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Sensation seeking and risk-taking propensity as mediators in the relationship between childhood abuse and HIV-related risk behavior^{☆,☆☆}

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Abstract

Objectives: Although a wealth of literature suggests that childhood physical, emotional, and sexual abuse are related to later-life HIV-related risk behaviors, few studies have explored disinhibition (e.g., impulsivity, risk-taking propensity, and sensation-seeking) as a risk factor in this relationship.

Method: This cross-sectional study examined impulsivity, risk-taking propensity, and sensation seeking as mediators in the relationship between abuse history and engagement in HIV-related risk behaviors among a sample of 96 inner-city African American adolescents.

Results: Findings indicated that abuse history was positively related to self-reported engagement in HIV-related risk behaviors ($B = .027$, $SE = .008$, $\beta = .32$, $sr^2 = .105$, $p = .001$), as well as risk-taking propensity ($B = .35$, $SE = .11$, $\beta = .30$, $sr^2 = .090$, $p = .003$) and sensation seeking ($B = .17$, $SE = .05$, $\beta = .35$, $sr^2 = .124$, $p = .0004$). Abuse history was not related to impulsivity. Further, while sensation-seeking and risk-taking propensity (to a lesser extent) mediated this relationship, impulsivity did not.

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Conclusions: These findings provide an initial step in the examination of the mechanisms underlying the relationship between childhood abuse and engagement in HIV-related risk behaviors.

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Childhood abuse across emotional, physical, and sexual domains can be devastating to the victims, their families, and society at large. Negative consequences include, but are not limited to, interpersonal relationship problems, post-traumatic stress disorder, severe depression, deliberate self-injury, and suicide (see Fergusson, Lynskey, & Horwood, 1996 for a review). Beyond these psychopathology-related consequences, childhood abuse has been consistently found to predict the increased likelihood of behaviors that increase risk for HIV both directly (e.g., risky sexual behavior) and indirectly (e.g., alcohol and drug use).

Research linking child abuse with later risk behaviors has focused largely on childhood *sexual* abuse, with studies indicating that sexually abused individuals are at an increased risk of later engagement in risky sexual behavior (such as multiple short-term sexual encounters; exchange of sex for money, drugs, or shelter; and unprotected sex), as well as substance use (e.g., Paolucci, Genuis, & Violato, 2001). However, sexual abuse rarely takes place as an isolated event and instead typically occurs within a broader social context of multiple adversities, including other forms of abuse such as emotional and physical (e.g., Dubo, Zanarini, Lewis, & Williams, 1997). Moreover, preliminary evidence indicates that physical and emotional abuse uniquely contribute to HIV-related risk behaviors (e.g., Medrano, Hatch, Zule, & Desmond, 2003). Taken together, this literature indicates the importance of simultaneously considering the role of multiple types of abuse in subsequent engagement in HIV-related risk behavior.

Despite these consistent findings, only a handful of studies have examined the mechanisms underlying the association between various forms of childhood abuse and HIV-related risk behavior. This limitation is noteworthy and unfortunate, as understanding the mechanisms of risk processes is likely to facilitate the development of prevention efforts and innovative treatments for those who have been victimized. Cross-sectional studies suggest that childhood trauma is most likely to occur in poverty-stricken, predominantly minority communities where illicit drugs are highly available (e.g., Garbarino & Kostelny, 1992). In turn, behaviors such as heavy drug use, exchange of sex for drugs or money, and frequent sexual contact within a population at an elevated risk for seropositivity (i.e., IV drug users) are widespread within these communities (Substance Abuse and Mental Health Services Administration, 2003). Although these environmental variables may account somewhat for the association of childhood trauma and HIV-related risk behavior, many individuals within at-risk communities do not engage in HIV-related risk behavior, suggesting that other variables are involved. Thus, research in this area would benefit from an expanded perspective, including a focus on individual difference variables that may moderate the likelihood of engagement in HIV-related risk behaviors.

A potential unifying mechanism in the relationship between childhood trauma and HIV-related risk behaviors is disinhibition, with variables such as impulsivity, sensation-seeking, and risk-taking propensity often falling under this larger construct (Lejuez, Aklin, Bornovalova, & Moolchan, 2005). Indeed, disinhibition has been linked independently to both childhood victimization (Brodsky et al., 2001) and HIV-related risk behaviors (Donohew et al., 2000). Moreover, multiple disorders in the DSM-IV that are linked to childhood victimization include impulsivity and risk-taking within the diagnostic criteria (e.g.,

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