

# High self-reported rates of neglect and emotional abuse, by persons with binge eating disorder and night eating syndrome

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## Abstract

This study compared rates of self-reported childhood maltreatment in three groups diagnosed using semi-structured interviews: binge eating disorder (BED;  $n = 176$ ), night eating syndrome (NES,  $n = 57$ ), and overweight/obese comparison (OC,  $n = 38$ ). We used the Childhood Trauma Questionnaire (CTQ) to assess childhood maltreatment and the Beck Depression Inventory-II to assess depression levels. Reports of maltreatment were common in patients with BED (82%), NES (79%), and OC (71%). The BED group reported significantly more forms of maltreatment above clinical cut-points (2.4) than the OC (1.4) group but not the NES (1.8) group. The BED and NES groups reported more emotional abuse than the OC group. A higher proportion of the BED group reported emotional neglect and a higher proportion of the NES group reported physical neglect. Depression levels, which were higher in BED and NES than OC, were associated with higher levels of physical and emotional abuse and neglect. In conclusion, reported rates of physical and sexual abuse differed little across groups, whereas reports of neglect and emotional abuse were higher in the BED and NES groups than in the OC group and were associated with elevated depression levels.

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## Introduction

Childhood maltreatment has been associated with a number of eating- and weight-related issues, including increased risk of eating disorders, obesity, and failed attempts at weight loss. Binge eating disorder (BED) and night eating syndrome (NES) represent two forms of disordered eating that are closely linked with obesity. The relationship between childhood maltreatment and these eating patterns is poorly understood.

The association between obesity and a broad range of forms of childhood maltreatment has been reported in at least four studies. The strongest link was provided by [Lissau and Sorensen \(1994\)](#) in a prospective study

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of a random sample of 9- and 10-year-old children. Children who were deemed “dirty and neglected” through teacher evaluations of general hygiene and family structure and support were 7.1 times more likely to be obese at age 20 than children who had not been neglected. Another prospective study found that children who experienced physical neglect were 4.7 times more likely to be obese and 4.8 times more likely to have an eating disorder in adolescence and early adulthood than children who did not face neglect (Johnson, Cohen, Kasen, & Brook, 2002).

In two studies, Felitti and colleagues have also reported an increased risk for adult obesity among those with histories of maltreatment. In a medical chart review, 60% of patients with a history of rape or sexual molestation were at least 50 lb overweight versus only 28% of those without such a history (Felitti, 1991). A later study, based on the Adverse Childhood Experiences (ACE) study, reported an increased relative risk (RR) for obesity by those who experienced a broad range of abuse and neglect. These RRs increased with the severity of the participants' adult degree of obesity, with an RR of 1.46 for a body mass index (BMI) of 30–40 kg/m<sup>2</sup> and an RR of 2.54 for a BMI >40 kg/m<sup>2</sup> (Williamson, Thompson, Anda, Dietz, & Felitti, 2002).

Various forms of eating disorders have also been reported to be associated with childhood maltreatment, although the literature, which has focused mostly on sexual abuse, is quite mixed. The early view postulated that sexual abuse victims and eating disorder patients, most commonly those with bulimia nervosa (BN), shared similar features, so it seemed plausible that they were linked in some way (Everill & Waller, 1995; Welch & Fairburn, 1996; Wonderlich, Brewerton, Jolic, Dansky, & Abbott, 1997). A meta-analysis of 53 studies revealed a small but significant relationship between childhood sexual abuse and eating disorders (Smolak & Murnen, 2002). Reports of sexual and physical abuse are not elevated in BN relative to other psychiatric problems, although they tend to be significantly greater than in non-psychiatric controls (Friedman, Wilfley, Welch, & Kuncze, 1997; Welch & Fairburn, 1996).

There is mixed evidence for the relationship between childhood maltreatment and BED. Yanovski, Nelson, Dubbert, and Spitzer (1993) reported that 28% of 43 obese persons with BED had experienced sexual abuse compared with 19% of obese non-BED controls, which was not significantly different. Rates of sexual abuse did not differ by gender or severity of obesity. Fairburn et al. (1998) reported that rates of sexual and physical abuse were higher for those with BED (29% and 21%, respectively) than for a normal control group (11% and 10%). The rates of sexual abuse were comparable to the rates of persons with BN (35%) and general psychiatric controls (26%), while rates of physical abuse tended to be lower among those with BED than those with BN (32%) or other psychiatric conditions (29%). Grilo and Masheb (2001) also reported that a history of several forms of childhood maltreatment was two to three times more common among those with BED than in a normative sample. A history of childhood maltreatment, however, was unrelated to gender, binge eating behavior, and other disordered eating attitudes and behaviors, with the exception of emotional abuse, which was related to increased body dissatisfaction, depression, and lowered self-esteem.

Three studies have found rates of childhood maltreatment among persons seeking bariatric surgery comparable to those of the BN, BED, and general psychiatric groups previously reported. Two groups have each found that 23% of female bariatric surgery candidates reported sexual abuse (Larsen & Geenen, 2005; Wadden et al., 2001). Grilo et al. (2005) reported a slightly higher rate of sexual abuse histories: 32% in a series of 340 bariatric surgery candidates. In their study of diverse forms of maltreatment, Grilo et al. also reported that 69% endorsed some form of childhood maltreatment, including 49% emotional neglect, 46% emotional abuse, 32% physical neglect, and 29% physical abuse. They also reported that different forms of maltreatment were generally not associated with gender, BMI, or eating disorder features including binge eating, although emotional forms of abuse and neglect were associated with higher depression levels (Grilo et al., 2005), similar to their earlier findings among persons with BED (Grilo & Masheb, 2001).

The present study represents an addition to the literature by contrasting two different forms of disordered eating with a comparison group of overweight persons. The current study examined rates of diverse forms of childhood maltreatment in persons with NES, BED, and an overweight/obese comparison (OC) group without disordered eating.

This is the first study of the frequency of childhood maltreatment in patients with NES and the first to contrast two different forms of disordered eating using an OC group for context.

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