

Cognitive and Personality Correlates of Early Life Abuse in Adolescent Psychiatric Inpatients

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Background: Childhood abuse leads to multiple neurobiological consequences, including altered patterns of inflammatory response. Multiple cognitive impairments have been identified in adults who were abused as children, even in the absence of psychiatric diagnoses. In this study we examined cognitive functioning and personality-related issues associated with three different forms of abuse (physical, emotional, sexual) in adolescent psychiatric inpatients.

Methods: Adolescent inpatients ($N = 736$; age range 13 - 17) completed the Childhood Trauma Questionnaire (CTQ) and were examined with a comprehensive psychological assessment battery, including cognitive measures and the Minnesota Multiphasic Personality Inventory for Adolescents (MMPI-A). Cases were designated as experiencing physical, emotional, or sexual abuse according to the commonly used criteria.

Results: 60% of the cases met criteria for emotional abuse, while physical abuse (28%) and sexual abuse (26%) were less common. Adolescents with a history of emotional abuse manifested no differences in cognitive performance compared to cases without abuse, scored lower on multiple MMPI-A clinical scales, and displayed a defensive response style. In contrast, cases with histories of either physical or sexual abuse manifested multiple cognitive impairments, particularly in general intellectual functioning, when compared to cases with no abuse ($p < .01$ to $p < .001$). Adolescents with histories of childhood sexual abuse had elevations on MMPI-A scales reflecting depression, hysteria, suspiciousness, and impaired reality testing, without evidence of exaggerated responding. The MMPI-A profile of adolescents with histories of physical abuse was clearly different, with elevations in suspiciousness and antisocial tendencies, but not depression or hysteria.

Implications: Adolescents with histories of childhood abuse had different profiles of clinical symptoms as a function of type of abuse. Cognitive impairments were most common in cases of physical and sexual abuse. These clinical profiles are consistent with adult behavioral syndromes that have been linked to these experiences. Further, teens who reported emotional abuse had evidence of an under-reporting style, which suggests caution in taking their symptom reports at face value; however, they also displayed no cognitive performance differences when compared to non-abused cases. Most clinicians attempting to treat adults and adolescents who were abused as children are aware that depression, emotional dysregulation, and trust issues are commonly encountered. However, fewer may be aware that problems in reality testing are not uncommon, and subtle but significant cognitive impairments are also frequently seen. Both of these are likely to have a significant impact on psychotherapeutic and psychosocial treatments. While there are

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several common models of treatment of adolescents and adults with trauma histories, as well as models for the treatment of sexual offenders who were victims of abuse as children, the efficacy of these treatments may be affected by problems in reality testing and cognition. Therefore, these data highlight the value of rigorous psychological/neuropsychological assessment at the start of treatment and suggest the need for specific modifications of treatment protocols whenever these problems appear.

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David L. Pogge received his Ph.D. in clinical psychology from the University of New Mexico in 1986 and has been the Director of Psychology at Four Winds Hospital in Katonah, New York, since 1988. Dr. Pogge's primary area of expertise is the assessment of children, adolescents, and adults, with a specialty in the assessment of sexual offenders. In that capacity he has done hundreds of psychological/psychosexual evaluations of probationers, parolees, and defendants and has acted as a consultant to the sexual offender unit of the Westchester County Department of Probation for the past 30 years. Dr. Pogge has also conducted clinical evaluations and research in the areas of sexual trauma and trauma-related disorders.

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