

Violence, Risk-Taking, and STD
Among
Young African-American Women

Dallas Young Women's Survey
1999 – 2000

Authors & Contributors

Sherry Lipsky, MPH, PhD
Douglas Shehan, Regina Waits,
Anne Freeman, MSPH, Douglas Henry, PhD

**Department of Internal Medicine - AIDS Prevention Project
University of Texas Southwestern Medical Center of Dallas**

With Special Thanks to the Young Women's Survey Team:
Tarnesha Meshack, Sandra McClanahan, Kimberly Jones
and

***CDC:* Gina M. Secura, MPH, Stephanie K. Behel, BS**

Background

- Risk factors for Intimate Partner Violence (IPV) similar to HIV/STD risks
- Childhood sexual abuse (CSA) and physical abuse may lead to risk-taking and IPV
- Prevalence of violence against females:
 - CSA: 3-27%; HIV/at risk: $\geq 30\%$
 - IPV: 15-30% in past year
 - Adult sexual violence (ASV): 7-20%
- African American women may be at greater risk for IPV

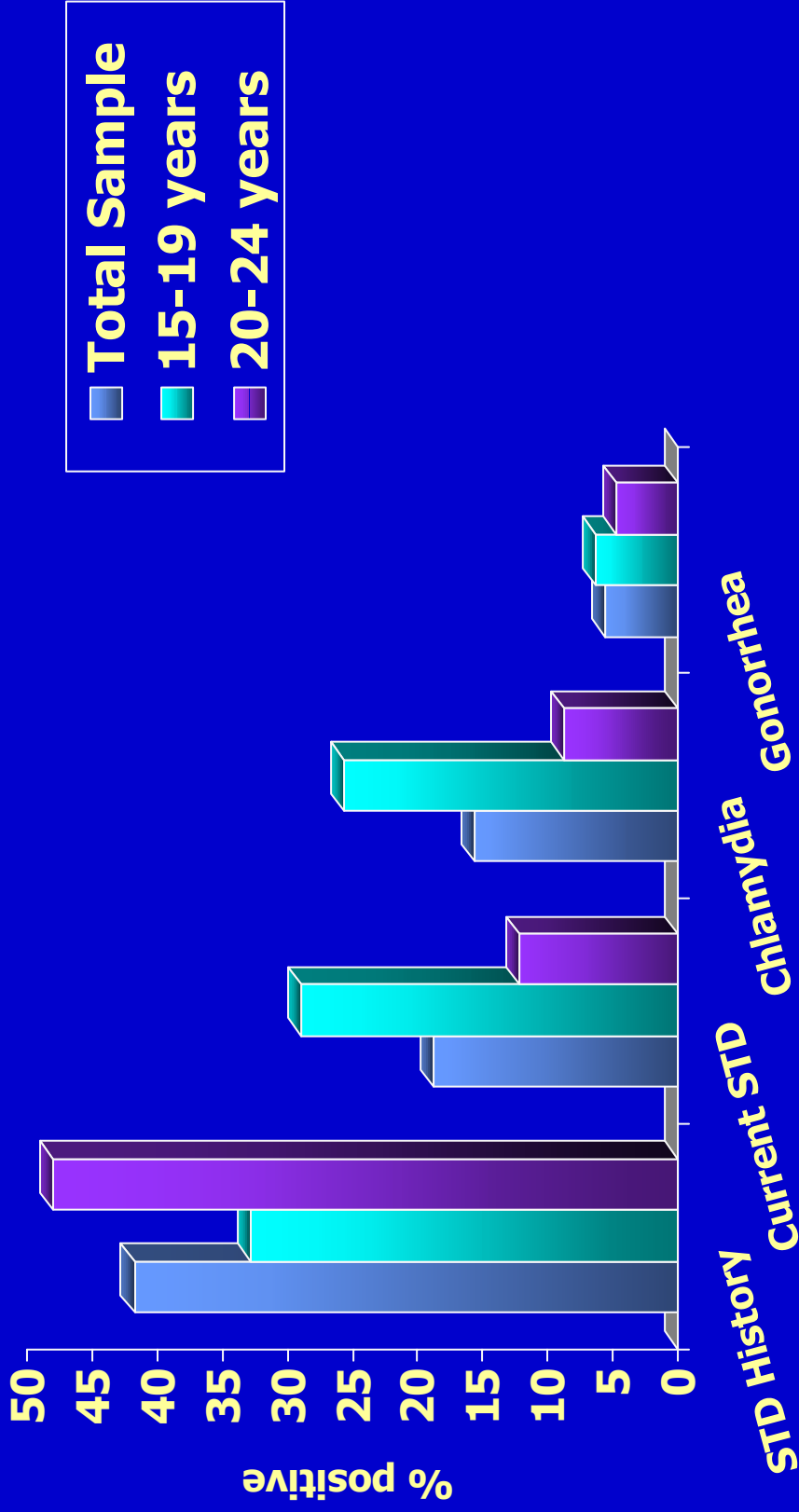
Study Objectives

- Primary objectives:
 - Estimate prevalence of childhood abuse, IPV, and STD infection/history
 - Examine association between:
 - Violence & STD
 - Violence & risk behaviors
 - Violence & other psychosocial factors
- Reported STD history used as surrogate marker for risk of HIV infection

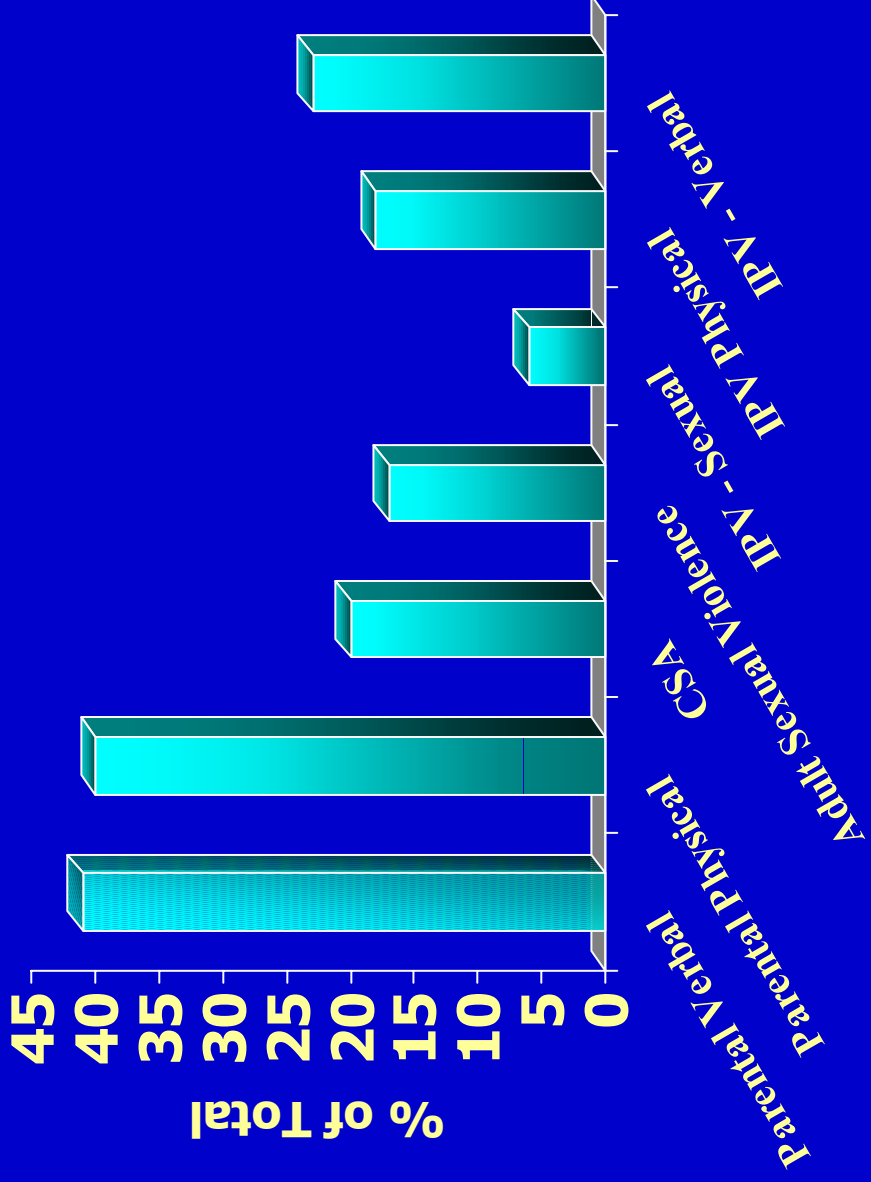
Methods

- Clinic-based study at 3 Dallas FP clinics
- Women interviewed on-site
- STD results abstracted from clinic records
- Women with self-reported STD history compared to those with no STD history
- IPV and parental abuse measures adapted from the Conflict Tactics Scale

Prevalence of STD



Prevalence of Violence



Association of Childhood Abuse and STD History

	Total Sample n (%)	STD History n (%)	STD History OR (95% CI) ¹
Parental Verbal			
Yes	126 (41.2)	57 (45.2)	1.26 (0.79, 1.99)
No	180 (58.8)	71 (39.7)	...
Parental Physical			
Yes	123 (40.3)	54 (43.9)	1.13 (0.71, 1.80)
No	182 (59.7)	74 (40.9)	...
CSA			
Yes	60 (19.9)	32 (53.3)	1.74 (0.98, 3.07)
No	242 (80.1)	96 (39.7)	...

¹ Crude odds ratio and 95% confidence interval; adjusting for demographic factors did not alter the estimates but behavioral risk factors decreased estimates substantially.

Association of IPV and STD History

	Total Sample n (%)	STD History n (%)	STD History OR (95% CI) ¹
IPV - Verbal			
Yes	66 (23.1)	34 (51.5)	1.68 (0.96, 2.92) ²
No	220 (76.9)	85 (38.8)	...
IPV - Physical			
Yes	53 (17.9)	28 (52.8)	1.70 (0.94, 3.10) ³
No	243 (82.1)	96 (39.7)	...
IPV – Sexual			
Yes	17 (5.6)	11 (64.7)	2.63 (0.95, 7.32) ⁴
No	285 (94.4)	117 (41.1)	...
Adult Sexual Violence			
Yes	50 (16.6)	27 (54.0)	1.76 (0.95, 3.23) ²
No	252 (83.4)	101 (40.1)	...

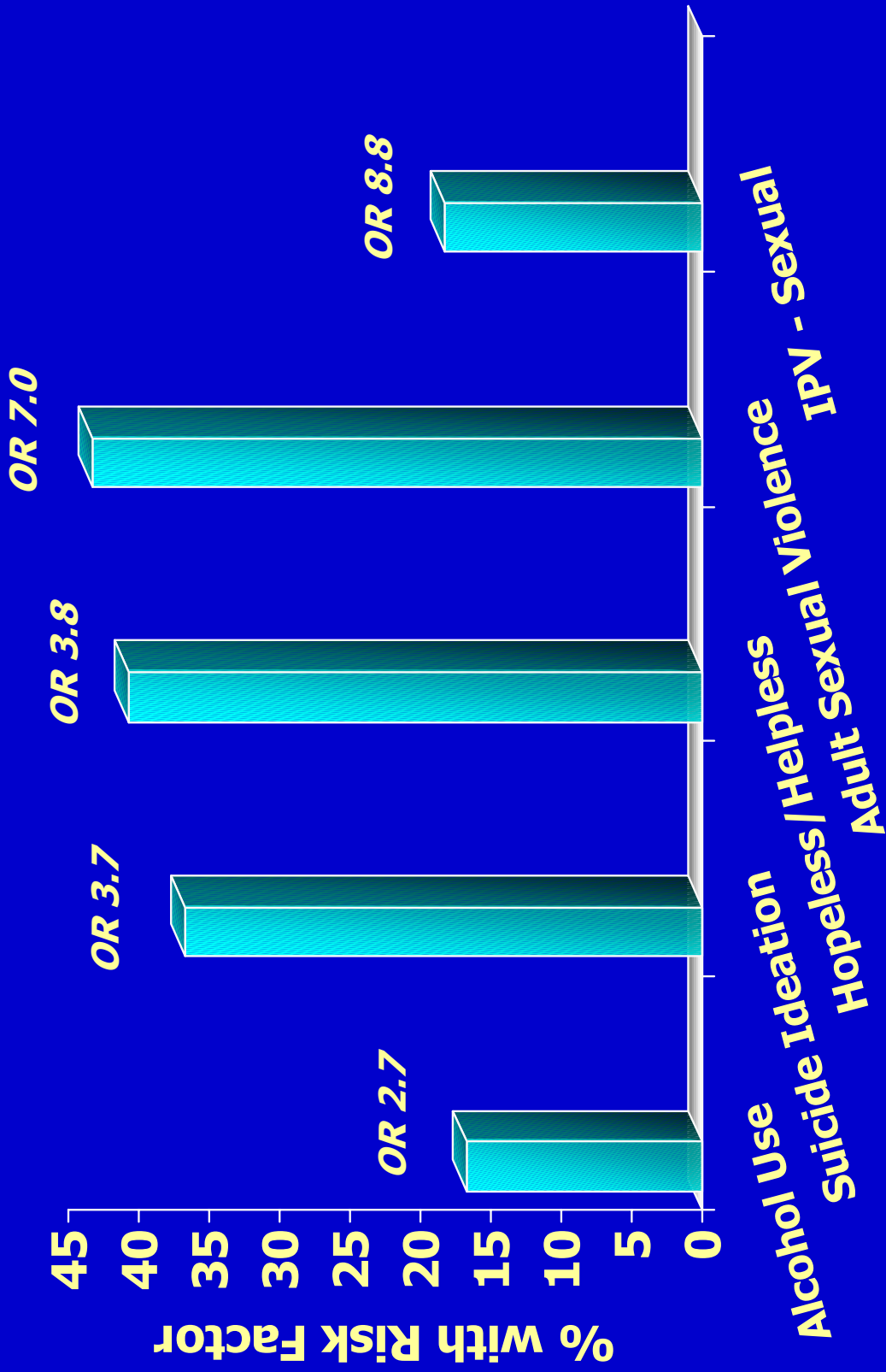
¹ Crude odds ratio and 95% confidence interval.

² Adjusting for demographic factors did not alter the estimate but behavioral risk factors decreased estimate substantially.

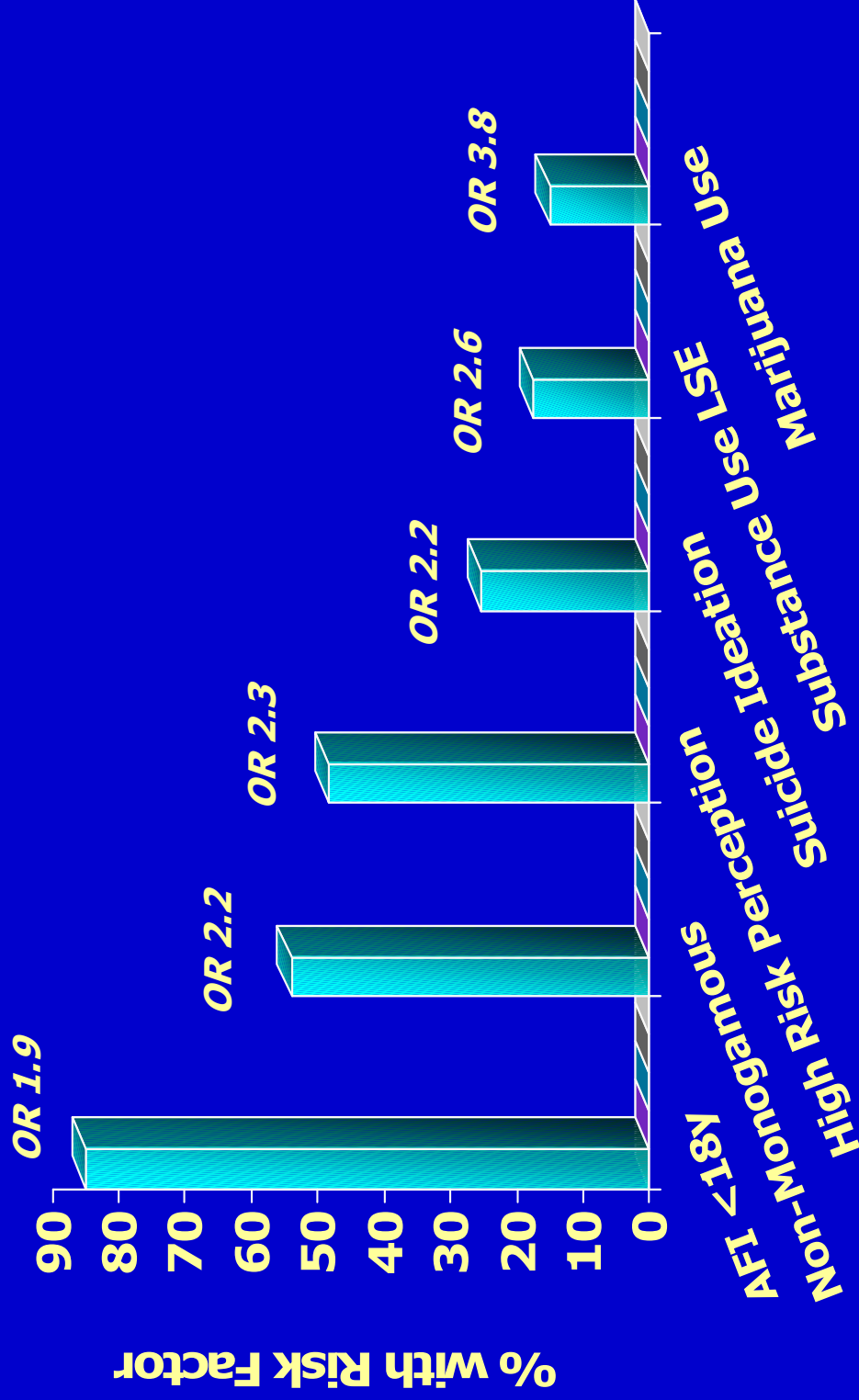
³ aOR 1.92, CI 1.04, 3.55 adjusted for demographic factors; behavioral risk factors decreased estimate substantially and became nonsignificant.

⁴ Adjusting for demographic and behavioral risk factors decreased estimates substantially and remained nonsignificant.

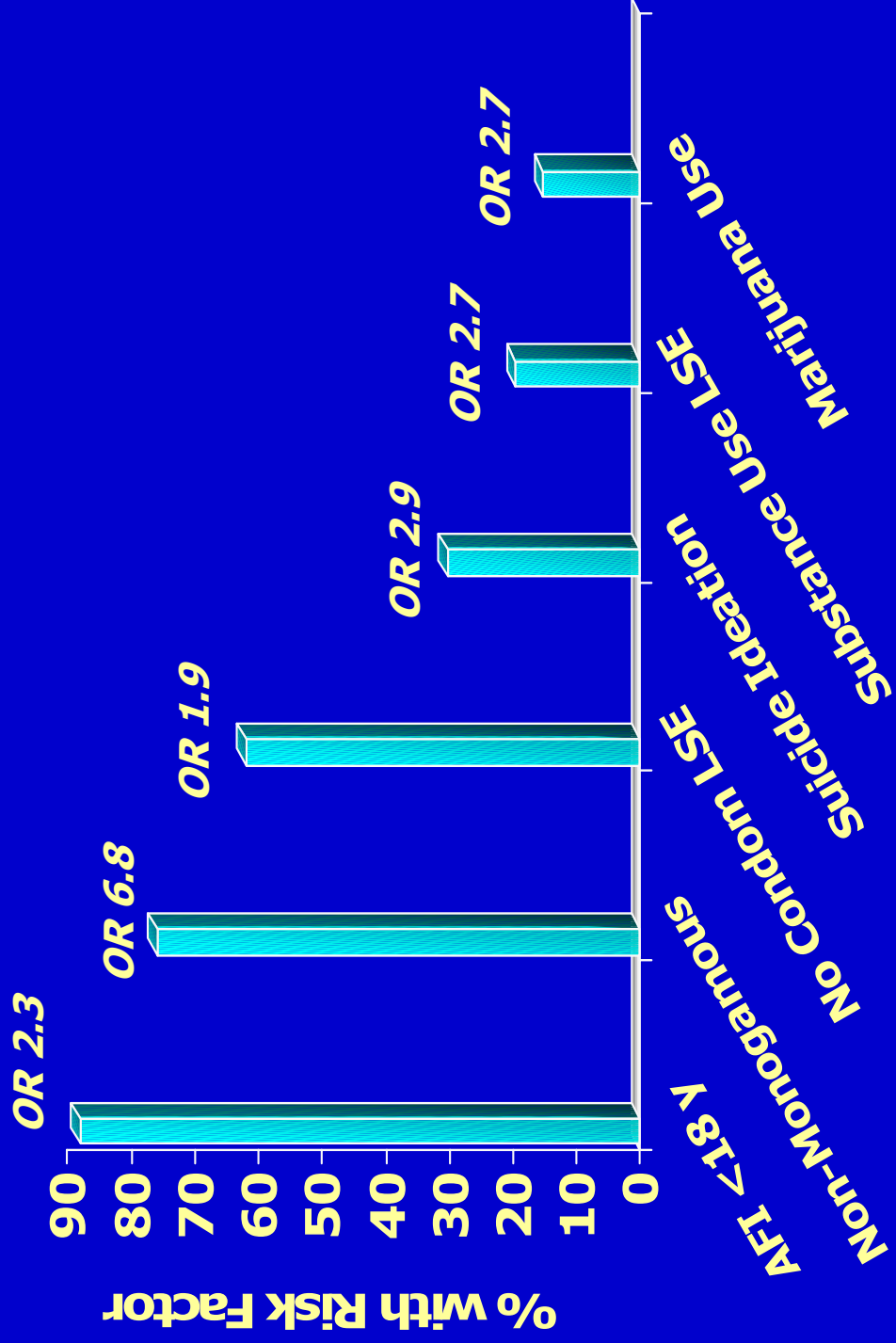
Risk Factors Associated with CSA



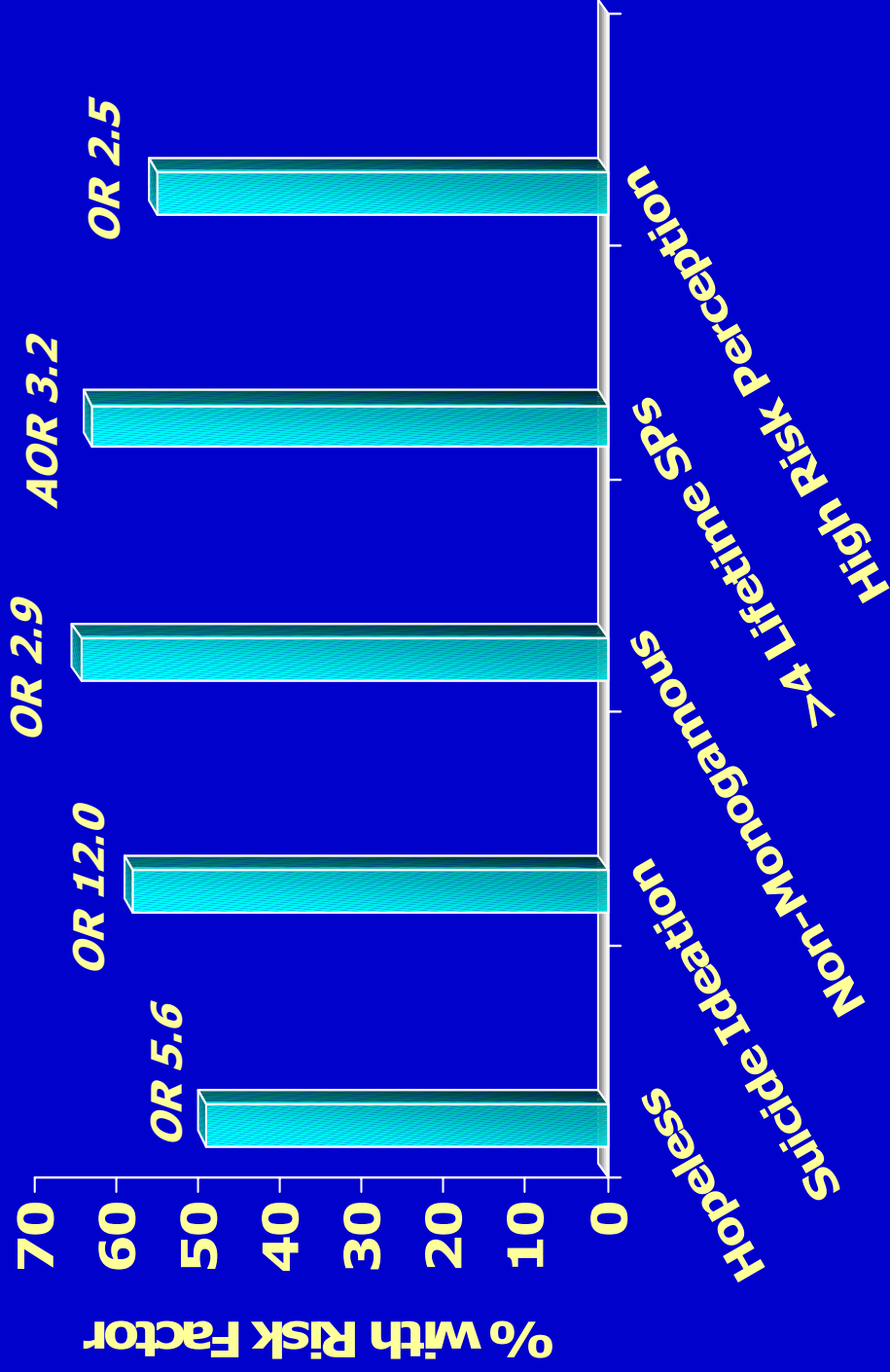
Risk Factors Associated with Parental Verbal Abuse



Risk Factors Associated with Verbal IPV



Risk Factors Associated with Adult Sexual Violence



Summary of Findings

- Prevalence of violence in this sample comparable to national & local studies
- Women with CSA, ASV, & IPV at 70-75% increased risk for STD
- Women with history of sexual violence twice as likely to have STD history
- Behavioral risk factors accounted for a substantial portion of this increased risk
- CSA associated with adult revictimization
- Psychosocial factors & high risk behaviors related to history of victimization

Study Limitations

- Sampling bias:
 - Sample drawn from clinic population – may not be generalizable to population of young African-American women
- Response bias:
 - Reporting of child abuse mandatory
 - Parental abuse difficult to measure
 - Self-reports of STD and personal violence may result in underreporting and may bias the estimate of the effect downward

Recommendations

- Train clinic & HIV C/T staff in violence screening & intervention
- Incorporate IPV and sexual victimization screening into FP & STD settings
- Provide resources to clients for violence prevention and intervention
- Develop HIV/STD risk reduction paradigms for victims of violence