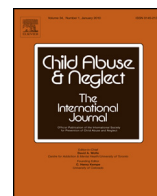




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Child Abuse & Neglect



Research article

Incidence of childhood abuse among women with psychiatric disorders compared with healthy women: Data from a tertiary care centre in India[☆]

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ABSTRACT

Childhood abuse has been recognized as a precursor and a maintaining factor for adult psychopathology. There are very few studies that have investigated the incidence of childhood abuse in adult women with psychiatric disorders. Hence, this current investigation is an attempt to study and compare the incidence of childhood abuse (physical, emotional and sexual) among women seeking treatment for psychiatric disorders to healthy women. Using consecutive sampling, women seeking treatment for psychiatric disorders ($N = 609$) and a group of age–education matched healthy women ($N = 100$) were recruited for the study from a tertiary mental health–care hospital in India. The participants were screened for childhood abuse using the **ISPCAN Child Abuse Screening Tool - Retrospective (ICAST)–R** (I-CAST R, International Society for the Prevention of Child Abuse and Neglect (ISPCAN) and The United Nations Children's Fund (UNICEF), 2009). Emotional abuse was significantly more common among women with psychiatric disorders compared with healthy women ($p < 0.05$). On overall abuse, there was a trend to significance in women with psychiatric disorders compared with healthy women ($p = 0.07$). There was no statistically significant difference between the two groups on physical and sexual abuse (all $p > 0.13$). There was no statistically significant difference in all three types of abuse across disorder categories, though the report was more among women with severe mental disorders. Women with psychiatric disorders reported more emotional and overall abuse compared with healthy women. Sexual and physical abuse was similar in both groups. It is likely that more emotional abuse predisposes these women to psychiatric disorders.

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Introduction

Epidemiological studies of childhood abuse show that as many as a quarter of all women report a history of childhood abuse (Dube et al., 2001; Felitti et al., 1998; Walker et al., 1999). Among women, childhood abuse has been linked with a variety of psychological health as well as physical health difficulties in adulthood. The nature of psychological health issues ranges from that of minor mental health problems such as anxiety disorders and phobias to severe mental health

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problems such as schizophrenia, affective disorders and depression. Childhood abuse is reported to be commonly associated with negative psychological health problems, including depression, post-traumatic stress disorder (PTSD) and substance abuse (Widom, Dumont, & Czaja, 2007). A recent meta-analysis suggested that childhood abuse also predicts physical health problems, which is similar to the association between abuse and psychological outcome (Wegman & Stetler, 2009). Some studies have highlighted an association between any one type of abuse and psychopathology, whereas other studies have included multiple forms of abuse. Nonetheless, studies have shown a greater association between childhood abuse and adulthood psychiatric disorders.

There is a large body of empirical investigations suggesting an association between childhood sexual abuse and psychiatric disorders. Experiences of childhood sexual abuse have also been associated with depression, suicidal ideation, substance abuse and PTSD, which appear to be more common; other psychiatric disorders include borderline personality disorder, dissociative identity disorder, pain disorders and bulimia nervosa (Beitchman et al., 1992; Briere & Runtz, 1990; Dube et al., 2005; Finkelhor, Hotaling, Lewis, & Smith, 1989; Putnam, 2003; Sapp & Vandeven, 2005; Windle, Windle, Scheidt, & Miller, 1995).

Research on childhood physical abuse has indicated an increased risk of lifetime adult psychopathology including depression, substance abuse and attachment issues (Afifi, Brownridge, Cox, & Sareen, 2006; Miller-Perrin, Perrin, & Kocur, 2009; Springer, Sheridan, Kuo, & Carnes, 2007; Widom et al., 2007). Individuals who experienced emotional abuse were shown to be more prone to develop chronic physical and mental illness such as depression, injury, drug addiction and alcoholism (Tomilsson & Tucci, 1997).

Similarly, past experience of childhood abuse and neglect (multiple forms of abuse) has been associated with lifetime personality disorders, PTSD, dissociative disorders, depression, anxiety disorders and psychosis (Afifi, Boman, Fleisher, & Sareen, 2009; Chapman et al., 2004). In an American representative study based on the National Comorbidity Survey, adults who had experienced child abuse and neglect were two and a half times more likely to have a major depression and six times more likely to have PTSD compared with adults who had not experienced abuse or neglect (Afifi et al., 2009).

There is also a growing body of literature showing a higher prevalence of childhood sexual abuse and physical abuse among women with severe mental illness as compared with women from general population. About 43–52% of the women with severe mental illness have reported history of childhood sexual abuse as compared with 13–32% from general population. Similarly, 33–52% of women with psychiatric disorders reported history of childhood physical abuse as compared with 20–21% of women from general population (Briere & Elliot, 2003; Chartier, Walker, & Naimark, 2007; Cloitre, Tardiff, Marzuk, Leon, & Potera, 1996; Edwards, Holden, Felitti, & Anda, 2003; Finkelhor, Hotaling, Lewis, & Smith, 1990; Muenzenmaier, Meyer, Struening, & Ferber 1993; Mueser et al., 1998; Rosenberg, Lu, Mueser, Jankowski, & Cournos, 2007). In a report by Goodman, Rosenberg, Mueser, and Drake (1997), the childhood physical and sexual abuse rates range between 51% and 97% and variation have been shown as result of methodological issues within the studies under review.

In summary, all types of childhood abuse have been shown to be associated with a greater incidence of psychiatric disorders in adulthood. Further, early child abuse experiences affect not only the mental health but also the course and outcome of the treatment, with more reported treatment resistance and increased symptom severity (Kendall-Tackett & Becker-Blease, 2004).

Methodological Issues in Childhood Incidence Studies

Methodological differences in various incidence studies lead to variations in the reporting of childhood abuse among women with mental illness. These differences are mostly seen in the areas of, cross-sectional versus retrospective studies, setting of data collection, measurements used for the study, sample size and selection, the use of comparative group and clinical profile of the participants (Brier, 1992).

With respective studies done in clinical settings, it has been observed that there are differences in the reporting of incidences of childhood abuse among women with mental illness from community and women attending to clinical services. Studies conducted at the clinical set-up have provided a higher prevalence of childhood abuse as compared with community-based studies (Jacobson, 1989; Rose, Peabody, & Stratigeas, 1991). Moreover, direct interviews with the participants also enhance the reporting of the abuse (Jacobson & Herald, 1990).

Most of the studies investigating the relationship between childhood abuse and adult psychopathology are limited by relatively small sample sizes and the absence of healthy comparison groups (Goodman et al., 1997). Brier (1992) has indicated that the comparison groups for research studies are not matched with basic demographic and familial variables as the issues related to childhood abuse are complex and the experiences may vary based on these variables.

Brier (1992) has also suggested the preference for longitudinal studies over the retrospective or cross-sectional studies, as the latter ones may lead to issues such as recall bias or under-reporting of incidence, whereas longitudinal studies might be accurate in their presentation of cause–effect relationship between childhood abuse and adulthood psychopathology. But at the same time, longitudinal studies are found to be time consuming and less economic.

Another methodological issue raised by Brier (1992) as well as by Rosenberg (1987) is that of studying child sexual abuse in isolation ignoring other forms of abuse. The cumulative effect of many forms of abuse may lead to difficult psychosocial issues or psychopathology, which has been overlooked.

To the best of our knowledge, this is the first investigation of this nature from India as the research in the area of child abuse and neglect is still in infantile stage, and there are no empirical studies to report. We investigated the incidence of

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