



Pathways from childhood abuse to prospective revictimization: Depression, sex to reduce negative affect, and forecasted sexual behavior[☆]

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ABSTRACT

Research suggests that adverse events in childhood, such as childhood physical, sexual, and emotional abuse, confer risk for later sexual assault. Psychological distress, coping strategies, and sexual behavior may help explain the path from childhood abuse to revictimization. The present study explored how the use of sex to regulate negative affect (SRNA) operates independently, and in combination with other psychosocial factors to increase college women's ($N=541$) risk of experiencing prospective adult sexual assault (ASA). Sequential multiple mediator models in Mplus were used to assess the effect of three different forms of childhood abuse on prospective ASA, both independently and while controlling for other forms of childhood abuse. The indirect effect of adolescent sexual assault (AdoISA), depressive symptoms, SRNA, and participants' response to a sex-related vignette was tested using bias-corrected bootstrapping. In the full path model, childhood emotional abuse and AdoISA predicted ASA, while childhood physical and sexual abuse were directly associated with AdoISA, but not ASA. Additionally, depressive symptoms and participants' estimate of their likely behavior in a sex-related vignette directly predicted prospective ASA. Results using bootstrapping revealed that a history of childhood abuse predicted prospective ASA via diverse direct and indirect paths, as well as through a similar multiple mediator path. Overall, findings suggest that a combination of affective, coping, and sexual expectancy factors contribute to risk for revictimization in adult survivors of childhood abuse. Future research directions and targets for risk-reduction programming are discussed.

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Introduction

The link between adverse childhood experiences and subsequent trauma exposure is robust, and an extensive body of research indicates that women with a history of childhood sexual abuse (CSA) are at particularly high risk for later sexual revictimization (Arata, 2002; Fortier et al., 2009; Krahe, Scheinberger-Olwig, Waizenhofer, & Kolpin, 1999; Messman-Moore & Long, 2003; Widom, Czaja, & Dutton, 2008). Results from a meta-analysis by Roodman and Clum (2001) indicate that 15–79 percent of women reporting CSA also experience adult sexual assault (ASA), and a review by Classen, Palesh, and Aggarwal (2005) found that experiencing CSA doubles or even triples a woman's risk for ASA. Other studies have indicated

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that women reporting a history of both CSA and adolescent sexual assault (AdolSA) experience adult revictimization at significantly higher rates than women without a history of both trauma types (Gidycz, Coble, Latham, & Layman, 1993; Humphrey & White, 2000). Overall, findings suggest that the effects of CSA are detrimental and cumulative, resulting in significant risk for revictimization across the lifespan.

Given the robust relationship between CSA and risk for revictimization, numerous studies have explored potential mediators in order to identify appropriate targets for risk-reduction programs (e.g., Fargo, 2009; Fortier et al., 2009; Messman-Moore & Long, 2003). Psychological distress and sexual activity are two variables that have been implicated in the path from CSA to subsequent revictimization in prior research (Classen et al., 2005; Cuevas, Finkelhor, Clifford, Ormrod, & Turner, 2010; Senn, Carey, Vanable, Coury-Doniger, & Urban, 2007). Specifically, it has been theorized that some CSA survivors engage in sexual behavior as a method of coping with distress and temporarily decreasing negative affect (e.g., Orcutt, Cooper, & Garcia, 2005), a strategy that may increase risk for subsequent victimization through engagement in risky sexual practices. Further, researchers have begun to explore the role of other traumatic childhood experiences in the revictimization phenomenon, such as childhood physical and emotional abuse (e.g., Widom et al., 2008). The present study explored how the use of sexual behavior as a coping strategy operates independently, and in combination with other psychosocial factors, to increase college women's risk for prospective sexual revictimization.

Outcomes Following Victimization: Distress and Strategies for Coping

A history of childhood abuse is associated with long-term emotional consequences, such as prolonged symptoms of distress (Arata, 2002; Harkness & Lumley, 2008; Messman-Moore & Long, 2003) and difficulty effectively responding to negative internal experiences (Cloitre, Miranda, Stovall-McClough, & Han, 2005; Gratz, Bornova, Delaney-Brumsey, Nick, & Lejuez, 2007). Specifically, previous research has documented that CSA survivors are more likely to rely on avoidant coping strategies in response to distress (Fortier et al., 2009; Rosenthal, Rasmussen Hall, Palm, Batten, & Follette, 2005). Other researchers report that diverse forms of childhood maltreatment (e.g., childhood physical abuse [CPA] and childhood emotional abuse [CEA]) result in increased reliance on avoidance-based coping (Gratz et al., 2007; Simons, Ducette, Kirby, Stahler, & Shipley, 2003).

The revictimization literature suggests that increased sexual activity and engagement in risky sexual practices (e.g., sexual encounters with poorly known partners) may represent specific forms of avoidant coping (Batten, Follette, & Aban, 2001; Classen et al., 2005; Cooper, Shapiro, & Powers, 1998). Indeed, individuals with a history of CSA report having more sexual partners, as well as more casual, non-monogamous sexual experiences relative to those without a CSA history (Briere & Elliott, 2003; Senn et al., 2007; Wilson, Asbridge, Kisely, & Langille, 2010). A dominant hypothesis is that sexual activity and risky sexual behavior represent strategies for coping with psychological distress, including distress associated with prior traumatic experiences (Briere & Elliott, 2003; Littleton, Grills-Taquechel, Buck, Rosman, & Dodd, 2013). Individuals may be motivated to engage in sexual intercourse for non-sexual goals, such as the enhancement of positive affect or reduction of negative affect (Briere & Elliott, 2003; Cooper et al., 1998; Cooper, Agocha, & Sheldon, 2000). Survivors' strategies for coping with distress likely play an important role in the pathway from childhood abuse to revictimization. Specifically, the use of sex to reduce negative affect (SRNA) may result in impaired sexual decision-making and engagement in risky sexual practices (Cooper et al., 1998; Tice, Bratslavsky, & Baumeister, 2001). Such behavior likely increases the odds of encountering a partner who coerces sex, thereby exaggerating risk for victimization.

In line with affect regulation motives for sexual behavior, Dawson, Shih, deMoor, and Shrier (2008) found that young adults report having sexual intercourse to cope with negative emotions. Further, a meta-analysis of 34 studies found support for the relation between negative affective states and sexual risk behavior (Crepaz & Mauks, 2001). Prior research has also demonstrated that engaging in SRNA is associated with having more sexual partners, including more casual partners (Orcutt et al., 2005; Patrick & Maggs, 2010; Sterk, Klein, & Elifson, 2011). Wilson et al. (2010) found that depressive symptoms independently predicted risky sexual activity in a sample of adolescents, suggesting that depressed individuals may be particularly reliant on sex-related coping. Other researchers have examined the impact of varied distress symptoms on sex-related coping and revictimization risk. Specifically, Littleton et al. (2013) found that symptoms of depression and anxiety mediated the relation between sexual assault history and use of SRNA among a sample of ethnically diverse college women. Similarly, Orcutt et al. (2005) found that psychological distress (i.e., depression, anxiety, and hostility) and use of SRNA partially mediated the relation between CSA and prospective ASA in a sample of community women.

Expanding Revictimization Risk Beyond CSA

While most revictimization research has investigated the influence of CSA, less examined is whether diverse maltreatment histories, such as childhood physical and emotional abuse, place survivors at risk for sexual assault. Existing research indicates that a history of CPA increases risk for adult sexual victimization (Cloitre, Tardiff, Marzuk, Leon, & Potera, 1996; Desai, Arias, Thompson, & Basile, 2002; Hetzel & McCanne, 2005). In a study by Hetzel and McCanne (2005), participants with a history of CPA or a history of both CPA and CSA were more likely to report ASA than those with no prior abuse or a history of CSA only. Fewer studies have examined the impact of CEA on revictimization risk, though existing research suggests that a history of emotional abuse also confers risk for adolescent and adult sexual victimization (e.g., Stermac, Reist, Addison, & Millar, 2002; Zurbriggen, Gobin, & Freyd, 2010). In fact, a growing body of research suggests that diverse forms of childhood maltreatment

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