



# The relationship between childhood sexual abuse and mental health outcomes among males: Results from a nationally representative United States sample

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## ABSTRACT

**Background:** Few studies have examined the associations between childhood sexual abuse (CSA), co-occurrence with other types of maltreatment and adult mental health outcomes, specifically among males. The objectives of this study were to: 1) determine the prevalence of males who have experienced a) childhood maltreatment without CSA; b) CSA without other forms of childhood maltreatment; and c) CSA along with other forms of childhood maltreatment; and 2) determine the relationship between CSA among males and mood, anxiety, substance and personality disorders and suicide attempts.

**Methods:** Data were drawn from the 2004–2005 National Epidemiological Survey on Alcohol and Related Conditions (NESARC) and limited to males age 20 years old and older ( $n = 14,564$ ). Child maltreatment included harsh physical punishment, physical abuse, sexual abuse, emotional abuse, emotional neglect, physical neglect and exposure to intimate partner violence (IPV).

**Results:** Emotional abuse, physical abuse, and exposure to IPV were the most common forms of maltreatment that co-occurred with CSA among males. A history of CSA only, and CSA co-occurring with other types of child maltreatment, resulted in higher odds for many mental disorders and suicide attempts compared to a history of child maltreatment without CSA.

**Conclusions:** Child maltreatment is associated with increased odds of mental disorders among males. Larger effects were noted for many mental disorders and suicide attempts for males who experienced CSA with or without other child maltreatment types compared to those who did not experience CSA. These results are important for understanding the significant long-term effects of CSA among males.

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## 1. Introduction

Child sexual abuse (CSA) is common in the United States (U.S.) with an estimated prevalence between 2.5%–7.8% in males and 11.4%–13.5% in females (Finkelhor, Turner, Shattuck, & Hamby, 2013; Molnar, Buka, & Kessler, 2001). The long-term consequences of experiencing CSA can be devastating and have been well documented in the literature. Those who experience CSA are more likely to be diagnosed with mental disorders, (Afifi et al., 2011, 2014; Afifi, Henriksen, Asmundson, & Sareen, 2012; MacMillan, Tanaka, Duku, Vaillancourt, & Boyle, 2013; Molnar, Buka et al., 2001; Pérez-Fuentes et al., 2013; Walker, Carey, Mohr, Stein, & Seedat, 2004) have suicide-related behaviour (Afifi et al., 2014; Devries et al., 2014; Easton, Renner, & O'Leary, 2013; Holmes & Slap, 1998), and be at increased likelihood for experiencing adult victimization (Afifi et al., 2009; Desai, Arias, Thompson, & Basile, 2002).

Although research focusing on CSA has increased dramatically in the last three decades (Fergusson, McLeod, & Horwood, 2013), much of this literature considers only females, or uses samples that combine males and females. Only a small portion of literature has focused on CSA specifically among males, with many of these studies using small or non-representative samples (Dhaliwal, Gauzas, Antonowicz, & Ross, 1996; Dimok, 1988; Easton et al., 2013; Ellerstein & Canavan, 1980; Fromuth & Burkhart, 1989; Holmes & Slap, 1998; Nalavany, Ryan, & Hinterlong, 2009; Valente, 2005). Results from these studies are further limited by restricted measures of other types of child maltreatment, most often only including physical abuse as a co-occurring type of abuse.

Experiencing CSA can result in negative outcomes in childhood, but can also result in long-term conditions that persist into adulthood. Research examining the long-term mental health sequelae following CSA has focused on comparing males to females or using non-stratified samples. These methodologies shift attention away from the relationship between CSA in males and long-term mental health sequelae, and towards the relative difference or similarities in mental health sequelae between males and females (Dhaliwal et al., 1996; Dube et al., 2005; Fergusson et al., 2013; Spataro, Mullen, Burgess, Wells, & Moss, 2004). Although it is understood that CSA is related to long-term mental disorders, it is currently unknown how CSA is linked to anxiety, substance use, mood, and personality disorders as well as suicide attempts in adulthood specifically among males using a representative general population sample.

The co-occurrence of different types of child maltreatment is common (Dong, Anda, Dube, Giles, & Felitti, 2003; Higgins & McCabe, 2001). However, it is unknown how often CSA among males occurs on its own and with other types of maltreatment. A previous study using a non-stratified sample of males and females showed that physical abuse, physical maltreatment, and physical neglect were significantly more prevalent among individuals with CSA than among those who did not experience CSA (Pérez-Fuentes et al., 2013). Experiencing more than one type of child maltreatment and/or childhood adversity can have cumulative effects and has been shown to increase the likelihood of emotional harm (De Marco, Tonmyr, Fallon, & Trocmé, 2007), suicidality (Afifi et al., 2014; Bryant & Range, 1996), and mental disorders (Afifi et al., 2014). It is unknown to what extent child maltreatment without CSA, CSA only, and CSA with other experiences of child maltreatment may increase the likelihood of long-term mental health sequelae. Additionally, most studies do not look at the co-occurrence of six types of child abuse and neglect (i.e., harsh physical punishment, physical abuse physical neglect, emotional abuse, emotional neglect, and exposure to intimate partner violence (IPV)) with the experience of CSA, which does not provide a complete picture of the relationship between CSA alone and in combination with other types of maltreatment and later mental health outcomes.

This study fills several important gaps in the literature by using a large, representative sample of males from the U.S., using a widely used and validated measure of CSA, examining the co-occurrence between six types of child maltreatment and CSA, and measuring the relationship between child maltreatment and mental disorders and suicide attempts using an additive child maltreatment variable that includes experiences of child maltreatment with and without CSA and CSA alone. The objectives of this study were to: 1) determine the prevalence of males who have experienced a) childhood maltreatment without CSA; b) CSA without other forms of childhood maltreatment and; c) CSA along with other forms of childhood maltreatment and; 2) determine the relationship between CSA among males and mood, anxiety, substance, personality disorders, and suicide attempts while adjusting for sociodemographic factors and history of family dysfunction.

## 2. Methods

### 2.1. Data and sample

Data were drawn from the second wave of National Epidemiological Survey on Alcohol and Related Conditions (NESARC) collected between 2004 and 2005. The second wave of the NESARC is a cross-sectional sample of 34,653 adults aged 20 years and older living in households and non-institutionalized settings. In this study, analyses were restricted to male respondents, resulting in a final sample of 14,564. Data were weighted to adjust for non-response, the selection of one person per household, the oversampling of specific groups, and then further adjusted to be representative of the U.S. population based on 2006 Census data (Grant et al., 2004). Data were collected through face-to-face interviews by trained lay interviewers of the U.S. Census Bureau. The response rate was 86.7%. Further details on the NESARC have been described elsewhere (Grant et al., 2003, 2004; Ruan et al., 2008).

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