



Effects of attention-deficit/hyperactivity disorder on child abuse and neglect



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ABSTRACT

It is known that children with mental and developmental problems are at risk of abuse and neglect. Attention-deficit/hyperactivity disorder is one of the most frequent neurodevelopmental disorders in children and adolescents. The purpose of this study is to examine whether children diagnosed with ADHD are under more risk in terms of child abuse and neglect compared to controls. In this case-control study, 104 children, who applied to Child and Adolescent Psychiatry Unit of Bursa Yuksek Ihtisas Training and Research Hospital between January and June 2015, were diagnosed with ADHD, and had no other psychiatric comorbidity except for disruptive behavior disorders, and 104 healthy children were compared. Abuse Assessment Questionnaire was applied to children after approval of the families was received. It was determined that the children diagnosed with ADHD were exposed to more physical (96.2%) and emotional abuse (87.5%) in a statistically significant way compared to controls (46.2%; 34.6%), they were exposed to physical and emotional neglect (5.8%) at a lower rate compared to healthy children (24.0%), and there was no difference between them and healthy children in terms of witnessing family violence (56.7%; 47.1%) and being exposed to sexual abuse (5.8%; 1.9%). The children diagnosed with ADHD were exposed to physical and emotional abuse at a higher rate; further studies should emphasize the role of parents in this topic and how parental education and treatment programs change the results.

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Attention-deficit/hyperactivity disorder (ADHD) is a neurodevelopmental disorder characterized with inattention, hyperactivity, and impulsivity inappropriate to age and development level ([American Psychiatric Association, 2000](#)). ADHD is one of the most frequent psychiatric disorders in children and adolescents and its prevalence worldwide was reported as 5.29% in a meta-analysis study ([Polanczyk, de Lima, Horta, Biederman, & Rohde, 2007](#)). Its prevalence in boys is reported to be higher than in girls, and this rate varies between 2 and 9:1 depending on sampling sources ([Rucklidge, 2010](#)).

ADHD-associated symptoms pave the way for numerous problems, such as low academic success, learning disabilities, lower occupational status, difficulties in social relationships, increased risk for substance use, frequent accidents, behavioral problems, anxiety, and mood disorders through the lifespan ([Barkley, 2002](#); [Biederman, 2005](#)). Comorbid psychiatric

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disorders are commonly seen in children diagnosed with ADHD. The most frequently encountered comorbid diseases are disruptive behavior disorders and anxiety disorders (Biederman, 2005; Hergüner & Hergüner, 2012; Taurines et al., 2010).

Child abuse is a common problem in the world. According to data from National Youth Center, approximately 3 million children were abused in the United States of America in 1993. Almost half of these children were exposed to moderate or serious injury due to abuse (Snyder & Sickmund, 2006).

Child abuse occurs in several different ways. The National Society for the Prevention of Cruelty to Children (NSPCC) describes types of child abuse as follows: a) Physical abuse: refers to every action causing injury to the child. b) Emotional abuse: refers to every type of action damaging self-respect of the child. c) Neglect: refers to disregard of basic needs of child (physical or emotional) (NSPCC, 2010). There is evidence that children having mental and developmental problems are at risk of physical abuse and neglect (Sullivan & Knutson, 2000). For example, reports state that 18.5% of children with autism were physically abused, and 14.3% of girls diagnosed with ADHD were abused (Mandella, Walrathc, & Manteuffeld, et al., 2005).

In a cross-sectional study, researchers found that emotional abuse and neglect were more common than other types of abuse among children, and children diagnosed with ADHD were exposed to more physical and emotional abuse and neglect than were non-ADHD children (Hadianfard, 2014). Similarly, Ford et al. (2000) reported that rates of physical and sexual abuse were higher in children diagnosed with ADHD, oppositional defiant disorder, and especially comorbid ADHD and oppositional defiant disorder. In a study comparing a group of abused children diagnosed with ADHD with a group of non-abused children diagnosed only with ADHD in terms of symptoms and course; it was found that abused children diagnosed with ADHD had higher inattention and impulsivity scores while hyperactivity symptoms were similar. In the group diagnosed only with ADHD, boys experienced onset at a younger age than girls did; however, there was no difference between boys and girls in terms of age at onset in the abused group with ADHD (Becker-Blease & Freyd, 2008). Population-based studies questioning adult subjects retrospectively, in terms of ADHD symptoms and child abuse, indicated that childhood ADHD symptoms were correlated with self-reported child abuse (Fuller-Thomson, Mehta, & Valeo, 2014; Fuller-Thomson & Lewis, 2015; Ouyang, Fang, Mercy, Perou, & Grosse, 2008).

Children diagnosed with ADHD continuously and recurrently demonstrate social behavior problems such as tantrums, verbal and physical aggression, hostility, disturbance, and extroverted behaviors. Those behaviors produce/increase pervasive conflicts with teachers, peers classmates, and parents (Barkley, 2002). Children diagnosed with ADHD often do not follow the rules and limitations established by adults; therefore, parents, teachers, or other students feel desperate and exhausted in their relationships with these children (Aro, Imasiku, Haihambod, & Ahonen, 2011). In addition, numerous teachers are not adequately equipped to work with children with special needs (Mapsea, 2006). Deficiencies of teachers and parents in evaluating ADHD as a real disease also leads them to consider these children lazy or untalented (Olaniyan et al., 2007).

Genetic research indicates that ADHD is mainly an inherited disorder (Biederman, 2005). This means that many children diagnosed with ADHD have parents diagnosed with adult ADHD. Children having parents diagnosed with psychiatric disorders receive inadequate parental care (Mooney, Oliver, & Smith, 2009). Studies show that adults diagnosed with ADHD have difficulties in parenting skills. For example, these parents experience more stress, feel deterred more easily, have more discussions with family members, and have lower self-confidence (Yousefia, Soltani, & Abdolahia, 2011; Harvey, Danforth, McKee, Ulaszek, & Friedman, 2003). Previous related studies revealed that parents diagnosed with ADHD had more marital problems (Murphy & Barkley, 1996), had difficulties working at their jobs regularly (Murphy & Barkley, 1996), and had financial problems (Stavro, Ettenhofer, & Nigg, 2007). Poverty is an independent risk factor for child abuse (Drake & Pandey, 1996). Furthermore, parents with ADHD have difficulty being patient and experience outbursts of anger, and this situation establishes a risk for abuse because the parents have higher impulsivity and lower emotion regulatory skills (Surman et al., 2011).

Previous studies on the correlation between ADHD and child abuse were mostly population-based and cross-sectional studies in which adult subjects were retrospectively questioned in terms of ADHD diagnosis and abuse (Fuller-Thomson & Lewis, 2015; Fuller-Thomson et al., 2014; Ouyang et al., 2008). On this point, an important difference of our study from others was that it was conducted on subjects in child and adolescent age groups, and diagnosis of ADHD was confirmed and established by a child and adolescent psychiatrist based on DSM-V criteria via semi-structured interview (e.g. K-SADS-PL). Also, in previous studies, evaluations were carried out in terms of primarily physical and sexual abuse, and enough information was not provided in terms of emotional abuse and neglect (Mulsow, O'Neal, & Murry, 2001; Ford et al., 2000; Fuller-Thomson et al., 2014). In several studies examining emotional abuse and neglect, the small size of sample groups is remarkable (Becker-Blease & Freyd, 2008; Hadianfard, 2014). All subtypes of abuse (physical, emotional abuse, neglect, family violence, and sexual abuse) were questioned in interviews regarding present subjects.

The present study involved ADHD-diagnosed children applying to the Child and Adolescent Psychiatry Outpatient Clinic in order to receive treatment. And aimed to compare children diagnosed with ADHD with age/gender matched in terms of subtypes of child abuse. Hypotheses of the study were (1) Children diagnosed with ADHD would be exposed to all types of abuse at higher rates than controls, (2) ADHD subtypes would differ in terms of being exposed to abuse, and lastly (3) The rate of the children's exposure to abuse would increase with ADHD and disruptive behavior disorders comorbidity.

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