



Research article

Sex and sexual orientation disparities in adverse childhood experiences and early age at sexual debut in the United States: Results from a nationally representative sample[☆]



Monique J. Brown^{a,*}, Saba W. Masho^b, Robert A. Perera^c, Briana Mezuk^{b,d,e}, Steven A. Cohen^b

^a College of Behavioral and Community Sciences, University of South Florida, Tampa, FL, USA

^b Department of Family Medicine and Population Health, Division of Epidemiology, Virginia Commonwealth University School of Medicine, Richmond, VA, USA

^c Department of Biostatistics, Virginia Commonwealth University School of Medicine, Richmond, VA, USA

^d Virginia Institute for Psychiatric and Behavioral Genetics, Virginia Commonwealth University School of Medicine, Richmond, VA, USA

^e Research Center for Group Dynamics, Institute for Social Research, University of Michigan, Ann Arbor, MI, USA

ARTICLE INFO

Article history:

Received 22 November 2014

Received in revised form 21 February 2015

Accepted 27 February 2015

Available online 21 March 2015

Keywords:

Adverse childhood experiences

Sexual debut

Sexual minority

MSM

Bisexual

Heterosexual

ABSTRACT

Adverse childhood experiences (ACEs) have been linked to early sexual debut, which has been found to be associated with multiple adverse health outcomes. Sexual minorities and men tend to have earlier sexual debut compared to heterosexual populations and women, respectively. However, studies examining the association between ACEs and early sexual debut among men and sexual minorities are lacking. The aim of this study was to examine the sex and sexual orientation disparities in the association between ACEs and age at sexual debut. Data were obtained from Wave 2 of the National Epidemiologic Survey on Alcohol and Related Conditions. Logistic and linear regression model were used to obtain crude and adjusted estimates and 95% confidence intervals adjusting for age, race/ethnicity, income, education, insurance and marital status for the association between ACEs (neglect, physical/psychological abuse, sexual abuse, parental violence, and parental incarceration and psychopathology) and early sexual debut. Analyses were stratified by sex and sexual orientation. Larger effect estimates depicting the association between ACEs and sexual debut were seen for women compared to men, and among sexual minorities, particularly among men who have sex with men (MSM) and women who have sex with women (WSW), compared to heterosexuals. Sexual health education programs with a focus on delaying sexual debut among children and adolescents should also consider addressing ACEs, such as neglect, physical, psychological and sexual abuse, witnessing parental violence, and parental incarceration and psychopathology. Public health practitioners, researchers and sexual health education curriculum coordinators should consider these differences by sex and sexual orientation when designing these programs.

© 2015 Elsevier Ltd. All rights reserved.

[☆] The National Epidemiologic Survey on Alcohol and Related Conditions was funded by the National Institute on Alcohol Abuse and Alcoholism with support from the National Institute on Drug Abuse. The funding sources had no involvement in the design, or analysis of the study or manuscript preparation.

* Corresponding author at: College of Behavioral and Community Sciences, 13301 Bruce B. Downs Blvd, MHC 2503, Tampa, FL 33612, USA.

Introduction

Adverse Childhood Experiences

Adverse childhood experiences (ACEs) are a particular set of negative childhood exposures, for example, emotional, physical, or sexual abuse, witnessing violence among household members, losing a parent due to death or divorce, or household mental illness, substance abuse or criminal behavior (Anda, Butchart, Felitti, & Brown, 2010; Centers for Disease Control and Prevention (CDC), 2010). ACEs pose a major public health challenge in the United States (Anda et al., 2010; Brown, Thacker, & Cohen, 2013). Recent estimates show that six in ten people in the general population have been exposed to at least one adverse childhood event (Brown et al., 2013), and 8.7% have reported five or more ACEs (Centers for Disease Control and Prevention (CDC), 2010). ACEs have been linked to suicide attempts (Dube, Felitti, Dong, Giles, & Anda, 2003; Felitti et al., 1998; Friestad, Ase-Bente, & Kjelsberg, 2014; Hung, Caine, Fan, Huang, & Chen, 2013; Van Niel, Pachter, Wade, Felitti, & Stein, 2014), using illicit drugs (Felitti et al., 1998; Friestad et al., 2014; Van Niel, Pachter, Wade, Felitti, & Stein, 2014), smoking (Bellis, Hughes, Leckenby, Perkins, & Lowey, 2014; Felitti et al., 1998; Van Niel et al., 2014), having multiple sex partners (Dube et al., 2003; Felitti et al., 1998), and have also been linked to depression in late-life (Ritchie et al., 2009).

Adverse Childhood Experiences and Sexual Health

ACEs have been shown to be associated with sexual debut in early adolescence compared to later adolescence or as an adult (Hillis, Anda, Felitti, & Marchbanks, 2001). The number of adverse events was also associated with first sex by age 15 among women (Hillis et al., 2001). Sexual abuse (Lin, Li, Fang, & Lin, 2011) and physical abuse (Richter et al., 2014) during childhood have also been linked to early sexual debut. The sexual risk behaviors of individuals who have been exposed to ACEs, such as early sexual debut, may represent attempts to obtain close interpersonal connections (Hillis et al., 2001). One study found that adolescents who reported age at sexual debut at 15 years or younger were also more likely to report worse relationships with their mothers compared to other adolescents (Price & Hyde, 2011).

Early age at sexual debut has also been found to be associated with multiple adverse health outcomes including reproductive health well beyond adolescence. The median age at sexual debut in the United States overall is 17.4 years, 17.2 among women and 17.6 years among men (Finer, 2007). However, of all adolescents, 6.2% report having had sexual intercourse before age 13 years, 9.0% of boys and 3.4% of girls (Eaton et al., 2012). Sexual debut before age 15 is associated with multiple unintended pregnancies (Magnusson, Masho, & Lapane, 2011) and inconsistent contraceptive use (Magnusson, Masho, & Lapane, 2012). Among adolescents who reported early sexual debut, higher proportions of respondents reported two or more sex partners in the past three months, using alcohol/drugs at last sexual intercourse, not using condom at last sexual intercourse, to ever be pregnant or cause pregnancy, to ever be forced to have sex and to be involved in physical intimate partner violence in the past year (Kaplan, Jones, Olson, & Yunzal-Butler, 2013). Among men who have sex with men, sexual debut before age 16 was associated with exchanging sex for drugs or money, marijuana use, emotional and psychological problems associated with substance use, and suicide attempts (Outlaw et al., 2011). Early sexual debut has also been found to be associated with condom non-use among both male and female adolescents (Kim & Lee, 2012).

Sexual Minorities and Age at Sexual Debut

Some populations have been identified to be “high-risk” for early sexual initiation. For example, sexual minorities tend to have earlier sexual debut compared to heterosexual populations (Tornello, Riskind, & Patterson, 2013; van Griensven et al., 2004). Males who identify as homosexual or bisexual have an earlier mean age of sexual debut compared to males who identify as heterosexual (van Griensven et al., 2004). Bisexual and lesbian women also report being younger at heterosexual debut, having multiple sexual partners, and were more likely to report sexual abuse by a male partner compared to heterosexual women (Tornello et al., 2013). However, bisexual women reported the earliest sexual debut compared to homosexual and heterosexual women (Tornello et al., 2013).

Sexual Orientation and Adverse Childhood Experiences

Data from both community and national probability samples suggest an association between sexual orientation and exposure to ACEs (Andersen & Blossnich, 2013; McLaughlin, Hatzenbuehler, Xuan, & Conron, 2012; Zietsch et al., 2012). For example, research using a United States population-based sample showed that sexual minorities (gay/lesbian and bisexual respondents) had higher rates of ACEs and higher odds of experiencing multiple ACEs compared to heterosexuals (Andersen & Blossnich, 2013). Childhood sexual abuse and risky family environment, which included witnessing parental violence, relationship strain between respondent and one or both parents, or living with a problem drinker in the household, were significantly associated with identifying as a sexual minority in a community sample (Zietsch et al., 2012). In this sample, women who identified as a sexual minority tended to have fewer close friends, younger fathers, higher rates of physical abuse compared to heterosexual women. However, this association was not observed in men (Zietsch et al., 2012). Nevertheless,

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات