



Intimate Partner Sexual Violence Among College Couples: The Roles of Child Sexual Abuse and Alcohol Abuse

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Introduction

Though it is an understudied problem, nearly one in ten U.S. women has been raped by an intimate partner (Black et al., 2011). The perpetration of intimate partner sexual violence (IPSV) may be different from assaulting a stranger or acquaintance (Bagwell-Grey, Messing, & Baldwin-White, 2015). For instance, IPSV has been associated with more physical injuries than sexual assault by an acquaintance (Logan, Cole, & Capillo, 2007). IPSV may also involve a premeditation of consent and occur as part of an ongoing pattern of abuse. Despite these unique characteristics, little is known about the risk factors for IPSV. Here, we draw from literature on sexual aggression more broadly to examine a history of child sexual abuse (CSA) and alcohol use problems as potential contributors to IPSV.

CSA is widely recognized as a risk factor for the perpetration of general sexual aggression (Glasser et al., 2001). Although not all CSA victims become perpetrators, for some, CSA may increase risk of later sexual aggression due to disruptions in sexual behavior norms and problems with emotion regulation (Briere & Elliott, 1994). Despite prior literature linking CSA to sexual aggression more generally, it remains unclear whether CSA increases risk for IPSV perpetration in particular.

The influence of CSA on later aggression can be complicated by other factors, including problematic drinking. For example, alcohol use problems can increase as a response to CSA, particularly among women (Dilorio, Hartwell, & Hansen, 2002). In men, alcohol use problems have also been recognized as a risk factor for the perpetration of sexual aggression in general (Zawacki et al., 2003) and IPSV in particular (Abrahams, Jewkes, Hoffman, & Laubsher, 2004). Heavy alcohol consumption is also associated with intimate partner violence perpetration (including physical, psychological, and sexual violence; Hove, Parkhill, Neighbors, McConchie, & Fossos, 2010). However, it remains unknown whether a history of CSA in conjunction with current alcohol use can increase risk for IPSV in particular.

To address these gaps in the literature, we examined risk factors for IPSV perpetration in college couples. We predicted that a history of more severe CSA and greater alcohol use problems would be associated with more severe IPSV perpetration. We further expected that, among those who reported more severe alcohol use, the relationship between CSA and IPSV perpetration would be stronger.

Method

Participants

- Participants were 73 college couples in committed intimate relationships for at least four months. One member of each couple was recruited through the undergraduate subject pool of a Midwestern university psychology department.
- Three couples had missing data on exogenous variables and were excluded from analyses. Thus, the current sample consisted of 70 heterosexual college couples ($N = 140$).
- Sixty-four couples (91.4%) were dating, 4 (5.7%) were engaged, and 2 (2.9%) were married. Couples had been together between 4 and 108 months ($M = 22.61$, $SD = 19.63$).
- Participants' ages ranged from 18 to 27 ($M = 19.79$, $SD = 1.91$).
- The vast majority (97.1%) identified as European American.

Method

Measures

- **Child sexual abuse.** The 5-item sexual abuse subscale of the Childhood Trauma Questionnaire (CTQ; Bernstein & Fink, 1998) was used to assess CSA prior to age 18. Item responses are on a 5-point scale, ranging from 1 (*Never True*) to 5 (*Very Often True*). A sum score (possible range from 5 to 25) was computed to indicate CSA severity.
- **Alcohol use problems.** The Alcohol Use Disorders Identification Test (AUDIT; Saunders, Aasland, Babor, de la Fuente, & Grant, 1993) is a 10-item scale used to assess the frequency of alcohol use and severity of related problems. A sum score ranging from 0 to 40 reflects the severity of alcohol use problems.
- **IPSV perpetration.** The 7-item sexual coercion subscale of the Revised Conflict Tactics Scale (CTS2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996) was used to assess each partner's sexual coercion perpetration against the other partner within the past 12 months. Sample items include "I used threats to make my partner have sex" and "My partner made me have sex without a condom." Scores were computed by summing the number of endorsed items (range of 0 to 7), with higher scores indicating more partner aggression. This scoring method gives equal weight to each form of abusive behavior and is not as vulnerable to memory limitations as reporting behavior frequencies. Both male and female partners reported on their own perpetration and victimization (i.e., their partner's perpetration). To guard against underreporting, the higher score for both partners' perpetration experiences was used.

Analytic Approach

An Actor-Partner Interdependence Model (APIM) was used to examine associations among CSA severity, alcohol use problems, and the interaction on each partner's perpetration. APIM accounts for the interdependent nature of dyadic data and allows for the modeling of actor effects while controlling for partner effects (Kashy & Kenny, 1999; Kenny, 1996). Analyses were conducted under maximum likelihood estimation with robust standard errors using *Mplus v. 7* software (Muthén & Muthén, 1998-2012). To appropriately model the count distributions of the endogenous variables (IPSV perpetration), a Poisson distribution was used. Because *Mplus* does not allow endogenous count variables to be correlated, we defined a dummy factor to fit a residual correlation between the outcomes.

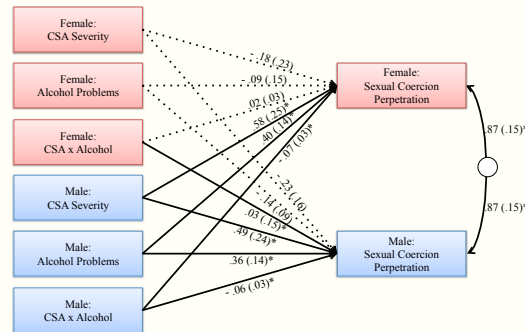


Figure 1. Actor-Partner Interdependence Model with unstandardized estimates (standard errors) shown. Dotted lines represent non-significant paths. * $p < .05$

Results

Descriptives

- Eight women (11.4%) and five men (7.1%) endorsed at least some experience of CSA.
- Mean AUDIT scores were 7.29 ($SD = 4.98$) for women and 10.34 ($SD = 6.37$) for men. An AUDIT score of 8 or more may reflect hazardous drinking (Babor, Higgins-Biddle, Saunders, & Monteiro, 2001).
- Twenty-eight women (40.0%) and 37 men (52.9%) endorsed perpetrating at least one act of sexual coercion against their partner in the past year.

APIM Model

- Results are displayed in Figure 1.
- Men's CSA severity positively predicted both men and women's IPSV perpetration ($b = 0.49$, $p < .05$; $b = 0.58$, $p < .05$, respectively).
- Men's alcohol use severity positively predicted both men and women's IPSV perpetration ($b = 0.36$, $p < .01$; $b = 0.40$, $p < .01$, respectively).
- Although men's alcohol use moderated associations between men's CSA severity and both men and women's IPSV perpetration, the effects were negative ($b = -0.06$, $p < .05$; $b = -0.07$, $p < .05$, respectively). That is, contrary to expectations, for men, the association between CSA severity and IPSV perpetration was less positive for those with more severe alcohol use problems.
- Results also revealed one moderated partner effect; the effect of women's CSA severity on men's IPSV perpetration was more positive for women with more severe alcohol use problems ($b = 0.03$, $p < .05$).

Discussion

This study may be the first investigation of both CSA history and alcohol use problems as potential risk factors for perpetration of sexual violence in an intimate relationship. Findings revealed that, for men, more severe CSA history and more severe alcohol problems were associated with increased IPSV perpetration. These findings support the limited past work in this area (Abrahams et al., 2004; Glasser et al., 2001). However, contrary to expectations, associations between men's CSA severity and IPSV perpetration were less positive for men with greater alcohol use. It is possible that for those with more severe alcohol use problems, there may be more immediate and salient predictors of IPSV than CSA history (e.g., relationship conflict, sexual objectification).

Men's CSA and alcohol problems were also predictive of increased IPSV perpetration by women (which can also be recognized as IPSV victimization of men). This finding reflects the possibility, suggested elsewhere (e.g., Messman & Long, 1996), that CSA history and alcohol problems can increase risk not only for male perpetration, but also for male victimization by a female partner.

Lastly, although women's CSA severity and alcohol use problems were not unique predictors of male or female IPSV perpetration, there was an interactive effect, such that the combination of high CSA severity and alcohol use problems in women was associated with men's IPSV perpetration against them. This finding is consistent with prior work on sexual revictimization in women (see Messman & Long, 1996) and clarifies circumstances in which risk for IPSV may be especially high.

Overall, current findings suggest that some risk factors for general sexual assault may extend to sexual aggression in intimate relationships. However, the current study was cross-sectional in nature, precluding causal inferences. To further clarify risk factors for IPSV, future research using longitudinal designs and experimental analogs is needed.