

Childhood Trauma And Its Effects On Adult Mental Health

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ABSTRACT

Experiencing one or more traumatic events during childhood is known to be one of the major risk factors in developing a mental health disorder. The present study aimed to examine the effects of trauma experienced in childhood on developing psychiatric disorders and substance use disorders in adulthood. This study is a secondary analysis that utilizes the Childhood Adversity and Traumatic Stress among inpatient psychiatric hospitals project by Eve Carlson's and Veterans Affairs Palo Alto health care system. The results from the current study revealed a positive association between childhood trauma and psychiatric disorder and substance use disorders. Specifically, PTSD (past and present), anxiety, dissociative, and psychotic disorder were most prevalent. In addition, experiencing caretaker dysfunction, neglect, and sexual abuse had a more significant effect on the participant's mental health than physical abuse. Lastly, the result indicated that experiencing trauma during both childhood and adulthood and childhood alone had a more significant impact on developing psychiatric and substance use disorders than experiencing trauma in adulthood alone.

INTRODUCTION

Significance of study

- Of the many known risk factors for mental health disorders, childhood trauma is the most common and influential factor present in individuals with psychological diagnoses.
- Research indicates that many individuals suffering from psychological disorders and substance abuse disorders have experienced one or more forms of childhood trauma

Purpose of the research

- The purpose of this study is to analyze the relationship between trauma experienced during childhood and psychiatric and substance abuse disorders in adulthood.

Research questions

- What is the effect of trauma experienced in childhood on the development of psychiatric disorders in their adulthood?
- What is the effect of trauma experienced in childhood on the development of a substance abuse disorder in their adulthood?

Hypotheses

- Traumatic events experienced during childhood increase the development of psychiatric disorders.
- Traumatic events experienced during childhood increases the development of substance abuse disorders.

LITERATURE REVIEW

- Trauma is defined as a response to a severely disturbing or distressing event that overwhelms an individual's ability to cope, which can cause adverse effects on mental, physical, social, emotional, and spiritual well-being.
- With over 61 percent of adults reporting they have experienced trauma during childhood, trauma has become one of the highest risk factors related to mental health.
- Research indicates that trauma experienced in childhood can lead to either minor psychological distress or it can lead to more severe consequences such as a diagnosis of PTSD, anxiety, depression, or other forms of cognitive impairment
- Individuals who experienced a traumatic event in early childhood had higher rates of depression and post-traumatic stress disorder than the other age groups.
- Substance abuse disorders that are associated with trauma include alcohol, cannabis, drugs, and tobacco.
- Individuals who experienced trauma during childhood had an earlier mean age of heaviest drinking, a shorter delay from alcohol use to heavy alcohol use, and began drinking nearly two years before individuals who experienced trauma during adulthood

METHODS

Original data set

- Childhood adversity and traumatic stress among inpatient psychiatric hospitals project by Eve Carlson's and veteran's affairs palo alto health care system

Research design

- The original study used a cross-sectional design and utilized mixed methods, including qualitative and quantitative data.

Data collection

- The participants recruited for this study were inpatients in a private, nonprofit psychiatric hospital that primarily served suburban and urban areas.
- The researchers interviewed all of the newly admitted patients between the ages of 30 and 45 in order to limit the length of recall of childhood experiences and reduce the margin of error.
- The participant completed the self-report measures- symptom checklist-90-revised (scl-90-r), interview about childhood environment, structured interview for PTSD (SI-PTSD), physical and sexual abuse interviews, etc.

Sample

- A purposive sampling method was used in the original study.
- The study consisted of adults between the ages of 30 and 45 who were admitted into the nonprofit psychiatric hospital in Baltimore.
- Besides the specific age margin and being admitted to the psychiatric hospital, there was no other exclusion criterion included in the study.
- 217 participants

Characteristic	n	%
Gender		
Male	92	42.4
Female	125	57.3
Age in years	M = 37.7	SD = 4.81
Race		
White	176	81.1
Black	35	16.1
Other	3	1.4
Missing	3	1.4
Socioeconomic status	M = 40.2	SD = 17.6

Measures

- Independent variables: childhood trauma
 - Neglect, childhood sexual and physical abuse, caretaker dysfunction
 - Measured using an abuse interview
- Dependent variable: psychiatric and substance use disorders
 - Diagnosis- yes/no
 - SCL- brief self-report tool used to measure overall distress levels and nine psychiatric symptoms

Statistical analysis

- Chi-square & correlation test- association between abuse experienced and diagnosis
- Regression- how specific childhood traumatic experiences affect the participants' mental health score.
- ANOVA and Kruskal-Wallis h-test-examine the significance between when the traumatic event occurred (i.e., Child, adult, both) and mental health score

RESULTS

Chi-square test

- Multiple chi-squared tests were conducted to test the relationship between types of abuse experienced and having a psychiatric or substance use diagnosis.
- Significant association was found in anxiety ($\chi^2(3) = 41.99, p < 0.01$), psychotic disorder ($\chi^2(3) = 10.67, p = .014$), dissociative disorder ($\chi^2(3) = 69.56, p < 0.01$), and substance use disorder ($\chi^2(3) = 19.05, p < 0.01$)

Pearson's correlation/ spearman's rho

- A Pearson's correlation/ spearman rho coefficient was computed to study the relationship between the participants responses to their abuse interview, including their reported caretaker dysfunction, neglect, physical abuse, and sexual abuse, and their SCL scores.
- All SCL scores were significantly and positively correlated with each of the abuse categories, except physical abuse.

SCL Scales	Independent Variables			
	Dysfunction	Neglect	Physical abuse	Sexual abuse
Anxiety	.289**	.256**	.112	.306**
Obsessive-Compulsive	.235**	.254**	.135	.273**
Interpersonal Sensitivity	.235**	.254**	.135	.273**
Paranoid Ideation	.237**	.255**	.124	.248**
Depression	.239**	.292*	.114	.218*
Hostility	.191*	.155*	.073	.120
Phobic Anxiety	.219***	.246**	.112	.264**
Psychoticism	.161*	.226***	.108	.306**
Somatization	.194*	.266**	.212*	.207**

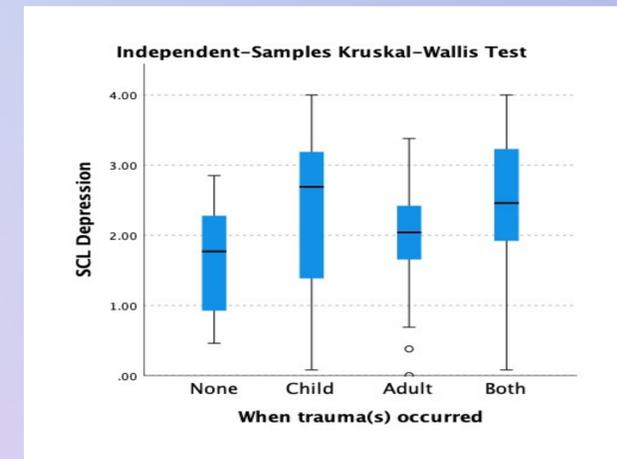
*** $P < .001$, ** $P < .01$, * $P < .05$.

Multiple regression

- A multiple linear regression was performed to predict a study participant's SCL scores based on their abuse interview (caretaker dysfunction, neglect, total physical abuse, and total sexual abuse).
- All regression tests were significant; however, PTSD results were significantly higher in comparison to SCL scores.
 - Present PTSD- $f(4,135) = 11.38, p < .01$, with an R^2 of .252
 - Caretaker dysfunction more significant.
 - Past PTSD- $F(4,136) = 11.62, p < .01$, with an R^2 of .255
 - Sexual abuse more significant.
- Participants total sex abuse score and caretaker dysfunction significantly and positively predicted participants SCL and PTSD scores, while neglect and physical abuse did not.

ANOVA/ Kruskal-Wallis H test

- Multiple one-way ANOVA and Kruskal-Wallis H tests were conducted to evaluate the relationship between when the traumatic event occurred (i.e., None, child, adult, both) and SCL scores.
- Significant results were found in anxiety ($f(3,212) = 4.95, p = .002$), obsessive compulsive ($F(3,212) = 2.99, p = .032$), Depression ($H(3) = 12.65, p = .005$), hostility ($H(3) = 8.54, p = .036$), psychoticism ($H(3) = 10.83, p = .013$), and somatization ($h(3) = 10.31, p = .016$).
- Results indicated that experiencing trauma in both childhood and adulthood, and childhood alone had significantly higher SCL scores, while experiencing trauma in adulthood alone did not.



DISCUSSION

Summary of findings

- The results of the study supported both hypotheses.
- PTSD, anxiety, dissociation, psychotic, and substance use were more prevalent among participants who experienced some form of childhood trauma.
- Caretaker dysfunction, neglect, and sexual abuse had a significant effect on developing psychiatric symptoms, while physical abuse did not.
- Results showed a significant relationship between the development of psychiatric symptoms and experiencing trauma in childhood alone and experiencing trauma in both childhood and adulthood.

Strengths and limitations

- Retroactive self-report increases the likelihood of recall bias.
- Cross-sectional design- precludes inferences regarding causality and limits the understanding of how the variable will change over time.
- Participants were recruited from an inpatient psychiatric hospital- increased the likelihood of participants exhibiting more psychiatric and substance use symptoms compared to the general population.
- Exploration of all psychiatric symptomatology, study utilized established standardized scales, and used multiple analyses.

Implications for research and practice

- The current study provides insight into how the varying forms of trauma can affect the development of different psychiatric symptoms.
- The current study explored all areas of the participants' symptomatology, which can benefit the field of social work by advancing our assessment tools when working with clients.
- By understanding the different effects of certain forms of trauma, social work can improve trauma-informed practice by developing more effective care plans that utilize interventions that would best fit the client based on their experiences.