Impact of Childhood Abuse on Physical and Mental Health and Health Care Utilization among Female Veterans

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BACKGROUND

• Women comprise the fastest growing group among the veteran population.

• Female Veterans have reported poorer physical and mental health compared to their male counterparts and to female civilians.

• Studies have shown that a substantial proportion of Female Veterans have experienced a traumatic event at some point in their lives, with about 27-49% being exposed to physical or sexual abuse during childhood.

• Strong associations between adverse childhood experiences and poor physical and mental health functioning have been well-established among the general population.

• Less is known about how exposure to childhood abuse contributes to disparities in health and healthcare use among Female Veterans.

STUDY OBJECTIVE

To determine whether exposure to childhood physical abuse (CPA) and childhood sexual abuse (CSA) predicts health symptoms and health care use frequency among Female Veterans.

METHODS

• Participants were 369 female patients at Veterans Affairs hospitals in New England who completed a mail survey.

• CPA and CSA were measured with dichotomous items: “Hit or kicked hard enough to injure - as a child” and “Forced or made to have sexual contact - as a child.”

• Measures of health status used the: Medical Outcomes Study Short Form (SF-36) component scales. Scores on these indices range from 0-100, with lower scores indicating more impaired function; PTSD Checklist (PCL); and Center for Epidemiologic Studies – Depression Scale (CES-D)

• Self-reported health care use refers to the participants’ self-reported number of VA and non-VA health care visits in the past 12 months.

• Linear regression analyses were used to determine the differential impact of childhood physical abuse (CPA) and childhood sexual abuse (CSA) on health symptoms and healthcare use.

• Covariates included age, race, and military sexual trauma (MST) history.

• Analyses were performed using SAS Version 9.3 (Cary, NC). All p-values are two-sided and a p-value of <0.05 was considered statistically significant.

RESULTS

• Female veterans who experienced childhood abuse tended to be younger (mean age 52 ± 12 vs. 57 ± 19, p = 0.006), and were more likely to be nonwhites (41 versus 27 percent, p = 0.03).

• More female veterans with a history of childhood abuse (69%) reported MST compared to 42% of women without childhood abuse history (p < 0.00001).

• Experiencing CPA, as well as older age and MST, were predictive of lower PCS scores.

• Neither CPA nor CSA were significant predictors of lower MCS scores.

• Lower MCS scores were significantly associated with younger age and MST.

• Higher CES-D scores were significantly associated with younger age and MST.

• Higher PCL scores were significantly associated with younger age, CPA and MST.

• Controlling for age, race and CSA, only CPA and MST were associated with a higher number of medical healthcare visits.

• Childhood abuse was not a significant predictor for higher number of mental healthcare visits, which was associated with younger age and MST.

IMPLICATIONS

• There is a need for more research to better understand the relationship between adverse childhood experiences and health outcomes in female veterans.

• A broad assessment of adverse childhood experiences will help identify those female veterans who may be at risk for poorer health outcomes.

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<th>Health Status and Health Care Utilization Measures, All Subjects and by Childhood Abuse Experience</th>
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<td>SF-36 Physical Component Scale</td>
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- HEALTH STATUS
  - SF-36 Standardized Physical Component Scale
  - CES-D D Score
  - PCL Total Score

- HEALTHCARE UTILIZATION
  - Number of past-year medical healthcare visits to a VA
  - Number of medical healthcare visits outside the VA in the last 12 months
  - Number of mental healthcare visits outside VA in the last 12 months

  | Measure | N=369 | CPA only (n=19) | CSA only (n=55) | Both CPA and CSA (n=77) |
|---------------------------------------------|
| Number of past-year medical healthcare visits to a VA | 18.8 (12.9) | 19.7 (11.4) | 23.1 (13.6) | 20.0 (12.3) |
| Number of medical healthcare visits outside the VA in the last 12 months | 7.6 (13.5) | 7.8 (14.4) | 7.1 (12.2) | 8.3 (13.5) |
| Number of mental healthcare visits outside VA in the last 12 months | 7.1 (13.9) | 5.5 (11.5) | 10.4 (17.3) | 8.9 (13.5) |