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Childhood sexual abuse in males and subsequent risky sexual behavior: A potential alcohol-use pathway[☆]

Trevor J. Schraufnagel^{a,*}, Kelly Cue Davis^b, William H. George^a, Jeanette Norris^c

^a Department of Psychology, University of Washington, Box 351525, Seattle, WA 98195, USA

^b School of Social Work, University of Washington, Seattle, WA, USA

^c Alcohol and Drug Abuse Institute, University of Washington, Seattle, WA, USA

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ABSTRACT

Objective: Childhood sexual abuse (CSA) among boys has been associated with a variety of subsequent maladaptive behaviors. This study explored a potential connection between CSA and an increased likelihood of risky sexual behavior in adulthood. Further, the study examined whether or not alcohol use may contribute to this relationship.

Method: As part of a study on alcohol and sexual decision-making, 280 heterosexual men completed multiple background questionnaires pertaining to past and current sexual experiences and patterns of alcohol use. CSA history was obtained and severity ratings were made based on type of contact reported.

Results: CSA was reported by 56 men (20%). Structural equation modeling revealed that CSA positively predicted number of sexual partners directly as well as indirectly, through its effect on alcohol use. Specifically, greater CSA severity predicted significantly lower age of first intoxication, which in turn predicted greater current alcohol consumption, followed by greater use of alcohol before sexual intercourse, leading to an increased number of reported sexual partners. The reported frequency of condom use was not predicted by CSA severity or the alcohol-use pathway.

Conclusions: These findings suggest that CSA influences risky sexual behavior via multiple pathways and that more severe CSA may lead to elevated sexual risk indices. Moreover, these results suggest that men may elevate their risk of sexually transmitted infections via high numbers of sexual partners versus irregular condom use.

Practical implications: These results highlight the need for adequate assessment and early interventions in order to mitigate the effects CSA may have on subsequent alcohol use and risky sexual behavior. Secondly, ensuring that male CSA victims understand the inherent risks of high numbers of sexual partners may be an effective strategy to interrupt the path toward risk-taking.

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Introduction

Childhood sexual abuse (CSA) among males is not uncommon. Until recently, accurate prevalence rates have remained elusive—apparently because rates of abuse among boys have been masked by particularly low rates of abuse disclosure. Current estimates are that roughly 14% of males are sexually abused during childhood (Briere & Elliott, 2003). Unfortunately, this percentage may also be an underestimate due to continued low rates of disclosure.

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* Corresponding author.

While less robust than the research literature using female samples, there is ample evidence that male CSA is associated with a broad spectrum of detrimental sequelae (Holmes & Slap, 1998; Romano & De Luca, 2001). Increased alcohol consumption and elevated rates of sexual risk-taking have both been observed among various populations of male survivors of CSA (Dilorio, Hartwell, & Hansen, 2002; Hamburger, Leeb, & Swahn, 2008; Paul, Catania, Pollack, & Stall, 2001). Additionally, increased alcohol consumption has independently and convincingly been associated with increased risky sexual decision-making (Cooper, 2002; George & Stoner, 2000). These two lines of independent but intersecting research findings—that CSA is associated with alcohol use and sexual risk-taking and that alcohol use is related to sexual risk-taking—suggest that alcohol is an important component in the path between CSA and subsequent sexual risk-taking. Using survey methodology, the current study investigated these possible linkages among CSA, alcohol use, and sexual risk-taking in a sample of adult heterosexual men from the community.

Childhood sexual abuse and risky sexual practices

Multiple studies indicate a positive association between CSA and risky sexual practices (e.g., elevated number of sexual partners and unprotected intercourse) among adolescent and adult males (for a review, please see Purcell, Malow, Dolezal, & Carballo-Diequez, 2004). CSA experiences seem to influence sexual risk-taking in an early and ongoing fashion. Studies have associated CSA with early consensual sexual initiation (Wilsnack, Vogeltanz, Klassen, & Harris, 1997) with one study reporting that male CSA survivors were younger at onset of sexual intercourse than female CSA survivors (Chandy, Blum, & Resnick, 1996). Among adolescent male survivors of CSA, elevated rates have been observed for number of sexual partners (Saewyc, Magee, & Pettingell, 2004) and inconsistent condom use (Brown, Lourie, Zlotnick, & Cohn, 2000). Among adult survivors, in addition to a greater number of sexual partners and inconsistent condom use (Bartholow et al., 1994; Dilorio et al., 2002; Holmes & Slap, 1998), CSA has also been associated with exchanging sex for drugs or money (e.g., Van Dorn et al., 2005), and using alcohol prior to or during sex (e.g., Senn, Carey, Vanable, Coury-Doniger, & Urban, 2006). Among both adolescent and adult male survivors, elevated rates of sexually transmitted infections (STIs) have been observed (Futterman, Hein, Reuben, Dell, & Shaffer, 1993; Holmes & Slap, 1998; Paul et al., 2001).

Published findings linking male CSA with sexual risk-taking have largely been based on samples drawn from populations with high STI risk indices (e.g., men who have sex with men [MSM], homeless populations, STI clinic patients). As such, it is not clear if these results generalize across all male survivors of CSA. The present study addressed this gap by investigating these relationships in a community sample of heterosexual men.

Childhood sexual abuse and alcohol use

To date, Purcell et al. (2004) have suggested the only conceptual model tailored specifically for males to explain the link between CSA and subsequent risky sexual behavior. The model they proposed suggests that CSA exerts influence on the distal outcome (HIV-risk behavior) indirectly through its effect on more proximal outcomes that may serve as mediating variables. One of the proposed paths to risk-taking is through the use of substances, including alcohol. Alcohol use is a particularly important path to investigate given that some studies suggest that alcohol use among survivors of CSA may be of particular concern among males (e.g., Garnefski & Arends, 1998).

CSA in boys has been linked to increased and maladaptive alcohol use (Dilorio et al., 2002; Dube et al., 2005; Garnefski & Arends, 1998; Hamburger et al., 2008; Nagy, Adcock, & Nagy, 1994; Senn et al., 2006; Wolfe, Francis, & Straatman, 2006). CSA may affect a person's drinking behavior beginning early in life. In a study of abused and non-abused boys aged 12–19, Garnefski and Arends noted that abused boys reported drinking nearly 3 times the amount of alcohol consumed by their non-abused counterparts. More recently, in an epidemiological study of survivors of childhood maltreatment, Hamburger et al. found that among male middle school and high school students, CSA was positively associated with preteen alcohol use. Further, the authors also reported that, when compared to those without a history of sexual abuse, these male survivors of CSA were 2.5 times more likely to report binge drinking (defined as consuming five or more drinks in a row).

While both male and female victims of CSA have shown elevated drinking levels, maladaptive adolescent drinking among CSA survivors may pose a unique risk for males. In 1996 a group of researchers reported that while female survivors of CSA reported consuming alcohol more frequently than male CSA survivors, the males were more likely than sexually abused females to consume five or more drinks during one episode and to drink before or during school (Chandy et al., 1996). Similarly, Garnefski and Arends (1998) reported a gender interaction such that both male and female survivors of CSA drank more than those without a history of CSA, but that the difference between the groups was significantly larger among males.

In addition to early drinking initiation and binge drinking early in life, CSA has been linked to increased alcohol consumption and related problems for men in mid-life as well. Dilorio et al. (2002), in a study of men ranging in age from 18 to 70 (mean age of 32), reported that men who experienced unwanted sexual activity during childhood were significantly more likely to report alcohol-related problems than men without histories of CSA. Using a population drawn from a managed care system in Southern California, a study of almost 8,000 men (mean age of 56) reported that men with a history of CSA had increased odds of reporting problems with alcohol. Further, the authors reported that victims of abuse that included intercourse were at increased odds of reporting problems with alcohol compared to men whose abuse experiences were limited to non-intercourse activities (Dube et al., 2005). This is in line with prior research that has linked increased

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