



Brief Communication

High-risk sexual behaviors among depressed Black women with histories of intrafamilial and extrafamilial childhood sexual abuse[☆]

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Introduction

In the United States, estimates of childhood sexual abuse (CSA) histories among Black women range from 34% to 40% (Amodeo, Griffin, Fassler, Clay, & Ellis, 2006; Boynton-Jarrett, Rosenberg, Palmer, Boggs, & Wise, 2012). Sexual abuse is a robust predictor of poor psychiatric functioning (e.g., depression) (Molnar, Buka, & Kessler, 2001), high-risk sexual behaviors (e.g., unprotected sex, greater number of sexual partners, exchange of sex for money or drugs) (Arriola, Loudon, Doldren, & Fortenberry, 2005; Senn & Carey, 2010), HIV infection (Wyatt et al., 2002), and other sexually transmitted infections (STIs) (Wingood & DiClemente, 1997). Research examining links between CSA characteristics, high-risk sexual behaviors, and STIs among Black women is limited. The current study examined the hypothesis that intrafamilial perpetration of Black women's first CSA experience, compared to extrafamilial perpetration, is associated with more high-risk sexual behaviors and STIs.

Method

The current study is a secondary analysis of data from an ongoing depression treatment trial in a community mental health center. For these analyses, we examined data for Black female participants only ($n=60$). All participants were age 18 and older, had diagnoses of current major depression established through the Structured Clinical Interview for Axis I DSM-IV Disorders (Spitzer, Gibbon, & Williams, 1994), and reported CSA histories. Childhood sexual abuse was assessed with a structured clinical interview and defined as: prior to age 18, any unwanted sexual contact or any sexual contact with a family member 5 or more years older (Talbot et al., 2005; Talbot et al., 2011). Sexual contact was defined as physical

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contact of a sexual nature, ranging from fondling to sexual intercourse. The University of Rochester's Institutional Review Board approved the study protocol.

Measures

A self-report survey of sexual experiences, which included items drawn from the Trauma Symptom Inventory (Briere, Elliot, Harris, & Cotman, 1995) and the revised Conflict Tactics Scale (Straus, Hamby, Boney-McCoy, & Sugarman, 1996), assessed the frequency (never = 0, rarely = 1, sometimes = 2, often = 3) of high-risk sexual behaviors (i.e., sex with strangers, exchange of sex for money or drugs, emotionally coerced sex, sex in response to physical threats, physically forced sex) within the previous 6 months. Frequency ratings for each item were summed and divided by 5 to obtain a score that reflected the average frequency of these behaviors. Higher scores represent higher engagement in high-risk sexual behaviors. A self-report health history questionnaire, designed for the controlled trial, assessed lifetime presence or absence of STIs (e.g., herpes, human papillomavirus, chlamydia). The Characteristics of Childhood Sexual Abuse Interview (Talbot et al., 1999) were used to gather dichotomously coded data (present vs. absent) on intrafamilial and extrafamilial CSA perpetration, as well as age of first CSA experiences.

Data analytical approach

The independent variable was type of perpetrator (intrafamilial vs. extrafamilial) of patients' first-reported CSA experience. The two dependent variables were: adult high-risk sexual behaviors, and lifetime STIs. To evaluate relationships between the independent and two dependent variables, a *t*-test and chi-square test were conducted, respectively. For both analyses, $p < .05$ was considered significant.

Results

Women in the study had a mean age of 35.2 years ($SD = 11.1$). Many women were living without spouses/partners ($n = 29$, 48.3%), and most ($n = 38$, 63.3%) had children living at home. A significant portion ($n = 28$, 46.7%) were unemployed and had incomes that were less than \$10,000 per year ($n = 36$, 60%). The majority of women ($n = 42$, 70%) reported more than one major depressive episode and upon entry to the trial 27 (45%) were diagnosed with major depressive disorder, recurrent, severe without psychotic features. Current posttraumatic stress disorder was diagnosed in the majority ($n = 49$, 81.7%) of women. Most women ($n = 44$, 73.3%) reported that their first CSA experiences were perpetrated by family members and that their mean age at the time of the abuse was 8.1 years ($SD = 3.9$). Moreover, more than half ($n = 37$, 61.7%) indicated that their first sexual abuse experience involved penetration/intercourse.

Overall, 30 (50%) women reported being infected with at least one STI during their lifetimes. Of these women, seven (11.7%) reported diagnoses of HIV/AIDS. In addition, examinations of high-risk sexual behaviors demonstrated that 11 (18.3%) women reported they had sex with strangers, 15 (25%) had exchanged sex for money or drugs, and 17 (28.3%) had been emotionally coerced to engage in sexual intercourse within the prior 6 months. Women who reported intrafamilial perpetration of CSA had more high-risk sexual behaviors within the previous 6 months ($M = 2.23$, $SD = 2.92$) than women with extrafamilial CSA histories ($M = .80$, $SD = .94$), $t(57) = 2.84$, $p = .006$. However, the association between the type of CSA perpetrator (intrafamilial vs. extrafamilial) and STI histories, $\chi^2(59) = 3.12$, $p = .20$, was not significant.

Discussion

Black women's sexual health is of significant public health importance, in part due to their disproportionate risk of contracting HIV as compared to White women (Centers for Disease Control and Prevention, 2008). In this study, we examined associations between intrafamilial perpetration of Black women's first reported CSA experience, high-risk sexual behaviors, and lifetime STIs. We explored these associations in a sample of clinically depressed Black women. Previous research has shown that depression is a risk factor for high-risk sexual behaviors (Hutton, Lyketos, Zenilman, Thompson, & Erbeling, 2004; Khan et al., 2009). We found that Black women who reported intrafamilial perpetration of CSA had engaged in more high-risk sexual behaviors (e.g., sex with strangers, exchange of sex for money or drugs) than women with extrafamilial perpetration histories. However, our results did not demonstrate stronger associations between intrafamilial CSA perpetration, compared to extrafamilial perpetration, and STIs.

Attachment theory provides a conceptual framework for understanding the association between intrafamilial abuse perpetration and sexual functioning (Bowlby, 1988). The theory suggests that when threatened or distressed, children seek protection and care from their parents or caregivers. Parents' availability and responsiveness shape children's perception of their importance and worth. When attachment figures are responsible for perpetrating abuse, competing desires to flee from and seek proximity to these figures compromises children's abilities to fully organize and competently respond to harmful or risky situations (Main & Solomon, 1990). Bowlby (1988) also theorized that children develop enduring internal working models, i.e., representations of the self, others, and relationships. These models are shaped by the nature of early attachment experiences (Ainsworth, Blehar, Waters, & Wall, 1978; Main & Solomon, 1990) and influence adult relationship

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