

Child Psychiatric Patients Affected by Intimate Partner Violence and Child Abuse. Disclosure, Prevalence and Consequences.

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Avhandling för avläggande av filosofie doktorsexamen i psykologi, som med vederbörligt tillstånd av samhällsvetenskapliga fakulteten vid Göteborgs Universitet kommer att offentligas försvaras fredagen den 27 november, 2015, kl 10.00, sal F1, Psykologiska Institutionen, Haraldsgatan 1, Göteborg

Fakultetsopponent: Professor Tine Jensen, Department of Psychology, University of Oslo, Oslo, Norway

The thesis is based on a summary of the following papers:

- I. Hedtjärn, G. I., Hultmann, O., Broberg, A. G. (2009). One out of five mothers of children in psychiatric care has experienced domestic violence. *Läkartidningen*, 106 (48), 3242-3247 Originally published in Swedish: Var femte mamma till barn i BUP-vård hade utsatts för våld.
- II. Hultmann, O., Möller, J., Ormhaug, S. M. & Broberg, A. G. (2014). Asking Routinely About Intimate Partner Violence in a Child and Adolescent Psychiatric Clinic: A Qualitative Study. *Journal of Family Violence*. 29, 67-78. doi: 10.1007/s10896-013-9554-5
- III. Hultmann, O. & Broberg, A. G. Family Violence and Other Potentially Traumatic Interpersonal Events Among 9- to 17-Year-Old Children Attending an Outpatient Psychiatric Clinic. (E-pub ahead of print in *Journal of Interpersonal Violence*, doi: 10.1177/0886260515584335).
- IV. Hultmann, O., Broberg, A. G. & Axberg, U. (submitted). Child Psychiatric Patients Who Have Been Subjected to Child Abuse or Witnessed Intimate Partner Violence – Prevalence and Consequences.



UNIVERSITY OF GOTHENBURG

Abstract

Hultmann, O. (2015). *Child Psychiatric Patients Affected by Intimate Partner Violence and Child Abuse. Disclosure, Prevalence and Consequences*. Department of Psychology, University of Gothenburg, Sweden

Abstract

The overall aims of this thesis were (1) to document the prevalence of child abuse and exposure to intimate partner violence (IPV) among child and adolescent mental health care (CAM) patients, (2) to study the clinicians' attitudes towards asking routinely about IPV, (3) to compare psychiatric symptoms between patients with (a) experience of family violence (child abuse and/or exposure to IPV) (b) experience of violence outside the family and (c) patients with no such experiences, and (4) compare psychiatric symptoms between patients who had both witnessed IPV and been subjected to child abuse with those either subjected to child abuse or those who had witnessed IPV, but not both. An additional aim in study IV was to explore the importance of concordance/discordance between children's and parents' reports of occurrence of IPV. Data for the studies were collected among 9- to 17-year-old patients, their parents, and clinicians (psychologists, social workers and nurses) in an outpatient CAM unit.

Study I showed that routine questions identified many more IPV cases than expected from the known prevalence rate on the unit. Routine questions about IPV were difficult to implement.

In study II clinicians were interviewed about their difficulties in asking routine questions about IPV using a written questionnaire. Their responses showed that they were anxious about damaging their relationship with the parent, anxious about putting the mother in danger of recurrent IPV and self-critical about their performance in this area. The questionnaire facilitates gathering information through asking routine questions about IPV as a matter of routine, but its implementation requires management support and family intakes complemented by meetings in private.

In study III almost half of the consecutively enrolled patients reported exposure to family violence. Patients exposed to family violence in combination with exposure to violence outside the family had more general self-reported symptoms and more peer-problems and were more often assigned a PTSD diagnosis than those not exposed to violence either in or outside the family. Family violence was rated more negatively than exposure to violence outside the family. Patients affected by violence both in and outside the family rated the impact of violence more negatively than those affected by family violence only. The results indicate that experiences of violence outside the family are important to consider when assessing patients exposed to family violence.

In study IV 14% of the patients reported abuse only, 14% reported exposure to IPV only, and 22% reported both (were doubly exposed). Patients exposed to IPV only or to child abuse only did not differ on psychiatric symptoms or diagnoses, with each other, or with patients with no such violent experiences. The doubly exposed patients, in contrast, had more self-reported general problems and conduct symptoms and rated the impact of those events as more negative than patients who were exposed only to IPV or to child abuse and patients with no experiences of violence. Doubly exposed patients were also more often assigned a diagnosis of PTSD compared to those abused only or exposed to IPV only. The negative impact of the events post trauma was rated as more severe when children and parents agreed on IPV. Children who reported IPV when their parent did not were more often assigned a mood disorder diagnosis. The results are discussed and implications for clinicians in CAM are offered.

Key Words: child abuse, intimate partner violence, child and adolescent psychiatry, prevalence, psychiatric symptoms, parent-child agreement

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