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Invited Review

Gender differences in the effects of childhood maltreatment on adult depression and anxiety: A systematic review and meta-analysis



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ABSTRACT

Child maltreatment has well-documented long-term, adverse effects on mental health, but it is not clear whether there are gender differences in these effects. We conducted a systematic review to investigate whether there are gender differences in the effects of maltreatment on adult depression and anxiety. Medline, PsycINFO, Web of Science, and Lilacs were searched for relevant studies published up to May 2016. Eligible studies included population-based studies (with a cohort, case-control or cross-sectional design) which assessed maltreatment during childhood or adolescence (≤ 18 years) and its association with major depression or generalized anxiety disorder (DSM/ICD diagnostic criteria) in adulthood (> 18 years) separately for females and males. Meta-analysis was performed to estimate the association between each exposure and outcome using fixed and random effects models. Pooled odds ratios (OR) were estimated separately for women and men and compared. Five studies of physical and sexual abuse were included in the meta-analyses. These provided twenty-two effects sizes estimates (11 for men, 11 for women) for associations between physical/sexual abuse and depression/anxiety. Exposure to each kind of abuse increased the odds of depression/anxiety. Associations were larger for women than for men, however, these gender differences were not statistically significant. Physical and sexual abuse in childhood/adolescence are risk factors for depression/anxiety in adulthood and the effect could be larger for women; however, currently there is insufficient evidence to definitively identify gender differences in the effects of maltreatment.

1. Introduction

According to the World Health Organization (Butchart & Kahane, 2006), maltreatment of children and adolescents, also referred to as abuse and neglect, includes all forms of physical and emotional ill-treatment, sexual abuse, neglect, and exploitation of children that results in actual or potential harm to health, development or dignity. Global estimates from self-report studies suggest that 127 per 1000 people have experienced sexual abuse during childhood, 226 physical abuse, and 363 emotional abuse (Stoltenborgh, Bakermans-Kranenburg, Alink, & van Ijzendoorn, 2015). Sexual abuse tends to be two-three times higher among girls than among boys (Stoltenborgh, Bakermans-Kranenburg, Alink, & van Ijzendoorn, 2015; WHO, 2014). The United Nations' Sustainable

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Development Goals include ending abuse, exploitation, trafficking and all forms of violence and torture against children and adolescents (UNDP, 2015).

Maltreatment in childhood and adolescence has important consequences for health throughout the life-course (Gilbert et al., 2009), including depression and anxiety, which are leading causes of the global burden of disease (Whiteford et al., 2013). Many studies show a strong link between childhood abuse and the development of depression and anxiety in adulthood (Chaffin, Silovsky, & Vaughn, 2005; Comijs et al., 2007, Comijs et al., 2013; Cogle, Timpano, Sachs-Ericsson, Keough, & Riccardi, 2010; Fonzo et al., 2016; Harkness, Bruce, & Lumley, 2006; Levitan, Rector, Sheldon, & Goering, 2003; Nanni, Uher, & Danese, 2012; Paul, & Eckenrode, 2015; Sachs-Ericsson, Kendall-Tackett, & Hernandez, 2007; Safren, Gershuny, Marzol, Otto, & Pollack, 2002; Shapero et al., 2014; White, 2011; Widom, DuMont, & Czaja, 2007). A recent meta-analysis of prospective studies found positive associations between abuse in childhood/adolescence and adult depression (OR = 2.0) and anxiety (OR = 2.7) (Li, D'Arcy, & Meng, 2016).

It is not clear whether the effects of abuse on mental health are similar or different for females and males. Depression and anxiety disorders are more common among women compared to men (Kessler et al., 2005), and some research suggests that the effects of abuse may be larger for women (Gershon, Minor, & Hayward, 2008). However, individual empirical studies have had mixed results: some found a stronger association between childhood abuse and depression and anxiety for females (Brensilver, Negri, Mennen, & Trickett, 2011; Dunn, Gilman, Willett, Slopen, & Molnar, 2012; Hanson et al., 2008; Iverson et al., 2013; Moses, 1999; Singer, Anglin, Song, & Lunghofer, 1995; Wainwright, & Surtees, 2002), while others showed similar associations or even larger effects for males (Dinwiddie et al., 2000; Pimlott-Kubiak, & Cortina, 2003; Reinherz, Paradis, Giaconia, Stashwick, & Fitzmaurice, 2003). These differences may be explained by methodological differences between studies, such as their designs, sample differences (clinical samples versus population-based samples, for example), as well as types of exposure and outcome measures.

In 2008, a narrative literature review on gender differences found four studies that showed larger effects of abuse on mental health for women, and seven studies that found no significant differences by gender (Gershon et al., 2008). This review did not use meta-analysis and included studies with various different types of mental health outcomes, such as social phobia, post-traumatic stress disorder, alcohol and drug abuse, behavioural disorders and depression. The aim of the present study was to quantitatively synthesise the current evidence concerning possible gender differences in the effects of maltreatment in childhood and adolescence on the occurrence of depression and anxiety in adulthood.

2. Methods

This study followed the protocol proposed by the Preferred Reporting Items for Systematic reviews and Meta-analysis (PRISMA) (Moher, Liberati, Tetzlaff, & Altman, 2009). A search for eligible original articles was conducted in four electronic databases: MEDLINE (1950–2016), PsycINFO (1967–2016), Web of Science (1900–2016) and the Latin American and Caribbean Health Sciences (Lilacs) (1986–2016) from inception to 26 May 2016. The search terms used for the outcomes of interest were: "depression," "anxiety," "common mental health" and "internalizing". The search terms used for the exposures of interest were: "abuse", "neglect" and "maltreatment". The combination of search terms was performed using the following connectors: ("depression" OR "anxiety" OR "common mental health" OR "internalizing") AND ("abuse" OR "neglect" OR "maltreatment"). The initial search was not restricted by age, date of publication or language.

After the search process, references were imported into EndNote software (Thompson Reuters, USA) and duplicate references were excluded. We also examined reference lists from all prior literature reviews found in our search, regarding the effects of maltreatment on mental health (Chen et al., 2010; Gershon et al., 2008; Hillberg, Hamilton-Giachritsis, & Dixon, 2011; Infurna et al., 2016; Li et al., 2016; Lindert et al., 2014; Maniglio, 2009; Nanni et al., 2012; Norman et al., 2012; Ribeiro, Andreoli, Ferri, Prince, & Mari, 2009; Trevillion, Oram, Feder, & Howard, 2012).

Original population-based studies were included in the review (including cohort, case and control, and cross-sectional studies) that evaluated maltreatment occurring during childhood or adolescence (≤ 18 years) and major depression or generalized anxiety disorder in adulthood (> 18 years). Eligible studies must have used DSM or ICD diagnostic criteria to define their outcome, and report measures of association separately for women and men. We excluded studies that evaluated institutionalized children or specific minorities (e.g. children with special needs, and juvenile offenders, among others).

Study screening was performed independently by two reviewers (EAG and TNM). Initially, duplicate records were excluded, titles were screened and abstracts reviewed. Finally, full-text articles were examined (see Fig. 1). When an article met all inclusion criteria but did not report results stratified by gender, we sent an e-mail to the authors asking for this information.

Discrepancies between the two reviewers conducting the screening were reviewed and discussed to reach a consensus. When necessary, a third author was consulted (JM). Subsequently, the methodological quality of included articles was evaluated (by EAG and TNM) with an adapted version of the checklist developed by Downs & Black (1998). Of the 27 questions in the original version, we used 19 for our review, excluding the items referring to clinical trials. This checklist assesses the quality of study reporting, and its external validity and internal validity.

To evaluate the association between maltreatment and depression/anxiety, we conducted independent meta-analyses for each of the maltreatment exposures in the included studies (physical abuse and sexual abuse) and separately for each outcome (depression and anxiety). All analyses were stratified by gender. The heterogeneity of the models was evaluated using the I^2 statistic. To estimate combined effects we calculated pooled odds ratios (OR), using fixed effects models when the I^2 was $< 30\%$ and random effects models when otherwise. A random effects model was used in most of the analysis because of the observed heterogeneity. Meta-regression using a Chi-square test (modified by Knapp-Hartung) was conducted to evaluate whether the pooled associations were different for women and men. A single study which was eligible for the review, but for which no other studies examined the same

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