



ABSTRACT

- Childhood trauma is a pertinent peril for developing major depressive disorders in adulthood.
The current study hypothesized that childhood adversities can increase the risk of unhealthy and high-risk behaviors as well as other chronic medical illnesses in adulthood.
This study consists of 3294 participants with 1484 males (45.1%) and 1810 females.
A Chi-Square test to determine if there was a relationship between the independent variables (death of a sibling(s), death of the parent(s), physically assault, sexually assault, and raise by alcoholic parent) and the chronicity of depressive symptoms in adulthood.
There was no significant difference found between participants' loss of siblings and death(s) of parent(s) and the chronicity of depressive symptoms
This study found a statistically significant was determined between chronicity of depressive symptoms and victims of both physical, sexual assaults, and participants who were raised by alcoholic parents

INTRODUCTION

Significant of Study

- The end of the 20th century has seen a rise in studies and publications regarding childhood trauma experiences as a predictor of a wide variety of consequential psychiatric disorders and health risk behaviors in adults.

Purpose

- To analyze further the severity and chronicity of depression in adults, associated with early childhood exposure to traumatic events.

Research Question

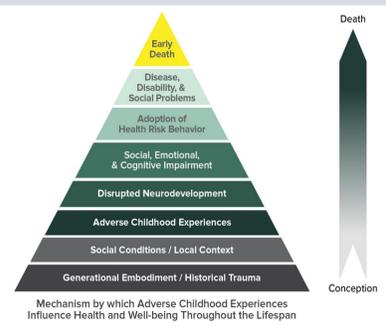
- What is the correlation of childhood adversities on the development of chronic depression in adults?

Hypothesis

- childhood adversities can increase the risk of unhealthy and high-risk behaviors as well as other chronic medical illnesses in adulthood.

LITERATURE REVIEW

- Exposure to early adversity affects the developing brains and bodies of children, which will negatively affect the youth's social, emotional, and cognitive development.
Longitudinal studies have shown children who experienced psychological and emotional adversities have a higher chance of being diagnosed with mental health disorders, particularly chronic depression and anxiety



- Individuals who suffered childhood adversities has been associated with reduced cognitive functioning later in life.
The results of the study find that living in stressful environments increase the change of disrupted social functioning.
Social support systems disrupted lead to socially isolated
Chronic pain is another commonly reported symptom for those who suffer from adverse childhood experience.
An adolescent who lives through adverse experiences is prone to establish mood disorders and decreases their ability in decision-making skills.
There are limitations such as over-reporting or under-reporting, undiagnosed, and undetected mental disorders.

METHODS

Research Design

- The current study is a cross-sectional, secondary data analysis of data collected from the German LAC Depression Study.
The scope of the original study was to explore the extent and types of retrospectively reported childhood trauma, such as abuse and neglect, in adults who diagnosed with severe and chronic depressions.
The study operationalized as either mild form of depression-like dysthymia or a major depressive episode with a duration of at least 12 months or longer
The current study utilized a set of self-reported questionnaires that measured the severity of traumatic experiences in childhood.

Sample & Sampling Method

- The core sample created a total of sample size of 3294 chronically depressed patients between the age of 21 and 60. All were enlisted between 2007 and 2013.
Patients had to currently meet a DSM-IV diagnosis of either a major depressive episode already lasting for at least 12 months or longer or dysthymia last for at least 24 months at the time of intake for the study.
Exclusion criteria included ongoing or previous psychotic symptoms, substance dependence, dementia, or decrements in cognitive functioning, a borderline, schizotypal, schizoid, paranoid, or antisocial personality disorder, and acute suicidal intentions.
Meet a Beck Depression Intervention-II (BDI-2) score of above 17 and a Quick Inventory of Depressive Symptoms (QIDS-C, clinician version) score of above 9.

Measures

- Diagnoses were made by independent, trained, and supervised interviewers using the German version of the Structured Clinical Interview for DSM-IV (SCID I and SCID II.
BDI-2 and the QIDS-C were used to assess symptom severity.

Independent Variables: Childhood Trauma

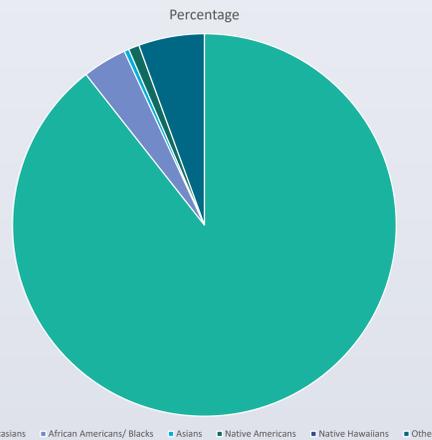
- Death(s) of sibling(s)
Death(s) of parent(s)
Being raised by alcoholic parents
Victims of either physically and sexually assaulted

Dependent Variable: Depressed Affect

- Categorized through a scale from lowest depressed affect to highest depressed affect with numerical scales from 1-6

Demographic Variables:

- A total of 3294 participants with 1484 males (45.1%) and 1810 females (54.9%).
Racially categorized into Caucasians, African Americans, Hispanics, Asians, and Others.
Marital Status of Married (67.1%), Separated (1.5%), Divorced (13.2%), Widowed (11%), and Never Married (7%).



RESULTS

- A series of Chi-Square tests were calculated to determine if there was a relationship between independent variables and the chronicity of depressive symptoms in adulthood.

Death of a loved ones:

- There was no significant difference found between participants' loss of siblings and depressive affect, X2(7, N=2923) = 12.30, p>.05.
Furthermore, there was no significant relationship between the death(s) of the parent(s) and the chronicity of depressive symptoms, X2(7, N=2939) = 6.9, p<.05.

Assaults:

- Both childhood adversities of physical and sexual assaults calculated. A statistically significant determination between chronicity of depressive symptoms and victims of physical assault X2 (9, N=2939) = 76.14, p<.001, and victims of sexual assaults, X2 (7, N=2939) = 137.37, p<.001.

Parent Substance Use:

- There was a statistical relationship found between participants who were raised by alcoholic parents and the developments of depressive symptoms in adulthood, X2(df: 7, N= 2939) = 29.6, p<.001.

Table titled 'Childhood Traumas and Depressed Affect' with columns for Criteria, Type of Childhood Trauma, Lowest Depressed Affect, Depressed Affect (1-6), Highest Depressed Affect, Chi-Square, df, and Sig. Rows include Death(s) of siblings, Death(s) of parent(s), Physically assaulted, Sexually assaulted, and Alcoholic parents.

Note **p<.001.

SIGNIFICANT OF THE FINDINGS

- This study's results showed an association of sexual assault with the severity of depression, with 77.2% of reported of sexually assaulted with a connection of 48.3% of those who reported having the highest depressed level.
Childhood sexual assault and later psychopathology and reported significantly higher percentages of women and men with lifetime dysthymia (15.7% and 12.5%) and depression (39.3% and 30.3%) among those reporting childhoods sexual abuse
An unexpected result provided mixed support for the hypothesis of this current study: no significant difference found between participants' loss of siblings and parents and depressive affect.
The finding above contradicted with an existing research that argues death of a loved one is most frequently considered as the most severe potentially traumatic experience in one's life. When a child experienced the loss of loved ones as an intensive incidence event, they may develop symptoms due to the sudden loss. (Kaplow et al., 2010).
The current study's finding suggested that there was a statistical relationship found between participants who were raised by alcoholic parents and the depressions in adulthood. The existing research literature also supports this result (Zimic & Jackic, 2012).

DISCUSSION

Limitations

- The secondary analysis resulted in this current relying on the parameters of the original research.
the retrospective assessment of childhood abuse such as physically and sexually assaults may be subject to recall biases.
Other limitations: a cross-sectional design and utilizing self-report data for physical health measures.

How Future Research Can Address

- Shifting the focus on a longitudinal research design that allows a more reliable and direct examination of childhood adverse exposures by using the ACEs questionnaire and its relation to chronic depression and therapy outcomes.

Implications for Future Research

- It is crucial to the education of chronic depression associated with childhood adversities by implicating these factors into a longitudinal research study
In the present study, a high number of chronically depressed patients reported only one childhood trauma; hence, multiple trauma needs to be considered

Implications for Social Work Practice

- Social workers who serve the trauma-related and mental health populations should assess for the presence of childhood trauma in chronically depressed patients.
Early screening for depression in adults with childhood adversities is essential to maximize the window for preventive efforts

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