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ABSTRACT

This study was conducted to examine the list of identifying factors and predictors of childhood physical abuse, extrafamilial sexual abuse, and incest among male and female adolescents in the general population. In 1989, a survey was administered to 6,224 9th and 12th grade students in public schools in Minnesota. The findings revealed that more American Indian and African American than White adolescents reported the three types of abuse (incest, extrafamilial sexual abuse, physical abuse). Physically and sexually abused males and females more often reported eating disorders. Females and minority adolescents also were more likely to report more eating disorders. Adolescents with eating disorders reported lower self-esteem, more stress, more anxiety, more hopelessness, and more suicide ideation than did their peers. Having an eating disorder correlated with cigarette use, alcohol consumption, hard drug use, and sexual activity. Adolescents with eating disorders also were more likely to have family histories of alcoholism and drug addiction. All of these variables were also significantly related to histories of physical abuse, extrafamilial sexual abuse, and incest. Findings were significant for males as well as for females. More sexually abused males and females were overweight than were their peers, although obesity was related to incest among females only. Underweight males and females were more likely to be physically abused and underweight males were more likely to have been sexually abused extrafamilially. (NB)

Eating Disorders and Sexual Abuse Among Adolescents

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INTRODUCTION

The prevalence of eating disturbances among females is estimated to be as high as 25%, while the prevalence of childhood history of some form of sexual abuse among females is estimated to be as high as 30%. Eating disturbances and other addictive problems have been indicated among sexually abused women and children, and sexual abuse is reported among clinical samples of eating disordered female patients. An interrelationship among females in the general population has also been noted. Little is documented on either the relationships between specific forms of abuse, or on the causes and prevalence of eating disorders among males.

The present study was carried out to amplify the list of identifying factors and predictors of childhood physical abuse, extrafamilial sexual abuse and incest among male and female adolescents in the general population.

METHOD

In 1989, an anonymous, paper and pencil survey instrument was administered to 6,224 9th and 12th graders in public schools in Minnesota. (These protocols comprised a 10% random sample which was representative of a larger sample collected from 84% of the school districts in the state.) The survey instrument included questions on health-related behaviors and history of physical abuse, incest, or extrafamilial sexual abuse. In this study, having an eating disorder was defined as engaging in two or three of the following behaviors: eating "out-of-control", using laxatives for weight control, and vomiting for weight control.

RESULTS

More American Indian and African American than white adolescents reported the three types of abuse. Physical abuse was more prevalent among 9th graders than among 12th graders, but no differences emerged in the amount of sexual abuse.

Physically and sexually abused males and females more often reported eating disorders. Females and minority adolescents were also more likely to report more eating disorders. Other behaviors indicative of concern over weight and weight control, such as diuretic and diet pill use, fasting, and jogging for weight control, were also related to reported history of incest, extrafamilial abuse, and psychical abuse.

Adolescents with eating disorders reported lower self-esteem, more stress, more anxiety, more hopelessness, and more suicide ideation. Having an eating disorder also correlated with cigarette use, alcohol consumption, hard drug use, and sexual activity. In addition, adolescents with eating disorders were more likely to have family histories of alcoholism and drug addiction. All the above variables were also significantly related to histories of physical abuse, extrafamilial sexual abuse, and incest. All these findings were significant for males as well as for females.

More sexually abused males and females were overweight than their counterparts, although obesity was related to incest among females only. Underweight males and females were more likely to be physically abused. In addition, underweight males were more likely to have been sexually abused extrafamilially.

DISCUSSION

Assault or chronic abuse may arouse feelings of physical and emotional powerlessness, loss of control of one's body, guilt, inadequacy, and anxiety. Any of these may either cause a distortion in body image, cause one to attempt to gain added strength or physical size, or put one in a state of relentless agitation.

Eating disorders were correlated with other addictive patterns, such as hard drug use, cigarette use, alcohol consumption, sexuality, and exercising for weight control, which might imply that those with eating disorders in this sample were more likely to have addictive personalities, or at least have experienced other addictive behaviors. First, those suffering trauma tend to self medicate with food, substances, and exercise. Those who come from chaotic life situations are likely to

show dysfunction in several different areas of their lives as well. Note that in this sample those with eating disorders were more likely to have family histories of alcoholism or drug addiction. Those with personal and family histories of addiction were also more likely to be abused. The tie between child abuse and parental alcoholism and drug abuse indicates that child abuse and eating disorders are more likely to occur where there is family dysfunction. Dysfunctional family environments typically leave adolescents with less surety about personal boundaries, less sense of positive self-worth, less sense of clear direction and future-orientation, and a greater propensity toward self-destruction -- all of which have something to do with eating and drinking habits and weight control. The consumptive addictions -- alcohol use and eating -- are particularly likely to occur when personal boundaries are weak and when there is poor self-regulation; food, drugs and alcohol work particularly well for self-medication because of their mood-altering characteristics. While nothing is known about the socioeconomic classes of subjects in this sample, or about their families' lifestyles, subjects with abuse backgrounds and with eating disorders have reported feeling more alienated from their families.

The relationships and differences that appeared among the forms of abuse and the weight-related outcomes may even be underestimated in this sample. There were many subjects who experienced more than one type of abuse, so that the categories of abuse were not completely distinct.

It is important to remember that physical and sexual abuse will not lead directly to long-standing psychological or behavioral problems, unless they do so through the psychological effect of the abuse. And while abuse will not lead directly to eating disorders, there is reason to believe that chronic abuse or abuse that remains untreated may result in a body image distortion and confusion over how one wants to be viewed. Some survivors of abuse deliberately mask or alter their appearance in an attempt to avoid manifesting sexual or physical attractiveness, thereby reducing the chances of further abuse or even intimacy. For other survivors, chronic abuse leads to a learning of inappropriate personal boundaries, such that sensuality becomes confused with love, with caring, and even with personal worth. Such survivors tend to exhibit heightened or early sexuality. Any of these exaggerated behaviors might well serve as flags to clinicians that the child involved has had unwanted personal contacts that have some bearing on his/her behaviors.

Table 1 -- Adolescents experiencing physical abuse, incest and extrafamilial abuse (EFA) by gender and cultural background

	Indian		Black		White		Total	
	M	F	M	F	M	F		
Physical abuse	23%*	2%	20%	19%	8%	15%	806	13%
Incest	4%	12%	18%	11%	1%	6%	259	4%
EFA	7%	26%	10%	18%	3%	12%	303	5%

* -- percent experiencing that type abuse within that gender and that culture

Table 2 -- Male and female adolescents who report physical abuse, incest, and extrafamilial sexual abuse (EFA) and who also report eating disorders

	Male		Female	
	yes	no	yes	no
Physical abuse	10%	90%	16%	84%
percent w/eating disorder	6%	2%	21%	9%
Incest	2%	98%	7%	93%
percent w/eating disorder	20%	2%	18%	10%
EFA	4%	96%	13%	87%
percent w/ eating disorder	18%	2%	22%	9%

Table 3 -- Means and standard deviations on psychological, behavioral and family variables for adolescents experiencing physical abuse, incest and extrafamilial sexual abuse (EFA), and for adolescents reporting eating disorders

	Physical Abuse		Incest		EFA		Eating Disorders	
	no	yes	no	yes	no	yes	no	yes
stress**	14.2	11.6	13.9	11.7	14.0	11.6	14.1	11.2
anxiety**	3.4	2.9	3.4	2.9	3.4	2.8	3.4	2.8
hopelessness**	3.9	3.1	3.9	3.2	3.9	3.2	3.9	2.9
self-esteem	12.4	10.4	12.2	10.7	13.3	10.6	12.3	10.3
suicidal	1.3	1.6	1.3	1.6	1.3	1.6	1.3	1.7
cigarette use	2.2	3.0	2.3	3.0	2.2	3.0	2.2	3.5
alcohol use	2.9	3.3	3.0	3.3	2.9	3.4	2.9	3.8
hard drug use	6.5	7.3	6.6	7.9	6.5	7.7	6.5	8.1
sexuality	1.6	1.7	1.6	1.7	1.6	1.8	1.6	1.8
exercizes	1.4	1.5	1.4	1.5	1.4	1.5	1.4	1.6
fam. alcohol	1.2	1.4	1.2	1.5	1.2	1.4	1.2	1.4
fam. drugs	1.1	1.2	1.1	1.4	1.1	1.3	1.1	1.2

* -- all differences are significant at p <.01

** -- reverse scoring

Table 4 -- Male and female adolescents with weight problems who have experienced physical abuse, incest, extrafamilial abuse, and eating disorders

	Physical Abuse				EFA				Incest			
	no		yes		no		yes		no		yes	
	M	F	M	F	M	F	M	F	M	F	M	F
1. Underweight	10%	14%	15%*	17%*	10%	14%	17%*	16%	10%	14%	13%	16%
2. Normal	72%	77%	66%	72%*	72%	77%	58%*	72%	72%	77%	48%	70%
3. Overweight	15%	7%	15%	8%	15%	7%	19%	9%	15%	7%	34%*	9%
4. Obese	3%	2%	4%	3%	3%	2%	6%	3%	3%	2%*	5%	5%*

* -- significant at $p < .05$