

Reproductive and Sexual Health Issues Among Women With a History of Child Sexual & Physical Abuse

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Background

- Sexual victimization (especially during childhood) has been shown to have implications for both mental health as well as physical health in adult women.
- Child sexual abuse (CSA) has been linked to chronic pelvic pain, premenstrual symptoms, history of STDs, high risk sexual behaviors, pregnancy complications, and more frequent use of medical services.

Background

- Recent studies by the author have shown that a combined history of CSA and child physical abuse (CPA) is associated with greater reported emotional distress during the premenstrual phase (in university women)
- Similarly, CSA alone, after controlling for the effects of CPA, has also been linked with greater premenstrual distress

Purpose of the study

- The present study examined sexual and reproductive health issues among women in a community sample.
- 140 women (54%) with a history of CSA and 110 women (42%) without CSA participated in the study
- 2 hour interviews explored women's victimization histories and questionnaires were used to gather health history data

Measures

- The *Women's Health Inventory (WHI)* is a comprehensive paper-and-pencil survey developed by the author
- The WHI includes:
 - A detailed history of reproductive health related concerns and events
 - Measures of menstrual and premenstrual distress
 - The *Health Symptom Checklist* (a measure of general health symptoms)

Procedures

- Women (N = 260) from Victoria, BC responded to recruitment posters and brochures distributed to doctor's and therapist's offices
- Initial telephone screening was conducted to provide further information and to screen out women currently in crisis
- Women participated in a lengthy interview and questionnaire session at the UVic campus

Participants: N = 258

Age	38 yrs (range 18-76)
Race	91% Caucasian
Sexual orientation	87% heterosexual 12% lesbian or bisexual
Marital status	36% single, never married 29% separated/divorced 33% married/living together
Median income	\$20,000-30,000 per yr

CSA characteristics

Age at 1 st CSA	8 yrs (median)
Offender's age	28 yrs (median)
CSA duration	1 to 4 weeks
CSA frequency	2 to 10 times
Offender identity:	Family member: 38% Nonfamily adult: 34% Nonfamily minor: 18% Stranger: 4%

CSA characteristics

Use of force	45%
Use or threat of physical violence	25%
Use of coercion	51%
Penetration involved	46%
2 or more CSA experiences	28%
Kept it a secret	71%

Other victimization in those with CSA

Child physical abuse (CPA) by parents	86% $\chi^2_{(1)} = 11.1$ $p < .001$
Adult sexual assault (ASA)	46% ns
Physical abuse in a relationship (APA)	63% $\chi^2_{(1)} = 4.4$ $p = .04$
Physical abuse in current relationship	19% ns
Emotional abuse in current relationship	33% ns

Reproductive health issues
 (Multiple Regressions: controlling for age)

	CSA	CPA
Number of abortions $F_{(3,241)} = 4.3, p < .01$	$\beta = .16, p = .01$	ns
Number of miscarriages $F_{(3,239)} = 8.2, p < .001$	$\beta = .15, p = .02$	$\beta = .13, p = .04$
Number of pregnancies $F_{(3,241)} = 22.0, p < .001$	$\beta = .14, p = .02$	$\beta = .12, p = .04$
Age (younger) of 1 st consensual sexual intercourse $F_{(3,184)} = 12.6, p < .001$	$\beta = -.24, p = .001$	$\beta = -.20, p = .05$

Reproductive health issues
 (Multiple Regressions: controlling for age)

	CSA	CPA
Physical discomfort during pelvic exams $F_{(2,225)} = 7.3, p < .001$	$\beta = .17, p = .01$	ns
Emotional discomfort during pelvic exams $F_{(2,225)} = 4.4, p < .01$	$\beta = .18, p < .01$	ns
General Health Symptoms (HSC) $F_{(3,241)} = 5.2, p < .01$	ns	$\beta = .19, p < .01$
Menstrual and PMS symptoms $F_{(3,181)} = 3.6, p = .01$	ns	$\beta = .20, p < .01$

Reproductive & health risk issues

(Logistic Regressions: controlling for age)

	CSA	CPA
Sexually Transmitted Disease (lifetime) $\chi^2_{(1)}=4.9, p=.03$	Wald $_{(1)}=4.8, p=.03$ Odds ratio=1.8	ns
Problems conceiving $\chi^2_{(1)}=6.1, p=.05$	ns	Wald $_{(1)}=3.8, p=.05$ Odds ratio=3.5
Drug problem (lifetime) $\chi^2_{(2)}=13.0, p<.01$	Wald $_{(1)}=9.8, p<.01$ Odds ratio=3.0	ns
Drinking problem (lifetime) $\chi^2_{(2)}=8.4, p=.02$	ns	Wald $_{(1)}=4.6, p=.03$ Odds ratio=2.3

Use of Medical Services

(Multiple Regressions and Logistic Regression: controlling for age)


	CSA	CPA
Visits to walk-in clinics (frequency) $F_{(3,223)}=10.1, p<.001$	ns	$\beta = .17, p<.01$
Unsatisfied with medical care $F_{(3,237)}=5.2, p=.002$	$\beta = .24, p<.001$	ns
Felt doctor didn't listen or respect her opinion $F_{(3,237)}=5.3, p=.001$	$\beta = .14, p=.03$	ns
Believed given unnecessary medication $\chi^2_{(2)}=7.0, p=.03$	ns	Wald $_{(1)}=5.8, p=.02$ Odds ratio=2.5

- ### Conclusions
- Women with a history of child sexual abuse appear to be at greater risk of physical abuse in adult relationships.
 - Child sexual and physical abuse are associated with a variety of self-reported reproductive health issues and risk behaviours (e.g., early sexual activity, drug & alcohol problems) that may contribute to these health problems as well as to further victimization.

- ### Conclusions
- Although there are many similarities in the health issues related to CSA and CPA, more frequent abortions, exposure to STDs, and discomfort with pelvic exams were unique to CSA.
 - Women's histories of maltreatment during childhood appear to influence the nature of their relationships with their medical practitioners.

- ### Clinical Implications
- Medical practitioners need to be aware of the child abuse histories of their patients and how these experiences may contribute to women's reproductive health difficulties, many years after the original abuse
 - Although CSA survivor's discomfort with pelvic examinations does not appear to reduce their visits for these exams, such examinations with these women must be conducted special sensitivity

- ### Limitations of the Study
- Selection issues: women who volunteered for the study may not be representative, thus limiting generalizability
 - The effects of other forms of violence (e.g., adult sexual and physical assault) were not examined for this presentation and may also be important factors in women's reproductive health



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