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Early Childhood Maltreatment and Girls' Sexual Behavior: The Mediating Role of Pubertal Timing



Rebecca M. Ryan, Ph.D. a,*, Jane Mendle, Ph.D. b, and Anna J. Markowitz, M.P.P. a

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ABSTRACT

Purpose: Although links between early childhood maltreatment and girls' sexual behavior in adolescence have been well established, it is unclear whether different forms of maltreatment are differentially associated with sexual outcomes and whether distinct mechanisms explain associations across maltreatment types.

Methods: Using data from National Longitudinal Study of Adolescent Health (Add Health), the present study examines whether physical abuse, sexual abuse, and physical neglect in early childhood differentially predict girls' age at first intercourse and number of sexual partners in early adulthood. The study also tests whether early pubertal timing mediates the link between early maltreatment and sexual behavior (N = 6,364).

Results: Findings indicate that early sexual and physical abuse were equally predictive of earlier age at first intercourse and a greater number of sexual partners, but that only the sexual abuse—age at first intercourse link was mediated by early puberty.

Conclusions: These results suggest that sexual abuse and physical abuse are associated with earlier and riskier sexual behavior in girls relative to no maltreatment and to similar degrees. However, only the link between sexual abuse and sexual behavior involves a biological mechanism manifested in early pubertal timing.

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IMPLICATIONS AND CONTRIBUTION

This study identifies early pubertal timing as an overlooked biological mechanism linking childhood maltreatment to later sexual behavior in girls. The findings show that early puberty mediates the link between sexual behavior and childhood sexual abuse but not physical abuse or neglect, which suggests unique psychobiological sequelae of childhood sexual abuse.

Approximately 1.25 million children experience maltreatment each year in the United States, including sexual abuse, physical abuse, and physical neglect [1]. Given the traumatic events of their early lives, it is not surprising that a substantial number of these children display problem behaviors during adolescence, including earlier ages of first sexual intercourse and risky sexual behavior [2,3]. Although links between early maltreatment and adolescent sexual behavior are well established, two primary questions remain unanswered: first, are

different forms of maltreatment differentially associated with sexual outcomes; second, do different mechanisms explain associations across different forms of maltreatment?

Early maltreatment and risky sexual behavior

Most of the literature linking early maltreatment to adolescent sexual behavior examines childhood sexual abuse (CSA). In these studies, CSA has been consistently linked with earlier ages at first intercourse [2–4] and risk behavior for sexually transmitted infections such as unprotected sex [2,5] and a greater number of sexual partners [4]. Although researchers advocate distinguishing among types of maltreatment [6] because

^a Department of Psychology, Georgetown University, Washington, District of Columbia

^b Department of Human Development, Cornell University, Ithaca, New York

^{*} Address correspondence to: Rebecca M. Ryan, Ph.D., Department of Psycology, Georgetown University, 3700 O Street, NW, Washington, D.C., 20057. E-mail address: rmr64@georgetown.edu (R.M. Ryan).

different types may predict different developmental trajectories, the extent to which other maltreatment forms impact sexual behavior is unclear. Some studies find physical abuse and physical neglect (inadequate food, shelter, or clothing) predict risky sexual behaviors as strongly as CSA [7–9], whereas others suggest that CSA is uniquely or more strongly associated with sexual behavior [5,10].

This inconsistency likely stems, at least partially, from the fact that some studies on CSA control for co-occurrence of other maltreatment forms, whereas others do not. For example, Wilson and Widom [9] found relatively consistent links between CSA, physical abuse and neglect, and early sexual initiation examining each maltreatment type bivariately; by contrast, Bensley et al. [5] found that only CSA was associated with sexually transmitted infection—risk behaviors when controlling for other maltreatment experiences. This inconsistency obscures potentially meaningful distinctions across developmental trajectories; as a result, it is unclear whether CSA, largely the focus of research on early maltreatment, impacts sexual behavior differently than other forms of early adversity.

Potential mechanisms

The literature linking early maltreatment to later sexual behavior has concentrated almost exclusively on psychological mechanisms. For example, Finkelhor and Browne's traumagenic dynamics model [11] posits that CSA can lead to psychological disruptions, such as traumatic sexualization, that precipitate risky sexual behavior. Similarly, Briere's self-trauma theory [12,13] posits that maltreatment of various forms can lead to the use of maladaptive coping strategies in the face of interpersonal challenges. Both maladaptive coping strategies [14] and sexual preoccupation [15] have found support as mediators between various forms of maltreatment and early and risky sexual behavior in adolescence. However, this literature has largely ignored the possibility that early maltreatment carries biological effects that may shape sexual behavior. Specifically, overlooked is the possibility that early pubertal timing—an outcome of underlying biological processes sensitive to stress-may link maltreatment to sexual behavior.

This omission is curious given strong empirical links between early maltreatment and pubertal timing and between pubertal timing and adolescent sexual behavior. A large literature finds that multiple indicators of puberty—including changes in skin, breast development, and age at menarche—occur at younger chronological ages among girls with documented histories of early adversity [16—19]. Moreover, early puberty predicts earlier age at first intercourse [20], which in turn predicts risky behaviors including greater numbers of sexual partners [21]. These links suggest that early maltreatment may precipitate earlier and riskier sexual behavior in part because early maltreatment triggers earlier puberty.

No study has tested early pubertal timing as a mediator. However, some researchers have offered theoretical support for this possibility. In their seminal article, Trickett and Putnam [22] speculate that CSA, as a repetitive stressful experience, will disrupt the functioning of the hypothalamic—pituitary—adrenal and hypothalamic—pituitary—gonadal axes in ways that may accelerate the pace of physical development in girls and contribute to sexual risk-taking. The *psychosocial acceleration theory* by Belsky et al. [23] also posits that the emotional strain of early psychosocial stress, including maltreatment, may alter girls'

physiology to speed pubertal maturation and potentiate risky sexual behavior.

Although there is empirical and theoretical support for early puberty as a mediator, it may only mediate the link between CSA and sexual behavior and not the maltreatment—sexual behavior link generally. Just as some studies find that CSA predicts risky sexual behavior more strongly that other forms of maltreatment, some studies of pubertal timing find that the effects of sexual abuse are either considerably stronger or uniquely predictive of earlier puberty [17,19,24]. Most recently, Mendle et al. [18] found that CSA predicted earlier menarche and physical development, whereas physical abuse and physical neglect did not in a nationally representative sample.

The present study

The present study uses nationally representative data to assess links between different forms of early maltreatment, pubertal timing, and sexual behavior in girls. We examine girls because the theoretical and empirical literature linking maltreatment to early pubertal timing concentrates on female reproductive development [25,26]. This work is guided by two primary aims. First, we examine whether different types of early childhood maltreatment-sexual abuse, physical abuse, and physical neglect-differentially predict age at first intercourse and number of sexual partners. Although it is logical that different experiences calibrate development differently, very few studies have accounted for different subtypes of maltreatment. Second, we test whether early pubertal timing mediates links between early maltreatment and sexual behavior. Answering these questions can help establish mechanistic associations between early life events and later maturation needed to develop effective prevention and intervention.

Methods

Data are drawn from the National Longitudinal Study of Adolescent Health (Add Health). The Add Health sample (N=20,745) was selected through a multistage, stratified, schoolbased, cluster sampling design [27]. Wave I was collected in 1995 and included participants aged 12–21 years, Wave II in 1996 (aged 13–22 years), Wave III in 2001/2002 (aged 18–26 years), and Wave IV in 2007/2008 (aged 24–32 years). The analytic sample was restricted to female participants with data on age at menarche, age at first intercourse, number of sexual partners, and self-report of maltreatment (N=6,364 for age at first intercourse; N=6,263 for sexual partners). Because the data are exclusively secondary and fully de-identified, the project did not constitute research with human subjects and was exempt from Institutional Review Board review (IRB #2010-132). Descriptive statistics of sample characteristics are reported in Table 1.

Measures

Sexual behavior. Two measures of sexual behavior were examined, age at first intercourse (AFI) and number of sexual partners (SP) by early adulthood. At all waves, participants were asked if they had engaged in vaginal intercourse. At Waves I and II, participants provided the month and year of their first experience; at Waves III and IV, participants were asked at what age in years they first had vaginal intercourse. This information was used to calculate AFI. The first report of age at first intercourse was used

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