



Original article

Parent Abuse by Adolescents With First-Episode Psychosis in Egypt

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A B S T R A C T

Purpose: To determine the rate of parent abuse in a sample of Egyptian adolescents with first-episode psychosis (FEP) and to identify the association between parent abuse and a number of sociodemographic and clinical factors of interest in these patients. As yet, the abuse of parents by their children, especially mentally ill children, in contrast to child abuse, has remained a research taboo.

Methods: In a cross-sectional study in Zagazig (Egypt), a sample of 150 adolescent outpatients (82 boys; 68 girls), presenting with FEP, was assessed for the occurrence of parent abuse using both interview and questionnaire methods (Abused Parent Questionnaire, APQ). Univariate analyses were used to compare parent abusers and nonabusers along a number of sociodemographic and clinical variables. Variables that were associated with parent abuse were entered into a multivariate logistic regression analysis model.

Results: We found that 61 patients (40.7%) perpetrated abuse against parents, mostly mothers (55/61; 90.2%). Five significant risk factors for parent abuse were identified by multivariate analysis. These were parent's female gender (95% CI = 7.82–45.56), patient's male gender (95% CI = 3.15–37.14), Childhood Trauma Questionnaire - Short Form total score (95% CI = 1.48–14.91), Positive and Negative Syndrome Scale positive subscale score (95% CI = 1.26–9.59), and duration of untreated psychosis (95% CI = 1.01–4.72).

Conclusions: The study indicates that parent abuse, particularly mother abuse, in untreated adolescents with FEP is an issue calling for increased awareness of the problem. The findings may have important implications for parental psychoeducation and support, and earlier access to treatment.

IMPLICATIONS AND
CONTRIBUTION

In contrast to child abuse, which has been extensively studied, interestingly little is known about abuse directed from child-to-parent (parent abuse). This study indicates that parent abuse, particularly mother abuse, in untreated adolescents with psychosis in their first episode is an issue. The findings may have important management implications.

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There is abundant research on various forms of adult-perpetrated abuse within the family, much of which has focused on abuse as an act from parent-to-child (child abuse). In contrast, abuse directed from child-to-parent (parent abuse) has been little studied. Research avoidance of this subject might be related to the cultural taboo against striking or abusing parents [1]. Assumptions about parent-child relations, with parents in the position of

responsibility and authority over family resources and conflict management, make the idea of adolescent violence toward parents “unnatural and almost inconceivable” [2]. Research neglect of parent abuse might also be caused by an early assumption that its incidence is “relatively low” [3]. Yet it is a problem for many families. Available statistics of parent abuse are mostly outdated and almost exclusively from developed countries [e.g., 4,5]. Moreover, they are likely to be underestimates [6]. This is at least because some parents are unwilling to report maltreatment as they feel ashamed, guilty, and/or fear what will happen to them or their child if they do report the incident [4,7]. Nevertheless, figures suggest that between 7% and 33% of parents have been victims of abuse from their adolescents at some time [4,8,9].

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Previous studies on parent abuse are not only scarce but also difficult to compare, owing to differences in research methodologies with poor consensus on definition. Not infrequently, the terms abuse, aggression, and violence against parents are all used interchangeably to refer to any act by children (including adult children) that intimidates the parents in order to gain power and control and is aimed at causing them physical, psychological, or financial damage [10]. Yet, depending on circumstances, violence or aggression by adolescents at home is not always abusive. It can also be defensive, mutually combative, or expressive. Defiance or resistance toward authority, expressed at times by adolescents in their normal development during the so-called “second phase of separation-individuation” process [11], could be confused with parent abuse. This is because it is not always distinctly clear when certain behaviors are “normal” and when they are “abusive” [7,10].

Reviews of literature indicate that although various factors such as male gender, young age, white race, and low socioeconomic status have been frequently associated with parent abuse, findings are inconclusive [7,12]. Studies across different countries and samples have also shown that people suffering from psychosis are at particular risk for perpetration of aggressive and violent behaviors [13,14]. This was explained by the effect of psychotic symptoms, personality disorders, mentalizing abilities, comorbid substance misuse, and demographic factors [15]. Yet the relationship between psychosis and assaultive behaviors remains incompletely understood. Moreover, previous studies investigating this relationship tended to address violent and aggressive behaviors in general without specifically referring to parent abuse. We also do not know whether the greater risk for parent abuse associated with certain sociodemographic characteristics in the general population is holding true to the same extent in the psychotic populations in a developing country such as Egypt, where addressing this issue might be difficult, at least because traditional cultural and Islamic values stigmatize parent abuse as one of the most sinful acts, and also because mental illness itself is highly stigmatized.

Given the dearth of data about parent abuse by young people with mental illness in Egypt, the aims of this study were to determine the rate of parent abuse in a sample of Egyptian adolescents with first-episode psychosis (FEP) and to identify the association between parent abuse and a number of sociodemographic and clinical factors of interest in these patients.

Methods

Setting

The study was carried out in the psychiatric outpatients clinic at the University Hospital, Zagazig, Sharkia, the largest psychiatric clinic in the Suez Canal Region with a catchment area population of about 6 million citizens. The study was conducted between July 2010 and December 2012.

Participants

Out of the 279 new adolescent attendees of the psychiatric outpatient clinic with a first-episode psychosis during the study period, 150 consecutive patients participated in the study. Diagnosis in all participants was confirmed using the structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) [16]. Diagnoses comprised schizophrenia spectrum disorders (including schizophrenia, as

well as schizoaffective and schizophreniform disorders), mood disorder with psychotic features, brief psychotic disorder, delusional disorder, and psychotic disorder not otherwise specified in patients presenting to a psychiatric service for the first time. Patients included ranged in age from 13 years to 19 years. Patients who also met DSM-IV criteria for any other Axis I disorder were excluded from the study. In addition, we excluded those who had moderate-to-severe learning disability, significant medical or neurological illness, history of current or past substance abuse or previous treatment with psychotropics, and those who were in a mental state that would not permit participation (e.g., excitement or stupor), or who were judged not to have capacity to consent. We were helped in assessing this capacity by a 4-item scale commonly used for such patients in our department. Three of the scale items were based on those of Palmer et al. [17]. They examine participants' understanding of the purpose, risks, and benefits of the research study. The fourth question was to assess the voluntary nature of participation. The alpha coefficient for this sample was .81. Both parents had to be the biological parents and living together with the patient. Presence or absence of parent abuse classified patients into two groups, abuser and nonabuser groups, but was not an a priori inclusion/exclusion criterion and, indeed, was not assessed before acceptance into the study. Thirty-four patients refused participation. Refusal was most frequently (29/34; 85.3%) because of parents' unwillingness. Differences in age and gender between those who participated ($N = 150$) and those who did not participate for all reasons ($N = 129$) were not significant.

Before study enrollment, all participants provided written informed consent. The study was approved by the research ethics committee of the Faculty of Medicine, Zagazig University, Zagazig, Egypt.

Measures

Demographic and clinical variables. These were measured with a semistructured interview conjointly conducted by three investigators to get a convergence of opinion. The interview was attended by at least one close relative to confirm the information given by the patient. Social class of patients was determined with the help of the Egyptian Social Classification Scale [18].

To calculate duration of untreated psychosis (DUP), the date of onset of first psychotic symptoms was estimated using all available data, from both the patient and the informant family members, to achieve a consensus-based, best-estimate.

Assessment of abusive behavior. Patients were retrospectively assessed for conducting abusive behaviors toward their parents in the preceding 2 months before presentation with two methods, interview and questionnaire methods.

(1) Interview

In a clinical interview conjointly conducted by three investigators, each patient was assessed for the occurrence of parent-abuse incidents in the past 2 months. An assault, whether physical or verbal, was not counted as a parent-abuse incident unless there was evidence that the act was (1) deliberate; (2) aimed at causing physical, psychological, or financial harm to the parent; and (3) used as a form of control or gaining power over a parent or creating fear in a parent. Parents and any informants, if available, were interviewed to cross-check information provided by patients. Classification of patients into abuser/nonabuser subjects was based on consensus agreement between assessors.

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