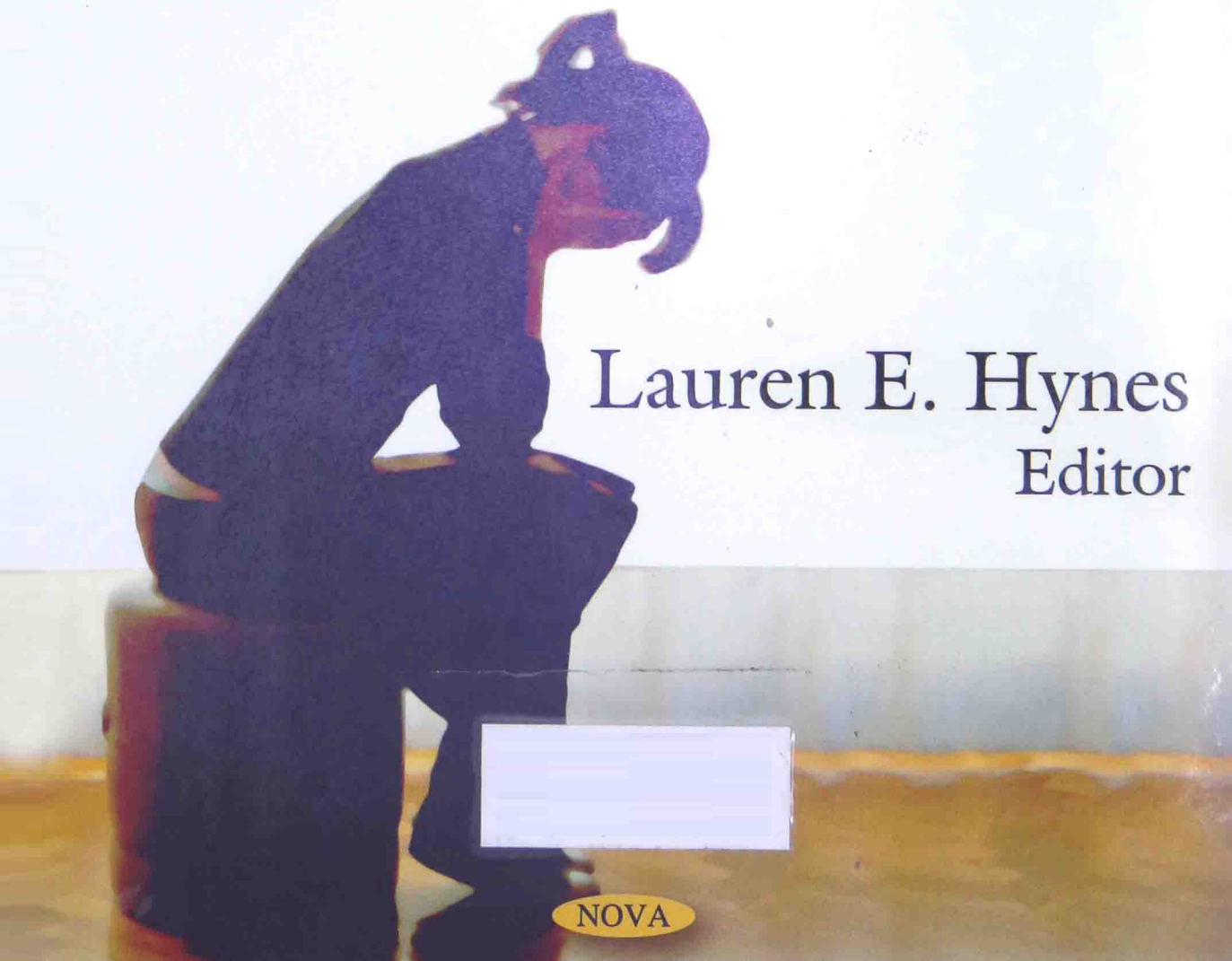
Psychology of Emotions, Motivations and Actions

SEXUAL ABUSE

Types, Signs and Treatments



Lauren E. Hynes
Editor

NOVA

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LAUREN E. HYNES
EDITOR

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PREFACE

This new book presents topical research in the study of the types, signs and treatments of sexual abuse. Topics discussed include the role of religion in the recovery from childhood sexual abuse; HPA axis functioning and child maltreatment; the association of childhood sexual abuse and adult HIV-risk behaviors; "sexting" and its implications for children with disabilities and sexuality in victims of sexual violence.

Chapter 1 – Childhood sexual abuse among men who have sex with men (MSM) has been associated with increased sexual risk for HIV infection, poorer psychological outcomes, and adult sexual and physical revictimization through intimate partner violence (IPV). For non-gay identifying (NGI) African American men who have sex with men and women (MSMW), a less studied population, appraisal and self-definition of childhood sexual experiences may influence sexual identity and the ability to establish safe physical and sexual boundaries. Attention to the relationship between appraisal of early sexual experiences and adult physical and sexual abuse needs to be considered when developing HIV risk reduction interventions for HIV-positive NGI African American MSMW.

Methods: Two groups, each meeting twice for 90-minutes, of HIV-positive NGI African American MSMW participated in semi-structured focus group discussions on childhood sexual experiences, appraisal and self-definition of these experiences, intimate adult relationships, and being HIV-positive. Discussions were recorded, transcribed, and analyzed using consensual qualitative research and a constant comparison qualitative method.

Results: The overall sample included 16 men with a mean age of 40.5 years, who were predominantly high school educated. A little more than a third of the sample was employed with almost two-thirds earning an annual income of less than $20,000. Three major themes, each with two domains, were identified and included childhood sexual experiences, sexual identity, and intimate partner violence. The domains under childhood sexual experiences included appraisal and sexual decision-making, which focused on how these men defined and associated sexual abuse with current sexual decisions and behaviors. Approximately one-third of the sample did not perceive childhood sexual experiences to be traumatic, but the majority believed these experiences affected sexual decision-making subsequently. The domains for sexual identity included undeclared and declared sexual identities and focused on whether these men experienced difficulties in defining their sexual identities. Approximately half of the sample believed childhood sexual experiences contributed to confusion and high-risk exploration of their sexuality. Intimate partner violence included the domains of normative behavior and abuse equates to love and focused on how the men framed their adult

experiences with abuse and its association to childhood experiences. Intimate partner violence was viewed to be commonplace throughout African American relationships in general, due to mirroring behaviors displayed by parents and violence being a proxy for manhood, strength, and love. Men reported being both victim and perpetrator in both male-female and male-male relationships with approximately half of the sample believing that IPV was not a reason to terminate a relationship.

Conclusion: Understanding how HIV-positive NGI African American MSMW interpret early sexual experiences may have an impact on sexual decision-making, sexual identity formation, and the ability to form healthy adult intimate relationships. The impact of early sexual experiences, with attention on appraisal of the incidents, must be considered when developing HIV risk reduction interventions for HIV-positive NGI African American MSMW.

Chapter 2 – Objective: This chapter examined the role of religion in the recovery from childhood sexual abuse. We empirically tested whether children raised as religious were more or less affected by childhood sexual abuse, and how the abuse affected their religious affiliation and behavior in future years.

Methods: The data were from the National Health and Social Life Survey. The survey contained detailed questions on childhood sexual touching, religion raised in, and religious affiliation and church attendance as an adult. Logistic regressions were estimated to determine whether respondents raised as religious report fewer effects from childhood sexual abuse, and whether abuse victims changed religious affiliations. Ordered logit models were estimated to examine the effects of abuse on church attendance as an adult.

Results: Results suggest that the relationship between religion and child sexual abuse was complex. Being raised with a religious affiliation lessened the effects of abuse. Individuals that reported the abuse affected their life were more likely to change religious affiliation, but attended church more often than individuals reporting no effects.

Conclusion: Religion has a potential role in the recovery from sexual abuse. Mental health practitioners should be prepared to help or refer victims so they can resolve religious conflicts that arise in recovery from sexual victimization.

Chapter 3 – Motivations and dynamics involved in sexual offending have attracted considerable interest from researchers, clinicians, investigators, and other field practitioners. Much research examining the etiology and pathogenesis of sexual offending has focused on the role of deviant sexual fantasy. Several studies have found a high prevalence of deviant fantasies in sexual offenders. However, despite these efforts, there are fundamental questions that remain unanswered, i.e. the nature of the relationship between deviant fantasy and sexual offending, the development of deviant sexual fantasy in sexual offenders, and the functions of deviant sexual fantasy in sexual offending. To prevent sexual offending or to identify potential suspects, it seems evident that the role of deviant sexual fantasy in the etiopathogenesis of sexual offending needs careful consideration. In other words, it is required to know the factors that promote the development of deviant sexual fantasies in sexual offenders as well as the translation of fantasy into reality. This chapter reviews those areas of the literature on sexual offenders which have been often proposed by developmental models of sexual offending as involved in the origin and development of sexual deviant activity. It is shown that sexual offending may originate from a series of developmental factors, such as early traumatic experiences, especially victimization in childhood and

dysfunctional parent-child relationships, child and adult attachment, psychological problems, social difficulties and interpersonal problems, and deviant sexual fantasies in sexual offenders. In addition, this chapter proposes a possible path through which early traumatic experiences, especially child abuse, parent-child relationships, and child attachment, may lead to sexual offending by the development of deviant sexual fantasies. Furthermore, the functions of deviant sexual fantasy in sexual offending are highlighted. Specifically, it is proposed that early traumatic experiences and an insecure attachment style might result in later psychiatric disorders, emotional problems, such as low self-esteem and feelings of inadequacy and inferiority to others, and difficulties in intimate relationships, which, in turn, might lead to the refuge in a inner world of deviant fantasy which functions as a means to satisfy needs for intimacy, emotional closeness, power, or control or as a way of coping with painful abuse-related mental states.

Chapter 4 – Substantial empirical evidence suggests that child maltreatment results in the long-term disruption of the HPA axis, which is a critical system of the stress response. In turn, this disruption may make individuals vulnerable to the negative effects of future stressors. The current literature review examined HPA axis disruption as a potential explanation for the frequently observed intergenerational cycle of abuse, using an ecological framework. That is, ontogenic factors related to parents' development, such as child abuse and the physiological consequences of child abuse, interact with influences in the microsystem (e.g., child and parent interactions) to lead to abusive parenting behaviors. The conclusion is that there is adequate evidence to support that child maltreatment may place individuals at neurophysiological risk of responding poorly to parenting stress. In sum, it is plausible that HPA disruption places some individuals at risk of using aggressive behaviors in stressful interactions with their own children.

Chapter 5 – Sexual abuse has a wide range of connotations which includes violence on children, women and also, men.

In people opinion, violence against children and women is more frequent, while the same acts against men are often considered extremely uncommon.

Possible explanations of this phenomenon vary from attachment patterns to have being victim of a sexual abuse in their turn during childhood.

Being victim of such kind of violence affects not only lives of victims themselves but also their beloved ones.

Signs and symptoms are often neglected even by the closest, but they are extremely important for a timely recognition of suffered abuse and a promptly attempt of prevention of possible consequences.

Psychiatric implications includes depression, post traumatic stress disorder and also self harming behaviors.

The impact on population from a public health and economic point of view justify major efforts in comprehension and treatment of victims.

Moreover, the younger the victim the greater suffering and consequences he/she experiences.

The present chapter goal is to highlight current knowledge about this field by clinical data analyses, in order to offer a complete vision of the problem and its implications.

Chapter 6 – In any given year, 26.2% of Americans aged 18 and older suffers from a diagnosable mental disorder and an estimated 2.6% of adults meets the criteria for severe mental illness (SMI). Seroprevalence studies have revealed HIV-infection rates ranging from

4–23% among adults with SMI, with an average of 7.8% compared with the recently estimated rate in the general United States (US) population of 0.8%. Co-occurring substance use disorders, identified as potent risk factors for the development of HIV infection, are estimated to occur in approximately half of SMI persons.8-10. Sexual and physical assault histories have been associated with high-risk sexual practices in substance abusing women and in women with SMI.10, 11. Convincing evidence suggests that mental illness, substance abuse, and traumatic abuse interact in complicated ways to escalate the level of risk for HIV infection.10, 12. This co-occurrence of conditions disproportionately affects women, racial and ethnic minorities, and people who are socially and economically marginalized.

Chapter 7 – Technology trends and advancements enable new innovative interaction between student-to-student and student-to-teacher. More recently, the infusion of cell phones as a way to promote knowledge has soared. Unfortunately, this technological advancement has also been linked to the misuse of cell phones. For example, since more students have access to cell phones and more cell phones have camera options it is becoming easier to take and send digital images. Some students are sending sexually explicit digital photos, called sexting. According to the National Center for Missing & Exploited Children (2009), sexting refers to "youth sending explicit messages or sexually explicit photos of themselves to others or to their peers" (para. 1). Today, many teens use cell phones, which necessitates educating them on their roles and responsibilities of cell phone usage. This chapter begins by exploring teenagers' usage of cell phones and its connection to sexting, followed by a discussion on sexting and its impact on students with disabilities. The consequence of sexting can be severe and current legislation being used as a way to prosecute sexting offenses will be discussed. Suggestions and recommendations for educators, principals, and parents on how to prevent sexting are also provided.

Chapter 8 – According to Sullivan and Knuston (2000) children with disabilities were 3.7 times more likely to be physically abused than children without disabilities; 3.14 times more likely to be sexually abused than children without disabilities; and 3.88 times more likely to be emotionally abused than children without disabilities. Moreover, children receiving services for speech and language are almost 3 (2.9) times more likely to be sexually abused than children without disabilities (Sullivan & Knuston, 2000). The purpose of this chapter is to discuss the use of art therapy for children with speech and language impairments, autism, deafness, and hearing impairment who are sexually abused. Consideration of art therapy within an ecological model as intervention for children with disabilities that are sexually abused is also presented.

Chapter 9 – The author reports on clinical research performed in a psychoanalytical direction, relying on a set of projective tests (Rorschach and TAT). The author proposes, within a population of some twenty adolescents, to highlight two sub-groups specified through a number of criminological data (perpetrator's age, victim's age and gender, number of victims and type of relationship between perpetrator and victim, modus of violent sexual acting – alone or as a group, with or without penetration ...) and to test this differentiation against the projective material. The projective data are dealt with globally on the one hand, and then referred to two separate clinical situations, each representing one of the sub-groups previously identified. Finally, the author proposes modeling two figures of violent sexual actings, considered in particular from the standpoint of the cathexis of active/passive dynamics, whose acute stakes in adolescence are widely known.

Chapter 10 – Lifetime history of sexual abuse is highly prevalent in the general population, ranging between 15% and 25% in females and from 0.6% to 8.3% in males. According to the literature it is more and more obvious that sexual violence history increases the risk of developing severe post-traumatic disorders and induces significant alterations in sexual life. Thus, sexually abused subjects are at elevated risk of developing short and long-term changes such as acute and chronic post-traumatic stress disorder, depression, addiction, suicide attempts and personality changes. Furthermore, sexual violence is frequently associated with significant changes in sexual behavior, in desire of pregnancy, in long-term biological parameters of sex hormones and raising questions concerning gender identity and sexual orientation. This paper should address the psychological consequences of sexual violence on mental and sexual health considering short and long-term changes.

Chapter 11 – A central thought in attachment theory concerns how we, from our experiences of early relations, develop an "internal working model" about future relations. These working models are also named "state of mind" regarding attachment. This chapter is built on life history interviews with 45 adolescents who had sexually offended and of these 45, 24 were also interviewed with the Adult Attachment Interview.

CONTENTS

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Chapter 1

EXPLORING CHILDHOOD SEXUAL EXPERIENCES AND VULNERABILITY TO INTIMATE PARTNER VIOLENCE AMONG AFRICAN AMERICAN MSMW: WAS THAT ABUSE OR LOVE?

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ABSTRACT

Background

Childhood sexual abuse among men who have sex with men (MSM) has been associated with increased sexual risk for HIV infection, poorer psychological outcomes, and adult sexual and physical revictimization through intimate partner violence (IPV). For non-gay identifying (NGI) African American men who have sex with men and women (MSMW), a less studied population, appraisal and self-definition of childhood sexual experiences may influence sexual identity and the ability to establish safe physical and sexual boundaries. Attention to the relationship between appraisal of early sexual

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experiences and adult physical and sexual abuse needs to be considered when developing HIV risk reduction interventions for HIV-positive NGI African American MSMW.

Methods

Two groups, each meeting twice for 90-minutes, of HIV-positive NGI African American MSMW participated in semi-structured focus group discussions on childhood sexual experiences, appraisal and self-definition of these experiences, intimate adult relationships, and being HIV-positive. Discussions were recorded, transcribed, and analyzed using consensual qualitative research and a constant comparison qualitative method.

Results

The overall sample included 16 men with a mean age of 40.5 years, who were predominantly high school educated. A little more than a third of the sample was employed with almost two-thirds earning an annual income of less than $20,000. Three major themes, each with two domains, were identified and included childhood sexual experiences, sexual identity, and intimate partner violence. The domains under childhood sexual experiences included appraisal and sexual decision-making, which focused on how these men defined and associated sexual abuse with current sexual decisions and behaviors. Approximately one-third of the sample did not perceive childhood sexual experiences to be traumatic, but the majority believed these experiences affected sexual decision-making subsequently. The domains for sexual identity included undeclared and declared sexual identities and focused on whether these men experienced difficulties in defining their sexual identities. Approximately half of the sample believed childhood sexual experiences contributed to confusion and high-risk exploration of their sexuality. Intimate partner violence included the domains of normative behavior and abuse equates to love and focused on how the men framed their adult experiences with abuse and its association to childhood experiences. Intimate partner violence was viewed to be commonplace throughout African American relationships in general, due to mirroring behaviors displayed by parents and violence being a proxy for manhood, strength, and love. Men reported being both victim and perpetrator in both male-female and male-male relationships with approximately half of the sample believing that IPV was not a reason to terminate a relationship.

Conclusion

Understanding how HIV-positive NGI African American MSMW interpret early sexual experiences may have an impact on sexual decision-making, sexual identity formation, and the ability to form healthy adult intimate relationships. The impact of early sexual experiences, with attention on appraisal of the incidents, must be considered when developing HIV risk reduction interventions for HIV-positive NGI African American MSMW.

Keywords: African American MSMW, sexual abuse, intimate partner violence, HIV interventions.

INTRODUCTION

HIV/AIDS continues to be a devastating epidemic that has disproportionately impacted some populations greater than others. Blacks in the United States account for 52% of all diagnoses of HIV infections (Centers for Disease Control and Prevention [CDC], 2010) but comprise only 12.9% of the population (U.S. Census Bureau, 2010). The cumulative estimate of AIDS diagnoses through 2008 for Blacks (452,916), Hispanics/Latinos (180,061), and Whites (419,905) illustrates the HIV/AIDS disparity that is heavily impacting Blacks (CDC, 2010). Among Blacks, the transmission route of male-to-male sexual contact continues to be the greatest HIV risk category with 63% of new infections (CDC, 2008). Black men who have sex with men (MSM), aged 13-29 years, had 1.6 times the number of new HIV infections than among White and 2.3 times the number among Hispanic MSM (CDC, 2008). Efforts to address this epidemic have included prevention and risk reduction strategies largely based on the premise that knowledge influences behavior and that by providing HIV education and access to condoms, HIV infection rates would decrease. Unfortunately, behavior change is complicated and multifaceted, influenced by any number of personal, environmental, historical, and institutional factors (Williams, Wyatt, & Wingood, 2010). Identification of moderating and mediating variables that influence sexual behaviors and HIV transmission is critical to risk reduction if HIV interventions are to be successful in the many diverse African American communities.

The Need to Address CSA in HIV Interventions

One important variable, experiences of childhood sexual abuse (CSA), has commonly been neglected within HIV prevention and risk reduction interventions for MSM and men who have sex with men and women (MSMW), despite the growing literature citing its negative contributions to mental, physical, and sexual health. Whiffen and MacIntosh (2005) found that a history of CSA was significantly associated with adult emotional distress, including significant symptoms of generalized distress, anxiety, and post-traumatic stress disorder (PTSD) (Whiffen, Benazon, & Bradshaw, 1997). Furthermore, forms of childhood maltreatment, which include experiences of childhood sexual abuse, are associated with symptoms of major depression, anxiety, and PTSD, as well as borderline and antisocial personality disorders and alcohol and substance abuse (Beitchman et al., 1992; Harrison, Edwall, Hoffman, & Worthen, 1990; Holmes, Foa, Sammel, 2005; Holmes & Slap, 1998; Langevin, Wright, & Handy, 1989; Mimiaga et al., 2009; Nagy, Adcock, & Nagy, 1994; Nelson, Higginson, & Grant-Worley, 1994; Robin, Chester, Rasmussen, Jaranson, & Goldman, 1997; Whiffen & MacIntosh, 2005; Windle, Windle, Scheidt, & Miller, 1995). Adults with histories of CSA have also been found to have difficulties with romantic interpersonal adult relationships, possibly due to insecure attachments established through abusive relationships in childhood (Alexander, 1992) and are at an increased risk for revictimization (Roche, Runtz, & Hunter, 1999; Rumstein-McKean & Hunsley, 2001; Whiffen & MacIntosh, 2005).

In regard to physical health, among a representative population-based sample of men and women, a strong relationship was found between a history of CSA and health behavior

indicators including smoking, alcohol problems, and obesity (Chartier, Walker, & Naimark, 2009). More specifically, heavy drinking was found to be significant among males who had a history of CSA (OR=2.0) (Bensley, Van Eenwyk, & Simmons, 2000). Furthermore, a history of CSA has been found to be a risk factor for eating disorders, with the association of bulimia nervosa being slightly stronger than that of anorexia nervosa (Wonderlich, Brewerton, Jocic, Dansky, & Abbott, 1997). Mental and physical health status can not be ignored when developing HIV prevention and risk reduction interventions, as overall health status may influence sexual decision-making and well-being.

Numerous studies have identified an association between CSA and sexual health, both in adolescence and later in life. Among a sample of high-risk youth who had experienced childhood maltreatment and had witnessed violence, a history of CSA was found to be linked to initiation of HIV risk behaviors, such as alcohol use and sexual intercourse (Jones et al., 2010). As an adult, sexual performance and satisfaction were also found to be negatively impacted by having a history of CSA (Burns-Loeb et al., 2002; Senn, Carey, & Vanable, 2008). Within a review of the CSA literature on males, Holmes and Slap (1998) found that abused men, in comparison to non-abused men, were more likely to engage in high-risk sexual behaviors, have more lifetime sexual partners, use condoms less frequently, have higher rates of sexually transmitted diseases, and have up to a two-fold increase in the rate of HIV. More specifically, Jinich and colleagues (1998) found that gay and bisexual men who reported CSA, as defined by having sexual experiences with someone at least five years older prior to age 13 or with someone 10 years older when between the ages of 13 and 15, were more likely to have unprotected anal intercourse, more sexual events and partners, and more sexual episodes under the influence of drugs than men not reporting CSA. Paul, Catania, Pollack, and Stall (2001) also found that MSM with CSA histories were more likely than those without CSA histories to be HIV-positive, engage in unprotected anal intercourse with a non-primary partner or a partner with an unknown history or who was serodiscordant, and use drugs while engaging in sexual activity. Other studies have found similar high-risk behaviors among HIV-positive MSM (O'Leary, Purcell, Remien, & Gomez, 2003), as well as among MSM in a longitudinal behavioral intervention (Mimiaga et al., 2009). Unfortunately, these studies did not include significant samples of African American MSM or more specifically, MSMW.

CSA and Sexual Identity

A history of CSA has been hypothesized to impact gender and sexual identity. Several studies have found support for higher rates of gender role confusion and fears regarding intimate relationships with both men and women among men with histories of CSA (Holmes & Slap, 1998; Hunter, 1991; Jacobson & Herald, 1990; Janus, Burgess, & McCormack, 1987; McCormack, Janus, & Burgess, 1986; Sansonnet-Hayden, Haley, Marriage, & Fine, 1987). For instance, Richardson, Meredith, and Abbot (1993) found that among a sample of 90 sexually abused adolescent boys, gender roles were defined as undifferentiated (52%), masculine (23%), androgynous (19%), and feminine (6%). Further, abused boys, especially those who were victimized by males, were up to seven times more likely to self-identify as gay or bisexual than their non-abused counterparts (Johnson & Shrier, 1985; Johnson & Shrier, 1987). In terms of sexual identity, men with documented histories of CSA were more

likely than those with histories of childhood physical abuse and/or childhood neglect to report having had same-sex sexual partners in their lifetime (Wilson & Widom, 2010). A significant limitation in understanding the effect of CSA on sexual identity is that establishing causal relationships require longitudinal studies, which are lacking. Importantly, gender role confusion that precedes experiences of sexual abuse makes it difficult to establish a linear pathway to a defined sexual identity.

Some research has been conducted in an attempt to assess whether experiences of CSA influence adult sexual identity. Holmes and Slap (1998) have suggested that exploration of sexuality may physically place adolescents at increased risk for being sexually abused, while numerous studies with gay, lesbian, and bisexual youth have found that these adolescents are often disproportionately physically and verbally abused due to their sexual orientation (Faulkner & Cranston, 1998; Garofalo, Wolf, Kessel, Palfrey, & DuRant, 1998; Hunter, 1990; Pilkington & D'Augelli, 1995; Wilson & Widom, 2010). It has also been suggested that gender non-conforming behavior in childhood may be associated with same-sex sexuality later in life (Bailey & Zucker, 1995) and that this behavior contributes to these children being targeted and susceptible to being abused (Balsam, Rothblum, & Beauchaine, 2005; Corliss, Cochran, & Mays, 2002). The impact of CSA on sexual identity continues to pose many questions and remains poorly understood.

Appraisal of Sexual Experiences

Assessment of the impact of CSA on sexual identity is further complicated due to self-definitions of the experiences. The level of emotional and psychological awareness and the manner in which an individual appraises and defines childhood sexual experiences can influence current sexual decision-making and risk behaviors. Unfortunately, very few studies have specifically explored CSA appraisal and self-definition solely among gay/bisexual men (Dolezal & Carballo-Dieguez, 2002; Holmes, 2008; Stanley, Bartholomew, & Oram, 2004). However, in a study conducted by Holmes (2008) with a sample of heterosexual and gay/bisexual men, men who defined their sexual experiences as CSA were called 'definers,' while those who did not appraise the experience as CSA were termed 'non-definers.' Holmes found no significant differences in rates of self-defining early sexual experiences as CSA between heterosexual and gay/bisexual men. Importantly, among the sample of heterosexual and gay/bisexual men, non-definers were significantly more likely to engage in high-risk sexual behaviors than their definer counterparts. That is, a higher proportion of non-definers reported having sex under the influence and having more lifetime partners than definers. Since all non-definers were significantly more likely to engage in sexual risk behaviors than the definers and those men who lacked CSA, it was concluded that histories of CSA and non-appraisal of these experiences as abuse, regardless of sexual identity, placed individuals at significant sexual health risk. In contrast, Dolezal and Carballo-Dieguez (2002) found that among their sample of Latino gay/bisexual men, definers reported higher rates of alcohol use, unprotected anal intercourse, and more male sex partners than their non-definer counterparts. This conflicting evidence, along with the statistics that only 38% to 59% of gay/bisexual adult males self-define childhood sexual experiences as sexual abuse and, only 18% define the experience to be sexual abuse at the time of the incident (Holmes, 2008), warrants further

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