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Investigating the Relationship Between Adverse Childhood Experiences and Psychological Distress in Depressed Married Women in the City of Babol

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Abstract

The present study aimed to investigate the relationship between adverse childhood experiences and psychological distress among depressed married women in the city of Babol. To this end, a sample of 150 depressed married women was selected using a non-probability, convenience, and voluntary sampling method. The research instruments included the Adverse Childhood Experiences Questionnaire and the Psychological Distress Questionnaire. For data analysis, mean and standard deviation as well as Pearson correlation tests were employed using SPSS version 23. The results of the Pearson correlation test indicated a significant relationship between adverse childhood experiences and psychological distress ($r = 0.19$, $p < 0.001$). Based on the findings of this study, it is suggested that psychological distress in depressed married women in Babol be further examined and addressed.

Keywords: Adverse childhood experiences, psychological distress, depressed married women

Introduction

The Diagnostic and Statistical Manual of Mental Disorders identifies depression as a recurring experience or a component of daily life. A significant hallmark of depressive disorders, particularly in their most severe forms, is the incapacity for clear, comfortable, and creative thinking, and this reduction in thinking capacity also includes impaired concentration. Cognitive impairment tends to be more pronounced during major depressive episodes and may incorporate symptoms that are reminiscent of psychosis. Additionally, depression can manifest when there are insufficient cognitive resources for problem solving, developing solutions, or constructing a perspective for coping with emotional difficulties. In such instances, the mind may "give up," however, confidence is diminished and an overall feeling of hopelessness manifests (Hao et al., 2021). Women's chances of suffering from depression are significantly influenced by many factors, including biological factors, genetics, hormonal changes, and social relationships. For many women, the menstrual cycle (premenstrual syndrome, or PMS) may result in emotional and physical weakness, including behavioral symptoms such as depression and irritability. Many women with depression experience symptoms that increase in severity at the time of menstruation. Some women then develop postpartum depression after delivering their infants. Symptoms indicative of severe depression in women are often seen in the period shortly after delivery, and can include anxiety, insomnia, crying spells, or thoughts of self-harm or harming the baby (White, Gordon, & Guerra, 2019) .Psychological distress is an additional contributing factor to depression. Psychologically distress is often indicated of mental health and public health in studies of demography, epidemiological studies, and in clinical and outcome-based studies (Drapeau, Marchand, & Beaulieu-Prévost, 2022). Psychological distress refers to specific emotional discomfort that is experienced for a defined or sustained period of time by individuals in response to specified stressors or traumatic burden (Ridner, 2017) .In addition, psychological distress is understood to be negative states of mind that can include, for example, depression and anxiety, both of which can also have physiological symptoms (Mirowsky & Ross, 2019). A national study by Darun and Kararsi (2019) showed a significant association between psychological distress and depressive disorder. Another important historical factor associated with depression is adverse childhood experiences and perceived stress. There is also a weight of evidence in the literature that shows those who have experienced some traumatic events (particularly adult survivors of childhood physical and sexual abuse), often experience dissociation and somatic symptoms with no medical basis. These findings suggest that dissociation and somatic symptoms represent beliefs regarding a traumatic event (Lang et al., 2021) .Negative early-life experiences are connected to later life substance use (illegal drugs), smoking, multiple sexual partners, and

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depression (Wechsberg et al., 2019). Exposure to adverse childhood experiences increases risk for adult diseases (heart disease, cancer, and lung disease). Early trauma is also the basis for increased risk for depression, suicide, substance use, alcoholism, and risky sexual behaviors. In addition, individuals exposed to high levels of early trauma are less likely to develop secure attachment styles and more likely to have disorganized or unresolved attachment in adulthood. Furthermore, emotions are foundational and influential in the development of psychosomatic disorders (Kendall-Tackett, 2020) .Additionally, stress is a state in which biological, psychological, and environmental elements interact. Perceived stress can be described as the extent to which an individual judges a situation in life as stressful. That is, perceived stress shows one's comprehensive evaluation of the relevance and difficulty of environmental and personal stressors (Izadi, 2020).As such, both environmental factors and personal factors play critical roles in the perception of stressors. Situational factors give an outline of the parameters of the situation, while personal factors make up the traits that define how a person acts or reacts to the situation. How the perceived environmental and personal factors fits in influences whether the situation is evaluated as either stressful or non-stressful (Sa'adati & Lashani, 2017). In this respect, Vonderheyde (2017) found that stress, and fear of negative evaluation, significantly predicts increased depression. Considering the points made and knowing ongoing depression within daily living can lead to worry, fear, or loss of control and lead to anxiety and hopelessness, depression can have a profound negative impact on one's quality of life. Since chronic stressors are inherent in depression, and the side effects of chemical medications have a tracking coefficient of negative second-symptomology, and increased costs of treatment, this study will seek to answer the following question:

Is there a relationship between adverse childhood experiences and perceived stress with psychological distress in depressed married women?

Method

Population, Sample, and Sampling Method

Currently, this study is a basic research project, and in terms of outcomes, it is in the category of correlational studies that are cross-sectional. It investigates several relationships between adverse childhood experiences and psychological distress in depressed married women in the city of Babol. The research is field-based and takes a survey approach, and the research asked participants to respond to the questionnaires to measure the variables being investigated. The statistical population was comprised of all depressed married women living in Babol in 2023. It is often suggested that for each variable included in the regression equation, at least 50 individuals should be sampled (Hooman, 2019). As there were two predictor variables and one criterion variable included in the regression equation - three variables total - 150 individuals were estimated as the required sample size and were selected using convenience sampling.

Inclusion criteria included:

- Age between 20 and 35 years
- No history of neurological or psychological disorders
- **Instrumentation**
- Beck Depression Inventory–Second Edition (BDI–II)
- The Beck Depression Inventory, developed in 1961 by Beck, Ward, Mendelson, Mock, and Erbaugh, was revised in 1996 by Beck and colleagues into a second edition. This self-report instrument was designed to measure the severity of depression in individuals ages 13 and older. The Beck Depression Inventory is made up of 21 items related to symptoms of depression, including feelings of sadness, feelings of failure and feelings of guilt.

Participants were asked to reflect on how they felt for the past two weeks and respond to the items accordingly. The inventory may be administered individually, and in general, the Beck Depression Inventory–II takes about 5 to 10 minutes to complete. Individuals with severe depression or obsessive behaviors may require more time. In the present study the questionnaire was administered individually, with participants asked to rate their depression level on a four-point continuum of "0" (no depression or mild

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depression) to "3" (severe depression) (Rajabi, Ali-Atari & Haghighi, 2001). The total score is achieved by adding all item scores together, which results in a possible range from 0 to 63. Higher scores indicate greater levels of depression. The inventory does not provide a cutoff score to indicate the absence of depression (Rajabi et al., 2001). In this study, the internal consistency (Cronbach's alpha) of the Beck Depression Inventory for the sample of 150 participants was 0.930 Since the Cronbach's alpha exceeds the threshold of 0.7, the instrument is considered to have high reliability. The internal consistency (Cronbach's alpha) of the Chronic Fatigue Questionnaire for the same sample was 0.842, which indicates high reliability since its alpha exceeds the threshold of 0.7.

Childhood Trauma Questionnaire (CTQ) The Childhood Trauma Questionnaire was created by Bernstein and colleagues in 2003 to measure childhood injuries and or traumatic events. The instrument has 28 items, 25 of which measure key elements of childhood trauma, and 3 items identify individuals who may deny or minimize their childhood adversity. The CTQ measures five dimensions: emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect. Items on the CTQ are presented on a Likert scale, and items/severity are related to statements such as: "A family member kicked me so hard that I had to get medical treatment." The purpose of the instrument is to provide a continuum of childhood trauma experiences. The present study calculated the Cronbach's alpha coefficient. The study by Enfe'al et al. (2021) reported the Cronbach's alpha coefficient for this questionnaire as being above 0.70. In the study done by Bernstein et al. (2003), Cronbach's alpha values for the subscales of emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect were 0.87, 0.86, 0.95, 0.89, and 0.78, respectively, among adolescents. It also reported concurrent validity based on therapists' ratings of childhood trauma severity ranging from 0.59 to 0.78 (Bernstein et al., 2003). In Iran, Ebrahimi, Dezhkam, and Sedegheslam also reported Cronbach's alphas ranging from 0.81 to 0.98 for the five subscales of this questionnaire. If the total score on the minimization/denial items exceeds 12, the scores of this individual are likely to be invalid.

Psychological Distress Questionnaire

The **Distress Tolerance Scale (DTS)** was developed by Simons and Gaher (2005). It consists of 15 items and four subscales: **Tolerance** (tolerance of emotional distress; 3 items), **Absorption** (being absorbed by negative emotions; 3 items), **Appraisal** (subjective evaluation of distress; 6 items), and **Regulation** (efforts to alleviate distress; 3 items). This scale is used to assess an individual's capacity to tolerate emotional distress. Distress tolerance refers to the ability to recognize and remain aware of emotions, thoughts, and the environment without attempting to change or control them (Ghasem Borujerdi, Safa, Kormehlou, & Masjedi, 2014). Emotion regulation is understood as the process through which individuals consciously or unconsciously modify their emotional responses to meet environmental demands (Zvolensky, Bernstein, & Vujanovic, 2017, as cited in Ghasem Borujerdi et al., 2014).

Distress tolerance is defined as the capacity to experience and endure negative psychological states. It has been described in two ways:

1. The perceived ability to tolerate negative emotions and learn from aversive states—for example, physical discomfort, and
2. Behavioral responses to internal states of distress that arise from various stress-inducing stimuli (Marshall-Berenz, Vujanovic, & McPherson, 2017, as cited in Esmaeili Nasab, Andami Khoshk, Azarmi, & Morrekhi, 2014).

Findings

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Table 2 – Descriptive Statistics and Kolmogorov–Smirnov Test Results for Psychological Distress

Group	Mean	Standard Deviation	N	Kolmogorov–Smirnov Z	Significance Level
Total	3.6641	5.331	150	0.94	0.34

As shown in Table 2, the mean total score of psychological distress was 31.66, with a standard deviation of 5.33. The Kolmogorov–Smirnov Z value for the distribution of psychological distress scores was 0.94, which was not significant at $p < 0.05$ ($p = 0.34$). This non-significance indicates that the distribution does not deviate from normality.

Table 3 – Shapiro–Wilk Test and Assessment of Skewness and Kurtosis for Normality of Data

Variable	Significance Level (Shapiro–Wilk)	Skewness	Kurtosis
Adverse Childhood Experiences	P = 0.019	-0.570	0.902
Psychological Distress	P = 0.029	0.336	-0.512

Table 4 – Pearson Correlation Between Adverse Childhood Experiences and Psychological Distress

Variable	Correlation Coefficient (r)	Significance Level (p)
Adverse Childhood Experiences and Psychological Distress	-0.362	$p \leq 0.001$

The Pearson correlation test was conducted to test the first hypothesis. As shown in Table 4, there was a significant relationship between adverse childhood experiences and psychological distress at the 99% confidence level ($p \leq 0.001$). The strength of the relationship was -0.362, indicating a negative relationship. This means that psychological distress decreases as the adverse childhood experiences increase. Thus, the research hypothesis pertaining to the relationship between adverse childhood experiences and psychological distress is supported.

Discussion

The first hypothesis that there is a relationship between adverse childhood experiences and psychological distress experienced by depressed married women residing in the city of Babol, was confirmed. The present study's findings indicated that there is a significant relationship between adverse childhood experiences and psychological distress experienced by depressed married women in the city of Babol, thereby supporting the first hypothesis. The findings of the present study are consistent with the following past studies: Christensen (2019), Bordenton (2018), Locker and Courtney Brahler et al. (2017), Ashworth et al. (2016), Pour Hossein et al. (2020), Nazari (2020), Ahmadi and Fatehizadeh (2019), Sharafi

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(2019), Gottman (2017), Dieter (2019), and Mills (2018).

This finding reaffirms prior research that demonstrated similar patterns. For example, studies by Fakhe and Qamisheh (2019), Taheri Kharameh et al. (2017), Yaghoubi and Bakhtiari (2016), and Abram and Jacobowitz (2020) reported a statistically significant negative association between resilience and adverse childhood experiences.

In connection to explaining the findings of the current study, one psychological factor that is particularly pertinent in the pathogenesis of depression is psychological distress and perceived stress, which are often associated with a history of childhood maltreatment. Childhood is a decisive time of growth and development with specific vulnerabilities as children are adapting. Trauma occurring in childhood represents a matter of seriousness from a psychological, medical, and social public policy nature for both victims and society (DiRubio, Gelfand, Tang, & Simons, 2019).

Childhood maltreatment is the abuse and neglect of a person under the age of 18, which can result in actual or potential harm to a child's health, development, or self-worth in a responsible, adult relationship of trust and power (Venzlave, Roper, & Wagner, 2017). Some commonly categorized types of childhood maltreatment are physical abuse, sexual abuse, emotional abuse, physical neglect, and emotional neglect (Beutler, Machado, Engel, & Moore, 2016). Physical abuse is defined as an adult intentionally inflicting bodily harm or injury to a child under 18 which may cause death, bodily disfigurement, or serious physical injury. Sexual abuse is defined as sexual contact between a child and an adult, or between children where one party is clearly older or employs force, coercion or the threat of force to initiate sexual contact (Burlingham, Foreman, & Johnson, 2015). Emotional abuse occurs with a child is made to feel worthless, unloved, defective, or unwanted and their sense of worth is dependent upon fulfilling the expectations and needs of others (Cook, Rob, Young, & Jaffe, 2013).

Physical neglect is failing to provide a child with the basic needs of children such as: physical safety, clothing, nutrition, shelter, and medical care. Emotional neglect is the failure to provide children with emotional care such as love, attention, or affection. Maltreatment in childhood has a variety of consequences that are negative in nature, and the connection between child abuse and mental health concerns is well-established (Haro, Goldberg, Grossman, & Meltzer, 2019).

References

ارباب، حمزه، میرزاحسینی، حسن و منیرپور، نادر. (1398). پیش‌بینی عود مصرف مواد براساس آسیب های دوران کودکی:

نقش میانجی بیگانگی روابط موضوعی، سازمان شخصیت مرزی و افسردگی. مجله روان‌شناسی بالینی. 11، (4): 1–12.

بشارت، محمد علی، خضرآبادی، مهدیه، رضازاده، محمدرضا. (1397). نقش واسطه ای دشواری تنظیم هیجان در رابطه بین روان سازه های ناسازگار اولیه و مشکلات زناشویی. مجله روان‌شناسی خانواده، 3 (2): 44_27.

تبری، رسول. (1401). تئوری های پرستاری. چاپ پنجم، تهران، نشر بشری.

حقی، شیوا و رضایی راد، مجتبی. (1400). رابطه رخداد های زندگی و تجارب آسیب‌زای دوران کودکی با سلامت روان در دانشجویان دانشگاه علوم پزشکی گیلان. ششمین کنفرانس بین المللی پژوهش‌های نوین درحوزه مشاوره، علوم تربیتی و روان‌شناسی ایران.

حیدری، زهره و بنیسی، پریناز. (1402). بررسی رابطه تجربیات خشونت آمیز و رویدادهای استرس زای زندگی بر روی علائم افسردگی و پریشانی روان‌شناختی در بین جوانان (با توجه به نقش میانجی هوش هیجانی). اولین کنفرانس بین المللی روان‌شناسی، علوم اجتماعی، علوم تربیتی و فلسفه.

سلطانی زاده، محمد.، ملک پور، مختار.، و نشاط دوست، حمید طاهر. (1397). رابطه لذت جسمانی و عاطفه مثبت و منفی

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Vol.6, NO.3 , P:105-110
Received: 10 April 2025
Accepted: 20 January 2026

در دانشجویان دانشگاه اصفهان، مجله مطالعات روان شناختی دانشکده علوم تربیتی و روان‌شناسی. 4(1): 46_31.

صفاریه، الهام، یوسفی شارمی، ریحانه، نصیری، ستاره، آقاعمو، شهرزاد،و زیاری، عباس. (1399). بررسی افسردگی و اضطراب در زوج های نابارور و عوامل مرتبط با آن. مجله دانشکده پزشکی دانشگاه علوم پزشکی تهران، 78 (8): 527_522.

عامری، نرجس و نجفی، محمود. (1400). نقش میانجی پریشانی روان شناختی (استرس، اضطراب و افسردگی) در رابطه بین اجتناب تجربی با علائم وسواس فکری_ عملی. مطالعات روان شناختی، دوره: 17(4): 21_30.

Bomana, Jons. (2022). The Relationship between perceived stress and death anxiety and
happiness of employed married. International Journal of Personality and Social Psychology.
Vol. 13. No. 13. 88-100.

Capuano, R., Altieri, M., Bisecco, A., d'Ambrosio, A., Docimo, R., Buonanno, D., & Gallo,
A. (2022). Psychological consequences of pandemic in Italian MS patients: signs of
resilience. Journal of neurology, 268(3), 743-750.

Cohen, S., O''Leary, K.D., Foran, H. (2020). A randomized clinical trial of a brief, problem-
focused couple therapy fordepression. Behav Ther, 41(4), 433-44

Drapeau, A., Marchand, A., & Beaulieu-Prévost, D. (2022). Epidemiology of psychological
distress. In L. Labate (Ed.), Mental illnesses: Understanding, prediction and control, (pp. 105-
134). Rijeka, Croatia: In Tech.

Falahati, F., Mohammadi, M(2020). Prediction of Marital Burnout Based on Automatic
Negative Thoughts and Alexithymia among Couples. Journal of Midwifery and Reproductive
Health, 2020, 8(2), 2218-2226.

Hao CW, Lai WS, Ho CT, Sheen LY. (2021). Antidepressant-like effect of lemon essential
oil is through a modulation in the levels of norepinephrine, dopamine, and serotonin in mice.
Use of the tail suspension test. Journal of Functional Foods; 5 (3): 370-379.

Hayslip BJR Nation, PC Lopez, CP Galt FG. (2021). Self-destructive behavior dults older
and younger among symptoms depressive a and Aging of Journal International. comparison
sectional. 6,4: 38_30.

Herzog, J. I., & Schmahl, C. (2022). Adverse childhood experiences and the
consequences on neurobiological, psychosocial, and somatic conditions across the lifespan.
Frontiers in psychiatry

Husain, W, Sajad, R. (2019). Depression, anxiety and stress among married and
unmarried police officers. Pakistan Journal of Clinical Psychology, 13, 1,3-14.

Izadi Tameh A. (2020). A Comparison of the Effects of Teaching Patience, Problem
Solving, and the Combined Method on Students' Hardness. Journal of Military Psychology;
1(3). 59-72.