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The association of child abuse and neglect with adult disability in schizophrenia and the prominent role of physical neglect☆

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ABSTRACT

Objective: To assess long-lasting effects of childhood trauma on the functional outcome of adult patients diagnosed with schizophrenia.
Method: Ninety-nine stable patients with schizophrenia followed in an outpatient program at a public university hospital in Porto Alegre, southern Brazil, were investigated for childhood traumatic experiences by the Childhood Trauma Questionnaire (CTQ) and for functional impairment by the World Health Organization Disability Assessment Schedule (WHO/DAS). The schizophrenia diagnosis was assessed by ICD-10 and DSM-IV criteria according to the Operational Criteria Checklist for Psychotic Illness (OPCRIT).
Results: Childhood trauma in general was associated with increased disability in adulthood, reflected by impaired Overall Behavior ($p = .023$) and Global Evaluation ($p = .032$). Analysis of specific traumatic domains revealed that increased childhood physical neglect was associated with functional impairment in Overall Behavior ($p < .000$), Social Role Performance ($p = .037$) and Global Evaluation ($p = .014$). Higher emotional abuse was associated with impaired Overall Behavior ($p = .026$), and higher emotional neglect with poor Global Evaluation ($p = .047$). Additionally, earlier onset of illness was associated with lower level of functioning evidenced by impairment in Overall Behavior ($p = .042$). Linear regression using WHO/DAS sections (Overall Behavior, Social Role Performance and Global Evaluation) as dependent variables and CTQ subscales indicated that only physical neglect had an effect on adult functionality.
Conclusions: Childhood trauma was associated with functional and social impairment in adult patients with schizophrenia. Specific types of abuse and neglect, such as physical neglect and emotional abuse and neglect, influenced disability, and the most robust association was physical neglect. Studies involving more patients, with normal controls and additional measurements of biological liability, should be conducted to confirm this association and to increase the understanding of gene-environment relationship in schizophrenia and pathways to disability.
Practice implications: Further investigation is warranted to clarify the association between childhood trauma and disability in schizophrenia, as well as to develop standardized instruments for the assessment of trauma and earlier detection of risk along with education of patients and families about adequate care, in an effort to reduce the incidence of disability in schizophrenia.

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Introduction

Data from several studies suggest that there is an association between childhood trauma and psychiatric disorders and psychological outcomes, including post-traumatic stress disorder, mood disorders, anxiety disorders, eating disorders, substance abuse, personality disorders, insomnia, sexual dysfunction, and suicidality (Bader, Schäfer, Schenkel, Nissen, & Schwander, 2007; Christoffersen, Poulsen, & Nielsen, 2003; Fergusson, Horwood, & Lynskey, 1996; Grilo & Masheb, 2002; Kendler et al., 2000; Nelson et al., 2002). The majority of these studies focused on the association between trauma and non-psychotic disorders, showing several positive findings overall. Despite some controversial results, over the last few years a relationship between child abuse and neglect and psychotic symptoms and disorders, such as schizotypy and schizophrenia, has been observed (Read, van Os, Morrison, & Ross, 2005; Schürhoff et al., 2008; Üçok & Bikmaz, 2007).

Although the prevalence of schizophrenia is low in the adult world population (about 1.0%) compared to other psychiatric disorders, such as major depression (Jonas, Brody, Roper, & Narrow, 2003; Kessler et al., 2003), schizophrenia represents a great burden to the patients and their families and remains as one of the leading causes of disability, morbidity and mortality worldwide (Casey et al., 2004; Colton & Manderscheid, 2006; Harris & Barraclough, 1998; Murray & Lopes, 1997; Newcomer, 2006). Poor social performance is one of the main outcomes of many psychiatric disorders, particularly schizophrenia, leading to a great impact on the social disability burden.

Recent changes in psychiatric care (deinstitutionalization and community care) have addressed the need for better assessment tools to measure social disability associated with psychiatric disorders (Wykes & Sturt, 1986), such as the World Health Organization Psychiatric Disability Assessment Schedule (WHO/DAS; WHO, 1988). The WHO/DAS was designed to assess behavioral and social disturbances in persons with mental disorders and associated factors that may cause dysfunction. It is considered one of the most reliable transcultural scales to measure psychiatric disability and associated risk factors. Its second version is broadly applied not only to psychiatric disorders (WHO, 2000), but it also has similar rules and scores for mental and physical disorders (McKibbin, Patterson, & Jeste, 2004). Disability is evaluated by evidence of a restricted behavior, secondary to impairments on several domains of daily life, such as grooming, self-management, vocational and leisure activities, and family and social relationships (Alptekin et al., 2005), being considered a common feature in schizophrenia, even in those patients who have remission of psychotic symptoms with antipsychotic treatment (Velligan et al., 1997).

A recent review reported a large number of studies showing an association between childhood trauma and adulthood hallucinations (Read et al., 2005). Only one study revealed a strong association of child abuse with both delusions and hallucinations (Janssen et al., 2004), in contrast to several other studies which failed to reveal this association (Famularo, Kinscherff, & Fenton, 1990; Read, Agar, Argyle, & Aderhold, 2003; Sansonnet-Hayden, Haley, Marriage, & Fine, 1987). While the majority of the studies addressed the association of early trauma and adult psychosis with different psychiatric disorders, for example bipolar disorder (Hammersley et al., 2003), few studies addressed specific effects in schizophrenia (Read, Goodman, Morrison, Ross, & Aderhold, 2004), and very few addressed the effect of childhood trauma (mostly sexual abuse) over psychosocial functional outcomes, such as impairment and disability (Lysaker, Beattie, Strasburger, & Davis, 2005; Lysaker, Meyer, Evans, Clements, & Marks, 2001; Lysaker, Nees, Lancaster, & Davis, 2004).

The earlier study by Lysaker et al. (2001) assessed present psychosocial functioning and history of sexual trauma among adults diagnosed with schizophrenia and suggested that early sexual trauma is associated with decreased social role performance and attachment in adulthood (Lysaker et al., 2001). A subsequent study (Lysaker et al., 2004) examined whether history of childhood sexual abuse in schizophrenia and schizoaffective disorder was linked to severity of vocational deficits and found that the sexually abused group demonstrated poorer work performance overall, impaired performance over time and greater vocational deficits. A later study (Lysaker et al., 2005) with two groups of subjects with either schizophrenia or schizoaffective disorder (12 subjects with and 31 without childhood abuse history), over 4 months of rehabilitation program, revealed that the abused group had increased social dysfunction, reduced involvement in vocational rehabilitation and lower executive function.

The aim of this study is to use the WHO/DAS to investigate the association between childhood trauma, using standardized instrument, in its five dimensions (emotional, physical and sexual abuse, and emotional and physical neglect), and adult disability in chronic stable patients with schizophrenia.

Methods

A total of 102 consecutive patients were invited for this cross-sectional study. Patients were adults under regular outpatient care in a schizophrenia program of a public university-based hospital (Hospital de Clínicas de Porto Alegre) in southern Brazil. All patients lived in the metropolitan area of Porto Alegre, were publicly insured and of low socioeconomic status. All patients and caregivers signed a free informed consent form prior to testing. This study was approved by the Research Ethics Committee of Hospital de Clínicas de Porto Alegre, Brazil.

The exclusion criteria were patients with acute psychotic episodes, any major psychiatric diagnosis other than schizophrenia, any clinical evidence of cognitive impairment, history of drug abuse in the previous 3 months, and discharge from hospital in the previous 2 weeks.

The diagnostic classification was performed in two stages. In the first stage, patients underwent clinical assessment by a certified psychiatrist following DSM-IV (American Psychiatric Association, 1994) and ICD-10 (WHO, 1992) criteria for schizophrenia. In the second stage, trained interviewers confirmed the diagnosis using the Operational Criteria Checklist