

Sexual Victimization in Young, Pregnant and Parenting, African-American Women: Psychological and Social Outcomes

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The influence of sexual victimization on the psychological and social adjustment of 177 pregnant and parenting African Americans was examined. Compared with those who had not been victimized, young women with a history of sexual victimization were more symptomatic, had lower self esteem, and had a more external locus of control than the non-victimized women. In addition, women who were sexually victimized at some time in their lives reported higher levels of economic strain. Victimized young women were less satisfied with their social support than their non-victimized peers. Taken together, these findings suggest that the link between sexual victimization and psychological distress in pregnant and parenting adolescents may be mediated through young women's interpersonal resources.

By early adulthood, many young women in this country experience serious stressors that are likely to influence their lives for years to come. Chief among these experiences are premature childbearing and sexual victimization. In fact, the rate of adolescent childbearing is higher in the United States than in any other industrialized nation (Jones, Forrest, & Goldman, 1986). Each year, approximately one million teenagers become pregnant, and about half of these young women carry their babies to term (Hardy & Zabin, 1991).

Similarly, it has been estimated that over one-third of the female children in this country are sexually abused before they turn 18 (Russell, 1983, 1986; Wyatt, 1985). Such figures refer only to incidents involving physical contact or attempted contact; estimated prevalence rates for child sexual abuse are much higher when other forms of sexual exploitation are included. Prevalence rates for sexual assault in adolescence are also unacceptably high. In their study of entering college students, White & Humphreys (1990) found that a full 29% had been victims of either rape or attempted rape between

the ages of 14 and 18. Comparable rates have been documented elsewhere (Koss, Giycz, & Wisniewski, 1987; Wyatt, 1992; Sorenson & Siegel, 1992).

Given the high rates of both early parenting and sexual violence among young women, it is likely that many adolescent mothers are also survivors of sexual victimization. Indeed, several recent studies have documented the prevalence of sexual victimization among young mothers (Boyer & Fine, 1992; Butler & Burton, 1990; Gershenson, Musick, Ruch-Ross, Magee, Rubino, & Rosenberg, 1989). These studies suggest that sexual victimization is at least as common, if not more common (Boyer & Fine, 1992), among adolescent mothers as it is in the general population of adolescent females.

In light of this evidence, researchers are beginning to consider factors that may link sexual victimization with early parenthood. The psychological effects of victimization, including depression, anxiety, substance abuse, low self-esteem, and feelings of powerlessness, (Bagley & Ramsey, 1986; Courtois, 1988) are thought to heighten young women's vulnerability to sexually exploitive relationships, placing them at increased risk for early, unplanned pregnancy. Similarly, certain behavioral correlates of sexual victimization, such as later sexual acting out (Briere, 1989; Russell, 1986), have been cited as contributing to victims' risk for pregnancy (Gershenson, et al., 1989).

In addition to considering the possible predisposing factors, researchers are beginning to examine the consequences of sexual victimization for young mothers. Boyer & Fine (1992) compared adolescent mothers who had not been sexually abused with those who had, and found that the latter were more likely to use drugs and alcohol and less likely to practice contraception. Abused young women were also more likely to have early repeat pregnancies, to be single parents, and to be pregnant by different men. Finally, the sexually abused women were nearly three times more likely than their nonabused counterparts to maltreat their children. The authors suggested that the early victimization of the adolescent parent is associated with later chronic environmental stress, which in turn, may lead to child maltreatment.

Given what is known about the cumulative negative impact of multiple stressful events in adolescence, it is not surprising that sexually victimized young mothers manifest higher rates of problem behavior (Cowen & Work, 1988; Rutter, 1983). This association becomes all the more plausible when we consider that the lives of many young mothers are characterized by chronic economic hardship and psychological distress (Rhodes, Ebert, & Fischer, 1992). Indeed, decreases in socioeconomic status among young, single mothers tend to be strongly related to increases in various forms of psychological distress (Brown, Bhrolchain, & Harris, 1975; McAdoo, 1986; McLoyd, 1990; Pearlin & Johnson, 1977).

There are several factors that may contribute to this heightened distress. Economically disadvantaged mothers tend to be more isolated than middle class mothers (McLoyd, 1990). They are also more likely to encounter major stressors such as illness or death of their children and imprisonment of their partners or husbands (Belle, 1984; Brown et al., 1975; Reese, 1982, McLoyd, 1990; Wortman, 1981). They typically experience demeaning interactions with the public welfare system, which deplete them of energy and time (Marshall, 1982; Crockenberg, 1986). These negative experiences are even more common among young African American women, who often face racial discrimination and poverty (Binsacca, Ellis, Martin, & Petitti, 1987; Belle, 1982; Dressler, 1985; McAdoo, 1986; McLoyd, 1990; Moore & Burt, 1982). Thus, economic

strain, in combination with a host of other stressors, can predispose young mothers to psychological distress. As Pearlin and Johnson (1977, cited in McLoyd, 1990) observed, "the combination most productive of psychological distress is to be simultaneously single, isolated, exposed to burdensome parental obligations and — most of all — poor" (p. 714).

When these stressors accumulate within the context of past or present sexual victimization, an even higher psychological toll may be exacted. Young mothers who have sustained sexual victimization may be even more socially isolated than non-victimized mothers and less willing or able to solicit and obtain needed social support and community resources (Rhodes, Fischer, Ebert, & Meyers, 1993). This, in turn, may reduce the availability of social and economic resources and contribute to heightened distress. The accumulation of stressors, coupled with a decrease in available resources can overtax the coping resources of young mothers. Despite its potential influence, few studies have explicitly addressed sexual victimization among African American women (notable exceptions are Russell, Schurman, & Trocki, 1988; Wyatt, 1985, 1992) or how it affects the psychosocial functioning of young pregnant and parenting women.

Present Study

The purpose of this study was to examine the psychological and social correlates of early parenting and sexual victimization among African American women. Consistent with previous studies, we predicted that economic strain would contribute to the psychological distress of young women. In addition, we expected sexual victimization to be associated with psychological distress, feelings of powerlessness, and reduced self-esteem. We also examined the ways in which the young women's social support resources mediated and exacerbated the effects of economic strain and sexual victimization on psychological functioning. Information of this nature is likely to deepen our understanding of the association between early parenthood and sexual victimization and provide a basis for more sensitive and effective intervention and prevention with this population.

METHOD

Participants

One hundred and seventy-seven young, pregnant, and parenting African American women between the ages of 14 and 22 ($M=18.34$; $SD=1.79$) took part in the study. Of the pregnant women ($N=48$), 52.1% were pregnant with their first child, 29.2% with their second child, 16.1% with their third child, and one participant was pregnant with her fourth child. Of the non-pregnant mothers ($N=129$), 63.6% had one child, 25.5% had two children, and 10.9% had three children. The majority of the participants were receiving welfare benefits (90.8%) at the time of the study and most of the women (96%) had never been married.

The participants were recruited and interviewed at two urban service agencies by a female, African American research associate. Both agencies offer parenting, prenatal, and postnatal health information; one of the agencies also provides nutritional services.

Women who fit the criteria for selection into the study (i.e., parenting, African American, under 23 years of age), were contacted and asked if they could be contacted by the research associate. Interested individuals were told that participation was confidential, voluntary, that transportation would be provided to and from the agency, and that they would receive \$20 for their involvement. All of the women who were contacted agreed to participate in the study. The initial interviews, the basis for the data reported here, lasted approximately two hours and were conducted at the service settings. Data collection was initiated in January, 1990 and was completed the following January.

MEASURES

Measures for this study assessed four general domains: a) social support, b) psychological functioning, c) sexual victimization, and d) economic strain. Background demographic information was also obtained.

Social Support

Social Support Network Questionnaire (SSNQ). The SSNQ is a modification and extension of the Arizona Social Support Interview Schedule (ASSIS) (Barrera, 1981). Six social support functions are included on the SSNQ: emotional support, cognitive guidance, positive feedback, child care/pregnancy assistance, tangible assistance, and social participation. Participants were asked to nominate individuals who were sources of these types of support within the past month, and to rate their satisfaction with the amount and quality of support. Satisfaction with support was calculated as the average overall satisfaction rating for each type of support. Responses were rated on a 5-point scale ranging from not at all to extremely satisfied.

Psychological Functioning

The Symptom Checklist-90-R (SCL-90-R) (Derogatis, 1983). The SCL-90-R is a self-report symptom inventory consisting of 90 items. Good levels of reliability have been found for this measure with alpha coefficients ranging from .77 to .90 and test-retest reliabilities for the scales ranging from .78 to .90 (Derogatis, 1983). The Global Severity Index (GSI), which was calculated from the total scale, combines information on numbers of symptoms and intensity of perceived distress, and is considered the scale's best single indicator of the current level or depth of disorder.

Self-Esteem (Rosenberg, 1979). The Rosenberg Self-Esteem Scale consists of 10 items each rated on a 4-point Likert-type scale ranging from strongly disagree to strongly agree. Past studies indicate an alpha coefficient of .87 and test-retest reliability of .85 (Rosenberg, 1979).

Locus of Control (Nowicki & Strickland, 1973). The Nowicki-Strickland Locus of Control Scale was used to measure the extent to which participants make external versus internal attributions. High reliability and validity levels of this measure have been reported in several studies (Nowicki & Strickland, 1973).

Sexual Victimization

Sexual Experiences Survey (Koss & Oros, 1982). A shortened version of Sexual Experiences Survey was utilized in this study. Participants were asked about unwanted kissing or fondling and unwanted sexual intercourse prior to and since age 14. If the respondent answered yes to any question, they were asked a series of 4 follow-up questions concerning the level of sexual aggression used against them (ranging from verbal coercion to use of physical force).

Economic Strain

Economic Strain Scale (Pearlin, Menaghan, Lieberman, & Mullan, 1981) consists of 9 items designed to assess chronic economic problems such as difficulty paying bills, worrying about money, and not having enough money for essentials .

Participants rated the frequency with which they experience various types of economic strain. Responses were rated on a 4-point scale ranging from never to always. Pearlin et al. (1981) reported stable test-retest reliability (mean coefficient $r = .79$) and, in our sample, internal consistency was adequate ($\alpha = .66$).

Background Demographic Information

A set of fixed-format questions was used to obtain information on participants' age, race, living arrangements, family of origin structure, educational attainment, and employment.

RESULTS

In total, 39 of the participants (22%) reported at least one incident of unwanted kissing, fondling or sexual intercourse. Of these, 7 experienced the abuse both before and after the age of 14, 8 were abused as children and 24 were abused as young women. To maximize the power of subsequent analyses, the various categories of abuse were collapsed across timing and severity to form one general sexual victimization group. Participants who were abused as children (including the 7 who were abused both as children and as adolescents) were compared on all variables of interest to those who were abused as young women only. Chi-squared tests revealed no differences between the groups on marital status or number of children. T-tests showed that the groups were equivalent in terms of psychological functioning (SCL-90 Global Severity Index score, Self-Esteem, Locus of Control), life stress (economic strain and negative life events) and age.

Participants who were victimized as adolescents and/or as children were then compared to the rest of the sample on a number of background demographic variables. T-tests indicated no significant differences between victimized and non-victimized participants on age or years of school completed. Chi-squared tests showed abuse to be independent of living arrangements, marital status, pregnancy status, and number of children.¹

Analyses of Group Differences

A MANOVA was conducted to compare the victimized and nonvictimized groups on indices of psychological functioning and stress (symptomatology, self-esteem, locus of

control, and economic strain). This analysis revealed significant group differences (Wilks' lambda=.87, exact $F(4,172)=6.64$, $p<.001$). Subsequent univariate analysis revealed that the non-victimized groups reported significantly lower levels of psychological and higher levels of economic strain.

Victimization and Economic Strain as Predictors of Symptoms

On the basis of these preliminary findings, regression analyses were conducted in which economic strain and sexual victimization were treated as predictor variables with psychological symptomatology (GSI) as the outcome variable.

Economic Strain alone explained a significant amount of variance (R -squared = .1699, $F = 35.821$, $p < .0001$) (see Table 1). An important research question addressed in this study was whether the addition of sexual victimization as an explanatory variable significantly improved this model's capacity to predict psychological outcomes. Because sexual victimization was treated as a binary variable, it was first necessary to examine whether sexual victimization and economic strain interacted in their effects on symptomatology. If significant, it would be necessary to fit separate regressions for the victimized and non-victimized groups. The interaction was not found to be significant, however, so economic strain and sexual victimization were both entered into one regression equation. As Table 1 reveals, the addition of sexual victimization in the equation added significantly to the model's ability to predict symptomatology, suggesting that beyond the influence of economic strain, a history of sexual victimization has its own deleterious effect on the psychological functioning of young African American mothers.

Table 1. Regressions of Financial Strain and Sexual Victimization on Psychological Symptomatology

First model: Economic Strain Regressed on Psychological Symptomatology			
Variable	DF	Beta	p
Intercept	1	1.817	
Economic Strain	1	-.379	.0001
R-squared=.01699			
Adjusted R-squared=.01652			
F=35.821 p=.0001			
Second Model: Economic Strain and Sexual Victimization Regressed on Psychological Functioning			
Variable	DF	Beta	p
Intercept	1	1.764	
Economic Strain	1	-.325	.0001
Sexual Victimization	1	.171	.0001
R-squared=.2375			
Adjusted R-squared=.2287			
F=27.01 p=.0001			
Comparison of the two models:			
Change in R-squared=.0635			
F=15.1 p<.05			

The Role of Social Support

The absence of interaction between economic strain and sexual victimization indicates that the effect of economic strain on symptomatology is the same, regardless of abuse history. However, as revealed by the univariate tests reported above, the victimized group perceives more economic strain than the non-victimized group.

This difference may be partially a function of the sexual victimization itself. Although many young, African-American mothers rely heavily on their social networks for basic tangible and intangible resources (Stack, 1975), the experience of being sexually victimized may interfere with survivors' ability to elicit and obtain satisfactory support (Courtois, 1988; Finkelhor & Browne, 1985).

To explore this issue in more detail, ratings of satisfaction with social support by the victimized and non-victimized participants were compared. If, in fact, the victimized group had less access to resources than the non-victimized group, this might be reflected in differing levels of satisfaction with their social support resources. As expected, the victimized women were less satisfied with their support resources than the non-victimized women ($t(175) = 2.56, p < .05$). Moreover, the victimized women's ratings of support satisfaction were negatively related to economic strain ($r = -.30, p < .10$) and, in contrast to the non-victimized group, unrelated to wellbeing (see Table 2). These findings support the hypothesis that the victimized group has more difficulty obtaining helpful and effective resources.

DISCUSSION

This study points to some of the difficulties that seem to accompany a history of sexual victimization among an already highly stressed sample of young, pregnant, and parenting African American women. The victimized young women were more symptomatic, had lower self esteem, and had a more external locus of control than the non-victimized women. In addition, women who were sexually victimized at some time in their lives reported higher levels of economic strain. Regression analyses further indicated that experiences of sexual victimization were negatively associated with psychological functioning, even after taking into the account the effects of economic strain. Finally, victimized young women were less satisfied with their support resources than their nonabused peers.

Table 2. Intercorrelations between GSI, Economic Strain and SS for Victimized and Non-victimized Groups

Victimized (n=39)	GSI	Economic Strain	Support Satisfaction
GSI	1.00	0.22	0.07
Economic Strain		1.00	-.30+
Support Satisfaction			1.00
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Non-victimized (n=138)	GSI	Economic Strain	Support Satisfaction
GSI	1.00	0.44***	-0.29***
Economic Strain		1.00	-0.16+
Support Satisfaction			1.00

*** $p < .001$

+ $p < .10$

Taken together, these findings suggest that the link between sexual victimization and psychological distress may be mediated through young women's support resources. Specifically, the experience of being sexually victimized may interfere with the young women's ability to effectively solicit and use needed assistance from members of their social network members. Because acts of sexual violence are frequently committed by men with whom the victims have preexisting relationships, it may be difficult for the young women to fully trust the intentions of potential helpers (Courtois, 1988; Finkelhor & Browne, 1985; Jehu, & Gazan, 1983). The resulting decrease in receipt of satisfactory interpersonal resources may, in turn, contribute to higher levels of economic strain and psychological distress in the abused group.

Of course, in the absence of longitudinal data, it is impossible to ascertain the direction of this relationship. It could be reasonably argued that women with greater economic strain are less able to remove themselves from potentially abusive experiences, and are thus more vulnerable to sexual victimization. Similarly, psychological problems could be either a cause or result of less satisfying support resources. At this point, however, it is important to recognize that these associations exist, even if we are unable to determine the specific causal links. Given that the psychosocial functioning of young mothers is directly related to a host of outcomes, including their children's adjustment, these findings deserve further exploration. Moreover, the results may shed some light onto Boyer and Fine's (1992) earlier findings regarding maternal victimization and child maltreatment.

Our reliance on self-report measures makes it impossible to rule out the possibility that participants who were willing to admit to having been sexually victimized, may also have been more inclined to provide negative appraisals of their psychosocial functioning and social support. Future research in this area would be strengthened through the use of additional assessment techniques. An approach that obtained multiple indicators of social support and economic strain as well as convergent measures of associated psychosocial functioning might be useful in this regard.

Finally, although nearly a quarter of the participants in our study reported sexual victimization, it should be noted that this rate is substantially lower than those reported in previous studies (Boyer & Fine, 1992; Gershenson et al., 1989; Russell, 1986). Several factors may account for this attenuated response rate. First, whereas previous studies of young mothers have investigated a wide range of unwanted sexual experiences, our inventory was restricted to only those forms of abuse that involved unwanted kissing, fondling, or sexual intercourse. Studies reporting higher prevalence rates have typically used a wider range of questions to tap women's memories of unwanted sexual experiences (Wyatt & Peters, 1986). For example, Russell (1986) included 39 questions on different types of victimization experiences. The low response rate in the present study may also have resulted from a systematic under-reporting of actual abuse. Indeed, Wyatt (1992) has argued that sexual victimization may be particularly hidden among African American women. Historical and cultural factors tend to decrease the likelihood of their defining and/or reporting exploitive experiences.

These limitations notwithstanding, this study does provide preliminary data that furthers our understanding of possible links between sexual victimization, adolescent pregnancy and parenting, and psychosocial dysfunction. The young women in this study appear to be suffering the cumulative effects of multiple stressors. The data suggest that pregnant and parenting women who have suffered victimization may have heightened needs for outside intervention as they are less likely to derive satisfactory support from their social networks.

Unfortunately, these young women may be the least likely to utilize support services. In addition to continuing our efforts to prevent sexual victimization and unwanted pregnancy, strategies for identifying young victimized mothers and improving their access to economic resources, appropriate health care, and social services seem particularly important.

NOTES

¹Additional chi-squared tests and one-way ANOVA's were conducted in which age of abuse was treated as a three-level variable (1=only childhood abuse, 2=both childhood and adult abuse, 3=only adult abuse), and the results were the same, with no differences among the three groups on any of the variables tested.

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