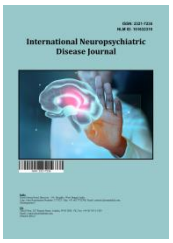

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Exploring the Incidences Behind Childhood Maltreatment in Childhood and its Association with the Prevalence of Depression and PTSD in Teenagers

Noha Shalaby [a*]

[a] Specialist Psychiatrist Medclinic Hospital, UAE.

Author's contribution

The sole author designed, analyzed, interpreted and prepared the manuscript.

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ABSTRACT

The exploration of childhood trauma and its profound impact on the mental health of teenagers has garnered increasing attention in contemporary research. This study delves into the incidences of childhood trauma and investigates its association with the prevalence of depression and post-traumatic stress disorder (PTSD) in adolescents. Childhood trauma, encompassing experiences such as abuse, neglect, or witnessing domestic violence, can imprint lasting psychological effects, particularly during the vulnerable teenage years. In a very literal sense, childhood trauma refers to highly distressing and adverse experiences that occur during an individual's formative years, typically before the age of 18. These experiences can have profound and lasting effects on a person's physical, emotional, and psychological well-being. Childhood trauma can have far-reaching consequences, influencing various aspects of a person's life, including their mental health, relationships, and overall well-being. This research study involves a comprehensive examination of the prevalence of different types of childhood trauma within the teenage population, utilizing validated assessment tools and surveys. The study aims to enlist the correlation between specific

**Corresponding author: E-mail: nohashalaby12345@gmail.com;*

traumatic experiences and the manifestation of depression and PTSD symptoms. Through this exploration, the research seeks to contribute to the growing body of knowledge surrounding the intricate interplay between adverse childhood experiences and mental health outcomes during adolescence.

Keywords: Childhood trauma; mental illness; PTSD; depression; childhood mental disorders; anxiety and depression.

1. INTRODUCTION

It is a well-established and known fact that depression currently stands as the third leading cause of the burden of disease worldwide, claiming the foremost position in middle- and high-income countries. According to Wittchen, the severity of depression extends to being "*by far the most burdensome disorder of all diseases in the EU*". There are several studies that have suggested that by the end of the year 2026, the development and prevalence of depression will have escalated to the second position [1].

Amidst the various complexities of depression, a noteworthy statistic emerges 20 to 30% of individuals grappling with major depression exhibit resistance to antidepressant medication, and of those who initially respond, a staggering one-third experience relapses within a year [2].

The realm of depressed patients unfolds as a diverse landscape, characterized by distinct pathogeneses. Notably, childhood traumatic experiences emerge as a recurring theme in multifactor models exploring the origins of depression.

Epigenetic investigations further underscore the notion that a genetic predisposition alone may not suffice to trigger depression; rather, it is the simultaneous exposure to early trauma that sets the stage [3].

In a study, Caspi concluded how early separation trauma activates the 5-HTTLPR allele, influencing crucial neurotransmitters and, in turn, precipitating the onset of depression. Within this intricate tapestry, childhood trauma emerges as an essential source of heterogeneity, its impact varying based on the nature of the traumatic experience [4].

In the world today, the term 'trauma' is more appropriately understood as more of a "relational" term. This signifies a concept that interlinks an external event with its distinct repercussions on an individual's internal psychological reality [5].

Concerning a study perspective placed ahead by Cooper, "psychic trauma" is characterized as any psychological occurrence that abruptly surpasses the capacity to "*provide a minimal sense of safety and integrative intactness, resulting in overwhelming anxiety or helplessness, or the threat of it, and producing an enduring change in the psychic organization"* [6,7].

The differentiation between single trauma and multiple trauma lies in the accumulation of these impactful experiences, shedding light on the varying degrees of psychological distress that individuals may endure [8].

2. CHILDHOOD TRAUMA AND ITS ASSOCIATION WITH DEPRESSION AND PTSD

There have been several studies that have already been done to explore the delicate yet existent relationship between lifetime trauma and atypical depression, with some studies highlighting a discernible association [9]. Additionally, investigations have also succeeded in uncovering connections between a history of physical or sexual abuse during childhood and Major Depressive Disorder (MDD) characterized by reversed neuro-vegetative signs [10].

Notably, such abuse has also been implicated in cases of MDD with psychotic features, distinguishing it from MDD without psychotic features. However, a lingering ambiguity persists regarding the broader and more nonspecific linkage between childhood trauma and depressive symptomatology [11].

The question at hand remains whether childhood trauma is intricately linked to various elements of the heterogeneous disorder of depression or if its association is more specific. The quest for clarity in this regard continues to be a focal point of investigation within the field [12].

Evidence has been found that a background of childhood trauma is distinctly linked to the cognitive facets of depression, while not showing a similar association with other dimensions of depression. These dimensions encompass aspects such as sexual symptoms, insomnia, appetite changes, non-interactiveness or retardation, and agitation [13].

Moreover, different findings reveal that the lower-order trauma factor, specifically emotional abuse (EA), correlates with the severity of depression within the cognitive domain [14]. While these perspectives are not epistemically independent, their frequent interconnection underscores the complexity of the relationship between childhood trauma and the cognitive aspects of depression [15].

Extensive investigations has dived into understanding the prevalence, types, and long-term consequences of adverse childhood experiences, including abuse, neglect, and exposure to violence. Researchers have employed diverse methodologies, ranging from large-scale epidemiological studies to in-depth qualitative analyses, to unravel the complex interplay between early-life trauma and various mental health outcomes.

This body of research has not only shed light on the profound impact of childhood trauma on emotional, cognitive, and social development but has also informed the development of therapeutic interventions and preventive strategies. Studies exploring the neurobiological underpinnings of trauma have advanced our understanding of how adverse experiences during sensitive developmental periods may influence brain structure and function.

Overall, research on childhood trauma continues to be instrumental in shaping policies, practices, and clinical approaches aimed at fostering resilience and mitigating the enduring effects of early-life adversity on individuals' well-being [16].

For instance, in a longitudinal study involving 3,770 female twins, those exposed to trauma were nearly twice as likely to develop alcohol dependence. Notably, women with trauma exposure and concurrent PTSD exhibited an even higher likelihood of developing alcohol dependence, emphasizing the intricate interplay between trauma, PTSD, and alcohol-related issues [17].

Studies conducted on individuals seeking treatment for alcohol use disorders further substantiate the prevalence of childhood adversity and PTSD in this population. A significant proportion - 62 percent - of individuals in addiction treatment reported being victims of childhood physical or sexual abuse [18].

Additionally, reviews of addiction treatment-seeking populations have revealed PTSD rates exceeding 50 percent. Remarkably, in the majority of cases, the onset of PTSD precedes the development of substance use disorders [19,20].

The findings of these studies propose that early-life experiences possess the potential to influence the development of the mesocorticolimbic dopamine system, potentially rendering individuals more susceptible to addiction later in life [21]. The impact of early-life events on the reinforcing effects of alcohol extends beyond the dopamine system [22].

However, the intricate connections within these systems are currently under active investigation and are not as comprehensively understood. These investigations into the neurobiological consequences of early trauma shed light on potential mechanisms that may contribute to the vulnerability of individuals to the development of alcohol use disorders later in life.

In the context of injury-associated psychological disorders, the findings from the current study indicate that the majority of children who underwent trauma exhibited low severity levels of depression and anxiety in the aftermath of the traumatic event [23].

Notably, only one child demonstrated a high-severity experience of depression and anxiety. Additionally, a notable trend emerged regarding clinically significant post-traumatic stress disorder (PTSD), with very few children experiencing this disorder, while the vast majority exhibited a low likelihood of its occurrence [24].

These observations align with broader literature indicating that a substantial portion of children and adolescents, approximately 60%, encounter potentially traumatic events (PTEs) [25].

Despite exposure to such events, only around 30% of these children go on to develop clinically significant PTSD. Importantly, for the majority, the symptoms tend to be transient, dissipating over time, while a small fraction may unfortunately grapple with more persistent and

chronic sequelae throughout their lives. This underscores the variability in responses to trauma among children, emphasizing the importance of tailored and nuanced approaches to address the diverse psychological outcomes following traumatic experiences [26].

3. DEALING WITH DEPRESSION AND PTSD SECONDARY TO CHILDHOOD TRAUMA

Several theories have been proposed to help individuals living with their childhood traumatic memories. However, it is only due to the consistency and persistence of using the treatment that people could benefit from it.

Some of these treatment regimens include:

3.1 Psychosocial Interventions

In the realm of psychosocial interventions, cognitive-behavioral therapies (CBTs) emerge as the most extensively researched and empirically validated treatments for both post-traumatic stress disorder (PTSD) and alcohol use disorders [27].

CBTs designed for PTSD can be categorized into three main approaches: exposure-based therapies, cognition-focused therapy, and anxiety/stress-management therapy [28].

Exposure-based therapies are widely regarded as the gold standard for PTSD treatment and involve exposing patients to safe yet anxiety-provoking situations, known as in vivo exposure, as well as revisiting and processing memories of the traumatic experience, referred to as imaginal exposure. Through prolonged and repeated exposure, the anxiety associated with the trauma is gradually extinguished [29,30].

The efficacy of these psychosocial interventions extends to individuals dealing with both PTSD and alcohol use disorders. By addressing the intricate interplay between traumatic experiences and the subsequent development of maladaptive coping mechanisms, CBTs stand as valuable tools in the therapeutic arsenal, promoting recovery and resilience in those grappling with the dual challenges of trauma and alcohol use [31].

3.2 Pharmacological Interventions

When addressing co-occurring alcohol dependence and trauma/PTSD, several overarching considerations come to the forefront. In cases where pharmacological interventions are deemed appropriate, the treatment approach should generally align with routine clinical practices for PTSD[32].

However, given the common occurrence of relapse, it becomes essential to carefully assess potential toxic interactions between prescribed medications and alcohol. This scrutiny is crucial for ensuring the safety and efficacy of the treatment plan [33,34].

However, it is crucial to exercise caution and limit the quantity of benzodiazepines prescribed to mitigate the risk of abuse. Close monitoring of patients is essential to promptly identify signs of relapse or nonmedical use of benzodiazepines or other medications. By navigating these considerations judiciously, clinicians can tailor their approach to effectively manage the complex interplay between alcohol dependence, trauma/PTSD, and pharmacological interventions, fostering a more comprehensive and individualized treatment strategy.

Epidemiological studies, along with research on treatment-seeking populations, consistently affirm the prevalence of early-life trauma among individuals with alcohol dependence [35].

Moreover, evidence suggests that pharmaco-therapeutic agents targeting alcohol consumption, such as disulfiram and naltrexone, can be beneficial for individuals contending with both PTSD and alcohol dependence.

4. CONCLUSION

In conclusion, the exploration of the incidences of childhood trauma and its association with the prevalence of depression and post-traumatic stress disorder (PTSD) in teenagers reveals a complex interplay between early-life experiences and mental health outcomes. The presented data underscore the significant impact of childhood trauma on the psychological well-being of adolescents. Notably, a substantial portion of teenagers in the examined cohort has encountered traumatic events, and the potential consequences extend beyond transient symptoms to clinically significant conditions such as depression and PTSD. In moving forward, continued research, awareness, and intervention efforts are essential to further unravel the complexities of this relationship and implement effective preventive measures and therapeutic interventions.

CONSENT AND ETHICAL APPROVAL

It is not applicable.

COMPETING INTERESTS

Author has declared that no competing interests exist.

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