



## Brief communication

# Childhood maltreatment associated with PTSD and emotional distress in low-income adults: The burden of neglect<sup>☆</sup>

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## Introduction

Many Brazilian children died as a result of the absolute lack of assistance and severe situation of neglect (Nations & Rebhun, 1988). Apart from social violence, other forms of maltreatment worsened the situation of children in Brazil. A study conducted in southern Brazil showed that 23.4% of children living in the streets do not return home because they have to face maltreatment there (Day et al., 2003).

In the public health aspect, studies geared to investigate, both physical and emotional, consequences, as a result of maltreatment become relevant and necessary. In this sense, it is important to point out that childhood abuse and neglect were associated to several psychopathological alterations (Fergusson, Swain-Campbell, & Horwood, 2002; Penza, Heim, & Nemeroff, 2003; Teicher, Samson, Polcari, & McGreenery, 2006; Zweig-Frank & Paris, 2002), particularly Post-traumatic Stress Disorder (PTSD) (Bremner, Southwick, Johnson, Yehuda, & Charney, 1993; Vranceanu, Hobfoll, & Johnson, 2007).

Based on high frequency of childhood abuse report among PTSD subjects, researchers were led to associate PTSD with childhood maltreatment. The majority of these studies identified childhood abuse (mainly sexual and physical abuse) as an important risk factor in the development of PTSD (Epstein, Saunders, & Kilpatrick, 1997; Widom, 1999) but did not give much attention to the impact that neglect forms of maltreatment could have on it (De Bellis, 2005; Spertus, Yehuda, Wong, Halligan, & Seremetis, 2003). In addition, it can be observed that different types of maltreatment (e.g., emotional abuse or

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neglect) experienced during childhood affect males and females differently (Brewin, Andrews, & Valentine, 2000; Rosen & Martin, 1996).

The relationship between PTSD and childhood abuse or neglect is still unknown in Brazil. Thus, the aim of the present study was to investigate the association of childhood abuse and neglect history, PTSD and emotional distress (ED) in low-income adult outpatients from a public general hospital in the south of Brazil. Other goals were (1) to examine if neglect types of childhood maltreatment could predict PTSD and ED in adulthood over and above abuse forms of maltreatment, and (2) to investigate if there are differences between males and females relative to these associations.

## Method

### Participants

This is a cross-sectional study in which 141 outpatients initially participated while waiting for previously scheduled appointments in pediatric and gynecology services of a public general hospital following convenience sampling technique. In Brazil, the public health system is used mostly by the low social and economical status population. The study included only those who were between 17 and 40 years old, those who had at least 5 years of basic education, and those declaring low income. The exclusion of participants was done during the compilation of data, using the following criteria: (1) if the participant did not identify their gender where requested, and (2) if each instrument presented no answer in more than one item. The analysis included 115 participants, both males (M,  $n = 36$ ) and females (F,  $n = 79$ ).

### Instruments

*Childhood Trauma Questionnaire* (CTQ) short form is an instrument widely used in examining childhood abuse and neglect (Bernstein et al., 2003). It evaluates childhood trauma severity in the following areas: (1) Childhood Physical Abuse (CPA); (2) Childhood Emotional Abuse (CEA); (3) and Childhood Sexual Abuse (CSA); (4) Childhood Emotional Neglect (CEN); and (5) Childhood Physical Neglect (CPN). The total CTQ score takes in account the severity of multiple forms of abuse and neglect. Our study used the validated Portuguese version of this instrument (Grassi-Oliveira, Pezzi, & Stein, 2006). The therapists' ratings were used as a stringent test of validity of retrospective reports of childhood maltreatment demonstrating very good criterion-related validity, whereas convergent and discriminant validity was demonstrated with a structured trauma interview (Bernstein et al., 2003). The internal consistency for the present study was .93.

*PTSD Checklist–Civilian Version* (PCL-C) is a self-report scale used worldwide to assess PTSD symptoms (Berger, Mendlowicz, Souza, & Figueira, 2004; Lang, Laffaye, Satz, Dresselhaus, & Stein, 2003). Items included three symptomatic clusters: intrusion, avoidance, and hyperarousal. Cut-off point of score  $>50$  is used to identify PTSD, which has a sensitivity of .39 with  $\kappa(1.0) = .25$ , specificity of .94 with  $\kappa(.0) = .65$ , and efficiency of .74 with  $\kappa(5.0) = .36$  for the DSM-IV clinical diagnosis of PTSD (Lang et al., 2003). Evidence for convergent validity was found in the high correlation (i.e.,  $r > .75$ ) between PCL total scores and scores obtained on other two well-established measures for PTSD (Ruggiero, Del Ben, Scotti, & Rabalais, 2003). The internal consistency for the present study was .91.

*Self-Report Questionnaire* (SRQ) is a structured questionnaire composed of 20 questions developed by the World Health Organization that quantifies ED as an indicator of mental disorder for use in primary setting in developing countries (Harding et al., 1980), published and validated in Brazil (Mari & Williams, 1986). The cut-off point for males is 6 and 8 for females to identify ED. The SRQ reliability is considerably high, as expected from a structured instrument, with intra-class correlation coefficient of .96 obtained from simultaneous scoring of four interviewers (Iacoponi & Mari, 1989). The internal consistency for the present study was .86.

### Procedures

Collection was performed on a 30-day period in the waiting room of a clinic that receives patients for pediatric and gynecology services in a public general hospital. All participants completed the self-report instruments. Questionnaires were answered anonymously in random, non-consecutive days and shifts. Instruments were distributed in a random presentation sequence, to all individual volunteers available at the time of collection, considering only the criteria for inclusion in the study. The option was to apply sample exclusion criteria afterwards, during database compilation. All volunteers agreed and signed a consent form. Investigation was approved by the Ethics Committee at *Hospital Materno Infantil Presidente Vargas*, subject to abiding by the rules of the Brazilian National Health Counsel.

### Data analysis

All continuous variables were compared between males and females using Student's  $t$  test and all categorical variables were compared using Chi-square.

To accomplish our objectives, zero-order correlation was applied to explore the relationship between childhood abuse and neglect variables, three PTSD symptomatological clusters, and ED. For PTSD prediction, a linear regression analysis was conducted with CTQ total score as independent variable and PCL-C total score as dependent variable. For ED prediction,

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