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 veteran’s affairs Palo Alto health care system. The results from the current study revealed a positive association between childhood trauma and psychiatric 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 significant effect on the participant's mental health and physical abuse. Lastly, the result indicated that experiencing trauma during childhood and adulthood had a significant effect 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 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 the childhood on the development of a substance abuse disorder in their adulthood?
- Besides the specific age margin and being admitted to the psychiatric hospital, there was no other exclusion criterion included in the study.

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.

Measures

- Independent variables: childhood trauma, neglect, childhood sexual and physical abuse, caretaker dysfunction, and measured using an interview.
- Dependent variable: psychiatric and substance use disorders.

Statistical analysis

- Chi-square & correlation test- association between abuse experienced and diagnosis.
- Regression: how specific childhood traumatic experiences affect the participant's 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 (χ² =41.99, p < 0.01), psychotic disorder (χ² =106.7, p < 0.01), dissociative disorder (χ² =69.56, p < 0.01), and substance use disorder (χ² =9.05, p < 0.01).

Pearson’s correlation/ spearman 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.

Multiple regression

- A multiple linear regression was performed to predict the study participant’s SCL scores based on their abuse interview (caretaker dysfunction, neglect, total physical abuse, and total sexual abuse).

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.

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.

Strengths and limitations

- The study included participants from all parts of the United States, which 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, which could increase the likelihood of participants exhibiting more psychiatric and substance use symptoms compared to the general population.
- Exploration of all psychiatric symptomology, study utilized established reliable, and valid measures.

Implications for research and practice

- The current study provides insights into how the varying forms of trauma can affect the development of different psychiatric symptoms.
- The current study explored all areas of the participants’ symptomology, which can benefit the field of social work by advancing our assessment and intervention strategies.

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.

Table: Summary of findings

<table>
<thead>
<tr>
<th>Variable</th>
<th>Anxiety</th>
<th>Obsessive- Compulsive</th>
<th>Interpersonal Sensitivity</th>
<th>Depression</th>
<th>Psychotic Anxiety</th>
<th>Phobic Anxiety</th>
<th>Somatization</th>
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<tbody>
<tr>
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<td>.235**</td>
<td>.239**</td>
<td>.219**</td>
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<td>.108</td>
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<td>.207**</td>
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<tr>
<td>Both</td>
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<td>.248**</td>
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**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).

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 < .022), depression (F(3.212) =12.65, p < .005), hostility (F(3.212) = 8.54, p < .006), psychotism (F(3.212) = 10.83, p < .013), and somatization (F(3.212) = 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.

<table>
<thead>
<tr>
<th>SCL Scores</th>
<th>Dysfunction</th>
<th>Independent Variables</th>
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<td>Anxiety</td>
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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 SCL scores were significantly and positively correlated with each of the abuse categories, except physical abuse.

Note: 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.

- The current study provides insights into how the varying forms of trauma can affect the development of different psychiatric symptoms.

- The current study explored all areas of the participants’ symptomology, which can benefit the field of social work by advancing our assessment and intervention strategies.

- 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.