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ORIGINAL RESEARCH

Health Care Use and Status Among Abused Young People

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Abstract

BACKGROUND Childhood abuse negatively affects young people's health. Little is known about its effect on health care usage patterns or on perception of health status during a life stage when learning to use care independently is a key developmental task.

OBJECTIVES In nonclinical study settings, abuse has been found to be associated with disorganized use of care and perceived poorer health. Our objective was to determine whether abused youth receiving health care had similar outcomes.

METHODS This observational study, conducted between December 5, 2005 and April 13, 2007, screened for childhood abuse in 532 young people seeking services at a primary care clinic. The setting was a New York City young people's free health clinic. Participants were aged 12-24 years, recruited during a visit, mostly female (86%), Latino or black (94%), and currently in school or college (79%). Exclusions included not being fluent in English or having difficulty understanding the study/consent process.

RESULTS Health care use (routine vs urgent care) in the prior 12 months and perceived health status were measured using the Health Service Utilization Scale. Potential demographic covariates were controlled for, as was depression (using the Beck Depression Inventory for Primary Care—Fast Screen). A total of 54% disclosed abuse. Compared with those who were not abused, those reporting sexual abuse had 1.4 times greater odds of choosing both urgent and routine care over routine care only. Those reporting any type of abuse had lower odds of selecting urgent care only over routine care. No association was found between childhood abuse and perceived health status.

CONCLUSIONS In contrast to studies conducted among youth in nonclinic settings, in this study childhood abuse was not associated with health care usage patterns or with poorer perception of health. Further research is needed regarding the impact receiving health care has on perceived health and health care use in abused youth. *Annals of Global Health 2017;0:000-000*

KEY WORDS adolescent; childhood physical abuse; childhood sexual abuse; health care utilization; perceived health; young adult.

INTRODUCTION

In adolescents and young adults a history of childhood physical or sexual abuse has been associated with an increase in health risk behaviors such as cigarette smoking, alcohol and drug abuse,[1] aggression,[2] and dating violence.[3] Abuse is associated with poorer health outcomes,[4] including obesity,[5] poor self-esteem, depression, suicidality, and posttraumatic stress disorder,[6] along with social withdrawal

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and academic problems, all of which can have a lifelong impact.[7] In female adolescents, abuse is associated with risky sexual behavior, teen pregnancy, and eating disorders.[8] All told, childhood abuse has a tremendous human cost and a huge financial cost to US society. The estimated annual cost for childhood maltreatment effects, which combines both abuse and neglect, is $80.3 billion.[4]

The health care setting is recognized as a good venue for identification of victims and for the provision of interventions to help them.[9,10] So it is pertinent to consider the impact of abuse on young people's use of health services along with their perceptions of their health status. This study aimed to shed light on these issues.

To our knowledge, no studies have examined how a history of childhood abuse influences adolescents' health care usage, although 1 study examined health care usage among victims of childhood abuse and included adolescents and young adults in a largely adult sample. It found that victims used more health care than nonvictims and had a disproportionate rate of emergency room and urgent services compared with nonvictims.[11] The only study conducted among young adults (college students) found that victims have higher rates of health care usage than their nonabused counterparts.[12] Only 4 prior studies examined the impact of childhood physical or sexual abuse on perceptions of health among adolescents and young adults, finding a history to be associated with perceived poor health.[1,11,13,14] In contrast to these aforementioned studies, the present study was conducted in a health care setting.

Together these findings are consistent with studies of care usage and perception of health among adults with a childhood abuse history.[15-19]

METHODS

Study Population and Recruitment. An analytic sample of 532 adolescents and young adults aged 12-24 years seeking general health services from December 5, 2005 to April 13, 2007 at a New York City primary care clinic designed specifically for young people was recruited for this study. This study was part of a larger, related study that compared the effectiveness of different modes of administration of screens to identify a history of childhood abuse (referred to hereafter as the disclosure study).

Institutional Review Board approval was obtained from the Icahn School of Medicine at Mount Sinai with a waiver of parental consent granted to allow consent from adolescents younger than age 18 years. A Certificate of Confidentiality was obtained to protect participants' privacy for issues such as substance use. Participants were approached while waiting to see their medical provider, and no formal sampling or selection protocol was used because participants had been already randomly allocated as part of the aforementioned disclosure study. Safety protocols were put in place to ensure an immediate assessment for any participant who disclosed childhood abuse or suicidality. For those younger than 18 years, child protection reporting protocols were followed.

Measures. Using audio computer-assisted self-interviewing, participants who consented completed a demographic questionnaire. The Beck Depression Inventory for Primary Care—Fast Screen[20] was administered to assess depression within the past 14 days and to screen for any suicidal ideation; and the Health Service Utilization Scale (HSUS) was used to measure health care usage patterns.[21]

Outcomes. The outcomes of interest for this study included participants' health care usage patterns and perceived health status. Health care usage was specified based on responses to the HSUS item asking about types of health care used in the prior 12 months and was categorized into 3 groups: routine care only, urgent care only, and both routine and urgent care. Routine care included regular checkup or physical examination, sports or camp physical, regular follow-up visit, and office or clinic gynecology visit for a regular appointment, whereas urgent care included urgent visit to a doctor or clinic, emergency room visit for any type of accident or injury or because of sickness or illness, and office/clinic gynecology visit for a sudden or urgent problem. Perceived health status was measured based on the HSUS question "How would you describe your health now?" using a 5-item Likert scale (1, excellent; 2, very good; 3, good, 4, fair; 5, poor). Participants who responded with poor or fair health were grouped and reclassified as poor health.

Predictors. The primary predictor of interest was self-reported retrospective history of childhood physical or sexual abuse that occurred before 17 years of age disclosed during the administration of an assessment for childhood physical or sexual abuse. Two types of assessment were used: an unstructured face-to-face interview and a structured assessment. The structured assessment used the Childhood Maltreatment Interview Schedule—Short Form (CMIS-SF),[22] which was modified to better fit the typical vocabulary of the study participants. It was administered via 3 different modes—pencil and paper questionnaire,