



Measuring childhood maltreatment to predict early-adult psychopathology: Comparison of prospective informant-reports and retrospective self-reports



Joanne B. Newbury^a, Louise Arseneault^a, Terrie E. Moffitt^{a, b, c}, Avshalom Caspi^{a, b, c}, Andrea Danese^{a, d, e}, Jessie R. Baldwin^a, Helen L. Fisher^{a, *}

^a MRC Social, Genetic & Developmental Psychiatry Centre, Institute of Psychiatry, Psychology & Neuroscience, King's College London, London, UK

^b Department of Psychology and Neuroscience, Duke University, Durham, NC, USA

^c Department of Psychiatry and Behavioral Sciences, Duke University Medical School, Durham, NC, USA

^d Department of Child & Adolescent Psychiatry, Institute of Psychiatry, Psychology & Neuroscience, King's College London, London, UK

^e National and Specialist CAMHS Trauma and Anxiety Clinic, South London and Maudsley NHS Foundation Trust, London, UK

ARTICLE INFO

Article history:

Received 14 July 2017

Received in revised form

14 September 2017

Accepted 15 September 2017

Keywords:

Child abuse
Mental health
Adolescence
Early adulthood
Assessment
Recall bias

ABSTRACT

Both prospective informant-reports and retrospective self-reports may be used to measure childhood maltreatment, though both methods entail potential limitations such as underestimation and memory biases. The validity and utility of standard measures of childhood maltreatment requires clarification in order to inform the design of future studies investigating the mental health consequences of maltreatment. The present study assessed agreement between prospective informant-reports and retrospective self-reports of childhood maltreatment, as well as the comparative utility of both reports for predicting a range of psychiatric problems at age 18. Data were obtained from the Environmental Risk (E-Risk) Longitudinal Twin Study, a nationally-representative birth cohort of 2232 children followed to 18 years of age (with 93% retention). Childhood maltreatment was assessed in two ways: (i) prospective informant-reports from caregivers, researchers, and clinicians when children were aged 5, 7, 10 and 12; and (ii) retrospective self-reports of maltreatment experiences occurring up to age 12, obtained at age 18 using the Childhood Trauma Questionnaire. Participants were privately interviewed at age 18 concerning several psychiatric problems including depression, anxiety, self-injury, alcohol/cannabis dependence, and conduct disorder. There was only slight to fair agreement between prospective and retrospective reports of childhood maltreatment (all Kappa's ≤ 0.31). Both prospective and retrospective reports of maltreatment were associated with age-18 psychiatric problems, though the strongest associations were found when maltreatment was retrospectively self-reported. These findings indicate that prospective and retrospective reports of childhood maltreatment capture largely non-overlapping groups of individuals. Young adults who recall being maltreated have a particularly elevated risk for psychopathology.

© 2017 Published by Elsevier Ltd.

1. Background

The 10% of children affected by maltreatment worldwide (Butchart et al., 2006; Gilbert et al., 2009; Radford et al., 2011, 2013) shoulder a disproportionate burden of mental illness. Abused and neglected children experience more concurrent psychiatric

problems (Arseneault et al., 2011; Cicchetti and Toth, 2005; Jaffee et al., 2004), and the deleterious sequelae of childhood maltreatment appear to extend across the life span (Green et al., 2010; Kessler et al., 2010; MacMillan et al., 2001), including debilitating adult conditions such as depression (Widom et al., 2007a), alcohol abuse (Widom et al., 2007b), psychosis (Varese et al., 2012), and suicidal behavior (Ystgaard et al., 2004). The emotional and economic implications of severe mental illness are considerable (Vigo et al., 2016), and there are now international calls to understand the health toxicity and potential reversibility of adverse childhood experiences like maltreatment (Butchart et al., 2006; National

* Corresponding author. MRC SGDP Centre, Institute of Psychiatry, Psychology & Neuroscience, 16 De Crespigny Park, London, SE5 8AF, UK.

E-mail address: helen.2.fisher@kcl.ac.uk (H.L. Fisher).

Institute of Aging, 2012; National Scientific Council on the Developing Child, 2007). A fundamental step in this health initiative is to examine the validity and utility of standard measures of maltreatment, in order to understand the basis of the association between childhood maltreatment and adult psychopathology and inform future research.

Most evidence linking childhood maltreatment with adult mental health problems comes from cross-sectional studies of adults who retrospectively report on their childhood experiences (Hardt and Rutter, 2004). Because these self-reports are usually elicited many years after the maltreatment took place (Widom et al., 2007a), it is important to consider the potential impact of several biases – including forgetting (Hardt and Rutter, 2004), infantile amnesia (Howe and Courage, 1993), subsequent life-events (Tajima et al., 2004), and questionnaire or interview quality (Fergusson et al., 2000) – on the likelihood that early traumatic memories are recalled and disclosed. A more concerning issue is the potential influence that mood-congruent memory biases could exert on the salience of childhood memories. For example, adults with mental health problems such as depression might exhibit generalized difficulties with memory and attention compared to healthy adults (Brewin et al., 1993). Furthermore, depressed adults might remember more negative versus positive childhood memories, whereas mentally well adults might show the opposite trend (Widom and Morris, 1997). Such memory biases could confound or inflate the association between childhood maltreatment and adult psychopathology, which raises concerns over the validity of previous findings (Hardt and Rutter, 2004; Susser and Widom, 2012). Whilst, there is some experimental evidence of such ‘mood-congruent recall’ (Bower, 1981), most anecdotal evidence relates only to depression (Brewin et al., 1993). Moreover, Fergusson et al. (2011) showed – by fitting a structural equation model to repeated measures of mental health and retrospective self-reports of maltreatment – that report unreliability and recall bias had minimal influence on the variance of maltreatment self-reports over time. The potential influence of mood-congruent memory biases on retrospective self-reports of maltreatment therefore remains equivocal.

In theory, children could prospectively self-report on their maltreatment experiences. However, asking a young child questions about traumatic experiences could be distressing for the child, and therefore would usually be unethical and impractical in research studies. Official records, such as medical and social services files, are the most commonly used prospective measure of childhood maltreatment, and have typically been considered the gold-standard (Hardt and Rutter, 2004; Widom and Shepard, 1996) because such measures are comparatively independent (that is, independently substantiated by professionals). However, only a small proportion of maltreated children come to the attention of professionals, therefore exclusive reliance on official records drastically underestimates the prevalence of maltreatment (Gilbert et al., 2009; MacMillan et al., 2003).

Alternatively, prospective caregiver-reports (usually from the mother) can be used. Intuitively, we might expect parents to know the most information about whether their child has been maltreated. However, caregivers might clearly withhold information if they are the perpetrator or in a relationship with the perpetrator (Fisher et al., 2011). Parents could also simply be unaware of the maltreatment, which is particularly likely with sexual abuse which is usually secretive. Further, longitudinal studies can be subject to high rates of selective attrition during follow-up, where potentially those most likely to develop psychopathology drop out (Martin et al., 2016), thus limiting the generalizability of associations between prospectively measured maltreatment and adult psychopathology.

Considering the various potential biases of both retrospective self-reports and prospective reports of childhood maltreatment, further research into the validity and utility of both designs is needed. A small number of studies have addressed this by comparing prospective and retrospective measures of maltreatment from the same individuals. This provides the opportunity to assess between-method agreement and to contrast prospective and retrospective measures for their ability to statistically predict mental health outcomes. Between-method agreement has generally been low, ranging from slight (Henry et al., 1994; Johnson et al., 1999; Reuben et al., 2016) to fair (Patten et al., 2015; White et al., 2007). Retrospective self-reports (versus prospective measures) have tended to demonstrate stronger associations with adult psychopathology (Brown et al., 2005; Everson et al., 2008; Reuben et al., 2016; Tajima et al., 2004; Widom and Morris, 1997; Widom et al., 1999) – though the reverse has also been documented (Scott et al., 2012; Shaffer et al., 2008).

However, studies to date have typically obtained retrospective self-reports of maltreatment many years into adulthood, which increases the time in which forgetting and subsequent life-events could influence the recall of childhood experiences, and confound the association between maltreatment and adult psychopathology. Additionally, prospective measures of maltreatment have mostly been obtained from official records – which capture only a small proportion of cases. Further, studies have usually measured just one or two maltreatment types and psychiatric outcomes, which could partly explain the conflicting findings. For example, the relative predictive capacity of prospective reports versus retrospective self-reports could depend on which psychiatric outcome is examined.

The present study explores the validity and utility of retrospective self-reports versus prospective informant-reports of childhood maltreatment. Here we incorporate three novel design features. First, we obtained prospective informant-reports of maltreatment at several time-points during childhood via caregiver interviews (supplemented with researcher observations and clinicians’ reports where relevant), to foster trust between caregivers and research workers. Second, retrospective self-reports of maltreatment were obtained in early-adulthood (age 18) to reduce the time in which early childhood memories might be forgotten: at age-18, participants were reporting on events that happened between six and ~18 years prior, rather than several decades earlier. Third, we examined various forms of maltreatment and several early-adult psychiatric problems to gauge whether findings might differ between maltreatment type and psychiatric outcome. We focussed specifically on early-adult psychiatric problems because the majority of individuals who will develop a mental health problem will have done so by this point (Kim-Cohen et al., 2003). With these measures, we asked: (1) Is there agreement between prospective informant-reports and retrospective self-reports of childhood maltreatment? (2) Do prospective reports and retrospective reports of maltreatment differ in their ability to predict early-adult psychiatric problems? And (3) Are prospective and retrospective reports of maltreatment independently associated with early-adult psychiatric problems? This step was conducted to test whether prospective informant-reports of maltreatment predicted early-adult psychiatric problems above and beyond the effect of retrospective self-reports (and vice versa).

2. Materials and methods

2.1. Study cohort

Participants were members of the Environmental Risk (E-Risk) Longitudinal Twin Study, which tracks the development of a nationally-representative birth cohort of 2232 British twin

Download English Version:

<https://daneshyari.com/en/article/4931896>

Download Persian Version:

<https://daneshyari.com/article/4931896>

[Daneshyari.com](https://daneshyari.com)