

Childhood maltreatment in adult female psychiatric outpatients with eating disorders

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Abstract

To explore possible relations between maltreatment in childhood and subsequent eating disorders in adult life, 107 consecutive adult psychiatric female outpatients were screened for eating disorders. They also completed questionnaires about harassment by adults and bullying by peers in childhood. The Childhood Trauma Questionnaire measured childhood abuse by parents or other adults, and the Parental Bonding Instrument captured parental coldness and overprotection. Bullying by peers was measured by an inventory used in schools. Outpatients who met the criteria for bulimia nervosa reported far more bullying by peers, more coldness and overprotection from fathers, and more childhood emotional, physical and sexual abuse. The findings suggest associations between childhood maltreatment, especially bullying by peers, and bulimia nervosa.

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1. Introduction

The impact of physical, sexual and psychological abuse on eating disorders has been examined in several studies. The focus has mostly been on abusive experiences exerted by adults. [Rorty, Yager, and Rossotto \(1994\)](#) examined parental abuse in childhood as experienced by 80 women with a lifetime history of bulimia nervosa and by 40 healthy controls. The bulimics reported more physical and psychological abuse by their parents. [McCallum, Lock, Kulla, Rorty, and Wetzel \(1992\)](#) explored dissociative symptoms in 38 patients with eating disorders. The majority (71%) met the criteria for bulimia nervosa. A history of childhood trauma such as physical or sexual abuse by adults was reported by 66% of the patients. In a comprehensive review, [Wonderlich, Brewerton, Jolic, Dansky, and Abbott \(1997\)](#) concluded that childhood sexual abuse is an unspecific risk factor for bulimia nervosa, and the relationship seems to be stronger than the association with anorexia nervosa. [Kent, Waller, and Dagnan \(1999\)](#) studied a broader range of abusive childhood experiences. A sample of 236 adult women completed self-report measures on physical abuse, sexual abuse, emotional abuse and neglect, as well as unhealthy eating attitudes. In multiple regression analyses only reports of emotional abuse predicted unhealthy eating attitudes.

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The Parental Bonding Instrument, PBI, captures dimensions of care and overprotection between parent and child. Sordelli, Fossati, Devoti, and La Viola (1996) administered the PBI to 42 patients with anorexia and 26 patients with bulimia. The bulimic patients viewed their parents as being both caring and overwhelming, while anorectic patients viewed their parents as caring. In a non-clinical study (Romans, Gendall, Martin, & Mullen, 2001), a two-stage random community sampling strategy was used to identify women having been sexually abused as children. A comparison group of women reported no abuse. Higher paternal overcontrol coincided with eating disorders in women who had experienced child sexual abuse.

Only a few studies have explored the bearing on eating disorders of peer relations in childhood and adolescence. The School Health Promotion Study in Finland (Kaltiala-Heino, Rimpelae, Rantanen, & Rimpelae, 2000) included 4453 adolescent school girls. In total, 1.8% of the adolescents met the criteria for bulimia, and 0.7% for anorexia. Bulimics often had been bullied by peers. No similar findings were made in relation to anorexia. In a more recent study, Striegel-Moore, Dohm, Pike, Wilfley, and Fairburn (2002) examined possible associations between sexual abuse, physical abuse, bullying by peers, ethnicity-based discrimination in relation to risks of binge eating disorders. A community sample was interviewed about risk factors. The sample consisted of 162 women with binge eating disorders, 251 healthy females and 107 psychiatric comparison subjects. Subjects with binge eating disorders reported significantly higher rates of sexual abuse, physical abuse and bullying by peers. In a study of 11,000 school children, Balding, Regis, Wise, Bish, and Muirden (1996) explored relations between fear of bullying and dietary problems. They found positive relations between bullying by peers and the consumption of low-calorie drinks, chips, nuts, pizzas, and sausage rolls. The authors suggested that 'snacking' may be characteristic of those who fear bullying.

The aims of the present study were to explore possible relationships between maltreatment in childhood and subsequent eating disorders in adult life. The role of childhood maltreatment in the development of eating disorders has generally focused on abusive experiences exerted by adults. In this paper, we will explore the relative importance of bullying by peers. The hypothesis was that adult female outpatients who fulfill the criteria for bulimia nervosa would report more parental overprotection and bullying by peers in childhood.

2. Method

2.1. Participants and procedures

The subjects comprised of 107 consecutive female patients at a general psychiatric outpatient clinic in Trondheim, Norway. The catchment area consisted of 99,000 persons with a typical distribution in Scandinavia of people living in urban and rural districts. Most patients (85%) were referred from general practitioners. Included in the study were all patients in the age range of 18–55 with no prior records of psychiatric treatment. Excluded were patients with organic mental disorders and those who did not speak any of the Scandinavian languages.

Data were collected from January to June and from August to December in 1997. July was avoided due to major changes in routines and clientele of this vacation month. In the study period, a total of 304 females (mean age=35.0, SD=12.61) were referred to the outpatient clinic. Patients who met the inclusion criteria ($n=137$) were informed of the study by mail, before the first clinical appointment. Thirty patients (22%) declined (mean age=32.1, SD=9.23). Eventually, 107 female patients (mean age=32.0, SD=9.73) gave their written consent and came to the screening interview and subsequently completed a booklet of self-administered questionnaires.

2.2. Measures

2.2.1. Anorexia nervosa and bulimia nervosa

The occurrence of anorexia nervosa and bulimia nervosa were assessed by a self-administered inventory (see Appendix) based on the criteria of the DSM-IV (American Psychiatric Association, 1994). In the present study, twelve (11.2%) outpatients met the criteria for bulimia nervosa and 9 (8.4%) for anorexia nervosa. Of outpatients with anorexia nervosa, six had a Body Mass Index (BMI) below 17.5 kg/m², and three had a mean BMI on 19.07 kg/m² but defined themselves as "very thin" in the gate question. Benders list for desirable weight for normal bodily constitution was used to determine if the patients met the criteria for being underweight (Bender, 1981).

Childhood maltreatment covered reports on bullying by peers in school, physical and sexual abuse or neglect by parents or other adults, and also, parental coldness and overprotection.

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