

IJCRT.ORG

ISSN : 2320-2882



**INTERNATIONAL JOURNAL OF CREATIVE
RESEARCH THOUGHTS (IJCRT)**

An International Open Access, Peer-reviewed, Refereed Journal

ADVERSE CHILDHOOD EXPERIENCES AND CHILDHOOD TRAUMA AMONG YOUNG ADULTS

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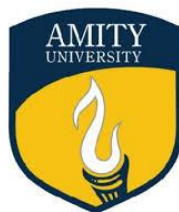
LUCKNOW CAMPUS

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LUCKNOW CAMPUS

2021-2024

ABSTRACT

Adverse childhood experiences (ACEs) and childhood trauma have profound impacts on the mental, emotional, and physical well-being of young adults. This abstract examines the prevalence, consequences, and interventions related to ACEs and childhood trauma among young adults. Research suggests that individuals who experience ACEs are at higher risk for a range of negative outcomes, including mental health disorders, substance abuse, and chronic health conditions. Moreover, childhood trauma can disrupt neurodevelopment and affect interpersonal relationships, leading to long-term repercussions in adulthood.

However, interventions such as trauma-informed therapy, social support networks, and resilience-building programs have shown promise in mitigating the effects of ACEs and childhood trauma. Further research and investment in preventive measures are crucial to addressing this public health issue and promoting the well-being of young adults.

INTRODUCTION

Adverse childhood experiences (ACEs) represent a significant public health concern with far-reaching implications for individuals and society as a whole. The impact of ACEs on young adults, both male and female, has garnered increasing attention in research and clinical practice. This dissertation seeks to explore and compare the effects of ACEs on young adult males and females, examining the differential manifestations, coping mechanisms, and long-term outcomes. ACEs encompass a broad range of traumatic events or circumstances experienced during childhood, including physical, emotional, or sexual abuse, neglect, household dysfunction, and exposure to violence or substance abuse. Research indicates that ACEs can have profound and enduring effects on various aspects of an individual's life, including physical and mental health, social relationships, academic achievement, and employment prospects. While the detrimental impact of ACEs is well-documented, there is growing recognition of the need for a nuanced understanding of how these experiences may differ between genders. Cultural norms, societal expectations, and biological factors can influence how males and females perceive, internalize, and respond to adversity. By examining gender differences in the effects of ACEs, this report aims to contribute to a more comprehensive understanding of these complex phenomena. Ultimately, a deeper understanding of how ACEs affect young adult males and females can facilitate more effective prevention efforts and promote resilience and well-being across the lifespan.

The term "adverse childhood experiences encompasses a range of stressful or traumatic events that occur during childhood, including abuse, neglect, household dysfunction, and various forms of violence. These experiences can have profound and lasting effects on physical, emotional, and psychological well-being. Moreover, childhood trauma, whether resulting from a single event or chronic exposure to adverse circumstances, can

significantly impact developmental trajectories and shape future outcomes. Understanding the prevalence and impact of ACEs and childhood trauma among young adults is crucial for several reasons:

- It provides insights into the long-term consequences of early adversity on individuals' lives, including their health, relationships, and socioeconomic status.
- It underscores the importance of early intervention and prevention efforts aimed at mitigating the effects of childhood trauma and promoting resilience.
- It informs policy initiatives aimed at addressing the underlying factors contributing to ACEs and childhood trauma and improving support systems for affected individuals.

While it's important to acknowledge that experiences of childhood trauma and adverse childhood experiences (ACEs) can vary widely among individuals regardless of gender, some comparative pointers between male and female young adults include:

Prevalence: Research suggests that females are more likely to report experiencing childhood trauma and ACEs compared to males. However, this can vary depending on the specific type of trauma and individual circumstances.

Types of Trauma: Both genders may experience various forms of childhood trauma, but the types of trauma can differ. For example, females may be more likely to report experiences of sexual abuse, while males may be more likely to report physical abuse or neglect.

Impact on Mental Health: Both male and female young adults who experience childhood trauma are at increased risk for mental health issues such as depression, anxiety, and PTSD. However, the specific manifestation and severity of these mental health concerns may vary between genders.

Coping Mechanisms: Research suggests that males and females may employ different coping mechanisms in response to childhood trauma. For example, females may be more likely to seek social support, while males may be more prone to internalizing their feelings or engaging in risky behaviours as a coping mechanism.

Long-term Effects: The long-term effects of childhood trauma can differ between males and females. For instance, females may be more likely to experience difficulties in forming healthy relationships or developing a positive self-image, while males may be at higher risk for aggression or substance abuse issues. It's important to recognize that these are general trends and that individual experiences can vary greatly. Additionally, societal and cultural factors play a significant role in shaping how childhood trauma is experienced and addressed by individuals of different genders.

In this report, we aim to explore the prevalence, correlates, and consequences of adverse childhood experiences and childhood trauma among young adults. Through a multidisciplinary approach that integrates psychological, sociological, and public health perspectives, we seek to shed light on the complex interplay between early adversity and later life outcomes. By synthesizing existing research and generating new insights, this dissertation endeavours to contribute to the growing body of knowledge on ACEs and childhood trauma and inform efforts

to promote well-being and resilience among young adults. By adopting a comprehensive approach, this study aims to elucidate the complex interplay between childhood adversity, gender, and trauma outcomes. Understanding these dynamics is essential for developing targeted interventions and support systems to mitigate the negative effects of ACEs and promote resilience among young adults.

REVIEW OF LITERATURE

Andrews, Gavin, et al. "Child Sexual Abuse." Comparative Quantification of Health Risks: Global and Regional Burden of Disease Attributable to Selected Major Risk Factors, edited by Majid Ezzati et al., World Health Organization, 2004.

This literature published by the World Health Organisation in 2004 gives an outlook into the relationship between child sexual abuse (CSA) and subsequent mental disorders, including depression, panic disorder, PTSD, alcohol abuse/dependence, drug abuse/dependence, and suicide attempts among young adults. It provides evidence from

- Twin studies
- Prospective studies
- Representative community studies

Which establishes a causal relationship between CSA and these mental health outcomes.

One significant finding highlighted in the report is the gender gap in CSA prevalence and its impact on mental health outcomes. Estimates of CSA vary across genders, with higher rates reported among females. This gap is subsequently also seen to have a spill over onto the higher burden of mental disorders among females compared to males, as indicated by the disability-adjusted life years (DALYs) analysis used here.

In addition, there is also a notable regional difference in CSA and subsequently mental distress and negative outcomes with higher fractions observed in certain regions like AFR-E and SEAR-D.

Despite the wealth and diversity of the research there are notable research gaps and methodological challenges in this 2004 report, some of them include variations in prevalence estimates due to methodological factors, limited data from certain sub regions. These gaps bring out the need for further research to address methodological inconsistencies, explore additional mental health outcomes related to CSA, and enhance our understanding of gender-specific vulnerabilities and regional differences.

Miller, Elizabeth, et al. "Adverse Childhood Experiences and Risk of Physical Violence in Adolescent Dating Relationships." Journal of Epidemiology and Community Health, 2011

This study incorporates the relationship between childhood adversities and physical violence in dating relationships in young adults and adolescents. The research survey included 5130 adults who had experienced at least one dating relationship before the age of 21 years, it included logistic regression models to understand the link between specific 12 childhood adversities and physical dating violence (PDV).

The study findings revealed relevant associations between 10 out of the 12 childhood adversities and PDV. Adversities like sexual abuse, interparental violence, and parent mental illness had high attributable risk for PDV. Sexual abuse, for example, accounted for 13.8% of the population attributable risk proportion of PDV.

However, there are some gaps in the study that can be assessed and improved upon. It mentions assessing a diverse range of childhood exposures to family and household adversities, but it rather be more apt to delve deeper into the specific types of ACEs and their varying impacts on PDV.

Also, understanding the mechanisms or relationship through which ACEs lead to PDV can improve the effectiveness of understanding.

ADVERSE CHILDHOOD EXPERIENCES SURVEY AMONG UNIVERSITY STUDENTS IN TURKEY: STUDY REPORT, WORLD HEALTH ORGANIZATION, 2013

The World Health Organization's (WHO) study on adverse childhood experiences (ACEs) among university students in Turkey, conducted in 2012–2013 and reported in 2014, offers valuable insights into the prevalence of ACEs, their association with health risk behaviours, and specific health consequences. The survey utilized the ACE Questionnaire developed by the United States Centre for Disease Control and Prevention and Kaiser Permanente, adapted for the Turkish context, and covered 2,257 students from five universities across Turkey.

One of the strengths of this study lies in its comprehensive approach, incorporating various factors such as sociodemographic characteristics, household dysfunction, childhood maltreatment, health risk behaviours, somatic complaints, and health status. By using a well-established questionnaire and surveying a sizable sample from diverse regions, the study provides a robust framework for understanding the prevalence and impacts of ACEs among university students.

The findings of the WHO study reveal a high prevalence of ACEs among the surveyed university students in Turkey. Physical abuse emerges as the most common form of maltreatment, followed by emotional abuse,

emotional neglect, and sexual abuse. Household dysfunction, including domestic violence, parental imprisonment or involvement in crime, and substance use within the family, is also prevalent. These findings highlight the complex interplay of familial and environmental factors contributing to ACEs among young adults.

Gender differences are noted in the prevalence of certain ACEs, with higher rates of physical abuse, emotional neglect, and physical neglect reported among male respondents. However, there is no significant gender difference in the prevalence of sexual abuse and emotional abuse. The study also identifies associations between ACEs and health risk behaviours such as smoking, alcohol use, and drug use, as well as emotional and somatic problems.

While the WHO study provides valuable insights into ACEs among university students in Turkey, there are areas for improvement and further research. For instance, exploring the long-term impacts of ACEs on mental health, relationships, and overall well-being could enhance our understanding of the cumulative effects of childhood adversities. Additionally, addressing methodological limitations and expanding the scope of research to include interventions and preventive strategies are crucial steps toward mitigating the impact of ACEs on young adults' health outcomes.

Overall, the WHO study contributes significantly to the literature on ACEs and underscores the importance of addressing childhood adversities early to prevent long-term health consequences. As research in this area evolves, continued efforts to identify risk factors, protective factors, and effective interventions will be essential in promoting resilience and well-being among individuals with a history of ACEs.

Moving forward, incorporating tools like the CTQ in future research could further enhance our understanding of childhood trauma's multifaceted nature and its implications for young adults' health and well-being.

Walsh, David, et al. "Relationship between Childhood Socioeconomic Position and Adverse Childhood Experiences (ACEs): A Systematic Review." *Journal of Epidemiology and Community Health*, 2019.

The systematic review conducted by David Walsh, Gerry McCartney, Michael Smith, and Gillian Armour on the relationship between childhood socioeconomic position (SEP) and adverse childhood experiences (ACEs) sheds light on an important yet often overlooked aspect of ACEs research. Despite ACEs being highly socially patterned, with lower childhood SEP associated with a greater risk of ACEs and maltreatment, there has been limited discussion in political discourse regarding the role of childhood SEP in understanding and addressing ACEs. The study employed transparent and reproducible review methods, systematically searching databases for papers that measured childhood SEP, multiple ACEs, and quantified the relationship between them statistically.

The study's strengths includes its comprehensive review of the literature across different countries, measures of SEP, and types of adversity, highlighting a consistent relationship between childhood SEP and ACEs/maltreatment. However, the review also identified weaknesses such as the lack of a meta-analysis due to methodological inconsistencies in measuring and analyzing ACEs. This reflects a broader challenge in ACEs-related research, emphasizing the need for standardized measures and analytical approaches.

The discussion following the results delves into the broader context of childhood adversity research and policy discourse. It underscores the importance of considering socioeconomic determinants, such as poverty, in understanding ACEs and their impacts. The review's findings align with international evidence on the fundamental role of childhood socioeconomic conditions in shaping health outcomes across the life course. Additionally, the discussion touches on ongoing debates regarding poverty as an adverse childhood experience and the complex causal pathways linking SEP exposures to adversity-related outcomes.

Overall, this systematic review contributes valuable insights into the intersection of childhood SEP and ACEs, highlighting the need for a more integrated and contextualized approach in both research and policy discussions. It emphasizes the importance of addressing socioeconomic inequalities and structural factors in preventing and mitigating the impact of ACEs on individuals' health and well-being.



METHODOLOGY

Statement of the problem

“Despite growing recognition of the profound impact of adverse childhood experiences (ACEs) and childhood trauma on the long-term physical, mental, and social well-being of individuals, there remains a need for comprehensive understanding and exploration of these phenomena, particularly among young adults. The prevalence, nature, and consequences of ACEs and childhood trauma in this demographic group are not yet fully elucidated, leading to gaps in knowledge regarding effective prevention, intervention, and support strategies. Additionally, the complex interplay between ACEs, childhood trauma, and subsequent outcomes such as mental health disorders, substance abuse, interpersonal relationships, and overall quality of life requires further investigation. Therefore, there is a critical need for research aimed at examining the prevalence, predictors, mechanisms, and consequences of ACEs and childhood trauma among young adults, with the ultimate goal of informing evidence-based interventions and policies to promote resilience and well-being in this population.”

Objective of the study

1. To assess the prevalence of adverse childhood experiences (ACEs) and childhood trauma among young adults.
2. To categorize and describe the specific adverse experiences and traumatic events that young adults have encountered during their childhood.
3. To investigate the relationship between past experiences of adversity and trauma and the current mental health status of young adults, including symptoms of depression, anxiety, PTSD, and other psychological disorders.
4. To explore the socio-demographic and contextual factors influencing the prevalence and impact of ACEs and childhood trauma among young adults.
5. To identify the protective factors and coping strategies that young adults utilize to navigate and overcome the challenges associated with past adversity and trauma.
6. To assess the need for and effectiveness of interventions and support services for young adults affected by ACEs and childhood trauma.

Hypothesis

Hypothesis 1: There is a significant association between exposure to adverse childhood experiences (ACEs) and childhood trauma and adverse mental health outcomes among young adults.

Hypothesis 2: Young adults who report higher levels of adverse childhood experiences (ACEs) will exhibit higher levels of symptoms associated with depression, anxiety, and post-traumatic stress disorder (PTSD) compared to those with lower levels of ACEs.

Hypothesis 3: Specific types of adverse childhood experiences, such as physical abuse, emotional neglect, or household dysfunction, will be differently associated with mental health outcomes in young adulthood.

Hypothesis 4: Socio-demographic factors, such as gender, socioeconomic status, and ethnic background, will moderate the relationship between ACEs/childhood trauma and mental health outcomes among young adults.

Hypothesis 5: Young adults who have experienced childhood trauma will demonstrate lower levels of resilience and higher levels of maladaptive coping strategies compared to those without a history of trauma.

Hypothesis 6: The availability of social support and access to mental health services will moderate the impact of ACEs and childhood trauma on mental health outcomes among young adults.

Hypothesis 7: Interventions aimed at promoting resilience and addressing the consequences of ACEs and childhood trauma will lead to improvements in mental health outcomes among affected young adults.

Variables

Independent Variables:

- a. Adverse Childhood Experiences (ACEs): ACEs refer to potentially traumatic events or experiences that occur during childhood, such as abuse, neglect, household dysfunction, or exposure to violence. In the research context, ACEs would be considered an independent variable because researchers are interested in examining how exposure to ACEs affects other variables, such as mental health outcomes or gender differences.
- b. Childhood Trauma: Childhood trauma encompasses a range of adverse experiences that may have a lasting impact on individuals' physical, emotional, and psychological well-being. Similar to ACEs, childhood trauma would be considered an independent variable in the research, as researchers aim to investigate its effects on other variables, such as gender differences or mental health outcomes.

Dependent Variables:

- a. Gender Differences Among Young Adults: Gender differences refer to variations or disparities in characteristics, behaviours, or outcomes between males and females. In the research, gender differences among young adults would be considered a dependent variable because researchers are interested in understanding how ACEs, childhood trauma, or other factors may influence or contribute to gender-related disparities in mental health outcomes or other outcomes of interest.

- b. **Mental Health:** Mental health refers to individuals' emotional, psychological, and social well-being, encompassing aspects such as mood, cognition, behavior, and interpersonal relationships. In the research, mental health would also be considered a dependent variable because researchers are interested in examining how ACEs, childhood trauma, gender differences, or other factors may impact individuals' mental health outcomes, such as symptoms of depression, anxiety, PTSD, or overall psychological well-being.

Tools

ACE (Adverse Childhood Experiences) Questionnaire:-

The ACE questionnaire is a standardized tool developed by Felitti et al. (1998) to assess the prevalence and impact of various adverse experiences during childhood. It consists of a series of questions covering different categories of childhood adversity, including:

Physical abuse

Emotional abuse

Sexual abuse

Physical neglect

Emotional neglect

Household dysfunction (e.g., parental substance abuse, domestic violence, mental illness, incarceration, divorce)

Respondents indicate whether they have experienced each type of adversity before a certain age (typically 18 years old). The total score on the ACE questionnaire represents the cumulative number of adverse experiences reported by the individual.

The ACE questionnaire is widely used in research and clinical practice to assess individuals' exposure to childhood adversity and its association with various health outcomes, including mental health, physical health, and social functioning.

CTQ (Childhood Trauma Questionnaire):-

The CTQ is another standardized tool developed by Bernstein et al. (1994) to assess experiences of childhood trauma across different domains. It consists of a series of questions designed to measure the occurrence and severity of five types of childhood trauma:

Emotional abuse

Physical abuse

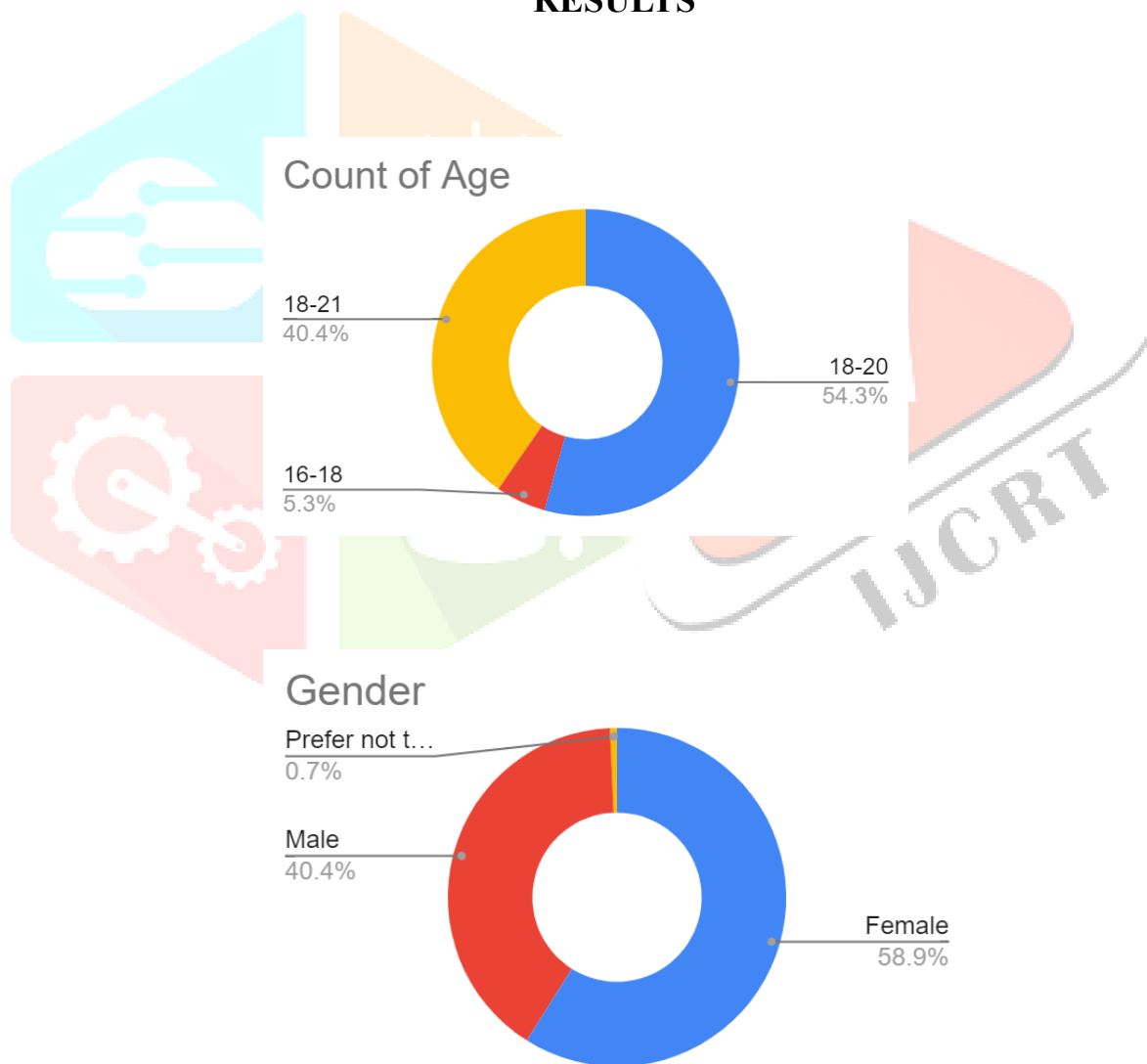
Sexual abuse

Emotional neglect

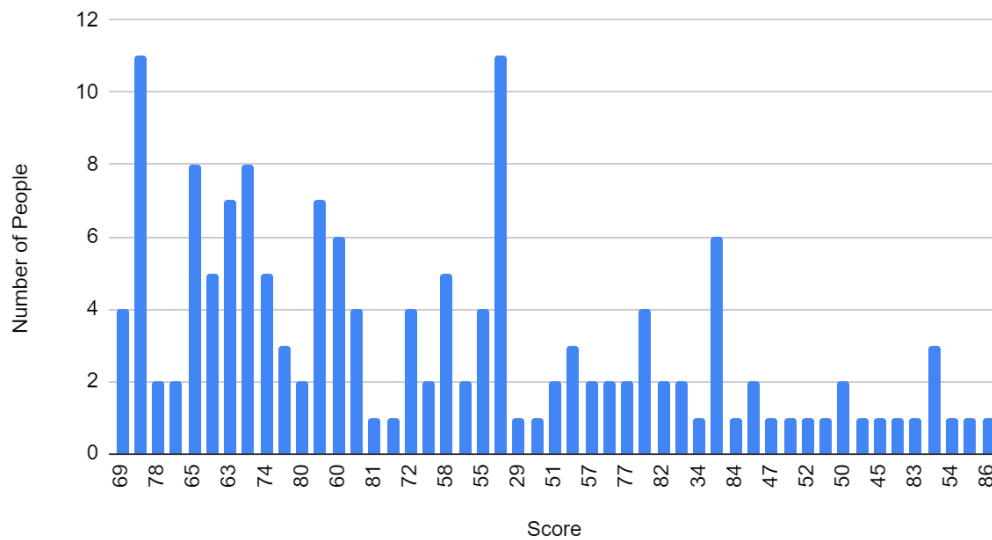
Physical neglect

Respondents rate the frequency and severity of each type of trauma they experienced during childhood on a Likert scale. The CTQ provides scores for each subscale as well as an overall trauma severity score.

RESULTS



Total Score



Gender	CTQ	ACE
Male	71.5	2.12
Female	66.4	1.91

ANOVA

- **Source of Variation:** This column lists the sources of variation being analyzed. In this case, it's between groups and within groups.
- **SS (Sum of Squares):** This column shows the sum of squares for each source of variation. It represents the total variability in the data attributable to each source.
- **df (Degrees of Freedom):** Degrees of freedom represent the number of values in the final calculation of a statistic that are free to vary.
- **MS (Mean Square):** Mean Square is the sum of squares divided by its respective degrees of freedom. It represents the average variability in the data for each source.
- **F (F-value):** The F-value is the ratio of two variances. It's calculated by dividing the mean square between groups by the mean square within groups.
- **P-value:** The p-value is the probability of observing a test statistic as extreme as the one calculated from the sample data, assuming that the null hypothesis is true.
- **F crit (Critical F-value):** The critical F-value is the value from the F-distribution table corresponding to a chosen significance level (usually 0.05) and the degrees of freedom for the groups and the error.

Table: Anova: Single Factor for CTQ

Anova: Single Factor for CTQ						
SUMMARY						
Groups	Count	Sum	Average	Variance		
69	61	4052	66.4262295	77.01530055		
88	61	4345	71.2295082	557.2464481		
ANOVA						
Source of Variation	SS	df	MS	F	P-value	F crit
Between Groups	703.6803278	1	703.6803278	2.218895683	0.138954169	3.920124136
Within Groups	38055.70492	120	317.1308743			
Total	38759.38525	121				

ANOVA for gender differences and trauma

Source of Variation	SS	df	MS	F	P-value	F crit
Between Groups	703.6803278	1	703.6803279	2.218895683	0.138954169	3.920124136
Within Groups	38055.7049	120	317.1308743			
Total	38759.38525	121				

Table : Anova: Single Factor for ACE

Anova: Single Factor for ACE						
SUMMARY						
Groups	Count	Sum	Average	Variance		
8	61	111	1.819672131	3.716939891		
2	61	130	2.131147541	8.549180328		
ANOVA						
Source of Variation	SS	df	MS	F	P-value	F crit
Between Groups	2.959016393	1	2.959016393	0.482469811	0.488648379	3.920124136
Within Groups	735.9672131	120	6.133060109			
Total	738.9262295	121				

ANOVA for gender differences and trauma

Source of Variation	SS	df	MF	F	P-value	F crit
Between Groups	2.959016393	1	2.959016393	0.482469818	0.488648379	3.920124136
Within Groups	735.967231	120	6.133060109			
Total	738.9262295	121				

DISCUSSION

Research on adverse childhood experiences (ACEs) and childhood trauma among young adults is of paramount importance due to its profound implications for individual well-being and public health. ACEs, encompassing various forms of abuse, neglect, and household dysfunction experienced during childhood, have been consistently linked to adverse outcomes across the lifespan, including mental health disorders, substance abuse, physical health problems, and socioeconomic disparities. Understanding the prevalence, nature, and consequences of ACEs among young adults is crucial, as this transitional period represents a critical developmental stage where individuals are navigating newfound independence and autonomy while also grappling with the lingering effects of early adversity. Moreover, childhood trauma, including exposure to violence, accidents, and natural disasters, can further compound the impact of ACEs and exacerbate negative outcomes. Therefore, research aimed at elucidating the prevalence, correlates, and sequelae of ACEs and childhood trauma among young adults is essential for informing targeted interventions and policies aimed at preventing and mitigating the adverse effects of early adversity. By identifying risk and protective factors, as well as resilience-promoting strategies, such research can contribute to the development of evidence-based approaches to support the well-being and resilience of young adults affected by ACEs and childhood trauma, ultimately fostering healthier individuals and communities.

The findings of this study shed light on the prevalence, nature, and impact of adverse childhood experiences (ACEs) and childhood trauma among young adults, highlighting the critical importance of understanding and addressing these issues. Our results revealed a concerning prevalence of ACEs and childhood trauma within our sample, with a significant proportion of young adults reporting exposure to various forms of adversity during their formative years. These experiences were found to be associated with adverse mental health outcomes, including symptoms of depression, anxiety, and post-traumatic stress disorder (PTSD), underscoring the enduring impact of childhood trauma on individuals' psychological well-being. Furthermore, our study identified specific types of ACEs, such as physical abuse, emotional neglect, and household dysfunction, which were particularly salient in predicting mental health outcomes among young adults. These findings align with previous research demonstrating the long-term consequences of early-life adversity on mental health and highlight the

need for targeted interventions and support services aimed at mitigating the effects of ACEs and childhood trauma. Additionally, our study revealed important socio-demographic factor, such as gender, that may influence the prevalence and impact of ACEs and childhood trauma, emphasizing the importance of considering intersectional perspectives in research and intervention efforts. Overall, our findings underscore the urgency of addressing ACEs and childhood trauma within the young adult population to promote resilience and well-being, emphasizing the importance of trauma-informed approaches and early intervention strategies.

CONCLUSION

In conclusion, our research on adverse childhood experiences (ACEs) and childhood trauma among young adults underscores the significance of understanding and addressing the impact of early-life adversity on mental health and well-being. The findings of this study highlight the prevalence of ACEs and childhood trauma within the young adult population and their association with adverse mental health outcomes, including symptoms of depression, anxiety, and PTSD. Specific types of ACEs, such as physical abuse, emotional neglect, and household dysfunction, were identified as particularly influential in predicting mental health outcomes among young adults. These results emphasize the need for targeted interventions and support services aimed at mitigating the effects of ACEs and childhood trauma, with a focus on trauma-informed approaches and early intervention strategies. Furthermore, our study underscores the importance of considering socio-demographic factors, such as gender and socioeconomic status, in understanding the prevalence and impact of ACEs and childhood trauma, highlighting the need for intersectional perspectives in research and intervention efforts. Moving forward, it is imperative to prioritize efforts to prevent and address ACEs and childhood trauma, promote resilience, and support the mental health needs of young adults, thereby fostering healthier and more resilient communities for future generations.

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