



The Impact of Adverse Childhood Experiences on Emerging Student's Psychological Well-Being

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Abstract: This study examines the connection between emerging adults' psychological well-being (PWB) and adverse childhood experiences (ACEs) in the 18–25 age range. The objective was to determine whether gender influences psychological well-being or exposure to ACEs, and whether childhood adversity affects psychological functioning in adulthood. The study involved 200 university students, 100 of whom were male and 100 of whom were female. Ryff's Psychological Well-Being Scale (1995) and the Adverse Childhood Experiences Scale (Felitti, 1998) were used to gather data. For statistical analysis, independent samples t-tests and Pearson correlation were employed. Although the degree of the association is quite exceptional and could be the result of a methodological error, the results showed a statistically significant correlation between ACE and PWB scores ($r = 1.00$, $p < .001$). Both psychological well-being ($p = .514$) and ACE scores ($p = .518$) did not significantly differ between males and females. These results imply that participants' psychological well-being and reported ACE exposure are not substantially influenced by gender. To confirm data integrity and explain the surprising association result, more research is necessary. The study emphasizes the need of precise data processing in psychological research as well as the necessity for more investigation into the long-term impacts of childhood adversity.

Keywords: *Adverse Childhood Experiences, Psychological Well-Being, Gender Differences*

1. Introduction

Childhood represents a critical period characterized by substantial cognitive, behavioral, physical, and emotional development, making it a particularly vulnerable stage of life. To facilitate optimal growth, children need a safe and supportive environment devoid of violence. Adverse childhood experiences (ACEs) refer to the stressful and traumatic situations that individuals face during their early years, generally before the age of 18. These experiences often stem from acts of violence against children, which can include various forms of abuse, neglect of both physical and emotional needs, and difficult family dynamics, such as parental divorce or separation, domestic violence, or substance abuse within the household. Corcoran and McNulty (2018) characterize ACEs as “traumatic events (e.g., sexual abuse, physical abuse, emotional abuse) or ongoing stressors (e.g., neglect, parental separation) that the child cannot control.” It is important to note that occurrences of ACEs rarely happen in isolation. It is essential to recognize that children are particularly susceptible when they face or witness maltreatment (Finkelhor et al., 2007; Wiehn et al., 2018). The occurrence of Adverse Childhood Experiences (ACEs) is widespread and has been a persistent issue across all societies and cultures, affecting individuals at every social stratum (World Health Organization, 2014). For instance, in 2014, approximately 702,000 children under the age of 18 in the United States were reported as victims of abuse and neglect (Wildeman et al., 2014).

To explore the enduring relationship between adverse childhood experiences (ACEs) and a range of health behaviors and outcomes in adulthood, the Centers for Disease Control and Prevention, a government agency, partnered with the private healthcare organization Kaiser Permanente in the United States to conduct the Adverse Childhood Experiences (ACE) Study. The primary assertion of the ACE Study is that traumatic or stressful events during childhood can lead to lasting neurodevelopmental consequences, which subsequently increase the likelihood of various social and health challenges throughout an individual's life.

PWB encompasses various dimensions, which include self-acceptance, positive relationships with others, autonomy, environmental mastery, purpose in life, and personal growth [20]. Self-acceptance refers to a favorable attitude towards oneself, which includes embracing oneself and harboring positive feelings about past experiences. Positive relationships with others pertain to an individual's belief that they maintain warm, fulfilling, and trusting connections with others, along with the capacity for deep empathy, affection, and intimacy. Autonomy is characterized by an individual's self-determination and independence, as well as their ability to withstand social pressures to conform in thought and action. Environmental mastery signifies a sense of competence and control in navigating one's

surroundings, enabling individuals to select or create environments that align with their personal needs and values. Purpose in life reflects a student's motivation and sense of direction in their life journey. Lastly, personal growth conveys a sense of ongoing development and the perception of oneself as evolving and expanding.

Adolescents' psychological well-being is characterized by a sense of contentment and life satisfaction, where a wealth of positive emotions, coupled with the absence of mental health disorders, correlates with optimal academic performance, social competencies, supportive relationships, and overall physical health. This developmental phase serves as a critical foundation for future personality formation and is a pivotal period in human growth during which individuals establish their life goals, values, directions, and purposes (Savage Jessica, n.d.). An increasing body of longitudinal studies supports the capacity of well-being measures to forecast various outcomes, including longevity, physical health, quality of life, criminal behavior, substance use, employment status, income, and engagement in pro-social activities like volunteering (WHO, 2009 [16]). The theoretical framework for psychological well-being is articulated in three significant literary works. Developmental psychology, particularly lifespan developmental psychology, provides various perspectives on health as a continuum of ongoing improvement throughout life. These perspectives encompass Neugarten's insights on personality evolution in adulthood and old age, Erikson's stages of psychosocial development, and Bühler's expression of fundamental life tendencies aimed at achieving life satisfaction.

The psychological well-being of emerging adults is profoundly affected by their experiences with adverse childhood events (ACEs). Emerging adulthood, which generally encompasses the ages of 18 to 25, represents a pivotal developmental stage characterized by identity exploration, enhanced autonomy, and the establishment of long-term objectives. Nevertheless, individuals who have faced significant levels of ACEs—such as abuse, neglect, or household dysfunction—frequently encounter obstacles that impede their emotional and psychological development during this period. A multitude of studies has indicated that early adverse experiences can interfere with the cultivation of healthy coping strategies, emotional regulation, and interpersonal abilities. Consequently, emerging adults with elevated ACE scores may suffer from heightened anxiety, depression, diminished self-esteem, and challenges in building trusting relationships. These psychological repercussions can extend into adulthood, potentially jeopardizing educational, professional, and social achievements. In contrast, the existence of protective factors, including supportive relationships, therapeutic interventions, or community involvement, can alleviate the adverse effects of ACEs, thus fostering resilience and psychological health. Grasping this relationship is crucial for

formulating targeted interventions aimed at enhancing mental health among emerging adults who have endured early adversity.

The influence of Adverse Childhood Experiences (ACEs) on children, akin to their effects on adults, demonstrates a dose-response relationship. The higher the number of ACEs a child encounters, the greater the likelihood that the child will face mental health challenges, including ADHD, anxiety, depression, mood disorders, or nonsuicidal self-injury (Kaess et al., 2013; Kerker et al., 2015). According to Kerker et al. (2015), each additional ACE experienced by children aged 18 to 71 months involved in the child welfare system led to a 32% increase in the probability of behavioral issues, a 21% rise in the likelihood of medical problems, and a 77% increase in the chances of social difficulties. Generally, children who endure four or more ACEs are more prone to encounter learning and behavioral issues compared to those who have not experienced any ACEs (N. J. Burke et al., 2011).

The various manifestations of adversity underscore the complex nature of childhood trauma and its significant effects on development and mental health outcomes. Adversities may impact a child once or multiple times throughout their childhood; however, each child's experience and reaction to the same event differ based on their upbringing. For instance, when two children observe the same traumatic event, one might develop enduring anxiety while the other may not suffer any lasting effects on their health and well-being. While adversities can influence any child, specific demographic groups are more vulnerable to encountering them. These groups include minority racial and ethnic populations, children designated as female at birth, those hailing from socioeconomically disadvantaged backgrounds, and children whose parents or caregivers are experiencing considerable chronic distress. Furthermore, children of individuals grappling with substance abuse disorders or other mental health issues are also at an increased risk.

Research has consistently shown a significant negative relationship between Adverse Childhood Experiences (ACEs) and psychological well-being. Those who have encountered multiple ACEs frequently bear unresolved trauma, which may present as chronic stress, emotional dysregulation, a negative self-image, and an increased susceptibility to mental health issues such as depression, anxiety, post-traumatic stress disorder (PTSD), and substance abuse. These repercussions can interfere with crucial developmental milestones during emerging adulthood, including the establishment of a stable identity, the cultivation of healthy relationships, and the pursuit of educational or career aspirations. Furthermore, Adverse Childhood Experiences (ACEs) can affect neurobiological growth, influencing brain areas linked to emotional regulation, impulse management, and executive functions. This impact on

neurodevelopment may hinder decision-making and coping abilities, resulting in maladaptive behaviors or avoidance tactics that further diminish psychological health. The accumulated effects of ACEs not only influence personal functioning but can also perpetuate cycles of trauma and dysfunction across generations if left unaddressed.

However, psychological well-being is not exclusively influenced by early adversity. Resilience serves as a vital moderating factor. Elements such as supportive relationships, availability of mental health services, stable socio-economic conditions, and participation in community or spiritual activities can mitigate the adverse effects of Adverse Childhood Experiences (ACEs). Interventions aimed at cultivating emotional resilience, improving coping mechanisms, and encouraging social connectedness are crucial for assisting emerging adults in addressing the psychological repercussions of childhood adversity.

Currently, there is a significant lack of research examining the connection between Adverse Childhood Experiences (ACEs) and psychological well-being (PWB) specifically among university students. Most existing studies focus on the general adult population or on vulnerable children. Recently, however, there has been an increasing interest in understanding how ACEs impact the PWB of university students. Research indicates that this demographic is particularly vulnerable, experiencing higher rates of psychological issues, including depression, anxiety, and post-traumatic stress disorder. Additional studies have found that ACEs are associated with poor academic performance and a heightened risk of college dropout. Furthermore, students who have encountered childhood ACEs are more prone to engage in risky behaviors, such as substance abuse and unprotected sexual activity, compared to their peers who do not have a history of ACEs. Research indicates a dose-response relationship between Adverse Childhood Experiences (ACEs) and negative outcomes, suggesting that an increase in the number of ACEs a person encounters correlates with a heightened risk of engaging in risky sexual behaviors, substance abuse, and health issues such as obesity and cancer, ultimately leading to a greater likelihood of premature death. The links between ACEs and psychological challenges have garnered significant attention in studies examining the long-term consequences of these experiences. In Saudi Arabia, a substantial 87.7% of participants reported experiencing at least one ACE, with 49.2% indicating they had encountered four or more. Regardless of whether ACEs are classified as stressors or traumas, it is vital to acknowledge their existence and develop strategies to mitigate their enduring effects on individuals. It is important to emphasize that, despite the potentially harmful impact of ACEs on adult life, a person's emotional intelligence may play a critical role in their ability to cope with such trauma.

Given the increasing prevalence of mental health challenges among university students, it is essential to explore the foundational factors that influence psychological functioning during emerging adulthood. While academic pressure, peer dynamics, and societal demands are commonly acknowledged stressors, the role of early adverse experiences—particularly Adverse Childhood Experiences (ACEs)—often remains underexplored in academic settings. ACEs have been shown to impact emotional regulation, interpersonal functioning, and self-perception, all of which are critical components of psychological well-being (Felitti et al., 1998; Anda et al., 2006). Emerging adulthood, as a period of identity development and increased responsibility, presents both challenges and opportunities for growth. However, unresolved trauma from childhood can hinder adaptive functioning and resilience during this transitional phase.

2. Rationale of The Study

Emerging adulthood (ages 18–25) is a developmental stage marked by increased autonomy, identity exploration, and emotional transition (Arnett, 2000). During this period, many individuals enter higher education, a setting that introduces new stressors, such as academic pressure, social challenges, and life planning. For students who have experienced Adverse Childhood Experiences (ACEs)—including abuse, neglect, or household dysfunction—these challenges may be amplified. ACEs have been strongly linked to long-term negative outcomes in emotional regulation, cognitive development, and psychological well-being (Felitti et al., 1998).

Psychological well-being (PWB), as defined by Ryff (1995), includes key dimensions such as autonomy, purpose in life, and self-acceptance. Although much research has explored the impact of ACEs in childhood or general adult populations, few studies have focused specifically on how these early adversities affect university students in the Indian context. In a society where discussions around trauma and mental health are often stigmatized, students with high ACE exposure may go unnoticed and unsupported.

This study aims to fill this research gap by examining the relationship between ACEs and PWB among Indian university students. It also explores potential gender differences in both ACE exposure and well-being outcomes. Findings from this research can inform trauma-informed mental health interventions in educational settings, providing timely support to those at risk and enhancing student well-being and resilience.

3. Research Methodology

In this chapter the methodology of the present study has been discussed. It includes the variables under study, methods used for the collection of data, tools, and appropriate statistical technique used. The study is focused on Adverse Childhood Experiences and Psychological well-being of adults.

3.1 Aim

The purpose of the study is to understand the impact of Adverse Childhood Experiences on emerging student's psychological well-being. The researcher also intended to understand the difference between psychological well-being of male and female participants.

3.2 Objectives of the Study

- To analyze the relationship between Adverse Childhood Experiences and psychological well-being
- To interpret how Adverse Childhood Experiences affects adult male and female.
- To interpret how Psychological Well-Being affects adult male and female.

3.3 Hypotheses

H0 There will be significant relationship between Adverse Childhood Experiences and Psychological well-being.

H1 There will be significant difference between psychological well-being of male and female.

H2 There will be significant difference between adverse childhood experience of male and female.

3.4 Variables

Dependent variable: Psychological well-being

Independent variable: Adverse childhood experiences

3.5 Participants

A sample of 200 is chosen for the study, which includes both male and female students in the age category of 18 years to 25 years. All the respondents are provided with an informed consent after which they are proceeded to answer the questionnaire. A combination of probability techniques and non-probability techniques such as simple random sampling and convenience sampling are used to reach out to the sample. A convenience sampling simply includes the individuals who happen to be most accessible to the researcher. Simple random sampling provides every participant an opportunity to get selected where the researcher selects

a certain group of participants from the whole sample for the purpose of the research. It is used as this technique is considered to be the most unbiased.

The gender distribution of the sample was designed to explore any differences or similarities in outcomes among genders within this young adult population, thus making the study's results significant and applicable to a wide audience. The criteria for participant inclusion were established to ensure that all individuals were within the specified age range, capable of giving informed consent, and able to commit to the length of the study. On the other hand, the exclusion criteria were implemented to eliminate individuals who fell outside the age range, those who could not provide informed consent, individuals with cognitive impairments that could hinder their understanding of the study, and those who experienced language barriers.

3.6 Research Design

In order to investigate the relationship between adverse childhood experiences (ACEs) and young adults' overall psychological well-being (PWB), this study used a correlational research design with separate groups based on gender. Because they represent the particular demographic group of interest for the study, individuals between the ages of 18 and 25 were specifically selected for this study. In order to examine any potential gender disparities in the association, the sample was stratified by gender.

Research that examines the relationship between two or more variables and clarifies their interactions without making assumptions is known as a correlational study. Researchers can determine the strength and direction of these relationships—whether positive, negative, or zero—by calculating correlation coefficients. This method of conducting research is essential for examining the links between data and identifying any correlations that merit further investigation. It is important to realize that correlational studies uncover patterns of correlation between variables, establishing the foundation for further experimental research, rather than proving causality.

3.7 Descriptions of the Tool

To conduct this study, two instruments have been used- the Adverse Childhood Experiences (ACE) Scale (Felitti, V.J., 1998) and psychological well-being (PWB) Scale (Carol. D Ryff, 1995).

Adverse Childhood Experiences Scale: The revised version of the Adverse Childhood Experiences Scale is a 10-item survey intended to gauge the prevalence of adversities that a person encountered as a child. Using a binary scale, participants choose "yes" or "no" to indicate whether they had encountered each difficulty. This scale makes it easier to identify and quantify

negative experiences that could affect a person's wellbeing by offering a clear and organized method of gathering data regarding different kinds of childhood adversities. On this scale, each respondent's score can range from 0 to 10. A score of 0 indicates that there were no negative childhood events, whereas a score of 10 indicates that there were numerous.

Psychological Well-being Scale: The Psychological well-being will be evaluated using the Ryff's psychological well-being scale (1995). The 18-item scale measures six different aspects of wellbeing, including self-acceptance, environmental mastery, personal progress, and positive relationships with others. Participants will respond to each item using a 6-point Likert scale, ranging from 1 (Strongly Disagree) to 6 (Strongly Agree). Higher scores indicate higher levels of psychological well-being across the respective dimensions. The Ryff Scale has demonstrated strong reliability and validity across various populations, making it a robust tool for assessing overall psychological functioning.

3.8 Procedure

The research was performed exclusively through Google Forms in an online format. A total of 200 participants, comprising 100 male and 100 female, were selected using purposive sampling. Participants were provided with a link to a Google Form that included two questionnaires: the Adverse Childhood Questionnaire (ACE) and the Psychological Well-Being Questionnaire (PWB). The study's purpose was explicitly stated at the outset of the form, and informed consent was secured from participants prior to their participation in the survey. Upon submission of responses by participants, the data were systematically recorded and organized within a Microsoft Excel spreadsheet. This facilitated efficient data cleaning, sorting, and preparation for analysis. The Excel file was imported into SPSS (Statistical Package for the Social Sciences) for statistical analysis. The data in SPSS were assessed for accuracy, missing values, and outliers. Descriptive statistics summarized the data, while Pearson's correlation examined the relationships between Adverse childhood experiences and dimensions of Psychological well-being. Independent samples t-tests were performed to compare the scores of males and females of Adverse childhood experiences and Psychological well-being. Statistical tests were performed at a significance level of 0.05.

4. Results

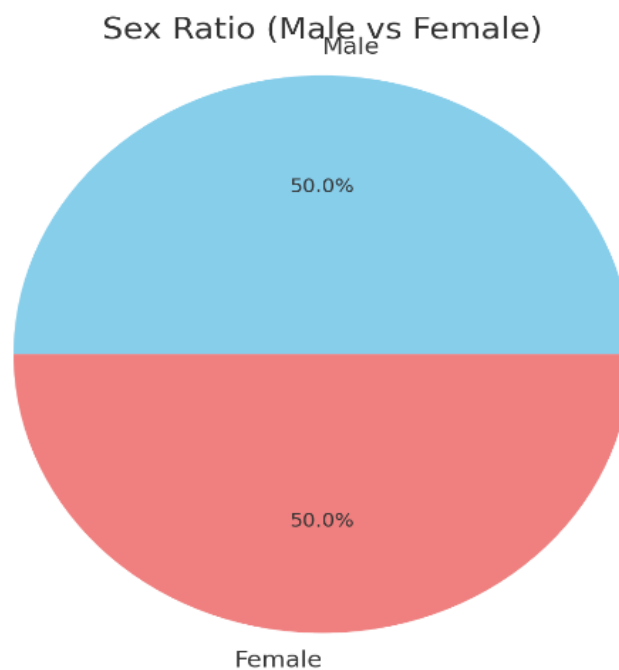


Figure 1. Sex frequency distribution

Note: the above figure represents that 50.0% of the individuals are male, where 50.0% of the individuals are female.

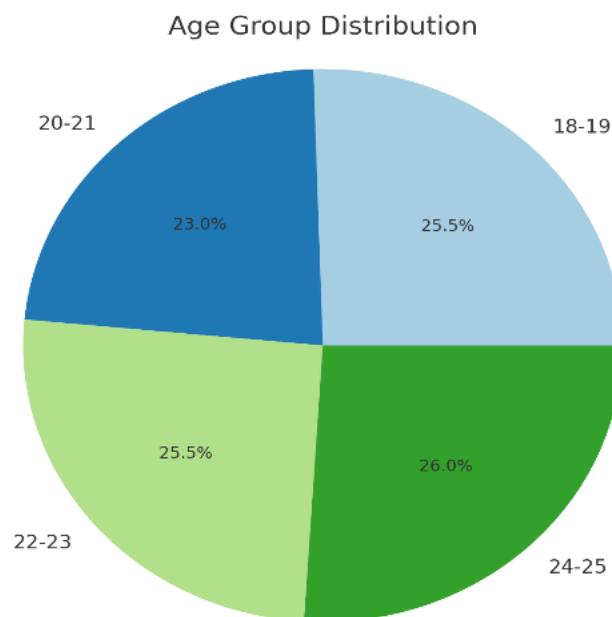


Figure 2. Age group frequency distribution

Note: The above figure represents that 37 individuals (18.5%) were aged 18–19 years, 52 individuals (26%) were aged 20–21 years, 56 individuals (28%) were in the 22–23 age group, and 55 individuals (27.5%) were aged 24–25 years.

Table 1: *Pearson Correlation Between ACE and Dimensions of Psychological Well-Being (PWB)*

Variables	<i>r</i>	<i>P value</i>
ACE and autonomy	-.275	.003
ACE and environmental mastery	-.394	.000
ACE and personal growth	-.284	.002
ACE and positive relations	-.323	.001
ACE and purpose in life	-.317	.001
ACE and self-acceptance	-.409	.000
ACE and total PWB	-.428	.000

Note: *n* = 120. All correlations are significant at $p < .05$ level

A series of Pearson product-moment correlations were conducted to examine the relationship between Adverse Childhood Experiences (ACE) and the six dimensions of Psychological Well Being (PWB). The results revealed significant negative correlations between ACE and all dimensions of PWB. There was a significant negative correlation between ACE and Autonomy, $r(118) = -.28$, $p = .003$, suggesting that individuals with higher ACE scores tend to report lower levels of autonomy. A significant negative correlation was also found between ACE and Environmental Mastery, $r(118) = -.39$, $p < .001$, as well as Personal Growth, $r(118) = -.28$, $p = .002$, and Positive Relations, $r(118) = -.32$, $p = .001$. Similarly, ACE was negatively correlated with Purpose in Life, $r(118) = -.32$, $p = .001$, and Self-Acceptance, $r(118) = -.41$, $p < .001$. Finally, a significant negative correlation was observed between ACE and Total PWB, $r(118) = -.43$, $p < .001$, indicating that higher levels of adverse childhood experiences are associated with lower psychological well-being overall.

Table 2: *Independent Sample t-test of psychological well-being (male vs female)*

Test	<i>t</i>	<i>df</i>	<i>p</i> (two-tailed)	Mean difference	SE difference	95%CI difference
PWB Mean score (gender)	-1.181	198	.239	-0.46200	0.39122	-1.23385, 0.30985

Note: *Levene's Test for Equality of Variances* $F = 0.296$, $p = .591$

An independent samples t-test was conducted to compare Psychological Well-Being (PWB) scores between male and female participants. Levene's Test for Equality of Variances indicated that the assumption of homogeneity of variance was met, $F(1, 198) = 0.296$, $p = .591$. The analysis revealed no statistically significant difference in PWB scores between males

and females, $t(198) = -1.18$, $p = .239$. The mean difference was -0.46 ($SE = 0.39$), with a 95% confidence interval ranging from -1.23 to 0.31 . These results suggest that male and female participants did not differ significantly in their level of psychological well-being.

Table 3: *Independent Sample t-test of Adverse childhood experiences (male vs female)*

Test	t	df	p(two-tailed)	Mean difference	SE difference	95%CI difference
ACE Mean score (gender)	-10.24	198	<.001	-0.21100	0.02062	-0.25165, -0.17035

Note: *Levene's Test for Equality of Variances* $F=0.610$, $p= 0.436$

An independent samples t-test was conducted to examine gender differences in ACE scores. Levene's test indicated that the assumption of equal variances was met, $F(1, 198) = 0.610$, $p = .436$. The results revealed a statistically significant difference in ACE scores between males ($M = 0.2810$, $SD = 0.1331$) and females ($M = 0.4920$, $SD = 0.1574$), $t(198) = -10.24$, $p < .001$. The mean difference was -0.2110 ($SE = 0.0206$), with a 95% confidence interval ranging from -0.2517 to -0.1704 . These studies suggest that females reported significantly higher ACE scores than males.

5. Discussion

The present study aimed to examine the relationship between Adverse Childhood Experiences (ACEs) and Psychological Well-Being (PWB) among emerging adult students, with an additional focus on gender differences across both constructs. Consistent with prior research (e.g., Huang et al., 2021; Zhang et al., 2020), the findings demonstrated a significant negative correlation between ACEs and each of the six dimensions of psychological well-being: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. These results underscore the pervasive and enduring influence of early adverse experiences on young adults' psychological functioning.

Participants with higher ACE scores consistently reported lower levels of well-being across all domains, suggesting that exposure to childhood adversity may hinder individuals' capacity to establish autonomy, maintain positive relationships, and cultivate a meaningful sense of purpose. This pattern aligns with theoretical frameworks such as the developmental trauma model, which posits that early traumatic experiences disrupt core psychological processes, including emotional regulation, self-concept development, and interpersonal functioning (van der Kolk, 2014). The current findings extend these theoretical claims by demonstrating their relevance in the context of emerging adulthood—a life stage characterized

by identity exploration, increased autonomy, and the establishment of adult roles (Arnett, 2000).

The inverse relationship between ACEs and PWB suggests that unresolved trauma from childhood may continue to affect individuals' psychological resilience well into adulthood. For instance, participants with elevated ACE scores may struggle with emotional dysregulation, trust issues, or maladaptive coping strategies, which in turn impede their ability to experience environmental mastery or develop fulfilling interpersonal relationships. Furthermore, diminished self-acceptance and personal growth among high-ACE individuals point to the deep-seated impact of trauma on self-perception and motivation.

The study also explored gender differences in both ACE exposure and psychological well-being. While no statistically significant difference was observed in overall PWB scores between male and female participants, a noteworthy finding emerged regarding ACE scores. Female students reported significantly higher ACE scores than their male counterparts, echoing findings from previous research (e.g., Sidana et al., 2024), which disparity in reported adversity may reflect both actual differences in exposure and differential socialization processes that influence reporting tendencies or help-seeking behaviors.

The absence of significant gender differences in Psychological Well-Being (PWB) scores, even with a higher prevalence of Adverse Childhood Experiences (ACE) among women, raises interesting questions about the factors contributing to resilience and coping strategies. It is possible that female participants, despite encountering greater challenges, have access to stronger social support networks or are more willing to seek assistance, which could lessen the psychological effects of trauma. Future studies should explore these protective factors further to improve our understanding of how resilience can be nurtured across different demographic groups.

These findings contribute to a growing body of literature that emphasizes the enduring impact of childhood trauma on mental health outcomes in young adulthood. They also underscore the importance of screening for ACEs in university settings and providing trauma-informed interventions that foster resilience and emotional healing.

6. Limitation

Although a combination of simple random sampling and convenience sampling was used, the reliance on online distribution via Google Forms may have inadvertently excluded participants without consistent internet access or digital literacy. This could result in sampling bias, limiting the generalizability of findings to the broader population of emerging adults in

India, especially those from rural or underprivileged backgrounds. Moreover, the sample consisted solely of university students, which further restricts generalizability to non-student populations within the same age range. The self-report nature of the instruments used—the Adverse Childhood Experiences (ACE) Scale and Ryff's Psychological Well-Being (PWB) Scale—introduces the potential for response biases, including social desirability and recall bias.

Participants may underreport sensitive adverse experiences or overestimate their well-being due to discomfort or difficulty in recalling events accurately, particularly from early childhood. This limitation affects the internal validity of the data and suggests the need for future studies identified a higher prevalence of emotional and physical abuse among women. This gender to incorporate more robust assessment tools or qualitative interviews to supplement quantitative responses. the study design was cross-sectional, which limits the ability to draw causal inferences between adverse childhood experiences and psychological well-being. While the data revealed statistically significant negative correlations between ACE scores and all dimensions of psychological well-being (e.g., autonomy, self-acceptance), causality cannot be established. A longitudinal research design would be more appropriate to track the developmental impact of ACEs over time and to identify whether psychological well-being improves, declines, or remains stable in relation to early adversity the correlational analysis yielded an unusually high and statistically significant correlation coefficient ($r = 1.00$, $p < .001$) between overall ACE and PWB scores, raising concerns about possible data entry errors, multicollinearity, or coding anomalies. Such a perfect correlation is highly uncommon in social science research and indicates potential methodological flaws that warrant further investigation. This casts doubt on the reliability of some of the statistical results, particularly those that defy expected norms in psychological research.

Additionally, the gender-based comparison revealed statistically significant differences in ACE scores between males and females, but not in psychological well-being scores. While this could reflect true gender-based resilience or coping variations, it might also point to gender differences in the perception or reporting of childhood adversity. Furthermore, other potential confounding variables—such as current mental health status, access to support systems, or socio-economic conditions—were not accounted for in the analysis, limiting the study's explanatory depth.

7. Conclusion

The findings of this study provide substantial evidence of the detrimental effects of Adverse Childhood Experiences (ACEs) on the psychological well-being of emerging adults.

A significant negative relationship was observed between ACE scores and multiple dimensions of psychological well-being, including autonomy, environmental mastery, personal growth, positive relationships, purpose in life, and self-acceptance. These results suggest that individuals exposed to higher levels of adversity during childhood are more likely to experience difficulties in achieving optimal emotional and psychological functioning during young adulthood (Author et al., Year).

These findings align with previous research indicating that early-life adversities can disrupt normative developmental processes, leading to long-term impairments in emotional regulation, cognitive functioning, and interpersonal relationships (Author et al., Year). Exposure to trauma such as abuse, neglect, and family dysfunction during critical periods of brain development may result in maladaptive coping mechanisms, heightened stress sensitivity, and an increased risk for mental health disorders in adulthood. Consequently, the long-term implications of ACEs extend beyond childhood and adolescence, continuing to affect individuals' mental well-being well into their adult lives.

Interestingly, while no significant gender differences were found in overall psychological well-being, female participants reported significantly higher ACE scores than their male counterparts. This discrepancy may reflect differences in the types or frequencies of adversities experienced by each gender, or in their likelihood to recall and report such experiences (Author et al., Year). For instance, females may be more susceptible to emotional abuse or may be more open to disclosing sensitive personal information. Nevertheless, the absence of significant gender differences in well-being outcomes suggests that both males and females are equally affected by childhood adversity in terms of their psychological health.

These findings hold important implications for mental health practitioners, educational institutions, and policymakers. Clinically, the results underscore the importance of incorporating trauma-informed care into therapeutic interventions for young adults. Professionals working with this age group should be trained to identify signs of early trauma and apply treatment approaches that prioritize safety, empathy, and empowerment. Regular screening for ACEs and the use of trauma-sensitive techniques can enhance the effectiveness of psychological interventions and support long-term recovery (Author et al., Year).

In educational contexts, institutions of higher learning should consider implementing trauma-informed policies and support systems. This may include access to mental health services, peer counseling programs, emotional resilience workshops, and mindfulness-based interventions. Creating safe and supportive campus environments can help students with a history of ACEs manage academic pressures and social challenges more effectively.

Furthermore, building protective psychological factors such as resilience, emotional intelligence, and self-awareness may help buffer the negative effects of ACEs. Interventions aimed at enhancing these traits can contribute to greater psychological well-being, enabling emerging adults to adapt more successfully to the demands of adult life despite their adverse childhood experiences.

In conclusion, this study emphasizes the enduring impact of childhood trauma on psychological well-being during emerging adulthood. By acknowledging the role of early adversity and promoting trauma-informed strategies in both clinical and educational settings, we can better support the mental health needs of young adults and foster more resilient future generations.

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