



Letter to the Editor

Role of Childhood Psychological Traumas in the Development of Alcohol Dependence Syndrome and the Various Levels of Prevention – A Psychological Perspective

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Dear Sir,

LINK BETWEEN CHILDHOOD TRAUMAS AND ALCOHOL DEPENDENCE

Alcohol dependence syndrome (ADS) is prevalent in various cultures all over the world. Psychological trauma tends to happen whenever an individual suffers from a serious loss or a serious threat. If childhood psychological trauma is not effectively dealt with and resolved, it may predispose an individual to the development of alcohol and drug misuse.^[1] Childhood traumas tend to act as precipitating factors for the occurrence of various psychiatric problems including ADS during adult life. Individuals with a history of childhood or early life traumas mostly consume alcohol to soothe their trauma-associated distressing emotions.^[1] Childhood traumatic experiences may include various types of neglect such as emotional and physical neglect. They also include various types of abuse such as sexual, physical, and emotional abuse.^[1] A study found that globally 7.6% of boys and 12.7–18% of girls experienced sexual abuse.^[2] Other studies observed that childhood sexual abuse acts as a risk factor for the development of various physical as well as psychological disorders including depression, eating disorders, substance dependence, and behavioral disturbances.^[3,4] A study observed that 21.6% of the study participants revealed that family members were the common perpetrators of childhood sexual abuse.^[4] The same study also observed that 23.3% of the study participants strongly agreed that the problem of substance abuse during childhood or adolescence was the most common consequence of childhood sexual abuse.^[4] A systematic review of relevant studies observed that the prevalence of traumatic events among persons with ADS was as high as 89% and alcohol use was 1.5 - 5.5 times more prevalent among persons with a history of trauma than those without trauma.^[1]

WAYS TO TACKLE CHILDHOOD PSYCHOLOGICAL TRAUMAS

Following levels of prevention of childhood psychological trauma may be beneficial in the case of a wide range of psychiatric disorders including ADS. To tackle the burden of childhood trauma, primary intervention should focus on preventing the occurrences of such traumas. Examples of primary prevention include programs to prevent child neglect and abuse, programs to teach parents positive skills related to parenting, and programs to enhance resilience as well as the stability of family and community.^[5] A study attempted to assess the effectiveness of a structured teaching program about knowledge related to awareness about sexual abuse among adolescents from Punjab state. That study observed that during

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the pre-test phase, 50% had average, 20% had well, and 30% had poor knowledge about sexual abuse. The same study also observed that during the post-test phase, 88.4% had good, and 11.6% had average knowledge about sexual abuse, while none of the participants lacked knowledge regarding sexual abuse.^[6] A study assessed the impact of video-assisted teaching (VAT) to study the awareness about sexual abuse in school-going children from Uttarakhand and found that the mean post-test score (20.06) was significantly higher than the pre-test score (10.24) which indicated a positive impact of VAT on raising the level of knowledge about sexual abuse among school going children.^[7]

Secondary prevention should aim at decreasing the severity of childhood traumas and their immediate impact which can result in the reduction of negative consequences secondary to such traumatic experiences. Examples of secondary prevention include providing psychological first aid to decrease the psychological impact of childhood trauma, conducting programs to identify and tackle abuse and violence within families, and providing trauma-informed care for the early detection and prompt intervention of childhood traumatic experiences.^[5] A study has highlighted various risk factors for the occurrence of childhood abuse which included parent-child conflicts, marital conflicts, economic issues, any illness-associated stress, inability to control anger, and frustrating situations.^[8] Hence, it is of utmost importance to tackle domestic violence effectively to avoid its detrimental effects on the mental health of children.

Finally, tertiary intervention should aim at reducing and managing the long-lasting consequences of childhood traumas. Examples of tertiary prevention include integrating trauma-informed care services in health care as well as service sectors for better outcomes, promoting social campaigns to enhance empathy toward people suffering from consequences of childhood traumatic experiences, and regular organization of programs to identify and decrease the maladaptive health behaviors such as alcoholism associated with childhood traumatic experiences.^[5] As per the available literature, issues of emotional dysregulation such as anxiety and depression are often comorbid with ADS, and childhood traumatic exposures have been linked to adverse consequences during adulthood in the form of ADS. Such findings suggest that the “negative affect pathway” links childhood traumas and ADS.^[9]

CONCLUSION

Identifying and resolving childhood psychological traumas as well as targeting the emotional dysregulation due to childhood psychological traumas can be of therapeutic value while treating individuals with ADS.

Limitation

A limitation that can exist while remembering the past events of childhood traumas in the form of recall bias was not addressed in the present study.

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Declaration of patient consent

Patient’s consent not required as there are no patients in this study.

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Conflicts of interest

There are no conflicts of interest.

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