

# Depression, Anxiety, Stress and Self-esteem among Victims of childhood trauma: A cross-sectional study

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**Abstract:** The present study compared a group of 50 young adults who had suffered from childhood trauma during their childhood and 50 young adults who hadn't suffered from childhood trauma during their childhood on self-reports of Self-esteem, Anxiety, Depression and Stress. All participants were tested using a Google Form online survey method. The Depression Anxiety Stress-Scale 21(DASS-21) assessed depression, anxiety and stress, childhood trauma questionnaire was used to know who all had experienced childhood trauma in their childhood and Rosenberg's Self Esteem Scale was used to assessed the self-esteem. The result that revealed that according to the t-test the result came out to be highly significant which represents that there is a huge difference between the level of anxiety, depression, stress and self-esteem seen in childhood trauma abusers in comparison to non-childhood trauma abusers.

**Key words-** Childhood trauma, depression, anxiety, stress and self-esteem.

## Introduction

Childhood trauma can result from physical, verbal or sexual mischief. While child maltreatment is frequently considered to appear as an activity, there are additionally instances of inaction that cause hurt, for example, neglect. Family units in which members experience the ill effects of liquor addiction, substance misuse, or outrage issues exhibit higher events of child maltreatment when contrasted with families without. Physical maltreatment includes non-accidental hurting to a child for instance, beating, or breaking bones. Child sexual maltreatment is the intentional introduction of a minor kid to sex or sexual exercises that the child can't appreciate or agree to. This conduct incorporates acts, for example, improper touches of a child's genitalia, somebody exposing their genitalia to a kid, stroking, oral-genital contact, genital and butt-centric intercourse, just as exhibitionism, voyeurism, and introduction to sex entertainment. Childhood neglect happens when somebody doesn't give the necessities of life to a kid, either purposefully or with foolish dismissal for the child's prosperity. This can incorporate physical disregard, for example, retaining food, garments, cover, or different necessities. Passionate disregard incorporates retaining adoration or solace or friendship. Clinical disregard happens when clinical consideration is retained.

### Anxiety

It is a typical and frequently sound feeling. Be that as it may, when an individual normally feels unbalanced degrees of nervousness, it may turn into a clinical issue. Anxiety disorders structure a class of psychological wellness analyzes that lead to excessive nervousness, fear, apprehension, and worry. These disorders modify how an individual processes feelings and carry on, additionally causing physical indications. Mild anxiety may be obscure and agitating, while extreme tension may genuinely influence everyday living. Anxiety issue influences 40 million individuals in the United States. It is most widely recognized gathering of dysfunctional behaviors in the nation.

### Self-Esteem

It is how we value and perceive ourselves. Psychological studies indicate that low self-esteem in childhood and early adulthood can be a predisposition to addiction in later life. Many addicts use substances such as drugs or alcohol to help ease the negative feelings they have about themselves. But over time this method of escapism develops into an addiction and of course this has detrimental effects on their already depleted self-esteem levels. Low self-esteem tends to work in a vicious cycle with other mental health conditions like depression and anxiety. Someone who already lives with a mental illness may find that low self-esteem develops due to the social stigma surrounding mental illness. Stigma can perpetuate the feeling that they have somehow failed.

### Depression

Sadness, feeling down, and having loss of interest or delight in day by day exercises are natural affections for us all. Be that as it may, on the off chance that they persevere and influence our lives considerably, the

issue might be sadness. It can affect adults, adolescents, and children.

Major life occasions, for instance, mourning or the departure of a vocation, can prompt melancholy. They sharpen the pressure reaction framework with the goal that the individuals who are mishandled gotten excessively receptive to ecological weights. They shape wiring designs in the mind and reset the affect-ability level of the apparatus. In the long run, even little degrees of stress incite an overflowing of pressure hormones, and these hormones thusly act straightforwardly on numerous destinations to deliver the conduct side effects of gloom—the vegetative express, the rest aggravations, the intellectual bluntness, the loss of delight. They push the mind's dread place into overdrive, producing the negative feelings that steer the downturn's seriousness and include a bit of tension.

### **Stress**

Stress is a feeling of emotional or physical tension. It can come from any event or thought that makes you feel frustrated, angry, or nervous. Stress is your body's reaction to a challenge or demand. In short bursts, stress can be positive, such as when it helps you avoid danger or meet a deadline. But when stress lasts for a long time, it may harm your health. When you experience changes or challenges (stressors), your body produces physical and mental responses. Stress responses help your body adjust to new situations. Stress can be positive, keeping us alert, motivated and ready to avoid danger. For example, if you have an important test coming up, a stress response might help your body work harder and stay awake longer. But stress becomes a problem when stressors continue without relief or periods of relaxation. Stress can cause many types of physical and emotional symptoms. Sometimes, you may not realize these symptoms are caused by stress.

Fuchshuber et al. (2018) conducted a research in which there is a significant proof that a traumatic encounter in childhood enlarges the possibility of state of mind pathology and addictive practice in puberty and adulthood. Besides, each types of psychopathology have been linked to inadequacies in character association and a typical essential feeling canter. In this research, they further looked theseconnections by exploring an interceding job of character association misery with respect to the connection between childhood trauma and psychiatric symptoms later in a life. A total population of 500 youthful had been scrutinised. Outcome of this study shows that the impact of childhoodtrauma on addictive behaviours was interceded by structural deficit, though its effect on depressive symptoms was intervened via despair (diminished seeking and expanded sadness). Beside, addictive behaviours appeared to be more grounded represented in males.

Granieri et al. (2018) had shown the positive relationship among the experiencing the traumatic situations, the degrees of separation and the seriousness of mental side effect in adults. This study includes 322 Italian adults. Results show that the quantity of traumatic encounters revealed by subjects was emphatically connected with separation scores and maladaptive characters' scores. Analyses demonstrated that separation went about as a fractional arbiter in the connection between traumatic encounters and overall functioning regression curve analyses confirmed that the constructive relationship between maladaptive personality character working and separation was grounded among subjects with higher exposure to traumatic situations.

## **Method**

### **Objective**

To study the relationship between depression, anxiety, stress and self-esteem among adults with Childhood Trauma.

To compare the two groups on depression, anxiety, stress and self-esteem.

### **Hypotheses**

H1: There will be a significant difference in the level of depression, anxiety, stress and self-esteem among adults when compared to Childhood Trauma with Non Childhood Trauma victims.

H2: There will be a significant relationship between depression, stress, anxiety and self-esteem among Adults who are childhood trauma victims.

### **Research Design**

The study is quantitative, based non-experimental and cross-sectional research design.

### **Sample**

The Sample consisted of a group of 50 young adults who had suffered from childhood trauma during their childhood and 50 young adults who hadn't suffered from childhood trauma.

### **Inclusion criteria:**

- Age range from 18 to 28 years
- Resident of Delhi

**Exclusion criteria:**

- People who currently have any psychiatric and physical illness.

**Tools Used**

**1. Childhood Trauma Questionnaire:** It was developed by David P. Bernstein & Laura Fink, 1997. The self-report was developed as a screening tool for histories of neglect and includes 28-items that measures 5 types of maltreatment – emotional, physical, and sexual abuse, and emotional and physical neglect. Reliability for the CTQ is good with high internal consistency scores. Sexual Abuse, Emotional Neglect, Emotional Abuse, Physical Abuse have reported coefficients of .93-.95, .88-92, .84-.89, and .81-.86, respectively. The test-retest coefficient was close to 0.80.

**2. Rosenberg's Self Esteem Scale:** Developed by Morris Rosenberg (1965) it is a tool for assessing global self-esteem. The Rosenberg Self-Esteem Scale presented high ratings in reliability areas; internal consistency was 0.77 to 0.88. Test-retest reliability for the 2-week interval was calculated at 0.85. The validity was 0.55

**3. DASS 21:** Depression Anxiety Stress-Scale (DASS) was developed by Lovibond and Lovibond in 1993. The reliability of DASS-21 showed that it has excellent Cronbach's alpha values of 0.81, 0.89 and 0.78 for the sub-scales of depressive, anxiety and stress respectively.

**Procedure**

Google forms were made after compiling the questionnaires. The participants were contacted via phone and were briefed about the study and consent was taken, they were also ensured about the confidentiality and that the results will be used only for research purpose.

Links to Google form was shared with the participants and they were asked to notify the researcher once they submit the form. A network of such participants was created for the research. They were then duly thanked for their cooperation and were suggested to get back incase of any doubts.

**Statistical Analysis**

To find out the relationship among the variables Pearson correlation has been applied and to compare the groups independent t-test was used by using SPSS version 20.0.

## Result

The purpose of this study was to correlate depression, stress, anxiety and self-esteem among victims of childhood trauma abuser and find out the difference between the two groups on these variables.

**Table 1:** Descriptive statistics and comparison of childhood trauma abused and non-childhood trauma abuse on the variables-

Variable	Group	Mean	Standard deviation	Std. error of mean	Std. error of difference	T	P value
Depression	Childhood trauma victim	20.66	8.77	1.24	1.351	13.2008	0.0001
	Non victim	2.82	3.79	0.54			
Anxiety	Childhood trauma victim	21.36	11.24	1.59	1.669	9.5877	0.0001
	Non victim	5.36	3.58	0.51			
Stress	Childhood trauma victim	23.68	8.63	1.22	1.351	12.898	0.0001
	Non victim	6.26	4.08	0.58			

Self esteem	Childhood trauma victim	14.10	5.33	0.75	0.861	11.7297	0.0001
	Non victim	24.20	2.93	0.42			

According to the t-test the result came out to be highly significant which represent that there is a huge difference between the level of anxiety, depression, stress and self-esteem seen in childhood trauma victims in comparison to non-victims. The significance of Depression, Anxiety, Stress and Self Esteem came out to be 0.0001, 0.0001, 0.0001, 0.0001 and 0.0001 respectively which indicates that the result came out to be highly significant. For depression, the mean for non-victims came out to be 2.82, whereas for the childhood trauma victims the mean came out to be 20.66, hence it is higher for childhood trauma victims. For anxiety, the mean for non-victims came out to be 5.36, whereas for the childhood trauma victims the mean came out to be 22.36, hence it is higher for childhood trauma victims. For stress, the mean for non-victims came out to be 6.26, whereas for the childhood trauma victims the mean came out to be 23.68, hence it is higher for this group.

For self-esteem, the mean for non-victims came out to be 14.10, whereas for the childhood trauma abusers the mean came out to be 24.20, hence it is higher for childhood trauma victims. For depression, the standard deviation of non-victims came out to be 3.79, whereas for the childhood trauma victims it came out to be 8.77, hence it is slightly higher for them. For anxiety, the standard deviation of non-victims came out to be 3.58, whereas for the childhood trauma victims it came out to be 11.24, hence it is slightly higher in this group.

For stress, the standard deviation of non-victims came out to be 4.08, whereas for the childhood trauma victims it came out to be 8.63, hence it is slightly higher for them. For self-esteem, the standard deviation of non-victims came out to be 2.93, whereas for the childhood trauma victims it came out to be 5.33, hence it is slightly higher for this group. Since the p value is less than .05 it makes the test statistics significant thus our H1 stands true which means there was a significant difference between the two groups.

**Table 2-** Descriptive and correlation between study variables among childhood trauma victims.

Variable	n	M	SD	1	2	3	4
1. Depression	50	20.66	8.773	—			
2. Anxiety	50	21.36	11.245	.756**	—		
3. Stress	50	23.68	8.632	.789**	.689**	—	
4. Self-esteem	50	14.010	5.335	-.289	-.331	-.398**	—

\*  $p < .05$ . \*\*  $p < .01$ .

According to table 2 the Pearson correlation between depression and anxiety,  $r = .756$  (significant at 0.01 level) which means it shows positive correlation i.e if depression increases anxiety will also increase. The Pearson correlation between depression and stress,  $r = .789$ . (Significant at 0.01 level) which indicates positive correlation i.e if depression increases stress will also increase. The value of correlation between depression and self-esteem,  $r = -.289$  (significant at 0.05 level) which means it shows negative correlation i.e if depression increases self-esteem will decrease. The correlation between stress and anxiety came out to be  $r = .689$  (significant at 0.01 level) which means it shows positive correlation i.e if stress increases anxiety will also increase. The Pearson correlation between anxiety and self-esteem,  $r = -.331$  (significant at 0.05 level) which means it shows negative correlation i.e if anxiety increases self-esteem will decrease. The Pearson correlation between stress and self-esteem,  $r = -.398$  (significant at 0.01 level) therefore H2 which state significant correlation between the variables has been supported.

## Discussion

The primary aim of this research was to study about the mental health (anxiety, depression and stress) and self-esteem among people who have been subjected to trauma (physical, emotional, sexual) during their childhood. The results have shown that the victims of childhood abuse showed significantly lower level of mental health (anxiety, depression and stress) then the ones who have not had any such experience. According to the results the victims of childhood trauma reported higher anxiety as compare to the ones who have not had any experience the reason for this result to could be the victim of the abuse have developed the tendency to always be on the look out for signs of possible further abuse.

This result is in line with the study done by Nyarko, et. al (2014) explore the effect of kid maltreatment on youngster's mental wellbeing. 109 children were purposively examined to participate in the investigation. The example comprised of the two male and females from various financial foundations, whose ages were from 9 to 18 years. The examination configuration utilized was an overview, and the autonomous examples t-test was utilized to break down the information. A portion of the members have narratives of oppressive treatment while others were with no such history. Among the individuals who had endured damaging

treatment, 36 endured physical maltreatment and 21 endured mental maltreatment. Normalized measures were utilized to rate every member's degree of sadness and uneasiness.

Similarly, research study done by Wu et. al in 2018 on child maltreatment and adult depressive symptoms also investigates and suggests that abuse could be physical, emotional or sexual ranging from physical neglect and emotional neglect as well that shows positive relationships with the depressive symptoms in adults.

Similarly, one of the study which was conducted Hamilton et al. in 2013 on emotional maltreatment, peer victimization, and depressive versus anxiety symptoms during adolescence also investigate that psychological mistreatment was a vague indicator of increments in both anxiety side effects and side effects of social, physical, and absolute tension, though socially situated companion exploitation anticipated burdensome manifestations explicitly.

It has been seen from study conducted by Nelson, et. al(2017) that child abuse and neglect from parents or love one's has been associated with some certain part of the brain failing to function do his responsibility and grow accurately, Since the results of present research are in congruence with the previous studies that have been done on this topic and related variables, we can say that the more the childhood trauma an individual goes through the more there are chances of development of pathology of anxiety, depression, stress and lower self-esteem during their adulthood.

## Conclusion

To conclude the findings, we can say that the relationship that has been shown through this research has been consistent through several other studies thus telling us that there is requirement of change in the society and in terms of awareness in the society for the same to bring about a healthy change. The stigma around child abuse is slowly fading; people are now comparatively more open about their experience than before. People who had suffered from child abuse find it difficult to trust someone and face relationship difficulties. Physical exploitation is just one category of child maltreatment there are different kind of child trauma for instance, child abandon, emotionally misuse and sexually can cause same impairment and since they are not always that obvious, so it's become little difficult to intervene.

### Limitations

The present study has limitations like small sample size, limited amount of time to conduct the study and lack of geographical diversity along with using online method to collect data.

### Future Implications

This research study can be used to provide psycho education to the young adults who have been victim of childhood trauma and similarly there could be certain government oriented interventions that could be introduced in order to rescue the children who could be potential victims of such traumas in life. This can also help orienting, expiring mental health professionals to the possible inorganic causes to such psychological issues.

## References

- Bernstein, D., & Fink, L. (1997). *Childhood Trauma Questionnaire: A retrospective self-report*. San Antonio, TX: The Psychological Corporation.
- Granieri, A., Guglielmucci, F., Costanzo, A., Caretti, V., & Schimmenti, A. (2018). Trauma-related dissociation is linked with maladaptive personality functioning. *Frontiers in psychiatry*, 9, 206.
- Hamilton, J. L., Shapero, B. G., Stange, J. P., Hamlat, E. J., Abramson, L. Y., & Alloy, L. B. (2013). Emotional maltreatment, peer victimization, and depressive versus anxiety symptoms during adolescence: Hopelessness as a mediator. *Journal of Clinical Child & Adolescent Psychology*, 42(3), 332-347.
- Lovibond, S. H. & Lovibond, P. F. (1993). *Manual for the Depression Anxiety Stress Scales (DASS)*. Psychology Foundation Monograph. (Available from The Psychology Foundation, Room 1005 Mathews Building, University of New South Wales, NSW 2052, Australia).
- Nelson, J., Klumparendt, A., Doebler, P., & Ehring, T. (2017). Childhood maltreatment and characteristics of adult depression: meta-analysis. *The British Journal of Psychiatry*, 210(2), 96-104.
- Nyarko, K., Amissah, C. M., Addai, P., & Dedzo, B. Q. (2014). The effect of child abuse on children's psychological health.
- Wu, Q., Chi, P., Lin, X., & Du, H. (2018). Child maltreatment and adult depressive symptoms: Roles of self-compassion and gratitude. *Child abuse & neglect*, 80, 62-69.