

Original Research Article

Prevalence of psychiatric co-morbidity among abused and neglected: a cross-sectional study among child, adolescents, and adult population

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ABSTRACT

Background: In the past few decades child abuse and neglects has been only highlighted as an area of concern and has only explained lifelong mental and physical consequences rather than estimating the prevalence rates also there were gaps in child age groups in most of the previous studies in the world, especially in India. Therefore, the present study was undertaken to estimate the prevalence of psychiatric co-morbidity among those who having history of abuse and neglects in a community population of all age groups and to compare the prevalence of psychiatric co-morbidity in among different age groups.

Methods: A total of 600 participants, children, adolescents and caregivers like parents, of aged 1-65 years, from Shimoga districts, were screened by using CCMS for adults and parents to identify the cases. A chi-square test has used for statistics.

Results: The overall prevalence rate of psychiatric co-morbidity among abuse and neglects were 29.9% (28.9% had schizophrenia and other psychotic disorders 27.9%, mood disorders 25.6%, anxiety disorders 29.2%, behavior disorders 43.5%, and substance use disorders 29.2%).

Conclusions: Childhood maltreatment has strong associations with all classes of disorders at all life-course stages in all groups. The awareness of the serious long-term consequences of child maltreatment should encourage better identification of those at risk and the development of effective interventions to protect children from violence.

Keywords: Child sexual abuse, Comprehensive child maltreatment scales, Diagnostic and statistical manual of mental disorders

INTRODUCTION

A plethora of studies have documented that exposure to abuse and/or neglect has been shown to increase risk for many psychiatric disorders, including mood disorders, anxiety disorders, alcohol use disorders, drug use disorders, disruptive behavior disorders, antisocial behavior including various personality disorders and psychosis. An estimated 702,000 children were confirmed by child protective services as being victims of abuse and neglect in 2014.¹ At least one in four children

have experienced child neglect or abuse (including physical, emotional, and sexual) at some point in their lives. The strong associations of childhood maltreatment with a wide range of psychiatric outcomes suggest that maltreatment may confer non-specific risk for psychopathology rather than risk for specific disorders. The brain develops at an incredible pace during the early developmental stages of infancy and childhood.² Studies about early childhood development indicate that the brain develops in response to experiences with caregivers, family and the community, and that its development is

directly linked to the quality and quantity of those experiences. Meeting a child's needs during these early stages creates emotional stability and security that is needed for healthy brain development. Repeated exposure to stressful events can affect the brain's stress response, making it more reactive and less adaptive. With time a child may react as if danger is always present in their environment regardless of what the presenting situation actually are.^{3,4}

Research has found that children exposed to violence or abuse, if left unaddressed or ignored, are at an increased risk for emotional and behavioral problems in the future.² Children who are abused may not be able to express their feelings safely and as a result, may develop difficulties regulating their emotions. As adults, they may continue to struggle with their feelings, which can lead to depression or anxiety.^{3,5}

Children are more physically susceptible to injury than adults as their bodies are still in development. When a child is being physically abused or neglected some of these injuries are apparent. However, there are times when a perpetrator is careful not to leave marks or injuries that are visible so that the abuse is not discovered. Children who don't get the love and care they need from their parents may find it difficult to maintain healthy relationships with other people later in life, including their own children. Psychologists would describe this as a poor attachment.⁶ Findings revealed that 78% of women and 82% of men who reported abuse and neglects in childhood met criteria for at least 1 lifetime psychiatric disorder versus 49% and 51%, respectively, among those who did not report CAN.⁷

Recent studies have begun to illuminate the relationship between adolescent maltreatment and negative behavioral and psychological development in adolescence.⁸ Taken together, these studies suggest that any substantiated maltreatment experience during adolescence increases the risk of general delinquency, violence, drug use, alcohol-related problems, internalizing problems, externalizing problems, and depressive symptoms, as well as arrest during adolescence compared to those never maltreated. Since the past few decades child abuse and neglects has been only highlighted as an area of concern in developing countries due to its serious and lifelong mental and physical consequences. But well-conducted studies on its prevalence rate are still rare especially in India, since most of the previous study in the world have done only in specific age groups and have only explained as the consequences of child neglects rather than estimating prevalence rates and also there were gaps in most of the previous studies of the child age groups (less than 13 years of age) which results in study bias.

METHODS

The study was conducted after the institutional ethical clearance and permission from the school authorities and

the parents of the study subjects. The data was collected from two schools including children from L.K.G to 12th standard at Shimoga district. The process was facilitated by assistance provided by the school teacher volunteers who were acquainted with the nature of the study, and the sample under consideration. Care was taken not to interrupt the curriculum of the school and participants were told about the purpose of the study, confidentiality, and anonymity was reiterated. The study was discussed in detail with the school authorities and permission was sought for the conduct of the research.

Direct interview has been done for the participants whose age was more than 13 years using Comprehensive Child Maltreatment Scales (CCMS) for adults, which can be applied for all the age group of above 13 years. Each participant was interviewed separately in a private room. For the participants whose age is less than 13 years was interviewed to their parents or caregivers by using CCMS for parents in view of difficulty to express those feeling in this age group (5-13 years). Each parents/ caregiver has been advised and convinced to co-operate with for interview, should not manipulate at any point with the questionnaire during interviewing which result in study bias and should maintain confidential with their co-participants. Informed consent has been taken from each participant. All participants were given refreshments after the completion of the questionnaires.

Out of the total 600 numbers of participants, 300 were selected from each school of Shimoga city. We divided further into 100 for each age group, L.K.G to 4th class, 5th to 7th class, and 8th to 12th class. The individuals who had severe medical illness, which interfered with communication, were excluded from the study. Subjects belongs to 1-65 years of either sex were included. Other socio-demographic details like education level, occupation, income, joint or nuclear family of all the participants has been collected. The Comprehensive Child Maltreatment Scales (CCMS) and Diagnostic and statistical manual of mental disorders (DSM-V) was used as tools. DSM -V headed as an Abuse and Neglect which has been divided further into child and adults category. In the present study only the Child abuse and Neglect includes four subtypes - Child Physical Abuse, Child Sexual abuse, Child Psychological abuse. Child Neglects (emotional, medical, physical and psychological). The causes for the above mentioned child abuse and neglects are parents, non- parental child abuse, personal history (past history) of physical abuse in childhood, perpetrator of parental child abuse, and perpetrator of non-parental child abuse.

Statistical analysis

The data obtained was represented as percentages and was analyzed for statistical significance using chi-square test by using SPSS Version 20. P value less than 0.05 was considered the level of significance.

RESULTS

The data collected is summarized in the form of tables and respective histograms as depicted below. The numbers of female patients were 373 and male patients were 227 patients among the recruited study population (Figure 1). The maximum numbers of patients were belonged to the age group of 13-40 years (Figure 2).

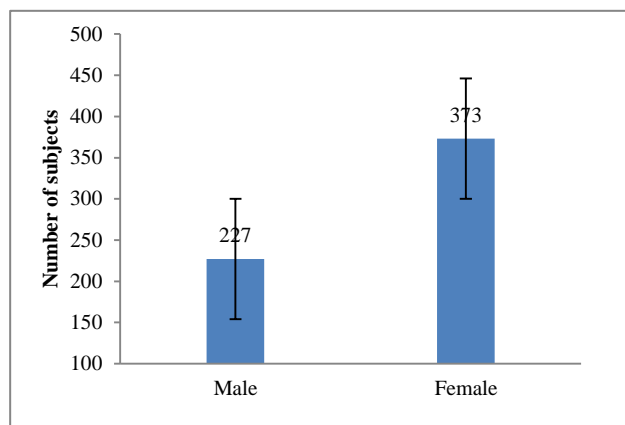


Figure 1: Gender wise distribution of patients with headache among the recruited patients.

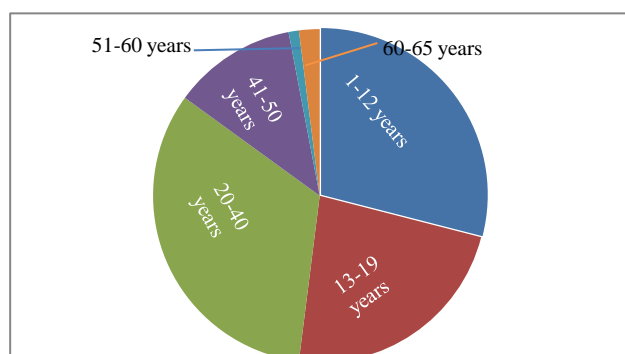


Figure 2: Age wise distribution of patients among the study population.

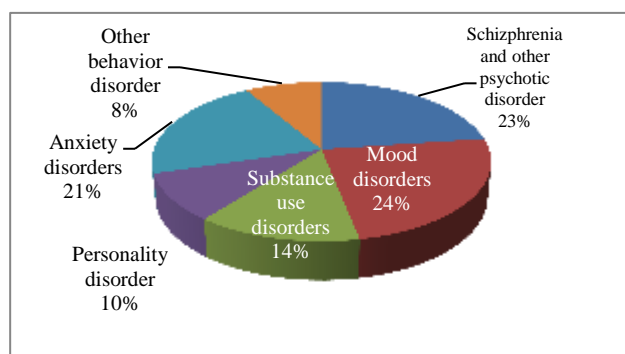


Figure 3: Prevalence of psychiatric co-morbidity among abuse and neglected in the study population.

The tools when used with adults reporting on their own experiences of childhood maltreatment and parents

reporting on the maltreatment experiences of their children, both have showed the acceptable levels of internal consistency and test-retest reliability. The test-retest reliability correlation for the total CCMS was 0.92. Cronbach's alpha for the total CCMS for Adults was 0.92. The Cronbach's alpha for the total CCMS for Parents was 0.96. The test-retest reliability correlation for the total CCMS was 0.93. Hence we have considered this scale for prevalence estimation of CAN in order to avoid gaps in the child age group (5-13 years).

The overall prevalence of psychiatric co-morbidity among the abuse and neglected were 74%, which was assessed by using MINI in our study. The most common psychiatric co-morbidity among the abuse and neglect in our study was Mood disorders which were 24% followed by schizophrenia and other psychotic disorders 23% (Figure 3). In present study population, 76.9% of the patients having psychiatric co-morbidity were belonged to the age group of 20-40 years and the mean age was 32.01 years; where females were found to be predominates (73%) over men (27%) which was significant statistically ($P < 0.05$).

DISCUSSION

In the present study, the high prevalence of headache among this age group in our study can be due to the exposure of stress factors like discontinued education, their activities at university and heavy workload, marital discord, and job stress / loss of job. Few studies have identified a strong negative sequelae associated with a history of child sexual abuse (CSA), especially psychopathology. Due to which a study done by Molnar BE et al, which was the first to examine the relationship between CSA, subsequent onset of psychiatric disorders and associated severity of psychopathology as compared to other types of child maltreatments.⁸ They found that prevalence of psychiatric disorder was highest compared to those who did not report CSA (i.e. other types of maltreatment). They concluded that CSA is related strongly to subsequent psychopathology as compared to other childhood maltreatments or adversities. From an epidemiologic perspective, the results of this study suggest that the prevention of CSA may also be an important strategy for reducing psychopathology.⁸

Research has also shown that various child adversities (CAs) can often co-occur. However, despite this evidence of co-occurrence, most research has focused on single CAs or on a count of the number of CAs as predictors of mental disorders.⁹ This has led to an overestimation of the effects of individual CAs and to the neglect of potentially important multivariate CA profiles. McLaughlin K A et al study has report such data in his study based on analysis of the National Co-morbidity Survey Replication Adolescent Supplement (NCS-A), a national survey of the prevalence and correlates of DSM-IV disorders among US adolescents to examine the multivariate associations of 12 CAs (Child Adversities)

with first onset of psychiatric disorders in a national sample of US adolescents.¹⁰ Bonnie Duran et al reported that, severity of child maltreatment was associated in a dose response manner with lifetime diagnosis of mental disorders.¹¹ The underlying patterns evidenced in this study suggested that childhood abuse contributes risk for common psychiatric disorders by increasing vulnerabilities to express internalizing and externalizing psychopathology. Taken together, these results indicate that intervention to prevent childhood maltreatment may reduce broad liabilities to psychopathology rather than to individual disorders, leading to a consequential reduction in the prevalence of a wide range of psychiatric disorders.

Further, these results underscore calls for mental health clinicians to incorporate assessments of childhood maltreatment into assessments of mental health service users in order to provide adequate, evidence-based treatment to individuals who report such experiences. A potential source of bias in this study is the accuracy of retrospective recall. Memory studies with survivors of CSA have shown that there are people who, when questioned as adults, not recall even clearly substantiated CSA events.^{12,13} Substantial stigmatization is involved in reporting rape or molestation, especially among men. There is little evidence, however, that people over report these experiences and substantial evidence of underreporting, especially among men. Thus, we have most likely underestimated the prevalence among the household population in this study, which could lead to possibly under- or overestimating observed associations.

CONCLUSION

Despite the magnitude of the problem and increasing awareness of its high social costs, preventing child maltreatment is not a political priority in most countries. It is imperative that epidemiology and public health approaches find their proper place at the forefront of national and international efforts to understand and prevent child maltreatment.

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