



Associations between childhood abuse and interpersonal aggression and suicide attempt among U.S. adults in a national study[☆]

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ABSTRACT

The aim of this study is to examine associations among childhood physical, emotional, or sexual abuse and violence toward self (suicide attempts [SA]) and others (interpersonal aggression [IA]). Data were obtained from the National Epidemiologic Survey on Alcohol and Related Conditions Waves 1 and 2 ($n = 34,653$). Multinomial logistic regression examined associations between type of childhood abuse and violence categories, adjusting for demographic variables, other childhood adversity, and DSM-IV psychiatric disorders. The prevalence of reported childhood abuse was 4.60% for physical abuse, 7.83% for emotional abuse, and 10.20% for sexual abuse. Approximately 18% of adults reported some form of violent behavior, distributed as follows: IA, 13.37%; SA, 2.64%; and SA with IA, 1.85%. After adjusting for demographic variables, other childhood adversity, and psychiatric disorders, each type of childhood abuse was significantly related to increased risk for each violence category as compared with the no violence category. Furthermore, the odds ratio of childhood physical abuse was significantly higher for SA with IA when compared with IA, and the odds ratio of childhood sexual abuse was significantly higher for SA and SA with IA when compared with IA. Childhood physical, emotional, and sexual abuse is directly related to the risk for violent behaviors to self and others. Both internalizing and externalizing psychiatric disorders impact the association between childhood abuse and violence. The inclusion of suicidal behaviors and interpersonal aggression and internalizing/externalizing psychiatric disorders within an integrated conceptual framework will facilitate more effective interventions for long-lasting effects of child abuse.

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Introduction

Recent national surveys have documented the association between childhood physical abuse and psychiatric disorders (Affi et al., 2008; Keyes et al., 2012; Molnar, Buka, & Kessler, 2001; Sugaya et al., 2012). Childhood physical and sexual abuse is related to mood, anxiety, and substance abuse disorders (Affi et al., 2008). Both minor assault (corporal punishment) and

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more serious physical abuse, when compared with no punishment or abuse, are related to major depression, substance use disorders (SUDs), conduct disorder, and antisocial disorders. The odds ratios for physical abuse, however, are statistically higher when compared with physical punishment (Afifi, Brownridge, Cox, & Sareen, 2006). A longitudinal study through young adulthood revealed higher and more consistent risk for mental health problems for exposure to sexual compared with physical abuse (Fergusson, Boden, & Horwood, 2008). Childhood physical abuse is associated with a broad range of specific psychiatric disorders, including attention deficit/hyperactivity disorder (ADHD), posttraumatic stress disorder (PTSD), bipolar disorder, panic disorder, major depression, generalized anxiety disorder (GAD), and SUDs (Sugaya et al., 2012). Studies have shown that psychiatric comorbidity is explained by two underlying dimensions: internalizing (mood and anxiety disorders) and externalizing (SUD and antisocial personality disorder [ASPD]; Kendler, Jacobson, Prescott, & Neale, 2003; Kendler, Prescott, Myers, & Neale, 2003; Krueger, Caspi, Moffitt, & Silva, 1998; Krueger, Markon, Patrick, & Lacono, 2005; Vollebergh et al., 2001). Exposure to childhood maltreatment (physical, sexual, and emotional abuse) increases the risk for both externalizing and internalizing psychiatric disorders (Keyes et al., 2012). Among men, physical abuse was associated with externalizing disorders, and emotional abuse was associated with internalizing disorders. Sexual abuse among men, however, was related to both dimensions. Among women, physical abuse was related to internalizing disorders while emotional and sexual abuse was related to both dimensions.

Childhood physical and sexual abuse, infant spanking, and other forms of corporal punishment have been related to physical fighting, dating violence, and other delinquent behaviors (Chung et al., 2009; Duke, Pettingell, McMorris, & Borowsky, 2010; Miller et al., 2011; Straus & Kantor, 1994; Straus, Sugarman, & Giles-Sims, 1997). In addition to various types of interpersonal aggression, physical and sexual abuse and other childhood adversities have been related to suicide attempts (Afifi et al., 2008; Dube et al., 2001; Enns et al., 2006; Molnar, Berkman, & Buka, 2001; Sugaya et al., 2012).

Although only a minority (approximately 8%) of persons with psychiatric disorders engage in violent behaviors, the risk of violent behavior before and after age 15 is significantly higher among persons with alcohol and drug use disorders, mood and anxiety disorders, and personality disorders (Pulay et al., 2008). The relationship between interpersonal violence and suicidal behaviors has been a focus of psychiatric studies for many years (Apter, Plutchik, & van Praag, 1993; Links, Gould, & Ratnayake, 2003; Pfeffer, Newcorn, Kaplan, Mizruchi, & Plutchik, 1989; Plutchik, van Praag, & Conte, 1989). Externalizing disorders such as SUDs and ASPD have been shown to be independently related to suicidal behaviors (Apter et al., 1991, 1995; Hills, Afifi, Cox, Bienvenu, & Sareen, 2009; Jokinen et al., 2010; Verona, Sachs-Ericsson, & Joiner, 2004). In a longitudinal analysis from the Baltimore Epidemiologic Catchment Area Survey, externalizing psychopathology, adjusted for internalizing disorders, was related to suicide attempts at baseline and one-year follow-up, but baseline externalizing disorders were not related to suicide attempts at 13 years (Hills et al., 2009). In a large community study, Verona et al. (2004) noted that suicide attempts were related to both externalizing and internalizing disorders, and, among women, the interaction between externalizing/internalizing disorders increased the risk for suicide attempts. Fewer studies, however, have examined interpersonal violence and suicide attempts in the same study. In the 2007 Minnesota Student Survey, childhood physical and sexual abuse was significantly related to delinquent behaviors, bullying, fighting, dating violence, and suicidal behaviors. Moreover, the risk for fighting, dating violence, and suicide attempts related to sexual abuse was higher among boys than girls (Duke et al., 2010). School studies have also shown that students with risk profiles for both interpersonal violence and suicidal behaviors have a higher risk for victimization (Cleary, 2000), substance use and depression (Harford, Yi, & Freeman, 2012), and suicide attempt (Bossarte, Simon, & Swahn, 2008).

Childhood physical, emotional, and sexual abuse is related to externalizing and internalizing dimensions underlying psychiatric disorders (Keyes et al., 2012), and both dimensions are related to suicide attempts (Verona et al., 2004). Based on studies of criminal and suicidal behaviors, Kimonis et al. (2010) hypothesized that externalizing and internalizing disorders mediate the relationships between childhood abuse and suicidal and criminal behavior. In their study of 266 female offenders they reported that externalizing, but not internalizing, disorders fully mediated the association between childhood abuse and suicidal behaviors and partially mediated the association between abuse and criminal behavior. The absence of an effect for internalizing disorders may reflect the higher levels of externalizing behaviors in the sample.

The aim of this study is to extend the existing literature through the examination of relationships between type of childhood abuse and violence toward self (suicide attempts [SAs]) and others (interpersonal aggression [IA]). Based on the literature, it is hypothesized that childhood physical, sexual, and emotional abuse will be associated with IA and SAs independent of psychiatric disorders and other childhood adversities. It is further hypothesized that the risk from childhood abuse will be higher among those with combined forms of violence.

Methods

Study Design

Data for this analysis were taken from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), conducted by the National Institute on Alcohol Abuse and Alcoholism. The NESARC Wave 1 used a sample of 43,093 respondents representing the civilian noninstitutionalized population, 18 years of age and older, in the United States, including all 50 States and the District of Columbia. Military personnel living off base and residents in noninstitutionalized group housing, such as boarding houses, shelters, and dormitories, were also included in the sampling frame. Blacks, Hispanics, and young adults ages 18–24 were oversampled in the NESARC. Data collection was conducted through face-to-face interviews

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