

The relationship of university students' childhood mental trauma with depression, anxiety and stress

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ABSTRACT

Objectives: The aim of this study is to examine the relationships between childhood mental trauma experiences, depression, anxiety and stress concepts.

Methods: The research is a descriptive and relationship-seeking type of study. The study sample consisted of 192 students. Data were collected with the "Personal Information Form, Childhood Mental Trauma Scale and Depression Anxiety Stress Scale Short Form".

Results: The rate of students who stated that they were exposed to any trauma in their childhood is 74%. The majority of students reported physical (28.2%) and emotional abuse (33.1%). Those who were exposed to childhood traumas had high Depression Anxiety Stress Scale anxiety and depression subscale scores, and the difference between them was statistically significant. When the correlations between the scales are examined; There was a positive correlation between Depression Anxiety Stress Scale depression sub-dimension and Childhood Mental Trauma Scale total and physical abuse sub-dimensions, and a positive significant relationship between anxiety sub-dimensions and Childhood Mental Trauma Scale total, physical abuse, emotional abuse, and emotional neglect sub-dimensions.

Conclusions: Childhood traumas are one of the important risk factors especially for depression and anxiety disorders. It can be recommended to take mental health measures to prevent the negative consequences of childhood traumas observed in adulthood, to provide psychosocial support to students and to include practices that will increase psychological resilience.

Keywords: Childhood, mental trauma, depression, anxiety, stress, university students

Childhood traumas are the most difficult to detect and treat; are traumas that usually have long-term effects. Child abuse and neglect, which is examined under childhood traumas, negatively affects the health of the child and leaves permanent traces for life [1]. Childhood psychological traumas in childhood; cause cognitive, emotional, and physical problems. In adulthood, it causes psychopathological conditions such as

stress, anxiety and depression. This situation negatively affects the well-being of individuals [2]. In addition, childhood traumas increase the risk of suicide and sleep problems [3, 4].

With this study, it is thought to reach information about the psychological problems experienced by university students in their young adulthood. When the literature is examined, it has been determined that the

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studies in which all concepts are examined together are limited. In this study, it is aimed to examine the relationships between the concepts of childhood mental trauma, depression, anxiety and stress, which have been the subject of various studies.

METHODS

The research is a descriptive and relationship-seeking type of study. The universe of this research consists of university students who actively continue their education at the associate degree level in the spring semester of the 2021-2022 academic years in the Vocational School of Health Services of a university. While determining the sample of the study, primarily departments (Elderly Care, Physiotherapy, Operating Room Services, Medical Documentation and Secretariat) were determined by random disproportionate cluster sampling. The sample size of the study was calculated as $n = 178$ with 90% confidence interval and $\pm 5\%$ sampling error. The study was completed with 192 students.

Criteria for Inclusion in the Research are the following: (1) Be 18 years or older, (2) Be in a position to understand the study and give informed consent. Also, exclusion criteria include having a hearing or speech impairment that cannot communicate meaningfully, and receiving any psychiatric diagnosis.

Data Collection Tools

Personal Information Form, Childhood Mental Trauma Scale and Depression-Anxiety-Stress Scale Short Form were applied by the researcher.

Personal Information Form

This form consists of 9 questions containing sociodemographic information.

Childhood Trauma Scale (CTQ)

The scale developed by Bernstein *et al.* (1994) to evaluate pre-adulthood trauma experiences with the name "Childhood Traumas Inventory" was adapted into Turkish by Şar *et al.* [12] in 2012, Cronbach alpha value was found to be 0.93. The scale consists of 5 sub-dimensions and 28 items in order to determine experiences in three types of abuse (physical, emotional and sexual) and two types of neglect (physical and

emotional). High scores obtained from the 5- Likert-type scale based on self-evaluation indicate the high level of childhood experiences based on trauma. Sub-scores are between 5-25, total score is between 25-125. In this study, the Cronbach alpha coefficient was calculated as .86.

Depression-Anxiety-Stress Scale (DASS21)

The Depression-Anxiety-Stress Inventory developed by Lovibond and Lovibond (1995) consists of a 42-item long form. The Turkish adaptation of the scale (short form, 21 items) was made by Yılmaz *et al.* [5] in 2017. Cronbach Alpha internal consistency coefficients of the three sub-dimensions of the scale; .84 for anxiety sub-dimension; It was tested as .91 for depression sub-dimension and .90 for stress sub-dimension. High scores on each of the depression, anxiety and stress dimensions indicate that the individual has a related problem. In this study, the Cronbach alpha coefficient for the whole scale was found to be .80.

Research Ethics

Approval for the research was obtained from the Ethics Committee of the relevant university (Decision no: 2022/25). Informed consent was obtained from the students before the study. In addition, there was no information in the study forms that would reveal the identities of the students.

Statistical Analysis

Descriptive analyzes (percentage, arithmetic mean, etc.), mean and standard deviation, t-test, Anova test and correlation analysis were used for the data obtained from the Personal Information Form.

RESULTS

Within the scope of the study, there are departments of Medical Documentation and Secretarial (34.4%), Operating Room Technician (10.4%), Physical Therapy Technician (23.4%) and Elderly Care (31.8%). The mean age of the students was 20.06 ± 1.75 years; 22.4% are male, 77.6% are female. The income level of 83.3% of the students is medium. 75.5% of the students are in the nuclear family type and more than half (58.3%) have 4-6 siblings. The place where the students spend their lives is mostly (79.2%) stated as the

city. The rate of students who stated that they were exposed to any trauma in their childhood is 74%. The majority of students reported physical (28.2%) and emotional abuse (33.1%) (Table 1).

The CTQ and DASS-21 Average Scores of the students are shown in Table 2. CTQ Physical abuse sub-dimension mean score was 11.10 ± 4.69 ; Emotional abuse sub-dimension mean score was 11.57 ± 4.79 ; The mean score of the sexual abuse sub-dimension was 8.96 ± 3.59 ; The mean score of the physical neglect sub-dimension was 11.44 ± 4.86 ; Emotional neg-

lect sub-dimension mean score was 12.10 ± 4.62 ; The mean CTQ total score is 55.19 ± 11.58 . DASS-21 sub-scale mean scores were 12.89 ± 4.70 for depression; it was determined as 10.94 ± 5.02 for anxiety and 11.58 ± 4.87 for stress (see Table 2). Those who were exposed to childhood traumas had high DASS-21 scale anxiety and depression subscale scores, and the difference between them was statistically significant (Table 3).

When the correlations between the scales are examined; A positive and very weak correlation was determined between DASS-21 depression sub-dimension and CTQ total and physical abuse sub-dimension. There was a weak and positive correlation between DASS-21 anxiety sub-dimension and CTQ total, physical abuse and emotional abuse sub-dimensions. The relationship between DASS-21 anxiety sub-dimension and emotional neglect sub-dimension is positive and very weak (Table 4).

Table 1. Distribution of characteristics identifying students

Age (year), Mean \pm SD, (min-max)	20.06 \pm 1.75 (18-31)	
Department	n	%
Medical documentation and secretarial	66	34.4
Operating room technician	20	10.4
Physiotherapy technician	45	23.4
Elderly care	61	31.8
Gender		
Male	43	22.4
Female	149	77.6
Income status		
Income less than expenses	25	13.0
Income equals expense	160	83.3
Income more than expenses	7	3.6
Number of sibling		
1-3	59	30.7
4-6	112	58.3
7 and above	21	10.9
Family type		
Nuclear family	145	75.5
Extended family	47	24.5
Where lives		
Village	32	16.7
Town	8	4.2
City	152	79.2
Childhood trauma exposure		
Yes	142	74
No	50	26
Trauma type (n = 142)		
Physical abuse	40	28.2
Emotional abuse	47	33.1
Sexual abuse	12	8.5
Neglect	28	19.7
Abuse and neglect	15	10.6
Total	192	100.0

DISCUSSION

The child's perspective on life and human relations is shaped by his traumatic experience and its consequences. These people carry the traces of this trauma in the relationships they establish throughout their lives and the roles they take in society. They may experience difficulties in fulfilling their responsibilities, inability to establish healthy relationships, and may turn to potential crimes [6]. Problems related to establishing close relationships and attachment can also be encountered by individuals in the later stages of life as difficulties in social, familial and romantic relationships [7].

The present study investigated the interaction of childhood traumas on depression, anxiety and stress in a sample of university students. Entering college life involves adapting at various levels. Being a university student brings with it the challenges of transitioning to an independent environment and coping with new responsibilities. Academic pressures and financial difficulties are the most common problems students face [8]. Childhood traumas added to these problems can cause psychological problems to increase.

In our study, the rate of students who stated that they were exposed to trauma in childhood was deter-

Table 2. Mean scores of Childhood Mental Trauma Scale (CTQ) and Depression-Anxiety-Stress Scale (DASS-21)

Scales	Min - Max	Mean ± SD
CTQ Total	28-92	55.19 ± 11.58
Physical Abuse	5-22	11.10 ± 4.69
Emotional Abuse	5-23	11.57 ± 4.79
Sexual Abuse	5-22	8.96 ± 3.59
Physical Neglect	5-23	11.44 ± 4.86
Emotional Neglect	5-23	12.10 ± 4.62
DASS-21		
Depression	1-21	12.89 ± 4.70
Anxiety	1-21	10.94 ± 5.02
Stress	1-21	11.58 ± 4.87

CTQ = Childhood Mental Trauma Scale, DASS-21 = Depression-Anxiety-Stress Scale

Table 3. Comparison of Childhood Trauma Exposure and DASS-21 Mean Scores

Childhood trauma exposure	DASS-21		
	Depression	Anxiety	Stress
Yes	13.61 ± 4.66	11.37 ± 5.14	11.86 ± 4.86
No	10.86 ± 4.23	9.72 ± 4.49	10.78 ± 4.84
Test and p value	t = 3.672 p = 0.001	t = 2.018 p = 0.045	t = 1.359 p = 0.176

DASS-21 = Depression-Anxiety-Stress Scale

Table 4. The Relationship Between Childhood Mental Trauma Scale (CTQ) and Depression-Anxiety-Stress Scale (DASS-21)

Scales	DASS-21		
	Depression	Anxiety	Stress
CTQ			
Physical Abuse	r = .195 p = 0.007	r = .211 p = 0.003	r = -.032 p = 0.656
Emotional Abuse	r = .113 p = 0.117	r = .230 p = 0.001	r = .019 p = 0.798
Sexual Abuse	r = .073 p = 0.315	r = -.103 p = 0.154	r = .049 p = 0.497
Physical Neglect	r = .094 p = 0.194	r = .111 p = 0.125	r = -.020 p = 0.782
Emotional Neglect	r = .065 p = 0.369	r = .171 p = 0.018	r = .101 p = 0.162
CTQ Total	r = .159 p = 0.027	r = .318 p = 0.001	r = .042 p = 0.564

CTQ = Childhood Mental Trauma Scale, DASS-21 = Depression-Anxiety-Stress Scale

mined as 74%. In another study, the rate of exposure to trauma in childhood was high (44.7%) [9]. The high results in our study may be due to cultural differences and social changes. The fact that physical (for example, violent behavior) and emotional (for example, bad words) abuse is used as a common discipline method in our country may have increased this rate. Our results show that behaviors used by parents as a discipline method are perceived as physical and emotional abuse by students. The use of physical or verbal violence as a discipline method is one of the biggest mistakes made in our country. Parents should be taught that children can only be disciplined with love and attention [10].

According to the World Health Organization (WHO), child maltreatment means abuse and neglect [11]. Physical, sexual, emotional abuse and neglect are difficult experiences before the age of 18 [8]. Physical abuse is generally defined as "any non-accidental physical injury to a child" and can include hitting, kicking, burning or biting a child, or any act that causes a child's physical impairment [12]. Emotional abuse is one of the most common types of abuse in daily life. The psychological harm of the child is the basis of emotional abuse [13]. Emotional abuse includes behaviors such as not accepting the child, discriminating, leaving alone, humiliating, intimidating, provoking, pretending to be absent, and showing no emotion [14]. The effects of childhood traumas do not only remain in childhood, their effects continue for a long time. These children may experience severe emotional disturbances and disturbances when faced with subsequent stressful events [15, 16]. Studies show that common childhood traumas cause an increase in physical and mental disorders in childhood and adulthood [17-19].

The majority of students in our study reported physical (28.2%) and emotional abuse (33.1%). In a study, it was found that 36.4% of those who were exposed to child neglect and abuse cases faced physical abuse, 16.4% emotional abuse, 16.4% sexual abuse and 20% neglect cases [20]. A recent systematic review of the international lifetime prevalence of childhood traumas revealed emotional abuse rates of approximately 21.7% in Europe and 23.9% in North America [21]. It has been suggested that exposure to adversities in early childhood is associated with psychiatric problems in adolescence or adulthood [22].

There is evidence of a relationship between child maltreatment (ie, physical abuse, emotional abuse, and/or neglect) and depression and anxiety [9]. The high rates of depression in our study are remarkable. It is known that certain experiences related to negativities in childhood significantly increase the risk of depression in adulthood [23, 24]. Even repeated traumas may cause more severe psychopathology symptoms [25]. In our study, both the depression and anxiety mean scores of the students who reported that they had childhood trauma were significantly higher. Studies have reported that depression, anxiety and stress are common among university students [26, 27]. In one study, students who reported negative events such as exposure to trauma during childhood were found to be approximately three times more likely to report current depression [22]. Our study findings are consistent with the literature.

In a national study, it was found that child abuse was positively associated with depression, anxiety and stress [28]. In other studies, a positive relationship has been reported between childhood traumas and depression [23, 29]. It is predicted that childhood traumas may trigger the onset, recurrence and worse outcomes (more comorbidity and chronicity) of these disorders [3]. In one study, childhood trauma was found to be associated with depression/anxiety symptoms in adulthood [30]. A meta-analysis also found strong evidence that exposure to childhood or adolescence trauma causes adverse mental health outcomes in adulthood [31]. In our study, it was found that childhood traumas were positively associated with depression and anxiety, in line with previous studies. Our study findings support the literature.

College years are associated with an increased risk for depression and anxiety. It is therefore necessary to make help with mental health problems accessible and available as early as possible. Every individual who takes care of children is obliged to know the basics of how to protect children from harm [34]. The World Health Organization states that nurses have an important place in the prevention of child neglect and abuse. In this context, it is recommended that nurses make home visits to parents. Nurses should provide training to families on the development of child-rearing skills [35].

Increasing individual resilience can be a helpful approach to prevent the negative consequences of

childhood traumas observed in adulthood. Resilience is of paramount importance in promoting health and well-being, especially when faced with challenges [8, 36]. For this purpose, it is important to raise awareness about mental health issues and intervention strategies to increase students' levels of resilience. In addition, it is recommended to raise awareness by planning trainings in order to provide psycho-social support to students and develop coping strategies.

Research findings show that there is a relationship between childhood traumatic experiences and depression and anxiety. This result is important in terms of awareness of childhood trauma experiences in students. It may be beneficial to add trainings such as awareness, resilience, and coping with stress to the curriculum of these health-related departments. In addition, it may be useful to conduct retrospective and prospective studies investigating the effects of childhood traumatic experiences.

Children are frequently exposed to trauma. Psychiatric nurses have important roles in the early detection and treatment of the effects of these traumas. Addressing the symptoms that develop after trauma in childhood can reduce the psychiatric symptoms seen in adolescence and adulthood.

Limitations

The small sample size and cross-sectionality limit the generalization of the results to the entire population. Our study was designed based on self-report. For this reason, they may have reported their own experiences differently, since the data obtained were based on students' reports. In addition, measurements of childhood distress do not adequately measure the severity or duration of traumatic experiences.

CONCLUSION

In summary, it can be said that the effects of childhood traumas do not remain only in childhood, but their consequences have negative effects on mental health throughout life. Childhood traumas are one of the important risk factors especially for depression and anxiety disorders [3]. In addition to the current occupational stresses of university students, the presence of childhood traumas can complicate both their personal and professional lives [32, 33]. Considering

that difficulties such as abuse and neglect in childhood are associated with an increased probability of suicide in adults [4], it is thought that urgent measures should be taken regarding mental problems.

Authors' Contribution

Study Conception: AB; Study Design: AB; Supervision: AB; Funding: AB; Materials: AB; Data Collection and/or Processing: AB; Statistical Analysis and/or Data Interpretation: AB; Literature Review: AB; Manuscript Preparation: AB and Critical Review: AB.

Conflict of interest

The author disclosed no conflict of interest during the preparation or publication of this manuscript.

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