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## Child Abuse & Neglect



# Psychopathology in a large cohort of sexually abused children followed up to 43 years<sup>☆</sup>

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### ABSTRACT

**Objective:** To determine the rate and risk of clinical and personality disorders diagnosed in childhood and adulthood in those known to have been sexually abused during childhood.

**Methods:** Forensic medical records of 2,759 sexually abused children assessed between 1964 and 1995 were linked with a public psychiatric database between 12 and 43 years later. Cases were compared to control subjects matched on gender and age groupings drawn from the general population through a random sample of the national electoral database.

**Results:** A lifetime record of contact with public mental health services was found in 23.3% of cases compared to 7.7% of controls. The rate of contact among child sexual abuse victims was 3.65 times higher (95% CI, 3.09–4.32,  $p < 0.001$ ). It was estimated that child sexual abuse accounted for approximately 7.83% of mental health contact. Exposure to sexual abuse increased risks for the majority of outcomes including psychosis, affective, anxiety, substance abuse, and personality disorders. Rates of clinical disorders diagnosed in adulthood and childhood remained significantly higher among child sexual abuse cases. Older age at sexual abuse and those exposed to severe abuse involving penetration or multiple offenders were associated with greater risk for psychopathology.

**Conclusions:** This study confirms that child sexual abuse is a substantial risk factor for a range of mental disorders in both childhood and adulthood.

**Practice implications:** Those treating victims of sexual abuse must assess not only disorders commonly associated with trauma, but also low prevalence disorders such as psychosis.

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### Introduction

Research over the last 30 years has established a significant relationship between giving a history of being sexually abused in childhood and a range of mental health and behavioral problems in adult life. The methodologies employed to establish this association in the early years used predominately cross-sectional studies on either patient groups or convenience samples. More sophisticated studies utilizing large random community samples, birth cohorts, and twin cohorts have provided evidence arguably of greater reliability and generalizability.

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An exhaustive review of all mental health outcomes following child sexual abuse (CSA) in the short- and long-term is beyond the scope of this paper (see reviews by Andrews, Corry, Slade, Issakidis, & Swanston, 2004; Beitchman, Zucker, Hood, DaCosta, & Akman, 1991; Beitchman et al., 1992; Browne & Finkelhor, 1986; Fergusson & Mullen, 1999; Finkelhor, 1990; Gilbert et al., 2009; Kendall-Tackett, Williams, & Finkelhor, 1993; Paolucci, Genuis, & Violato, 2001; Putnam, 2003). Community based studies on children, youth, and adult populations have consistently found a moderate to strong relationship between depressive symptoms and reported history of CSA (Andrews et al., 2004; Calam, Horne, Glasgow, & Cox, 1998; Dube et al., 2005; Fergusson, Boden, & Horwood, 2008; Fergusson, Horwood, & Lynskey, 1996; Gilbert et al., 2009; Molnar, Berkman, & Buka, 2001a), with meta-analyses revealing odds ratios for reported CSA history ranging from 2.1 to 7.0 times greater among those with depression (Fergusson & Mullen, 1999). Although many population and clinical studies on youth and adults support a strong relationship between retrospectively reported CSA and posttraumatic stress disorder (PTSD), few community studies have examined the relationship to other anxiety disorders (Andrews et al., 2004). Meta-analysis has shown reported CSA was 1.3–4.3 times greater in those with an anxiety disorder (Fergusson & Mullen, 1999). Population based studies have also demonstrated higher frequencies of reported history of CSA among adolescents and adults with alcohol and/or drug related disorders compared to non-abused counterparts, with odds ratios ranging from 1.01 to 8.9 (Dube et al., 2005; Fergusson et al., 2008; Fergusson et al., 1996; Fleming, Mullen, Sibthorpe, Attewell, & Bammer, 1998; Molnar, Buka, & Kessler, 2001b; Mullen, Martin, Anderson, Romans, & Herbison, 1996; Silverman, Reinherz, & Giaconia, 1996). While the association between reported CSA and borderline and antisocial personality disorders has received the most research attention relative to other personality types, findings largely from clinical studies have yielded inconclusive results. Several recent population based studies on youth and adult samples have demonstrated an association between sexual trauma and psychotic symptoms in general (Bebbington et al., 2004; Janssen et al., 2004; Lataster et al., 2006; Scott, Chant, Andrews, Martin, & McGrath, 2007; Shelvin, Dorahy, & Adamson, 2007a, Shelvin, Dorahy, & Adamson, 2007b; Spauwen, Krabbendam, Lieb, Wittchen, & van Os, 2006; Whitfield, Dube, Felitti, & Anda, 2005); however, the variables of sexual abuse in childhood or schizophrenic spectrum disorders specifically were not examined.

Despite the elevation in scientific rigour over the past 10 years, a number of recurring methodological problems remain in the field of child abuse. A primary limitation relates to the retrospective design adopted in most studies whereby the assumption is made that there is a close correspondence between the history of abuse given in adult life and the actual events in childhood. Recognition of this problem is often couched in terms of introducing a bias in favour of finding an association because disordered adults may spuriously appeal to the now culturally sanctioned explanation of childhood sexual abuse to account for their current distress. Failures of ascertainment due to subjects' unwillingness or inability to recall sexual abuse (Fergusson, Horwood, & Woodward, 2000; Hardt & Rutter, 2004; Widom & Morris, 1997; Williams, 1994) may, however, be a greater problem as it not only reduces those identified as abused among those designated cases, but increases the number of actually abused among controls. Studies also face the hurdle of how to obtain follow-up data on the abused children. To approach adults to request their cooperation with an evaluation would entail the potentially ethically questionable alternatives of either confronting them with their abuse history or misleading them, but still risking accidentally reactivating the trauma.

Prospective studies that ascertain the contemporaneous occurrence of CSA and associated familial and social correlates and follow-up these children over time to determine a range of outcomes offer numerous methodological advantages. These include establishing temporal order, causal priority, control of confounding variables, and avoidance of recall and sampling bias (Fergusson & Mullen, 1999; Gilbert et al., 2009). Although methodologically superior, implementing a prospective design imposes insurmountable ethical (e.g., researcher reporting abuse) and practical (e.g., excessive costs, long time and associated attrition) challenges seldom met. The historical cohort design through linking official records of CSA with public records such as psychiatric, criminal, and coronial databases is an alternative method that overcomes many ethical and practical limitations while maintaining some of the features of a prospective study. However, only some jurisdictions have adequate databases of contact with health services to potentially obtain information about the victims' subsequent mental health.

The extant literature contains only several study groups that have implemented a prospective-type design involving the ascertainment of child abuse without relying on retrospective recall. Prospective studies have also demonstrated an association between CSA and a range of mental health outcomes, however, a number of key issues remain uncertain. For example, few prospective studies have examined PTSD alone, or a range of personality disorders as an outcome, and prospective studies do not appear to support the association between CSA and problematic drug and alcohol use, or a schizophrenic disorder. Moreover, general limitations in prospective studies pertain to combining CSA with other forms of child abuse, non-related diagnostic categories, or diagnoses made in childhood with those made during adulthood, in an attempt to compensate for the small samples typically employed.

This study attempts to fill the gap in the literature created by the absence of adequate prospective studies which examine the relationship between CSA established at the time and later mental health outcomes. The large size of the sample of victims employed also allows investigation of low as well as high prevalence disorders without combining heterogeneous diagnostic groups together. Access to contemporaneous accounts of the abuse potentially offers a more precise examination of the importance of abuse variables and later disorder. The study offers a rigorous test of the assumption that studies based on histories of CSA provide reliable data on the associations to actual CSA. The hypothesis is not that the current consensus that CSA is associated with increased levels of later psychopathology will be overturned. The hypothesis is that the evidence for such associations will be strengthened and extended to inconclusive or uncertain conditions because of the limitations surrounding methodological designs and the measurement of CSA.

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