SYSTEMATIC REVIEW OF THE RELATIONSHIP BETWEEN CHILDHOOD SEXUAL ABUSE AND CANCER OUTCOMES IN MEN

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INTRODUCTION

BACKGROUND

Childhood Sexual Abuse (CSA) is a prominent health issue children face, with a widest array of short-term and long-term consequences. The World Health Organization (WHO) estimates that 150 million girls and 73 million boys under 18 years have experienced forms of forced sexual contact (Singh, 2012).

CSA history can negatively impact health behaviors in adulthood, including cancer screening and healthcare engagement (Irish, Kobayashi & Delahanty, 2009) and is linked to poor health outcomes. The majority of research on this topic has been conducted among female survivors of CSA.

Approximately 16% of men are CSA survivors (Finkelhor, Hotaling & Smith, 1990). Research suggests that male CSA survivors have low cancer screening rates (CDC, 2010) and greater difficulties with cancer treatment due to their experience of trauma (Gallo-Silver & Weiner, 2006). Relatively little is known about cancer outcomes for men with CSA histories.

AIMS

- A) To understand the current state of literature concerning cancer outcomes for men with CSA history.
- B) To develop a testable, theoretical biobehavioral model by which CSA may impact cancer outcomes in adulthood for men.

METHODS

PubMed, PsychInfo-EBSCO and CINAHL-EBSCO were utilized for this review. Search criteria included relevance to adult human subjects and the research having occurred from 2007 to 2017, specifically addressing cancer outcomes, and being written in English. Secondary inclusion criteria included relevance and/or application to male cancer outcomes.

Search terms included the combinations of “cancer” and “oncology” as well as “gynecologic care” and “pelvic exam” in combination with “sexual abuse,” “childhood sexual abuse,” “rape,” “sexual assault,” “incest,” and “adverse childhood experiences.”

An initial search yielded 618 total studies. The removal of duplicates resulted in 218 remaining papers. After sorting through general content relevance, 50 peer-reviewed, published articles concerning CSA and cancer were identified. These articles will remain to inform a separate, comprehensive systematic review. After further review, 13 articles were identified as relevant to men with CSA histories. Thematic Analysis (Braun & Clark, 2006) was used to organize article content into related categories that described the relationships between study outcomes.

ARTICLES

1	Affif, T. O., MacMillan, H. L., Boyle, M., Cheung, K., Taillieu, T., Turner, S., & Sareen, J. (2016). Child abuse and physical health in adulthood. <i>Health Reports</i> , 27(3), 10.
2	Brown, M. J., Thacker, L. R., & Cohen, S. A. (2013). Association between adverse childhood experiences and diagnosis of cancer. <i>PLoS One</i> , 8(6), e65524.
3	Garland, S. M., Subasinghe, A. K., Jayasinghe, Y. L., Wark, J. D., Moscicki, A. B., Singer, A., ... & Stanley, M. (2015). HPV vaccination for victims of childhood sexual abuse. <i>The Lancet</i> , 386(10007), 1919-1920.
4	Gesink, D., Filsinger, B., Mihic, A., Norwood, T. A., Racey, C. S., Perez, D., ... & Vernich, L. (2016). Cancer screening barriers and facilitators for under and never screened populations: A mixed methods study. <i>Cancer Epidemiology</i> , 45, 126-134.
5	Gesink, D., Mihic, A., Antal, J., Filsinger, B., Racey, C. S., Perez, D. F., ... & Ritvo, P. (2014). Who are the under-and never-screened for cancer in Ontario: a qualitative investigation. <i>BMC Public Health</i> , 14(1), 495.
6	Holman, D. M., Ports, K. A., Buchanan, N. D., Hawkins, N. A., Merrick, M. T., Metzler, M., & Trivers, K. F. (2016). The association between adverse childhood experiences and risk of cancer in adulthood: a systematic review of the literature. <i>Pediatrics</i> , 138(Supplement 1), S81-S91.
7	Iniguez, K. C., & Stankowski, R. V. (2016). Adverse child experiences and health in adulthood in a rural population-based sample. <i>Clinical Medicine & Research</i> , cmr-2016.
8	Kelly-Irving, M., Mabile, L., Grosclaude, P., Lang, T., & Delplieue, C. (2013). The embodiment of adverse childhood experiences and cancer development: Potential biological mechanisms and pathways across the life course. <i>International Journal of Public Health</i> , 58(1), 3-11.
9	Macpherson, C. (2009). Childhood abuse uncovered in a palliative care audit. <i>Palliative & Supportive Care</i> , 7(4), 481-486.
10	Mouton, C. P., Hargreaves, M. K., Liu, J., Fadeyi, S., & Blot, W. J. (2016). Adult cancer risk behaviors associated with adverse childhood experiences in a low income population in the southeastern United States. <i>Journal of Health Care for the Poor and Underserved</i> , 27(1), 68.
11	Probst, D. R., Wells-Di Gregorio, S., & Marks, D. R. (2013). Suffering compounded: the relationship between abuse history and distress in five palliative care domains. <i>Journal of Palliative Medicine</i> , 16(10), 1242-1248.
12	Schrepf, A., Markon, K., & Lutgendorf, S. K. (2014). From childhood trauma to elevated C-reactive protein in adulthood: the role of anxiety and emotional eating. <i>Psychosomatic Medicine</i> , 76(5), 327.
13	Watson-Johnson, L. C., Townsend, J. S., Basile, K. C., & Richardson, L. C. (2012). Cancer screening and history of sexual violence victimization among US adults. <i>Journal of Women's Health</i> , 21(1), 17-25.

PRISMA DIAGRAM OF ARTICLE SELECTION

RESULTS

Proposed Biobehavioral Pathway of Cancer Outcomes for Men With a History of CSA

CONCLUSION

The relationships elucidated in this review are consistent with overall biobehavioral research highlighting adverse childhood events as predictors of poorer emotional, behavioral, and physical outcomes in adulthood (Danese & Lewis, 2017). Male CSA survivors may be differentially impacted by fear, shame, and alterations in perceptions of one's masculinity. This suggests the context of men with CSA history as crucial toward understanding potential negative cancer outcomes.

Clinicians may seek to better understand the ways in which trauma is experienced by men and manifests in the psychological responses that propagate neuroimmunological responses. Medical and psychological clinical care can work toward providing compassionate treatment for this population to help reduce stress and trauma responses and improve cancer outcomes.