VIEWPOINT

# The Subjective Experience of Childhood Maltreatment in Psychopathology

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**Childhood maltreatment** is a key risk factor for life-course psychopathology. However, the nature of this association remains unclear. Professionals working with young people who experienced documented abuse and neglect are all too familiar with the complex clinical presentations seen in this population. Similarly, professionals working with adult clients with mental health problems are often presented with reports of childhood maltreatment.

These objective and subjective measures by which young people and adults are typically identified as experiencing childhood maltreatment were long assumed to be equivalent and, thus, have been used interchangeably in the clinic.[1] Researchers have also capitalized on this assumption to study the underlying mechanisms leading to mental health problems, for example, hoping to identify neurobiological abnormalities linked to the exposure to childhood maltreatment by comparing adults with or without retrospective recall of childhood maltreatment.[1]

The assumption of equivalence between objective and subjective measures has been difficult to directly test because of the limited availability of relevant samples. However, a 2019 meta-analysis of the agreement between prospective and retrospective measures of childhood maltreatment questioned its validity: 52% of individuals with prospective measures (eg, official records or parental reports) did not report maltreatment retrospectively and, likewise, 56% of individuals who retrospectively reported childhood maltreatment did not have concordant prospective measures, resulting in a poor agreement of Cohen $\kappa = 0.19$ (95% CI, 0.14-0.24).[2] Although there are several possible reasons to explain this low agreement, this challenge to the long-held assumption of equivalence has ignited a debate on the fundamental phenomenological question about whether mental health problems emerge from objective or subjective experiences of childhood maltreatment. This theoretical question has important practical implications because the underlying risk mechanisms may differ and different interventions may be needed.

To examine the relative contribution of objective or subjective experience of childhood maltreatment to mental health problems, we studied a unique sample of men and women who were identified as having experienced childhood maltreatment based on court records from these individuals' childhoods and compared them with a demographically matched sample.[3] Court records can have low sensitivity, namely they may not detect all cases of maltreatment in the population. However, they have high specificity, ie, they provide clearest evidence that maltreatment took place and, thus, they are the basis for legal actions to protect children and prosecute perpetrators. As such, they provided the best available measure for the objective experience of childhood maltreatment. In young adulthood, study members were also asked to retrospectively recall their childhood exposure to maltreatment, capturing their subjective experience. Because measures of objective and subjective experiences again showed poor agreement,[3] it was possible to separate 4 groups of study members with none, either, or both measures. In young adulthood, study members also reported on their current and lifetime mental health problems. We found that even for the severe cases of childhood maltreatment identified through court records, the risk of psychopathology was not associated with objective measures in the absence of subjective reports (risk ratio, 0.92; 95% CI, 0.78-1.08). In contrast, the risk of psychopathology was associated with subjective reports of childhood maltreatment whether or not the reports were consistent with objective measures (risk ratio, 1.35; 95% CI, 1.21-1.50 and risk ratio, 1.29; 95% CI, 1.15-1.45, respectively). These results were consistent across different types of maltreatment and psychopathology and across genders and races. Overall, these results suggest that mental health problems are more likely associated with the subjective rather than objective experience of childhood maltreatment and point to several new research and clinical directions.

## Future Research Directions

Evidence for the association between the subjective experience of childhood maltreatment and psychopathology needs to be further probed. We noted that our findings were consistent with results from other samples with prospective measures and case studies of childhood maltreatment using different reporting periods and measures of maltreatment.[3] However, this sensitivity analysis only indirectly addresses potential alternative explanations. It is possible that the differences between the association of subjective vs objective measures of childhood maltreatment with psychopathology may reflect the influence of unmeasured variables, such as the age at or the severity or duration of the objective maltreatment experience. For example, earlier age at the objective experience may be associated with greater toxic effects on the developing brain, exerting causal associations with psychopathology. Similarly, earlier age at the objective experience may be associated with greater stress response leading to stronger memory encoding and later recall (subjective experience). In this way, the subjective experience may be more likely to become associated with psychopathology than the objective experience even in the absence of direct associations.



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An association between the subjective experience of childhood maltreatment and psychopathology might also emerge because of memory biases linked to psychopathology.[4] We examined some of these biases by restricting the analytical sample to those without current psychopathology at the time of recall and found the same pattern of results.[3] However, the design did not allow us to model the dynamic interaction of the subjective experience and psychopathology, such as residual memory biases that persisted despite remission of psychopathology or the persistent recall of a memory previously biased by psychopathology. The risk of psychopathology may reflect continuity and/or reverse association rather than a causal association of the subjective experience.

Beyond the above etiological questions, more research is needed to test whether the first-person narratives about childhood experiences that people (re)construct based on autobiographical memories or accounts from others and choose to share with clinicians and researchers can be used to identify vulnerability for later psychopathology over and above the objective experience.

Childhood maltreatment is an important risk factor for physical as well as mental illness and for comorbidity. As such, the relative contribution of objective and subjective experience of maltreatment to physical health should be further explored. The limited evidence currently available suggests that the objective experience could have stronger links with physical health than mental health.[5,6]

In addition to mapping the associations between objective vs subjective experiences and health, it will be important to characterize the determinants of the subjective experience of childhood maltreatment. How can we best describe and measure the subjective experience? What explains the individual differences in subjective experience among those with (or without) objective experiences? What drives the changes in subjective experience over time? Why is the subjective experience associated with psychopathology? Answers to some of these questions could come from reinterpreting findings based on retrospective measures of childhood maltreatment that dominate neuroscience. However, other answers will require a new generation of qualitative and quantitative studies.

## Future Clinical Directions

The association between the subjective experience of childhood maltreatment and psychopathology has implications for clinical assessment. It reminds clinicians that interest in the personal accounts of childhood maltreatment offered by patients can be helpful not only to develop a trusting therapeutic relationship but also to promote recovery by modifying the memory of childhood trauma and related cognitions about self and others. Therefore, understanding individual narratives and beliefs should have priority over testing their veracity.

A focus on the subjective experience of childhood maltreatment also has implications for treatment. The findings highlight the potential to prevent or ameliorate childhood maltreatment-related psychopathology by addressing mechanisms that maintain and exacerbate the subjective experience. Cognitive treatments for prototypical trauma-related disorders, such as posttraumatic stress disorder, already recognize and target key mechanisms that influence the subjective experience, including cognitive avoidance and unhelpful beliefs around the trauma and self.[7] Further investigations are needed to understand how these models can be expanded to address the transdiagnostic risk for psychopathology linked to childhood maltreatment and how they can be tailored to address the specific profiles of individual patients.

ARTICLE INFORMATION

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