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Gender differences in pathways from child physical and sexual abuse to adolescent risky sexual behavior among high-risk youth

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ABSTRACT

This study investigated gender differences in the roles of internalizing and externalizing symptoms and substance use as pathways linking child physical and sexual abuse to risky sexual behavior among youth at risk of maltreatment. Path analysis was performed with 862 adolescents drawn from Longitudinal Studies of Child Abuse and Neglect. Four waves of data collected in the United States were used: childhood physical and sexual abuse experiences (from ages 0–12) were assessed by Child Protective Services reports, internalizing and externalizing symptoms were measured at age 14, substance use was measured at age 16, and risky sexual behavior was measured at age 18. Physical abuse was directly associated with risky sexual behavior in boys but not girls. For girls, physical abuse had a significant indirect effect on risky sexual behavior via externalizing symptoms. Gender-focused preventive intervention strategies may be effective in reducing risky sexual behavior among at-risk adolescents.

Adolescent risky sexual behavior represents a serious public health concern that jeopardizes health and well-being. Risky sexual behaviors (e.g., sex with multiple partners, lack of condom use) adversely affect health outcomes, such as sexually transmitted diseases (STDs) and unintended pregnancy (Eng & Butler, 1997; Santelli, Lindberg, Finer, & Singh, 2007). In 2015, individuals aged 15 to 24 accounted for nearly half of new STD and one quarter of new HIV diagnoses (Centers for Disease Control and Prevention [CDC], 2016a, 2016b). Substantial evidence suggests that child physical and sexual abuse contribute to risky sexual behavior in adolescence (Arriola, Loudon, Doldren, & Fortenberry, 2005; Black et al., 2009; Jones et al., 2010; Negriff, Schneiderman, & Trickett, 2015; Walsh, Latzman, & Latzman, 2014). Adolescents who were sexually abused in childhood are at greater risk for early sexual initiation, sex with multiple partners, sex under the influence, sex with uncommitted partners, and unprotected sex (Brown, Lourie, Zlotnick, & Cohn, 2000; Howard & Wang, 2005; Jones et al., 2013). Child physical abuse has also been associated with later risky sexual behavior, such as sex with uncommitted partners, impulsive sexual behavior, and risky anal sex during adolescence and young adulthood (Negriff et al., 2015; Walsh et al., 2014). Identifying mechanisms connecting these relations is critical for developing effective prevention and intervention strategies to address adolescent sexual risk behaviors and associated negative outcomes, particularly in high risk populations.

Although a robust body of literature connects child physical and sexual abuse with risky sexual behavior, the mechanisms underlying this connection are unclear. Childhood internalizing and externalizing symptoms and adolescent substance use are three potential mediators that have a solid theoretical and empirical base. The developmental traumatology model proposes that maltreatment-related stress can lead to biological changes in stress response systems which in turn may increase problems of behavioral

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disinhibition (e.g., externalizing symptoms) and difficulties with negative emotions or coping with stressful situations (e.g., directing feelings inward; internalizing symptoms) (De Bellis, 2002). Risky sexual behavior may be used as a coping tool to gain affection and rewards following sexual abuse, or to relieve negative emotions resulting from abuse (Littleton, Grills-Taquechel, Buck, Rosman, & Dodd, 2013; Messman-Moore, Walsh, & DiLillo, 2010; Orcutt, Cooper, & Garcia, 2005). Similarly, the risk for substance use can increase when adolescents experience difficulties controlling their behavior or seek to reduce unpleasant internalizing symptoms (De Bellis, 2002). In line with this, self-medication theory (Khantzian, 1997) suggests that individuals may use substances, such as alcohol and drugs, in order to self-medicate and compensate for trauma-related emotional disturbances. Substance use may also lead to risky sexual behavior by decreasing inhibition control (Oshri, Tubman, & Burnette, 2012). According to the alcohol myopia theory (Steele & Josephs, 1990), alcohol may increase the likelihood of engaging in risky sexual behavior by restricting one's perception and attention; as a result, intoxicated people with these diminished capacities disproportionately focus on the salient, impelling (e.g., sexual arousal) rather than the peripheral, inhibiting (e.g., risk for STDs) aspects of a situation. The work of Miller (1999) complements and extends these models to connect substance use to sexual risk behavior, suggesting a sequential effect –that is, that psychological distancing and substance use associated with the emotional behavioral effects of maltreatment may then lead to sexual risk behavior.

Although theory suggests that child psychopathology may link physical and sexual abuse to risky sexual behavior, few empirical studies have tested internalizing and externalizing symptoms as intervening variables. Existing studies focus mostly on trauma symptoms (i.e., post-traumatic stress, depression, anxiety, dissociation, and anger) – a related, yet narrower, construct to internalizing and externalizing psychopathology (Black et al., 2009; Thompson et al., 2017; Walsh et al., 2014). In a study using the Longitudinal Studies on Child Abuse and Neglect (LONGSCAN) dataset, trauma symptoms mediated the relation between sexual and physical abuse and adolescent sexual intercourse (Black et al., 2009). In an analysis of the same data, Thompson et al. (2017) found that trauma symptoms mediated the relation between sexual abuse and unprotected sex. However, trauma symptoms were unrelated to having multiple sexual partners (i.e., ≥ 4) and did not mediate the effects of physical abuse on unprotected sex or multiple partners (Thompson et al., 2017). In a sample of college students, traumatic intrusions mediated the effects of physical and sexual abuse on sex with uncommitted partners but not on other risky sexual behaviors (e.g., impulsive sexual behavior, risky anal sex) (Walsh et al., 2014).

Numerous studies have linked child physical and sexual abuse to adolescent substance use (Tonmyr, Thornton, Draca, & Wekerle, 2010; Yoon, Kobulsky, Yoon, & Kim, 2017) and adolescent substance use to risky sexual behavior (Tapert, Aarons, Sedlar, & Brown, 2001). However, few studies to date have examined substance use as a mediating variable in the association between child physical/sexual abuse and adolescent risky sexual behavior, with mixed findings. In a clinical sample of adolescents, alcohol and drug abuse/dependence symptoms were found to mediate the relation between sexual abuse and risky sexual behavior (Oshri et al., 2012). Similarly, alcohol problems mediated the relations between child sexual and physical abuse and risky sexual behavior among college students (Walsh et al., 2014). However, in a LONGSCAN study, substance use did not have an intervening role in the relations between physical or sexual abuse and risky sexual behavior (Thompson et al., 2017).

One limitation of past mediation/path analyses is that they have not considered the combined roles of internalizing symptoms, externalizing symptoms, and substance use in linking physical or sexual abuse to risky sexual behavior. For example, Thompson et al. (2017) included trauma symptoms and substance use as two separate mediators in the model, but did not consider sequential effects of child abuse on substance use via psychopathology (i.e., trauma symptoms). Walsh et al. (2014) found significant indirect effects from child physical and sexual abuse to several domains of risky sexual behavior via traumatic intrusion leading to alcohol problems, but this analysis had a very narrow operational definition of internalizing symptoms and failed to consider externalizing symptoms. Several past studies have suggested externalizing but not internalizing symptoms to be a key factor in the link between physical/sexual abuse and substance use (Bailey & McCloskey, 2005; Kobulsky, Holmes, Yoon, & Perzynski, 2016). Taken together, co-consideration of internalizing and externalizing symptoms as well as examination of sequential effects of these symptoms on substance use and risky sexual behavior may be critical to understand how different aspects (especially externalizing symptoms) of psychopathology interrelate to shape the relations between child physical/sexual abuse and risky sexual behavior.

Additionally, prior work has generally focused on female samples (Noll, Haralson, Butler, & Shenk, 2011) or has used gender as a control variable (Thompson et al., 2017), rather than examining it as a potential moderator. Consequently, knowledge of gender differences in pathways from child abuse to adolescent risky sexual behavior is limited. In a LONGSCAN study, gender moderated the mediation of trauma symptoms in the relation between physical abuse and sexual intercourse at 14 (but not 16), with significant effects only in girls (Black et al., 2009). In the same study, trauma symptoms mediated the relation between sexual abuse and sexual intercourse but no significant gender effects were found. Another study examining the sequential effects of traumatic intrusions and substance use on sexual risk behavior found stronger effects of physical abuse on traumatic intrusions and of traumatic intrusions on alcohol problems in college-aged men, but stronger effects of alcohol problems on intent of risky sex in women (Walsh et al., 2014). While these findings are noteworthy, more research is warranted for a complete understanding of how the path from physical and sexual abuse to risky sexual behavior mediated by psychopathology and substance use may vary by gender, which may elucidate critical needs for service provision.

The primary aim of the current study was to investigate gender differences in the roles of internalizing and externalizing symptoms and substance use as pathways linking child physical and sexual abuse to risky sexual behavior among youth who have been or are at risk of being involved with the child welfare system. The current study builds upon and extends the prior work (e.g., Thompson et al., 2017) by 1) testing gender moderating effects; 2) examining the sequential effects of internalizing and externalizing symptoms on substance use and risky sexual behavior; and 3) separately assessing different types of substances (i.e., alcohol, cigarettes, marijuana) in order to investigate potential differing effects on risky sexual behaviors. As illustrated in our conceptual model

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