

## AN ANALYTICAL STUDY ON INFLUENCE OF CHILDHOOD TRAUMA ON YOUNG ADULTS MENTAL-HEALTH. A STUDY IN HYDERABAD, TELANGANA STATE.

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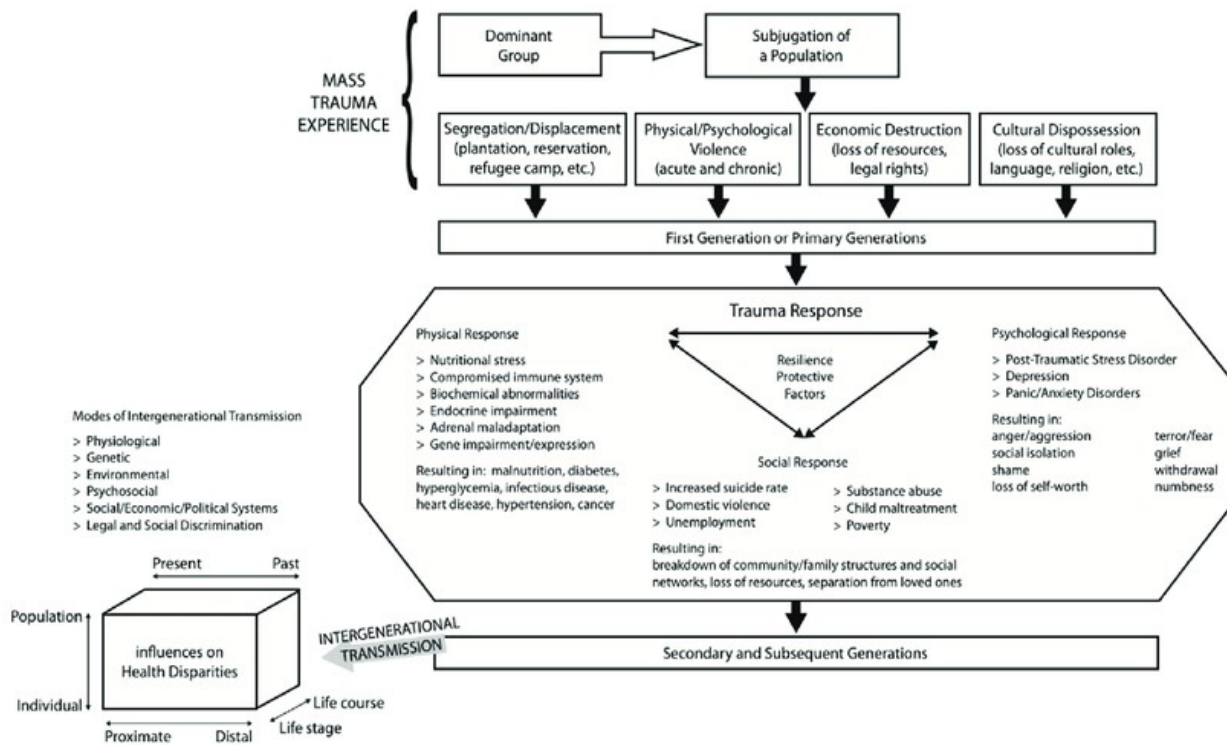
### Introduction

The traumatic event experience in childhood has a greater impact on young adults, as extreme episodes of single or multiple emotional abuse, physical abuse, sexual abuse, family instability, prolonged hospitalization, neglected parenting/ caregivers, and parental personal history have been linked to determine the behavioural phenomena when grown up as adults. (Adams, C. M, 2006, Condly, 2006; Terr, 2008), There are multiple potential pathways that may contribute to a process of accumulated disadvantage adhering to traumatic events in childhood, based on a life course perspective (Dannefer, 2003; Pearlin et al., 2005). The negative mental health effects associated with childhood trauma in adulthood are one potential pathway (Turner and Lloyd, 1995; Paolucci et al., 2001; Briere and Jordan, 2009). Trauma is defined in this study as anything that "brings an impact that transmits feeling helpless, resulting in internal transitions." (Terr, 2003). Any event that causes extreme emotions of terror, helplessness, or terror and poses a threat to one's life or the lives of others is considered traumatic. (American Psychiatric Association, 2000). Most people encounter at least a single potentially traumatic event in their lifetime. Even though the prevalence of childhood trauma is alarmingly high, it can negatively impact an adult's ability to make behavioural decisions, those who have not gone through trauma may find such behaviour unreasonable. Children from distressed or chaotic families grow up without understanding what constitutes healthy or appropriate." (Lu W, Mueser KT, Rosenberg SD, Jankowski MK, 2008) Because they have little else to compare themselves to, these people begin to believe that their dysfunctional family and current way of life are the norm and are how they are supposed to be. This lack of exposure to the outside world can impair one's ability to reason and disrupt the smooth integration of basic biological and emotional responses. (Blodgett & Lanigan, 2018; Huxtable, 2022). A traumatic event or trauma, in the words of the National Child Traumatic Stress Network (NCTSN), is anything that threatens someone's safety and security and is frightening, dangerous, or violent. Either violent or non-violent events, or both, may be to blame. Childhood trauma can sometimes be caused by things other than things that a child is directly exposed to, children who have been exposed to adverse experiences are likely to have difficulties with self-regulation, centring, hearkening, and interpersonal reactions, and experience anxiety, anger, or depression. As a result, there is a strong link between trauma and behavioural changes during their adulthood.

While analyzing the conceptual perspective, childhood trauma (CT) transpires when a child encounters extremely stressful circumstances in their infancy. These traumatic experiences might involve abuse, neglect, and violence, and this phenomenon is also known as interpersonal trauma. Childhood trauma can have long-lasting effects that impede critical developmental growth during this time, including making instability worse and lessening the



formation of positive identities (Davis et al., 2018). After being exposed to a traumatic event, people are more likely to develop anxiety disorder (AD) depression, and post-traumatic stress disorder (PTSD) (Petruccelli et al., 2019). Determining the elements that might lessen the



**Conceptual model of historical trauma. Source: Sotero (2006, p. 99).**

effects of childhood trauma on mental health outcomes is crucial. firstly, violence in the community or home which is subjected to physical, emotional and sexual, secondly when children's parents cannot continue to care and have no ability to meet the child's needs which may include separation or divorce, drugs, and others which can have a negative effect on the child wellbeing and lastly, when a child is neglected emotionally and physically, which involves sibling comparison, discouragement, childhood disfigurement, and the loss of a loved one. Four persistent effects of this trauma are visualised memories, repetitive behaviours, fears specific to the trauma, and altered attitudes toward people. An increasing amount of research indicates that people who experienced trauma as children may experience structural and economic disadvantages as adults. According to several authors (Hyman, 2000; MacMillan, 2000; Zielinski, 2009; Currie and SpatzWidom, 2010; Kunst et al., 2010), people who experienced violence and maltreatment as children or adolescents also have lower income levels in adulthood as a result of their lower educational and occupational attainment. People who have experienced multiple forms of maltreatment during their childhood are at a higher risk of experiencing unemployment in their adult years or a family member experiencing a job loss that led to financial difficulties (Zielinski, 2009). Additionally, adult reports of specific somatic symptoms like headaches and chronic pain have been linked to childhood trauma (Green CR, Flowe-Valencia H, Rosenblum L, Tait AR, 2001). Moreover, despite the fact that a large body of research has concentrated on the effects of physical and sexual abuse, emotional abuse and neglect have also

been linked to physical symptoms, (Spertus IL, Yehuda R, Wong CM, Halligan S, Seremetis SV., 2003), The acute trauma or type -I trauma is often related to Post-traumatic stress disorder, which includes the events of assault, either physical or sexual, a potentially fatal illness or a serious injury, sudden and unexpected death of a loved one or someone close, witnessing violence, accidents or crimes, suicide attempt, While the type-II trauma also known as complex trauma, refers to trauma that can occur during childhood or early development. Repetitive trauma is another type of type 2 trauma in which trauma occurs repeatedly. Complex trauma is frequently present in a relationship in which a person becomes trapped. (Maercker, Brewin, Bryant, Cloitre, Reed, et al., 2013; Resick et al., 2012), This happens in situations such as carer abuse of children. Furthermore, marginalised groups are sometimes subjected to generational trauma, which is exacerbated by discriminatory systems such as racial profiling. Survivors in communities where mental health issues are stigmatised may face additional challenges in seeking trauma treatment.

### Review of Literature

In recent decades, most of the studies concentrated on empirical research on the relationship between childhood trauma and post-traumatic symptoms in adults. The importance of these variables in the study is indispensable. Immense literature is also available on trauma, depression, anxiety, and emotional and physical neglect. Some of the earlier studies have been mentioned below.

S.NO	Author	Year	Country	Findings
1	Hanna Eilers , Marije aan het Rot, and Bertus F. Jeronimus,	2023	Netherlands	Childhood trauma was positively associated with adult somatic symptoms assessed using the PHQ
2	Mehak Gandhi	2023	India	Childhood trauma may have long-term impacts on people even as adults as post-traumatic symptoms in adults (as measured by PCL-5) and childhood trauma (as measured by CTQ) are significantly correlated
3	Cheyenne Downey, & Aoife Crummy	2022	Ireland	Those who have survived childhood trauma often struggle with depression, anxiety, low self-esteem, and alcohol and drug abuse.

4	Guideet.all	2022	Australia	Adult bipolar disorder (BD) has always been linked to childhood trauma (CT), both in terms of its earlier onset and higher severity. In later adulthood, CT data can lessen severe clinical manifestations and improve ongoing early detection of BD.
5	Glen Stevens	2021	USA	Early adversity, such as emotional, physical, and sexual abuse in childhood, as well as exposure to substance abuse, lead to chronic medical diseases in adulthood.
6.	Kathryn L. Humphreys	2021	US	The diagnosis and scores of depression were positively correlated with child maltreatment; the magnitude of the effects varied, with emotional abuse and emotional neglect showing the strongest correlations.(measure by CTQ, 192 unique samples consisting of 68,830 individuals.)
7	Ashley Aiosa	2019	USA	An adult's personality and mental stability may change as a result of childhood trauma. The development of PTSD in response to a traumatic event is not always the case.
8	Dandan Wang	2018	China	Psychological and social problems relating to childhood trauma are still prevalent. susceptibility to psychiatric disorders following traumatic events in childhood. childhood trauma reported higher scores of SDS, SAS, DAS

9	Shannon Eaton Allen	2016	United States	Childhood experience of ACE sample (n=17337) states physical abuse (28.3%), sexual abuse(20.7 %) and emotional abuse(10.6 %) were measured with household challenges and neglect (14.8% emotional neglect and 9.9 % on physical neglect)
10	Andrea L. Roberts	2015	Massachusetts, US	Offspring of women who experienced severe versus no childhood abuse had a greater likelihood of high depressive symptoms (RR = 1.78, 95% CI = 1.47, 2.16) and persistent high depressive symptoms (RR = 2.47, 95% CI = 1.37, 4.44).

Abbreviations: PHQ=Patient Health Questionnaire, PCL-5 = Posttraumatic Stress Disorder Checklist for Diagnostic and Statistical Manual of Mental Disorders, CTQ= Childhood Trauma Questionnaire, BD=bipolar disorder (BD), (ACEs)= Adverse Childhood Experiences, PTSD=Posttraumatic Stress Disorder, SDS=Self-rating Depression Scale, SAS= Self-rating Anxiety Scale, DAS=Dysfunctional Attitudes Questionnaire, RR= relative risk, CI=confidence intervals.

There are other studies which also focused on childhood abuse and its impact on adulthood, Brown, Dong, and Rich-Edwards conclude that individual who has experienced trauma will have an increased risk if chronic conditions including heart disease, diabetes, obesity and autoimmune disorders, while Felitti, and Sugila, observed that childhood trauma negatively affects cognitive development and exhibit the difficulties with memory, executive functioning skill, attention disorder which can impact their educational outcomes, Dube and, Whitefield , concludes that trauma survivor commonly struggle with trust issues, emotional regulation and establishing secure attachment with others.

As we have seen earlier studies examined the relationship between childhood trauma and its behavioral outcomes in adulthood by using descriptive and empirical research. The studies have concluded with different conclusions. Moreover over many scholars have concentrated on post-traumatic disorder while others on depression, anxiety and emotional and physical neglect, but very few scholars have concentrated on resilience factors, Masten and Narayan, focused on support systems and positive outcomes despite early trauma exposure. As noted, developing coping mechanisms is crucial to improve the individual overall well-being.

However, when it comes to methodology aspects, to examine the relationship between childhood trauma and its impact on adulthood, most of the scholars Andrea L. Roberts(2015), Shannon Eaton Allen(2016), Kathryn L. Humphreys(2021), Hanna Eilers, Marije aan het Rot, and Bertus F. Jeronimus (2023), have used CTQ and

PHQ and ACE's to measure the impact, while other scholars Dandan Wang, Mehak Dua, Marquis A. Norton, have used multiple regression, t-test and correlation techniques, few other scholars have used qualitative study and cross-sectional study.

### **Hypotheses Development**

The author has framed three hypotheses taking the three constructs namely childhood trauma (independent variable), behavioural changes (dependent variable) and its impact on adults and support system (dependent variable).

### **Childhood trauma**

More traumatised childhoods will result in emerging adults reporting more symptoms than less traumatised childhoods. Four characteristics of childhood trauma endure vivid recollections, recurrent actions, fears that are unique to the trauma, and altered perspectives on other people, life, and the future. (Terr, 2003), Those in the 18 to 25 age range are considered emerging adults (Arnett, 2000). Emerging adulthood is the unique developmental stage that occurs between young adulthood (ages 18 to 29) and adolescence (ages 12 to 17). The five characteristics that characterize this phase and influence emerging adults' identities in later adulthood are exploring one's identity, unpredictability, experiences of in-between, potential, and self-focus. While CT is the independent variable prevalence of mental health disorder (MHD), the dependent variable. The variable measures the presence and absence of MHD in young adults, the variables physical abuse, sexual abuse, emotional abuse, neglect, violence, loss of loved ones, and separation of parents, these variables provide insight into their specific impact on MHD.

*H1: Young adults who have experienced childhood trauma will have a higher prevalence of mental health disorders (MHD) compared to those who have not experienced trauma*

Young adults who experienced different types of trauma as children had worse behavioural conditions (Edwards et al., 2013), more emotional distress and dysfunction (Corrales et al., 2016; Dimitrova et al., 2010); and worse behavioural adjustment (Roche, 1999) when compared to individuals who did not endure trauma as children. The study focused on the symptoms in relation to anxiety, depression, self-blaming and self-harming, and emotional and physical abuse respectively.

Excessive and ongoing fear is the hallmark of anxiety disorders; other symptoms include tenseness in the muscles, restlessness, and trouble concentrating (American Psychiatric Association, 2013). These symptoms are emotional reactions to perceived, actual, or imagined threats. Since the signs of anxiety are usually difficult to identify and appear figuratively, they are classified as internalising behaviours. Anxiety disorders in adulthood are significantly more likely to develop in those who experienced childhood trauma (Li et al., 2016). Depending on the type of abuse, there are differing degrees of correlation between anxiety symptoms and traumatic experiences during childhood. While Depressive conditions are marked by emotions of futility, exhaustion, and a decline in interest in actions. They can also cause cognitive and somatic alterations in addition to depressing and irritable moods. It seems that emotional abuse may have a significant impact on behavioural indicators in young

adults, as evidenced by the relationship between childhood trauma and behavioural outcomes. According to (Heim et al., 2013), some researchers even contend that emotional assault might be among the most damaging types of trauma because the effects of the abuse have an impact on a person's developing brain, which hinders their ability to develop emotionally.

### **Childhood Trauma and relationship outcomes (RO)**

Childhood trauma significantly impacts individuals' emotional health and relationships, leading to difficulties in establishing healthy connections. Trauma, including physical, sexual, or emotional abuse, neglect, or violence exposure, can have long-term consequences on young adults' interpersonal relationships (Maikovich-Fong et al, 2007). Issues with intimacy, communication, trust, and emotional regulation are common manifestations, (Cloitre et al, 2006), Trust issues arise from childhood trauma, leading to defensive or avoidant behaviours in relationships. Traumatized individuals may struggle to control their emotions, resulting in angry outbursts, increased anxiety, or emotional withdrawal. These feelings of worthlessness, regret, and humiliation can make it difficult to establish and maintain healthy, balanced relationships leading to lower level of relationship satisfaction.

*H2: There is a positive correlation between young adults' difficulties with relationships and traumatic childhood experiences.*

### **Impact of Childhood trauma on adults and support system (SS)**

Childhood trauma may result in a lasting impact on adults, manifesting as problems with mental health, physical, emotional, and psychological signs, as well as attachment and parenthood challenges (Naghavi et al, 2017). Individuals who suffer childhood trauma must have an effective network of support in place to recuperate and progress. (Wilson and Palmisano 2018). Individuals participating in peer support programmes may provide an impression of belonging and help individuals connect and build mechanisms for coping and skills for resilience such as teaching one's self positive interpersonal skills, stress management, self-care practices, and methods for emotional regulation (Thompson et al, 2020) and prioritise discovering risk factors and interventions.

*H3: There is a significant association between support system and combating the long-term negative impact of childhood trauma on young adults.*

## **Data and Methodology**

### **Data source and variables**

The current study inspects whether childhood trauma impacts the behaviour in adults and examines the relational outcomes the post-traumatic stress disorder. To examine, childhood trauma is an independent variable while depression, anxiety, and emotional and physical neglect, are dependent variables included in the study. The

current study tries to counter the research gap by including self-blaming and self-harming, socialisation issues and support systems.

## Methodology

The study used a random and snowball sampling design to collect data. The study covers respondents from 18-25 years, we randomly chose the respondents from students from colleges and individuals from various fields of workplaces in Hyderabad, Telangana State making the total number of respondents 200. The minimum sample size calculated is 82, to get meaningful results, the suggested sample size is 132 with a confidence level of 95% and 5% as margin of error so our sample size is well above the suggested size. After sample size determination, random and snowball sampling methods were used to collect the primary data. The questionnaire was designed in three constructs namely childhood trauma, changing behaviour and its impact on adults, based on some demographic queries like age, gender, educational qualification, family economic status and others, we have used a validated instrument with a seven-point Likert scale, and developed a childhood trauma questionnaire (CTQ) Bertus F. Jeronimus (2023), were occurrence of potentially traumatic events in childhood modelled after the measurement of lifetime traumas, Turner and Lloyd (1995), the respondents events as a child parental divorce, parental unemployment, anxiety, depression, self-blaming, self-harming, socialisation issues and support system. Thus, the possible range of childhood trauma was 0-7 and responses were summed to yield a total trauma score and then re-coded to yield a measure of no childhood. To analysis, the data, ANOVA, regression and Pearson's correlation coefficient was been administered through the statistical package of social science.

## Empirical Results

### Respondents demographic profile

According to the primary data, 76.3 per cent of all respondents are males ( $m=.69, SD=.466$ ), 32.7 per cent are females ( $m=.63, SD=.931$ ), and 96.9 per cent are between the ages of 18 and 24, indicating that the respondents were young adults. The majority of respondents (88.1 per cent) are graduates, while 7.3 per cent completed high school and 4.6 per cent completed other courses.

### Test of Reliability

**Table:1**

Reliability Statistics		
Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
0.791	0.797	3



The table 1, describes the mean, standard deviation (SD) and Cronbach's alpha scores of all the three constructs used for this study. The Cronbach's alpha for the current sample size is 0.791, while the calculated after standardizing the item is 0.797. This suggests that there is moderate to good internal consistency among the items in the scale. The value suggests that the scale has acceptable internal consistency and can be considered reliable for measuring the construct it is assessing.

### Hypotheses testing

As stated earlier, the study focused on three hypotheses concerning the relationship between childhood trauma and its impact on adults based on the relationship established between independent and dependent variables.

While analysing the first hypothesis, the chi-square test was used to determine if there is a relationship between two categorical variables. In this case, the variables would be "experience of childhood trauma" (independent) and "prevalence of MHD" (dependent). The variable CT would be yes or no, while the prevalence of MHD would be higher or lower. According to the study about 52.2 per cent ( $m=.53$ ,  $SD=.501$ ), of the respondents have experienced a traumatic event during their childhood while 47.8 per cent ( $m=.95$ ,  $SD=1.001$ )

**Table: 2 Chi-Square analysis experience of childhood trauma", and "prevalence of mental health disorder**

Variables	Chi-Square value	p-value	Asymp. Sig.
Physical Abuse	92.480	< .00001	< .05
Sexual Abuse	154.880	< .00001	< .01
Emotional Abuse	92.480	< .00001	< .01
Neglect	92.480	< .00001	< .05
Parents separation /divorce	180.500	< .00001	< .10.
Violence	134.480	< .00001	< .01
Loss of loved ones	169.280	< .00001	< .05

states they never experience any such events in their childhood. Based on the data mentioned in table 2, provides the chi-square test results on categorical data. The p-value suggests strong evidence against the null hypothesis and indicates a strong association between variables, and the relationship observed in the data is statistically significant. It can be concluded that there is a significant relationship between CT and high prevalence of MHD. The study also concluded in comparative contexts that emotional abuse had an intense impact on young adult's mental health. In continuation, the respondents experienced traumatic events in their daily lives at varying frequencies. The majority of respondents (73.8%) stated that traumatic events happened occasionally in their daily lives, followed by 13.4% who said they happened on rare occasions, 9.4% who said they happened frequently, and 3.4 per cent who said it was chronically. All things considered, it can be said that most of the respondents did not frequently experience traumatic events in their daily lives. It was also observed that there is a direct relationship between childhood experiences and the relationship difficulties of young adults was being

considered. It can be concluded that the majority of respondents (61.7 per cent) think that their childhood trauma has affected their behaviour as adults to some degree, with 45.5 per cent saying it has affected them significantly and 6.2 per cent saying it has greatly affected them. Only 28.6 per cent of the participants believed that their childhood trauma had little to no impact on their behaviour as adults. Overall, the data indicates that a sizable percentage of the respondents think their early trauma has had a discernible influence on their behaviour and building relationships with others. Hence, the second hypotheses states the impact of variables based on the above response with childhood trauma remains independent variable and trust issues (TI), fear of intimacy (FI), difficulty with conflict resolution (CR), engaging in abusive behaviour (AB), feelings of worthlessness (FW), humiliation (H), regrets (R), emotional withdrawal (EW), self-blaming (SB), self-harming (SH) remains dependent variables. There exists a positive correlation between the respondents who experience childhood trauma and the difficulties in relationship-building

**Table:3**

Variables	Pearson's r	p-value
TI	.653	0.0001
FI	.446	0.0001
CR	.343	0.0001
AB	.229	0.0010
FW	.181	0.0099
H	.167	0.0175
R	.229	0.0010
EW	.194	0.0057
SB	.509	0.0001
SH	.825	0.0001

among the young adults, the results perceived  $r = .653$  (CT-> TI),  $r = .446$  (CT->FI),  $r = .343$  (CT->CR),  $r = .229$  (CT-> AB),  $r = .181$  (CT-> FW),  $r = .167$  (CT->H),  $r = .229$  (CT->R),  $r = .194$  (CT->EW),  $r = .509$  (CT->SB),  $r = .825$  (CT->SH), The p-value for TI->FI->,CR->,AB->,FW->,H->,R->,EW->,SB->,SH are significant (Table-3). Hence, these results suggest that there is a meaningful and statistically significant relationship between young adult's difficulties with relationships and traumatic childhood experiences. While analysing the factors influencing the long-term trauma effect, the chi-square test results on dependent variables show there is a significant association between anxiety 9.680, depression 56.180, substance abuse and addiction 162.000, educational and career attainment 115.520, physical health 184.320, social support is 92.480, behavioural problems 184.320, hence, the above observation is accepted accordingly, to determine the interactive effect of childhood trauma (predictor) on current coping mechanism (dependent variable), the results indicate a strong positive relationship with a coefficient ( $r$ ) of .825, the coefficient of determination ( $r$  square) of .681 suggest that 68.1 per cent of the variability in the dependent variable can be explained by the independent variable, the adjusted  $r$  square of .680 suggests that the model has a good fit. The  $f$ -value of 423.525 indicates that the model is statistically significant, When the role of support systems was studied in the healing process for young adults who had experienced

childhood trauma, various support systems were revealed. Of the respondents, 45.5 percent ( $m=.46, SD=.499$ ) stated they had support from their families, 27.5 per cent ( $m=.51, SD=.874$ ) said they had support from friends and peers, 11.3 per cent ( $m=.41, SD=.1.02$ ) said they sought professional assistance through counselling, and 15.7 per cent ( $m=.54, SD=.1.37$ ) said they were able to manage by their self, the third

**Table:4**

ANOVA <sup>a</sup>						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	74.240	1	74.240	89.861	.000 <sup>b</sup>
	Residual	163.580	198	.826		
	Total	237.820	199			
a. Dependent Variable: support system						
b. Predictors: (Constant), experience of childhood trauma						

hypotheses observe the presence and quality of support systems to analyse the long-term negative impact of childhood trauma on young adults, the results of the regression analysis, table 4, indicate a strong positive correlation between the childhood trauma and support systems, as indicated by correlation coefficient  $r$  of 0.559, the  $r$  square of 0.312, and adjusted  $r$  of 0.309 suggest that the model is a good fit,  $f$ -test value of 89.861, with  $p$ -value  $< 0.001$  indicates that the regression model is statistically significant, thus long term negative impact of childhood trauma on young adults have a significant effect on support system at 0.05 level of significance, hence, the results concluded that with able and positive support system the young adults were able to cope up with the traumatic experience and developed resilience, which allowed them to overcome adversity and carry on leading fulfilled lives. Resilience also helps young adults control their emotions and stress, ( $f=97771.300, p < .00001$ ) which is crucial for addressing trauma and its effects on mental health by fostering positive relationships, looking for family ( $f=728.887, p < .00001$ ) in other people, and using problem-solving techniques to adapt to various circumstances. People with cognitive flexibility ( $f=423.525, p < .00001$ ) can adopt fresh viewpoints and grow resilient in the face of hardship. Additionally, it has been noted that having a strong sense of self-worth and self-efficacy ( $f=69.300, p < .00001$ ) can assist young adults in overcoming the difficulties caused by traumatic childhood experiences, and that resilience and a sense of agency can be fostered by believing in oneself.

### Conclusion and Policy Suggestions

This study investigates how childhood trauma affects young adult's mental health. The study used a variety of statistical techniques, including Pearson's correlation coefficient, ANOVA, and regression. The result emphasises the relationship between childhood experiences and adult mental health, behaviour, and general well-being. There

is evidence that childhood trauma can result in a number of detrimental effects, such as substance misuse, depression, anxiety, and trouble sustaining relationships. Emotional abuse was found to be a significant factor in determining young adults' cognitive and behavioural aspects. Healthcare providers and legislators must acknowledge the significance of treating childhood trauma and offer assistance and resources to individuals impacted. Knowing how early life trauma affects young adults can help develop a system that is effective in promoting the mental health and resilience.

### **Policy suggestions**

The impact of childhood trauma on young adults has important policy ramifications. An increasing amount of studies demonstrates that childhood trauma, including abuse, neglect, and dysfunctional families, can have long-term consequences for an individual's physical and mental health as well as their social and economic well-being. This entails funding research-backed initiatives that support mental health screening and treatment in educational and medical settings, supportive services for families facing risk, and healthy parenting education. Young adults who have experienced childhood trauma should have greater access to mental health services, such as counselling and therapy. Teachers, healthcare professionals, and other professionals who work with young adults should also implement trauma-informed care training. To prevent and address childhood trauma and to provide ongoing support for those who have experienced it as they transition into young adulthood, it is important to organise community-based support programmes and networks that give young adults who have experienced it a sense of understanding and belonging. Additionally, policy initiatives that support family stability and address the structural causes of childhood trauma, such as domestic violence and substance abuse, are encouraged. Facilitating cooperation and coordination between various sectors, such as governmental, non-profit, and community organisations, to guarantee all-encompassing assistance for young adults impacted by childhood trauma.

### **Future Research**

Future research should be conducted with a judicious mix of both qualitative and quantitative approaches. Further research can also focus on working adults to understand how traumatic experience affect their workplace in general and family life in specific. Hence one can explore the changing effect by taking more dimensions of child traumatic events.

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