

## Are women with a history of violent experiences more likely to have risky sex?

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Women who have experienced multiple forms of violence, from witnessing neighborhood crimes to being abused themselves, are more likely to engage in risky sexual behavior, according to a new report in the *Psychology of Violence*.

Researchers from The Miriam Hospital's Centers for Behavioral and Preventive Medicine say certain patterns of [violence](#) in both childhood and [adulthood](#) may make a woman more likely to take significant sexual risks, such as having unprotected sex or a high number of [sexual partners](#).

The findings offer new insight on the known link between exposure to violence and HIV/STD [risk behavior](#), particularly among low-income, urban women, who may experience high rates of violence.

"Sadly, our results show that many women must cope with multiple forms of violence, and that some combinations of violent experiences put women at risk for HIV, other [STDs](#) or [unplanned pregnancy](#) – not to mention the risks from the violence itself," said lead author Jennifer Walsh, Ph.D., of The Miriam Hospital's Centers for Behavioral and Preventive Medicine.

Although previous research has linked sexual risk behavior and diverse forms of violence – including childhood maltreatment and sexual abuse, intimate partner violence and exposure to community violence – very few studies have considered patterns of violence and their impact on

sexual risk-taking, even though some women experience multiple types of violence.

The current study included 481 women attending an urban STD clinic who were assessed for previous history of violence and current sexual risk-taking behaviors. The women were primarily African American and most were socioeconomically disadvantaged. Overall, women reported high rates of exposure to violence compared to the general population. All types of violence were interrelated, with women who experienced one type of violence being more likely to experience other forms as well.

Using a statistical technique known as latent class analysis to find common patterns in the data, researchers identified four classes of women with different experiences of violence: women with low exposure to violence (39 percent); women who were predominantly exposed to community violence (20 percent); women who were predominantly exposed to childhood maltreatment (23 percent); and women who experienced multiple forms of violence (18 percent).

The team found women who reported experiencing multiple forms of violence and those who were exposed to community violence had the highest levels of sexual risk behavior, including lifetime number of sexual partners and alcohol and drug use before sex.

Walsh believes the study has several clinical implications. "Given the ties between multiple violent experiences and sexual risk-taking, clinicians working with women who experience violence or who are at risk for HIV/STDs may need to consider the overlap between the two in order to impact sexual health consequences," she said.

She adds, "The clustering of different types of violence suggests clinicians who work with women who have experienced one type of violence should inquire about other types of violence in order to get a

complete picture."

With the understanding that multiple violence experiences are common for women with the highest sexual risk, Walsh also suggests interventionists working to reduce HIV risk may want to provide women with resources for coping with intimate partner and [community violence](#), or for overcoming childhood maltreatment or abuse. Similarly, those working with women experiencing intimate partner violence or other forms of violence may want to address strategies for safer sex.

"These findings also highlight how social and community context influence individuals in complex ways, how social and health problems often cluster, and the need to broaden risk reduction programs to include couples as well as focusing on individuals," notes Michael Carey, Ph.D., director of The Miriam Hospital's Centers for Behavioral and [Preventive Medicine](#) and a co-investigator on the study.

Either way, the authors say further research is needed to better understand how and why violent experiences are associated with sexual risk behavior in order to develop more effective interventions.

Walsh says that the research is especially timely, coming on the heels of a recent Presidential memorandum establishing a working group known as "Intersection of HIV/AIDS, Violence Against Women and Girls, and Gender-related Health Disparities." The working group aims to address both the rising incidence of [HIV](#) among [women](#) and girls as well as the increasing rates of domestic violence and sexual assault.

Provided by Lifespan

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