

Adult Mental Wellbeing after Abuse and Assault in Childhood

Highlights

1. Prevalence of childhood abuse (sexual, physical, bullying) has increased with younger generations (2-3 fold across three generations).
2. The experiences of childhood sexual and physical abuse/assault as well as cyberbullying are associated with far worse adult mental health outcomes compared to death of a parent or sibling during childhood.
3. The most common adult symptoms of those who experienced abuse in childhood were obsessive thoughts, feelings of sadness, distress or hopelessness, fear and anxiety, avoidance & withdrawal and guilt & self-blame.
4. Childhood sexual abuse reported among young adults was highest in Latin America, while Cyberbullying was highest in the Core Anglosphere. Physical assault was more regionally varied.
5. Altogether, countries with the highest rates of childhood abuse or assault of any type reported by young adults are Brazil, UK, United States, Canada and Australia.

Summary

Recent data highlight a stark decline in the mental health of younger generations globally. Uncovering the root causes of this decline is a core goal of Sapien Labs. Here we report startling evidence of the increased prevalence of childhood abuse, assault and bullying reported by young adults.

Based on a survey of 286,732 people across the Internet-enabled population of 27 countries in 2022, the rates of those who report having experienced abuse, assault or bullying in childhood is three to five-fold higher in the youngest generation of adults (18-24) relative to their parents and grandparents (age 55+). In contrast, the experience of the death of a parent or sibling during childhood has declined. Among young adults aged 18-24, those who experienced physical abuse/assault or sexual abuse/assault in childhood had the worst mental wellbeing with the majority experiencing debilitating mental health challenges. Those who experienced childhood cyberbullying were not far behind with the majority also experiencing negative mental health. In contrast those who had lost a parent or sibling experienced a far lesser impact on their mental health.

Comparisons across countries revealed the prevalence of sexual abuse among 18-24 year olds was generally highest in Latin American countries (>10%) with the United States also high. Conversely the prevalence of cyberbullying was highest in the Core Anglosphere (>15% in Canada, USA, UK and Australia) while Brazil topped the list. In contrast North African and Middle Eastern countries had the lowest prevalence, typically less than 5%. Across all forms of abuse/assault, Brazil topped the list with prevalence of 46% followed by the UK, USA, Canada and Australia.

This stark rise in abuse in childhood and the surprising impact of cyberbullying is likely one contributing factor behind the decline in the mental health with younger generations. This demands a redressal of our perspective on cyberbullying, Given its significant impact, it calls for a multi-dimensional approach to better define cyberbullying, educate young people on appropriate online behavior and develop appropriate guardrails and consequences.

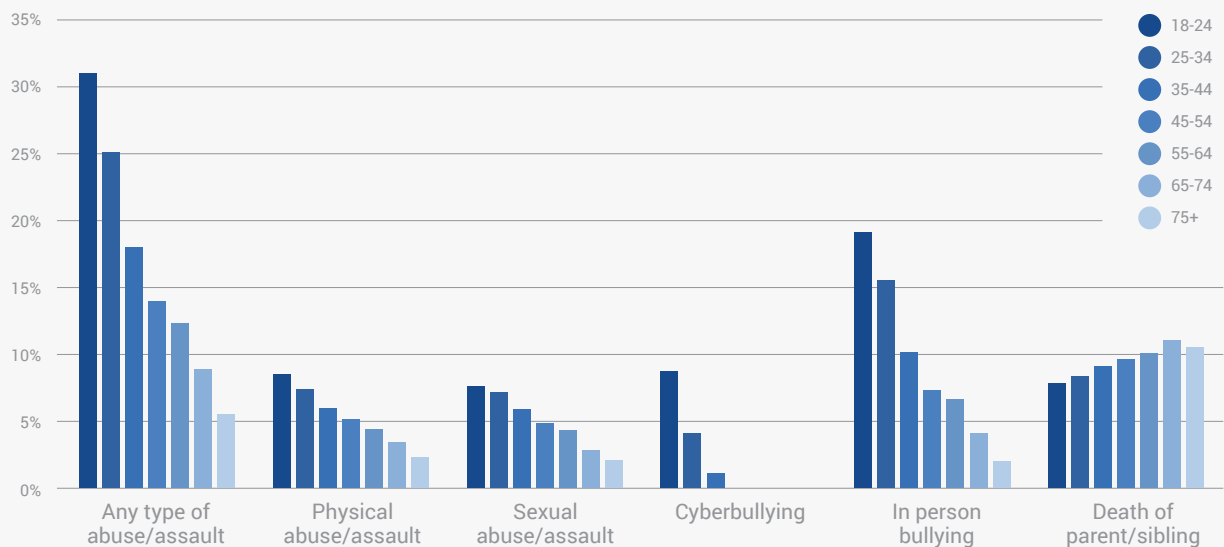
Altogether this demands both urgent understanding of the socio-cultural aspects of modern society that are driving these trends, and deeper self-reflection. How have we, as a society, with all that we call progress, made the world more abusive and traumatic in childhood? And what can we do to reverse course? It is a sobering call to action.

Findings

Growing rates of childhood abuse and assault

The experience of various forms of childhood abuse and assault from sexual and physical abuse and assault to in-person and online (cyber) bullying has grown with each younger generation. Altogether across the sample 31% of young adults age 18-24 reported experiencing at least one of these forms of abuse or assault during childhood compared to only 12-14% in their parents' generation (Figure 1). Global rates of in-person bullying were a soaring 19% while physical and sexual assault as well as cyberbullying were between 7 and 9% for the youngest adults. These rates are about double the rates experienced by adults aged 55 and older for physical and sexual abuse or assault, and 3-fold higher for in-person bullying. Since the Internet did not exist during the childhoods of those older than 40, cyberbullying is an experience unique to younger generations.

Figure 1: Reported experience of traumas and abuse during childhood



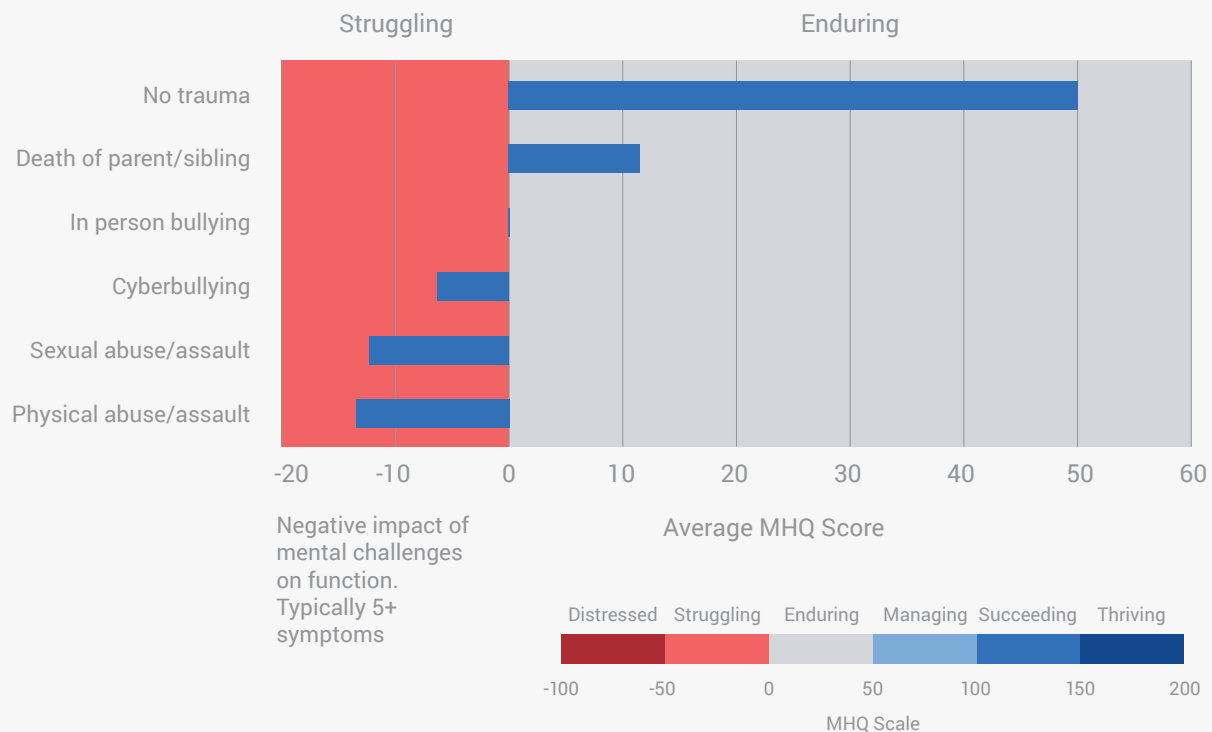
The reported experience of various forms of abuse or assault was higher for younger generations of adults while death of a parent or sibling during childhood declined with younger generations. Overall experience of childhood abuse for young adults was 31% across the 27 countries sampled.

In stark contrast, the experience of the death of a parent or sibling during childhood has steadily decreased with each new generation. For 18-24 year-olds it was 8% compared to 10% in their parents' generation.

The Impact of abuse, assault and bullying on mental wellbeing

We show here the mental wellbeing profiles, as measured by MHQ scores, of young adults age 18-24 who report the experience of each type of abuse or trauma during childhood (Figure 2). On average those who reported the experience of either sexual or physical abuse or assault had negative MHQ scores of -12 and -13 respectively, while those who reported cyberbullying had negative MHQ scores of -6. Negative MHQ scores indicate 5+ clinical symptoms with a significant impact on the ability to function effectively. This translates to a majority who were distressed or struggling in adulthood among those who experienced one or more of these forms of abuse. These scores were far worse than those who reported in-person bullying in childhood and *dramatically worse* than those who reported the death of a parent or sibling during childhood, where the average MHQ was 11 points. In contrast to all forms of abuse and trauma, however, those who experienced no trauma of any kind during childhood had substantially higher MHQ scores of 50.

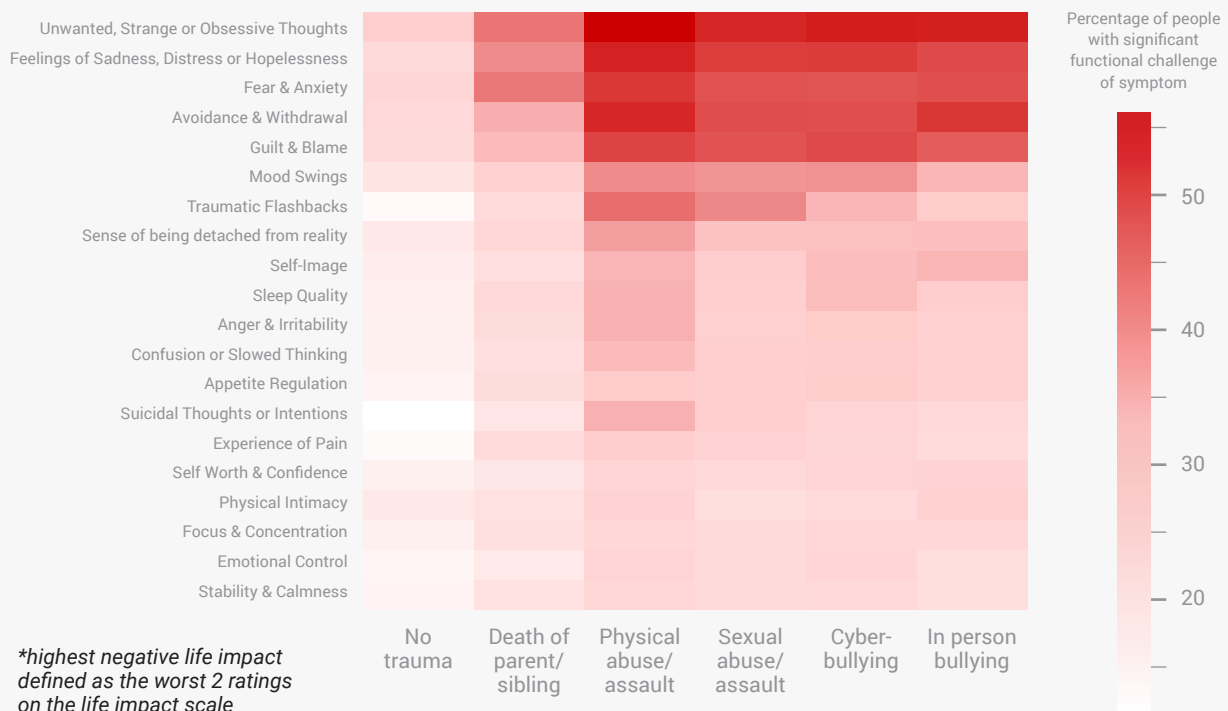
Figure 2: Mental wellbeing scores, as measured by MHQ for young adults age 18-24 for different experiences of childhood abuse



Those who experienced childhood physical and sexual abuse or assault as well as cyberbullying had the worst mental wellbeing with negative average MHQ scores indicating 5+ clinical symptoms, far worse than the experience of the death of a parent or sibling.

Among those who experienced physical or sexual abuse or assault as well as cyberbullying, the symptoms that were most debilitating relative to those who experienced no childhood trauma were *obsessive thoughts, feelings of sadness, distress or hopelessness, fear & anxiety, avoidance & withdrawal* and *guilt & (self) blame* (Figure 3). Other symptoms in the top 20 included challenges with self-image and self-worth, emotional control, feeling detached from reality, suicidal thoughts as well as challenges with sleep and appetite regulation. Surprisingly there were also cognitive symptoms such as challenges with focus & concentration as well as confusion & slowed thinking.

Figure 3: Top 20 symptoms of those with the experience of childhood abuse/assault



A significantly larger percentage of those who experienced some form of abuse had debilitating symptoms of obsessive thoughts, feelings of sadness, distress or hopelessness, fear & anxiety, avoidance & withdrawal and guilt & (self) blame. Other symptoms in the top 20 included feeling detached from reality, suicidal thoughts as well as challenges with sleep and appetite regulation.

We note that individuals who experienced one kind of abuse often also experienced one or more of another type of abuse or trauma. Thus it is not possible to specifically determine the impact of any one type of abuse alone. Nonetheless this points to the surprising suggestion that the experience of cyberbullying in childhood has almost as significant and far-reaching long-term impact as sexual and physical abuse.

Altogether the rise in childhood abuse is likely one significant factor in the declining mental wellbeing of younger generations. However while those who experienced no trauma (abuse or otherwise) during childhood have higher scores overall, it is nonetheless lower than the average MHQ scores of older generations who did not experience any trauma which is ~100. Thus while the increased prevalence of childhood abuse is a contributing factor to the declining mental wellbeing of younger generations, it cannot explain the full extent of the decline.

Prevalence of childhood abuse, assault and bullying in 18-24 year olds by country

We next report on the rates of these various forms of trauma by country, showing those countries where there were at least 400 responses within this age group. We caution the reader again that these samples reflect only the Internet-enabled world, which is a smaller proportion of the population in developing countries (Figure 4).

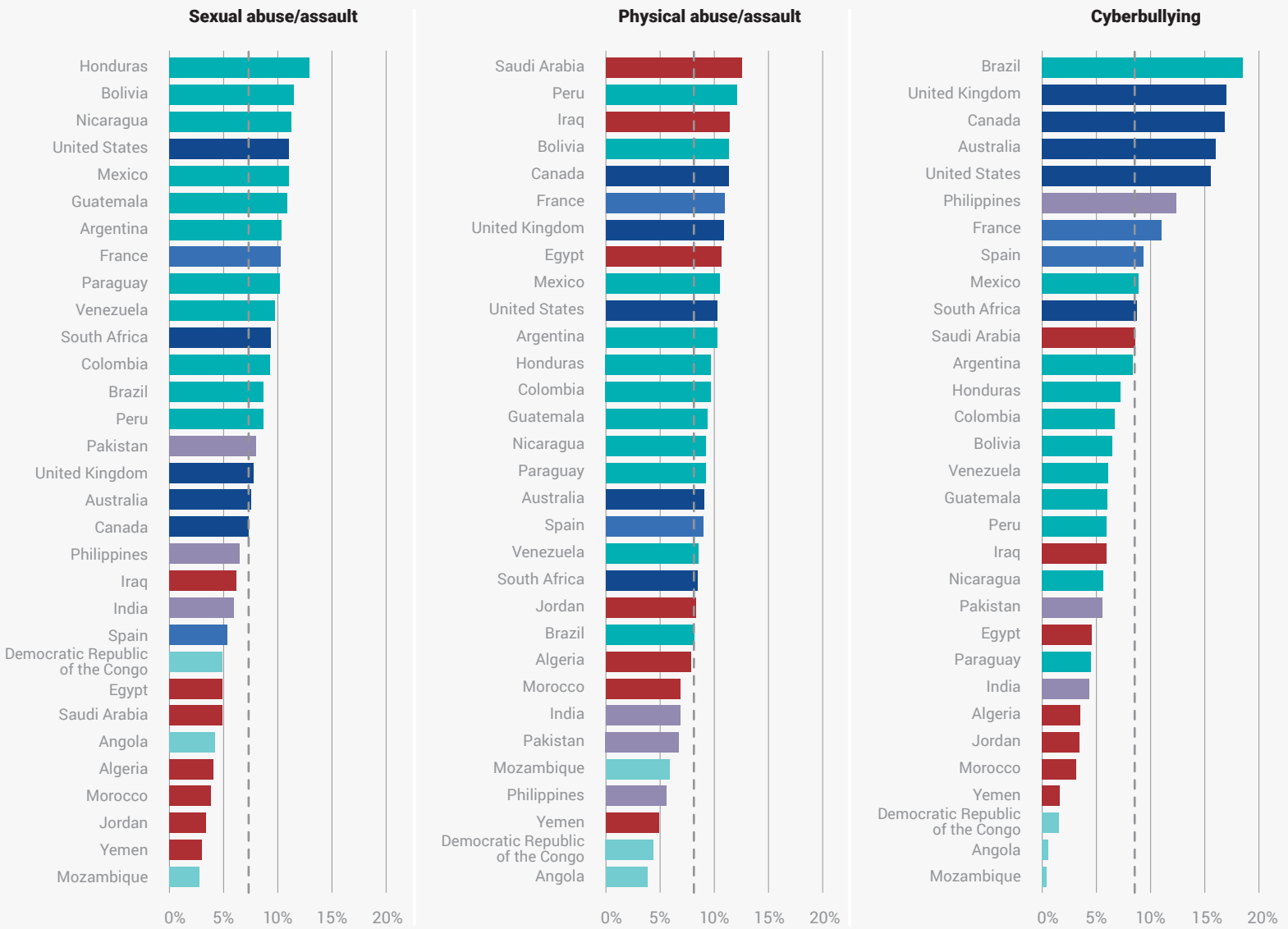
Reports of childhood sexual abuse were highest in Latin American countries (8-13%) with the United States also high up in the list (11%). In contrast those from countries in the Middle East and North Africa (MENA) reported the lowest rates of sexual abuse or assault, typically less than 5%. In contrast, physical abuse or assault was not as geographically distinct with the highest rates (between 11% and higher) reported in Saudi Arabia, Peru, Iraq, Bolivia, Canada and France.

Surprisingly, the highest rates of cyberbullying were reported in Brazil at 18.5%. However, four of the countries in the top 5 with rates above 15% were in the Core Anglosphere which included Canada, UK, USA and Australia. Rates in Latin American countries ranged between 5 and 10% and rates in the Middle East and North Africa were typically less than 5%.

In stark contrast, rates of loss of a parent or sibling during childhood were far higher in African countries and the Middle East and North Africa, and lowest in the Core Anglosphere.

Altogether, the prevalence of childhood abuse of any type reported by young adults 18-24 was highest in Brazil at 46%, followed in order by the United Kingdom (43%), United States and Canada (both 41%), Australia (39%), South Africa (37%), France (36%), Saudi Arabia (33%), Iraq (32%) and Egypt (31%). Those with the lowest were Democratic Republic of Congo (11%), Yemen (20%), Paraguay (23%), Mozambique (23%) and Venezuela (24%).

Figure 4: Ranking of Countries by Reported Childhood Abuse/Assault by Adults age 18-24



Sexual Abuse and assault was highest in Latin American Countries while cyberbullying was generally highest in the Core Anglosphere. Both were lowest in the Middle East and North Africa as well as other African countries. Physical assault was less regionally divided with Saudi Arabia and Peru topping the list.

What do we make of this?

There are several questions and surprises that this data raises.

First why is there such an increase in childhood abuse and assault with each younger generation? Is it that younger adults ascribe an expanded meaning to what constitutes sexual abuse or bullying relative to older generations? Does childhood abuse progressively fade from our memory as we age? Or as a society have we simply become more abusive to our young? It is perhaps a combination of all of these factors. On the one hand younger adults are more aware of these types of abuse and more willing to talk about it, which can lead to lower tolerance for behaviors that older generations may have dismissed as minor. This may be particularly true in the United States where the apparent impact to mental wellbeing of sexual and physical abuse is similar to that in other countries for older generations but much lower for younger generations. On the other hand, societies that are more collective in nature with stricter norms such as those in the middle east and north Africa tend to have lower rates of sexual abuse and assault suggesting that these increases may relate to socio-cultural factors that serve as greater barriers to these behaviors.

Second, it is surprising that in terms of the mental health challenges, the experience of childhood cyberbullying is a close second only to the experience of physical and sexual abuse/assault. Why is it that the impact on mental wellbeing appears to be greater than in-person bullying and far greater than losing a parent or sibling during childhood? This is perhaps telling of human nature – that the public shame of cyberbullying is far more impactful than the bullying itself. The lack of ability to erase the online trail of cyberbullying may compound its effect and cause it to reverberate longer in time making it harder to overcome than the death of a family member. Given its significant impact, it calls for a multi-dimensional approach to better define cyberbullying, educate young people on appropriate online behavior, develop appropriate guardrails in online forums and identify appropriate consequences that can be enforced.

Altogether, these findings demand deeper understanding and self-reflection. How have we, as a society, with all that we call progress, created a world that is increasingly more abusive and traumatic in childhood? What are the socio-cultural factors of modern society that drive it, and what can we do to reverse course? It is a sobering call to action.

Methods

Data Source

The data was taken from the Mental Health Million open-access database which acquires data by offering the MHQ online in multiple language. Participants were recruited via campaigns on Facebook and using Google Ads that targeted a broad cross-section of adults across all age and gender groups 18+, directing them to the MHQ website (<https://sapienlabs.org/mhq/>). Respondents took the assessment for the purpose of obtaining their personalized mental health report and no financial compensation was provided. The personal report aimed to ensure greater interest of the respondent in completing the 15-minute assessment and answering questions thoughtfully and accurately.

The Mental Health Million Project is a public interest project that has ethics approval from the Health Media Lab Institutional Review Board (HML IRB), an independent IRB that provides assurance for the protection of human subjects in international social and behavioral research (OHRP Institutional Review Board #00001211, Federal Wide Assurance #00001102, IORG #0000850).

For this study, we utilized responses to the MHQ assessment in all available languages during 2022 from 286,732 respondents. The MHQ is a transdiagnostic assessment that comprehensively covers symptoms across 10 major mental health disorders as well as items derived from RDoC. Within the MHQ, each of these 47 items were rated by respondents using a 9-point life impact scale reflecting the impact on one's ability to function. The MHQ is an aggregate score based on respondents' answers to the 47 MHQ items and is thus a measure of aggregate mental function rather than mood. The score is based on an algorithm that thresholds ratings as negative and positive based on the impact to function and applies a nonlinear transformation of the scale such that increasing negative impact to function is amplified (see Newson and Thiagarajan, 2020 for more details).

The MHQ also collected data across 30 descriptors relating to the demographic, life experience, lifestyle and situational profile including information on adversities and traumas experience during childhood and adulthood.

Data analysis

Exclusion criteria

Only those respondents who stated that they found the MHQ easy to understand were included in the analysis. This exclusion criterion was applied by only selecting respondents who answered “Yes” to the final question in the MHQ which asks them “Did you find this assessment easy to understand?”. Those who answered no were excluded from the analysis. In addition, only respondents who were over 18 were included. Those who responded that they were “Under 18” were unable to continue with the assessment and so were automatically excluded.

Weighting of data

The spread of respondents across age and gender (biological sex) groups was not an accurate representation of their proportion of the population in each country. Furthermore, the proportion of respondents in each age-gender group were not identical across countries. Thus, to enable a more representative view of a country’s population, and more accurate comparisons between countries, scores were first computed for each age-gender group and then a weighted average score was computed based on the relative proportions of each group within individual countries. Analyses comparing age brackets were only weighted by gender. Overall sample estimates were made by weighting by the countries Internet-enabled population. All population estimates and age-gender distributions that are utilized for these weightings were taken from the United Nations population estimates (United Nations, 2019).

Limitations of sampling and data interpretation

Although respondents were similarly recruited across all countries, two key caveats must be highlighted. First, these samples may not reflect a true sample of any country’s population and will be biased by those with language proficiency, Internet access and the willingness to spend 15 minutes completing an online assessment. Thus, results must be interpreted strictly in this context. Second, cultural differences in language usage and culture itself can significantly influence how people interpret and respond to each individual question. Any individual country’s results will therefore reflect these differential effects of culture.

The data associated with this report is freely available for academic and nonprofit research.

For more information and to access the data please visit:

<https://sapienlabs.org/mental-health-million-project>