Association between Maltreatments in Childhood or Adolescence and Eating Disorder: A Review

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Abstract. Eating disorders is a hot research topic that generates a lot of attention in the research field. Various research has been done in order to discover the etiology of eating disorders. This paper aims to focus on the developmental factors, childhood and adolescence maltreatments specifically, that cause eating disorders. Two different maltreatments are involved in this paper, which are sexual abuse and cyberbullying. After revising previous studies, the close association between childhood and adolescence maltreatments has been proved. Other external factors that might affect study results have also been taken into account, such as one's sexuality, gender, age and family. For example, study have proven that bisexual and homosexual males with sexual abuse experience are more vulnerable to eating disorders. Several intervention strategies, such as EMD and how to properly use the internet and social media, are also being introduced and discussed in this paper.

Keywords: Eating Disorders, sexual abuse, cyberbullying, intervention strategies.

1. Introduction

Eating disorders (EDs) are generally severe, or even life-threatening, disorders which associate with one's abnormal eating behavior as well as their passive thoughts and emotions toward food [1]. EDs contain many different subtypes, and the most common three are: anorexia nervosa, bulimia nervosa and binge eating disorder [2].

Patients with anorexia nervosa generally suffer from alternating self-starvation and binge eating. A large number of patients suffer from a restricted diet and starvation for most of the time, so that they experience serious weight loss. This leads to serious health problems since patients are generally below the appropriate BMI (body mass index) for their height and anorexia nervosa is also known to have the greatest fatality rate of all EDs subtypes. There are two diametrically opposed categories within anorexia nervosa: the binge-eating type and the restricting type. Binge-eating type includes behaviors like intaking a lot of food in a short period of time, while the other one usually involves extreme actions, such as diet and excessive exercise [2]. The classic features of bulimia nervosa are similar to the binge-eating type in anorexia nervosa, which are all involved consuming a large and striving to make one self vomit. Due to calories and other nutritional components of different foods, people with bulimia nervosa usually developed the idea that some foods are "safe to eat" and others are "forbidden from the eating list." These individuals also frequently fall victim to disturbed eating behavior due to this opinion. They typically intake a lot of things that are considered to be forbidden in a really short time and go on a restricted diet or only eat low-calorie food, especially after binge eating [2]. Patients with binge eating disorder have similar traits to those with bulimia nervosa, but they are less likely to engage in compensatory behaviors such as dieting or eating emetics in order to vomit after consuming large amounts of food [2].

The detrimental effects of EDs have permeated many aspects of daily life, mostly on people's health. Many psychiatric and medical comorbidities can develop as a result of EDs [3]. EDs patients frequently have several psychiatric comorbidities like depression and anxiety disorder [3]. Within all possible psychiatric comorbidities, suicidal actions or thoughts are the most dangerous comorbidities [3]. For this reason, the mortality rate of eating disorders is relatively high among all mental disorders. Approximately over 3.3 million of people around the world pass away every year due to eating

disorders, especially anorexia nervosa since it has the highest mobility rate among all subtypes [2]. Eds may also be accompanied by a number of medical comorbidities, such as anemia and cardiovascular disease [3].

The etiology of eating disorders is one of the hottest areas that generate a lot of attention in the research field as awareness of eating disorders grows. Biological, psychological, and developmental factors are three typical causes of EDs [3]. However, in this paper, not all factors will be included. This essay tends to concentrate on the relationship between eating disorders and developmental aspects of experiences that people go through their lifetime, such as sexual abuse, school violence, and cyberbullying. In addition, appropriate intervention techniques will also be introduced and discussed in this essay.

2. The Effect of Sexual Abuse on Eating Disorders

2.1. Child Sexual Abuse (CSA) and Eating Disorders

Any encounter between a child and a perpetrator or even bystander who is sexually excited by that child is considered to be child sexual abuse, or CSA. A number of inappropriate sexual behaviors are covered by the CSA, including but not restricting to capturing, posting, viewing, or spreading sexual images of children, engaging in undesired sexual activity with children and engaging in penetrative sex with children [4]. Since about one in ten children may experience sexual abuse before they come of age, CSA is not a low probability event but a severe global issue. There are considerable differences between different genders and age groups. According to statistics, young females are more likely to be sexually assaulted than males at any stage of life, with rates for girls aged 15 to 17 being 16.8% and 26.6%, respectively, compared to 4.3% and 5.1% for boys [5].

2.2. Sexual Minority Group with CSA and Eating Disorders

With the statistical evidence that young males are less likely to suffer from CSA than same-aged females, studies about the relationship between males with CSA and eating disorders are limited in this research field [6]. Although this topic does not have enough attention, there are still several studies done in order to discover the possible relationship. According to one study, CSA patients who are males from sexual minority groups are about 4.9 times more likely to be given an ED diagnosis than guys from non-minority groups [7]. Within this specific male population, homosexual and bisexual males are more prone to diagnose with EDs due to the experience of CSA, compared with the rest of them without such tragic experience. A study had shown that within 193 homosexual or bisexual males, those with history of CSA (34%) are more likely to suffer from both lifetime history of DSM-IV full-syndrome bulimia and subclinical bulimia than the participants in the control group. In addition, males with both CSA and Eating disorders are more likely to be diagnosed with full-syndrome bulimia and subclinical bulimia, rather than lifetime full-syndrome or subclinical anorexia and binge eating [6].

2.3. CSA, Psychiatric Comorbidities and Eating Disorders

A study focuses on six main areas or elements to give a general literature review of the association between CSA, psychiatric comorbidities and EDs: whether CSA is a dangerous factor for eating disorders; do EDs patients with CSA experience will have severer symptoms; do EDs patients with CSA tend to have more psychiatric comorbidities; is the experience of CSA related to the onset of bulimia nervosa and is the start of eating disturbance associated with the characteristics of CSA[7]. The methods utilized in studies and the participants in studies are both subject to certain criteria in this review. Studies with insufficient participant numbers (less than ten participants per cell), potential subject-recruiting bias, and a lack of statistics, for instance, will be disqualified from this review. In order to check whether participants' ED and CSA experience are valid, every participant in the evaluated trials must fulfill two criteria. They must satisfy the EDs criteria for bulimia and anorexia nervosa on the DSM-III or another reliable and valid self-report test, such as the Eating Disorder

Inventory. A questionnaire used to assess their experience with CSA by asking them related questions, such as whether they had any unwanted sexual encounters with a stranger when they were eighteen years old or younger. As a result, there is enough data to support each of the six hypothesized relationships between CSA and EDs. In other words, those who have CSA are more likely to be diagnosed with ED diagnosed with more severe symptoms, particularly bulimia nervosa, and may also be more likely to experience other psychiatric comorbidities [7].

2.3.1 Possible Explanation

In addition to examining the potential causal link between these two aspects, research on eating disorders and sexual abuse experiences also examines the reason why survival victims from CSA will develop disruptive eating habits and thoughts. Abuse survivors usually fall into a loop of escaping from their depressive feelings rather than learning how to manage them. As a result, they may start to act some impulsive behaviors, like binge eating, as coping mechanisms for their unpleasant emotions [8]. Some people may not be completely emotionally detached, instead, they may drown into negative emotions and beliefs, such as the idea that they are unworthy of anyone's love. In this circumstance, their impulsive actions may be the result of their negative feelings or beliefs, which are usually connected to bulimia nervosa [8].

3. The Effect of Cyberbully on Eating Disorders

After controlling external factors such as age, gender, and overweight preoccupation, the findings of a study conducted in Spain with 676 participants between the ages of twelve and nineteen revealed that adolescents' involvement with cyberbullying is strongly connected with ED [9]. The link between ED and cyberbullying victimization may have a potential explanation. Numerous research indicates that body appearance is always the main focus of cyberbullying. For instance, victims may receive rude emails about their bodies and become the target of inappropriate jokes [9]. Victims would afterwards develop a sense of unhappiness with their physical appearance, which is also known as body image dissatisfaction (BID). In this circumstance, they are more likely to be diagnosed with ED, especially anorexia nervosa, as a result of BID and devaluing of their value, which may also result in a disruptive attitude towards eating and dieting behaviors [9].

4. Intervention Strategies

Studies that examined the link between traumatic childhood or adolescence experiences and eating disorders had sparked a lot of debate, consequently trauma-specific treatment plans for such individuals also became a hot topic. For patients who have both EDs and maltreatment experiences, such as traumatic experience and concomitant posttraumatic stress disorder, numerous therapeutic options are developed, used, and recommended in order to treat, or at least relieve, EDs symptoms. These intervention techniques include but are not limited to Eye Movement Desensitization and Reprocessing (EMD) and social media usage done in an appropriate way [10].

4.1. Eyes Movement Desensitization (EMD)

EMD is developed to treat those people with the traumatic experience, as well as post-traumatic stress disorder (PTSD), which emphasis on patients' past traumatic experience and stress level [10]. Within the procedure of EMD, a pencil or the therapist's finger will be frequently moved back and forth in front of the patient as part of this exercise. The therapist instructs the patient to follow the moving object with their eyes as they recollect upsetting experiences that contributed to their trauma. The patient is repeatedly prompted to rate their level of distress both during and after therapy. The therapist will conclude the session in accordance with the patient's preferences, such as when the patient decides to stop therapy, or after their stress levels have decreased [10].

4.2. Appropriate Ways to Use Social Media

Although social media may bring anxiety to one's body image and lead to BID and disturbed eating habits and behaviors, it could adversely be used as an aid for EDs patients when it is used by supporting groups [11]. In order to treat patients with distorted self-view body images and ED, less exposure to the social media or internet is not sufficient, because it may lead to recurrence of BID and EDs when they start to normally use the social media again [9]. Thus, helping patients establish healthy or positive mental states while they use social media is therefore worthwhile. It can be accomplished in four ways, according to a number of researchers: avoiding the actions of internalizing images from social media; fostering internalization of positive values reinforced by the media; teaching patients to avoid responding with irrational norms; and offering details on the harmful effects of excessive weight loss methods [11].

5. Discussion

The primary goal of this essay is to identify possible connections between childhood and adolescent maltreatment experiences—such as sexual assault and cyberbullying—and eating disorders. The correlation or relationship between these two variables is established by the evaluation and combination of the findings from several studies. In addition, one's sexual orientation may have an impact on the relationship between sexual abuse experience and EDs, since research has indicated that bisexual and homosexual men are more likely than those who are not to have both conditions [6]. Since cyberbullying usually targets people's appearance, it can usually lead to BID, which may end up triggering the onset of EDs [12]. Intervention strategies for those patients with traumatic maltreatment experience, such as EMD, and teaching patients how to properly use social media, have also been introduced in this paper.

In the author's personal view, the most important factors for intervention strategies or treatment for those patients with traumatic experience would be ethical, specific and durable. Ethical refers to respecting patients' past and patients always have the right to choose whether to tell their experience to the therapists. Specific means that those therapies need to match with each patient, because of personal difference and different maltreatment experience, so the intervention strategy is better to have slight alteration for different patients. For example, since EMD is designed for those with traumatic experience and PTSD, it might be more effective to apply to those ED patients with traumatic experience than those without such experience [13]. Last but not the least, durable stands for long-term effectiveness. The correct use of the internet and social media may be effective for the long-term, because it focuses on people themselves rather than eating disorders. This may help people to build up a positive mind-set, so that when they face the same situations, like cyberbullying and body shaming texts, they can face those situations calmly and result in less impact on themselves.

However, there are possible limitations in the intervention strategies. In 'the effect of sexual abuse on eating disorder part', study has found out that males in sexual minority group are prone to have eating disorders than those who are not in this group [6]. However, in the studies of discovering the association between school bullying and cyberbullying with EDs, it is barely seen that researchers take participants' sexuality into account. This may be a factor that affects the validity of those studies. Studies involved in this paper are done in many different countries, such as the USA and Spain. Results in different countries and different cultural backgrounds may lead to different results, and the results may merely represent the country or region where the experiment took place rather than apply them on a worldwide basis. The result may also affect the age group. Hence it might be better to separate participants, with and without childhood and adolescence maltreatment experience, into different age groups and compare the final results within the same group in order to get more accurate results. Besides the possible limitations from the experiment design, the participants may also bring risks to a research's validity. For example, participants may make lies while filling the questionnaire for sexual abuse or cyberbullying experience, once they find out the research purpose or do not want

to share their tragic experiences. This might be a factor which is out of control, but we still need to take factors like this into account in analyzing and discussing experiments.

6. Conclusion

Overall, this paper reviews several previous studies to prove that there is a close association between childhood or adolescence maltreatment experience, such as sexual abuse and cyberbullying, and eating disorders. Those people who suffer from such experiences are generally prone to have eating disorders. Possible intervention strategies, such as TIC, EMD and how to properly use the internet and social media, are also introduced in this paper. However, there are some limitations in reviewed research. For example, studies about the effect of school violence and cyberbully on eating disorders generally would not take participants' sexuality into account, while the study about sexual abuse and eating disorder had proven that males in sexual minority group are more vulnerable to eating disorders. In the future study, it is better for researchers to take more possible external variables into account, such as age, sexuality, country, cultural background and social classes. In addition, some factors like whether participants answer questions honestly are also better to be considered during analyzing and discussing studies. Hence, the research about the association between childhood maltreatment and eating disorders may become more valid and diverse.

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