International Journal of Research Publication and Reviews

Impact of Childhood Trauma on Perceived Social Support

Gurleen Kaur Saluja[1], Dr. Annie Khanam[2]

CLP[1], Supervisor Assistant Professor[2]

[1,2]AMITY Institute of Psychology and Allied Sciences, Amity University Uttar Pradesh, Noida

ABSTRACT

Childhood Trauma is a pervasive problem that affects millions of people globally. This type of Trauma includes physical, sexual, and emotional abuse, neglect, and bullying, among others. Childhood Trauma has been linked to several adverse health outcomes on perceived social support. This abstract discusses the impact of Childhood Trauma on perceived Social Support. (Yang, Sawhney, McHugh, & Leyo, 2022). The term "perceived social support" describes how people view their friends, family members, and other people as providers of practical, emotional, and all-around help when they are in need. Since perceived levels of affection, caring, and support may lead to satisfying experiences, perceived social support has repeatedly been linked to wellbeing (Siedlecki et al., 2014). To further uncover any existing relationships between the two variables, manual data entry of a 100-person sample size was done in SPSS. The study's objective and the sensitivity of the CTQ questionnaire were explained to the volunteers.

Keywords: childhood trauma, Perceived social support, physical abuse, physical neglect,   emotional abuse, emotional neglect , sexual abuse.

I. INTRODUCTION

Childhood trauma is a sensitive subject, but its impact on people's lives for the rest of their lives is profound. Early developing years of abuse act as a stimulus for later personality development. The impact of childhood maltreatment on levels of distress tolerance is a topic that this study tries to investigate. The study's premise is based on the recently popularised principle of epigenetics, which holds that while our genes serve as the brain's blueprints, experiences actually cause the development of its key regions (Brown, Lejuez, Kahler, Strong, & Zvolensky, 2005). Additionally, the changes brought on by unpleasant childhood experiences have a lasting effect on our capacity as adults to endure extended periods of unpleasant emotional states and how we deal with them without losing ourselves in the annoyance.

The national child traumatic stress network claims that childhood trauma can be indirect, that is, occur while the child is there. When a loved one's safety is acknowledged and questioned when they are with a child, it is extremely upsetting for their developing worldview. The internalisation of the event paralyses the kid's functional learning brain formation and transfers it to survivor's brain formation when childhood trauma is direct, that is, involves the child themselves (Vujanovic, Bernstein, & Litz, 2010; Vujanovic, Litz, & Farris, 2015). Self-compassion may be useful in understanding impairment among abuse victims, even if it hasn't been tested on a sample from the child welfare system before. In youth and early adulthood, when self-identity is a major concern.

Contrarily, perceived support measures may be influenced by value judgements about the relationship contexts in which the supportive events occur (Sarason, Sarason, & Pierce, 1995) or may be subject to individual differences in perceptual, judgmental, and memory processes that may result in idiosyncratic perception of supportive events (Lakey & Drew, 1997). Recent research has shown that assessments of received support more accurately reflect objectively observable supportive activities than ratings of perceived support. Although measurements of received support may more closely resemble the coping help provided by a person's social environment, other writers have proposed that received support may only improve outcomes if it changes perceived support. Anecdotal evidence that received support predicts outcomes less consistently than perceived support (e.g., Barrera, 1986; Dunkel- Schetter & Bennett, 1990; Sarason et al., 1990) lends weight to this claim. However, meta-analytic data have not been able to support these impressions.

2. LITERATURE REVIEW

Lifetime Trauma Experience has been linked to several negative health outcome on social support. This literature review aims to examine the impact of Lifetime Trauma Experience on social support.

Tina Maschi , Judith Baer, and Claudia Moreno(2013), In article examines the empirical literature from peer-reviewed publications that looked at samples of adults aged 50 and older who had suffered trauma as children and tracked the effects on their physical and mental health in later life. Searches in EBSCO host databases including PubMed, Socio Index, and Psycho Lit were used to find the articles. Various search phrases, including "older adults"

and "cumulative trauma," were combined with the term. The results of 23 investigations, which were collectively published between 1996 and 2001, revealed a connection between early trauma and subsequent mental and physical health. Delineated are methodological constraints, potential directions, and suggestions for practise, policy, and research with regard to older individuals and trauma. (Tina Maschi, 2013)

Georgia L. Carpenter, Ann M. Stacks , Women of reproductive age are more likely to experience intimate partner violence (IPV), which is a serious social issue in the United States. The small children born to these mothers are affected, but even when there is proof that their child has been abused, women are not commonly questioned about IPV. This article reviews typical social-emotional development and physiological/neurological development in early childhood and the effects that IPV and trauma have on these domains of development to emphasise the significance of routinely screening for IPV in child welfare and other social service agencies. The detrimental impact that exposure to IPV has on children's development and their relationships with carers can be significantly mitigated by early intervention with young children and carers who are living with IPV. Ribed from a methodological perspective, and several trends were identified. Conclusions about conceptual maturity, a priori biases, measurement of network utilization, and social support sources are discussed

Schulz, Richard Decker, Susan, (1985), 100 Interviews with individuals aged 40 to 73 were conducted on average 20 years after the condition first manifested. This reported levels of well-being for all 3 outcome measures that were only marginally lower than the population mean for non-disabled people of comparable ages. When health status and current income were taken into account, it was discovered that people who had high amounts of social support, were content with their social connections, and thought they had high levels of perceived control reported feeling well-adjusted. Self-blame and the idea that the problem could have been avoided. (Schulz, 1985)

Runar Vilhjalmsson,(2009) Academics and other thought leaders have differing opinions on the relationship between social support and mental health. It is viewed by some as a vulnerability element that mitigates the effects of life stress, while it is viewed by others as a direct trigger (i.e., a lack of support results in strain). The essay focuses on clinical depression as it discusses the evidence and arguments for and against the strain hypothesis of social support and the vulnerability hypothesis .The paper uses reanalysis of cross-classified data from 12 community studies of clinical depression to show that the choice of model depends on the specification of functional form of the stress-clinical depression link. A strain hypothesis is supported by the logit and prohibit specifications, whereas a vulnerability is supported by the linear probability specification. (Vilhjalmsson, 2009)

 J. read, j. van os, a. p. Morrison, Ross,(2005) , It is important to pay attention to a number of psychological and biological factors by which childhood trauma raises the risk of psychosis. Integration of these several levels of analysis may lead to a bio-psycho-social model of psychosis that is more thoroughly integrated than the one that is now in use. Clinical ramifications include the requirement for staff training on how to inquire about abuse and the necessity to provide patients who were abused or neglected as children with appropriate psychosocial therapy. Issues with prevention are also noted. (J. Read, 2005)

3. METHODOLOGY

AIM: The aim of this research is to analyse the relation of childhood trauma with perceived social support.

OBJECTIVES: The specific objectives of the study may include:

1.   To assess impact of childhood trauma on Social Support.

2.   To identify associations between childhood trauma and social support.

HYPOTHESIS

1.   Childhood Trauma will have a significant relation with perceived social support.

2.   Childhood Trauma will have no significant relation with perceived social support.

Material, Sample and Method Type of sampling

The present investigation "Impact of childhood trauma on Social Support has been taken up keeping the earlier stated objectives and hypotheses in view. The method and the materials chosen to accomplish the requirements of the study are discussed in this chapter.

Population for the present study consists of 100 sample.

Variables

Independent variable : Childhood Trauma

Dependent variable : Social support

DESCRIPTION OF TOOLS EMPLOYED

1.   Multidimensional Scale of Perceived Social Support

  The Multidimensional scale of perceived social support is a short instrument designed to measure an individual's perception of support from 3 sources : Family, Friends and significant other. This instrument is 12 question long and has been widely used and well validated.

The reliability of the Multidimensional scale of perceived social support is   .88 .

One of the hypotheses underlying the development of this instrument was that perceived social support would be negatively related to reported anxiety and construct validity

Scoring ranges from very strongly disagree to very strongly agree.

   (Zimet GD, 1998)

2.The child trauma questionnaire-sf (CTQ-SF)

The child trauma questionnaire-sf (CTQ-SF)) is a short form of the 70 item childhood trauma questionnaire. It is a self report inventory. It was designed by David. P. Bernstiene and Laura Fink. This scale is split into five subscales- Emotional abuse, Physical abuse, Sexual abuse, Physical neglect, and Emotional neglect.

Scoring - Subscales are scored on a 5-point likert scale ranging from never true (1) to very often true(5). Items 5,7,13,19,2 and 26 are reverse coded , that is score on these items go from never true(5) to very often true (1).   (Bernstein, 203)

Procedure

A total number of 100 samples were randomly selected through cluster sampling from the age group of 25- 35 . They were individually instructed about what the study wanted to measure. They were told that there is no time limit . To maintain confidentiality they were asked to write initials. The sample was collected manually . the data was then recorded manually in SPSS after which the sub scales were made.

Scoring of CTQ-SF

• The scoring range for each scale is 5 to 25. The raw CTQ-sf scale is the total of the scales.

Scoring of Perceived Social Support

The Multidimensional scale of perceived social support is a short instrument designed to measure an individual's perception of support from 3 sources : Family, Friends and significant other. This instrument is 12 question long and has been widely used and well validated.

The reliability of the Multidimensional scale of perceived social support is .88 .

STATISTICAL ANALYSIS

Table 1:

Descriptive Statistics

	Mean	Std. Deviation	N
Socialsupport	10.5300	8.00184	100
childhoodTrauma	99.6200	20.50414	100

 This table shows the maximum and minimum scores of all variables of childhood trauma and social support. N=100.

Table 2:

Correlations

		VAR00001	VAR00002
Socialsupport	Pearson Correlation	1	-.014
	Sig. (2-tailed)		.894
	N	100	100
Childhood Trauma	Pearson Correlation	-.014	1
	Sig. (2-tailed)	.894	
	N	100	100

Persons Correlation Coefficient is a statistical measure of the strength and direction of a linear relationship between two variables, typically denoted by r. Its value ranges between -1 to +1, with -1 indicating that perfect negative correlation, 0 indicating no correlation , and indicating a perfect positive correlation. The correlation according to the findings is -.014 that is negative, it signifies that both variables are not significant or interconnected to each other, hence our 2nd hypothesis is proved right that stated, that childhood trauma will have no significant relationship with perceived social support.

4. Analysis of Result:

The obtained data was analysed statistically in order to test the hypothesis using Means, Standard Deviation, and Pearson's correlation coefficient.

The CTQ-SF and Perceived Social Support were two standardised questionnaires utilised in the investigation. The study's sample size is N=100.

The study did not take gender into account. Perceived Social Support and early trauma were the two study variables that the hypothesis sought to correlate. It implied that there would be no correlation between the two factors. If one variable is increasing the other will decrease as our result childhood trauma is said to be increasing and social support is decreasing that signifies negative connection between the variables

Overall, the analysis of results should provide a clear and concise summary of the findings, including any significant relationships between variables, as well as any limitations or implications of the study. The results should be presented in a way that is accessible to a general audience, but also includes enough detail to allow for replication and further analysis by other researchers.

The analysis of results in the study of the impact of childhood trauma on perceived social support typically involves interpreting the statistical analyses performed on the data collected.

5. DISCUSSION

The study is on the impact of childhood trauma on perceived social support in which we discussed:

The hypothesis of this study predicted a negative correlation between childhood trauma and perceived social support. Sample size of this study is 100 and the age group is 25-35. Pearson correlation method was used to identify associations between childhood trauma and perceived social support. The result were formulated using SPSS, suggested a negative correlation between the two, indicating that there is no significant correlation between childhood trauma and perceived social support. Significant correlation is -.014 which indicated negative correlation.

Comparison to existing literature: The study may compare the findings to previous research on the relationship between childhood trauma on social support. For example, the study may discuss how the prevalence and severity of childhood trauma in the sample compares to other populations, and how the findings are consistent with or divergent from previous research. It indicates that if childhood trauma increases then it affects tendency to seek social support.

Persons who have a history of neglect have greater difficulties in social relationships that increased isolation from others. Emotional trauma, low self-esteem, social competence, and aggression toward peers are noted to impair the child's ability to build relationships. These relationships are critical factors in personality development and future development of social support systems.

SUMMARY AND CONCLUSION

In this research , to identify association among perceived social support and childhood trauma , we could say that the results suggest significance implying a negative correlation between the two variables.

Through our data findings we can find that perceived social support have negative correlation with childhood trauma. If we have more childhood traumas the tendency to seek social support decreases . Experiencing childhood trauma led to developing low self- esteem, low social competence and aggression towards others , which all caused an inability to develop long lasting relationship with others The negative correlation between two is -.014 . The hypothesis which we have taken that childhood trauma impacts social support is correct i.e if childhood trauma increases then person seek social support, whereas, alternative hypothesis that childhood trauma has no correlation with social support is rejected.

Limitations;

The sample of this is short (100 sample), because of which proper data is not collected, total number of participants are not obtained. There are many variables which are not used in this study. This study is conducted only on males so there is age limitation. The severity and frequency of occurrence of childhood trauma was not determined in the present study. In this study only two variables are used . Further research in this area will be needed to provide more specific recommendations for intervention and prevention strategies.

Recommendation for future research

Conducting the present study required focusing on childhood trauma and other factors which are affecting it. With the childhood trauma we can also study the frequency and events related to it. In future we can study on more sub variables on this aspect. Future researchers may choose to conduct qualitative study on this phenomena to determine the lived experiences of participants to evaluate additional resilience. Since Trauma is a sensitive issue, qualitative analysis of interview in detail will be able to generate better markers of psychological well being and factor related to it.

6. References

Attachment and Relationships. (n.d.). Retrieved from Attachment and Relationships: https://www.nctsn.org/what-is-child-trauma/trauma-types/complex-trauma/effects

Barron, C. E. (2021). the evidence for policy and practises.

Bernstein, D. P. (203). Childhood trauma Questionnaire short form.

Berthold, S. M. (2008). War Traumas and Community Violence.

Caplan, A. A. (2010). Effects of Different Sources of Social support and Social Conflict on Emotional Well-Being.

Chantal Razurel MSc, B. K. (n.d.).

Chockalingam Viswesvaran, J. I. (2018). models for the role o social support in the work process .

Cohen, S. (1998). Psychosocial models of the role of social support in the etiology of physical disease.

David r. winemiller, m. e. (1993). outline problems measurement to identify nature of inadequacies.

Di matteo, m. R. (2004). Social Support and Patient Adherence to Medical Treatment.