

# A Report on Childhood Trauma and Psychosis

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## Brief Report

Childhood trauma is a risk factor for psychosis development. Furthermore, a number of ideas, some of which are experimentally confirmed, propose particular pathways by which childhood trauma may contribute to more severe positive and negative psychotic symptoms. Because of the diverse results and methodological constraints of particular investigations, the robustness of this empirical data is unknown. There is a need for a thorough evaluation and meta-analysis of the data regarding links between childhood trauma and the intensity of hallucinations, delusions and negative psychotic symptoms in clinical populations with psychotic disorders.

Childhood trauma refers to a variety of bad life experiences, such as physical, sexual and emotional abuse, as well as physical and emotional neglect. A significant corpus of research has consistently established robust links between childhood trauma and a variety of unfavourable mental health, physical health and social consequences in childhood and later life. Adult mental illnesses such as depression, anxiety disorders, substance addiction and eating disorders, post-traumatic stress disorder (PTSD), sexual dysfunction, personality disorders, dissociation and sociality have all been related to childhood maltreatment. Adult victims of childhood maltreatment are more likely to seek mental therapy, which is unsurprising. Despite a large body of data linking childhood trauma to a variety of nonpsychotic outcomes, childhood trauma's role in psychosis has long been disregarded in favour of the prevailing biogenetic model. While cross-sectional, generally correlational, survey data is abundant and strikingly consistent in identifying high connections between childhood trauma and psychotic experience, it does not allow us to establish definite causation findings. It can't tell whether the consequences of a given form of trauma are independent of other psychotic risk factors, for example. Several well-designed large-scale population-based research, including critical prospective studies concentrating on the association between childhood trauma and the likelihood of experiencing psychotic symptoms, have been published more recently.

The evidence for a relationship between childhood trauma and psychosis is rising. Childhood trauma raises the likelihood of psychosis and has an impact on the degree and type of psychotic symptoms as well as the occurrence of comorbid illnesses including depression and drug abuse. In those with psychosis, childhood trauma is connected to more severe functional impairment. There is evidence to indicate gender disparities in the impact of childhood trauma on the progression of psychotic diseases, with girls and women appearing to be more affected. Brain-derived neurotropic factor and other inflammatory indicators are further biological markers that may explain the relationship between childhood stress and psychosis.

A substantial corpus of research has advanced our knowledge of the links between early trauma and psychiatric disorders later in life during the last few decades. The role of childhood trauma, particularly sexual and physical abuse, and, increasingly over time, emotional abuse and neglect, has been

at the centre of this study. While other types of childhood adversity, such as parental death, separation and strife, as well as bullying, tend to contribute to adult psychopathology, childhood trauma appears to have particularly significant and long-lasting impacts. Childhood trauma has been linked to the development of most psychiatric illnesses, including mood and anxiety disorders, eating disorders, personality disorders, dissociative disorders and drug dependence, after adjusting for other psychosocial risk factors. However, until recently, researchers have mostly focused on the link between childhood trauma and nonpsychotic diseases. The reasons behind this have been covered previously.<sup>12</sup> They include a lack of faith and conviction in the effectiveness of intervention in psychotic patients, as well as some doubt about the reliability of patients' stories. However, the validity of psychotic patients' abuse stories has been proved on several occasions and early research has demonstrated that trauma-related therapies are helpful in this population.

The validated self-report "Childhood Trauma Questionnaire" is one of the most extensively used questionnaires for measuring childhood trauma (CTQ). The CTQ is divided into five subscales that distinguish between distinct forms of trauma: physical, emotional, or sexual abuse, as well as physical or emotional neglect. Bosqui and colleagues discovered a link between violence risk and childhood trauma in general and violence and the subdomains of physical abuse and neglect and sexual abuse in particular, among psychosis patients in general; even after accounting for possible underreporting, sexual abuse was still significant. Bennouna-Greene and colleagues used the CTQ to find a high frequency of childhood trauma in general and a high prevalence of physical abuse in particular among schizophrenia patients with a history of violent behavior. However, neither a comparison group of non-violent schizophrenia patients nor healthy controls were included in this study. As a result, we don't know how much of the link is mediated by psychosis, or whether there are any special links to violence among psychosis patients.

Although there is significant scientific support for the link between trauma and psychosis, the literature on the particular psychobiological and developmental factors that contribute to this complicated interaction is lacking. Furthermore, there is a scarcity of empirical information on the effectiveness of evidence-based interventions for adolescents with PTSD and psychosis. There are currently no randomised controlled trials or pilot studies that demonstrate the effectiveness of certain therapy procedures in relieving the psychological pain of this distinct group. Instead, clinicians must choose between using therapies that have been found to be helpful for adults with co-occurring PTSD and psychosis or using interventions that have been shown to be beneficial for adolescents with PTSD in general. More research is needed that uses randomised controlled trials with rigorous comparison conditions and evaluation processes, as well as suitable sample numbers, to completely evaluate trauma-focused therapies for this group. Furthermore, research focusing on clarifying the underlying psychobiological and developmental variables that contribute to the link between psychosis and trauma in teenagers will help the academic community. Expanding the scholarly knowledge in these two areas would help many teenagers who might otherwise suffer in silence if they didn't get help [1-5].

There are several psychological and biological reasons through which childhood trauma raises the risk of psychosis. Integration of these several levels of study might lead to a more comprehensive bio psychosocial model of psychosis than presently exists. Staff training in inquiring about abuse and providing appropriate psychosocial therapy to patients who have been abused

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or neglected as children are two clinical consequences. There are also certain difficulties that need to be addressed in terms of prevention.

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