HOW POLYVICTIMIZATION IMPACTS ADOLESCENT'S SEXUAL HEALTH: A LATENT CLASS APPROACH

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Improving adolescent's sexual self-efficacy is critical to reduce the prevalence and incidence of HIV, other sexually transmitted diseases (STDs), and pregnancy.

- Nearly 10 million new STDs are diagnosed among individuals aged 15-24, annually.
- 25% of new HIV infections are diagnosed among individuals aged 13-24
- Adolescent pregnancy rate remains higher in the United States compared to other developed countries.

(http://www.cdc.gov/healthyyouth/sexualbehaviors/)

Understanding the role of violence victimization on adolescent's sexual health

- Adolescents who experience intimate partner violence, community violence, and family violence are more like to engage in risky sexual behaviors
- Violence can expose adolescents to social and psychological vulnerabilities placing them at an increased risk for HIV and other STDS.
 - Relationship power
 - Substance use
 - Mental health problems
 - Self-efficacy
- Multiple types of violence tend to co-occur among adolescents



Study Design

Participants and Procedures

296 pregnant couples were recruited at OB/Gyn and ultrasound clinics in northeast region of the US to participate in a prospective study from pregnancy to 12 months postpartum. Participants were asked lifetime experiences of violence, sexual self-efficacy, and risk behavior questions.

Race/Ethnicity

- African-American (48%, men; 40% women)
- Hispanic (36% men; 40% women)
- White (15% men; 20% women)

Age and Education (in years)

- Mean age for women: 18.7 and for men 21.3
- Average education was 11.8 for men and 11.7 for women

Findings

Latent Class Analyses

Revealed three classes for *females* (No Violence, Peer/Prior IPV, Community/Prior IPV) and *males* (No Violence, Prior IPV, High Polyvictimization).

ANOVA Analyses

Revealed differences in sexual health among female and male classes:

Males in **High Polyvictimization class** *lower* condom use in the past six months than the No Violence class.

Females in **Community/Prior IPV class** *lower* condom use in the past six months compared to No Violence class.

Females in **Peer/Prior IPV class** *lower* condom self-efficacy and positive condom attitudes than the other classes.

Males in **Prior IPV class** reported *more* HIV risks compared to the No Violence class.

Females in **Community/Prior IPV class** communicated about HIV *more* with their partner compared to the No Violence class.







