

The Effects of an Abusive Primary Partner on the Condom Use and Sexual Negotiation Practices of African-American Women

ABSTRACT

Objectives. This study examined the consequences of having a physically abusive primary partner on the condom use and sexual negotiation practices of young African-American women.

Methods. Interviews were conducted with 165 sexually active African-American women aged 18 through 29 in San Francisco, Calif.

Results. Women in abusive relationships were less likely than others to use condoms and were more likely to experience verbal abuse, emotional abuse, or threats of physical abuse when they discussed condoms. They were more fearful of asking their partners to use condoms, worried more about acquiring the human immunodeficiency virus (HIV), and felt more isolated than did women not in abusive relationships.

Conclusions. HIV prevention programs for women should address domestic violence prevention strategies. (*Am J Public Health.* 1997;87:1016-1018)

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Introduction

An emerging health concern is that women who are victims of physical abuse may not practice appropriate measures to prevent transmission of human immunodeficiency virus (HIV) infection and other sexually transmitted diseases. Women who disclose their HIV status to their partners¹⁻³ and women who negotiate condom use risk the threat of domestic violence.⁴ However, there is a lack of empirical evidence documenting the sexually transmitted disease-related behavioral sequelae of partner physical abuse among women, particularly African-American women.⁵

The present study examined the consequences of having a physically abusive primary partner on the condom use and sexual negotiation practices of young African-American women.

Methods

The subjects (n = 165) were recruited from February 1993 through December 1993 in the Bayview-Hunter's Point neighborhood of San Francisco, Calif, a predominantly lower socioeconomic level African-American community. Eligible women were sexually active, heterosexual, African-American women between 18 and 29 years of age who resided in the Bayview-Hunter's Point community. After the women were informed of the purpose of the investigation and written informed consent was obtained, a trained African-American female interviewer administered a face-to-face, 45-minute private interview at an African-American community-based organization. The study was approved by the University of California San Francisco Committee on Human Research.

The theory of gender and power⁶ was used to conceptualize variables for inclusion in the structured interview. The applicability of social psychological theories for understanding African-American women's sexual behavior has been ques-

tioned because most theories focus on the individual's behavior and fail to address the social context in which the behavior is embedded.^{7,8} Conversely, the theory of gender and power is a social structural theory that examines gender-specific norms, affective influences, and power dynamics within relationships.⁶ The interview assessed the women's age, income, and education. Condom use was calculated as a continuous measure by dividing the number of occasions on which the women used condoms with the primary partner during vaginal intercourse by the total number of episodes of vaginal intercourse with the primary partner in the 3-month period preceding the interview. The women also reported the amount of alcohol and marijuana use in the past month.

The abusive consequences of negotiating condom use were assessed by three items: When you asked your primary partner to use condoms how often were you verbally abused? Threatened with physical abuse? Threatened with abandonment? Similarly, the perceived consequences of negotiating condom use were assessed by four items: How often have you been scared to talk with your primary partner about using condoms because you thought your primary partner might be physically abusive? Verbally abusive? Threaten to physically abuse you? Threaten to abandon you? The women's affective health was assessed by three items: During the past week, have you felt depressed? Isolated? Worried that you might get acquired immunodeficiency syndrome (AIDS)? Relationship commitment was assessed by asking the women whether they had faith that their primary

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partner would always be there for them and whether they believed that their primary partner cared for them.

The presence of a physically abusive primary partner was determined by a woman's response to the following item: During the past 3 months, has your primary partner physically abused you (i.e., slapped or hit you)?

The association between having a physically abusive primary partner and condom use was assessed by contingency table analyses for categorical data and *t* tests for parametric data. Prevalence ratios and their 95% confidence intervals were calculated to assess the magnitude of association between having a physically abusive primary partner and practicing risk and preventive behaviors for sexually transmitted disease.

Results

Structured interviews were completed by 165 women. Overall, 29 (17.6%) reported having a physically abusive primary partner in the previous 3 months. No sociodemographic differences were observed between women who had a physically abusive primary partner and those who did not (Table 1).

Among women with an abusive primary partner, 34.5%, 37.9%, and 27.6%, respectively, reported being physically abused once, from 2 to 9 times, and 10 or more times in the previous 3 months. Women whose primary partner was physically abusive were more likely than others to report never using condoms (71.4% vs 42.6%; $P = .04$) or to use condoms less frequently (22% vs 44%; $P = .04$). Furthermore, women experiencing multiple episodes of abuse used condoms less frequently than women who did not have a physically abusive primary partner (19% vs 44%; $P = .03$).

Women who had a physically abusive primary partner, compared with those who did not, were 4.2, 9.2, and 3.7 times more likely, respectively, to report being verbally abused, threatened with physical abuse, and threatened with abandonment when they asked their primary partner to use condoms (Table 2). Additionally, women who had a physically abusive primary partner were 6.5, 4.1, 3.3, and 3.7 times more likely, respectively, to fear being physically abused, verbally abused, threatened with physical abuse, and threatened with abandonment as a result of negotiating condom use. Women who had a physically abusive primary partner also felt more isolated, worried more about

TABLE 1—Sociodemographic Characteristics (%) of African-American Women Whose Primary Partner Was Physically Abusive and of Those Whose Primary Partner Was Not Physically Abusive, San Francisco, Calif, 1993

	Women with Abusive Partners (n = 29)	Women Whose Partners Were Not Abusive (n = 136)	P
Age, y			
18–24	51.7	57.4	.58
25–29	48.3	42.6	
Education, y			
≤12	55.2	43.7	.26
>12	44.8	56.3	
Monthly income, \$			
≤400	72.4	61.0	.25
>400	27.6	39.0	

TABLE 2—Relationship between Having a Physically Abusive Primary Partner and African-American Women's Condom Use Practices, Affective Health, Relationship Commitment, and Substance Use

	% of Women with Abusive Partners	% of Women Whose Partners Were Not Abusive	Prevalence Ratio ^a	95% Confidence Interval
Consequences of negotiating condom use (past 3 months)				
Partner was verbally abusive	32.1	7.7	4.2	1.9, 9.3
Partner threatened physical abuse	21.4	2.3	9.2	2.5, 34.6
Partner threatened abandonment	14.3	3.8	3.7	1.1, 13.0
Perceived consequences of negotiating condom use				
Partner may be physically abusive	25.0	3.9	6.5	2.3, 18.9
Partner may be verbally abusive	28.6	7.0	4.1	1.7, 9.7
Partner may threaten physical abuse	17.9	5.4	3.3	1.1, 9.6
Partner may threaten abandonment	14.3	3.8	3.7	1.1, 13.0
Affective health (past wk)				
Felt isolated	48.3	28.5	1.7	1.1, 2.7
Felt depressed	20.7	20.0	1.0	.47, 2.3
Worried about acquiring HIV	34.5	17.6	2.0	1.1, 3.6
Relationship commitment				
Belief that partner cares for you	36.7	58.6	1.6	1.1, 2.3
Faith that partner will always be there for you	79.3	88.4	.90	.74, 1.1
Alcohol and marijuana use (past month)				
Consumed 5 or more glasses at once	25.9	12.3	2.1	.94, 4.7
Used marijuana 5 or more times	25.0	32.4	.77	.26, 2.3

^aThe referent category for calculation of the prevalence ratio was women whose partners were not abusive.

acquiring HIV, and were less likely to believe that their primary partner cared for them.

Discussion

In this sample of young African-American women, 17.6% reported having a primary partner who was physically abusive in the 3-month period prior to interview; most of these women reported experiencing multiple episodes of abuse. The results corroborate findings from other studies examining the consequences of partner abuse, including repetition of the partner's assault,⁹ partner's betrayal of care, and the woman's feelings of isolation.¹⁰ While no association was identified between women's alcohol and marijuana use and physical abuse, future studies should assess the frequency and amount of alcohol consumption and drug use by women as well as their abusive partners.

This study identified a strong association between having a physically abusive primary partner and less condom use among women attempting to negotiate safer sex. This finding is particularly alarming given that many HIV prevention interventions emphasize the need for women to assertively ask their sexual partners to use condoms and provide instruction in negotiation skills; however, they fail to address the potential for violent consequences. Clearly, domestic violence poses a direct health threat to women. Less obvious, however, is the indirect health threat that results from women's reluctance to negotiate condom use because of fear of domestic violence. Such fear may reduce the likelihood of women's using condoms and thus contribute to increased transmission of sexually

transmitted diseases, including HIV infection.

To be maximally effective, future sexual risk reduction programs for women should include a violence prevention component. Interventions that validate women's victimization, that examine the link between partner violence and sexual decision-making, and that address date rape, domestic violence, and conflict resolution are critical for providing women with the skills to diffuse potentially volatile situations. Moreover, HIV interventions for women should provide referrals to shelters serving battered women, advise women about rape crisis centers, and inform women of the legal steps that can be initiated against abusive partners.

There are several limitations to this study. The generalizability of the findings is limited to women who meet the study's inclusion criteria. Further, the study did not assess the primary partner's alcohol, marijuana, or other drug use. Additionally, self-reports of partner abuse may underestimate actual partner abuse. Finally, the study did not measure the severity of abuse to determine whether there was a relationship between severity of abuse and condom use.

These findings highlight the public health importance of understanding the consequences of domestic violence for prevention of HIV infection and other sexually transmitted diseases. Helping women deal with partner violence is an essential element in reducing their risk of infection. Social and behavioral interventions designed to address these related health threats are critical in meeting this public health challenge. □

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