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Childhood Maltreatment as a Risk Factor for Depression: A Comparative Analysis of China and Finland

Ishika Mehta ¹

Janhavi Makhijani ²

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¹ B.A. Hons. Psychology, Daulat Ram College, University of Delhi

² Grade XI, Shiv Nadar School, Gurgaon, Haryana

Abstract

People often fail to realize and pay attention to the adverse long-term consequences of childhood maltreatment. Despite the presence of laws against child maltreatment in several countries, children globally, continue to be victims of sexual, emotional, physical abuse and neglect. The impact of the trauma of childhood maltreatment is often severe enough to cause developmental problems and mental health and well-being issues such as depression, anxiety, substance abuse, and suicidal ideation, and attempts in adulthood. With this study, we seek to extend our understanding of childhood maltreatment as a risk factor for depression through a comparative analysis of two countries, namely, China and Finland. Secondary data available on childhood maltreatment and depression among young adults were collected to perform the comparative analysis. The findings of the comparative analysis did suggest a role of childhood maltreatment in depression during adulthood in China. The rate of child maltreatment in China was lower than that of Finland, however, the majority of the adults in Finland with a history of child maltreatment did not show any signs of depression. These findings, therefore, emphasize the need to focus on the prevention of child maltreatment at a global level, and the accessibility and affordability of better equipped mental health services and facilities with trauma-focused interventions to prevent the development of depressive symptoms in children with a history of childhood maltreatment and provide them with tools to cope with such situations.

Keywords: *depression, childhood maltreatment, China, Finland, comparative analysis, adults*

Abbreviations:

WHO - World Health Organisation, PTSD - Post-Traumatic Stress Disorder, Covid- 19 - Coronavirus Disease2019, DSM-5 - Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, CTQ - Childhood Trauma Questionnaire, IQ - Intelligent Quotient, GDP - Gross Domestic Product

1.0 Introduction

Childhood maltreatment is a major ethical, human rights, public health, social and legal problem (Butchart et al. 2006). According to the World Health Organization (WHO), it is all forms of physical and emotional ill-treatment, neglect, sexual abuse, and exploitation that result in potential harm to the child's health, dignity, or development (Gonzalez, Mirabal, McCall). Child maltreatment can occur in the form of sexual abuse, emotional abuse, physical abuse, and neglect and can have negative and traumatic, long-lasting effects on the child. The child can also have trouble forming interpersonal relationships in adulthood. The severity and nature of the maltreatment can vary, sometimes to the extent of even causing death. According to meta-analyses of the global prevalence of child maltreatment, about 18% of the population reported being physically abused, 36% emotionally abused, and 18% of the girls and 8% of the boys report sexual abuse (Stoltenborgh et al., 2011, 2012, 2013b). Child maltreatment is also a problem in India. The Ministry of Women and Child Development, Government of India, performed a study on child abuse in India in 2005* (Rastogi, 2017), which reported physical abuse in 69 per cent of child responses, sexual abuse in 53 per cent of children, and emotional abuse in 48 per cent of children. The current coronavirus (Covid-19) pandemic poses a significant threat to families and children. Lockdown, unemployment, fear of contracting the virus, and home isolation, all contribute to increased stress and vulnerability among parents, raising the likelihood of children being subjected to maltreatment. In this study, we aim to extend our understanding of how childhood maltreatment is a possible risk factor for depression through a comparative analysis of China and Finland in terms of child maltreatment, depression, and mental health care with possible reasons for our findings followed by suggestions to improve the scenario.

2.0 Literature Review

2.1 Role of Family and Parents in Child Maltreatment

Parents and adults in the family play a major role in the maltreatment of children as well as in the prevention of maltreatment by recognizing and understanding the appropriate measures that can be taken in case such a situation arises. Adults who have themselves been victims of child abuse, neglect, or any trauma, are likely to engage in such behaviour towards their children. Physical or mental health issues like PTSD, anxiety or depression, substance

abuse disorder as well as low self-esteem and low confidence are contributing factors. Stress at the workplace, financial problems, or even loss of employment can lead to displaced aggression. Unhealthy family relationships like poor parent-child relationships, divorce, or domestic violence put the child at risk. Some parents also see physical abuse as the most effective form of disciplining the child, mostly because they have also been brought up in the same manner.

In a survey conducted in the United States in 1995, parents were asked how they discipline their children. When the following behaviours were included in the survey, an estimated rate of physical abuse of 49 per 1000 children was obtained: striking the kid with an object other than the buttocks; kicking and beating the child, and threatening the child with a knife or pistol. The findings of a survey of Romanian families showed that 0.1 % of parents admitted to sexually abusing their children, whereas 9.1 % of children reported being sexually abused. There is evidence that yelling at children is a frequent reaction among parents in many nations. The practice of threatening children with abandonment or locking them out of the house, on the other hand, varied considerably across countries. Threats of abandonment by mothers in the Philippines were widely viewed as a disciplinary measure. In Chile, similar threats were used at a considerably lower incidence of approximately 8%. Abandonment and neglect were the most commonly reported forms of child abuse in Kenya when adults were questioned on this subject; 21.9% of children reported facing neglect by parents. Infanticide, educational and nutritional neglect, and forced prostitution are more common in girls than in boys in most countries. According to several international surveys, girls are more likely than boys to be sexually abused. In many countries, male children are more likely to be subjected to harsh physical punishment (Runyan, Wattam, Ikeda, Hassan, Ramiro, n.d.)

2.2 Childhood Maltreatment and Mental Health

Mental health is referred to as a state of well-being where an individual realizes their abilities, is able to cope with the daily stresses of life, work productively, and make a contribution to society (W.H.O, 2018). Evidence suggests that exposure to childhood maltreatment harms mental health and increases the risk of being diagnosed with mental

disorders and suicidal behaviours during adolescence and adulthood.

A mental disorder is known as a clinically significant disturbance in an individual's emotion regulation, cognition, or behaviour that reflects a dysfunction in the biological, psychological, or developmental processes that underlie mental functioning. They're associated with a great amount of stress or difficulty in social, occupational, or other important activities. (American Psychiatric Association, 2013). Bipolar disorder, depression, alcohol and drug addiction, generalized anxiety disorder, suicidal ideation, and other such disorders have been linked to child maltreatment, including sexual abuse, physical abuse, and exposure to intimate partner violence. Reviews have also shown negative immediate and long-term psychological effects of childhood maltreatment. Manila (2010, 2012) in systematic reviews of reviews found that child sexual abuse served as a significant risk factor for anxiety and depression (Li, Arcy, Meng, 2015). Psychologically maltreated children show higher rates of aggression, conduct problems, hyperactivity, anxiety, and depression across the lifespan. Adults who experience abuse as a child tend to report more cognitive distortion, post-traumatic stress symptoms, emotional distress, sleep disorders, eating disorders, substance abuse, and avoidance (Briere & Elliott, 1994; Chen et al. 2010; Nanni et al. 2012).

2.3 Child Maltreatment during Covid-19 Pandemic

When compared to children of parents who did not lose their employment due to the COVID-19 pandemic, children of parents who did lose their jobs were approximately five times more likely to be psychologically abused during the pandemic (Lawson, Piel, Simon, 2020). There was a greater likelihood of parents psychologically maltreating and physically abusing their children during the Covid-19 pandemic if they had a history of maltreating their children. Children who had been maltreated in the year before the pandemic had 112 and 20 times greater odds of being psychologically maltreated and physically abused during the pandemic, respectively (Lawson et al., 2020). School closures have been linked to increased rates of child maltreatment and sexual abuse, as well as a doubling of adolescent births, according to research from past outbreaks such as Ebola in Africa. Currently, data from some countries such as the United Kingdom, France, the United States, and Australia support the notion that the rate of neglect and child abuse has increased due to the current COVID-19

pandemic. They have reported an increase in rates of child abuse from 20% to 40%. In India, the national children's helpline, CHILDLINE, received 92,000 calls on child abuse and violence, within a duration of 11 days, during the lockdown, which was 30% of the total calls received for that time period (Seshadri & Ramaswamy, 2020).

2.4 What is Depression?

Depression is one of the most common psychiatric disorders. It is treatable if one receives the right treatment at the right time. Depression and sadness significantly differ from each other. People with depression experience a lack of interest in their daily life activities, significant change in weight, loss of motivation, increased inability to concentrate, etc.

As per DSM-5 i.e. the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, the diagnosis of a Major Depression Episode requires five or more symptoms to be present within 2 weeks. One of the symptoms should be at least anhedonia (loss of interest or pleasure) or a depressed mood. The secondary symptoms of Major Depression Episode are psychomotor agitation or retardation, sleep difficulties (insomnia or hypersomnia), fatigue or loss of energy, appetite or weight changes, diminished ability to think or concentrate, feelings of worthlessness or excessive guilt, and suicidality. The criterion symptoms must be present every day to be considered present, except for weight change and suicidal ideation.

2.5 Prevalence and Prognosis

Evidence suggests that women are almost twice as likely as males to suffer from both moderate and severe depressive symptoms. This gender disparity in depression has been observed in a variety of countries, across most ethnic groups and throughout all adult age groups. The occurrence of major depression continues into later life. Although the prevalence of major depression is significantly lower in people over 65 years of age than in younger adults (Kessler et al, 2010). Because many symptoms of depression at later age coincide with those of several medical illnesses and dementia, it can be difficult to identify. Globally, as suggested by WHO, approximately 280 million people in the world suffer from depression (Depression, 2021). Suicidal thoughts and attempts are strongly related to depression. The relationship between depression and suicidal behaviour was studied as part of the Australian Rural Mental Health Study. 364 individuals out of 1051 reported lifetime depression. Of

those surveyed, 48% reported suicidal thoughts and 16% said they had attempted suicide (Brådvik, 2018). Depression was the leading cause of unnatural death in the early twenty-first century, accounting for 30% of all deaths, followed by substance-use disorders (18%), schizophrenia (14%), and personality disorders (13%) (Bachmann, 2018). A systematic review reported nine studies in the WHO South-East Asia Region, from India and Sri Lanka, that suggested the proportion of people attempting suicide who had depression. Among all psychiatric disorders, depressive disorders were the most prominent. The depressive episode was a significant clinical condition in people attempting suicide in India (Chowdhury et al., 2017).

2.6 Mental Health and Depression - The Stigma

Negative attitudes and beliefs about something are referred to as stigma. There is a significant amount of stigma surrounding mental health and depression in particular, which stems from a lack of knowledge, ignorance, and misinformation. Due to the nature of depression, people diagnosed as depressed are viewed as unattractive and unreliable. Those who suffer from mental health issues are widely misunderstood and are labelled as “weak”, “crazy”, “dangerous”, “incompetent” or “mad”, which is different from the scenario in case of a physical illness. The stigma further contributes to the worsening of symptoms as the likelihood of seeking professional help reduces.

- I. The relative effects of childhood abuse and early parental substance usage on later chronic homelessness, depression, and substance abuse disorders in a sample of homeless women are investigated in this study utilizing latent variable methods (Stein, Leslie, and Nyamathi, 2002). In a sample of homeless women, a variable approach is used to investigate the relative impacts of childhood abuse and early parental substance usage on later chronic homelessness, depression, and substance addiction disorders. We also look at whether recent violence and self-esteem can act as mediators between childhood predictors and dysfunctional outcomes (Stein, Leslie, and Nyamathi, 2002). Childhood abuse was linked to physical abuse, persistent homelessness, despair, and low self-esteem later in life. Substance abuse by parents was found to be a strong predictor of later substance abuse problems in women.

Physical abuse in the past indicated persistent homelessness, depression, and substance misuse issues in the future. Self-esteem was linked to a lower risk of depression and substance abuse. Abuse of children had a similar effect. Greater self-esteem was associated with a lower risk of depression and substance abuse. The indirect impact of childhood trauma on depression was also significant (Stein, Leslie, and Nyamathi, 2002).

- II. Childhood maltreatment is a significant risk factor for depression and posttraumatic stress disorder (PTSD) later in life. The neurological roots of this connection were examined in the current study. Since both depression and PTSD have been associated with reduced hippocampal grey matter volume and increased amygdala response to negative stimuli (Dannlowski et al., 2012). A total of 138 healthy people were recruited through public notices and newspaper advertisements and were thoroughly tested for psychiatric problems. Amygdala responsiveness was assessed using functional magnetic resonance imaging and an emotional face-matching paradigm that was specifically intended to stimulate the amygdala in response to threats. The researchers employed voxel-based morphometry to investigate morphological changes. The 25-item Childhood Trauma Questionnaire was used to assess childhood maltreatment (CTQ) (Dannlowski et al., 2012). CTQ scores were found to have a high relationship with amygdala response to threat-related facial expressions. Reduced grey matter volumes in the hippocampus were found in the morphometric study. Neither of these correlations was modified by trait anxiety, depression level, age, IQ, education, or a more recent stressful life event (Dannlowski et al., 2012). Even decades later in adulthood, childhood maltreatment is linked to significant functional and structural abnormalities. These changes are strikingly similar to those seen in depression and post-traumatic stress disorder (PTSD).

3.0 Comparative Analysis between China and Finland

3.1 Overview of Child Maltreatment, Depression and Mental Health Care in China and Finland

	China	Finland
<i>Child Maltreatment</i>	<ul style="list-style-type: none">• Children in China are frequently subjected to maltreatment.• Maltreatment in China was 54%. Findings of another systematic review covering all forms of childhood maltreatment showed that 26.6% of children in China suffered from physical abuse, 19.6% from emotional abuse, 8.7% from sexual abuse, and 26.0% from neglect. The consequences of physical abuse of children cost China an estimated 0.84% of its gross domestic product. The corresponding losses attributable to emotional and sexual abuse in childhood were 0.47% and 0.39% of the GDP, respectively. (Fang et al., 2015)	<ul style="list-style-type: none">• Finland, in particular, does not have enough research in the field of childhood maltreatment.• However, it is estimated that of the 204 million children below 18 years of age in the WHO European Region, 22.9% experienced physical abuse, 29.1% experience emotional abuse, and 9.6% experienced sexual abuse (World Health Organization, 2020).

<p><i>Depression</i></p>	<ul style="list-style-type: none"> • China is considered to have a high rate of depression. According to WHO, 54 million people in China suffer from depression. The epidemiological survey conducted in four provinces in China showed that the prevalence of mental disorders among adults in China was 17.5%, in which the prevalence of mood disorders (mainly depression), anxiety disorders, and substance use disorders were 6.1%, 5.6%, and 5.9%, respectively (Phillips et al., 2009). 	<ul style="list-style-type: none"> • Finland is popularly known as the “happy country”. The prevalence of mental illnesses in Finland generally reflects global trends, with a clear increase in the occurrence of depression and anxiety. At any time, between 4% and 9% of the population of 5.2 million suffer from major depressive disorders. Some 10–20% of the population experience depression during their lifetime (Lahtinen, 2006).
<p><i>Mental Health Care</i></p>	<ul style="list-style-type: none"> • In comparison to the global average, the mental health workforce (i.e., 4.15 psychiatrists and 12.97 psychiatric nurses per 100,000 population respectively), mental health resources in China are quite limited. The shortage of skilled mental health professionals represents one of the most critical issues 	<ul style="list-style-type: none"> • Municipal authorities in Finland are in charge of organizing mental health services. Mental health services are also provided by private service providers, hospital districts, and third sector actors, i.e. different kinds of organizations, therefore allowing people to seek help for mental health problems from health care centers, occupational health care, private clinics,

	<p>faced by the Chinese mental health system currently. With the onset of the market economy, China's community-based mental health system was virtually abolished. As a result, hospital-based mental health services are now the norm. Patients can go straight to tertiary psychiatric institutions, skipping primary and secondary care (LIU et al., 2011).</p> <ul style="list-style-type: none">● According to the WHO, only 2.35% of the total health budget is spent on mental health and less than 15% of the population has health insurance which includes coverage of psychiatric disorders (LIU et al., 2011).● China has made considerable steps over the last decade to eliminate the barriers that prevent individuals from receiving diagnosis and treatment, including the establishment of a mental health law that asks for more	<p>private psychotherapists, specialized psychiatric care, the church and various organizations which provide and maintain different kinds of mental health services (Mental Health Services, 2021).</p> <ul style="list-style-type: none">● Instead of focusing only on preventing suicide, Finland has chosen to enhance mental health treatment broadly. The government has concentrated on factors that contribute to suicide, such as a lack of mental health treatment, drug and alcohol misuse, depression, and easy access to lethal means (Finland's Mental Health Challenge, 2020).● Finland also established an online Mental Health Hub, which offers cognitive-behavioral treatments to the whole of Finland (Finland's Mental Health Challenge, 2020).● Despite this development, around 750 people die of suicide each year. The death rate difference between the general
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	facilities, more mental health experts, and increased awareness (LIU et al., 2011b).	population and individuals diagnosed with a mental illness, one of which is suicide, is considerable. (Finland's Mental Health Challenge, 2020). <ul style="list-style-type: none">• Finland has developed a new National Mental Health Strategy, which includes €300,000 for suicide prevention, but there is still potential for additional mental health investment (Lehtinen & Taipale, 2001).
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3.2 Observations for the Comparative Analysis

According to the overview of China and Finland above, it can be observed that there is a significant rate of child maltreatment and depression in both countries. The mental health care infrastructure in China has a greater potential for improvement as compared to Finland. Finland is also widely known as the happiest country in the world due to its low corruption levels, welfare benefits in abundance, a sense of freedom and autonomy, a flourishing healthcare system, and a well-functioning democracy.

To compare the two countries in terms of the impact of childhood maltreatment on depression, two research studies were used; a study by (Rehan et al., 2017b) for Finland and (Wang et al., 2018c) for China that aimed to determine how childhood trauma affects young adults or adults in general. The results were as follows:

On comparing the two countries it was observed that the average age of people who participated in this study was about 29.2 years (Finland), while the average age of people in China on whom this study was conducted was about 19.5 to 20 years. There were about 3766 males and 7217 females in Finland, while there were only about 555 males and females in

China. Out of the 10,683 participants in the Finland study, it was discovered that approximately 22.3 per cent of people had experienced some form of childhood maltreatment, while approximately 18.56 per cent of people in China claimed to have experienced some form of childhood maltreatment. In China, it was found that approximately 60% of women who experienced childhood trauma are now suffering from chronic depression, while in Finland, the majority of adults who experienced childhood trauma did show any signs of depression as adults.

4.0 Suggestions

Stricter laws can be implemented against child abuse. Parents can be encouraged to attend sensitization programs, support groups to learn parenting skills, and behavioural parent training programs. Greater job opportunities can be provided to reduce unemployment rates which do contribute to child maltreatment. Children should be educated about safety measures, emergency contact numbers, and child protection rights. Efforts should be made for providing accessible and affordable mental health care services with a trauma-focused approach to children and establishing advanced training requirements to better equip mental health professionals to deal with such cases.

5.0 Conclusion

Childhood trauma due to childhood maltreatment has a significant impact on the physical and mental well-being of the children. It contributes to developmental problems, high-risk behaviours as well as the development of mental disorders such as depression.

Based on the comparative analysis done between China and Finland, our findings suggest that while Finland is a happy and developed country, in terms of childhood maltreatment, it is on par with China. In the study, it was discovered that 22.3 per cent of people had experienced some form of childhood maltreatment. The results for China were 18.6 per cent.

It was discovered that the majority of people who had experienced severe childhood maltreatment did not meet the criteria for clinically significant levels of depression and anxiety or clinically significant levels of alcohol abuse in Finland. However, in China chronic depression was reported as a result of childhood maltreatment.

A higher unemployment rate in Finland as compared to China could be a contributing factor for higher rates of child maltreatment in Finland as evidence suggests that job loss does contribute to child maltreatment by parents. However, the rate of depression due to childhood maltreatment is higher in China than that in Finland, possibly due to largely better mental healthcare services in Finland as compared to China.

6.0 Limitations

China is considered to be the most populated country and the data studied in the comparative analysis may not be representative of the entire population. China is also a developing country and Finland is an already developed country might explain why the mental health care system is better in Finland as compared to China. There is also not enough research in the field of the impact of childhood maltreatment on depression in Finland. The study of Finland used for comparative analysis may not be representative of the entire population.

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