

Early Abuse Tied to Later Physical Ailments

BY THERESE BORDEN

Abuse and neglect during childhood appear to be associated with poor physical health just as early abuse affects adult emotional health, a meta-analysis of studies involving more than 40,000 people shows.

The object of the meta-analysis was to assess the evidence on the relationship between abuse in childhood and physical

health outcomes, and to examine the role of variables such as specific health outcomes, gender, and type of abuse.

“Although the consequences of childhood sexual abuse have been explored extensively in the psychiatric literature, other forms of abuse such as physical abuse, emotional abuse, or neglect have important effects on well-being in adulthood, although their unique effect is just beginning to be understood,” wrote

Holly L. Wegman, of Wake Forest University, Winston-Salem, N.C., and Cinamon Stetler, Ph.D., of Furman University, Greenville, S.C. (*Psychosomatic Med.* 2009;71:805-12).

The researchers conducted a systematic review of 24 studies involving 48,801 individuals. From each study, data were coded for the following variables: health outcome, sex, average age of sample, type of abuse (physical, sexual, emo-

tional, neglect), method used to assess abuse (self-report or objective method), and method used to assess health outcome (self-report or objective method). The meta-analysis yielded a small to medium weighted mean effect size (Cohen's $d = 0.42$, 95% confidence interval 0.39-0.45) for the association between childhood abuse and physical disorders in adulthood.

Neurologic and musculoskeletal disease showed the strongest association with childhood abuse, followed by respiratory, cardiovascular, and gastrointestinal disorders.

Nineteen of the 24 studies used self-report methods, which the researchers said “are subject to reporting biases that could

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introduce unreliability and adult magnitude of the relationship between child abuse and adult health.” Despite the potential for bias, no significant difference was found between the two groups in the strength of the association between early abuse and adult health outcomes.

Another potential source of bias is the overrepresentation of females in the study; 16 of the studies had an entirely female sample. The association between abuse and later physical disorders was stronger among the female-only studies ($d = 0.66$) than among the mixed-gender samples (0.49), but this finding may reflect the male underrepresentation.

The researchers noted that the association between childhood maltreatment and later health problems appeared to be comparable to the child abuse and psychological disorders correlation found in previous studies (*Child Maltreat.* 1996;1:6-16; *J. Psychol.* 2001;135:17-36; *Clin. J. Pain* 2005;21:398-405).

Ms. Wegman and Dr. Stetler speculated that neurologic and musculoskeletal problems might have the largest effects because “these are the types of conditions that persist as direct effects of the physical abuse in childhood.” Child abuse victims might be at a greater risk for respiratory, cardiovascular, and gastrointestinal problems because they are more likely than their nonabused counterparts to engage in dangerous health behaviors, such as smoking and excessive alcohol consumption, they said.

The meta-analysis contributes to the research on the relationship between childhood maltreatment and adult health problems, but it also highlights gaps in the literature. Studies that are more representative in terms of gender and age groups, more objective in methodology, and more specific about types of abuse are needed to pinpoint the relationship between abuse and health outcomes. ■



*A reconsideration of schizoaffective disorder—
symptomatology and timing—may be of great benefit.*

Successfully distinguishing schizoaffective disorder from other mental illnesses requires a carefully conducted longitudinal history with patients and caregivers.² For those patients with previous diagnoses of schizophrenia or mood disorders who are still struggling for better mental wellness, a reconsideration of schizoaffective disorder—symptomatology and timing—may be of great benefit.



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