



## Self-reported and agency-notified child sexual abuse in a population-based birth cohort



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### ABSTRACT

Child sexual abuse (CSA) has been associated with many adverse psychiatric outcomes. However, most studies have relied on retrospective self-report of exposure to CSA. We set out to investigate the incidence of CSA in the same birth cohort using both retrospective self-report and prospective government agency notification, and examine the psychological outcomes in young adulthood. The primary outcomes were measures of DSM-IV diagnoses (CIDI-Auto) at age 21. The 21-year retrospective CSA questions were completed by 3739 participants. CSA was self-reported by 19.3% of males and 30.6% of females. After adjustment for potential confounders, both self-reported and agency-notified CSA were associated with increased odds of lifetime major depressive disorder (MDD), anxiety disorders, and posttraumatic stress disorder (PTSD). For the first time in a birth cohort, this study has shown the disparity between the incidence of CSA when measured by self-report and government agency notification. Despite this discrepancy, adverse psychiatric outcomes are seen when CSA is defined using either method.

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### 1. Introduction

Child sexual abuse (CSA) has been associated with many adverse outcomes in adulthood such as depression, posttraumatic stress disorder (PTSD), physical health problems, drug use, risky sexual behaviour, and suicidality (Cutajar et al., 2010; Gilbert et al., 2009; Tebbutt et al., 1997). However, there are a number of important methodological variations behind these findings. Among the most crucial is the distinction between cross-sectional self-report studies, in which respondents recall sexual abuse that may have occurred years or even decades prior, and prospective studies that utilise contemporaneous government agency records to define the exposure to abuse. Another important distinction is between studies using a clinical population (e.g. patients attending a mental health clinic) and those addressing a representative population-based sample (Widom et al., 2004).

Retrospective self-report has the advantage of being inexpensive and convenient. The confidentiality and anonymity of recall-based questionnaires also helps address concerns that child sexual abuse is a largely hidden phenomenon (Hardt and Rutter, 2004). However, there is a small but important literature on the accuracy of retrospective recall of childhood abuse that demands attention. Hardt and Rutter (2004) systematically reviewed the literature about self-report of childhood maltreatment. They found that approximately one third of adults who experience significant, agency-substantiated abuse as children do not appear to remember it in adulthood (Widom et al., 1999; Williams, 1994). Furthermore, subjects' self-report of the occurrence of childhood abuse does not remain stable throughout their adulthood (Della Femina et al., 1990; Dube et al., 2004), or can change from childhood to adulthood (Banyard et al., 2001). There can be surprising discrepancies between the recall of siblings who were exposed to the same maltreatment (Bifulco et al., 1997). Reasons for inaccurate disclosure in self-report interviews can include embarrassment, defence against negative emotions, and protection of the abuser (Della Femina et al., 1990). Adults with no or minimal mental health issues tend to under-report agency-documented adverse childhood experiences, while those with psychological problems are more

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likely to retrospectively report them (Cohen and Cohen, 1984).

Findings such as these call into question the validity of apparent associations between child maltreatment and later psychosocial problems that have been derived from retrospective self-report studies, even where a number of such studies have concurred (Widom et al., 2004). The use of child maltreatment data obtained from statutory child protection authorities confers the potential benefit of a contemporaneous, impartial, third party assessment of maltreatment including sexual abuse. However, there are also questions about the accuracy of this method (McGee et al., 1995). The major disadvantage of reliance on agency data is that this data may be relatively insensitive, as only a proportion of all cases of child maltreatment are reported to child protection authorities. This may be particularly relevant in the case of child sexual abuse: an Australian cross sectional self-report study of child sexual abuse suggested a lifetime incidence of approximately 15% in boys and 30% in girls (Dunne et al., 2003), whereas in a prospective birth cohort just over 2% of subjects had been reported to the authorities as suspected cases of sexual abuse (Mills et al., 2014).

Therefore, one expects that reliance on agency data will tend to result in the misclassification of a proportion of sexually abused children into the non-maltreated group (Widom et al., 2004). Additionally, government agency outcome data tends to lack the precision that can be obtained from cross sectional questionnaires, unless researchers engage in detailed coding from the original case notes. For example, the subjects notified to, or substantiated by, a government agency as cases of sexual abuse could cover a very diverse range of inappropriate sexual exposures, from risk alone (e.g. living in a home with a known child sexual offender), to violent sexual assault. Another issue to consider when using prospective agency reports of child sexual abuse is that identified cases may subsequently receive intervention that could alter the longer term psychological outcome, while cases that do not come to the attention of authorities may have more severe consequences due to the secrecy and potential chronicity (Kendall-Tackett and Becker-Blease, 2004).

Very few studies have had the ability to compare the long-term outcome of retrospectively self-reported child sexual abuse with that following prospectively documented notifications of sexual abuse. One such study was by Raphael et al. (2001), who followed 676 subjects with court-documented child maltreatment (including sexual abuse) histories and 520 matched controls. The study found that retrospectively reported child maltreatment, including sexual abuse, was associated with unexplained pain symptoms in adulthood. However, prospectively documented maltreatment was not. While this study raised important questions about the validity of studies using retrospective self-report of maltreatment, it was in the context of a deliberately selected high-risk population. Other major birth cohorts that have addressed outcomes following CSA have either relied on adult self-report (Boden et al., 2007; van Roode et al., 2009), or agency records of general maltreatment without specifically defining CSA exposure (Sidebotham and Heron, 2006).

Thus, there remain many uncertainties about the validity of, and factors influencing, adult recollection of childhood sexual abuse that have yet to be explored outside of socially and clinically high-risk groups. This present study is the first to our knowledge that has sought to use data linkage between a large prospective birth cohort and a state child protection agency to address two major questions about child sexual abuse. First, what is the relationship between adult self-report of CSA and contemporaneous government agency notification? Second, what are the psychological outcomes in adulthood following CSA as defined by self-report, when compared with agency-notified CSA?

## 2. Materials and methods

### 2.1. Data sources

The Mater-University of Queensland Study of Pregnancy (MUSP) is a longitudinal birth cohort study. Between 1981 and 1983, 8556 consecutive pregnant women attending the Mater Misericordiae Mothers' Hospital for their first prenatal visit were invited to participate (Keeping et al., 1989). The final cohort numbered 7223 mother and infant pairs, which included only consenting participants who delivered live, singleton infants at the study hospital. At the first prenatal visit, the women completed a detailed questionnaire covering topics such as demographic background, personal health, and their feelings about the pregnancy. The mothers and children were further assessed when the children were aged 3–5 days, 6 months, 5 years, 14 years, and 21 years. The follow-up rate of the children for the main questionnaire at 21 years was 52.4%.

### 2.2. Child sexual abuse measures

The CSA self-report measure was obtained at the 21-year follow-up. The self-report questionnaire was based on that of Fleming (1997), which was in turn a modification of Wyatt (1985). The same questionnaire has also been used by Mamun et al. (2007) and Dunne et al. (2003). The young adult participants were asked “Did any of the following events happen to you before you were 16?” Five non-exclusive abuse scenarios were offered. Those categorised as non-penetrative child sexual abuse were: “Someone exposed themselves or masturbated in front of you”; “Someone more than 5 years older than you kissed or fondled your breasts or genitals”; and/or “You touched or masturbated the genitals of someone more than 5 years older than you”. Penetrative child sexual abuse was indicated by two statements: “Someone more than 5 years older than you had sexual intercourse with you”; and “Someone more than 5 years older than you had oral sex with you”.

The government agency CSA data had been recorded prospectively by the state child protection agency, the Department of Families, Youth and Community Care (DFYCC). This data was obtained from the records of the DFYCC in September 2000. The child maltreatment data was linked anonymously to the MUSP longitudinal data using an identification number, as described previously (Strathearn et al., 2009). Each time DFYCC received concerning information about possible child maltreatment, a child protection notification was recorded and an investigation commenced. If the investigation confirmed that abuse or neglect had occurred, or there was an unacceptable risk that it would occur, the outcome was recorded as “Substantiated” or “Substantiated, at risk”, along with the type or types of maltreatment – physical, sexual or emotional abuse, and neglect - that were substantiated. If the occurrence, or unacceptable risk, of maltreatment was not confirmed on investigation, an outcome of “Unsubstantiated” was assigned. Some notifications were unable to be investigated, e.g. if the family moved interstate, and thus were assigned the outcome of “Unable to Complete”.

The exposure to agency-recorded child sexual abuse in this study is defined by the occurrence of one or more notifications to DFYCC that reached the threshold for formal investigation for suspected child sexual abuse prior to September 2000, at which time the youngest members of the cohort were 16.5 years old. As a secondary analysis, the outcomes were also examined after narrowing the definition of exposure to only include agency-substantiated cases of CSA.

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