



Pergamon

Child Abuse & Neglect 30 (2006) 1281–1292

Child Abuse
& Neglect

Relationships among childhood maltreatment, PTSD, and health in female veterans in primary care

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Received 5 June 2003; received in revised form 25 May 2006; accepted 17 June 2006

Abstract

Objective: Women with histories of childhood maltreatment (CM) have higher rates of physical health problems and greater medical utilization compared to women without abuse histories. This study examined whether current post-traumatic stress disorder (PTSD) symptoms mediate the relationship between CM and indicators of physical health and medical utilization in female veterans.

Method: Respondents were 221 female veterans (56% of the potential sample), who received medical care from the San Diego VA Healthcare System during a 12-month period. Respondents provided self-report information about CM, PTSD symptoms, use of pain medication, and physical symptoms and functioning. Additional information about medical utilization was extracted from respondents' medical charts. Regression-based models were conducted to test whether PTSD symptoms mediate the relationships between CM and physical symptoms and between CM and medical utilization.

Results: Emotional abuse was associated with poorer role-physical functioning, increased bodily pain and greater odds of using pain medication in the past 6 months. Physical abuse was associated with poorer general health. Contrary to prediction, emotional neglect was associated with better role-physical functioning, and CM was not associated with increased healthcare utilization. PTSD was shown to mediate the relationship between emotional and physical abuse and health outcomes.

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Conclusions: PTSD, or psychopathology more generally, appears to be an important factor in the negative health impact of CM. Given that several empirically supported interventions are available for PTSD, there may be physical health benefits in early identification and treatment of psychopathology related to CM.
Published by Elsevier Ltd.

Keywords: Post-traumatic stress disorder; Childhood abuse; Self-reported health; Medical utilization

Introduction

Childhood maltreatment (CM) has been linked to several different indicators of physical health. CM is associated with a greater number of reported physical problems, both by self-report and as diagnosed by physicians (Runtz, 2002; Walker, Gelfand et al., 1999). For example, when queried about physical symptoms in the previous 6 months, women who reported six or more symptoms had four times the odds of reporting childhood abuse than did those who reported zero to two symptoms (McCauley et al., 1997). Links also have been drawn between CM and increased problems with numerous bodily systems (Felitti et al., 1998; Goodwin & Stein, 2004; McCauley et al., 1997; Romans, Belaise, Martin, Morris, & Raffi, 2002). CM is related to poorer perceived health (Walker, Gelfand et al., 1999) and more distress about somatic symptoms, such as symptoms associated with the menstrual cycle (Runtz, 2002). As compared to women with no abuse history, women with a history of CM report greater disability related to physical problems (Tonmyr, Jamieson, Mery, & MacMillan, 2005; Walker, Gelfand et al., 1999). Finally, CM is associated with increased healthcare utilization (Finestone et al., 2000; Hulme, 2000). As compared to women who were not maltreated, women with a history of maltreatment have higher total healthcare costs, even with costs for mental health care removed (Walker, Unutzer et al., 1999).

Post-traumatic stress disorder (PTSD) has been identified as a possible mediator of the relationship between trauma exposure and health outcomes. Estimates of the prevalence of PTSD in survivors of CM ranges from 21% to 74% (Rodriguez, Vande Kemp, & Foy, 1998). In addition, the relationship between PTSD and physical functioning is similar to that which has been outlined for trauma exposure and health. In studies of female veterans (Butterfield, Forneris, Feldman, & Beckham, 2000), Gulf War veterans (Engel, Liu, McCarthy, Miller, & Ursano, 2000), sexually assaulted women (Golding, Cooper, & George, 1997; Kimerling & Calhoun, 1994; Zoellner, Goodwin, & Foa, 2000), and female primary care patients (Ciechanowski, Walker, Russo, Newman, & Katon, 2004), those with PTSD had more physical health problems than those without PTSD. PTSD also has been associated with poorer perceived health and increased functional impairment (Barrett et al., 2002; Ciechanowski et al., 2004), including in female veterans (Dobie et al., 2004; Zatzick et al., 1997). Several studies have found an association between PTSD and greater rates of medical utilization (e.g., Calhoun, Bosworth, Grambow, Dudley, & Beckham, 2002; Deykin et al., 2001; Rosenberg et al., 2000; Schnurr, Freidman, Sengupta, Jankowski, & Holmes, 2000; Stein, McQuaid, Pedrelli, Lenox, & McCahill, 2000).

A handful of studies support the hypothesis that PTSD mediates the relationship between trauma and health outcomes, either by directly testing mediation or by showing that the effects of PTSD outweigh those of trauma when considered together. Wolfe, Schnurr, Brown, and Furey (1994) found that among female Gulf War veterans, both PTSD and combat experience were associated with health outcomes, although the effect for PTSD was stronger. Weisberg et al. (Weisberg et al., 2002) simultaneously entered trauma history and PTSD along with several other covariates into regression models predicting lifetime and current

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