



Research article

Child maltreatment and adult psychopathology in an Irish context



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ABSTRACT

One-hundred-ninety-nine adult mental health service users were interviewed with a protocol that included the Childhood Trauma Questionnaire, the Structured Clinical Interviews for Axis I and II DSM-IV disorders, the Global Assessment of Functioning scale, the SCORE family assessment measure, the Camberwell Assessment of Need Short Appraisal Schedule, and the Readiness for Psychotherapy Index. Compared to a U.S. normative sample, Irish clinical cases had higher levels of maltreatment. Cases with comorbid axis I and II disorders reported more child maltreatment than those with axis I disorders only. There was no association between types of CM and types of psychopathology. Current family adjustment and service needs (but not global functioning and motivation for psychotherapy) were correlated with a CM history. It was concluded that child maltreatment may contribute to the development of adult psychopathology, and higher levels of trauma are associated with co-morbid personality disorder, greater service needs and poorer family adjustment. A history of child maltreatment should routinely be determined when assessing adult mental health service users, especially those with personality disorders and where appropriate evidence-based psychotherapy which addresses childhood trauma should be offered.

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Introduction

Children who have experienced maltreatment are more likely to develop psychopathology in adulthood including depressive, anxiety, psychotic, substance use, and personality disorders (Carr, Martins, Stingel, Lemgruber, & Juruena, 2013; Teicher & Samson, 2013). In this context, childhood maltreatment (CM) refers to physical, sexual, and emotional abuse, and physical and emotional neglect. Community studies consistently show a relationship between a history of CM and risk for mood, anxiety, and substance use disorders. For example, in a series of meta-analyses of 118 studies involving over 3 million respondents, Teicher and Samson (2013) found that exposure to sexual abuse, in some instances combined with other forms of CM, approximately doubled the odds of developing depressive, anxiety, and substance use disorders, and quadrupled the odds of developing posttraumatic stress disorder.

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Systematic reviews of studies of adults with psychosis have found that between a third and a half have experienced physical or sexual abuse (Matheson, Shepherd, Pinchbeck, Laurens, & Carr, 2013; Morgan & Fisher, 2007; Read, Van Os, Morrison, & Ross, 2005; Varese et al., 2012). High rates of CM have been found in studies of personality disorders. For example, in a study of 600 cases, Battle et al. (2004) found rates of child abuse and neglect were 73% and 83% respectively.

There is some evidence that specific forms of CM may be associated with specific types of psychopathology. In a systematic review of 44 international studies involving 145,407 participants, Carr et al. (2013) concluded that physical and sexual abuse, and neglect were associated with mood and anxiety disorders; emotional abuse was associated with personality disorders and psychosis; and physical neglect was associated with personality disorders.

To date few Irish studies of CM and adult psychopathology have been conducted. A literature search revealed that only one such investigation had been published. In a study of 247 adult survivors of multiple forms of institutional child abuse, Carr et al. (2010) found that 81.7% met the diagnostic criteria for an anxiety, mood, substance use, or personality disorder.

Currently there are no studies of adult mental health service users in Ireland which document the association between child maltreatment and adult psychopathology found in international studies. Addressing this gap in knowledge was the primary reason for the present study. There are also no Irish studies which evaluate the association between child maltreatment and personality disorders, or which assess the association between differing types of child maltreatment and differing psychiatric disorders found in international studies. Replicating these findings in an Irish context was a second reason for conducting the current study. A final reason for conducting the present study was to determine if there was an association between a history of child maltreatment and factors which have implications for treatment, specifically personal and family adjustment, level of service needs, and motivation for psychotherapy. We expected that child maltreatment would be associated with poorer personal and family adjustment, a greater level of service need and stronger motivation to engage in psychotherapy.

In summary the present study had four aims. The first was to determine the level of childhood maltreatment among adult mental health service users in an Irish context. The second was to establish whether or not levels of childhood maltreatment were higher among service users with DSM axis I psychiatric disorders and comorbid axis II personality disorders, compared to those with axis I disorders only. The third was to investigate the association between particular types of CM and specific types of adult psychopathology. The final aim was to determine if there was an association between CM on the one hand, and global functioning, current family adjustment, service needs, and motivation for psychotherapy on the other.

Method

The study was conducted with ethical approval of the Irish Health Service Executive (HSE) and University College Dublin, and informed consent of participants. Data collection occurred between July 2011 and June 2014 in the public mental health service in the south east of Ireland.

Sample Recruitment, Representativeness and Size

Consecutive referrals for inpatient and outpatient care at the HSE Waterford mental health service were accepted over a 3 year period into the study unless they were under 18 years; had an intellectual disability or acquired brain injury; were inappropriately referred to the service with problems such as homelessness or neurological illness; or were unable or unwilling to provide informed consent or to complete the assessment protocol.

Referrals to the survey included 221 inpatients and 428 outpatients. One hundred inpatients and 99 outpatients met the inclusion criteria, and data from these cases were analyzed. Referrals to the study were probably representative of referrals to other public mental health services in Ireland. Because of the exclusion criteria, the sample studied was probably not fully representative of all referrals to the service. Participants were probably higher functioning than those who were excluded.

Power analyses showed that (1) a sample of 191 cases would permit small effect sizes of 0.2 to be detected by two tailed *t*-tests comparing 2 groups with a power of 0.80 and a significance level of .05; and (2) a sample of 199 would permit effect sizes of 0.25 to be detected in one-way ANOVAs involving 5 groups with a power of 0.80 and a significance level of .05. Thus, the sample was sufficiently large to detect relatively small effect sizes in the planned analyses.

Participants

With regard to demographic characteristics, 52.8% were male; 47.2% were female; and the mean age was 40.2 years (*SD* = 14.0, Range = 18–75 years). With regard to family status, 37.2% were married, cohabiting, or in a relationship; 54.3% had children; and the average number of children was 1.31 (*SD* = 1.61, Range = 1–7 children). The unemployment rate was 46.2% and employed participants came from a range of socio-economic groups.

Participants had attended mental health services for an average of 7.3 years (*SD* = 10.05 years), and the average duration of past inpatient treatment was 2.7 months (*SD* = 6.32). Of 199 cases, 196 (98.4%) met the diagnostic criteria for a current or lifetime DSM-IV axis I disorder, and 77 (38.7%) of these met the criteria for a comorbid DSM-IV axis II personality disorder. The axis I disorder rates were 64.8% for anxiety disorders, 55.8% for depressive disorders, 46.2% for alcohol and substance use disorders, 22.1% for psychotic disorders, 9.5% for bipolar disorders, 4% for eating disorders, and 2% for adjustment disorders. The personality disorder rates were 13.6% for avoidant, 9.5% for obsessive compulsive and for borderline, 8.5% for paranoid,

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