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Impact of Childhood Trauma on Psychological Well-being among Young Adults

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Abstract

Childhood trauma refers to the experiences that are stressful or abusive. It has a significant impact on child's mental health, emotional control and brain development. These experiences can have an impact on young adults' psychological well-being. Unhealthy childhood experiences can cause uneven childhood development and can lead to poor mental health and other psychological issues as an adult. Psychological well-being refers to positive feelings and emotions human being experience. It can be influenced by self-esteem, purpose in life, positive relations, happiness and life satisfaction. The research aimed to study the impact of childhood trauma on psychological well-being of young adults. Standardised tools were used to measure childhood trauma and psychological well-being. A total sample of 30 in the age range of 18-25 years were collected. The results found out significant correlation between childhood trauma and psychological well-being. Comprehending and mitigating the impact of childhood trauma via therapeutic interventions and support networks is crucial for fostering resilience and enhancing the general psychological welfare of young adults during their developmental years.

Keywords: Childhood Trauma, Psychological Well-Being, Young Adults

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Introduction

Young adult is the phase of early adulthood with social and personal development and various changes. It is typically defined as the age group from 18 to 25 years. Young adults also experience physical, cognitive and socioemotional development. Childhood trauma can affect the development and have a huge impact on their psychological health. Poor childhood experiences like physical abuse, sexual abuse, neglect, divorced parents etc., can interfere with natural development during childhood and can cause a variety of psychiatric problems as an adult. It may result in variety of behavioural and psychological problems such as PTSD, depression, anxiety, unhealthy relationships. It is essential to understand the significant effects of childhood trauma on youth in order to develop empathy, focused therapies, and support networks that promote recovery and resilience when faced with of early-life challenges. Mandelli et al. (2015) focused on the connection between childhood trauma and adult risk for psychiatric diseases. Despite several research being conducted; it is still unclear how certain childhood stresses affect the likelihood of developing depression as an adult. According to Andryszewska et al. (2019) in contrast to the general population, individuals with mood disorders tend to experience childhood trauma at a higher frequency, and these traumatic experiences can have a negative impact on their clinical course. The research examined the neurobiological factors underlying childhood trauma. Specifically, the structural and functional alterations in the hippocampus and amygdala, two brain regions, were discussed, as these changes have been associated with the development of bipolar disorder and depression. Research indicates that the interaction between multiple genes and childhood stress contributes to the emergence of pathological symptoms in adults. Of these genes, the serotonin transporter gene and the FKBP5 gene have been identified as particularly influential in the development of mood disorders.

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Childhood Trauma

"Trauma is an emotional response to a terrible event like an accident, rape, or natural disaster. Immediately after the event, shock and denial are typical. Longer term reactions include unpredictable emotions, flashbacks, strained relationships, and even physical symptoms like headaches or nausea" (American Psychological Association (APA), n.d.).

The World Health Organisation defines childhood trauma and adversity as all forms of physical and emotional abuse, neglect or exploitation that results in actual or potential harm to a child (Butchart et al., 2006).

Aas et al. (2016) contributed to the adverse effects of early stress, putting childhood trauma in a context of biological sensitivity, and talking about unique long-term pathophysiological effects in bipolar illnesses. Childhood trauma and a more severe clinical onset with time are both risk factors for developing bipolar illnesses.

According to Copeland et al. (2018) by the age of 16, over 60% of children have encountered traumatic events, with more than 30% experiencing multiple incidents. Exposure to traumatic situations has been found to be associated with posttraumatic stress disorder (PTSD) and other common emotional and behavioral problems during childhood. Several studies have established a connection between childhood trauma, particularly abuse, and adult mental health issues and functional impairments.

Marusak et al. (2015) states that one of the most potent risk factors for subsequent emotional disorders are early-life trauma. It is known from studies on adults that childhood trauma predicts deficiencies in emotion control that last for decades, but it is uncertain if such changes in the brain and behaviour are visible during formative, developing years and whether they might lead to illness. This study investigated whether trauma-exposed children and adolescents

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in a high-risk urban population have abnormalities in them automatic management of emotional conflict.

Psychological well-being

Psychological well-being consists of self-acceptance, positive relationships with others, autonomy, environmental mastery, a feeling of purpose and meaning in life, and personal growth and development (Ryff & D,1989).

Huppert (2009) describes psychological well-being as "the combination of feeling good and functioning effectively." Studies have discovered that people with higher psychological well-being are more likely to live healthier and longer lives. They are also more likely to enjoy a better quality of life (Kubzansky et al., 2018).

Psychological well-being, also known as mental well-being, refers to the state of optimal mental health and functioning. It encompasses various aspects of an individual's psychological state, including emotional, cognitive, and social well-being. Psychological well-being is not merely the absence of mental illness. Still, a positive state of mental health is characterized by positive emotions, healthy thoughts and behaviours, resilience, and a sense of fulfilment and purpose in life (Okorobie, 2023).

Hill (2002) did a research on the effects of children's exposure to domestic violence in the home in regard to their psychological well-being. Specific areas of focus include studies that examine general effects of witnessing domestic violence, the presence of trauma-like and posttraumatic stress disorder (PTSD) symptoms, potential moderators of the effects of domestic violence, and long-term effects on adult functioning of witnessing domestic violence during childhood.

Abbeduto et al. (2004) conducted a study on the psychological well-being of mothers raising a child with a developmental disability varies with the nature of the disability. The sample was

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comprised of mothers of a child with fragile X syndrome (n = 22), Down syndrome (n = 39), or autism (n = 174). Mothers of individuals with fragile X syndrome displayed lower levels of well-being than those of individuals with Down syndrome, but higher levels than mothers of individuals with autism.

Purpose

The purpose is to study the impact of childhood trauma on psychological well-being of young adults.

Hypothesis

There will be a significant relationship between Childhood Trauma and Psychological well-being.

Method sample

A total of 30 young adults participated from across Delhi in the study, aged18-25 years.

Measures

- **Childhood Trauma Questionnaire Short form CTQ-SF** as given by Bernstein et al. (2003), consists of 28 questions, and the scale consists of 5 sub dimensions; emotional abuse, physical abuse, sexual abuse, emotional neglect, physical neglect. Each rated on five-point scale with response options ranging from Never True (1) to Very Often True (5).
- **Psychological wellbeing (18 items)** as given by Ryff and Keyes (1995), consists of 18 items, and the scale consists of 6 sub dimensions; Autonomy, Environmental mastery, Personal growth, Positive relations with others, Purpose in life, Self-acceptance. Each rated on seven-point scale with response options ranging from strongly agree to strongly disagree.

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Procedure

The participants were informed about the purpose of the research and the questionnaires were filled through Google forms; each participant was thanked for their cooperation. Standardized psychological tests were administrated to the participants.

Analysis of data

Results

Table 1

N, Mean, and Standard deviation

	Autonomy subscale	**Environmental mastery**	**personal growth**	**positive relations with others**	**purpose in life**	**self-acceptance**	**emotional abuse**	**physical abuse**	**sexual abuse**	**emotional neglect**	**physical neglect**
N	30	30	30	30	30	30	30	30	30	30	30
Mean	15.1	14.7	16.8	13.9	13.9	16.0	9.43	7.27	7.93	11.1	8.50
Standard deviation	3.66	3.07	2.71	3.07	3.45	3.74	4.12	2.85	4.20	4.03	3.27

Table 2

Correlation between Childhood Trauma and Psychological well-being with their respective sub dimensions

	Autonomy subscale	Environmental mastery	personal growth	positive relations with others	purpose in life	self-acceptance	emotional abuse	physical abuse	sexual abuse	emotional neglect	physical neglect
Autonomy subscale	—										
Environmental mastery	0.619***	—									
personal growth	0.365*	0.390*	—								
positive relations with others	0.232	0.172	0.271	—							
purpose in life	0.055	-0.129	0.419*	0.315*	—						
self-acceptance	0.404*	0.377*	0.450*	0.283*	0.334	—					
emotional abuse	-0.134*	-0.141*	-0.387*	-0.381*	-0.317*	-0.601***	—				
physical abuse	-0.222	-0.179	-0.229	0.035	0.135	-0.321*	0.409*	—			
sexual abuse	-0.260	-0.053	0.023	0.136	0.107	0.007	0.237	0.422*	—		
emotional neglect	-0.199	0.049	-0.213	-0.050	-0.497**	-0.197*	0.255	0.370*	0.269*	—	
physical neglect	-0.208	0.003	-0.320	-0.225	-0.400*	-0.397*	0.234	0.455*	-0.008	0.594***	—

*Note. * p < .05, ** p < .01, *** p < .001*

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Discussion

The results found that Autonomy had a positive correlation with Environmental mastery ($r = 0.619$, $p < .001$) Personal growth ($r = 0.365$, $p < .05$) Self-acceptance ($r = 0.404$, $p < .05$). Environmental mastery is positively correlated with Personal growth ($r = 0.390$, $p < .05$), Self-acceptance ($r = 0.377$, $p < .05$). Personal growth is positively correlated to purpose in life ($r = 0.419$, $p < .05$), self-acceptance ($r = 0.450$, $p < .05$), emotional abuse ($r = 0.387$, $p < .05$). Positive relations with others are positively correlated with Emotional abuse ($r = 0.381$, $p < 0.5$). Purpose in life is positively correlated with Emotional neglect ($r = 0.497$, $p < .01$) and physical neglect ($r = 0.400$, $p < .05$). Self-acceptance is positively correlated with emotional abuse ($r = 0.601$, $p < .001$) and physical neglect ($r = 0.397$, $p < .05$).

However, emotional abuse is positively correlated to physical abuse ($r = 0.409$, $p < .05$). Sexual abuse ($r = 0.422$, $p < .05$), emotional neglect ($r = 0.370$, $p < .05$), physical neglect ($r = 0.455$, $p < .05$) are positively correlated to Physical abuse. Emotional neglect is positively correlated to physical neglect ($r = 0.594$, $p < .001$).

Uruk et al. (2007) examined the influence of family cohesion and adaptability on college students' trauma symptoms and psychological well-being in a sample of 189 undergraduate students. The results revealed that the family adaptability and cohesion have a significant unique variance in explaining both trauma symptoms and psychological well-being.

According to Barros et al. (2022) there is consistent evidence of the impact of early adverse experiences on mental health in adulthood, especially as a risk factor for depression. However, their influence on positive aspects of mental health such as well-being has been less extensively studied. Therefore, this study aims to investigate the effect of traumatic childhood experiences on the relationship between depression and psychological well-being in a sample of university students. Results provide evidence that early trauma has an important impact on mental health,

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increasing the risk of depression, however, its impact is greater on positive aspects of health, such as self-acceptance, a fundamental element in the construction of psychological well-being.

Conclusion

The research was aimed to study the impact of childhood trauma on psychological well-being of young adults. Standardised tools were used to measure childhood trauma and psychological well-being. A total sample of 30 in the age range of 18-25 years were collected. The results found significant correlation between childhood trauma and psychological well-being.

The sample size which was opted was only restricted to one vicinity which could have been expanded to the other surroundings also giving a wider view, the area chosen for the study was only restricted to Delhi. It only focuses on young adult, for a greater insight the sample size should have extended a little. Apart from the limitations the research provides a valuable information in the context of Childhood trauma and psychological well-being. People with higher childhood trauma should seek help from therapist. It is important to address traumatic issues as soon as possible for better mental, physical and social well-being and living.

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