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THE ASSESSMENT AND RECOGNITION OF
CHILDHOOD ABUSE AMONG
FORMER PATTON STATE HOSPITAL PATIENTS
BY PSYCHIATRIC SOCIAL WORKERS

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Bonnie A. Criner and Hope M. Young


June 1994

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Approved by:




Dr. Marge Hunt, Project Advisor, Social Work

6-12-94

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ABSTRACT

This research study explored the prevalence and type of childhood abuse that may have been suffered by former Patton State Hospital patients and to what extent the occurrence or influence of childhood abuse was assessed or recognized by psychiatric social workers at the hospital. Furthermore, an exploration of psychiatric diagnoses, reasons for commitment, substance abuse practices and other demographic characteristics were included. A "survey" design was used to examine 100 archival case records from a 3 year population of former PSH patients. Collected data was analyzed quantitatively, using univariate (frequency) analysis. It was found that one-third of the sample population were abused as children, approximately one-third display symptoms of having been abused in childhood and that social work documentation revealed the occurrence of childhood abuse and/or symptoms in the majority of cases. Although the findings of this research project were preliminary and exploratory, they may improve the assessment and treatment efforts of social workers, as well as, other clinical personnel, who explore and discuss issues of early life that impact the mental illness and life circumstances of forensic psychiatric patients.

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To Dr. Marge Hunt...for your patience, guidance and
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INTRODUCTION

Patients at Patton State Hospital (PSH) committed under Penal Code 1026 have been found guilty, but not guilty by reason of insanity for a criminal act. Some of these PC 1026 patients have or have attempted to injure or kill - victimize - loved ones or other people. The purpose of this study was to explore if these patients had been victimized themselves at one point in their early lives. More specifically, this research study explored the possible occurrence and/or type of childhood abuse that may have been suffered by these former PSH patients. Psychiatric diagnosis, reason for commitment and other demographic/characterological information was included.

Additionally, it was the purpose of this study to determine to what extent psychiatric social workers assessed the possibility of this early abuse, through a thorough search of social work documentation (Social History Evaluations and updates, progress notes, and court reports).

Although it was not the scope of this study to focus on any "links" between childhood abuse and future pathology as displayed in the forensic population under exploration, it was the intention of the researchers to begin developing a preliminary knowledge around the issue of childhood abuse, as it relates to this population of people.

The researchers have assessed that treatment objective for patients at PSH have been geared toward getting the

patient "well". Because of the constraints of time, high caseloads and documentation schedules, however, the depth of treatment strategies may not include an assessment and exploration of early childhood trauma. Even if this assessment/exploration did occur, there are confounding factors related to the disclosure of childhood abuse, such as whether the patient was grounded in reality at the time of disclosure, or just fantasizing that abuse had occurred. There is also the possibility of dishonesty in the affirmation or denial of abuse.

As was indicated by a thorough search of the literature on this subject, the researchers contend that a comprehensive and accurate investigation of the prevalence of childhood abuse among former PSH patients may increase the treatment focus on possible links between a patient's childhood abuse and current manifestations of mental illness and violent behavior. However, the scope of this research study was to only explore the possibilities of childhood abuse among this population. The findings may have provided a preliminary base from which to develop a more rigid, and empirically-based research endeavor.

Problem Focus

This research project was guided by the positivist paradigm and was exploratory. Briefly, a positivist study imposes a "logical and scientific structure with the use of

a rigorous methodology" (Rubin & Babbie, 1993). The research question was developed as a result of an extensive search and evaluation of the literature and theory regarding issues of childhood abuse and its long-term effects. This theoretical base influenced the development of a question which, in turn, influenced the sampling and data collection procedures.

Because of the practical constraints imposed on the researchers, as well as, the sensitivity and complexity of the subject of childhood abuse, this study represented only an initial step in the process of logical and scientific observation.

The information gained from this study may add to or be the impetus to assessing or including a consideration of childhood abuse in the treatment of this population of psychiatric patients and may be utilized by PSH practitioners, directly, to facilitate appropriate treatment goals and therapeutic interventions.

Additionally, a focus on the possibility of childhood abuse among these patients, particularly with a focus on gender, psychiatric illness, commitment offense, etc., may contribute to social work practice with children or adolescents that have not yet progressed to the stage that these psychiatric patients have.

Literature Review

A broad review of the literature provided significant information regarding child abuse and its effects, mental illness and its causes and a connection between the two.

There has been a great deal of focus on the issue of child abuse and theories have been postulated defining the origins, circumstances and consequences of abuse. Intergenerational patterns have been recognized that perpetuate the occurrence of child abuse (Bigras, et al., 1991, Truscott, 1992, Ryan, 1989). The interplay of biopsychosocial variables has been recognized as a precursor to child abuse (Lewis, 1992). Additionally, the short-term and long-term effects of child abuse have been examined extensively (Strean, 1988, Beitchman, et al., 1988, James & Meyering, 1977, Fienauer, 1989, Rew & Sapp, 1989, Brier et al., 1987, Stream, 1988, Browne & Finkelhor, 1986), particularly its influence on future substance use (Singer & Petchers, 1988, Brown & Anderson, 1991) or psychological functioning (Kinzl & Biebl, 1992, McElroy, 1992).

Literature and research also existed about the etiology of mental illness and criminal behavior. Some researchers asserted that violence and mental illness are neurological phenomenon. Jones (1992) contended that violence and psychosis can be linked to organic causes, such as brain damage or disease. Franzek & Beckmann (1992) found that "seasonal exogenic noxious influences" correlated with types

of schizophrenia, suggesting a connection between the body or mind and seasons of the year.

Other writings referred to elements or factors contributing to human development and personality, in general, and to severe mental illness, also. Eysenck (1990) concluded that there was a strong genetic determination of personality factors in addition to within-family influences that accounted for psychosis and/or neurosis. Willick (1989) discounted the widely accepted psychoanalytically-oriented view of psychosis, and asserted that biological factors also contribute to severe mental illness.

Finally, other writers asserted that there is a process of identification with a previous abuser that influences psychosis and/or criminal behavior. Walker, Downey & Bergman (1989) found a significant relationship between parental psychopathology and maltreatment on the child's behavior, which included aggression, delinquency and social withdrawal. A "transmission" process was identified by Truscott (1992) in an examination of adolescent males who experienced parental violence and behaved violently themselves.

A short-coming of this literature was that it did not focus on committed psychotic patients. It revealed the effects that childhood abuse has on ego development and dysfunctional patterns of adulthood, and defined biopsychosocial correlates to future violence, but it did

not explain that connection for seriously mentally ill patients who have committed violent crimes.

Bigras, et al. (1991) focused on this population, presenting a case study of two patients, one male and the other female. The intention of this study was to present an example of how early childhood abuse contributed to their psychosis, however the findings were not comprehensive and could not provide more generalizable information.

Briere and Zaidi (1989) were able to link the occurrence of childhood abuse to suicidality, substance abuse, sexual difficulties, multiple psychiatric diagnoses and Axis II traits of disorders - especially borderline personality. However this study focused on the childhood abuse of nonpsychotic female patients in a psychiatric emergency room. Female psychiatric inpatient's sexual and physical abuse histories were evaluated by Bryer, et al. (1987) where it was indicated "abuse experiences were correlated with severity of psychiatric symptoms". However, this was not a forensic population. Finally, an investigation of childhood abuse and adult psychiatric illness found that half of the psychiatric patients in the sample had histories of physical and/or sexual abuse (Carmen, et al., 1984).

A further search of the literature may have provided more information about the subject of child abuse and how it relates to the forensic psychiatric hospital population,

however, it was evident that there exists a need to ascertain the extent to which childhood abuse is a factor contributing to these patients' mental illnesses and offenses against others. While it was not the intention of the researchers to accomplish this goal, an examination of the literature indicated the value of exploring this issue for this specific population.

RESEARCH DESIGN AND METHODS

Purpose of the Study

The purpose of this exploratory study was to inquire into the possible occurrence and/or type of childhood abuse suffered by former Patton State Hospital patients, as it is assessed by psychiatric social workers. Although the data was tenuous and preliminary, it was the intention of the researchers to discover information that may be generalized to the entire 3 year population of former Patton State Hospital patients being surveyed.

Furthermore, independent considerations were given to gender, diagnostic categories, reason for commitment, etc., as these factors or characteristics are used to categorize patients in this inpatient, forensic psychiatric institution.

Research Questions

Since this study was exploratory in nature, no causal relationship was defined. Preliminary information related to the issue of childhood abuse was gathered, as well as other demographic/categorical information.

The research questions were:

1. "What childhood abuses may have been suffered by former Patton State Hospital patients?"
2. "To what extent is the occurrence of childhood abuse assessed by psychiatric social workers, as indicated by social work documentation?"

Sampling

Of approximately 1,800 archival case records covering the past 3 years of closed PSH records, 100 case records were examined. Of the approximately 1,800 records, only PC 1026 and W&I (Welfare and Institutions Code) 5358 commitment statuses were sampled. Because of the longer hospitalizations associated with these commitments, case records contained more information to survey. W&I 5358 patients, those who have been placed on permanent conservatorship on the basis of grave disability, were included to increase the size of the sampling pool.

An equal number of male and female patients (50 male and 50 female) were drawn from the sampling pool, so that the representation of "gender" was balanced. No other distinguishing characteristics were considered for the sampling procedure.

Sampling was accomplished through stratified simple random sampling, since this was representative of the population of former PC 1026 and W&I 5358 PSH patients of the past 3 years. The names of former male and female PSH patients were divided and the names contained in each gender set were assigned consecutive single numbers starting from "1". In anticipation that there were more male patient case records in the 3 year population than female patient case records, the numerical range utilized for stratified simple random sampling for the female set was smaller.

Data Collection

Because this study was exploratory, a flexible, yet systematic instrument was utilized.

The researchers searched the record, specifically social work documentation, for information regarding the incidence of childhood abuse, type of abuse suffered, and other demographic/categorical information, including the gender of the patients, Axis I & II diagnostic categories and the reason for commitment. Because the main thrust of this research study was to develop a beginning awareness of childhood abuse among this population, other documentation (psychiatric evaluations, psychological evaluations and court reports) was evaluated if social work documentation did not provide enough pertinent information.

The data collection checklist was open-ended and coded after data collection was completed (See Appendix A).

There were several strengths in using this method. Primarily, it was a feasible and efficient way of describing the characteristics of a large sample. The systematic collection and categorization of varying pieces of information provided ample input for the analysis phase of this study.

There were also some weaknesses associated with this method of data collection. The most important detriment was that systematic information gathering with the bias of preselected criteria gave little consideration to individual differences in defining childhood abuse or experiences around it.

In the case that direct information about the occurrence of childhood abuse was not available in the case record, the primary data collection instrument being utilized did not provide a broad and subjective view. For example, information may have been present in the record to lead someone familiar with child abuse and its long term effects to subjectively conclude that abuse did or did not occur. Utilizing this method of data collection alone did not allow such speculation. To neutralize this limitation, a list of symptoms extracted from a thorough search of the literature on the long-term effects of childhood abuse was

utilized to define a patient as symptomatic (See Appendix B).

This list of symptoms was developed by creating a matrix of "symptoms" and the journal articles in which they were presented. If three or more of the journal articles agreed on an adult symptom of childhood abuse, it was included on the list. If a patient's record revealed that he/she suffered from 8 of the 15 symptoms, the patient was labelled "symptomatic". Although three or more of the 15 research/literature observations defined these symptoms, the researchers chose to be conservative in their estimation that the former patients were "symptomatic" of childhood abuse, thus requiring the fulfillment of 50% (8 or more) or more of these symptoms for the classification of "symptomatic". This characteristic was included as a value of the "child abuse" variable.

It was understood by the researchers that the issue of childhood abuse is sensitive and complicated and that a clear indication of the occurrence of childhood abuse in the early lives of the former patients was difficult to ascertain from a survey of the case records. Because of this obscurity, the data being collected was limited in its strength to support a hypothesis of whether or not childhood abuse had occurred. A more thorough investigation of this issue would require discussions with administrators, clinicians, patients and patients' families. However, this

research endeavor was limited by time constraints and a requirement that archival data be utilized.

Procedure

This research study utilized a "Survey" design. A traditional survey design utilizes questionnaires or interview questions and survey respondents. To fit the purposes of this research endeavor, the checklist previously described was employed for the purposes of "surveying" specified sections of the archival case records.

Two researchers who are MSW Graduate students attending California State University at San Bernardino and employed as Graduate Student Assistants at Patton State Hospital, gathered the data from archival case records over a 10 week period of time, utilizing the data collection instruments previously described.

Protection of Human Subjects

The researchers gathered data from archival case records which remained on Patton State Hospital property. Collected data was numbered, but did not contain any names and hospital numbers of former PSH patients or staff members. A master list with the corresponding numbers remained on PSH's property and was destroyed at the end of the data collection procedures.

Additionally, the researchers agreed not to publish or attempt to publish the findings of this research study, as the findings would likely be obscure and unreliable.

RESULTS

During the analysis phase of this research study, a quantitative approach was utilized. As previously mentioned, data collection consisted of utilizing an open-ended checklist of demographic and characterological items to survey each case record chosen for the sample. After data collection, the researchers numerically coded each item under the varying demographic/characteristic categories for analysis. Analysis consisted of an examination of frequencies among each of the variables. This provided a quantitative illustration of the sample being explored.

Description of Sample Population

The average age of patients in the sample was 39 years old, with a range between 25-64 years old. Table 1 illustrates the demographic representation of the population under study.

Table 1

Subject Demographics
(N=100)

Age

Range	Percentage	Number
25-35 yrs.	35%	(35)
36-45 yrs.	42%	(42)
46-55 yrs.	16%	(16)
56-65 yrs.	5%	(5)
N=100		
2 missing cases		

Gender

	Percentage	Number
Male	50%	(50)
Female	50%	(50)
N=100		

Ethnicity

	Percentage	Number
Caucasian	47%	(47)
Af.-American	28%	(28)
Hispanic	18%	(18)
Asian	2%	(2)
Pac. Islander	1%	(1)
Other	4%	(4)
N=100		

Seventy percent (70 of 100) of the sample were hospitalized under the PC 1026 commitment (guilty, but not guilty by reason of insanity). The remaining 30% were conservatees committed under W & I 5358 (gravely disabled).

DSM III-R Axis I

Schizophrenia was the diagnosis most represented at 46% (46 of 100). Seventy-eight percent (36 of 46) of these were the "paranoid type" and 22% (10 of 46) were the "undifferentiated type". Thirteen percent of the sample population was diagnosed Schizoaffective. Table 2 presents frequencies of the other Axis I diagnoses represented in the sample.

Table 2

Other Axis I Diagnoses

Disorder	Percentage	Number
Delusional (Paranoid) Disorder	2%	(2)
Brief Reactive Psychosis	1%	(1)
Psychotic Disorder NOS	7%	(7)
Bipolar Disorder, Mixed	4%	(4)
Bipolar Disorder, Manic	5%	(5)
Major Depression	7%	(7)
Impulse Control Disorder	1%	(1)
Other	5%	(5)

N=100

Where substance abuse was assessed apart from an Axis I diagnosis, it was found that 8% (8 of 100) used alcohol, 25% (25 of 100) used drugs and 38% (38 of 100) used both. The other 29% (29 of 100) were unknown. When substance abuse was part of the diagnoses, these numbers differed. Fifty-six percent (56 of 100) were not diagnosed with a psychoactive substance use disorder. Of those who were, 9% (4 of 44) were diagnosed with "Alcohol Abuse" and/or "Dependence", 52% (27 of 44) with "Drug Intoxication",

"Abuse" and/or "Dependence", and 39% (17 of 44) with "Polysubstance Abuse."

DSM III-R Axis II

The majority of former patients (56% or 56 of 100) were not diagnosed with an Axis II personality disorder. Of those assessed with an Axis II diagnosis, 13% (13 of 100) were diagnosed with "Antisocial Personality Disorder, of which the majority were male (92% or 12 of 13). Fifty-four percent (7 of 13) of all those diagnosed with "Antisocial Personality Disorder" were African-American. Ten percent (10 of 100) of the sample population were diagnosed with "Borderline Personality Disorder, of which the majority were female (70% or 7 of 10). Fifty percent (5 of 10) of all those diagnosed with "Borderline Personality Disorder" were Caucasian.

Crime and Victim

The reasons for commitment to Patton State Hospital were varied (See Table 3). Only 1 former patient in the sample was committed to Patton State Hospital for being primarily "gravely disabled."

Table 3

Crimes Leading to Hospital Commitment

Crime	Percentage	Number
Murder (1st or 2nd Degree)	18%	(18)
Attempted Murder	12%	(12)
Assault with other Crime	8%	(8)
Assault with a Deadly Weapon	19%	(19)
Rape	4%	(4)
Child Molestation	1%	(1)
Other Sex Crime	1%	(1)
Arson	9%	(9)
Robbery	4%	(4)
Burglary	6%	(6)
Kidnapping	2%	(2)
Property Destruction	4%	(4)
Other	11%	(11)

N=99

In 13% (13 of 100) of the cases there were no victims of the patients' crimes. Where there were victims of these former patient's crimes, they were more often strangers (56% or 41 of 85). Of the 50 males in this study, 54% (27 of 50) committed crimes against strangers. The highest numbers of crimes committed by females were against strangers and their own children. Both "strangers" and the former female patients' "children" were evenly represented at 14% each (7 of 50 each). In this sample, only females committed crimes against their own children. Other victims of these former patients' crimes are listed in Table 4.

Table 4

Other Victims of Former Patients' Crimes

Victim	Percentage	Number
Significant Other	16%	(14)
Parent	6%	(5)
Sibling	3%	(3)
Other Family Member	7%	(6)
Self	2%	(2)

N=85
2 missing cases

Physical, Sexual and Emotional Abuse of the Former Patients

Of the entire sample, 33% (33 of 100) were assessed by a clinical staff member to have been abused, and 67% (67 of 100) were not assessed as having been abused. Of these 67, 42% (28) displayed 8 or more symptoms, which had been operationally defined in this research as symptomatic of possible childhood abuse (See Appendix B). The number of symptoms found in all of the case records ranged from 3 - 10 for each former patient, the average being 6 out of 15 symptoms.

Table 5 shows the types of childhood abuse suffered by former patients as assessed by clinical staff members.

Table 5

Types of Childhood Abuse Suffered by Former Patients

Type of Abuse	Percentage	Number
Physical Abuse	27%	(9)
Sexual Abuse	27%	(9)
Both	15%	(5)
Severe Emotional	33%	(10)

N=33
1 missing case

Eighty-eight percent (29 of 33) of the known abuse was perpetrated by a family member. Other abuse was perpetrated by a friend (1 of 33), or a stranger (3 of 33).

Sources of Abuse Information

In 67% (67 of 100) of the cases, information regarding abuse was not found in the patient's charts. Of the 33 charts in which abuse had been recognized, the majority (66% or 22 of 33) of the assessment documentation was provided by the social work staff. In other cases where abuse was documented, 27% (9 of 33) of abuse information was assessed by psychiatrists/psychologists, and 6% (2 of 33) by nursing staff. In 58% (19 of 33) of the cases where abuse was assessed in the former patient's charts, there were multiple (2 or more) sources of documented abuse.

Sources of Symptom Information

In 74% (74 of 100) of the cases, information regarding adult symptoms of past childhood abuse was reported in

social work documentation. Twenty percent (20 of 100) of the symptom information was reported in psychiatric or psychological documentation, and the remaining 6% (6 of 100) was reported in nursing documentation. In 79% (79 of 100) of the cases where symptom information was reported, there were multiple (2 or more) sources of reported symptomology.

DISCUSSION

Demographics

Demographic information was gathered for descriptive purposes and the results were not surprising to the researchers, although it appeared that African-Americans were over-represented in the sample population. Many factors may have influenced this over-representation and imply a need for further research.

Mental Illness, Substance Abuse and Criminal Activity

"Paranoid Schizophrenia" was the most represented diagnosis in the sample. This finding was not surprising, given that this illness may lead to violent acts, particularly if this disorder is severe and unmanaged.

Less than half of the sample were diagnosed with a psychoactive substance abuse problem. The majority of these had difficulties with drug intoxication, abuse or dependence. An interesting finding regarding substance abuse was that although the majority of former patients were found

to have abused psychoactive substances, less than half of the sample were diagnosed with substance abuse problems on Axis I. This may be related to a diagnostician's assessment of whether or not a patient's mental illness significantly influences, or is influenced by, substance abuse. The need for further research in this area is implied.

The finding that the majority of former patients were not diagnosed with an Axis II personality disorder may be related to the forensic hospital's treatment focus on Axis I disorders. Although the numbers of former patients diagnosed with Axis II disorders were small in this sample, the results implied that there may be a relationship between being African-American and receiving the diagnosis of "antisocial personality disorder". Half of those diagnosed with "borderline personality disorder" were Caucasian. A need for a comparative study between ethnicity and Axis II diagnoses is implied.

Patton State Hospital is considered by some to be a "last stop" for many violent, mentally ill people, thus it is not surprising that the primary reasons for PC 1026 and/or W&C 5358 commitments were murder, attempted murder, and assault with a deadly weapon. A compelling finding was that some females in this sample committed crimes against their own children while males in this sample did not. This implies a need to find out more about this population of mentally ill offenders.

Abuse and Symptoms

Over one-third of the sample was found to be abused. Although it was not the intent of the researchers to generalize this finding to any other population but the sample population under study. It was interesting that this number did not concur with a study by Carmen, et al. (1984), where one-half of a sample of inpatient adult psychiatric hospital patients was found to have been abused. The method of analyzing patient's records in Carmen, et al's study (1984) was more in-depth and utilized a standardized coding instrument. This may account for the higher number of people identified as being abused. A more sensitive measure may have been appropriate for this research study, where more information was gathered and included the input and feedback of patients, staff members and family members.

Because of the nature of a forensic setting such as PSH, clinician's interests may be more focused on the patient's crime and appropriateness for discharge into the community. This is based on an assessment of the patient's "dangerousness to self or others", thus less time is devoted to an in-depth consideration of early life experiences, particularly child abuse.

A comprehensive literature review provided a list of commonly held symptoms of childhood abuse. Utilizing this list it was found that close to one-third of the sample population displayed symptoms of childhood abuse Although

the instrument utilized by the researchers was not standardized, it was developed based on the input of over 15 current journal articles on this subject. Based on these previous findings, it could be postulated that because the mental illnesses and the manifestations of them (crime, violence, etc.) in the PSH sample population were so severe, the likelihood that it could have been the result of childhood abuse increases (McElroy, 1992, Kinzl & Biebl, 1992, Truscott, 1992, Briere & Zaidi, 1989, Walker, Downey, & Bergman, 1989, Bryer, et al., 1987, and Carmen, et al., 1984). However, the exploratory nature of this research endeavor cannot confirm such an assumption and only implies that further research is necessary.

The types of abuse suffered by those who were assessed as having been abused were evenly distributed among three major types: physical, sexual and severe emotional, with a small percentage having suffered both physical and sexual abuse. It is difficult to conclude whether or not this information can be generalized to the entire population. However, it may provide clues for a more comprehensive study of types of childhood abuse and their relationship to particular disorders or criminal manifestations. The exploratory nature of this study, the size of the sample population and the subsequent frequency of those that were abused didn't provide a large enough pool to adequately engage in this comparison.

Source of Information

In cases where childhood abuse information was found, social work documentation contained the majority of this information. This was not a surprising finding. Because of the nature of documentation that must be completed by social workers, it's assumed that they would be more cognizant of the developmental and early history of patients. However, only one-third of the former patients were found to have been abused in childhood. It is possible that the styles of completing social work documentation and the particular focus of the social worker seemed to impact whether or not childhood abuse was assessed. For example, much of the documentation focused on the "here and now" and substantial search into a patient's background was lacking. This may be influenced by the time-constraints of the social worker, the degree to which a patient is suffering from psychotic symptoms, or the lack of trust and rapport that is needed to discuss such sensitive issues. Nevertheless, the quality and depth of social work documentation may be a topic for future research.

Regarding the documentation of symptom information, it was not surprising that the majority of this was done by social workers. This information was also duplicated in other sources more often than abuse information. Because of the treatment and symptom management focus of PSH, it's assumed that clinicians and other staff would be vigilant in

observing and charting behaviors that are manifestations of the illnesses they are attempting to treat. Because the role of the social worker is to consolidate the opinions of various staff members and present the patient as a whole person, it is not surprising that social work documentation would contain most of this information.

CONCLUSIONS

An exploratory and descriptive attempt to study this population has provided more questions and areas to consider in the evaluation of childhood abuse effects on these patients. It has also raised concerns about the ability of psychiatric social workers to thoroughly assess its occurrence.

Implications for Assessment

Patton State Hospital is a forensic institution, whose primary commitment is to the safety of the community. Based on this obligation, the concentration of assessment efforts will be aimed at the severity of mental illness, violent behavior and support systems to combat their influence. Although psychiatric social workers also hold this obligation, it has been their venue to focus on early life history and developmental crisis. The extent to which they do this may be influenced by styles of communicating with a patient, personal biases regarding the etiology of mental

illness and violence, or practical matters such as time-constraints.

The psychiatric social workers at Patton State Hospital have gathered information about those factors that influence the life circumstances of the former patients under study. However, to assess the extent to which childhood abuse colors the future adaptation or mental illness of the patient, more extensive information must be gathered. This must occur over the life of the relationship with the patient, taking into account the patient's coping abilities and ability to communicate about such sensitive issues.

Implications for Treatment

The process of assessment and treatment is intertwined for the psychiatric social worker and other clinicians engaging in psychotherapy with a patient. Because of the varied effects that earlier childhood abuse has on individuals, it would be difficult to establish specialized criteria for working with this population (adult survivors of childhood abuse), particularly if they suffer from a severe mental illness and have committed a criminal act. Therefore, it is imperative for the psychiatric social worker to consider the individual circumstances and reactions to life experiences that each of their patients have faced. It is also important to consider the possibility that these patients have suffered a great deal throughout

their lives and may have at one time been victimized themselves.

Implications for Research

As previously mentioned, this research endeavor raised questions about the diagnoses of Axis II personality disorders in relation to ethnicity and also the discrepancy between the number of substance abusers and the DSM III-R diagnosis of psychoactive substance abuse. Both of these areas could benefit from further exploration.

In regard to the occurrence of childhood abuse among this population of forensic patients, it would be beneficial to engage in a more comprehensive inquiry. This may include a case by case, qualitative research endeavor where the relevance of links between childhood abuse and adult psychopathology could be established. If this link could be suggested for this population, more broad-based and empirically grounded procedures could take place that could be generalized to similar populations.

In regard to the documentation of abuse or symptom information by psychiatric social workers, future research could focus on the depth and quality of this documentation. It would be important to determine to what extent this documentation reflects change in the patient and their relationship with staff, the acquisition of more knowledge about the patient's earlier life, and the particular focus

and depth utilized by the psychiatric social worker in completing the documentation. This would assist in making a determination of whether or not these patient's have suffered from earlier childhood abuse, the extent and type of this abuse, and the impact that it has on their current life circumstances (including their mental illness and violent behavior).

APPENDIX A

Data Collection Instrument

Identification # : _____

Gender: 1) Male _____

 2) Female _____

Ethnicity: 1) White _____

 2) Black _____

 3) Hispanic _____

 4) Asian _____

 5) Pacific Isl _____

 6) Other _____

Age at Admittance _____

Discharge _____

Substance Abuse: 1) Alcohol _____

 2) Drugs _____

 3) Both _____

 4) Unknown _____

Legal Status: 1) PC 1026 _____

 2) W&C 5358 _____

Reason for Commitment:

Victim of commitment offense:

Primary Axis I Diagnosis:

Primary Axis II Diagnosis:

Primary Axis III Diagnosis:

Child Abuse : 1) Yes
 2) Unknown
 3) Symptomatic

Type of Abuse : 1) Physical
 2) Sexual
 3) Both
 4) Unknown

Identity of Abuser: 1) Family
 2) Friend
 3) Stranger
 4) Unknown

Source of Information (regarding childhood abuse or symptoms):

APPENDIX B

Symptomology Checklist

Self-mutilation	_____
Suicidal	_____
Substance Abuse	_____
Borderline Personality	_____
Eating Disorders	_____
Poor Impulse Control	_____
Low Self-esteem	_____
Isolation	_____
Sexual Dysfunction	_____
Dissociation	_____
Nightmares	_____
Depression	_____
Anxiety	_____
Aggression	_____
Psychotism	_____
Total Number of Symptoms	_____

**These symptoms were extracted from a search of child abuse literature and its long-term effects. Out of 15 journal articles, if three or more stated a particular symptom to be the result of childhood abuse, it was included on the above list.

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