Effects of Childhood Trauma on Depression and Suicidality in Adulthood

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Recent studies demonstrate the far-reaching effects of childhood trauma related to depression and suicidality in adulthood. The evidence to support these associations is presented here.

Childhood trauma and suicidality
Fuller-Thomson and colleagues¹ examined the relationship between adverse childhood experiences and suicidality in adulthood. Data were obtained from the 2012 Canadian Community Health Survey-Mental Health for men and women 18 years or older who completed information on adverse childhood experiences and suicide attempts. The adverse childhood experiences included sexual abuse, physical abuse, and parental domestic violence. The survey comprised 22,559 persons. The mean age of the sample was 47 years; 51% were women. Of the total sample, 9.8% experienced physical abuse, 5.9% experienced sexual abuse, and 4.2% experienced parental domestic violence; 3% of the sample reported a history of having attempted suicide.

The prevalence of suicide attempts was significantly higher among those adults who had experienced trauma: physical abuse (12.4% vs 1.9% with no abuse) and sexual abuse (16.9% vs 2.1% with no abuse) as children; and among those who had witnessed parental domestic violence (7.3% vs 2.3% with no domestic violence). Gender did not moderate the relationship between childhood trauma and suicidality in adulthood. Depression, anxiety, substance abuse, and chronic pain accounted for some of the relationship between childhood trauma and adult suicidality. Of those factors, depression accounted for 25% of the association.

Childhood bullying and depression
Klomek and colleagues² studied the effects of childhood bullying in their review of prospective longitudinal studies of children who had been bullied. Children who were bullied had a high risk of depression and anxiety disorders in adulthood. They also frequently had higher rates of suicidal
thoughts and plans than children who had not been bullied. The consequences of childhood bullying were worse for girls than for boys. Overall, the higher the frequency of childhood bullying, the worse the adult outcomes. These long-term effects of childhood bullying were found even after controlling for preexisting psychopathology.

**Childhood trauma and antidepressant response**

Not only does childhood trauma lead to increased risk of depression in adulthood, it can affect antidepressant treatment response in adults with major depression. Williams and colleagues assessed the role of early-life trauma in predicting acute response outcomes to antidepressants. The Early-Life Stress Questionnaire was used to gauge exposure to 18 types of traumatic events before the age of 18 years. The study enrolled 1008 adults with MDD and 336 healthy controls. The patients with depression were randomized to escitalopram, sertraline, or venlafaxine for 8 weeks. Compared with healthy controls, patients with MDD had experienced significantly more childhood trauma: 62.5% of the participants with MDD reported more than 2 traumatic events compared with 28.4% of controls. Rates of sexual, physical, and emotional abuse; neglect; witnessing domestic violence; and bullying or rejection were significantly higher among patients with MDD compared with controls.

It is interesting to note that overall exposure to traumatic events did not predict a lower rate of antidepressant treatment response. It was abuse in particular that predicted this outcome. Childhood sexual, physical, and emotional abuse predicted poorer response and remission to antidepressant treatment, especially if the abuse occurred at age 7 years or younger. The researchers suggest that clinical management of depression include screening for childhood trauma to identify individuals who may not respond to initial antidepressant treatment and may need alternative therapy.

**Maternal childhood abuse and offspring depression**

Roberts and colleagues investigated the relationship between maternal childhood abuse and depressive symptoms in adolescent and adult offspring. Data were obtained from 2 large longitudinal cohorts of women (N = 8882) and their offspring (N = 11,402). Maternal history of abuse included physical, emotional, and sexual abuse. Depressive symptoms in offspring were assessed with depression scales. The investigators also obtained information about potential mediators of a relationship between maternal childhood abuse and offspring depression. Variables examined included maternal mental health, family characteristics (income, education, family structure), and offspring experience of abuse.

Close to three-quarters (73.9%) of the offspring had mothers who reported some exposure to childhood physical, emotional, or sexual abuse. Offspring of mothers who experienced childhood abuse had an elevated rate of high depressive symptoms from age 12 to 31 years. Compared with offspring of mothers who were not exposed to abuse, those of mothers exposed to childhood abuse were at greater risk for persistence of high depressive symptoms throughout adolescence and young adulthood. Offspring of mothers who had been severely abused were more than 1.5 times more likely to have high depressive symptoms and had approximately 2.5 times the risk of persistent depressive symptoms compared with offspring of mothers who had not been abused.

What accounts for the association between maternal childhood abuse and risk of high depressive symptoms in the offspring? Maternal mental health accounted for 20.9%; family characteristics, 0.3%; and offspring’s exposure to abuse, 30.3%. The researchers recommend screening for childhood abuse in pregnant women and mothers with young children so that interventions can be provided to decrease the likelihood of depression in their offspring.

**Conclusion**

Clinicians routinely inquire about exposure to abuse when they evaluate children and adolescents. These recent studies provide compelling data about the adverse effects of childhood trauma on adult outcomes—including higher rates of depression and suicidality, lower response rates to antidepressants, and higher risk of depressive symptoms in offspring compared with adults who had no childhood trauma. Adults, as well as children and adolescents, should be screened for a history of childhood abuse in order to provide appropriate interventions.

**References:**


2. Klomek AB, Sourander A, Elonheimo H. Bullying by peers in childhood and effects on
Effects of Childhood Trauma on Depression and Suicidality in Adulthood.


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