Physical and mental health of sexually abused boys: A five year matched-control and cohort study

Isabelle Daigneault, Catherine Bourgeois, Pascale Vézina-Gagnon, Alexane Alie-Poirier, Sonia Dargan, Martine Hébert, & Jean-Yves Frappier
COLLABORATORS

Martine Hébert
UQAM
Canada research chair
Director ÉVISSA, Member CRIPCAS

Jean-Yves Frappier
Université de Montréal
Director of pediatrics
Member CRIPCAS & ÉVISSA

Tonino Esposito
Université de Montréal
Canada research chair
Member CREF

Tania Lecomte
Université de Montréal
Director of Espoir
Member of IUSMM & CRIPCAS
CSA is a non-specific risk factor for a variety of mental health problems and psychiatric disorders (Maniglio, 2009; Tyler, 2002), with elevated rates of comorbidity (Brand, King, Olson, Ghaziuddin, & Naylor, 1996; Silverman, Reinherz, & Giaconia, 1996). Risk of mental health problem in adulthood is between 2 and 4 times, and up to 7 times more likely.

CSA is also associated with increased physical health problems in adulthood, such as obesity, poor general health, a greater amount of pain, gastrointestinal and cardiorespiratory problems (Irish, Kobayashi, & Delahanty, 2010).

The ratio of female to male victims of childhood sexual abuse that are reported to child protection services and substantiated is 3 : 1 (Daigneault, et al., 2016) ** Male populations are critically understudied **
Mental health of boys: increased odds of eating disorder behaviors, suicidal thoughts and attempts, mood disorder symptoms, behavior problems, as well as personality disorders (odd ratio between 1.3 and 9.5) (Ackard & Neumark-Sztainer, 2003; Garnefski & Arends, 1998; Rhodes et al., 2011; Spataro, 2004)

Physical health of sexually abused boys compared with general populations: ?
GOAL

To document whether more sexually abused boys will consult their physician and be hospitalized for physical and mental health problems than their peers from the general population over 5 years after a substantiated CSA report.
METHOD

1. Selection
   - All substantiated sexual abuse reports 2001-2010
   - Link youth center data with Ministry of health data
   - Matched control group - age, gender

2. Data linkage
   - Physical and mental health (CIM9 et 10) consultations and hospitalizations - 1996 to 2013

3. Comparison

4. Diagnostics

Excluded participants
- Fewer reports
- More first reports
- Fewer services
- Fewer young offenders
- Fewer placed

Indicator
Yearly incidence rates post substantiated report

N = 13
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PARTICIPANTS

Age at first substantiated CSA report
9.97 years

At the end of the current follow-up
15.02 years

Boys from the initial sample
- 25% (n = 222)
- 75% (n = 660)

Other reports prior to CSA
- Neg
- PA
- BP
- Ab

Other reports after CSA
- Neg
- PA
- BP
- Aba

Other interventions
- Young offenders
- Placed out of home
- Ran away before or after CSA report

- 0.4%
- 30%
- 34%
- 11%
- 3%
PHYSICAL HEALTH

RESULTS – CONSULTATIONS

Highlights

1: High yearly incidence rate

2: No difference in incidence rates

3: Significant decrease over five years for both groups
RESULTS – HOSPITALIZATIONS

1. Low yearly incidence rate

2. Abused boys up to 10 times more likely to be hospitalized at least once

3. On average, incidence rates remain the same over 5 years for both groups

4. Year 4 is an exception, where controls have higher incidence rate
RESULTS – CONSULTATIONS

MENTAL HEALTH

Highlights

1 : Elevated yearly incidence rate for CSA

2 : Incidence rate is 3 to 5 times higher in sexually abused boys

3 : Incidence rates remain the same over five years for both groups
RESULTS – HOSPITALIZATIONS

Mental Health

1: Very low yearly incidence rates
2: Incidence rates are 0% for control group in years 3, 4 and 5

Highlights

1: Very low yearly incidence rates
2: Incidence rates are 0% for control group in years 3, 4 and 5
As expected, sexually abused boys are 3 to 5 times more likely to consult their physician, but we cannot tell whether they are more often hospitalized.

CSA prevention may contribute to diminish physical health problems in youth, particularly severe problems that require hospitalizations.

Sexually abused boys and those from the general population consult their physician at the same rate, but are more often hospitalized, indicating they may wait too long until problems become chronic or severe.

Document risk/protection factors to predict physical and mental health problems in childhood, adolescence in order to prevent chronicisation.
**FUTURE PROJECTS**

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<td>Specific problems</td>
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<td>2017</td>
<td>Mental and physical health associations How do PTSD and depression affect boys’ physical health?</td>
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<td>2018</td>
<td>Larger youth protection study Broaden study to more youth protection centers and to all maltreatment types – study relationship between health and protection services</td>
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<td>2019</td>
<td>Study including youth Study using both administrative data and questionnaires/interviews with youth</td>
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THANK YOU

isabelle.daigneault@umontreal.ca
www.isabelledaigneault.ca