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Linkages between child abuse and attention-deficit/hyperactivity disorder in girls: Behavioral and social correlates[☆]

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Abstract

Objective: The objectives of this study were to examine whether girls with attention-deficit/hyperactivity disorder (ADHD) are at increased risk of having histories of abuse and to assess whether the presence of an abuse history may constitute a distinct subgroup of youth with ADHD.

Method: We examined rates and correlates of child abuse in an ethnically and socioeconomically diverse sample of girls with attention-deficit/hyperactivity disorder (ADHD; $n = 140$) and a matched comparison sample of girls without ADHD ($n = 88$), all aged 6–12 years. A thorough chart review reliably established documented rates of physical and sexual abuse in both samples.

Results: There were significantly higher rates of abuse for girls with ADHD (14.3%) than for the comparison sample (4.5%), with most of the abuse found in girls with the Combined as opposed to the Inattentive type. Higher rates of externalizing behaviors (including objective observations in a research summer camp) and peer rejection (indexed through peer sociometric nominations) characterized the subgroup of girls with ADHD with abuse histories compared to the subgroup without such histories, with moderate to large effect sizes. Subgroup differences regarding internalizing problems and cognitive deficits did not emerge. Findings regarding peer rejection were explained, in part, by higher rates of observed aggressive behavior in the abused subgroup.

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Conclusions: The findings raise important questions about the possible etiologic and/or exacerbating role of abusive trauma in a subgroup of children with ADHD.

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Keywords: ADHD; Child abuse; Physical abuse; Sexual abuse; Aggression; Peer rejection

Introduction

The behavioral sequelae of child abuse and the symptoms and outcomes of children with attention-deficit/hyperactivity disorder (ADHD) share many features, including aggression and externalizing behavior, depression, and cognitive difficulties (e.g., Ethier, Lemelin, & Lachorite, 2004; Mannuzza & Klein, 1999). This overlap has sparked a recent debate as to the possible association between ADHD and child abuse (Ford et al., 2000; Wozniak et al., 1999), which raises issues of (a) the possible etiologic and exacerbating role of abuse in the development of ADHD and (b) the potential for abuse-related post-traumatic responses being misdiagnosed as ADHD. Our key objectives were to examine whether girls with ADHD were at increased risk of having histories of abuse and to assess whether those with abuse histories may constitute a distinct subgroup. We focus on the understudied population of girls with ADHD, given the clinical and conceptual importance of this group (Hinshaw & Blachman, 2005). Our objective is not to investigate the prevalence of abuse within a normative sample (e.g., Finkelhor, Ormrod, Turner, & Hamby, 2005) but, within a clinical sample, to examine clinical presentation and levels of crucial impairments when abuse and ADHD co-occur. We examined girls with ADHD because of the underrepresentation of females in extant research and because of the availability of the large data base that we have gathered on a well-characterized female sample (Hinshaw, 2002).

Child abuse and its sequelae

Increased aggression and externalizing problems, including hostility, difficulty with anger management, impulsivity, and physical attacks (Widom, 1997) are clearly linked to abuse (Cicchetti, Rogosch, Lynch, & Holt, 1993; Deater-Deckard & Dodge, 1997; Margolin & Gordis, 2000; Osofsky, 2003; Widom, 1997). Physical abuse has been most strongly and specifically linked to externalizing problems (Margolin & Gordis, 2000); sexual abuse has been more directly linked to childhood PTSD symptoms and later internalizing symptoms (Kendall-Tackett, Williams, & Finkelhor, 1993; Whiffen & MacIntosh, 2005). Yet sexual abuse predicts such specific externalizing behaviors as sexualized talk, preoccupation with sexual themes, sexual aggression toward other peers, and provocative behaviors at early ages, collectively termed “sexual acting out,” (Gil & Johnson, 1993; Margolin & Gordis, 2000).

Next, abuse is often damaging to a child’s self-perceptions and perceptions of the world, resulting in learned helplessness, anxiety, and depression (Kazdin, 1985), even to the point of increased self-destructive and suicidal behavior (Widom, 1997). Abused children also show evidence of poor social interactions and peer relationships. They are rated by their peers as more rejected, less popular, and more disruptive than children who have not been abused. Parents and teachers also rate abused children as socially rejected. Finally, abuse (Osofsky, 2003; Widom, 1997) and neglect (Margolin & Gordis, 2000; Osofsky, 2003) have been linked to both poor academic functioning and delayed cognitive development. On tests of verbal ability and comprehension, both physically abused and neglected children tend to score lower than non-abused comparison children. In sum, abused children present with externalizing and

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