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Original article

Pathway From Child Sexual and Physical Abuse to Risky Sex Among Emerging Adults: The Role of Trauma-Related Intrusions and Alcohol Problems

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A B S T R A C T

Purpose: Some evidence suggests that risk reduction programming for sexual risk behaviors (SRB) has been minimally effective, which emphasized the need for research on etiological and mechanistic factors that can be addressed in prevention and intervention programming. Childhood sexual and physical abuse have been linked with SRB among older adolescents and emerging adults; however, pathways to SRB remain unclear. This study adds to the literature by testing a model specifying that traumatic intrusions after early abuse may increase risk for alcohol problems, which in turn may increase the likelihood of engaging in various types of SRB.
Methods: Participants were 1,169 racially diverse college students (72.9% female, 37.6% black/African-American, and 33.6% white) who completed anonymous questionnaires assessing child abuse, traumatic intrusions, alcohol problems, and sexual risk behavior.
Results: The hypothesized path model specifying that traumatic intrusions and alcohol problems account for associations between child abuse and several aspects of SRB was a good fit for the data; however, for men, stronger associations emerged between physical abuse and traumatic intrusions and between traumatic intrusions and alcohol problems, whereas for women, alcohol problems were more strongly associated with intent to engage in risky sex.
Conclusions: Findings highlight the role of traumatic intrusions and alcohol problems in explaining paths from childhood abuse to SRB in emerging adulthood, and suggest that risk reduction programs may benefit from an integrated focus on traumatic intrusions, alcohol problems, and SRB for individuals with abuse experiences.

IMPLICATIONS AND CONTRIBUTION

This study provides support for a pathway from childhood abuse to risky sexual behavior in emerging adulthood that operates through traumatic intrusions and alcohol problems. Risk reduction programs that employ an integrated focus on traumatic intrusions, alcohol problems, and risky sexual behavior may be particularly effective for individuals with abuse histories.

Reducing sexually transmitted infections (STIs) and unintended pregnancies among adolescents and young adults in the United States is a top priority for *Healthy People 2020* [1]. Adolescents and emerging adults are especially likely to report sexual risk behavior (SRB) including sex with multiple partners, sex while using substances, and inconsistent condom use [2]. Such behaviors are associated with human immunodeficiency virus (HIV) infection, other STIs, and unintended pregnancy [2,3]. Nearly half of the 19 million new STIs each year are among young people aged 15–24 years [3]. Understanding factors that may increase the likelihood of SRB during emerging adulthood is an important public health goal.

Adverse childhood experiences, including a history of child sexual and physical abuse, may increase the likelihood of engaging in SRB among emerging adults [4–7]. Most studies examining associations between child abuse and adolescent/

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emerging adult sexual behavior have focused on the long-term effects of child sexual abuse (CSA) in female samples [4–6] and found that those with CSA histories report more lifetime sexual partners [4,6] and more episodes of unprotected sex [6] compared with women without such histories. Furthermore, among children with documented maltreatment histories who were observed into adulthood, the odds of prostitution and HIV were more than twice the odds of prostitution and HIV among non-abused matched controls [7]. Increased exposure to adverse childhood experiences (including sexual and physical abuse) have been associated with increased risk of STIs [8]. Although factors such as emotion dysregulation [4] and traumagenic dynamics [6,9] have been posited to explain associations between child abuse and SRB, these explanations often do not consider contextual factors, such as alcohol use, that may increase risk for SRB.

Alcohol use and problems, which are highly prevalent among college students [10], have been linked with both childhood adversity [5] and SRB [11]. Researchers have suggested that alcohol use among adult victims of child abuse may set the stage for SRB [12], perhaps by aiding victims to overcome sexual inhibition and increasing comfort in sexual situations [13]. As reviewed by Cooper [11], alcohol myopia theory suggests that alcohol may increase SRB in ambivalent situations in which there are strong reasons for and against having sex (e.g., increase positive affect vs. avoid STIs). In naturalistic settings, acute alcohol intoxication has been associated with increased intentions to engage in SRB [14] and reduced assertiveness in response to requests for unprotected sex [15]. In clinical settings, alcohol and drug dependence symptoms have been shown to mediate associations between child abuse and both intoxicated and unprotected sex [16]. Furthermore, one study found that 41% of college women and 36% of college men report negative alcohol-related sexual consequences including unprotected sex, having sex with someone they would not have if sober, and unwanted sex [17]. However, stable individual differences in drinking have not been found to fully explain SRB (for review, see [11]), and risk reduction programs targeting alcohol use or problems and SRB have been minimally effective in reducing SRB [18]. Thus, there may be value in continued research on etiological and mechanistic factors that may increase risk for alcohol problems and SRB.

A significant period of time may have elapsed between child abuse and more temporally proximal alcohol problems and SRB, which raises questions about whether other processes occurring in the interim may contribute to the development of risk behaviors and serve as an effective target for interventions. A number of theories have been proposed to explicate how early sexual and physical abuse may lead to adult risk behaviors, including the development of traumagenic dynamics [9] and emotion dysregulation [4]. Traumagenic dynamics theory postulates that sexual abuse shapes beliefs that sex can be used for affection or rewards [9], whereas emotion regulation theory suggests that sex may briefly relieve negative affect by increasing positive emotions and feelings of intimacy [4]. Although post-traumatic stress disorder (PTSD) is one of the most common and impairing conditions associated with early physical and sexual abuse [19], surprisingly few studies have examined whether trauma symptoms explain the relationship between early abuse and alcohol problems and SRB in early adulthood. Those with abuse histories may use alcohol to cope with distressing trauma symptoms or the traumagenic outcomes of abuse (e.g., feelings of betrayal or powerlessness). Some studies have found that trauma symptoms mediate the association between childhood sexual abuse and alcohol use among adult women [20] without considering the role of SRB or other types of child abuse. Other studies of highly trauma-exposed and socioeconomically disadvantaged women have documented associations between PTSD and SRB [21] without considering the role of alcohol use/problems or child abuse.

Although emerging adulthood is a period in which alcohol use/problems and SRB peak [22], and there is evidence that early child abuse may increase risk for both outcomes [6], there is a dearth of information on associations between child abuse, traumatic intrusions, alcohol problems, and SRB among male and female college students. The current study used data from a large sample of ethnically diverse male and female college students to test a path model from child physical or sexual abuse to various types of SRB that operates through traumatic intrusions and alcohol problems. Because numerous studies have suggested that alcohol use or problems may increase the likelihood of SRB [12], the authors hypothesized a directional relationship between these variables such that alcohol problems preceded SRB in the path model. To examine whether this temporal sequence best fit the data, the researchers tested two alternate models: The first specified concurrent alcohol problems and SRB, and the second specified SRB leading to alcohol problems. Because much of the research to date on child abuse and risky sexual behavior has focused on women [4–6], the authors examined whether the hypothesized path model fit the data well for both men and women.

Method

Participants

Participants were 1,169 racially diverse college students (72.9% female) at a large, public, urban Southeastern university where most of the student body (64%) is ethnic minority. More than 90% of students receive some financial aid and more than 50% receive needs-based grants or scholarships. The average age was 20.7 (standard deviation, 4.65). Of the sample, 37.6% (n = 439) were black/African-American, 33.6% (n = 393) were white, and 14.5% (n = 169) were Asian/Asian-American.

Measures

Childhood Trauma Questionnaire. The Childhood Trauma Questionnaire (CTQ) [23] is a 28-item measure of Likert-type questions designed to screen for child physical, sexual, and emotional abuse as well as physical and emotional neglect while growing up. The physical (five items) and sexual (five items) abuse subscales were the focus of the present study. A sample physical abuse item is "I got hit or beaten so badly that it was noticed by someone like a teacher, neighbor, or doctor," and a sample sexual abuse item is "Someone tried to touch me in a sexual way or tried to make me touch them." Response options range from 1 = "never true" to 5 = "very often true," and are summed to create continuous physical and sexual abuse severity scores, which were used in path analyses. Cut scores of $\geq$6 for CSA and $\geq$8 for CPA were used to estimate the prevalence of low to moderate abuse [23]. Numerous investigations attest to the reliability and validity of scores on this measure [24]. Cronbach alpha was .94