Clinical Psychologists' Beliefs about Child Maltreatment Experiences in Clients with Common Mental Disorders

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Master's Thesis in Psychology

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Subject: Psychology

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Abstract:
Misconceptions about child maltreatment, such as inaccurate beliefs about its harmfulness and frequency, are prevalent among laypeople. Clinical psychologists are not exempt from such biases, and their misconceptions might negatively affect treatment outcomes. The current study examined clinical psychologists' assumptions about the prevalence of child maltreatment experiences in clients with common mental disorders. To gather information about the prevalence of child maltreatment and mental disorders in Finland, we used existing data from 12,952 participants. Additionally, we surveyed 222 psychologists to gather information about the assumptions they make about child maltreatment in clients with common mental disorders. A comparison of these data revealed that psychologists tended to overestimate the prevalence of sexual abuse and emotional neglect, while they underestimated the prevalence of physical abuse, emotional abuse, and physical neglect in clients with depression, anxiety, and eating disorders. All types of maltreatment were overestimated in clients with alcohol use disorder and psychopathic traits. The results of the study emphasize the importance of continuous professional development and specialized training regarding child maltreatment for psychologists.

Keywords: Child Maltreatment, Clinical Psychology, Cognitive Bias, Mental Disorders

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Title: Kliniska psykologers uppfattning om barnmisshandel i olika klientfall

Handledare: Jan Antfolk, Patrizia Pezzoli

Abstrakt:
Den aktuella studien undersökte de antaganden som kliniska psykologer i Finland gör om förekomsten av barnmisshandel bland klienter med vanliga psykiska störningar. Felaktiga uppfattningar om barnmisshandel, till exempel om dess skadlighet, är vanligt förekommande bland lekmän, men även kliniska psykologer har liknande feluppfattningar. Dessa felaktiga föreställningar kan påverka behandlingsresultaten negativt. För att samla in information om förekomsten av barnmisshandel och psykiska störningar användes befintliga data från studien "Genetics of Sex and Aggression" (Johansson m.fl., 2013), som omfattade 12 952 deltagare. Dessutom genomfördes en webbenkät för att samla in information om kliniska psykologers antaganden om barnmisshandel. Enkäten besvarades av 222 psykologer. En jämförelse av dessa data avslöjade att psykologerna överskattade förekomsten av sexuella övergrepp och känslomässig försummelse, samtidigt som de underskattade förekomsten av fysisk misshandel, emotionell misshandel och fysisk försummelse, hos klienter med depression, ångest och ätstörningar. Alla former av misshandel överskattades hos klienter med alkoholmissbruk och psykopatiska drag. De flesta psykologer överskattade förekomsten av emotionell försummelse och sexuella övergrepp, oavsett vilken psykisk störning som beskrevs. Studiens resultat betonar vikten av kontinuerlig yrkesutveckling för psykologer i Finland och specialiserade utbildningsmöjligheter relaterade till barnmisshandel.

Nyckelord: Barnmisshandel, Klinisk psykologi, Kognitiv bias, Psykiska störningar

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Introduction

Clinical decision making is an important part of psychological practice. It involves integrating multiple sources of information, including the clinician's knowledge about common psychological phenomena, with current contextual information, such as the client's clinical presentation, as well as their possible history of trauma (Banning, 2007). This process is particularly relevant when making judgements about the course of treatment. However, clinical decisions are not free from the psychologist's expectations and cognitive biases (Bowes et al., 2020). Research has shown that people tend to seek out evidence consistent with their pre-existing beliefs and deny or dismiss evidence that is not (Kahneman, 1977; Nickerson, 1998). This can be seen in a clinical context when prior diagnostic information impacts how psychologists interpret a client's current symptoms, which can result in a focus on features that align with their initial diagnostic hypothesis rather than adjusting initial impressions with later information (Mason et al., 2010; Saposnik et al., 2016). Moreover, psychologists often hold assumptions about the underlying causes of their clients' symptoms (Saposnik et al., 2016). Some of these assumptions are valid, while others might be inaccurate and stem from the psychologist's wrongful beliefs and prior experiences (Dror, 2020). Furthermore, it is often assumed that individuals with mental disorders have experienced potentially traumatic life events, such as childhood maltreatment (Bonanno & Mancini, 2008). While this may hold true in some cases, it is important to recognize that it does not apply to all individual clients.

Surprisingly little consideration has been given to psychologists' cognitive biases regarding child maltreatment in the context of psychological treatment. To address this shortcoming, we examined the assumptions psychologists make about the prevalence of child maltreatment experiences in clients with common mental disorders. Understanding the possible preconceptions that psychologists have towards different client groups is important as these preconceptions might influence clinical decision-making and treatment outcomes.

Types of Child Maltreatment and Their Prevalence

Child maltreatment includes abusive and/or neglectful acts, usually perpetrated by parents or other adults, that result in harm or threat of harm to a child (Leeb, 2008). Five subtypes of child maltreatment are commonly recognized: physical abuse, emotional abuse, sexual abuse, physical neglect, and emotional neglect (Bernstein et al., 1997). Several studies have investigated the prevalence rates of the different forms of child maltreatment. Results vary depending on the operational definitions of maltreatment experiences and on the cultural context in which these are studied. Stoltenborgh and colleagues (2015) meta-analyzed studies

across the world and estimated the self-reported prevalence to 12.7% for sexual abuse (7.6% among boys and 18.0% among girls), 22.6% for physical abuse, 36.3% for emotional abuse, 16.3% for physical neglect, and 18.4% for emotional neglect. Even though Stoltenborgh examined lifetime prevalence of child maltreatment, the numbers are similar to those of a Finnish school health survey conducted in 2019. Indeed, when more than 250,000 Finnish students were asked to report experiences of abuse in the past year, 17–37% of girls and 17–19% of boys had experienced emotional abuse, 9–15% of girls and 5–15% of boys had experienced physical abuse and 10–13% of girls and 3–4% of boys had experienced sexual abuse (The Finnish Institute for Health and Welfare; THL, Kouluterveyskysely 2019). These and other studies indicated that emotional abuse might be the most common form of child maltreatment. The higher prevalence of emotional abuse compared to other forms of child maltreatment could be due to its frequent coexistence with other forms of maltreatment (Glaser, 2002; McGee et al., 1995). Several studies investigated sex differences, indicating that girls are more often victims of sexual abuse while boys are more often victims of physical abuse (Stoltenborgh et al., 2015). Rates of emotional neglect and physical neglect are similar for both boys and girls while some studies have found emotional abuse to be more common among girls (Moody et al., 2018; Rehan et al., 2017).

The Association Between Child Maltreatment and Mental Health Problems in Adulthood

Exposure to any form of child maltreatment has been associated with an increased risk of a variety of mental disorders and general psychopathology later in life (Carr et al., 2013; Gama et al., 2021; Gilbert et al., 2009; Rehan et al., 2017). However, it is important to note that not all victims of child maltreatment develop mental illness later in life (DuMont et al., 2007; Howell & Miller-Graff, 2014) and many individuals with mental illness have no history of child maltreatment (Scott et al., 2023).

Previous research on the consequences of child maltreatment suggests that the increased risk of mental illness in adulthood might depend on the type of child maltreatment and, to some extent, the gender of the victim (Gilbert et al., 2009). Some studies have focused on specific associations between the different types of child maltreatment and later mental disorders, such as between sexual abuse and sexual dysfunction (Noll, 2021). A review by Carr et al. (2013) suggested that physical abuse, sexual abuse, and emotional neglect were associated with mood disorders and anxiety disorders, emotional abuse with personality disorders and schizophrenia; and physical neglect with personality disorders. Furthermore, when accounting for the co-occurrence of multiple forms of child maltreatment, a relatively

limited yet growing body of research suggests that emotional abuse might be the most consequential form of maltreatment in terms of later mental health problems. For instance, some studies have found that emotional abuse has the strongest association with revictimization (Pezzoli et al., 2020), PTSD-symptom severity (Gama et al., 2021), and a depression diagnosis in adulthood (Humphreys et al., 2020). The stronger association between emotional abuse and later mental health problems could possibly be explained by the lasting and repeated nature of these maltreatment experiences, compared to for example sexual abuse, which in many cases can consist of one single event (Stoltenborgh et al., 2015).

Other studies have focused on how the consequences of child maltreatment depend on the gender of the victim. More recent studies have found only weaker moderating effects of gender on the association between type of child maltreatment and psychopathology in adulthood. Gallo et al. (2018) examined gender differences in the associations between having experienced child maltreatment and suffering from depression and anxiety in adulthood. Although the associations were stronger for women than for men, the differences were not statistically significant. Similar results were obtained in a study conducted in Finland by Rehan et al. (2017). For both genders, all types of child maltreatment were associated with an increased risk for psychopathology in adulthood. More specifically, the results indicated that severe experiences of emotional abuse, physical abuse, and physical neglect were associated with higher rates of depression and anxiety symptoms in men. For women, all types of child maltreatment were associated with depression and anxiety symptoms in adulthood. Some gender differences in response to abuse type were found when examining associations with alcohol abuse: severe emotional abuse was associated with alcohol abuse in men, while severe physical abuse had a stronger association for alcohol abuse in women (Rehan et al., 2017).

The results of several previous studies thus suggest that all types of child maltreatment are associated with an increased risk of mental illness in adulthood. Some studies indicate that the consequences of child maltreatment vary depending on the type of maltreatment (e.g., Carr et al., 2013). However, differentiating the precise impact can be challenging as multiple types of child maltreatment often co-occur (Turner et al., 2010). Furthermore, recent research has found that emotional abuse is particularly strongly associated with mental illness in adulthood (e.g., Pezzoli et al., 2020), and the relationship between child maltreatment and adult psychopathology may also be influenced by gender (e.g., Rehan et al., 2017). Given that there are gender differences in the prevalence of various types of child maltreatment and in their association with mental disorders (e.g., Rehan et al., 2017), it is worth examining

psychologists' knowledge and beliefs about these factors in their clinical practice, as they may introduce additional biases in decision making.

Beliefs About Child Maltreatment

Compared to other forms of child maltreatment, sexual abuse and physical abuse are erroneously but widely believed to have more severe consequences for the child's development (Stoltenborgh et al., 2015; Vachon et al., 2015). This assumption, along with the seemingly clearer definitions of these forms of maltreatment compared to emotional abuse, emotional neglect, and physical neglect (Baker, 2009) has led to a dominance of research on sexual abuse and physical abuse in the field of child maltreatment (Gama et al., 2021; Norman et al., 2012; Stoltenborgh et al., 2015). Furthermore, when considering the potential impact of availability bias (i.e., the disposition to judge things as being more likely, or frequently occurring, if they readily come to mind; Croskerry, 2003), it is possible that the over-representation of sexual abuse and physical abuse in previous research may contribute to the perception that these forms of abuse are more frequently occurring than their actual prevalence.

While these assumptions regarding the harmfulness and the prevalence of sexual and physical abuse are commonly held by laypeople (Stoltenborgh et al., 2015; Woudstra et al., 2021), limited research exists on psychologists' beliefs regarding this topic. It would however be important to consider whether psychologists also hold misconceptions about child maltreatment types and their prevalence, as this could affect their work with clients.

Cognitive Biases in Clinical Practice

Clinicians as well as laypeople are susceptible to cognitive errors (Bowes et al., 2020). In some cases, experts might be even more prone to errors than laypeople, since training and experience make experts accustomed to using cognitive processes that enable quick decision making. Usually, these cognitive processes help in drawing accurate conclusions, but they can also lead to a greater proclivity for bias (Dror, 2020). Some previous studies have investigated the presence and consequences of biases in healthcare settings. For instance, FitzGerald et al. (2017) reviewed 42 articles on the implicit biases (i.e., unconscious associations that lead to a negative evaluation of a person based on irrelevant personal characteristics) of healthcare professionals towards age, gender, weight, and other patient characteristics, on healthcare professionals' attitudes, diagnoses, and treatment decisions. The results indicated that healthcare professionals exhibit the same levels of implicit bias as lay people. Moreover, some of the included studies found a significant positive relationship between level of implicit bias and lower quality of care.

These results align with other studies suggesting that cognitive biases have a negative impact on clinical assessment and decision-making (Bowes et al., 2020; Saposnik et al., 2016). An example of a cognitive error common among psychologists is the tendency to base the probability a client's symptoms fit a diagnosis on how much the individual resembles the psychologist's view of a typical client with the same disorder (Brannon & Carson, 2003; Kulkarni et al., 2019). Indeed, when considering that psychologists routinely work with patients who exhibit mental illness with or without early life adversities, it is possible that psychologists have developed preconceptions of how certain disorders or symptoms relate to a history of child maltreatment (Dror, 2020). However, as mentioned before, limited research exists on the possible cognitive biases that psychologists have regarding child maltreatment, as well as how such biases might impact their work with clients. One example that can be mentioned is, however, a study by DeRoma et al. (1997), in which psychologists and social workers were asked to evaluate a child client's need of treatment in terms of overall adjustment and social functioning, in the presence or absence of information related to a history of maltreatment. The results of the study indicated that children who had experienced abuse were seen as having poorer adjustment, and being more in need of treatment, even in the absence of current behavioral problems. This study emphasizes the clinical relevance of understanding preconceptions regarding child maltreatment, as there might be implications for clinical practice.

Preconceptions regarding child maltreatment can impact the course of treatment and, in the most severe cases, increase the risk of psychologists leading clients to falsely believe they have been victimized. Indeed, several studies have found that false memory formation can occur because of suggestive methods, such as the use of leading questions, providing misinformation, or even implanting entire false memories about past events (Otgaar et al., 2022; Scoboria et al., 2017). Furthermore, a scientist-practitioner gap still exists in memory research, as many therapists continue to report beliefs in unconscious repression of traumatic memories (Otgaar et al., 2019, 2021). Additionally, several common therapy methods often include elements that may be suggestive (Otgaar et al., 2022), and limited research exists on therapists' awareness of the impact of suggestive techniques on the formation of false memories (Patihis et al., 2019). Hence, if the psychologist believes that the client has a history of child maltreatment, there is an increased risk that they, with detrimental consequences, unintentionally suggest the client to believe they were a victim, even if that is not actually the case.

The Current Study

Our aim with the current study was to examine whether psychologists make correct assumptions about the presence and strength of the association between different forms of child maltreatment and common mental disorders. We obtained information about the population estimates of child maltreatment and the strength of the association between maltreatment and mental disorders in Finland by analyzing population-based data from the Genetics of Sexuality and Aggression (GSA) twin sample (Johansson et al., 2013). Next, we conducted a new data collection to study psychologists' assumptions about the child maltreatment history of clients with certain mental disorders. Finally, we compared these assumptions with the population estimates. We focused on the most common mental disorders in Finland, which include depression, anxiety, eating disorders, and alcohol use disorder (The Finnish Institute for Health and Welfare; THL, 2017; Health at a Glance: Europe 2018, 2018). As an additional measure of externalizing psychopathology to alcohol use disorder, we were also interested in psychopathy.

We formulated the following corresponding hypotheses:

1. Do psychologists accurately estimate the likelihood that a client with psychopathology has experienced any form of maltreatment between sexual abuse, emotional abuse, physical abuse, emotional neglect and physical neglect? Based on previous research (e.g., Bowes et al., 2020; Dror, 2020; Saposnik et al., 2016), we predict that psychologists overestimate the prevalence of child maltreatment experienced by their clients.
2. Are psychologists more accurate in estimating the prevalence of certain forms of maltreatment compared to others, irrespective of the described mental disorders? Based on the predominance of sexual abuse and physical abuse in previous maltreatment research, we predict that psychologists overestimate the prevalence of sexual abuse and physical abuse to a larger extent compared to emotional abuse, emotional neglect, and physical neglect.
3. Do psychologists more strongly associate some child maltreatment types with female clients and others with male clients? Based on previous research on gender differences in child maltreatment (Stoltenborgh et al., 2015), we predict that psychologists will associate sexual abuse more strongly with female clients and physical abuse more strongly with male clients.

Method

Ethical Statement

The research plans for both data collections used in this study were approved by the Ethics Committee of the Åbo Akademi University in accordance with the 1964 Declaration of Helsinki, before data collection began. All participants gave their informed consent prior to participating in the study.

Participants and Procedures

To calculate the prevalence rates and associations between child maltreatment and adult psychopathology in Finland, we used the existing Genetics of Sex and Aggression (GSA) data (Johansson et al., 2013). This data included 12,952 participants aged 18–49 years (8,376 women and 4,576 men).

To collect data on clinical psychologists' assumptions about child maltreatment in clients with certain mental disorders, we created a new survey and distributed it online. The survey was directed at clinical psychologists whose license to practice as a psychologist has been granted by the Social and Health Care Licensing and Supervision Agency, Valvira, in Finland. The sample consisted of 222 participants ages 25 to 79 (M = 38.48, SD = 11.13). In the sample, 205 (92.3%) of participants reported being women, 15 (6.8%) reported being men, and 2 participants (0.9%) reported being neither men nor women.

Measures

From the GSA data, we selected measures of child maltreatment and common mental disorders. Child maltreatment was measured with the Childhood Trauma Questionnaire, Short Form (CTQ-SF; Bernstein et al., 2003), where respondents on a five-point scale rated the frequency of five types of child maltreatment: physical abuse, emotional abuse, sexual abuse, emotional neglect, and physical neglect. Consistent with previous studies (Pezzoli et al., 2020), we classified participants as victims of child maltreatment if they scored 4 or 5 (i.e., if they responded "often true" or "very often true") on any items of each of the CTQ-SF subscales. Conversely, we classified participants who scored 3 or less (i.e., "sometimes true", "rarely true", or "never true") as non-victims of severe child maltreatment.

Concerning Mental disorders**,** we measured the four most prevalent in Finland (The Finnish Institute for Health and Welfare; THL, 2017; Health at a Glance: Europe 2018, 2018): 1) Depression, with the depression subscale of the Brief Symptom Inventory (BSI; Derogatis, 2001); 2) Anxiety, with the anxiety subscale of the Brief Symptom Inventory (BSI; Derogatis, 2001); 3) Alcohol use disorders, with the Alcohol Use Disorder Identification Test (Saunders et al., 1993); 4) Eating disorders, measured with five representative items from the Eating

Attitudes Test (EAT-26, Garner, Olmsted, Bohr, & Garfinkel, 1982). As an additional measure of externalizing psychopathology to alcohol use disorder, we further measured psychopathy, with the lifestyle, interpersonal, antisocial, and affective subscales of the Self-Report Psychopathy scale III, short form (SRP- SF; Paulhus, Hemphill, & Hare, 2002). Since not all the measures of psychopathology included have clear clinical cutoffs, we considered participants as suffering from a mental disorder if they presented an average score on a composite variable synthesizing each measure 1.5 standard deviations greater than the sample mean.

In the new data collection, we designed a measure to study assumptions about the prevalence of child maltreatment experiences in clients with mental disorders. To do this, we presented participants with vignettes describing clients with either depression, anxiety, eating disorders, alcohol use disorder or psychopathy. For each mental disorder, participants were asked to estimate (0–100%), how many people with this disorder have experienced sexual abuse, emotional abuse, physical abuse, emotional neglect, physical neglect, respectively. To account for possible gender differences, the same mental disorder was presented twice, once as a male client and once as a female client. To prevent bias introduced by order and survey fatigue, the order in which the mental disorders were presented was randomized across participants.

Procedure

For the new data collection, the survey on psychologists' beliefs was created with Survey Analytics, a secure online survey platform. Participants were recruited via various online forums, social media platforms and mailing lists for psychologists. The questionnaire also included background information of the respondent, such as age, gender, year of degree and whether they had experienced any form of maltreatment themselves. Furthermore, participants were invited to partake in a lottery of a gift card at the end of the survey, providing them with an incentive to finish the survey. The survey is included in the Appendix.

Statistical Analyses

To analyze the GSA data, we first inspected the prevalence of each type of child maltreatment and each mental disorder. We then estimated the prevalence of each type of child maltreatment by each mental disorder using cross-tabulation. We also used Chi-square tests and the Fisher's exact test to determine whether the results of the cross-tabulation were significant. All analyses were conducted both in the full sample as well as by gender.

To analyze the new data, psychologists' estimates of the prevalence of the different types of child maltreatment among clients with the specified mental disorders were compared to population estimates derived from the GSA data. One-sample t-tests were conducted to

assess the significance of the estimates relative to the population estimates. For each one-sample t-test the actual prevalence was used as the theoretical mean (μ). Furthermore, we calculated the frequency of problematic responses, operationally defined as responses that deviated by more than +/- 10 percentage units from the population estimates.

Results

Actual Prevalence Rates and Associations

Prevalence of mental disorders

The prevalence rates of the mental disorders are presented in Table 1. For women, the most prevalent disorders were eating disorder, depression, and anxiety. For men, the most prevalent disorders were alcohol use disorder and psychopathy. A chi-square test showed significant differences between men and women on the measured mental disorders, with women experiencing more internalizing and men more externalizing disorders.

Table 1
Prevalence of Mental Disorders in the GSA- Data

Mental disorder	Total n	Clinical n	%	Women (n)		Men (n)		χ^2 (1)	*p-value*
Depression	12909	1046	8.10%	9.06%	(757)	6.34%	(289)	29.02	<.001
Anxiety	12909	963	7.46%	8.55%	(714)	5.46%	(249)	40.26	<.001
Eating disorder	12909	1172	9.08%	13.02%	(1087)	1.86%	(85)	442.86	<.001
Alcohol use disorder	12909	1130	8.75%	5.05%	(422)	15.53%	(708)	404.13	<.001
Psychopathy	12909	952	7.37%	4.73%	(395)	12.22%	(557)	241.09	<.001

Note. We considered participants as suffering from a mental disorder if they presented an average score on a composite variable synthesizing each measure 1.5 standard deviations greater than the sample mean.

Prevalence of child maltreatment

The prevalence rates of the child maltreatment types are presented in Table 2. The most prevalent form of maltreatment was emotional abuse, followed by emotional neglect. There were statistically significant differences in the prevalence estimates for men and women on all different child maltreatment types except for emotional neglect.

Table 2
Prevalence of Child Maltreatment

CM type	Total n	Victim n	%	Women (n)		Men (n)		χ^2(1)	*p-value*
Emotional abuse	12741	2554	20%	24%	(1946)	13%	(608)	186.12	<.001
Physical abuse	12740	1975	16%	14%	(1178)	18%	(797)	25.32	<.001
Sexual abuse	12723	459	4%	5%	(387)	2%	(72)	79.42	<.001
Emotional neglect	12707	2420	19%	20%	(1617)	18%	(803)	5.69	.017
Physical neglect	12762	2171	17%	18%	(1472)	16%	(699)	10.92	.001

Note. CM= Child Maltreatment.

Associations between mental disorders and child maltreatment

The associations between the mental disorders and having experienced child maltreatment are presented in Table 3. Here, the clinical percentages indicate how many people with a mental disorder have experienced child maltreatment, for example, 48% of women with depression experienced emotional abuse. The most prevalent associations for women were between depression and emotional abuse, and between anxiety and emotional abuse: 48% of women with depression had experienced emotional abuse and 48% of women with anxiety had experienced emotional abuse. For men, the most prevalent associations were between depression and emotional neglect, anxiety and emotional abuse, and anxiety and emotional neglect: 38% of men with depression had experienced emotional neglect, 36% of men with anxiety had experienced emotional abuse, and 36% of men with anxiety had experienced emotional neglect.

Table 3

Associations Between Mental Disorders and Child Maltreatment

		Women				Men				Women vs Men	
Mental disorder	CM	% Clinical	χ^2	*p*	Cramer's *V*	% Clinical	χ^2	*p*	Cramer's *V*	χ^2	*p*
Depression											
	EA	48	260.24	<.001	0.18	34	110.82	<.001	0.16	397.70	<.001
	PA	28	127.04	<.001	0.12	32	41.91	<.001	0.10	160.05	<.001
	SA	10	40.52	<.001	0.07	5	14.84	<.001	0.06	63.68	<.001
	EN	41	243.54	<.001	0.17	38	78.57	<.001	0.13	328.15	<.001
	PN	31	89.77	<.001	0.10	28	37.76	<.001	0.09	132.54	<.001
Anxiety											
	EA	48	250.98	<.001	0.18	36	106.24	<.001	0.16	389.34	<.001
	PA	27	103.07	<.001	0.11	33	41.00	<.001	0.10	135.36	<.001
	SA	10	49.39	<.001	0.08	6	30.18	<.001	0.09	86.64	<.001
	EN	37	145.38	<.001	0.13	36	58.62	<.001	0.12	209.35	<.001
	PN	29	69.08	<.001	0.09	35	74.47	<.001	0.13	138.12	<.001
Eating disorder	EA	37	116.92	<.001	0.12	32	24.06	<.001	0.08	212.31	<.001
	PA	21	38.48	<.001	0.07	25	2.47	<.001	0.03	27.34	<.001
	SA	6	4.20	<.001	0.02	6	7.48	<.001	0.05	19.77	<.001
	EN	27	36.85	<.001	0.07	32	10.40	<.001	0.05	51.30	<.001
	PN	23	18.11	<.001	0.05	30	12.21	<.001	0.05	32.37	<.001
Alcohol use disorder	EA	37	41.64	<.001	0.07	21	40.77	<.001	0.10	36.41	<.001
	PA	24	30.70	<.001	0.06	27	43.77	<.001	0.10	91.97	<.001
	SA	8	9.82	<.001	0.04	2	1.19	<.001	0.02	1.59	0.207
	EN	33	47.08	<.001	0.08	23	14.80	<.001	0.06	46.18	<.001
	PN	27	25.52	<.001	0.06	19	6.45	<.001	0.04	20.32	<.001
Psychopathy											
	EA	35	29.30	<.001	0.06	18	12.78	<.001	0.05	17.66	<.001
	PA	25	38.92	<.001	0.07	28	43.45	<.001	0.10	97.12	<.001
	SA	6	0.99	<.001	0.01	3	5.91	<.001	0.04	0.68	0.409
	EN	28	15.61	<.001	0.04	24	16.99	<.001	0.06	28.29	<.001
	PN	21	1.96	<.001	0.02	20	10.76	<.001	0.05	8.24	0.004

Note. CM = Child maltreatment, EA = Emotional abuse, PA = Physical abuse, SA = Sexual abuse, EN = Emotional neglect, PN = Physical neglect, % Clinical = percentage of people with a mental disorder who experienced child maltreatment.

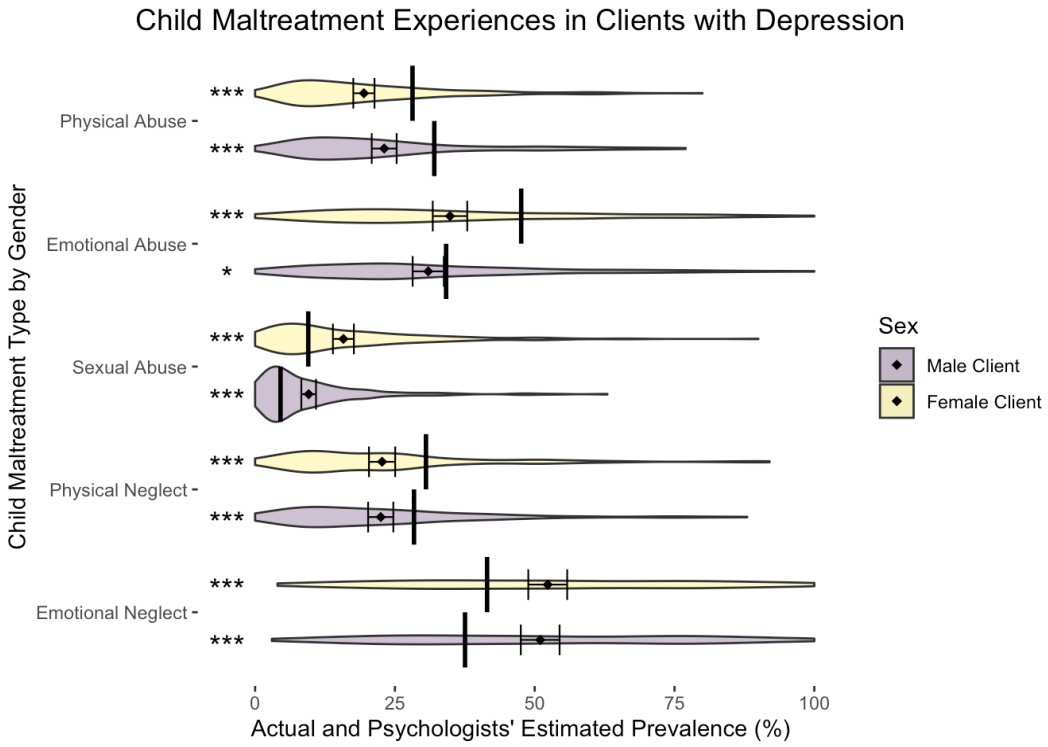
Clinical Psychologists' Beliefs about Child Maltreatment Experiences

The psychologists' average estimated percentage of the prevalence of child maltreatment among male and female clients with the described mental disorders, compared to the population estimates, are presented in Figures 1 to 5. T-test statistics of the comparisons can be found in Table 2 in the Appendix. Furthermore, an examination of problematic responses (i.e., responses that deviated by more than +/- 10 percentage units from the population estimates) is presented in Table 3 in the Appendix.

Depression. Concerning clients with depression (See Figure 1), psychologists, on average, believed 23% of male and 19% female clients had experienced physical abuse, 31% of male and 35% of female clients had experienced emotional abuse, and 10% of male and 16% of female had experienced sexual abuse. Moreover, psychologists, on average, believed 22% of male and 23% of female clients had experienced physical neglect and 51% of male and 52% of female clients had experienced emotional neglect.

Figure 1

Psychologists' Estimated Prevalence of Child Maltreatment Experiences in Clients with Depression



Note. Black vertical lines indicate the actual prevalence of each form of maltreatment. Significance tests were conducted as one-sample t-tests of the estimates against the actual prevalence. * $p < .05$, ** $p < .01$, *** $p < .001$.

When comparing these believes to the population estimates, psychologists, on average, underestimated the prevalence of physical abuse by 9 percentage points (d = .53 and d = .61 for male and female clients, respectively), emotional abuse by 3–13 percentage points (d = .15 and d = .55 for male and female clients, respectively) and physical neglect by 6–8 percentage points (d = .35 and d = .44 for male and female clients, respectively). We also found that psychologists, on average, overestimated the prevalence of sexual abuse by 6 percentage points (d = .51 and d = .44 for male and female clients, respectively) and emotional neglect by 10 percentage points (d = .51 and d = .41 for male and female clients, respectively). An examination of responses that deviated by more than +/- 10 percentage units from the population estimates, revealed that the majority of responses were outside this range for physical abuse (68.9% for male and 75.7% for female clients, respectively), emotional abuse (68.0% for male and 80.6% for female clients, respectively), physical neglect (64.9% for male and 67.1% for female clients, respectively), as well as emotional neglect (76.1% for male and 73.9% for female clients, respectively). For sexual abuse, only a minority of psychologists' beliefs were outside the range (21.2% for male and 31.1% for female clients, respectively).

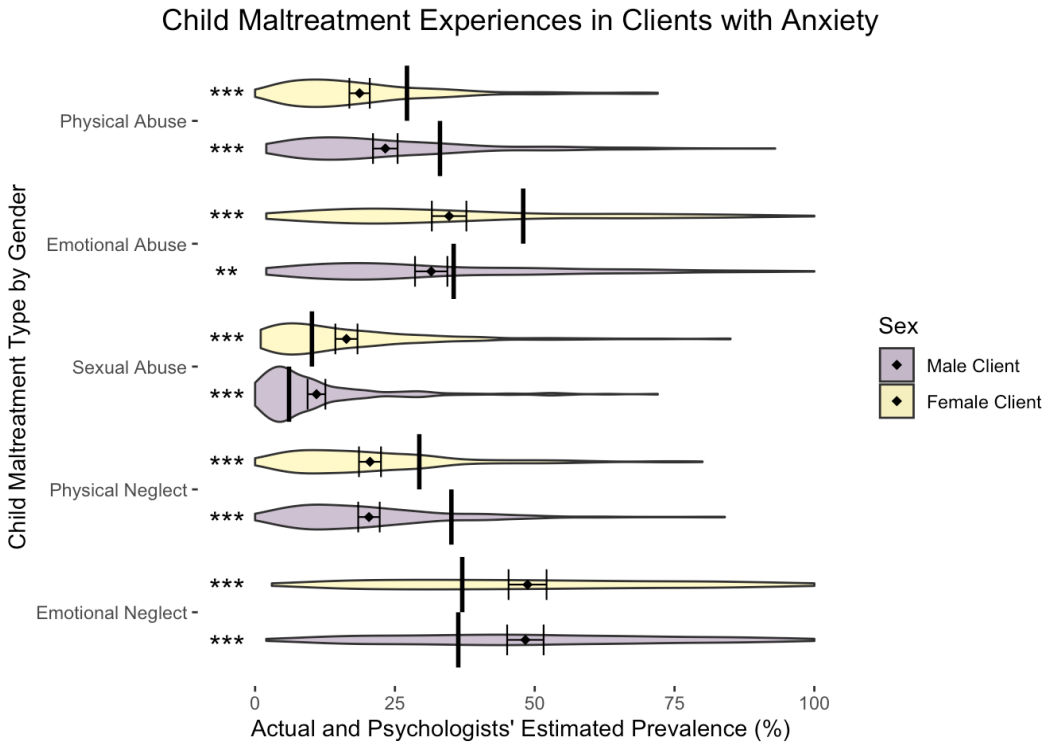
Anxiety. The estimates of child maltreatment in clients with anxiety are presented in Figure 2. Psychologists, on average, believed that 23% of male and 19% of female clients had experienced physical abuse, 31% of male and 35% of female clients had experienced emotional abuse, and 11% of male and 16% of female clients had experienced sexual abuse. Furthermore, psychologists believed that 20% of male and 21% of female clients had experienced physical neglect, and that 48% of male and 49% of female clients had experienced emotional neglect.

When comparing these estimates to the population estimates, we found that psychologists, on average, underestimated the prevalence of physical abuse by approximately 10 percentage points (d = .59, d = .62 for male and female clients, respectively), emotional abuse by 5–13 percentage points (d = .18, d = .57 for male and female clients, respectively), and physical neglect by 8–15 percentage points (d = 1.01, d = .59 for male and female clients, respectively), while overestimating the prevalence of sexual abuse by 6 percentage points (d = .41 for both male and female clients), and emotional neglect by 12 percentage points (d = .49, d = .45 for male and female clients, respectively). Similarly to the estimates of child maltreatment in depressed clients, an examination of responses that deviated by more than +/- 10 percentage units from the population estimates, revealed that the majority of responses were outside this range for physical abuse (71.6% for male and 65.3% for female clients, respectively), emotional abuse (75.7% for male and 83.4% for female clients, respectively),

physical neglect (79.3% for male and 65.8% for female clients, respectively), as well as emotional neglect (72.5% for male and 75.2% for female clients, respectively). For sexual abuse, only a minority of psychologists' beliefs were outside the range (18.9% for male and 26.6% for female clients, respectively).

Figure 2

Psychologists' Estimated Prevalence of Child Maltreatment Experiences in Clients with Anxiety

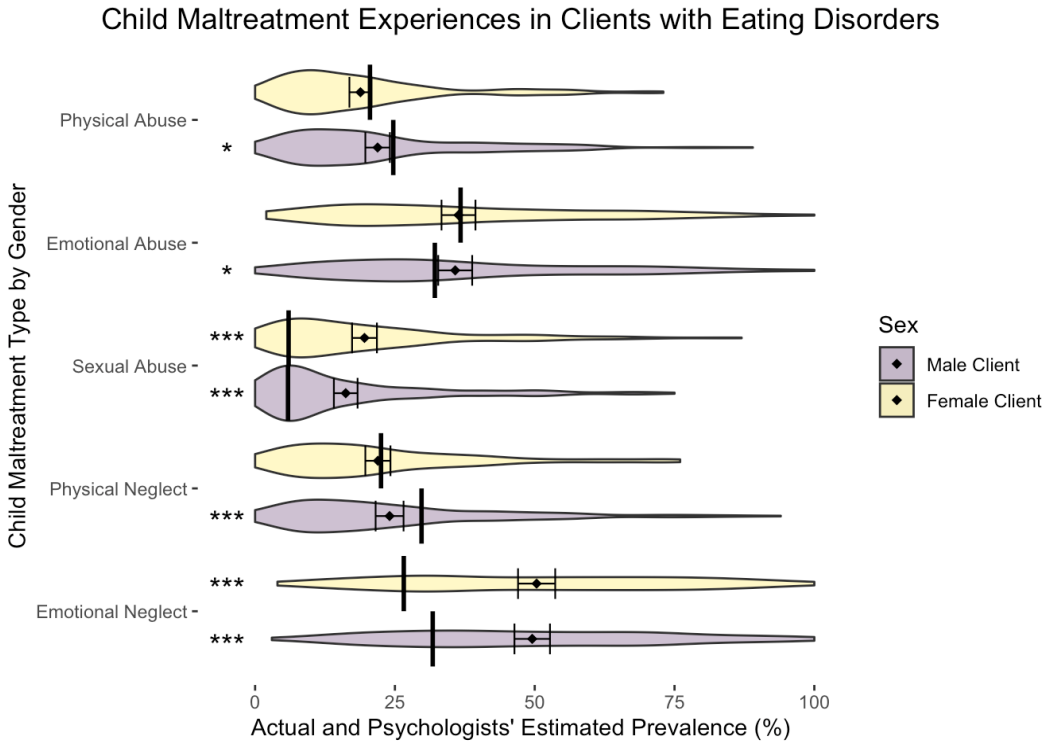


Note. Black vertical lines indicate the actual prevalence of each form of maltreatment. Significance tests were conducted as one-sample t-tests of the estimates against the actual prevalence. * $p < .05$, ** $p < .01$, *** $p < .001$.

Eating Disorder. The estimates of child maltreatment in clients with eating disorders are presented in Figure 3. Concerning these clients, psychologists, on average, believed that 22% of male and 19% of female clients had experienced physical abuse, 36% of both male and female clients had experienced emotional abuse, and 16% of male and 20% of female clients had experienced sexual abuse. Furthermore, psychologists on average believed that 24% of male and 22% of female clients had experienced physical neglect, and that 50% of both male and female clients had experienced emotional neglect.

Figure 3

Psychologists' Estimated Prevalence of Child Maltreatment Experiences in Clients with Eating Disorders



Note. Black vertical lines indicate the actual prevalence of each form of maltreatment. Significance tests were conducted as one-sample t-tests of the estimates against the actual prevalence. * $p < .05$, ** $p < .01$, *** $p < .001$.

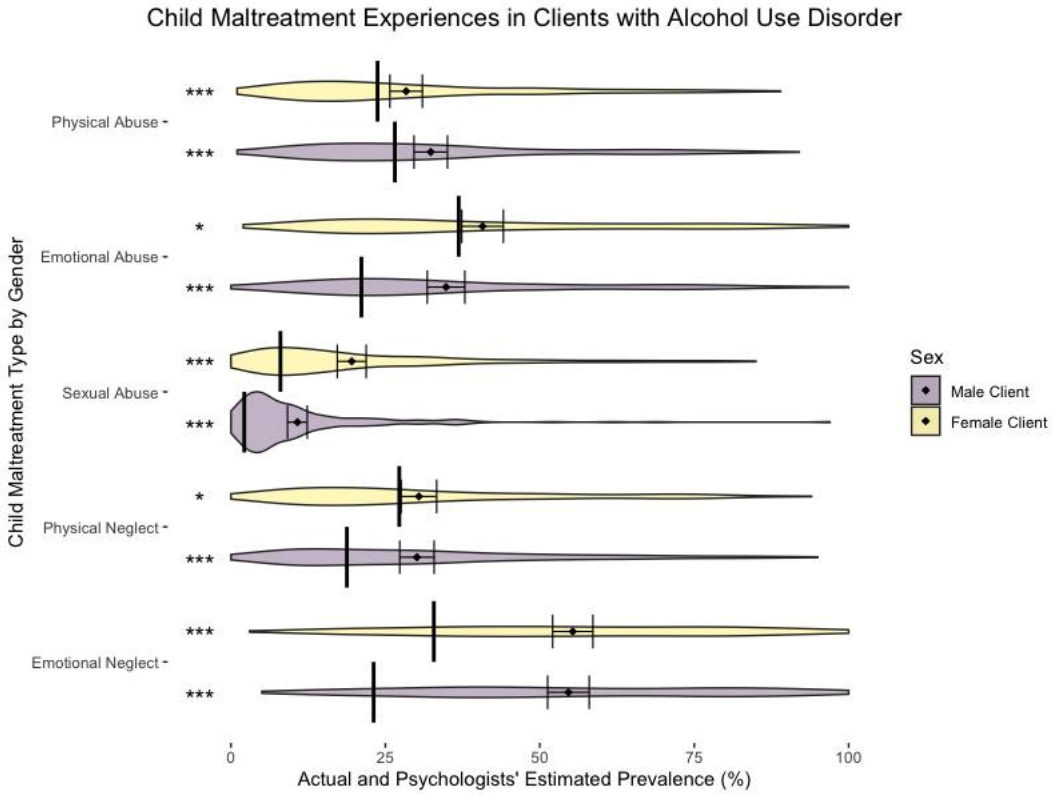
Compared to the population estimates, the psychologists' estimates were, on average, within 3 percentage points for physical abuse ($d = .17$, $d = .11$ for male and female clients, respectively), within 4 percentage points for emotional abuse ($d = .16$, $d = .02$ for male and female clients, respectively), and within 6 percentage points for physical neglect ($d = .30$, $d = .03$ for male and female clients, respectively). However, the estimates of the prevalence of sexual abuse were on average overestimated by 10–14 percentage points ($d = .64$, $d = .81$ for male and female clients, respectively), and emotional neglect by 18–23 percentage points ($d = .74$, $d = .94$ for male and female clients, respectively). For clients with eating disorders, fewer responses were outside of the +/- 10 percent range compared to the other mental disorders in this study. Yet, most responses were outside this range for physical abuse (60.8% for male and 50.9% for female clients, respectively), emotional abuse (63.5% for male and 72.1% for female clients, respectively), physical neglect (71.6% for male and 56.8% for female clients, respectively), as well as emotional neglect (69.8% for male and 50.3% for female clients,

respectively). For sexual abuse, only a minority of psychologists' beliefs were outside the range (34.7% for male and 46.9% for female clients, respectively).

Alcohol Use Disorder. Figure 4 presents estimates of child maltreatment in clients with alcohol use disorder. Psychologists believed that 32% of male and 28% of female clients had experienced physical abuse, 35% of male and 41% of female clients had experienced emotional abuse, and 11% of male and 20% of female clients had experienced sexual abuse. Psychologists believed that 30% of both male and female clients had experienced physical neglect, and that 55% of both male and female clients had experienced emotional neglect.

Figure 4

Psychologists' Estimated Prevalence of Child Maltreatment Experiences in Clients with Alcohol Use Disorder



Note. Black vertical lines indicate the actual prevalence of each form of maltreatment. Significance tests were conducted as one-sample t-tests of the estimates against the actual prevalence. * $p < .05$, ** $p < .01$, *** $p < .001$.

All estimates were too high compared to the population estimates: Psychologists on average overestimated the prevalence of physical abuse by 5 percentage points ($d = .28$, $d = .23$ for male and female clients, respectively), emotional abuse by 4–14 percentage points ($d =$

.60, *d* = .15 for male and female clients, respectively), physical neglect by 3–11 percentage points (*d* = .54, *d* = .15 for male and female clients, respectively), sexual abuse by 9–12 percentage points (*d* = .71, *d* = .65 for male and female clients, respectively), and emotional neglect by 22–32 percentage points (*d* = 1.24, *d* = .91 for male and female clients, respectively).

An examination of responses that deviated by more than +/- 10 percentage units from the population estimates, revealed that the majority of responses were outside this range for physical abuse (57.2% for male and 56.3% for female clients, respectively), emotional abuse (55.4% for male and 71.6% for female clients, respectively), physical neglect (54.1% for male and 63.2% for female clients, respectively), as well as emotional neglect (80.1% for male and 76.6% for female clients, respectively). For sexual abuse, only a minority of psychologists' beliefs were outside the range (25.7% for male and 36.5% for female clients, respectively).

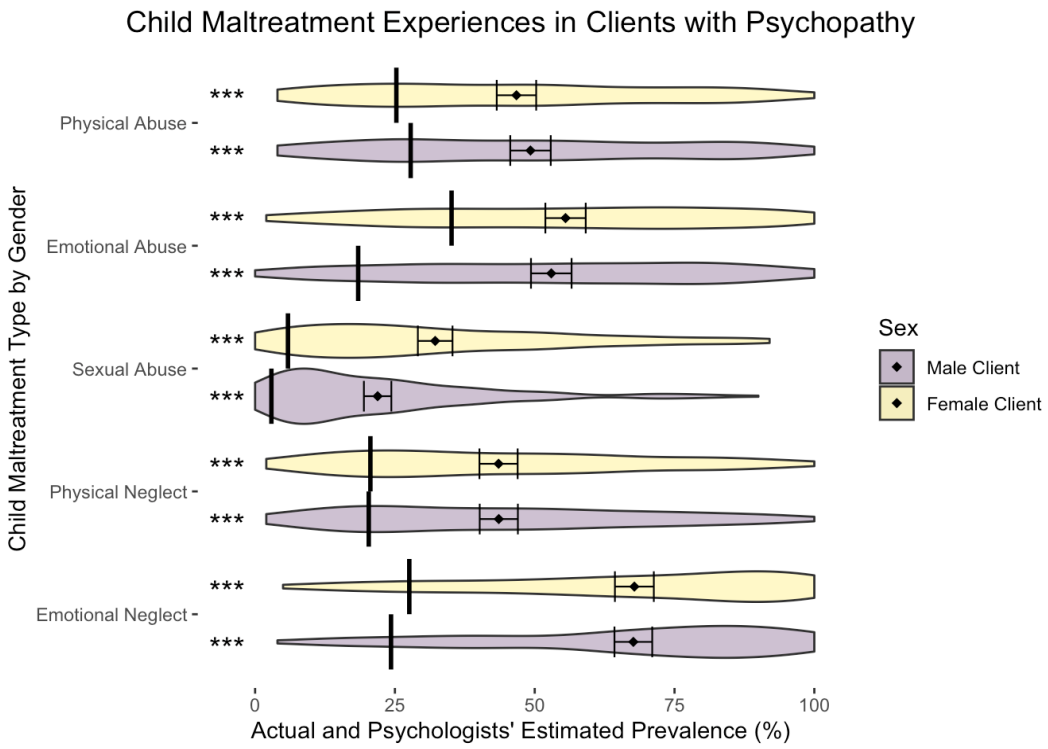
Psychopathy. Figure 5 presents estimates of child maltreatment in clients with psychopathic traits. Psychologists believed that 49% of male and 48% of female clients had experienced physical abuse, 53% of male and 56% of female clients had experienced emotional abuse, and 22% of male and 32% of female clients had experienced sexual abuse. Psychologists believed that 44% of both male and female clients had experienced physical neglect, and that 68% of both male and of female clients had experienced emotional neglect.

Similarly to clients with alcohol use disorder, all child maltreatment types were overestimated compared to the population estimates: psychologists, on average, overestimated the prevalence of physical abuse by 20 percentage points (*d* = .78, *d* = .80 for male and female clients, respectively), emotional abuse by 21–35 percentage points (*d* = 1.26, *d* = .75 for male and female clients, respectively), physical neglect by approximately 24 percentage points (*d* = .90, *d* = .89 for male and female clients, respectively), sexual abuse by 19–26 percentage points (*d* = 1.02, *d* = 1.12 for male and female clients, respectively), and emotional neglect by 40–44 percentage points (*d* = 1.70, *d* = 1.53 for male and female clients, respectively).

For clients with psychopathic traits, a larger proportion of the responses were outside of the +/- 10 percent range compared to the other mental disorders in this study. The majority of responses were outside of this range for physical abuse (75.7% for male and 74.8% for female clients, respectively), emotional abuse (82.9% for male and 78.8% for female clients, respectively), physical neglect (71.6% for male and 70.7% for female clients, respectively), emotional neglect (87.8% for male and 78.8% for female clients, respectively), and sexual abuse (79.3% for male and 96.82% for female clients, respectively).

Figure 5

Psychologists' Estimated Prevalence of Child Maltreatment Experiences in Clients with Psychopathy



Note. Black vertical lines indicate the actual prevalence of each form of maltreatment. Significance tests were conducted as one-sample t-tests of the estimates against the true prevalence. * $p < .05$, ** $p < .01$, *** $p < .001$.

Discussion

In the current study, we examined whether psychologists in Finland make accurate assumptions about child maltreatment experiences in female and male clients experiencing common mental disorders. Regarding child maltreatment, we focused on emotional abuse, sexual abuse, physical abuse, emotional neglect, and physical neglect. We were interested in the most common mental disorders in Finland, namely depression, anxiety, eating disorders, and alcohol use disorder. As an additional externalizing psychopathology, we further included a measure of psychopathic traits.

Main Findings and Interpretations

When comparing the estimates made by the psychologists with the population estimates and the associations between child maltreatment and mental disorders, we found that, contrary to our first hypothesis, psychologists did not overestimate all types of child maltreatment in the described client cases. The results suggest that, despite routinely working

with clients who have experienced child maltreatment to a greater extent than the general population, the psychologists' perceptions of the prevalence rates were in line with the population estimates in some of the described client cases. Furthermore, the distribution of responses revealed that both over- and underestimation was common.

In line with our second hypothesis, we found that psychologists systematically overestimated the prevalence of sexual abuse, regardless of the client's gender and mental disorder. The overestimation of sexual abuse indicates that the relatively high focus on sexual abuse over other forms of abuse in maltreatment research (Gama et al., 2021; Norman et al., 2012; Stoltenborgh et al., 2015), also impacts psychologists' perception of the base rate of sexual abuse. This result could also be explained by the possibility that psychologists, similarly to laypeople (Stoltenborgh et al., 2015; Vachon et al., 2015), perceive the association between child sexual abuse and adult psychopathology as stronger compared to other forms of child maltreatment. Further, also in line with our hypothesis, psychologists believed sexual abuse to be more likely in female clients compared to in male clients. Despite overestimating the likelihood of sexual abuse experiences in both genders, the belief that sexual abuse is more common in women is consistent with previous victimization studies (Stoltenborgh et al., 2015) as well as the victimization data used in the current study.

In addition, contrary to our hypothesis, psychologists also systematically overestimated the prevalence of emotional neglect, regardless of the client's gender and mental disorder. Based on the same premises as for sexual abuse, we predicted that psychologists would overestimate physical abuse to a larger extent compared to emotional abuse, emotional neglect, or physical neglect. Instead, results suggest a general assumption among psychologists that childhood emotional neglect is more common than the actual prevalence, and that childhood emotional neglect is strongly associated with mental illness in adulthood. A possible explanation for this finding could be that psychologists perceive the evidence for emotional neglect as a transdiagnostic risk factor for mental health problems as more compelling compared to other forms of child maltreatment. Indeed, numerous studies have documented the adverse effects of childhood emotional neglect on brain development and mental health (e.g., Rees, 2008; Reilly et al., 2019; Womersley et al., 2020), which may have contributed to the view held by psychologists that emotional neglect is strongly linked to adult psychopathology. Moreover, some studies have indicated that finding a consistent definition of emotional neglect is more challenging compared to other forms of child maltreatment (e.g., Glaser, 2002; Kobulsky et al., 2022). Consequently, it is possible that psychologists have a more varying perception of what emotional neglect encompasses which

may further lead to wrongful estimates of its prevalence, or thinking it is more common than it actually is.

Regarding our third hypothesis, when comparing the responses between the described male and female clients in the survey, we found that the psychologists made some correct assumptions about the gender differences between the maltreatment types. Overall, psychologists believed that female clients more likely had experienced child maltreatment compared to male clients. Physical abuse was the only type of maltreatment believed to be more commonly experienced by male clients. Although these estimates did not fully correspond to the population estimates, the results indicate that the psychologists made correct assumptions about gender differences in physical abuse, namely that men are indeed more often victims of physical abuse compared to women. Furthermore, the estimates made by the psychologists did not display any clear gender differences between internalizing and externalizing symptoms. In other words, the psychologists did not associate child maltreatment and internalizing symptoms more strongly with female clients or child maltreatment and externalizing symptoms more strongly with male clients.

Assumptions Regarding Child Maltreatment Experiences in Mental Disorders

When looking specifically at the different mental disorders, we found that clients described as having psychopathic traits were believed to most likely have experienced any form of child maltreatment, regardless of the gender of the client. Psychologists gravely overestimated all child maltreatment types when the client was described as having psychopathic traits. There are many possible explanations for these results, for instance the commonly held belief that individuals who experience difficult childhood conditions may develop psychopathic traits as a means of adapting and coping with those difficult conditions (Furnham et al., 2009). Although previous research has found large genetic influences on the onset and developmental course of psychopathic traits (Viding & McCrory, 2012), the current results suggest that psychologists, similarly to laypeople, might rather attribute the development of psychopathic traits to negative experiences, such as being a victim of child maltreatment. Another possible explanation could be that people with psychopathic traits, generally associated with antisocial personality disorder, tend to not to seek help for these traits, but rather for other comorbid symptoms such as depression (Black, 2017), and therefore psychologists might have less experience working specifically with psychopathic traits, compared to the other mental disorders in this study. Furthermore, psychopathy is one of the most portrayed mental disorders in the media (Arrigo & Shipley, 2001; Furnham et al., 2009). The media's emphasis on environmental factors such as early trauma and stress as the cause

of psychopathy (Keesler & DeMatteo, 2017), combined with prevailing stereotypes and assumptions about psychopaths, may reinforce the notion that individuals with psychopathic traits are more likely to have experienced adverse childhood experiences.

Overall, the results of the study showed that the estimates made by the psychologists regarding the prevalence of child maltreatment and mental disorders were quite accurate in some of the client cases. The psychologists' estimates of eating disorders and child maltreatment were particularly close, as they were within six percentage points from the population estimates. However, there was also considerable variation observed in the responses. Clinical psychologist programs (330 ECTs, including a clinical traineeship period of about five months; Suomen Psykologiliitto ry., 2023) are offered by seven universities in Finland, each with similar programs but with some variation in the courses and the general orientation of the studies. In this study, we did not inquire about the participants' experience or training in trauma work, however, the results suggest that the basic training and education provided to psychologists in Finland provide a decent foundation of knowledge on the subject matter. However, there is room for improvement, as the study also revealed significant individual differences among respondents. Interestingly, some of the responses were quite close to the expected understanding, indicating a solid grasp of the concepts and their prevalence. However, when examining the proportion of responses that deviated by more than +/- 10 percent from the population estimates, we found that approximately 64% of all responses, across mental disorders, were outside of this range, highlighting the need for further improvement regarding this topic. The results of the study emphasize the importance of continuous professional development and specialized training opportunities for psychologists in Finland. By expanding their knowledge related to child maltreatment, psychologists can further enhance their ability to address the complex relationships between mental disorders, gender differences, and child maltreatment.

Implications for Clinical Practice

The results of the study have important implications for clinical practice. The overestimation of sexual abuse, whether it is due to the perception that sexual abuse is more harmful than other forms of abuse or because of a base rate bias among psychologists, might impact the course of treatment as well as the treatment outcomes. If the psychologist believes that the client has experienced sexual abuse, they might focus on wrong areas during treatment, such as prioritizing the client's history of child maltreatment, even when it is not relevant to the client's current symptoms. The overestimation of emotional neglect can similarly result in clinicians believing that the client has experienced emotional neglect even

when the client themselves do not perceive their childhood in that way. Consequently, the client can be influenced to view their childhood in a particular way, which may not reflect their actual experiences. In worst cases, clients might be influenced to believe that they have been victims of abuse even when this is not the case. This can also result in clinicians attributing the client's symptoms to their childhood background, regardless of whether this is the actual cause. While parenting and early experiences are among the important factors that can influence psychological development, study designs that account for genetic vulnerability to mental health problems indicate that the environmental effects of early experiences often account for small portions of variance in future mental health (Baldwin et al., 2023; Jami et al., 2021). In addition to the already mentioned consequences, psychologists' biases can also cause the client to feel invalidated by the psychologist, which in turn can weaken the client's trust in the psychologist and the therapeutic alliance. Ultimately, this can undermine the effectiveness of the entire treatment process.

Strengths and Limitations of the Study

This study is, to the best of our knowledge, the first to examine the assumptions that psychologists make regarding child maltreatment in different client cases. This is an attempt to explore whether psychologists make correct assumptions, and to identify possible cognitive errors that could have negative implications for clinical practice. One strength of the current study was the large sample of the GSA- project, that consisted of 12,952 participants and that enabled reliable analyses of the prevalence rates of child maltreatment and mental disorders. The other sample used in the study was also relatively large as it consisted of 222 psychologists.

The study had some limitations that must be remembered when drawing conclusions. The survey we used to collect data on psychologists' assumptions was rather repetitive, each item varying only in terms of mental disorders and clients' gender. Hence, responding to the survey was somewhat cognitively taxing and might have influenced the responses through survey fatigue. On the other hand, the structure of the survey likely increased the variability in the responses as it made it easier for participants to make relative assessments by comparing their responses on male versus female clients. Further, we chose not to include definitions of the different forms of child maltreatment in the survey. Although all participants were licensed psychologists, it is possible that the participants had differing interpretations of the maltreatment types, and that these different interpretations also partly explain differences in beliefs.

To better understand how the results of the current study may affect psychologists' work with clients, future research should investigate how psychologists perceive the severity of the different child maltreatment types, as well as their views on the behavioral expressions of maltreatment and resilience. Additionally, exploring psychologists' beliefs about the aetiology of mental disorders, and their estimates of the heritability of disorders, could provide valuable insights into their overall perspectives on the interaction between child maltreatment, genetic factors, and mental health outcomes.

Conclusions

The present study provides an overview of the assumptions made by psychologists in Finland regarding the associations between child maltreatment and mental disorders. We found that psychologists in Finland demonstrated varying accuracy in their estimates of child maltreatment prevalence among clients with common mental disorders. Psychologists exhibited a tendency to particularly overestimate the prevalence of sexual abuse and emotional neglect. Psychologists also tended to overestimate the prevalence of all types of child maltreatment when the client was described as having psychopathic traits. Given these findings and the risks associated with having incorrect perceptions of child maltreatment prevalence, the results underscore the need for increased training for psychologists regarding child maltreatment.

Summary in Swedish- Svensk sammanfattning

Kliniska psykologers uppfattning om barnmisshandel i olika klientfall

Studiens syfte

Tidigare forskning har visat att människor tenderar att rikta mer uppmärksamhet mot information som bekräftar deras redan existerande övertygelser (Kahneman, 1977; Nickerson, 1998). Detta kan ses i ett kliniskt sammanhang, till exempel då tidigare diagnostisk information påverkar hur psykologer tolkar klienters nuvarande symtom (Mason et al., 2010; Saposnik et al., 2016). Överlag har flera studier visat att såväl lekmän som kliniker är mottagliga för kognitiva fel (Bowes et al., 2020), och att kognitiva fel inom hälsovård har ett samband med lägre vårdkvalitet (Saposnik et al., 2016). När man beaktar att psykologer regelbundet arbetar med klienter som till en högre grad än den allmänna befolkningen har blivit utsatta för svåra händelser i barndomen, är det möjligt att psykologer utvecklar antagelser om etiologin för sina klients symtom (Dror, 2020). Ett vanligt antagande bland läkmen är dessutom att personer med psykisk ohälsa har upplevt potentiellt traumatiska livshändelser, såsom misshandel i barndomen (Bonanno & Mancini, 2008). Även om detta antagande stämmer till en viss grad är det inte möjligt att göra förutsägelser om ensklida klienter baserat enbart på detta antagande. I den aktuella studien undersöktes de antaganden psykologer gör om sambandet mellan upplevelser av barnmisshandel och vanliga psykiska störningar. Att förstå felaktiga uppfattningar som psykologer har gentemot olika klientgrupper är viktigt eftersom dessa kan ha en negativ inverkan på kliniskt beslutsfattande och behandlingsresultat.

Barnmisshandel innebär att barnet utsätts för våld, kränkning eller vanvård av vårdnadshavare eller annan vuxen person (Leeb, 2008). Barnmisshandel kan indelas i fem olika kategorier: fysisk misshandel, emotionell misshandel, sexuella övergrepp, fysisk försummelse och emotionell försummelse (t.ex. Bernstein et al., 1997). Att utsättas för någon form av misshandel i barndomen har kopplats till en ökad risk för flera olika psykiatriska störningar och allmän psykopatologi senare i livet (Carr et al., 2013; Gama et al., 2021; Gilbert et al., 2009; Rehan et al., 2013; al., 2017). Det finns vissa könsskillnader i förekomsten av de olika formerna av misshandel. Flera studier tyder på att flickor oftare utsätts för sexuella övergrepp medan pojkar oftare är offer för fysisk misshandel (Stoltenborgh et al., 2015). Förekomsten av känslomässig försummelse och fysisk försummelse är liknande för både pojkar och flickor, medan vissa studier har funnit att emotionell misshandel är vanligare bland flickor (Moody et al., 2018; Rehan et al., 2017). Följderna av barnmisshandel beror på flera olika faktorer. Effekterna av kön i sambandet

mellan misshandel och psykisk ohälsa i vuxen ålder är dock inte helt etablerade i litteraturen och ingen tidigare forskning har fokuserat på att undersöka möjliga implikationer för klinisk praxis. Det är till exempel oklart om psykologer mer sannolikt associerar vissa symtom eller kön med specifika former av barnmisshandel.

Överlag har tidigare forskning om barnmisshandel fokuserat mest på sexuell och fysisk misshandel (Gama et al., 2021; Norman et al., 2012; Stoltenborgh et al., 2015). Detta kan dels förklaras av att dessa former av misshandel har mer distinkta definitioner jämfört med känslomässig misshandel, känslomässig försummelse och fysisk försummelse (Baker, 2009). En annan förklaring är att sexuell och fysisk misshandel felaktigt antas ha allvarligare konsekvenser för barnets utveckling (Stoltenborgh et al., 2015; Vachon et al., 2015). Även om detta antagande är vanligt bland läkmen (Stoltenborgh et al., 2015; Woudstra et al., 2021), finns det begränsad forskning om psykologers uppfattningar om detta ämne. Syftet med den aktuella studien var att undersöka om psykologer gör korrekta antaganden om huruvida klienter med vanliga psykiska störningar har varit med om olika former av barnmisshandel.

Vi fick information om den verkliga förekomsten av barnmisshandel, och om sambandet mellan misshandel och psykiska störningar i Finland genom att analysera befolkningsbaserade data från projektet The Genetics of Sexuality and Aggression (GSA) (Johansson et al., 2012). Därefter genomförde vi en ny datainsamling för att undersöka psykologers antaganden om barnmisshandel bland klienter med olika psykiska störningar. Slutligen jämförde vi dessa antaganden med prevalenserna och sambanden från GSA- data. Vi fokuserade på de vanligaste psykiska störningarna i Finland, det vill säga depression, ångest, ätstörningar och alkoholmissbruk (Finska institutet för hälsa och välfärd; THL, 2017; Health at a Glance: Europe 2018, 2018). Som ett ytterligare mått på att externaliserande psykopatologi, valde vi att även mäta psykopati. Genom att jämföra psykologers antaganden med befintliga data formulerade vi följande hypoteser: (i) baserat på tidigare forskning om kognitiva fel, förutspår vi att psykologer överskattar förekomsten av barnmisshandel som deras klienter upplevt, (ii) eftersom sexuell och fysisk misshandel har fått mer uppmärksamhet i tidigare forskning, förutspår vi att psykologer överskattar förekomsten av sexuell och fysisk misshandel samt underskattar förekomsten av emotionell misshandel, emotionell försummelse och fysisk försummelse, och (iii) baserat på tidigare forskning om könsskillnader inom barnmisshandel förutspår vi att psykologer kommer att associera sexuella övergrepp starkare med kvinnliga klienter och fysiska övergrepp starkare med manliga klienter.

Metod

För att beräkna den verkliga förekomsten av barnmisshandel och psykiska störningar i Finland använde vi data från projektet The Genetics of Sex and Aggression (GSA) (Johansson et al., 2012). Barnmisshandel mättes med Childhood Trauma Questionnaire, Short Form (CTQ-SF; Bernstein et al., 2003). Därefter mätte vi de fyra vanligaste psykiska störningarna i Finland (Institutet för hälsa och välfärd; THL, 2017; Health at a Glance: Europe 2018, 2018), det vill säga: 1) depression, med depressionssubskalan i Brief Symptom Inventory (BSI; Derogatis, 2001); 2) ångest, med ångest subskalan i Brief Symptom Inventory (BSI; Derogatis, 2001); 3) alkoholmissbruk, med Alcohol Use Disorder Identification Test (Saunders et al., 1993); och 4) ätstörningar, med fem representativa items från Eating Attitudes Test (EAT-26, Garner, Olmsted, Bohr, & Garfinkel, 1982). Som ett ytterligare mått på att externaliserande psykopatologi mätte vi psykopati, med Self-Report Psychopathy scale III, short form (SRP-SF; Paulhus, Hemphill, & Hare, 2002). Efter detta beräknade vi styrkan av sambanden mellan varje form av barnmisshandel och varje psykiskstörning. Chi-kvadrat-test användes för att avgöra om sambanden var signifikanta.

För att samla in data om psykologers antaganden om barnmisshandel, skapade vi en ny enkät som riktade sig till kliniskt arbetande psykologer i Finland. Deltagarna rekryterades via olika onlineforum, sociala medieplattformar och e-postlistor för psykologer. Det slutliga samplet bestod av 222 psykologer. Enkäten bestod av vinjetter som beskrev klienter med symtom på antingen depression, ångest, ätstörning, alkoholmissbruk eller psykopati. För varje symtom ombads deltagarna att uppskatta (0-100 %), hur många personer med dessa symtom som har upplevt sexuella övergrepp, känslomässig misshandel, fysisk misshandel, känslomässig försummelse och fysisk försummelse. Slutligen jämförde vi resultaten från enkäten med data från GSA- projektet. T-test användes för att bedöma signifikansen av dessa resultat.

Resultat

Förekomsten av de psykiska störningarna presenteras i tabell 1. Bland kvinnor var de vanligaste störningarna ätstörningar, depression och ångest. Bland män var de vanligaste störningarna psykopati och alkoholmissbruk. Förekomsten av de olika formerna av barnmisshandel presenteras i tabell 2. Den vanligaste formen av misshandel var känslomässig misshandel, följt av känslomässig försummelse. Prevalensen var ganska lika för båda könen, dock var känslomässig misshandel, känslomässig försummelse, fysisk försummelse och sexuella övergrepp vanligare bland kvinnor medan fysisk misshandel var vanligare bland män. Då vi analyserade sambanden mellan barnmisshandel och de psykiska störningarna fann vi de mest förekommande sambanden för kvinnor mellan känslomässig misshandel och

depression eller ångest. För män var de mest förekommande sambanden mellan känslomässig försummelse och depression, känslomässig misshandel och ångest och känslomässig försummelse och ångest.

När vi jämförde prevalenserna från GSA-data med resultaten från enkäten fann vi att psykologerna överskattade förekomsten av sexuella övergrepp och känslomässig försummelse, samtidigt som de underskattade förekomsten av fysisk misshandel, emotionell misshandel och fysisk försummelse, hos klienter med depression, ångest och ätstörningar. Alla former av misshandel överskattades hos klienter med alkoholmissbruk och psykopatiska drag. De flesta psykologer överskattade förekomsten av emotionell försummelse och sexuella övergrepp, oavsett vilken psykisk störning som beskrevs. När vi analyserade de olika psykiska störningarna fann vi att psykologerna överskattade alla former av misshandel när klienten beskrevs med psykopatiska drag, oavsett klientens kön. Sammantaget trodde psykologerna att kvinnliga klienter mer sannolikt hade upplevt misshandel i barndomen jämfört med manliga klienter. Fysisk misshandel var den enda formen av misshandel som psykologerna trodde var vanligare bland manliga klienter. Psykologernas uppskattningar jämfört med de verkliga pervalenserna presenteras i figur 1 till 5, samt i tabell 2 och 3 i Appendix.

Diskussion

När vi jämförde de uppskattningar som gjorts av psykologerna med den verkliga prevalensen och sambanden mellan barnmisshandel och psykiska störningar, fann vi att psykologerna, i motsats till vår första hypotes, inte överskattade alla former av barnmisshandel i de beskrivna klientfallen. Resultaten tyder på att psykologernas uppfattningar om prevalensen av de olika formerna av barnmisshandel stämmer överens med befolkningsbaserade data i några av de beskrivna klientfallen. Dessutom visade fördelningen av svaren att både över- och underskattning var vanligt. När vi jämförde svaren mellan de manliga och kvinnliga klienterna i enkäten, fann vi att psykologerna gjorde korrekta antaganden om könsskillnader vid fysisk misshandel, nämligen att män oftare än kvinnor är offer för fysisk misshandel.

I linje med vår andra hypotes fann vi att psykologer systematiskt överskattade sannolikheten för sexuella övergrepp, oavsett klientens kön och psykiska störning. Överskattningen av sexuella övergrepp skulle kunna tyda på att det mer frekventa omnämnandet av sexuella övergrepp jämfört med andra former misshandel i tidigare forskning (Gama et al., 2021; Norman et al., 2012; Stoltenborgh et al., 2015) också påverkar psykologernas uppfattning om basfrekvensen av sexuella övergrepp. En annan förklarning kan vara att psykologer anser att sambandet mellan sexuella övergrepp av barn och

psykopatologi i vuxenålder är starkare jämfört med andra former av barnmisshandel.Vidare, också i linje med vår hypotes, associerade psykologer sexuella övergrepp starkare med kvinnliga klienter jämfört med manliga klienter. Dessa uppskattningar överensstämmer med tidigare forskning (Stoltenborgh et al., 2015) och med GSA-data som används i den aktuella studien och indikerar därmed att psykologer är informerade om de existerande könsskillnaderna bland offer för sexuella övergrepp.

I motsats till vår hypotes, överskattade psykologer även sannolikheten för känslomässig försummelse, oavsett klientens kön och psykiska störning. Resultaten tyder på ett allmänt antagande bland psykologer att emotionell försummelse i barndomen är vanligare än den faktiska prevalensen och att emotionell försummelse i barndomen är starkt förknippad med psykisk ohälsa i vuxen ålder. En möjlig förklaring till detta fynd kan vara att psykologer uppfattar bevisen för emotionell försummelse som en transdiagnostisk riskfaktor för psykiska problem som mer övertygande jämfört med andra former av barnmisshandel. Flera studier har dokumenterat de negativa effekterna av känslomässig försummelse i barndomen på hjärnans utveckling och mental hälsa (t.ex. Rees, 2008; Reilly et al., 2019; Womersley et al., 2020), vilket kan ha bidragit till psykologernas uppfattning om att känslomässig försummelse är starkt kopplad till psykisk ohälsa i vuxenålder.

När vi analyserade de olika psykiska störningarna fann vi att psykologer överskattade alla typer av misshandel när klienten beskrevs med psykopatiska drag. Det finns många möjliga förklaringar till dessa resultat, till exempel den vanliga uppfattningen att individer som upplever svåra barndomsförhållanden kan utveckla psykopatiska drag som ett sätt att anpassa sig och hantera dessa svåra tillstånd (Furnham et al., 2009). Trots att tidigare forskning har visat att genetiska faktorer har en stor inverkan på uppkomsten och utvecklingsförloppet av psykopatiska egenskaper (Viding, 2012), tyder de nuvarande resultaten på att psykologer, i likhet med lekmän, snarare tillskriver utvecklingen av psykopatiska egenskaper till negativa upplevelser, som att vara en offer för barnmisshandel. Dessutom är psykopati en av de vanligast avbildade psykiska störningarna i media (Arrigo & Shipley, 2001; Furnham et al., 2009). Betoningen på miljöfaktorer, så som tidiga trauman och stress, som orsaken till psykopati (Keesler & DeMatteo, 2017), i kombination med stereotyper och antaganden om psykopater, kan förstärka uppfattningen att individer med psykopatiska drag är mer benägna att ha varit med om negativa barndomsupplevelser.

En styrka med den aktuella studien var det stora samplet av GSA-projektet, som möjliggjorde tillförlitliga analyser av den faktiska prevalensen av barnmisshandel och psykiska störningar. Studien har dock flera begränsningar. Enkäten som användes för att

samla in data om psykologernas antaganden var ganska lång och innehöll flera liknande frågor. Att svara på enkäten var därför en aning kongnitivt belasande och kan ha påverkat svaren genom undersökningströtthet. Vidare valde vi att inte ta med definitioner av de olika formerna av barnmisshandel i undersökningen. Även om deltagarna var utbildade och legitimerade psykologer, är det möjligt att deltagarna hade olika tolkningar av formerna av misshandel.

Resultaten av studien har viktiga implikationer för klinisk praxis. Överskattning av förekomsten av sexuella övergrepp eller känslomässig försummelse kan påverka behandlingens förlopp och resultat om psykologen fokuserar på fel områden under behandlingen. Klienten kan även påverkas av psykologen och i värsta fall tro att de har blivit utsatta för övergrepp även om det inte har hänt. Även om föräldraskap och tidiga erfarenheter är viktiga faktorer som kan påverka psykiskutveckling, visar studiedesigner som även beaktat genetisk sårbarhet, att miljöeffekterna av tidiga erfarenheter ofta står för små delar av variansen för psykisk hälsa i vuxenålder (Baldwin et al., 2023; Jami et al., 2021). Den aktuella studiens resultat betonar vikten av kontinuerlig yrkesutveckling för psykologer i Finland och specialiserade utbildningsmöjligheter relaterade till barnmisshandel. Framtida forskning bör undersöka hur psykologer uppfattar skadligheten av de olika formerna av barnmisshandel för att bättre förstå hur resultaten i den aktuella studien kan påverka psykologers arbete med klienter. Att utforska psykologers uppfattningar om etiologin bakom psykiska störningar, samt deras uppskattningar av störningarnas ärftlighet, kan dessutom ge värdefulla insikter i psykologers övergripande perspektiv på interaktionen mellan barnmisshandel, genetiska faktorer och inverkan på psykisk hälsa.

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Appendix

Table 1

Items Used to Measure Psychologists' Estimates of the Prevalence of Child Maltreatment Experiences

Instructions:	In the next section, you will read short descriptions of clients exhibiting different mental disorders. Your task is to estimate how likely (0-100%) it is that the client in question has experienced child maltreatment.
Example:	x% = out of 100 people with depressive symptoms, x experienced emotional abuse in childhood.

Items	Description	Response options	
Depression	Imagine a male client with symptoms of depression- how likely is it that this client has experienced: Imagine a female client with symptoms of depression- how likely is it that this client has experienced:	Sexual abuse Physical abuse Emotional abuse Emotional neglect Physical neglect	0-100% 0-100% 0-100% 0-100% 0-100%
Anxiety	Imagine a male client with symptoms of anxiety- how likely is it that this client has experienced: Imagine a female client with symptoms of anxiety- how likely is it that this client has experienced:	Sexual abuse Physical abuse Emotional abuse Emotional neglect Physical neglect	0-100% 0-100% 0-100% 0-100% 0-100%
Eating disorder	Imagine a male client with symptoms of disordered eating- how likely is it that this client has experienced: Imagine a female client with symptoms of disordered eating- how likely is it that this client has experienced:	Sexual abuse Physical abuse Emotional abuse Emotional neglect Physical neglect	0-100% 0-100% 0-100% 0-100% 0-100%
Alcohol use disorder	Imagine a male client with alcohol use disorder- how likely is it that this client has experienced: Imagine a female client with alcohol use disorder- how likely is it that this client has experienced:	Sexual abuse Physical abuse Emotional abuse Emotional neglect Physical neglect	0-100% 0-100% 0-100% 0-100% 0-100%
Psychopathy	Imagine a male client with psychopathic traits- how likely is it that this client has experienced: Imagine a female client with psychopathic traits- how likely is it that this client has experienced:	Sexual abuse Physical abuse Emotional abuse Emotional neglect Physical neglect	0-100% 0-100% 0-100% 0-100% 0-100%

Table 2

T-tests of the Psychologists' Estimates Compared to Population Estimates

Depression

	Female clients				95% CI			Male clients				95% CI		
CM	M	SD	t (221)	p	lower	upper	d	M	SD	t (221)	p	lower	upper	d
PA	19.45	14.34	-9.0342	<.001	17.56	21.35	.61	23.08	16.82	-7.9382	<.001	20.86	25.31	.53
EA	34.85	23.30	-8.1463	<.001	31.77	37.93	.55	30.96	21.06	-2.26	<.001	28.17	33.75	.15
SA	15.79	14.15	6.6102	<.001	13.92	17.66	.44	9.58	9.91	7.57	<.001	8.27	10.89	.51
PN	22.71	17.74	-6.5957	<.001	20.36	25.05	.44	22.46	17.02	-5.21	<.001	20.21	24.72	.35
EN	52.33	26.30	6.1409	<.001	48.85	55.81	.41	50.98	26.20	6.14	<.001	48.85	55.81	.51

Anxiety

	Female clients				95% CI			Male clients				95% CI		
CM	M	SD	t (221)	p	lower	upper	d	M	SD	t (221)	p	lower	upper	d
PA	18.68	13.78	-9.17	<.001	16.86	20.50	.62	23.28	16.63	-8.76	<.001	21.08	25.48	.59
EA	34.69	23.35	-8.45	<.001	31.61	37.78	.57	31.49	21.87	-2.74	<.001	28.60	34.38	.18
SA	16.33	14.96	6.14	<.001	14.35	18.31	.41	10.98	12.07	6.0572	<.001	9.38	12.57	.41
PN	20.55	14.89	-8.82	<.001	18.58	22.52	.59	20.36	14.55	-15.10	<.001	18.44	22.28	1.01
EN	48.72	25.70	6.77	<.001	45.32	52.12	.45	48.33	24.64	7.26	<.001	45.07	51.59	.49

Eating disorder

	Female clients				95% CI			Male clients				95% CI		
CM	M	SD	t (221)	p	lower	upper	d	M	SD	t (221)	p	lower	upper	d
PA	18.84	14.93	-1.70	0.0907	16.86	20.81	.11	21.91	16.57	-2.52	0.0123	19.71	24.10	.17
EA	36.37	22.94	-0.24	0.8123	33.34	39.41	.02	35.78	22.98	2.36	0.0190	32.74	38.82	.16
SA	19.56	16.81	12.03	<.001	17.33	21.78	.81	16.20	16.01	9.61	<.001	14.09	18.32	.64
PN	21.96	16.98	-0.48	0.6296	19.71	24.21	.03	24.05	18.87	-4.51	<.001	21.55	26.55	.30
EN	50.34	25.14	14.08	<.001	47.02	53.67	.94	49.55	23.99	11.05	<.001	46.38	52.73	.74

Alcohol use disorder

	Female clients				95% CI			Male clients				95% CI		
CM	M	SD	t (221)	p	lower	upper	d	M	SD	t (221)	p	lower	upper	d
PA	28.36	19.88	3.47	<.001	25.73	31.00	.23	32.34	20.47	4.22	<.001	29.64	35.05	.28
EA	40.73	25.45	2.26	0.0246	37.37	44.10	.15	34.82	22.98	8.88	<.001	31.78	37.86	.60
SA	19.55	17.67	9.733	<.001	17.22	21.89	.65	10.75	12.08	10.61	<.001	9.15	12.35	.71
PN	30.42	21.77	2.17	0.0309	27.54	33.30	.15	30.11	21.05	8.03	<.001	27.32	32.89	.54
EN	55.34	24.64	13.60	<.001	52.10	58.60	.91	54.64	25.47	18.45	<.001	51.27	58.00	1.24

Psychopathy

	Female clients				95% CI			Male clients				95% CI		
CM	M	SD	t (221)	p	lower	upper	d	M	SD	t (221)	p	lower	upper	d
PA	46.73	26.69	11.99	<.001	43.20	50.26	.80	49.24	27.35	11.67	<.001	45.63	52.86	.78
EA	55.51	27.24	11.15	<.001	51.91	59.12	.75	52.96	27.45	18.75	<.001	49.33	56.59	1.26
SA	32.20	23.44	16.74	<.001	29.10	35.30	1.12	21.91	18.57	15.25	<.001	19.45	24.37	1.02
PN	43.54	25.83	13.22	<.001	40.12	46.95	.89	43.58	25.80	13.42	<.001	40.16	46.99	.90
EN	67.82	26.30	22.80	<.001	64.34	71.30	1.53	67.64	25.53	25.29	<.001	64.26	71.02	1.70

Note: CM = Child Maltreatment, PA = Physical Abuse, EA = Emotional Abuse, SA = Sexual Abuse, PN = Physical Neglect, EN = Emotional Neglect.

Table 3

Problematic Responses, i.e., responses that deviated by more than +/- 10 percentage units from the population estimates

Depression

	Female clients					Male clients				
CM	Pop. M	Psy. M	% outside M+/-10	% below M-10	% above M+10	Pop. M	Psy. M	% outside M+/-10	% below M-10	% above M+10
PA	28.15	19.45	68.92	57.21	11.26	32.04	23.08	75.68	61.71	13.51
EA	47.59	34.85	80.63	61.71	18.47	34.15	30.96	68.02	45.05	22.52
SA	9.51	15.79	31.08	-	31.08	4.55	9.58	21.17	-	21.17
PN	30.56	22.71	67.12	52.70	13.96	28.42	22.46	64.86	49.10	15.31
EN	41.49	52.33	76.13	27.03	49.10	37.54	52.33	73.87	54.05	19.37

Anxiety

	Female clients					Male clients				
CM	Pop. M	Psy. M	% outside M+/-10	% below M-10	% above M+10	Pop. M	Psy. M	% outside M+/-10	% below M-10	% above M+10
PA	27.16	18.68	65.31	56.76	8.10	33.06	23.28	71.62	59.91	11.71
EA	47.95	34.69	83.41	64.41	25.23	35.51	31.49	75.68	50.90	24.77
SA	10.16	16.33	26.58	-	26.58	6.07	10.98	18.92	-	18.92
PN	29.36	20.55	65.77	54.50	10.81	35.10	20.36	79.28	72.52	6.31
EN	37.04	48.72	75.23	25.23	50.00	36.33	48.33	72.52	22.07	50.45

Eating Disorder

	Female clients					Male clients				
CM	Pop. M	Psy. M	% outside M+/-10	% below M-10	% above M+10	Pop. M	Psy. M	% outside M+/-10	% below M-10	% above M+10
PA	20.54	18.84	50.90	35.58	14.41	24.71	21.91	60.81	47.30	12.61
EA	36.74	36.37	72.07	40.54	31.53	32.14	35.78	63.51	31.98	30.63
SA	5.99	19.56	46.85	-	46.88	5.88	16.20	34.68	-	34.68
PN	22.51	21.96	56.76	35.14	21.17	29.76	24.05	71.62	50.00	20.27
EN	26.59	50.34	71.62	9.01	62.61	31.76	49.55	69.82	13.96	30.63

Alcohol Use Disorder

	Female clients					Male clients				
CM	Pop. M	Psy. M	% outside M+/-10	% below M-10	% above M+10	Pop. M	Psy. M	% outside M+/-10	% below M-10	% above M+10
PA	23.73	28.36	56.31	24.32	31.98	26.54	32.34	57.21	24.77	32.43
EA	36.87	40.73	71.62	37.39	34.23	21.12	34.82	55.41	12.61	42.34
SA	8.01	19.55	36.48	-	36.48	2.15	10.75	25.68	-	25.68
PN	27.25	30.42	63.23	34.23	29.28	18.77	30.11	54.05	9.01	44.14
EN	32.85	55.34	76.58	11.71	64.86	23.10	54.64	80.18	4.05	72.52

Psychopathy

	Female clients					Male clients				
CM	Pop. M	Psy. M	% outside M+/-10	% below M-10	% above M+10	Pop. M	Psy. M	% outside M+/-10	% below M-10	% above M+10
PA	25.26	46.73	74.77	15.77	59.01	27.82	49.24	75.68	13.96	61.71
EA	35.13	55.51	78.83	17.12	61.71	18.43	52.96	82.88	3.60	78.83
SA	5.87	32.20	69.82	-	69.82	2.91	21.91	79.28	-	79.28
PN	20.62	43.54	70.72	9.46	61.26	20.33	43.58	71.61	11.26	60.36
EN	27.58	67.82	78.83	8.56	70.27	24.31	67.64	87.84	2.25	70.27

Note: CM = Child Maltreatment, PA = Physical Abuse, EA = Emotional Abuse, SA = Sexual Abuse, PN = Physical Neglect, EN = Emotional Neglect, Pop. M = Population mean, Psy. M = mean of the psychologists' estimates, % outside = total proportion of responses that deviated by more than +/- 10 percent, % below = proportion of responses that were more than 10% under the population estimates, % above = proportion of responses that were more than 10% above the population estimates.

PRESSMEDDELANDE

Kliniska psykologers uppfattning om barnmisshandel i olika klientfall
Pro-gradu avhandling i psykologi
Fakulteten för humaniora, psykologi och teologi, Åbo Akademi

Kliniska psykologer i Finland har en varierande uppfattning om hur vanligt förekommande upplevelser av barnmisshandel är bland klienter med vanliga psykiska störningar. Psykologer tenderar framför allt att överskatta förekomsten av sexuella övergrepp och känslomässig försummelse. Det visar en ny studie som sammanlagt 222 psykologer deltagit i. Studien är en pro- gradu avhandling i psykologi vid Åbo Akademi.

Avhandlingen undersökte associationerna mellan psykiska störningar och upplevelser av barnmisshandel, samt psykologers uppfattningar om dessa associationer. I studien jämfördes populationsbaserat data om psykiska störningar och barnmisshandels upplevelser med svaren från en webbenkät som psykologerna svarat på. Syftet med studien var att undersöka ifall psykologer har felaktiga uppfattningar om barnmisshandels upplevelser bland klienter med olika psykiska störningar.

Studien inkluderade inte information om psykologernas erfarenhet eller vidareutbildning inom traumarelaterat arbete men resultaten tyder på att den grundläggande utbildning som erbjuds till psykologer i Finland ger en bra grund av kunskap om ämnet. Det finns dock även utrymme för förbättring, eftersom studien avslöjade betydande individuella skillnader bland respondenterna: vissa svar ganska nära de verkliga populations prevalenserna, vilket indikerar en grundläggande förståelse av begreppen och deras förekomst, medan andra svar avvek betydligt. Resultaten betonar vikten av kontinuerlig yrkesutveckling och specialiserade utbildningsmöjligheter för psykologer i Finland. Psykologernas tendens till att överskatta sexuella övergrepp och känslomässig försummelse kan påverka kliniskt arbete om fokus hamnar på fel områden. Föräldraskap och tidiga erfarenheter har fått mycket uppmärksamhet i tidigare forskning i dess påverkan på psykisk hälsa, vilket kan leda till att psykologen eller klienten själv tillskriver sina symtom till sin barndomsbakgrund, oavsett om det faktiskt är orsaken.

Avhandlingen utfördes av Minja Sundén under handledning av Jan Antfolk PsD och Patrizia Pezzoli PsD.

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