TO STUDY THE RELATIONSHIP BETWEEN TYPES OF CHILDHOOD TRAUMA AND DEPRESSION AMONG ADULTS AGED 20-50 YEARS.

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ABSTRACT

Childhood is the most important phase of life that heavily impacts the evolution of the mind and the development of the brain. The main aim of this research was "**to study the relationship between types of childhood trauma and depression among adults aged 20-50 years.**" The research design was cross-sectional and the sampling was purposive. The tools used for assessment were **The Childhood Trauma Questionnaire (CTQ)** (Bernstein, Ahluvalia, Pogge and Hadelsman, 1997) and **The Beck's Depression Inventory (BDI)** (Beck, et al., 1961). The pandemic and the superimposed restrictions on mankind have led to unravelling of new avenues and vistas of standardized research methods. One among them being online data collection. This research also followed a similar path. The questionnaires were converted into e- questions without losing the essence of the original one. Then it was circulated across various social media platforms as Google forms. Before the statistical dissection, the data was collated and then segregated into different categories. Mean, Standard Deviation (SD), Student's T-test Two Tail, and Pearson product moment correlation was used. The statistical relationship between EA, PA, EN, PN and depression was skewed towards low correlations and lack of significance across the analyses. The t-scores for men and women are also below the critical values in the t-test hence indicating no significance and thus inferring that there is no significant relationship between men and women for types of abuse and depression. There were few patterns that was evident after the statistical examination i.e *All analyses pointed towards a strong relationship between sexual abuse and clinicaly significant depression.* It has to be noted that these indices should not be taken at

face value as the others show low positive correlations and can also be a red flag showing the impact could be still brewing in the minds.

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LIST OF ABBREVIATIONS

AI	Affective Instability
ALHIV	Adolescents Living With HIV
BPI	Bipolar Disorder Type I
BPII	Bipolar Disorder Type II
CTQ	Child Trauma Questionnaire
DSM-IV edition	Diagnostic and Statistical Manual of Mental Disorders, 4th

EA	Emotional Abuse
EN	Emotional Neglect
F	Female
HIV	Human Immunodeficiency Virus
M	Male
PA	Physical Abuse
PN	Physical Neglect
SA	Sexual Abuse
WHO	World Health Organization

LIST OF FIGURE(S)

Figure1. Scatterplot

CHILDHOOD TRAUMA

1. DEFINITION

Childhood trauma is an umbrella term for different forms of child abuse. It can be direct, indirect or witnessed. Child abuse or ill-treatment comprises of physical, sexual, and or emotional mistreatment which include, sexual maltreatment, disregard or disregardful treatment or mercantile or other forms of exploitation which may lead to problems and cause potential harm of the child's health. (WHO 1999).Child abuse can be a single incident or it can happen over time (Richardson, 2004).

TYPES OF CHILD ABUSE

1. Emotional abuse:

Emotional abuse is very hard to detect but is very common and happens to most children who live in a family with marital discord and family conflicts. The fast-paced life and the life events tend to put the parents under stress and without their awareness they tend to become emotionally abusive, emotional abuse is not always accompanied by violent behavior or inappropriate sexual behavior.

2. Physical neglect:

Neglect is mostly associated with the evidentiary magnitude of services that are related to child safety guidelines; on the whole, there is no single definition for child neglect. Universally child neglect can be comprehended as a situation in which the parent/ caregivers fail to provide for the child and also fulfill their needs.

Physical abuse:

This is the situation in which the child is deprived of the basic essential needs that consist of basic life needs like food shelter, clothing, and medical care.

Sexual abuse:

Sexual abuse is any act of sex that is done without the child's consent. This can happen with another child or with a person who is related to the child or has any kind of social control over the child. This act can be done by a person who has trust and power over the child. A sexual activity in which the child was used, manipulated or the sexual activity was enforced. Sexual abuse can also involve forcing the child into prostitution and child pornography (Briere, 1992).

REVIEW OF LITERATURE

i) Mandelli et al., (2015). The role of specific early trauma in adult depression: A meta-analysis of published literature Childhood trauma and adult depression. Meta-regression analysis and sensitivity analysis post-hoc was used to discover the variables that abated and to restrict the potential confounders. Emotional abuse had the strongest association. From the study it was inferred that emotional abuse and neglect had the strongest impact on depression.

ii) Negele et al., (2015). Childhood Trauma and its Relation to Chronic Depression in Adulthood.

The study aimed to examine the prevalence of childhood trauma in patients with chronic depression. Out of the 349 patients with chronic depression, 75.6% reported significant histories of childhood trauma. 'Childhood Trauma Questionnaire' was used for the same. Multiple regression revealed a significant relationship between sexual abuse and emotional abuse with depression in adults.

iii) Vares et al., (2015). Childhood trauma and dimensions of depression: a specific association with the cognitive domain.

The study investigated the association between the history of childhood trauma and the dimensions of depression. The sample consisted of 217 patients with depression. Beck's Depression Inventory, Hamilton's Depression Rating Scale, CORE Assessment of Psychomotor Change, and CTQ were used for the analysis. The association between general childhood trauma and childhood maltreatment modalities was investigated using Path Analysis and Multiple Indicators Multiple Causes models. The study found that emotional abuse was consistent with the severity of depression

iv) Erfanian (2018). Childhood trauma: a risk for major depression in patients with psoriasis. This study was conducted to investigate the association between levels and types of childhood trauma with the severity of psoriasis and major depression. The sample was 64 patients who were diagnosed with psoriasis and were scanned with Psoriasis Area and Severity Index75. CTQ and Mini International Neuropsychiatric Interview (MINI 5.0.0 current). Chi-square Analysis was conducted to understand the association between gender and depression. The findings of the study revealed that there was a relationship between trauma and major depression, childhood trauma and psoriasis as well. Increased levels of

emotional, physical, sexual abuse and emotional neglect were linked to elevating the severity of psoriasis.

v) Marwaha et al., (2016). Affective Instability, Childhood Trauma and Major Affective Disorders.

This research was aimed to compare Affective Instability levels in Bipolar Disorder I (BPI), Bipolar Disorder II (BPII), and Major Depressive Disorder Recurrent (MDDR). The association of AI and childhood trauma within each group was also studied. Affective Lability Scale was used to compare people with DSM-IV BPI and BPII. Regression modeling was used to examine the association between AI and childhood trauma in each group. The study found that there was a strong link between childhood trauma and AI levels in patients with BPI.

vi) Ashaba et al., (2021) Childhood trauma, major depressive disorder, suicidality, and the modifying role of social support among adolescents living with HIV in rural Uganda.

This study aimed to understand the association of childhood trauma among adults living with HIV (ALHIV) in Sub-Saharan Africa. 224 ALHIV were enrolled in the study. Multivariable Poisson Regression was used to estimate the association between mental health outcome variables and childhood trauma and the modification of social support's effect was assessed. The study concluded with the findings that childhood trauma is associated with poor mental health among ALHIV but it could be moderated with social support.

METHODOLOGY

Aim: To study the relationship between types of childhood trauma and depression among adults aged 20-50 years.

Objectives:

1. To understand the relationship between types of childhood trauma and depression among adults aged 20-50 years.
2. To study the relationship between types of childhood trauma and depression among adults aged 20-50 years.

Hypotheses:

1. There is no significant relationship between childhood trauma and depression among adults aged 20-50 years.
2. There is no significant relationship between childhood trauma and depression among male and female adults aged 20-50 years.
3. There is no significant relationship between childhood emotional abuse and depression among adults aged 20-50 years.
4. There is no significant relationship between childhood sexual abuse and depression among adults aged 20-50 years.
5. There is no significant relationship between childhood physical abuse and depression among adults aged 20-50 years.
6. There is no significant relationship between childhood emotional neglect and depression among adults aged 20-50 years.
7. There is no significant relationship between childhood physical neglect and depression among adults aged 20-50 years.
8. There is no significant relationship between minimization or denial and depression among adults aged 20-50 years.

RESEARCH DESIGN

Cross-sectional research study:

Cross-sectional research focuses on studying different groups of people at the same time. These people may differ in the variable of interest, researchers' record information that is available for that particular population. But they may share some similarities ranging from Socio-economic status, qualification, and nationality.

Sample:

Purposive Sampling: Purposive sampling is used for this study. The total sample size was 100 adults aged between 20-50 years. People who have education below second grade were excluded and also. And also they should not have any other psychiatric comorbidities. The consent of each participant was taken and then demographic details will be collected.

INCLUSION CRITERIA

Those who are willing to participate

Age Range of 20-50

Level of education- Second standard and above.

EXCLUSION CRITERIA

Patients above the age of 50

Patients below the age of 20

Patients with any other medical or psychiatric comorbidity

Illiterates

TOOLS USED

1. The Childhood Trauma Questionnaire (CTQ) (Bernstein, Ahluvalia, Pogge & Handelsman 1997).

2. Beck's Depression Inventory [BDI]

DESCRIPTION OF THE TOOLS

The Childhood Trauma Questionnaire (CTQ) (Bernstein, Ahluvalia, Pogge and Hadelsman, 1997) - this questionnaire is a self-report inventory that consists of 28- items. The questionnaire assesses three domains of childhood abuse (sexual, physical, and emotional) and two domains of childhood neglect (physical and emotional). Cut-off scores for each category have shown excellent sensitivity and specificity incorrectly classifying cases of abuse and neglect in psychiatric patients. (Bernsteinet al., 1997; Bernstein & Fink, 1998; Bernstein et al.1994; Bernstein et al., 2003). This questionnaire applies to the early childhood trauma that has occurred at or before 12 years of. The score that is above the cut-off point indicates the severity of each type of abuse. This study has employed five data points that were derived from the sub-scales of CTQ- Physical abuse, sexual abuse, emotional abuse, physical neglect, and emotional neglect. This was the following manner in which the five data points were derived. On each subscale, a score of less than 10 was considered as the absence of abuse and 10 or higher was considered as the presence of abuse. In addition to this, a variable was created that considered the presence of one or more types of abuse as positive for abuse and no abuse for any kind as absent. The Cronbach's alpha 39 for the five subscales for this sample are 0.83 (physical abuse), 0.96 (sexual abuse), 0.84 (emotional abuse), 0.70 (physical neglect) and 0.88 (emotional neglect).

The Beck's Depression Inventory [BDI] The Beck's Depression Inventory (Beck, et al., 1961) is a 21item, self-administered, self-report scale. This scale helps to measure the depression levels of an individual. The completion time for each individual is 10 minutes. Internal consistency for BDI is in the range of 0.73 to 0.92 and the mean is 0.86. This

exemplifies high internal consistency with 0.86 alpha coefficients for psychiatric populations and 0.81 for non-psychiatric populations.Split-half/Cronbach's Alpha- The split-half reliability coefficient of this scale is 0.93. Correlations with clinical ratings of depression using the BDI scale range from 0.62 to 0.66.

PROCEDURE: Total number of participants was 100. The consent form was issued online. Demographic details were collected in the same manner. Then CTQ was administered along with Beck's depression inventory.

METHOD

The pandemic and the superimposed restrictions on mankind have led to unraveling of new avenues and vistas of standardized research methods. One among them being online data collection. This research also followed a similar path due to the above-mentioned reasons. The questionnaires were typed out with precision and converted into e- questions without losing the essence of the original one. Then it was circulated across various social media platforms like Whatsapp, FaceBook, Email Google groups, Telegram groups, and Instagram manifesting itself as Google forms.

DATA ANALYSIS:

Before the statistical dissection happened, the data was collated and then segregated based on different types of abuse, neglect, and depression scores. The difference in paradigms for research is based on what the researcher wants to communicate to the world and how the data behaves. The Scoring bechanced the niceties and resorted to unclogging the underlying statistical nuances and subjected to regress investigation with the help of refined and well-

established measures like standard deviation, Student's t-test, and Pearson product-moment correlation.

RESULTS AND DISCUSSION

The obtained results are conceptualized in the form of tables and charts below, which will be portrayed in the forthcoming pages.

TABLE-1						
MEAN SCORES FOR DIFFERENT AREAS OF CHILDHOOD TRAUMA AND DEPRESSION						
EA	PA	SA	EN	PN	TOTAL CTQ	BDI
8.287	8.222	15.083	10.518	7.185	44.638	14.740

Table-1 represents the mean score across different areas of childhood trauma and the mean score of depression. Concerning the interpretation based on the Childhood Trauma Questionnaire manual, it can be advocated that there is a strong relationship between sexual abuse and depression.

TABLE-2							
STANDARD DEVIATIONS FOR DIFFERENT AREAS OF CHILDHOOD TRAUMA AND DEPRESSION							
EA	PA	SA	EN	PN	MD	TOTAL CTQ	BDI
4.131	4.127	4.632	4.693	2.576	0.980	13.991	9.703

Table-2 represents the Standard deviations score for all the different types of childhood trauma. From the above scores it can infer that data is clustered primarily around the mean. It indicates less dispersion from the mean; the scatter plot below also conveys the same. The relationship between mean and standard deviation is also well -established.

TYPES OF CHILDHOOD TRAUMA AND DEPRESSION
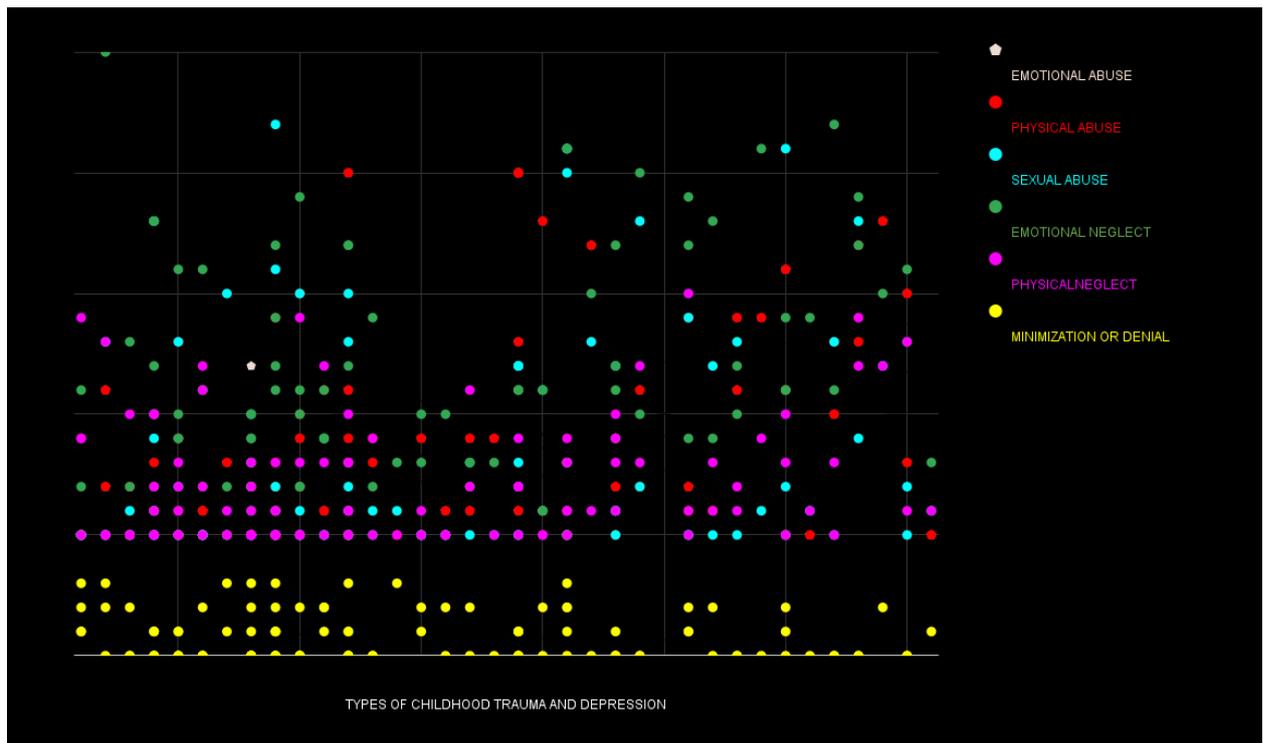
TABLE-3 STUDENT'S T-TEST (TWO TAIL)											
T-TEST SCORES FOR DIFFERENT AREAS OF CHILDHOOD TRAUMA AND DEPRESSION											
EA	DEP	PA	DEP	SA	DEP	EN	DEP	PN	DEP	MD	DEP

0.00120	0.00845	2.73	0.0032	0	0

The above table is a representation of the T-test conducted between the types of childhood trauma and the score obtained on Beck's depression inventory for depression. The t-test scores of Emotional maturity and the subject's score on depression. It can be noticed that the score of 0.00120 is below the critical value, indicating that the scores are not significant. This implies that the hypothesis "there is no significant relationship between childhood emotional abuse and depression among adults aged 20-50 years" is accepted. Hence we can infer that emotional abuse at a younger age has no significant relationship with depression.

The score of the T-test between physical abuse and depression is 0.00845 which is below the critical value. This implies that the hypothesis "there is no significant relationship between childhood physical abuse and depression among adults aged 20-50 years" is accepted. Hence we can infer that physical abuse at a younger age has no significant relationship with depression.

The score for the T-test between sexual abuse and depression is 2.73 which is significant at 0.995 level indicating that the null hypothesis "there is no significant relationship between childhood sexual abuse and depression among adults aged 20-50 years". is rejected. Hence we infer that sexual abuse at a young age has a significant relationship with depression.

The score of the T-test between emotional neglect and depression is 0.0032 which is below the critical value. This implies that the hypothesis "there is no significant relationship between childhood emotional neglect and depression among adults aged 20-50 years" is accepted. Hence we can infer that emotional neglect at a younger age has no significant relationship with depression.

The score of the T-test between physical neglect and depression is 0 which is below the critical value. This implies that the hypothesis "there is no significant relationship between childhood physical abuse and depression among adults aged 20-50 years" is accepted. Hence we can infer that physical neglect at a younger age has no significant relationship with depression.

TABLE-4 PEARSON PRODUCT MOMENT CORRELATION

CORRELATION COEFFICIENTS FOR DIFFERENT AREAS OF CHILDHOOD TRAUMA DEPRESSION

EA	DEP	PA	DEP	SA	DEP	EN	DEP	PN	DEP	MD	DEP
0.39		0.41		0.85		0.32		0.18		-0.44	
LOW POSITIVE CORRELATION		LOW POSITIVE CORRELATION		HIGH POSITIVE CORRELATION		LOW POSITIVE CORRELATION		NEGLIGIBLE CORRELATION		NEGATIVE CORRELATION	

The above table represents the correlation coefficients for different areas of childhood trauma and depression. The correlation coefficients between Emotional Abuse (EA) and depression, Physical abuse (PA) depression, Emotional neglect (EN) and depression are 0.39. 0.41, 0.32 respectively indicating a low positive correlation. For sexual abuse and depression the correlation coefficient is 0.85 indicating a high positive correlation. For Physical abuse and depression, the score is 0.18 indicating a negligible correlation. There is a negative correlation between minimization or denial and depression has a negative correlation.

TABLE-5											
'T' VALUES FOR EACH TYPE OF ABUSE MALE AND FEMALE											
EA M	EA F	PA M	PA F	SA M	SAF	EN M	EN F	PN M	PN F	BDI M	BDI F
0.046		0.053		0.00037		0.004		0.004		0.019	

The above table represents the t-test score for different areas of childhood trauma and depression for males and females. The t-value in all the areas are below the critical scores hence we fail to reject the null hypothesis "There is no significant relationship between childhood trauma and depression among male and female adults aged 20-50 years" indicating that this hypothesis is accepted.

SUMMARY AND CONCLUSIONS

The main aim of this research was to study the relationship between types of childhood trauma and depression among adults aged 20-50 years. The design was cross-sectional and the sampling was purposive. Mean, Standard Deviation (SD), student's t-test two tail, and Pearson product moment correlation were used. The t-value in all the areas are below the critical scores hence we fail to reject the null hypothesis "There is no significant relationship between childhood trauma and depression among male and female adults aged 20-50 years" indicating that this hypothesis is accepted. All analyses pointed towards a strong relationship between sexual abuse and clinical significant depression. It has to be noted that these indices should not be taken at face value as the others only show low positive correlations but this can also be a red flag showing the impact could be still brewing in the minds.

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