Childhood maltreatment is a global problem associated with lifelong psychological issues (Norman et al., 2012). Childhood trauma [CT] is defined as all forms of physical, emotional, sexual, or neglect that results in harm to a child's health. CT includes abuse or neglect; neglect being unable to provide aspects of the child's well-being, whereas abuse is persistent violent treatment (Norman et al., 2012).

Negative outcomes associated with CT include lifelong patterns of internalizing self-harm and externalizing aggression behavior. Self-harm behavior is associated with historic reports of emotional abuse and neglect (Brown et al., 2018). Reports of childhood physical abuse are linked with later physical and verbal aggressive behavior (Keene and Epps, 2016).

Some researchers have suggested that higher resilience results from childhood adversity (Schaefer et al., 2018). However, this seems to be a minority view. Most studies find a negative relationship between the variables. The current study explored these subtypes of CT in college students from 2016-2018 in relation to aggression, self-harm, and resilience.

Hypotheses:

- a) Reports of childhood physical abuse would predict high levels of current aggression.
- b) Individuals who report self harm would have higher mean emotional abuse scores than those who do not self harm.
- c) Individuals who report self harm would have higher mean emotional neglect scores
- d) A higher total Childhood Trauma Questionnaire score would predict poor resilience.

Methods:

A sample of 336 undergraduate students at a primarily undergraduate private institution completed this study in a supervised lab setting using an online survey tool called "Qualtrics." Subjects completed the Childhood Trauma Questionnaire (CTQ) which has five subscales; Emotional Abuse (EA), Emotional Neglect (EN), Physical Abuse (PA), Physical Neglect (PN), and Sexual Abuse (SA). They also completed The Brief Resilience Scale, self-harm survey items, and The Buss-Perry Aggression Questionnaire (BPAQ).

Results:

All of the hypotheses were supported. Physical abuse was positively correlated with aggression scores (r(336) = .33, p<.01). Emotional abuse scores were higher for individuals who reported self-harm (M= 11.71, SD= 5.62) than for those who did not (M= 7.27, SD= 3.52); t(334) = 8.53, p=.01.

Similarly, emotional neglect scores were higher for individuals who reported self harm (M= 7.56, SD= 4.58) than for those who did not (M= 6.02, SD= 2.52); (t(334) = 3.88, p< 01). A high score on CTQ was indicative of a low resilience score (r (336) = -18, p < 01).

Discussion:

The results demonstrate a significant positive relationship between physical and emotional abuse and aggression. The subjects were divided into quartiles of highest and lowest scores of aggression. The means of the highest and lowest quartiles were compared on emotional and physical abuse. Subjects in the lowest quartile had a mean physical abuse score of 5.64, whereas the highest quartile of aggression had a mean physical abuse score of 8.09; (t(165)=-4.32, p<.01). Similarly, subjects in the lowest quartile of aggression had a mean emotional abuse score of 6.53 while subjects in the highest quartile had a mean emotional abuse score of 10.96;

(t(165) = -6.50, p < .01). A surprising finding was that emotional abuse was more predictive of aggression than physical abuse (r(336) = .36, p < .01) (versus .33).

Results revealed that subjects who reported current self harm behaviors had reports of greater childhood emotional abuse or neglect, sexual abuse, and/or physical abuse. Emotional abuse and/or neglect was more predictive of self-harm behaviors than physical and/or sexual abuse. Sexual abuse was strongly associated with current self-harm behavior, with those reporting self harm having a higher mean sexual abuse score (M = 7.15, SD = 4.94) than those who did not (M = 5.50, SD = 2.12); (t(334) = 4.28, p< .01).

The results showed a significant negative relationship between reported CT and resilience. Reports of childhood abuse were only weakly predictive of lower resilience which leaves open the possibility that for certain subgroups, the relationship runs the other way. Future research should be done to examine the weak relationship between the CTQ and resilience. Limitations of this study include the nonclinical sample and a restricted age range as well as its correlational nature. The implications of this study suggest that trauma experienced in the early developmental stages can have lifelong negative effects.