LA Wise et al. The Lancet. September (2001) Vol. 358 #9285 p 881.

Previous episodes of mental ill health have been successfully cited in the process of defending against occupational stress claims.

Increased risk of mental ill health may also prove valuable in defence. However, some proposed causes of mental ill health could raise questions about other types of insurance policy.

This case control study examines the association between adult onset, major depression and, early life violence.

Women in the study were aged 36 to 45. 236 cases, 496 controls.

A self-report questionnaire was used to establish exposure (recorded as: any abuse, physical abuse only, sexual abuse only, physical and sexual abuse combined). The age at which abuse occurred was recorded. The questionnaire addressed a large number of background variables, but did not elaborate on the subject of work stress.

DSM IV diagnostic standards were used for outcomes.

The project achieved an 80% return rate in all outcome groups, suggesting little room for retention bias.

50% reported fear of or experience of abuse as a child or adolescent.

Major depression = 17% among the no abuse group but 44% among any abuse.

Among the depressed, depression came sooner for the abused (4 yrs).

Adjusted odds ratios (OR): (relative to never abused).

Any abuse: OR = 3.4 (95% CI = 2.4 to 5.1) Physical only: OR = 3.3 (95% CI = 2.2 to 5.1) Sex abuse only: OR = 2.2 (95% CI = 1.2 to 4.3)

Both: OR = 6.3 (95% CI = 3.5 to 11.4)

Childhood-only abuse seems to be a potent cause of adult onset depression.

Adolescence-only abuse may not have any measurable effect at the population level.

Childhood and adolescent combined abuse is the most potent combination.

A dose response relationship between abuse and depression was found.

Comment

Date of injury in fact could not be definitively determined by cross-section study.

The rate of reporting fear of, or actual abuse is high, according to this study. The rate of conversion into adult depression is also high, making childhood and adolescence abuse a significant risk factor in any case of adult onset depression.

Although distasteful, such background details would seem to be strongly suggested for the fair assessment of occupational stress claims among women.

There will always be some doubt about the self-report nature of the evidence used in this type of study.
