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Research article

Physical and mental health of children with substantiated sexual abuse: Gender comparisons from a matched-control cohort study

Isabelle Daigneault^{a,*}, Pascale Vézina-Gagnon^a, Catherine Bourgeois^a, Tonino Esposito^b, Martine Hébert^c

^a Université de Montréal, Psychology Department, Pavillon Marie-Victorin P.O. Box 6128, Downtown station, Montreal, QC, H3C 3J7, Canada

^b Université de Montréal, School of social work, Pavillon Lionel-Groulx P.O. Box 6128, Downtown station, Montreal, QC, H3C 3J7, Canada

^c Université du Québec à Montréal, Sexology Department, P.O. Box 8888, Downtown Station, Montréal, QC H3C 3P8, Canada

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ABSTRACT

When compared to children from the general population, sexually abused children receive more medical services, both for physical and mental health problems. However, possible differences between sexually abused boys and girls remain unknown. The lack of control group in studies that find gender differences also prevents from determining if the differences are specific to sexual abuse or to gender. The objective of the study was to assess differences in physical and mental health between sexually abused boys and girls in comparison to those from the general population. Administrative databases were used to document physical and mental health problems of 222 males and 660 females with a substantiated report of sexual abuse between 2001 and 2010. A comparison group individually matched to those from the sexually abused group on gender, age and geographic area was also used to document gender differences in the general population. Yearly incidence rates of diagnoses resulting from medical consultations and hospitalizations of males and females were compared over five years after a first substantiated sexual abuse report using the mixed general linear model. Sexually abused girls were up to 2.2 times more likely to consult a physician than sexually abused boys for physical health problems. Similar findings are observed in the general population. Conversely, results revealed that sexually abused boys were up to 2.3 times more likely than females to consult a physician for mental health problems. This gender difference was not apparent in the general population group.

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1. Introduction

It is generally accepted that childhood sexual abuse has detrimental effects on the majority of exposed children and adolescents (Abbass, Rabung, Leichenring, Refseth, & Midgley, 2013; Kendall-Tackett, Williams, & Finkelhor, 1993; Tyler, 2002). The most well documented consequences for sexually abused youth are those related to psychological or psychiatric problems. In fact, sexual abuse can be considered as a non-specific risk factor for a variety of different psychological problems

* Corresponding author.

E-mail addresses: isabelle.daigneault@umontreal.ca (I. Daigneault), pascale.vezina-gagnon@umontreal.ca (P. Vézina-Gagnon), catherine.bourgeois.2@umontreal.ca (C. Bourgeois), tonino.esposito@umontreal.ca (T. Esposito), hebert.m@uqam.ca (M. Hébert).

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and psychiatric disorders (Fergusson, Boden, & Horwood, 2008; Hillberg, Hamilton-Giachritsis, & Dixon, 2011; MacMillan, 2010; Maniglio, 2009; Tyler, 2002). Results from adult samples indicate that the risk of developing a mental health problem is up to eight times higher when there was a report of childhood sexual abuse, when compared to a comparison group reporting no abuse (Afifi et al., 2014; Maniglio, 2009). Similar risks of developing mental health problems, with increases up to five and eight fold, are observed in children and adolescents up to ten years following a report of sexual abuse to a child protection agency (CPA) (Daigneault, Hébert, Bourgeois, Dargan, & Frappier, in press; Spataro, Mullen, Burgess, Wells, & Moss, 2004).

Since the adverse childhood experiences study was published over 15 years ago (Felitti et al., 1998), an increasing number of studies have indicated that exposure to traumatic events during childhood, such as sexual abuse, was also associated with increased physical health problems during adulthood. These studies highlight a relatively robust relationship between childhood maltreatment and cardiovascular diseases, cancer, chronic respiratory diseases and liver diseases (Dube, Felitti, Dong, Giles, & Anda, 2003; Fagundes, Glaser, & Kiecolt-Glaser, 2013; Felitti et al., 1998; Miller, Chen, & Parker, 2011). The risk of developing health problems is 1.4–12 times higher depending on the type of health problem and the extent of childhood victimization (Felitti et al., 1998; Irish, Kobayashi, & Delahanty, 2010). Regarding childhood sexual abuse specifically, a review of 31 studies has shown that abused adults are more often obese, have poorer general health, experience a greater amount of pain, and have gastrointestinal and cardio-respiratory problems when compared to adults who were not abused (Irish et al., 2010). In a nationally representative Canadian sample of adults, results have shown that even when socio-demographic characteristics (e.g. education level, household income), smoking and obesity were controlled for, sexual abuse in childhood still increased the risk of reporting specific health problems by 1.3–3.0 times (Afifi et al., 2016).

A number of studies have indicated that child maltreatment is associated with health problems and somatic concerns amongst early adolescents in specific at-risk populations (e.g. low income or high risk of maltreatment) (Flaherty et al., 2013; Lanier, Jonson-Reid, Stahlschmidt, Drake, & Constantino, 2010). When compared to those who were not maltreated, maltreated children and adolescents have also shown an increased risk of diseases, such as asthma, cardio-respiratory problems, and non-sexually transmitted infections (Lanier et al., 2010; Rogosch, Dackis, & Cicchetti, 2011). These youth were more often hospitalized due to these health problems (Lanier et al., 2010), and more likely to report somatic complaints (Rogosch et al., 2011). Sexually abused children and adolescents have also shown a 1.2–1.9 increased likelihood of consulting a physician or being hospitalized for physical health problems over ten years following a sexual abuse report to a CPA (Daigneault et al., in press). Children investigated for sexual abuse allegations were also more likely to suffer from enuresis over a period of ten years than those from the general paediatric population (Anderson et al., 2014), and girls from that same study were more likely to suffer from vaginal infections over the same ten year period.

1.1. Gender differences

Although there are gender differences regarding the prevalence of mental and physical health problems of children and adolescents from the general population (Canada's Chief Public Health Officer, 2011; Costello, Mustillo, Erkanli, Keeler, & Angold, 2003; Petresco et al., 2014), gender differences concerning the consequences of sexual abuse remain understudied and misunderstood (Nooner et al., 2012), especially regarding children and adolescents.

Mental health. Studies conducted with adult populations have shown that compared to women, men sexually abused in childhood presented more symptoms of posttraumatic stress (Marx & Sloan, 2003), a higher risk of psychosis (Shevlin, Dorahy, & Adamson, 2007), and impaired mental health in general (Najman, Nguyen, & Boyle, 2007). On the other hand, associations between childhood sexual abuse and attention deficit disorder have been shown to be stronger in women than in men (Afifi et al., 2014; Najman et al., 2007), and one study found that general psychological distress was similar in women and men (Marx & Sloan, 2003).

The few studies that have included a mixed gender sample of children or adolescents indicate that the risk of developing mental health problems varies according to gender and to the type of disorder studied. With some exceptions (Martinez, Polo, & Zelic, 2014), sexually abused girls present more internalized symptoms than boys, such as disordered eating behaviours; nightmares; somatic complaints; intrusive thoughts; hyper arousal; post-traumatic stress symptoms; dissociation; and, symptoms of mood disorders, including anxiety, and negative perceptions of self, the world and the future, as well as higher levels of sexual anxiety and lower levels of eroticism (Chandy, Blum, & Resnick, 1996; Collin-Vézina, Coleman, Milne, Sell, & Daigneault, 2011; Darves-Bornoz, Choquet, Ledoux, Gasquet, & Manfredi, 1998; Feiring, Taska, & Lewis, 1999; Martinez et al., 2014; Noonan et al., 2012). In turn, sexually abused boys are more at risk of developing externalized symptoms than girls, such as delinquent activities, sexual risk taking, suicidal ideation and behaviours, running away, fits of violence, and substance abuse (Chandy et al., 1996; Darves-Bornoz et al., 1998; Feiring et al., 1999; Rhodes et al., 2011; Spataro et al., 2004; Tyler, 2002). Some studies, however, report no difference between sexually abused boys and girls, who present similar levels of disordered eating behaviours, such as binge-eating, taking diet pills and vomiting (Ackard & Neumark-Sztainer, 2003), and similar levels of emotional problems in general (Garnefski & Arends, 1998). However, these studies have usually relied on retrospective cross-sectional designs, many did not include comparison groups, and gender comparisons were not always specific to childhood sexual abuse. In addition, the majority of studies included small samples of boys, which may limit capacity to detect gender specificities.

In sum, gender differences of mental health problems in sexually abused children, adolescents, and adults seem to differ according to the type of symptoms assessed, and also vary according to the age group studied. In children, there seems to

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