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## Abused Children And Depression

Abuse of children, unfortunately, has become a common thing that happens in society. Many children are abused. The lucky few are removed from their abusers and given therapeutic help, if available, while others' abuse continues to go unreported; emotional abuse seems to go unreported because people tend to brush it off. People who are emotionally abused at a young age are more susceptible to depression because their emotional neglect leads to feelings of worthlessness or inappropriate guilt that could trigger the symptoms for depression; they may think of themselves in a more negative light because of the negativity surrounding them instead of thinking positively about themselves. To support or disprove this assertion, I looked at two studies looking at how child abuse might lead to depression or major depressive disorder (MDD); the studies were correlational and experimental.

The first study (Hanson, Hariri, & Williamson, 2015) was a longitudinal correlational study looking at how emotional neglect (EN), ventral striatum activity correlated with depression; the ventral striatum is a subcortical structure supporting reward responsiveness and learning. Ventral striatum has been theorized to be linked with depression because of decreased reward-related ventral striatum activity. Psychological factors that protect against MDD including, optimism and a positive self-concept, are linked with increased reward-related ventral striatum activity. Some studies have noted that low activity in the ventral striatum is present in abused children and adults who were abused as children. The study used longitudinal neuroimaging as well as behavioral data to test their hypothesis that changes in reward-related ventral striatum activity would be linked with emotional neglect (abuse) that lead to a development of depressive symptoms later in life; higher levels of emotional neglect (abuse) would be related to a great decrease in ventral striatum activity. The study followed 106 participants who were initially recruited for a study on depression and alcohol use disorders. They completed in-person interviews, self-report behavioral assessments, and MRI scanning; they were re-called annually to complete interviews, questionnaires, and follow up MRI scans. All participants had to be free of psychopathology except for anxiety—which 16 participants had. Depressive symptoms were measured the child report version of the Mood and Feelings Questionnaire which has a high consistency and test-retest reliability. Emotional neglect was assessed using the Childhood Trauma Questionnaire; participants were assessed at the first and second scanning session and then averaged to create a measure for emotional neglect. To assess ventral striatum reward-related activity, participants participated in a card-guessing model with three blocks that were majority positive feedback, then negative feedback, and then no feedback; participants would win a monetary reward based on their performance. The results supported their hypothesis. Emotional neglect was associated with changes in the ventral striatum activity. The lower the ventral striatum activity present, the more emotionally neglected the participants had reported; the higher ventral striatum present, the less emotionally neglected participants reported. Depressive symptoms were also associated with low ventral striatum activity. So, when emotional neglect had a high score, the ventral striatum had a low score that then affected the person's mood that brought forth depressive symptoms since higher activity in the ventral striatum lead to a more optimistic, positive self-image of oneself. Also, the change in ventral striatum activity related to reward (positive feedback) was connected to emotional neglect and depressive symptoms. The study continues to discuss that when parents are emotionally unavailable and unresponsive could result in difficulty regulating emotions; the lack

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of interactions could lead to negative feelings about one's self as well as low self-esteem.

To possibly prevent depression in children with a history of maltreatment (emotionally, physically, mentally, and sexually), the study's (Hanson, Hariri, & Williamson, 2015) results show a possibility of using a drug, activity, or therapy that helped increase ventral striatum activity. If a child who was being abused was still able to respond to rewards or positive feedback and not have low optimism, self-esteem, and think positively, depression could be thwarted. However, children who are abused fail to develop a positive mindset about themselves as a result of the negativity in their life and the punishments dealt handed to them. I believe abused children may not have responded to positive feedback during the paradigm because of the irrational reasons they were punished or abused by their caretakers. The study, however, is limited because of the short time period in which they followed participants; had the researchers followed them past two years, would the results have been different? Could we have seen a rise in ventral striatum activity related to reward and would participants develop depression? Also, because this was a correlational study, it does not ascertain that depression is a result of maltreatment that leads to low ventral striatum activity; the study shows correlation not causation. Thus, it neither proves nor disproves my claim.

To further understand how maltreatment affects children, I looked at an experimental study (Guyer et al., 2006), in which children were asked to play a game that required them to guess for monetary rewards (positive feedback); their selection speed would be recorded by the computer they were playing the game on. The researchers got children with maltreatment history from DCF (Department of Children Services) in Connecticut and a control group of children they obtained from advertisements who were not maltreated; the children were not randomly assigned. They obtained permission from each child's legal guardian and the children's consent as well. Children were paid \$15 and parents received \$25. They would be given choices that prompted them to take risks for the greatest reward; they would choose what they thought the computer would choose (they would be given percentages as to the likelihood of the computer landing on the number) and win the corresponding money amount if the robot chose the spot they had guessed. The independent variable was the chance of winning and the dependent variable was response time (to choose between a risky choice or a safe choice). The results from the experiment were that children with a history of maltreatment were less likely to make a risky choice than the control group of children. Maltreated children (including those diagnosed with depressive disorders) chose all options (risky and safe) at about the same speed while the control group took longer to select higher risk than lower risk options; the time though decreased for controls as the chance of winning increased. The maltreated children diagnosed with depressive disorders took longer to choose risky options than the control and other maltreated children.

The study (Guyer et al., 2006), though experimental, was not a true experiment because of the lack of random assignment to groups. Thus, a causal relationship between maltreated children and risk-taking cannot be established. A relationship between depressed children cannot also be established with risk-taking because the study did not specifically focus on children with or without depression who were maltreated and a control group. However, the study does reveal something about maltreated children with and without depression. Maltreated children (including those with depressive disorders) seem to be overly cautious when making choices even when the possible reward could be greater than the perceived risk; this may be because of the lack of rewards in life when making choices and the irrational (I repeat) punishments dealt out to them. They may fear taking risks because the punishment outweighs the benefits. They may, also, not

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feel optimistic that they will win and have majority negative outlook on their chances because of the abuse as well as low activity in the ventral striatum (as the correlational study pointed out).

After exploring these studies (Guyer et al., 2006; Hanson, Hariri, & Williamson, 2015), it has come to my attention that a great way to prevent children who are abused from being too fearful of making decisions, being passive, and developing depression (that disables them in making big life decisions), they should be encouraged to make small decisions, that yield rewards. Great examples of how to re-condition abused children would be to put them in therapies that pertain to behavior or thinking: cognitive therapy (which would train maltreated children to think optimistically), cognitive-behavioral therapy (which would attempt to change thinking as well as behavior), and a combination of these therapies with medication that would increase reward-related activity in the ventral striatum. To aid in preventing abuse, parents should be, ideally, educated (parental classes) before they consider to have children, and if they not that, they should be educated while pregnant; I believe that this would need to be a mandatory class that both parents took to prevent, at least, some children from being abused. Also, in an ideal world, these classes would be free and available to everyone.

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