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Research Articles

Early Traumatic Experiences and Their Relationship With the Emergence of Depressive Symptoms in Adulthood

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Abstract

The aim of this study was the exploration of early traumatic experiences related to emotional abuse, physical abuse, sexual abuse, emotional and physical neglect, as well as the connection of the dimensions of these early traumatic experiences with the experiencing of depressive symptoms in adulthood. A sample of 331 University students in Tirana, 60 males (N = 60) or 18.1% and 271 females (N = 271) or 81.9% completed the online Beck Inventory for Depression (BDI), and the Childhood Trauma Questionnaire-Short Form (CTQ-SF). The minimum age of the youth participating in the study was 18 years and the maximum age was 32 years, with an average of 20 years (M = 20.07) and the standard deviation (SD = 1.5). Descriptive, correlational and linear regression analysis were used for data processing through the SPSS 22. The study confirmed the connection between early traumatic experiences and the appearance of depressive symptoms in adulthood ($r(329) = .333$, $p < .001$). Among the dimensions of early traumatic experiences, it seems that a stronger connection with the occurrence of depressive symptoms relates to the size of emotional trauma. The size of child sexual trauma is connected to feelings of punishment and suicidal thoughts in adulthood. Early traumatic experiences seem to have a significant impact on how adults express themselves and choose to interact with their environment. Coping with problems of mental health and depression today can be closely related to the early traumatic experiences of juveniles and adults.

Keywords: early traumatic experience, depressive symptoms, adulthood

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The relationship between early trauma and depression is often seen as central to the emergence of mental health issues (Fuchshuber, Hiebler-Ragger, Kresse, Kapfhammer & Unterrainer, 2018). It is considered as a link between an external event and its consequences on the new psychic reality of the person. Cooper (1986, as cited in Tyrka, Wyche, Kelly, Price, & Carpenter, 2009) argues that trauma is considered a major occurrence that breaks the sense of security of the person's safety, and his/her untouchable physical integrity which leads to the evocation of high anxiety, and severe hopelessness which persists in the person. Part of the earliest traumatic experiences will also be considered abuses in the childhood. Typical forms of abuse include physical, sexual, psychological abuse and neglect (Hovens et al., 2010). Negligence is thought to cause psychological issues (Briere & Elliott, 2003). Abuse refers to some forms of aggressive behavior (such as physical, sexual and psychological) directed at the child (Connor, Doerfler, Volungis, Steingard, & Melloni, 2003). The long-term

consequences of neglect and abuse are closely related to the development of Posttraumatic stress and Stress in these individuals even in adulthood (Daigre et al., 2015). According to Briere (2015), early trauma will significantly influence the context of an adult person. Early trauma will be disrupted by the inability of the person to discriminate against adaptive current environmental stimuli that revoke memories and experiences that are similar to the traumatic stimuli experienced as a child (Briere, Dietrich, & Semple, 2016). Early trauma is thought to have a global impact on the person's psychic pattern and is the main cause of cognitive, behavioral, emotional and somatic emotional problems (Fuchshuber et al., 2018; Granieri, Guglielmucci, Costanzo, Caretti, & Schimmenti, 2018; Klein et al., 2013; Montag, Widenhorn-Müller, Panksepp, & Kiefer, 2017).

It appears that the trauma causes phenotypic changes in the neurological structure (Garrett et al., 2012; Tottenham, 2014). In the individuals who have experienced traumatic events as children, in those who have been raised in orphanages or who have been raised by depressive parents, there has been an increase in the volume of the prefrontal cortex and amygdala (Carrion, Haas, Garrett, Song, & Reiss, 2010; Chugani et al., 2001; Polanczyk et al., 2009).

Depressive symptoms as referred to DSM-V (American Psychiatric Association, 2013) relate to losing interest and satisfaction in everyday activities, lack of appetite, insomnia, motor retardation or agitation, lack of self-confidence, feelings of guilt, loss of interest in sexual intercourse, ideas, thoughts, and attempts of suicide.

Sexual abuses in children are commonly associated with depression (Briere, Dietrich, & Semple, 2016; Sledjeski, Speisman, & Dierker, 2008). Other studies carried out on persons who were physically, sexually and emotionally abused by the primary caretaker had a significant association with depressive symptoms (Dias, Sales, Hessen, & Kleber, 2015; Wiersma et al., 2009; Wright, Crawford, & Del Castillo, 2009) and mental health issues.

Early traumas seem to have a major impact on emotional regulation (Khan et al., 2015) in a variety of mental health disorders such as major depression (Bifulco, Moran, Baines, Bunn, & Stanford, 2002), borderline personality disorder (Carvalho Fernando et al., 2014). It was observed that in depressive patients there was a significant relation between depression and the form of trauma related to emotional abuse and neglect (Carvalho Fernando et al., 2014; Etain et al., 2010; Martins, Von Werne Baes, Tofoli, & Juruena, 2014; Widom, 1999). The type and severity of trauma symptoms had a significant association with the severity of the symptoms of major depression and suicide attempts (Dube et al., 2001; Nelson, Klumparendt, Doebler, & Ehring 2017). According to various studies (Fuchshuber et al., 2018; Klein et al., 2013), traumatic experiences during childhood are associated with a higher risk for depressive disorders, more severe symptoms, a higher degree of comorbidity and poorer response to therapy (Klein, Roniger, Schweiger, Späth, & Brodbeck, 2015). There is a relationship between childhood trauma and general severity of depressive and general symptoms, onset of depression and appearance of personality disorders and somatic diagnoses (Granieri et al., 2018; Schimmenti, 2018; Scott, McLaughlin, Smith, & Ellis, 2012).

Method

The aim of the study was the exploration of early traumas and their influence in adulthood. Research hypotheses include the examination of: (1) The positive relationship between early traumas and depressive symptoms in adulthood; (2) The positive relationship between the presence of an emotional trauma and de-

pressive symptoms in adulthood; (3) The positive relationship between physical punishment and punishing feelings in adulthood; (4) The positive relationship between sexual abuse/childhood traumas and suicidal thoughts in adulthood.

Sample

The selection of the sample was made by convenient sampling by sending online questionnaires in order to be completed by any student who wanted and who met the age criteria required. Approximately 331 Bachelor students attending the University of Tirana participated. The data were collected between April and June 2018. Participants received a copy of the initially informed approval and were then asked to complete the inventories of the study. The completion time was 15 minutes and at the end of the questionnaire students had the opportunity to submit an online feedback.

The participants were 331 students of the Faculty of Social Sciences of whom 60 males (18.1%) and 271 females (81.9%). Gender was a significant factor in the study; there was a domination of girls who took part in the study, likely because of the "well-known" thought that women are more prone to depression than men (Büchtemann, Luppa, Bramesfeld, & Riedel-Heller, 2012).

The age of participants in the present study varied from the minimum of 18 years old to the maximum of 32 years old. The mean age was approximately 20 years (M = 20.07, SD = 1.5) The majority of participants were 19 years old (n = 95, 28.7%) and 20 years old (n = 92, 27.8%) (see Table 1).

Table 1

Frequencies and Percentages for the Age Variable

Age	Frequency	Percentage
18	33	10.0
19	95	28.7
20	92	27.8
21	79	23.9
22	21	6.3
23	4	1.2
25	3	0.9
26	1	0.3
28	1	0.3
30	1	0.3
32	1	0.3
TOTAL	331	100.0

Measures

The Childhood Trauma Questionnaire (CTQ) (Bernstein et al., 2003; Wingenfeld et al., 2010). CTQ is a self-report instrument with 28 statements aimed at examining traumatic childhood experiences among adolescents and adults. It evaluates the five types of trauma in childhood: *emotional abuse, physical abuse, sexual abuse, emotional neglect and physical neglect*. Answers are sorted, according to a Likert scale from 1(never) to 5 (very often). Scores range from 5 to 25 for each type of abuse. Cronbach Alpha for the total scale was .91.

The Beck Depression Inventory (BDI) (Beck, Steer, & Garbin, 1988; Hautzinger, Keller, & Kühner, 2006) is a self-report scale with 21 statements aimed at measuring symptoms of depression: 1) sadness, 2) pessimism, 3) past failures, 4) dissatisfaction, 5) feelings of guilt, 6) feelings of punishment, 7) dissatisfaction with oneself, 8) critical of (9) suicidal thoughts or desires, 10) crying, 11) disturbance, 12) lack of interest, 13) indecision, 14) withdrawn, 15) lack of energy, 16) nervousness, 17) concentration, 18) fatigue or exhaustion, 19) interest in sex, 20) sleeping habits, 21) lack of appetite. Its scoring ranges from 0 to 3 degrees. Internal stability calculated with the Cronbach's Alpha coefficient was .86.

Data Analysis

The data were analyzed through the statistical program SPSS 22. A series of correlation analyses (Pearson's r) were conducted to test the relation between trauma and the symptoms of depression. The linear regression was used to explore the relationship between specific trauma dimensions and depressive symptoms.

Results

The following results revealed that the average reports of traumas were at a moderate level in the sample (M = 53.96, SD = 6.05). Relative to the presence of depressive symptoms, they were on an average level (M = 31.95, SD = 9.59) (see Table 2).

Table 2

Descriptive Statistics for Childhood Traumas and Adulthood Depression (N = 331)

Descriptive Statistic	Min	Max	*M*	*SD*	Variance
Childhood Trauma	35.00	92.00	53.9698	6.05723	36.690
Adulthood Depression	0.00	47.00	31.9577	9.597225	92.107

Referring to the findings through the descriptive analysis of the dimensions of traumas experienced in childhood, the subscale of emotional neglect (M = 17.17; SD = 257) and the physical trauma subscale (M = 12.41; SD = 1.9) had the highest level (see Table 3). There was an obvious presence of trauma associated with emotional neglect and trauma related to physical abuse compared with the other traumatic dimensions of the sample. The students manifested a fair and moderate level of child-related traumas presence and depressed symptoms in adulthood.

Table 3

Descriptive Statistics for the CTQ Subscales (N = 331)

CTQ Subscale	Min	Max	*M*	*SD*	Variance
Sexual Trauma	3.00	18.00	7.7432	1.89671	3.597
Physical Trauma	5.00	23.00	12.4109	1.90384	3.625
Emotional Trauma	4.00	19.00	9.9607	2.11667	4.480
Emotional Neglect	6.00	25.00	17.1722	2.57799	6.646
Physical Neglect	2.00	10.00	2.6677	1.36786	1.871

Regarding to the degree of depression in adulthood, descriptive analyses show that the highest degree had "self-criticism" (*M* = 0.97, *SD* = 0.84), "sleep changes" (*M* = 0.87, *SD* = 0.89), "difficulties concentrating" (*M* = 0.81, *SD* = 0.9), "crying" (*M* = 0.81, *SD* = 1.05), and "fatigue and exhaustion "(*M* = 0.75, *SD* = 0.81).

The Pearson correlation analysis showed that there was a moderate positive relationship between childhood trauma and depression in adulthood [$r(329) = 0.333$, $p < 0.001$, one tailed), i.e. with increased reporting for childhood trauma experience, depressive symptoms increased in adulthood.

Table 4 shows the coefficients of regression and their significance. The linear regression analysis gave the following regression formula: y = -16.533 + .528 * x. This means that an increase with a unit in the variable X resulted in an increase of .528 units of the Y variable.

Table 4

Regression Coefficients

	Non Standardized Coefficients		Standardized Coefficients		
Regression Model	***B***	***SE***	**Beta**	***t***	***p***
Constant	-16.533	4.473		-3.696	.000
CTQ Scale	0.528	0.082	.333	6.409	.000

Note. Dependent Variable: Scale BDI

From the examination of the relationship between childhood trauma and depression symptoms reported in adulthood, they tended to correlate positively (see Table 5). A simple regression analysis tested this relationship. The calculated regression equation was: Childhood Trauma = -16,533 + .528 * Depression in Adulthood with R^2 adjusted 10.8%; it was statistically significant ($p < .001$, $F = 41.081$). The standard error was 9.06266. There was a linear positive relationship and with increased traumas reported in childhood the symptoms of depression experienced in adulthood would increase by approximately .528 units. So, there was a positive relationship between childhood trauma and depression in adulthood.

Table 5

Correlational Analysis Between Subscales of CTQ and BDI

CTQ Subscale	**Sadness**	**Pessimism**	**Feelings of Guilt**	**Feelings of Punishment**	**Self-Critims**	**Thoughts or desires for suicide**
Sexual Trauma	.095	.015	.098	.158**	.053	.219**
Physical Trauma	-.098	-.025	-.056	-.004	.037	-.045
Emotional Trauma	.336**	.320**	.220**	.292**	.173**	.249**

Note. **$p < .01$.

The correlational analysis between the CTQ and BDI shows that there was a significant statistical correlation, albeit low-level, between some traumatic childhood trauma subscales and depression in adulthood (see Table 5). There was a moderate positive correlation between emotional trauma and sadness ($r(329) = .336$, $p < .001$), between emotional trauma and pessimism ($r(329) = .320$, $p < .001$) and a low but statistically significant correlation between emotional trauma and punishment ($r(329) = .292$, $p < .001$), between emotional trauma and suicidal thoughts and suicidal desires ($r(329) = .249$, $p < .001$), between emotional trauma and feelings of guilt

($r(329) = .220$, $p < .001$), and between emotional trauma and self-criticisms ($r(329) = .173$, $p = .002$). Therefore, emotional traumas in childhood were related to more depression symptoms in adulthood.

From the correlational analysis, it was found that there was a positive, albeit low but statistically significant relationship between sexual trauma and feelings of punishment ($r(329) = .158$, $p = .004$), and between sexual trauma and suicidal thoughts and suicidal desires ($r(329) = .219$, $p < .001$). Consequently, childhood traumas were related to feelings of punishment and suicidal thoughts in adulthood.

Discussion

The study highlighted the presence of a moderately positive relationship between childhood trauma and depression symptoms in adulthood. Through the linear regression analysis, it was concluded that there was a positive relationship and that with the increase of reported traumas in childhood, the symptoms of depression experienced in adulthood would increase, too. The presence of childhood traumas had the tendency in different people to be associated to an increased risk of depression in adulthood as confirmed in several interdisciplinary and longitudinal studies (Khan et al, 2015; Klein et al., 2013; Nelson et al., 2017). In addition, other authors (Dulin & Passmore 2010; Hovens et al., 2010) argued that childhood traumas could be a major factor in suffering from late-depression issues. Research suggested that multiple sexual traumas in childhood increased the chances of being affected by chronic depression (Negele, Kaufhold, Kallenbach, & Leuzinger-Bohleber, 2015). Research also found that childhood traumas related positively to the current symptoms of depression and anxiety (Huh, Kim, Lee, & Chae, 2017).

The other finding is related to emotional trauma in childhood, which may lead the person to experience more depressive symptoms in adulthood. So, there was a moderate positive correlation between emotional trauma on one hand and sadness and pessimism on the other hand, and a low, but statistically significant correlation between emotional trauma and punishment, suicidal thoughts and suicidal desires, feelings of guilt and self-criticisms. Similarly, our results have been confirmed in relation to the impact of childhood trauma in emotional regulation in borderline personality disorders and major depression, with highest scores in emotional abuse and emotional neglect in depressed patients (Etain et al., 2010; Khan et al., 2015; Taft, Vogt, & Mechanic, 2007). In the studies of Dube et al. (2001) and Widom (1999), patients with major depression reported a high presence of emotional abuse, emotional neglect and physical abuse during childhood, whereas in other studies there was found a relationship between emotional abuse in childhood and major depression, posttraumatic stress disorder and social phobia (Dias et al., 2015; Martins et al., 2014; Wright et al., 2009). These findings coincide with the previous findings by Klein et al. (2013), where it was found that children who experienced multiple abuse or neglect experiences had an increased risk for the development of a later depression.

The last finding of the study was related to childhood traumas that led the person to feelings of punishment and suicidal thoughts in adulthood. Correlation analysis revealed a positive relationship, albeit low but statistically significant between sexual trauma and punishment feelings, and between sexual trauma and suicidal thoughts and suicidal desires. These findings confirm that childhood traumas are related to feelings of punishment and suicidal thoughts in adulthood. The results of previous studies (Schimmenti, 2018; Taft et al., 2007) showed a relation between sexual trauma and depression, sexually abused persons in childhood had an average of twice higher the chance to have depressive episodes in their lives than those not abused. Other studies that exam-

ined the relationship between child sexual abuse and depressive symptoms in adulthood found that there was a link between these two variables (Scott et al., 2012). According to Nelson et al. (2017), individuals with a history of child abuse, particularly sexual abuse, have more chances of becoming regular mental health care users and users of emergency services, especially regarding depression and anxiety (Briere & Elliott, 2003; Klein et al., 2013).

There is a positive relationship between childhood trauma and depression symptoms in adulthood. So, with the increase of reporting trauma experiences in childhood, depressive symptoms increase in adulthood. Emotional traumas in childhood relate to experiencing more depression symptoms in adulthood. Childhood sexual traumas are associated with feelings of punishment and suicidal thoughts (dimensions of depression symptoms) in adulthood.

Conclusions

In the line with various studies conducted in the field, showing a relation between childhood trauma and depression symptoms in adulthood, our study showed that with the increase of reporting trauma experiences in childhood, depressive symptoms increased in adulthood. Emotional traumas in childhood relate to experiencing more depression symptoms in adulthood with feelings of punishment and suicidal thoughts, thus distressing the life of a young adult and impacting his/her overall social being. Such an impact requests a well-defined preventive plan both in the level of accurate identification and on measures to be taken for each step.

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Competing Interests

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