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Child Abuse & Neglect



Mental health indicators fifty years later: A population-based study of men with histories of child sexual abuse

Scott D. Easton (Ph.D) (Assistant Professor)^{a,*}, Jooyoung Kong (Ph.D) (Postdoctoral Fellow)^b

^a School of Social Work, Boston College, 140 Commonwealth Avenue, McGuinn Hall, Room 207, Chestnut Hill, MA, 02467, USA

^b Center for Healthy Aging, College of Health and Human Development, Pennsylvania State University, 422 Biobehavioral Health Building, University Park, PA 16802, USA

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ABSTRACT

Childhood sexual abuse (CSA) is a widely acknowledged trauma that affects a substantial number of boys/men and has the potential to undermine mental health across the lifespan. Despite the topic's importance, few studies have examined the long-term effects of CSA on mental health in middle and late life for men. Most empirical studies on the effects of CSA have been conducted with women, non-probability samples, and samples of young or emerging adults with inadequate control variables. Based on complex trauma theory, the current study investigated: a) the effect of CSA on mental health outcomes (depressive symptoms, somatic symptom severity, hostility) in late life for men, and b) the moderating effects of childhood adversities and masculine norms in the relationship between CSA and the three mental health outcomes. Using a population-based sample from the 2004–2005 Wisconsin Longitudinal Study, multivariate analyses found that CSA was positively related to both depressive and somatic symptoms and increased the likelihood of hostility for men who reported a history of CSA. Both childhood adversities and masculine norms were positively related to the three outcomes for the entire sample. Among CSA survivors, childhood adversities exerted a moderating effect in terms of depressive symptoms. Mental health practitioners should include CSA and childhood adversities in assessment and treatment with men. To more fully understand the effects of CSA, future studies are needed that use longitudinal designs, compare male and female survivors, and examine protective mechanisms such as social support.

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Childhood sexual abuse (CSA) is a widely acknowledged trauma that affects a substantial number of boys/men. CSA is “any completed or attempted sexual act, sexual contact, or non-contact sexual interaction with a child” (Gilbert et al., 2009; p. 69). According to a recent meta-analysis, 8% of men worldwide had experienced some form of sexual abuse prior to the age of 18 (Stoltenborgh, van Ijzendoorn, Euser, & Bakermans-Kranenburg, 2011). In addition to non-contact sexual abuse (i.e., exposure to sexual activity, filming, or flashing) and sexual touching, 5% of men reported that they experienced penetrative sexual abuse in childhood (Gilbert et al., 2009). Due to the intricate web of barriers to reporting and disclosure (Easton, Saltzman, & Willis, 2014), actual incidence rates of CSA for boys/men are likely to be higher.

This high prevalence is concerning because research suggests that CSA can negatively impact survivors; mental health throughout their lives (Gilbert et al., 2009). In the CSA literature, however, the vast majority of studies focused on women;

* Correspondence to: Boston College, School of Social Work, McGuinn Hall, Room 207, 140 Commonwealth Avenue, Chestnut Hill, MA, 02467, USA.
E-mail addresses: scott.easton@bc.edu (S.D. Easton), jzk255@psu.edu (J. Kong).

empirical evidence on the long-term impact of sexual victimization for boys/men is tenuous (Holmes & Slap, 1998). Few studies have examined the effects of CSA on men's mental health in midlife or late life. Studies have revealed that men who were sexually abused are likely to experience impaired masculine identity, stigma related to perceived homosexuality, self-identity disruptions, delays in disclosure, and lack of access to support resources (Easton et al., 2014; O'Leary and Barber, 2008), all factors that could affect mental health. Because of the possibility of gender-specific, long-term differences in the effects of CSA, scholars have called for more research with male survivors (Spataro, Moss, & Wells, 2001).

To address this gap in the literature, the current study assessed the impact of CSA on the mental health of men in middle and late life using data collected from a large, population-based survey. Guided by complex trauma theory (Herman, 1992; Van der Kolk, 1996), we examined the association between CSA and depressive symptoms, somatic symptom severity, and hostility in late adulthood. To improve our understanding of mechanisms that might heighten the impact of CSA, we also investigated potential moderating effects of childhood adversities and masculine norms. By advancing the knowledge base on this neglected population, this investigation will inform intervention strategies and future research that could improve the psychological health of men with histories of CSA.

1. Literature

1.1. Complex trauma theory

The diagnosis of posttraumatic stress disorder (PTSD) was introduced in the third edition of the Diagnostic Statistical Manual (APA, 1980), largely in response to the mental health needs of returning Vietnam War veterans (Courtois, 2004). Despite its clinical utility as the foundational trauma disorder, clinicians and researchers noted that the symptom triad (i.e., re-experiencing, avoidance, and hyperarousal) of PTSD captured a limited range of symptoms that trauma survivors face (Ford & Courtois, 2009). In the early and mid-1990s, scholars introduced the term complex trauma (Herman, 1992; Van der Kolk, 1996), defined as "... a type of trauma that occurs repeatedly and cumulatively, usually over a period of time and within specific relationships and contexts" (Courtois, 2004; p. 412). In addition to fear-based responses inherent in a PTSD diagnosis, survivors of complex trauma such as child abuse often experience additional problems in multiple domains (e.g., affective, self-concept, relational) due to compromised self-organization systems (Briere & Spinazzola, 2005; Ford & Courtois, 2009; Van der Kolk, Roth, Pelcovitz, Sunday, & Spinazzola, 2005).

More recently, scholars have conceptualized traumatic stressors on a continuum ranging from single-incident, adult-onset events of short duration (e.g., automobile accident, natural disaster) to multiple incident, early-onset events over an extended period of time (e.g., child physical abuse, child neglect; Briere & Spinazzola, 2005). Other attributes of complex stressors include: betrayal of trust by caregivers, occurrence during crucial developmental periods in the lives of victims, and co-occurrence with other environmental stressors that augment suffering (Ford & Courtois, 2009; Van der Kolk et al., 2005). Additionally, invasive stressors of an interpersonal nature such as sexual abuse typically invoke tremendous stigma and shame (Briere & Spinazzola, 2005). Survivors of complex stressors are more likely to experience chronic, long-term problems in interpersonal relations and affect regulation such as depression, somatic illness, and anger or hostility (Cloitre, Garvert, Brewin, Bryant, & Maercker, 2013; Van der Kolk et al., 2005).

1.2. Empirical research on CSA

As a prototypal example of a complex traumatic stressor, CSA has the capacity to undermine mental health across the lifespan. An extensive empirical literature has documented linkages between CSA and psychological functioning in adulthood including affective disorders such as depression (Holmes & Slap, 1998; Maniglio, 2009). Cutajar et al. (2010) analyzed data from childhood medical records and public psychiatric databases on a large sample of CSA survivors (80.1% female) in early adulthood. They found that survivors of CSA utilized mental health services at a rate that was 3.65 higher than their non-abused counterparts and had higher rates of a wide range of clinical disorders including depression. Thomas, DiLillo, Walsh and Polusny (2011) conducted a cross-sectional study with 110 female veterans ranging in age from 22 to 65 years and found that CSA predicted depression. In a secondary data analysis of 7700 Australian young adult women (Coles, Lee, Taft, Mazza & Loxton, 2015), researchers established that people with a history of CSA were 1.4 times more likely to be depressed in the past three years than non-abused counter-parts. Conversely, some studies did not find relationships between CSA and major affective disorders in adulthood for men (Cutajar et al., 2010; Molnar, Buka, & Kessler, 2001; Spataro, Mullen, Burgess, Wells, & Moss, 2004).

The research base on CSA and outcomes such as somatic disorders or hostility in adulthood is less developed. Nonetheless, the results of several studies indicate that CSA is related to a higher lifetime rate of somatic or physical health problems. Nelson, Baldwin, and Taylor (2012) completed an integrative literature review and found that adults with a history of CSA are more likely to experience medically unexplained symptoms (e.g., irritable bowel syndrome) than adults with no abuse history. Other studies with convenience samples of women have found that CSA is related to a greater likelihood of experiencing bodily pain (Coles et al., 2015) and migraine headaches (Bunevicius et al., 2013) in early and middle adulthood. One prospective study that included male survivors, however, found no association between CSA and somatic problems (Spataro et al., 2004). Several qualitative studies have found that CSA was related to anger and rage among men (Fater & Mullaney, 2000; Lisak, 1994; Sigurdardottir, Halldorsdottir, & Bender, 2012). The results of two other studies indicated that

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