



Childhood sexual experiences with an older partner among men who have sex with men in Buenos Aires, Argentina[☆]



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ARTICLE INFO

Article history:

Received 4 November 2012

Received in revised form 6 September 2013

Accepted 11 September 2013

Available online 25 October 2013

Keywords:

Childhood sexual experience

Childhood sexual abuse

Homosexual

Respondent driven sampling

ABSTRACT

This study sought to describe childhood sexual experiences with older partners (CSEOP) among men who have sex with men (MSM) in Buenos Aires, Argentina. MSM were recruited through respondent driven sampling. They responded to a computer administered self-interview with questions on CSEOP, operationalized as manual, oral, genital, or anal contact prior to age 13 with a partner at least 4 years older. Of the 500 respondents, only 25% identified as gay. Eighteen percent of the respondents reported CSEOP, the majority of whom did not feel they were hurt by the experience and did not consider it to be childhood sexual abuse (CSA). Over two-thirds of MSM who reported CSEOP said that their older partner was a female. Only 4% of those with a female partner felt their experience was CSA compared to 44% of those who had a male partner. Among all men reporting CSEOP, those who felt sexually abused were more likely to have been physically forced or threatened, physically hurt, and emotionally hurt than those who did not feel sexually abused. Having CSEOP, being hurt by the experiences, and perceiving the experiences as sexual abuse were not associated with current HIV sexual risk or substance use behavior. In this sample of MSM in Argentina, a substantial minority reported CSEOP. Those who felt they had been sexually abused were much more likely to have had an older male partner than an older female partner, and were more likely to report having been physically forced and threatened by their older partner.

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Introduction

Childhood sexual experiences with older partners (CSEOP) are frequently studied to identify possible correlates with behaviors, emotions, and attitudes in adulthood. Some of CSEOP can be considered childhood sexual abuse (CSA). Yet, the lack of a shared definition of the latter often hinders comparisons across studies and the drawing of definite conclusions

[☆] This research was supported by a grant from the US National Institute of Mental Health (NIMH) (R01-MH073410; Principal Investigator: Alex Carballo-Diéguez, Ph.D.). Additional support came from a grant from NIMH to the HIV Center for Clinical and Behavioral Studies at New York State Psychiatric Institute and Columbia University (P30-MH43520; Principal Investigator: Anke A. Ehrhardt, Ph.D.). The funders had no role in study design, data collection and analysis, decision to publish, or preparation of the manuscript. The content is solely the responsibility of the authors and does not necessarily represent the official views of NIMH or the National Institutes of Health.

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about its potential effects. For this study, we operationalized CSEOP as any sexual contact (manual, oral, genital, or anal) prior to age 13 with a partner who was at least four years older. This operationalization includes a subset of experiences that we labeled CSA, defined as a CSEOP in which the child felt emotionally or physically hurt (for a detailed discussion on the topic and rationale for our operationalization, see Carballo-Diéguez, Balan, Dolezal, & Mello, 2012).

Gay men have been found to be much more likely than heterosexual men to have experienced unwanted sexual encounters in childhood (27% vs. 1%; Finlinson et al., 2003) and to have had childhood sexual abuse involving penetration (22% vs. 6%; Balsam, Rothblum, & Beauchaine, 2005). Balsam et al. (2005) hypothesized that young men who appear to be gender non-conformant may be specifically targeted for sexual abuse because of their perceived sexual orientation.

Among MSM, a history of CSA has been associated with a wide range of negative outcomes in adulthood. Many of these outcomes are behaviors that may increase the risk of HIV transmission: unprotected receptive anal sex, unprotected sex with a serodiscordant partner, commercial sex trade, and injection drug use (Bartholow et al., 1994; Brennan, Hellerstedt, Ross, & Welles, 2007; Carballo-Diéguez & Dolezal, 1995; Kalichman, Gore-Felton, Benotsch, Cage, & Rompa, 2004; Mimiaga et al., 2009). In fact, HIV prevalence has been found to be higher among men reporting CSA than those who do not (Brennan et al., 2007; Kalichman et al., 2004; Lloyd & Operario, 2012). CSA among MSM has also been associated with mental health problems, such as depression, psychological distress, suicidality, eating disorders, drug use, and requiring hospitalization for mental health conditions (Balsam, Lehavot, & Beadnell, 2011; Bartholow et al., 1994; Feldman & Meyer, 2007; Mimiaga et al., 2009; Ratner et al., 2003).

The long list of negative outcomes emphasizes the serious consequences such experiences may have for children, even into adulthood. Yet, many children seem to survive CSA without developing such problems. In a meta-analysis of 59 studies, Rind, Tromovitch, and Bauserman (1998) concluded that negative consequences were not pervasive in most studies and that men, compared to women, were much less likely to report negative reactions (see also Dallam et al., 1998 and Ondersma, Chaffin, Berliner, Cordon, & Goodman, 1998, for a critique of Rind's article). Stanley, Bartholomew, and Oram (2004) examined psychological adjustment in a sample of MSM and found that men who reported experiences that were non-coercive and not perceived as abusive did not report poorer adjustment, and those who had coercive or abusive experiences did report poorer adjustment. Arreola, Neilands, Pollack, Paul, and Catania (2008) found childhood sexual experiences to be associated with depression and suicidal ideation but only among those who reported being forced. Those who felt the experiences were consensual did not differ from those who did not have childhood sexual experiences on depression and suicidality, although they did report more HIV transmission risk. Jinich et al. (1998) also found that the perception of having been coerced was associated with higher rates of sexual risk behavior.

In two studies of Latino MSM living in the United States (Carballo-Diéguez & Dolezal, 1995; Dolezal & Carballo-Diéguez, 2002), sexual risk behavior in adulthood was associated with CSEOP and was more frequent among those who were coerced, felt physically or emotionally hurt, or who felt their experiences constituted sexual abuse. In the later study, among MSM reporting CSEOP, those who perceived it as sexual abuse were younger at the time it happened and were more likely to report that they were forced, physically hurt, emotionally hurt, and/or threatened. Therefore, the study of early sexual experiences should take into consideration the characteristics of those experiences given that not all experiences are equally traumatic or coercive.

Several studies of MSM in the United States have found higher rates of CSA among Latinos, compared to non-Latino white participants (Arreola, Neilands, Pollack, Paul, & Catania, 2005; Balsam, Lehavot, Beadnell, & Circo, 2010; Doll et al., 1992; Newcomb, Munoz, & Carmona, 2009; Parsons, Bimbi, Koken, & Halkitis, 2005). However, little is known about the prevalence and severity of CSEOP or CSA among MSM in Latin American countries. A recent study of CSEOP among MSM in Brazil (Carballo-Diéguez et al., 2012) found that 29% of non-transgender participants had sexual contact prior to age 13 with a partner that was at least four years older, and 39% of those men reported that they were physically or emotionally hurt by the experience. Those with CSEOP reported more male sex partners than those who did not have childhood sexual experiences, but their rates of unprotected sex were not significantly different. Among those who had CSEOP, those who considered it to be sexual abuse had more unprotected insertive anal sex than those who did not, but the groups did not differ on frequency of unprotected receptive sex or number of male sex partners. Of note, Carballo-Diéguez et al. (2012) and Parker (1991) discussed the importance of taking into account cultural factors that may value differently insertive versus receptive anal intercourse, as well as popular childhood games, such as the *meia* or *troca-troca* played by boys in which partners are said to take turns masturbating, fellating or, most commonly, penetrating one another. Parker (1991) stated that:

“Just as older males instruct younger ones in the intricacies and techniques of lovemaking with women, and often even arrange for heterosexual initiation, in *meia* or *troca-troca*, the older males offer an initiation into homosexual practices by symbolically feminizing their partners. As one frequently cited expression puts it, *Homem, para ser homem, tem que dar primeiro* - in other words, ‘A man, in order to be a man, has to give (to take the passive role in anal intercourse) first.’” (p. 128)

Unfortunately, there is a dearth of similar cultural analysis of CSEOP conducted in other Latin American countries.

Given the insufficient information on CSEOP among MSM in Latin American countries, we explored the issue as part of a larger study designed primarily to estimate the prevalence of HIV, STIs, and sexual risk behavior among MSM in Buenos Aires, Argentina (Carballo-Diéguez et al., 2011; Pando et al., 2012). Our research questions were: (a) What is the prevalence estimate of CSEOP and CSA among MSM in Argentina? (b) What are the characteristics of those experiences? (c) Are CSEOP

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