

Examining Links between Sexual Risk Behaviors and Dating Violence Involvement as a Function of Sexual Orientation

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ABSTRACT

Study Objective: To examine the association between dating violence perpetration and victimization and sexually risky behaviors among sexual minority and heterosexual adolescent girls.

Design: Adolescent girls reported on sexual orientation, sexual behaviors, and risk-taking, and their use of, and experience with, dating violence in the past year. Data were analyzed using multinomial regression adjusted for race, poverty, living in a single parent household, and gender of current partner to examine (1) whether sexual minority status was associated with sexual risk behaviors after socio-demographic correlates of sexual risk were controlled; and (2) whether dating violence context accounted for elevated risk.

Setting: Urban, population-based sample of girls interviewed in the home.

Participants: 1,647 adolescent girls (38% European American, 57% African American, and 5% other) aged 17 years. Over one-third of the sample lived in poverty.

Interventions: None.

Main Outcome Measure: Sexual risk-taking.

Results: Sexual minority status differentiated girls engaging in high sexual risk-taking from those reporting none, after controlling for sociodemographic and relationship characteristics. Dating violence perpetration and victimization made unique additional contributions to this model and did not account for the elevated risk conferred by sexual minority status.

Conclusions: Sexual minority girls (SMGs) were more likely than heterosexual girls to report high sexual risk-taking and teen dating violence victimization. As with heterosexual girls, sexual risk-taking among SMGs was compounded by dating violence, which was not explained by partner gender. Adolescent girls' risky sexual behavior may be reduced by interventions for teen dating violence regardless of sexual minority status.

Key Words: Minority health, Sexual behavior, Female, Adolescent, Dating violence

Introduction

Evidence over the past decade has shown that gay/lesbian and bisexual adolescents are at heightened risk for contracting HIV and other sexually transmitted infections (STIs). Compared with their heterosexual peers, sexual minority youth are more likely to initiate sexual intercourse at a younger age,^{1,2} report a greater number of lifetime and recent sexual partners,³ and are more likely to engage in unprotected sexual intercourse.^{1,4} Data also show that sexual minority girls (SMG; girls who report same-sex romantic or sexual attraction, same-sex sexual behavior, and/or same-sex sexual orientation identity) are as, or more likely, than their heterosexual peers to report other-gender sexual experiences,^{5,6} and are more likely to have contracted an STI^{7,8} or to become pregnant.⁹ One hypothesis for the elevated rates of high risk sexual behaviors is that SMGs experience high levels of victimization experiences, stigma, and sexual coercion,^{8,10–14} in the context of limited social support.¹⁵

Results are mixed as to whether SMGs are at increased risk for victimization within dating or romantic relationships. For example, in a nationally representative sample, the prevalence of violent victimization among adolescent girls in same-sex relationships was 13.1%,¹⁶ a rate that did not differ from reports of girls in heterosexual relationships.¹⁷ Research on older adolescents also reported no difference in rates of dating victimization between sexual minority and heterosexual groups.¹⁸ In contrast, rates of physical abuse of adult sexual minority women range from 12% to 73%.^{19–22} Although variations in sampling, definitions, and measures of partner violence make comparisons across studies difficult,^{23–25} evidence from adult samples typically shows that sexual minority groups are vulnerable to experiencing intimate partner violence,^{19,22,26,27} even when it is not recognized as such by the victim.²⁸

Research on heterosexual couples has shown that adolescent girls report high levels of aggression perpetration in dating relationships²⁹ and that mutual aggression is common during this developmental period.^{30–32} Data also show that involvement in dating violence is associated with risky sexual behaviors in adolescent samples.^{33,34} With few exceptions,¹¹ little is known about the extent of dating violence perpetration by SMGs, or whether the use of, or

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experience with, violence within their dating relationship is associated with elevated sexual risk behaviors.

Most research to date has been limited to comparisons of the prevalence of sexual risk behaviors and associated health needs of sexual minority and heterosexual youth, and sociodemographic covariates or other risk factors that may account for high levels of sexual risk are frequently absent. Yet evidence shows that poverty, single-parent households, and African American race are each associated with younger age at coitarche, teenage pregnancy, and sexual health risks.^{35–38} Although many studies of sexual minority youth do not describe the racial distribution of the sample,³⁹ there is some limited evidence that European American sexual minority women are at higher risk than other racial groups for contracting STIs.⁴⁰ Nevertheless, it remains unclear whether female sexual minority status is uniquely associated with sexual risk once sociodemographic factors are accounted for.

In the current study we examine the association between sexual minority status and sexual risk-taking in a racially diverse, urban-living sample of adolescent girls. Based on separate bodies of research linking a) sexual minority status with victimization experiences; and b) dating violence with sexual risk, we hypothesized that dating violence involvement would be higher for SMGs than for heterosexual girls after controlling for sociodemographic characteristics, and that teen dating violence (TDV) would account for elevated rates of sexual risk-taking among SMGs. However, given the lack of information on the inter-relationships among these variables, we also tested whether TDV operated as a moderator of the SMG and risky sex relationship.

Materials and Methods

Sample

The current analyses use data from the Pittsburgh Girls Study (PGS), a longitudinal study of the development of mental health problems and substance use in young girls. In assessment wave 1, the sample comprised 2,451 girls in 4 age cohorts (5, 6, 7, and 8 y) recruited into a prospective study following the enumeration of 103,238 City households in 1999. In the enumeration process, all households in the poorest third of City neighborhoods, and 50% of the households in the remaining neighborhoods were sampled.^{41,42} Sample retention rates over the course of the PGS study have been high, and 85.6% of the original sample ($N = 2,120$) was retained in wave 11.

Questions about sexual identity were introduced into the assessment battery beginning at age 16 years. Due to the accelerated cohort design of the PGS, these questions were thus administered to the oldest age cohort in wave 9 (2008–2009), to the 2 oldest cohorts in wave 10 (2009–2010), and to the 3 oldest cohorts in assessment wave 11 (2010–2011). In order to maximize the sample size, wave 11 data, based on 3 of the 4 cohorts of girls ($N = 1,647$), were used in the current analyses. Within this sample of girls, 37.9% girls were European American, 57.2% African American, and 4.9% multiracial or another race. Approximately half of the girls (50.3%) lived with a single parent, and 39.3% lived in poverty

(i.e. a household receiving public assistance such as food stamps or Medicaid). The mean age of the girls in wave 11 was 17.3 years ($SD = 1.26$).

Measures

Sexual Identity

In response to the question, “Do you consider yourself to be: heterosexual or straight, gay or lesbian, or bisexual?” 125 girls (7.6%) self-identified as bisexual, 27 (1.6%) as gay or lesbian, and 1495 (90.8%) as heterosexual or straight. Due to the small size of the gay or lesbian group, these individuals were combined with bisexual group to comprise a sexual minority group.

Sexual Behaviors and Sexual Risk-taking

Sexual behaviors and sexual risk-taking were assessed beginning at age 11 years using girls' reports on the Adolescent Sexual Activity Index,⁴³ which was adapted to use a ‘past year’ timeframe. The 12 items assessed the presence or absence of pre-sexual and sexual behaviors. Girls reported on whether they had had sex with a boy or a girl in the past year, on the number of sexual partners, and whether they had had sex under the influence of alcohol, marijuana, opioids, stimulants, sedatives, hallucinogens, cocaine, or another substance (e.g. ‘In the past year, how often have you had anonymous, unplanned, or unprotected sex when you were drinking or drunk?’). The frequency of use of barrier methods of birth control, whether or not they had been pregnant, and whether they had been diagnosed with or treated for an STI in the past year, were also assessed. Girls reporting no sexual activity in the past year were coded as not engaging in sexual risk-taking. Following prior research,⁴⁴ a sexual risk index was created from 6 dichotomized items: (1) had sex with 2 or more partners in the past year; (2) did not ‘always’ use barrier birth control; (3) had been pregnant; (4) had contracted an STI; (5) coitarche by age 14 years; (6) sex under the influence. As the index was positively skewed for both heterosexual and sexual minority girls, it was collapsed into none (76.2%), moderate (13.8%), and high risk (10%) groups.

Dating and Dating Violence

All research participants were asked ‘Do you currently have a romantic partner?’ If the girl responded ‘yes’ then she was asked, ‘How long have you been in this relationship?’, ‘Is your current partner a boy or a girl?’ and was also administered the physical assault (minor) subscale of the Revised Conflict Tactics Scale.⁴⁵ The items from this measure (e.g. ‘While arguing, I threw something at my partner’) were worded to assess first perpetration, and then victimization, of physical aggression during the past year. The frequency of each behavior was rated on a 7-point scale (1 = never to 7 = more than 20 times). Because the score distribution was highly skewed for both heterosexual and sexual minority girls, the variables were reduced to binary variables denoting none vs any physical violence for both perpetration and victimization.

Procedure

Approval for all study procedures was obtained from the University of Pittsburgh Institutional Review Board. Written

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