

SCHIZOPHRENIA Factsheet

What is childhood adversity?

Childhood adversities encompass a range of childhood experiences, including loss of a close relative, parental separation, bullying, physical abuse, sexual abuse, emotional abuse, and neglect. The nature, timing, severity, and duration of exposure are likely to influence mental health, however any evidence that childhood adversity directly causes psychosis or schizophrenia is controversial. Firstly, psychotic disorders may be secondary to comorbid affective, substance use, personality, or post-traumatic stress disorders, all of which have been linked to early adversities, and all are common in those with a psychotic mental illness. Another difficulty is accurately measuring childhood adversity, as it is dependent on assessment of the experiences via information collected retrospectively. This is particularly problematic if having a psychotic disorder impacts on memory recall.

What is the evidence for childhood adversity as a risk factor for schizophrenia?

Moderate to high quality evidence found a small to medium-sized increased risk of schizophrenia and other psychotic disorders following exposure to childhood adversities (abuse, neglect, bullying, or parental loss) compared to people without exposure to childhood adversities. Rates of childhood sexual abuse in people with psychosis was approximately 26.3%, childhood physical abuse was approximately 38.8%, and childhood emotional abuse was approximately 34%. Rates were highest in older studies, in studies with more females, in studies with older patients, and in studies of patients with comorbid substance abuse.

In people with a psychotic disorder, exposure to any childhood adversity was associated with more severe symptom severity. For positive symptoms, there were small associations with sexual abuse, physical abuse, emotional abuse, and emotional neglect, and no association with physical neglect. For negative symptoms, there were small associations with sexual abuse, physical abuse, physical neglect, and emotional neglect, and no association with emotional abuse. For depression, there were small to medium-sized associations with sexual abuse, physical abuse, physical neglect, and physical neglect. Women showed greatest effects on depression severity.

Compared to people with anxiety disorders, there was a medium-sized increased risk of childhood adversity in people with schizophrenia. Compared to people with dissociative disorders or post-traumatic stress disorder, there is a large decreased risk of childhood adversity in people with schizophrenia. There were no differences in rates of childhood adversity between schizophrenia and depressive disorders, including affective psychosis.

Moderate to high quality evidence finds small associations between childhood adversity and poorer treatment outcomes and poorer overall cognition. Moderate to low quality evidence finds mediation and moderating effects of other life events and stressors, social defeat, loneliness, and social support on the relationship between childhood adversity and psychosis. Mediation, but not moderating effects were found for negative cognitive schemas about the self, the world, and others, attachment style and parental bonding, mood symptoms, emotional dysregulation, PTSD, and dissociation. Mediators are mechanisms through which the relationship may be explained, while moderators were factors that changed the relationship.

April 2022



NeuRA (Neuroscience Research Australia) is one of the largest independent medical and clinical research institutes in Australia and an international leader in neurological research.

Diseases of the brain and nervous system pose the greatest health, economic and social burden of any disease group because they are chronic, debilitating and have no known cures.

Medical research is the cornerstone of efforts to advance the health and wellbeing of families and the community. Our dedicated scientists are focussed on transforming their research into significant and practical benefits for all patients.

While we hope you find this information useful, it is always important to discuss any questions about schizophrenia or its treatment with your doctor or other health care provider.

HOW YOUR SUPPORT HELPS

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NeuRA (Neuroscience Research Australia) Foundation T 1300 888 019 F +61 2 9399 1082 ABN 57 008 429 961 Margarete Ainsworth Building Barker Street, Randwick NSW 2031 PO Box 1165 Randwick Sydney NSW 2031 Australia