of first sexual intercourse which is often associated with greater number of partners; (2) STIs; (3) unintended pregnancies or abortions; (4) use of substances which may impair judgment and lead to greater risk taking during sexual encounters; and (5) sexual violence such as acquaintance rape or domestic violence which often precludes safe sex practices (Ball, Donoghoe, Rana, & Weiler, 1998; Carballo-Diequez & Dolezal, 1995; Durbin, DiClemente, Siegel, & Krasnovsky, 1993; Fergusson, Horwood, & Lynskey, 1997; Wingood & DiClemente, 1997). However, the primary method of gathering data on sexual behavior is through self-report. The behaviors that are usually queried through an interview or questionnaire include types of sexual behaviors (e.g., unprotected receptive anal intercourse), number of partners (e.g., number of partners in last 12 months or lifetime), and types of sexual partners (e.g., casual sex partners, commercial sex work).

Of the above mentioned measures of SRBs, researchers have found an association between CASA and SRBs in primarily “high risk” samples (e.g., commercial sex workers, intravenous drug users). As early as adolescence an association between CASA and SRBs have been reported. For example, a history of CASA has been found to be correlated with increased number of partners and rates of STIs in urban, low income African and Hispanic youth (Hulme, 2000) and African American adolescents attending a STI clinic (Wagstaff, Delamater, & Havens, 1990). Higher rates of STIs have also been reported in incarcerated women who have a history of CASA compared to those who do not have a history of CASA (Groot et al., 1995).

Using self-reported methods, the association between CASA and SRBs was also reported in samples including men who have sex with men (Carballo-Diequez & Dolezal, 1995); HIV-infected women

Download English Version:

<https://daneshyari.com/en/article/10310861>

Download Persian Version:

<https://daneshyari.com/article/10310861>

[Daneshyari.com](https://daneshyari.com)