



## Child physical abuse and concurrence of other types of child abuse in Sweden—Associations with health and risk behaviors

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### ABSTRACT

**Objective:** To examine the associations between child physical abuse executed by a parent or caretaker and self-rated health problems/risk-taking behaviors among teenagers. Further to evaluate concurrence of other types of abuse and how these alone and in addition to child physical abuse were associated with bad health status and risk-taking behaviors.

**Methods:** A population-based survey was carried out in 2008 among all the pupils in 2 different grades (15 respectively 17 years old) in Södermanland County, Sweden ( $n = 7,262$ ). The response rate was 81.8%. The pupils were asked among other things about their exposure to child physical abuse, exposure to parental intimate violence, bullying, and exposure to being forced to engage in sexual acts. Adjusted analyses were conducted to estimate associations between exposure and ill-health/risk-taking behaviors.

**Results:** Child physical abuse was associated with poor health and risk-taking behaviors with adjusted odds ratios (OR) ranging from 1.6 to 6.2. The associations were stronger when the pupils reported repeated abuse with OR ranging from 2.0 to 13.2. Also experiencing parental intimate partner violence, bullying and being forced to engage in sexual acts was associated with poor health and risk-taking behaviors with the same graded relationship to repeated abuse. Finally there was a cumulative effect of multiple abuse in the form of being exposed to child physical abuse plus other types of abuse and the associations increased with the number of concurrent abuse.

**Conclusions:** This study provides strong indications that child abuse is a serious public health problem based on the clear links seen between abuse and poor health and behavioral problems. Consistent with other studies showing a graded relationship between experiences of abuse and poor health/risk-taking behaviors our study shows poorer outcomes for repeated and multiple abuse. Thus, our study calls for improvement of methods of comprehensive assessments, interventions and treatment in all settings where professionals meet young people.

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### Introduction

Child physical abuse (CPA) is a major public health and social-welfare problem around the world because of its high prevalence and its association with adverse health and social outcomes (Gilbert et al., 2009; Hazen, Connelly, Roesch, Hough,

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& Landsverk, 2009). In 1979, Sweden became the first country in the world to prohibit all corporal punishment of children. Attitudes toward physical punishment and the use of violence in bringing up children have changed markedly in Sweden during the last 50 years and especially since the law was passed (Gilbert et al., 2009; Janson, 2001; Janson, Långberg, & Svensson, 2007). In a study we carried out in 2010, 15% of the children 13–17 years old reported experiencing CPA (Annerback, Wingren, Svedin, & Gustafsson, 2010). This study also showed a high number of unreported cases and that only 7% of exposed children had told any authority such as school, social services, health care or police about the physical abuse. Thus, even though corporal punishment in Sweden has decreased markedly, violence against children remains a public-health and a social welfare problem in Sweden as well as in other high-income countries (Annerback et al., 2010; Gilbert et al., 2009).

Earlier research has revealed that experience of CPA is strongly associated with poor health status. Individuals with a history of physical abuse often experience poor mental and/or physical health in adulthood (Bonomi, Cannon, Anderson, Rivara, & Thompson, 2008; Widom, DuMont, & Czaja, 2007).

There are strong associations between CPA and health compromising behaviors such as use of tobacco, alcohol and drugs (Becker & Grilo, 2006; Simantov, Schoen, & Klein, 2000). Risk-taking behaviors among teenagers such as delinquency and sexual risk-taking have also been shown to be associated with having a history of CPA (Mason, Zimmerman, & Evans, 1998; Pelcovitz, Kaplan, Goldenberg, & Mandel, 1994). Studies show that these associations with CPA are also prevalent in connection with Child Sexual Abuse (CSA) and witnessing parental Intimate Partner Violence (IPV) (McFarlane, Groff, O'Brien, & Watson, 2003; Simantov et al., 2000). In some studies CPA and CSA were found to be associated with self-injurious and repeated suicidal behaviors (Yates, Carlson, & Egeland, 2008; Ystgaard, Hestetun, Loeb, & Mehlum, 2004). A review article published in 2009 states, however, that there is only weak support for the association between CSA and self-injurious behaviors and that the association is especially weak for CPA (Gilbert et al., 2009).

Exposure to peer-victimization in the form of bullying is another type of child abuse that is associated with poor health expressed in the form of depression, suicidality and social anxiety (Abada, Hou, & Ram, 2008; Gren-Landell, 2010; Klomek, Marrocco, Kleinman, Schonfeld, & Gould, 2007). Even if bullying behavior decreases when children get older it is still a considerable problem among high school students (Klomek et al., 2007).

### *Implications of child physical abuse—Theoretical framework*

As described above, previous research has shown that CPA causes in addition to immediate physical and psychological damage, effects in the child's future life and is associated with poor health and risk-taking behaviors. This cannot be explained by any single cause since health depends on a complex web of different factors (Kendall-Tackett, 2002).

This study has its focus on violence perpetrated by a parent or other care-givers, as there are reasons to believe that this causes damage in different ways than does violence against children executed by other adults. Attachment theory provides a basic and universal explanation of implications of CPA and also points to the difference between being exposed to violence by parents and to violence committed by other adults. If the person who should represent *the Secure Base* for a child is the same person who hurts the child this will seriously harm the vital relationship between child and parent. The individual's *Internal Working Model* (IWM), which is an essential part of personality development, will risk being adversely affected. This will have life-long impact since IWM refers to the framework by which individuals perceive stressful situations, the action of others and their own capacity to influence their own situation (Bowlby, 1988; Broberg, Almqvist, Tjus, Ilstie, & Nilsson, 2003). Theories about *shame* show that victims of abuse often live with *external shame*, a sense of being disgraced by the abuse. This can affect the psychobiological maturation and functioning and result in being prone to shame and to psychopathology for the rest of the individual's life. Such delayed effects may become a "source of later inter-personal relationship difficulties including violence" (Gilbert & Andrews, 1998). In Sweden where all violence against children has been banned for more than 30 years and where corporal punishment is regarded as a crime, exposure to violence from a parent has come to be viewed as a deviant experience. This experience may be perceived as marginalization and exclusion in the society. These background theories give a fundamental base for the present study but are not directly explored; only the later expressions were obtained in the form of self-reported poor health and risk behaviors.

Repeated exposure to abuse has been shown to lead to worse adverse outcomes than single or isolated experiences, which is also true for other types of traumatic experiences that are repeated (Cloitre et al., 2009; Finkelhor, Ormrod, & Turner, 2009; Gilbert et al., 2009; Gustafsson, Nilsson, & Svedin, 2009).

There is growing evidence that demonstrates that different types of abuse often co-occur. Research shows that exposure to multiple types of abuse is associated with worse effects on health than exposure to single forms of abuse. Research focusing on only one type of exposure could therefore have serious limitations arising from the underestimation of the full burden of child abuse and overestimation of the impact of one single type (Bensley, Spieker, Van Eenwyk, & Schoder, 1999; Ford, Elhai, Connor, & Frueh, 2010; Hahm, Lee, Ozonoff, & Wert, 2009; Hazen et al., 2009; Ney, Fung, & Wickett, 1994; Westenberg & Garnefski, 2003).

Poor health has been shown to be linked to socioeconomic factors (Richter, Moor, & van Lenthe, 2010) and it is therefore necessary to control for such factors in order to get knowledge about how much the abuse independently contributes to the outcome of poor health.

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