



Childhood trauma levels in individuals attending adult mental health services: An evaluation of clinical records and structured measurement of childhood trauma[☆]



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ARTICLE INFO

Article history:

Received 24 September 2014

Received in revised form

30 December 2014

Accepted 2 January 2015

Available online 28 January 2015

Keywords:

Childhood trauma

Childhood sexual abuse (CSA)

Emotional abuse

Mental health

ABSTRACT

Despite an increased awareness regarding the prevalence and impact of childhood trauma, especially childhood sexual abuse (CSA), few studies examine the clinical reporting of such childhood experiences. This study compared the prevalence of childhood trauma recorded in individual's clinical notes to those ascertained with a structured validated questionnaire, examined which forms of childhood trauma were less likely to be reported to the treating mental health team and established which demographic or clinical factors were associated with reporting of childhood trauma. The prevalence of childhood trauma was ascertained using both the Childhood Trauma Questionnaire (CTQ) and a lifetime retrospective clinical note review in 129 individuals attending a general adult mental health service. Individuals were evaluated for the presence of mental health disorders, impulsivity, symptom severity and disability. Using the CTQ, childhood trauma was noted in 77% of individuals and recorded in 38% of individual's clinical notes ($p < 0.001$). The greatest differences between CTQ reporting and clinical note documentation were noted for emotional neglect (62% versus 13.2%), physical neglect (48.1% versus 5.4%) and CSA (24.8% versus 8.5%). Childhood trauma was associated with increased psychopathology and greater symptom severity, and was particularly prevalent for individuals with personality disorders. This study demonstrated high rates of childhood trauma amongst adults attending a general adult mental health service. Furthermore, we demonstrated high rates of either non-enquiry from mental health professionals and/or high rates of non-documentation of childhood trauma by mental health professionals. Given the disparity between reporting of childhood trauma in clinical notes and findings with the CTQ, the use of a standardised questionnaire for the assessment of childhood trauma should be considered when performing a comprehensive mental health history.

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Introduction

In recent years, there has been an increased awareness of the prevalence of childhood trauma and its significant subsequent impact on an individuals' mental health in adulthood (Tonmyr, Jamieson, Mery, & MacMillan, 2005; Zlotnick et al.,

[☆] Ms. Rossiter was supported by a Health Research Board Summer Scholarship in 2013.

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2008). Indeed, most recent studies have focused on the prevalence of childhood sexual abuse (CSA) and to a lesser extent other childhood trauma in non-clinical community samples. For example, a recent population based study in Ireland, reported rates of contact sexual abuse in 20% of girls and 16% of boys (McGhee, Garavan, Byrne, O'Higgins, & Conroy, 2011). In addition to child sexual abuse (CSA) and physical abuse (King et al., 2011; Selvi et al., 2012; Zlotnick et al., 2008), emotional abuse, physical abuse, emotional neglect and the number of types of childhood trauma suffered have also been associated with an increased likelihood of individuals subsequently suffering mental health disorders and having a reduced health-related quality of life in adulthood (Benjet, Borges, Méndez, Fleiz, & Medina-Mora, 2011; Draper et al., 2008; Huang, Schwandt, Ramchandani, George, & Heilig, 2012).

Despite this known association between childhood trauma, and in particular CSA and adult mental illness, it has been demonstrated that mental health attendees are frequently not asked about their experiences of CSA (Read, McGregor, Coggan, & Thomas, 2006; Toner, Daiches, & Larkin, 2013). For example, in one study, up to 63% of women, who had suffered CSA, reported that they had never been asked about CSA by their treating mental health team (Read, Hammersley, & Rudegeair, 2007). Furthermore, rates of documentation (either due to not enquiring about childhood trauma or not documenting reports of same) of childhood trauma are likely to be low, particularly if the most recent clinical file is examined (Agar, Read, & Bush, 2002). Low rates of disclosure to clinicians of CSA or physical abuse due to either individuals not being asked about their experiences of childhood trauma or individuals feeling unable to disclose these experiences, have also been noted (14–56%; Wurr & Partridge, 1996). It is well established that men in particular do not readily disclose the fact that they have suffered CSA (O'Leary & Barber, 2008). It is also probable that some forms of childhood trauma (e.g., emotional abuse) may be more likely to go unrecognised by mental health services, as they are often not routinely enquired about in a psychiatric history (Thompson & Kaplan, 1999). Thus, it is likely that the rates of childhood trauma documented in mental health notes may be a significant under-representation of the actual rates, due to (a) clinicians not enquiring about childhood trauma, (b) clinicians not documenting reports of childhood trauma and (c) a lack of disclosure by individuals attending the mental health services of childhood trauma.

Previous Assessments with Childhood Trauma Questionnaire (CTQ)

We recently undertook detailed structured interviews utilising the 28 item Childhood Trauma Questionnaire (CTQ; Bernstein et al., 1994) with 136 consecutive individuals who attended the adult mental health services in County Roscommon, Ireland and ascertained high rates of childhood maltreatment (CSA (24%), physical abuse (28%), emotional abuse (47%), physical neglect (47%), emotional neglect (61%)) with no significant difference in the prevalence of any of these childhood traumas between men and women (Wota, Byrne, Murray, Neuner, & Hallahan, 2014). We believe that despite the sensitive nature of this study, as individuals were given multiple cues about the type of experience researchers were investigating, compared to a single question, that our figures were a close reflection of the actual rates of childhood trauma experienced. To ensure that informed consent was attained and data was accurate, individuals admitted to hospital with an acute psychotic or manic episode were interviewed for the study prior to the end of their admission to ensure their psychotic or manic episode had significantly resolved. Thus, if capable and agreeable to consent, they were included in the study.

Hypotheses

In this study, our principal hypothesis was that the rates of disclosure ascertained using a structured questionnaire (CTQ) would be significantly higher than those reported by individuals attending their treating mental health team. Secondary hypotheses included that certain forms of childhood trauma such as emotional abuse, physical abuse, and physical neglect would be more likely to be under-reported to the clinical team and that older age, and male gender would be associated with lower rates of disclosure of childhood trauma. Furthermore, we hypothesised that our previous findings relating to higher levels of distress, impulsivity, and symptoms of mental illness in individuals who reported childhood trauma would no longer be evident when we utilised information disclosed to health professionals in the clinical notes only. We also wanted to investigate if certain patient diagnoses such as personality disorders would be associated with higher rates of disclosure of childhood trauma and if patients would have a preference for disclosing their history of childhood trauma to certain members of the mental health team (e.g., community mental health nurse, allied mental health professional).

Method

Participants

Individuals were recruited from both the inpatient and outpatient services of Roscommon Mental Health Services, Ireland. All consecutively admitted individuals to the Department of Psychiatry, Roscommon County Hospital between September 2010 and March 2011 ($n=98$) were invited to participate in this study. All consecutively attending individuals from two outpatient clinics (both scheduled weekly) attached to the Roscommon Mental Health Services between March 2011 and June 2011 ($n=115$) were also invited to participate. Sixty-eight individuals in this latter group had previously been treated on one or more occasions as an inpatient – in an adult mental health inpatient unit. Exclusion criteria included individuals <18 years of age, the presence of an intellectual disability (intelligence quotient <70), a diagnosis of dementia and the presence

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