

Adverse childhood experiences and perceived social connectedness among the Bangladeshi young adults

Jannatul Ferdous^{1*}, Fatema-Tu-Zohra Binte Zaman², Md Yeasin³

ABSTRACT

A large number of adolescents from at-risk societies penetrate adulthood with stern adversity in their pasts. The present study was designed to evaluate whether experiencing psychological maltreatment, physical abuse, witnessing family violence, neglect and sexual abuse in childhood had any significant relation with Perceived Social Connectedness (PSC) among Bangladeshi young adults, and to determine the individual and combined effect of five forms of maltreatment on PSC. Data were collected from 200 university students of above 18 years following purposive sampling technique through adapted Bangla version of the “Comprehensive Child Maltreatment Scale for Adults” and “Inclusion of Community in Self” scale. Results reveal that all forms of childhood maltreatment- psychological maltreatment ($r = -.526, p < .01$), physical abuse ($r = -.434, p < .01$), witnessing family violence ($r = -.322, p < .01$), neglect ($r = -.347, p < .01$), and sexual abuse ($r = -.656, p < .01$) were significantly negatively correlated with PSC. Among the five independent variables of the study, only three variables- psychological maltreatment, physical and sexual abuse were predictors of PSC. Beta values entail that sexual abuse ($\beta = .525, p < .001$) was the strongest predictor, psychological maltreatment ($\beta = .304, p < .001$) was the second strongest predictor and physical abuse was the third one ($\beta = .147, p < .01$), and in combination they explained 57.7% of variance in PSC among young adults. Sexual abuse alone explained 43.1% of variance. The present study will fill the currently existing knowledge gap on childhood experiences and community connectedness.

Keywords: *Adverse Childhood Experiences, Perceived Social Connectedness*

Childhood is an extensive period during which it is compulsory for the children to be nurtured as sturdy and confident with the affection and support of their parents, caregivers, relatives, or other people of the society, and they should be safe from any kind of cruelty and protected from maltreatment (UNICEF, 2005). Early year experiences lay the foundations of vigorous and prosperous life in the upcoming days for the children (Hughes, Bellis, Sethi, Andrewl, Yon, Wood et al., 2019; Hughes, Lowey, Quigg, & Bellis, 2016). But, the reality

¹Lecturer, Department of Psychology, Jagannath University, Dhaka, Bangladesh

²Associate Professor, Department of Psychology, Jagannath University, Dhaka, Bangladesh

³Graduate Student, Department of Psychology, Jagannath University, Dhaka, Bangladesh

*Responding Author

Received: June 03, 2020; Revision Received: June 22, 2020; Accepted: June 25, 2020

Adverse childhood experiences and social connectedness among the Bangladeshi young adults

is quite excruciating as millions of children around the world are experiencing childhood adversity (Kemoli & Mavindu, 2014).

Over the last few decades, a large number of researches on adverse childhood experiences entail that within the first eighteen years of life (Hughes, Bellis, Hardcastle, Sethi, Butchart, Mikton et al., 2017), children's exposure to a variety of unfavorable incidents like physical, emotional and sexual abuse, neglect, witnessing family violence etc. (Hughes et al., 2016) not only harshly effect them, but also affect the health and wellbeing in later life (Boullier & Blair, 2018; Bellis, Hughes, Leckenby, Hardcastle, Perkins, & Lowey, 2015; Brown, Anda, Tiemeier, Felitti, Edwards, Croft, & Giles, 2009; Felitti, Anda, Nordenberg, William, Spitz, Edwards et al., 1998). Maltreated children remain at an amplified risk for different attitudinal, psychological and unceasing physical conditions including stress, anxiety, depression, substance abuse etc. (Chartier, Walker, & Naimark, 2010; Dube, Felitti, Dong, Giles, & Anda, 2003).

Revelation to childhood adversity initially affects one's relationship with his parents, caregivers or other family members, and in the long run it distorts his perception and beliefs about relationships, as well as the ability to form and prolong warm relationships with others (Rees, 2008) and weedy the feeling of being socially connected (Berkman, Kawachi, & Glymour, 2014). Social connectedness is an essential human requirement (Deci & Ryan, 2000) which is considered as the feeling of being esteemed, loved, secured and supported, including the experience of feeling emotionally involved to others (Eisenberger & Cole, 2012). It plays crucial role in individual's physical and mental well-being (Ashida & Heaney, 2008; Cornwell, Laumann, & Schumm, 2008).

Social connectedness delineates the base of interpersonal dealings (Brown, 2010) and is one of the major determinants for adjustment in early years as well as later in life (Guerra & Bradshaw, 2008). Adults' capability to connect with others mostly depends on the attachment they have with their parents from the very beginning of his life as those who have been mistreated in childhood, often form timorous connection with their caregivers (Bowlby, 1982). In a study, Darwish, Esquivel, Houtz, & Alfonso (2001) found that children, having the experience of being abused, have noticeably inferior social proficiency, and they are less successful in instigating interactions with others compared to their peers with no history of maltreatment.

Our connections with the society are noteworthy features of the self (Tajfel, 1981; Turner & Oakes, 1989) which assist us to comprehend ourselves, others and as well as the community. The sense of connectedness manipulates the way we think, feel and do, and also how we perceive and react to others around us (Hogg, 2003). And feelings of belongingness facilitate the pop up of the society in oneself. Besides, our childhood experiences are imperative as it offers the chance to form connections with others as well as the society in the whole life.

Conceptual framework

Based on the theoretical perspective, empirical evidence and observation following conceptual framework have been illustrated which focused on the relationship among the predictor *i.e. Adverse Childhood Experiences* and outcome variables *Perceived Social Connectedness* of young adults in Bangladesh.

Adverse childhood experiences and social connectedness among the Bangladeshi young adults

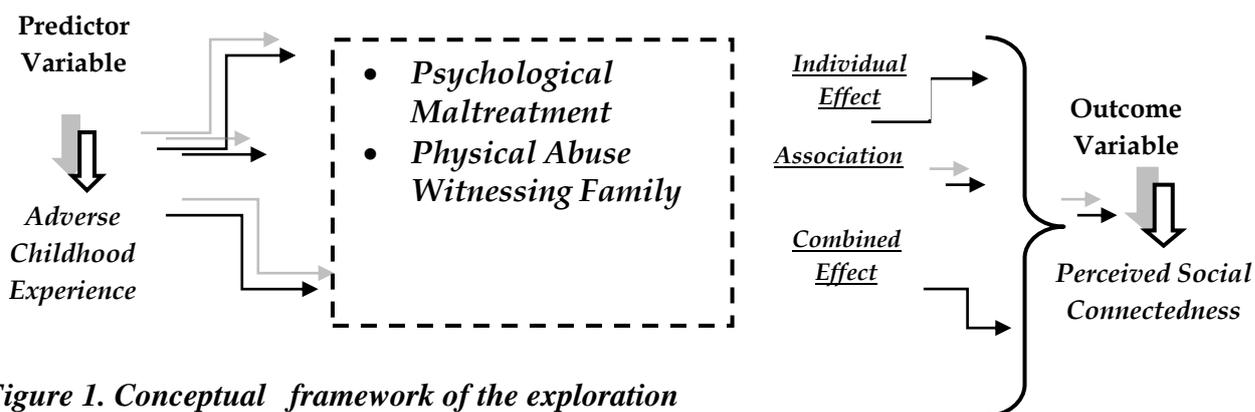


Figure 1. Conceptual framework of the exploration

Rationale of the study

Like many other countries, many children are raised in cluttered domicile atmosphere in Bangladesh and numerous of them suffer a lot throughout their whole life due to the exposure of physical, psychological or sexual maltreatments, negligence, or glimpse the hostility towards other family members almost every day. Literature review suggest that there is a possibility of withdrawal behavior among the maltreated children that may gradually turns into societal seclusion (Norman, Hawkley, Ball, Berntson, & Cacioppo, 2013) which obstructs affected children from engaging within a society and to cope with early adversity (Darwish et al., 2001). The majority of the studies in the field of adverse childhood experiences were carried out in the western countries (Boullier & Blair, 2018; Bellis et al., 2015; Brown et al., 2009; Felitti et al., 1998) and only few studies focused on the liaison between early years adversity and adults' social connectedness (Kwong, 2014). And it is durable to find any persuasive study in Bangladesh. The present study will serve as a valuable opportunity to fill the currently existing knowledge gap on childhood experiences and community connectedness that leads one to achieve proper social wellbeing and the outputs will likely to be a helpful resource for the mental health professionals to take necessary actions regarding wellbeing issues of people who experienced unfavorable childhood.

Research Objectives (RO)

The present study aimed at exploring the effect of adverse childhood experiences on perceived social connectedness among the young adults of Bangladesh. Specific objectives of the study were to -

- RO₁**. appraise whether experiencing psychological maltreatment, physical abuse, witnessing family violence, neglect and sexual abuse in childhood has any significant relation with perceived social connectedness among young adults;
- RO₂**. determine the individual and combined effect of psychological maltreatment, physical abuse, witnessing family violence, neglect and sexual abuse on perceived social connectedness.

Design

A cross-sectional survey design was followed in the present study.

Participants

Two public and three private universities, located in the Dhaka city, were selected conveniently. A total of 200 undergraduate students were selected on the basis of purposive sampling technique. Among them, 69 (34.5%) were male and 131 (65.5%) were female students. The participants were from different socioeconomic background *i.e.* 19 (9.5%)

Adverse childhood experiences and social connectedness among the Bangladeshi young adults

from lower class, 157 (78.5%) from middle class, 22 (11%) from upper middle class, and only 2 (1%) from upper class.

Inclusion criteria

Researchers purposively included samples only those who were above 18 years of age.

Instruments

In the present study, *adverse childhood experiences* were defined as any exposure to physical emotional and sexual abuse, neglect, witnessing family violence etc. before 18 years of age. Whereas, *perceived social connectedness* was defined as individual's ability of inclusion of the society in self. Adapted Bangla version of the "Comprehensive Child Maltreatment Scale (CCMS) for Adults" and "Inclusion of Community in Self Scale" (ICS) were used to measure the childhood adversity and social connectedness respectively. These are as follows:

The adapted Bangla version of the Comprehensive Child Maltreatment Scale (CCMS) for Adults. For the investigation adapted Bangla version (Ferdous, Roy, & Islam, 2020) of the self-report tool "CCMS for Adults" was employed originally developed by Higgins and McCabe in 2001. This 22-item self-report tool measures adults' perceptions of their childhood experiences of potentially abusive and neglectful behaviors. Respondents rate the frequency with which they believe themselves to have been subjected as a child-to behaviors as psychological maltreatment, physical abuse, witnessing family violence, neglect, and sexual abuse. Each sub-dimension of the selected instrument *i.e. psychological maltreatment, physical abuse, and neglect* contains 3 items which rated on a 5-point scale ($0 = \text{never or almost never to } 4 = \text{very frequently}$). The next subscale *sexual abuse* contains 11 items are rated on a 6-point scale ($0 = \text{never, } 1 = \text{once, } 2 = \text{twice, } 3 = \text{3-6 times, } 4 = \text{7-20 times, } 5 = \text{more than 20 times}$). Whereas, participants responded to each item three times in relation to their (a) mother, (b) father, and (c) other adult or an adolescent who was at least 5 years older than the respondent for the four subscales (*i.e. psychological maltreatment, physical abuse, neglect, and sexual abuse*). However, here *witnessing family violence* contains two items, which also rated on a 5-point scale ($0 = \text{never or almost never to } 4 = \text{very frequently}$). These two items require a global response concerning family violence (e.g., psychological maltreatment, physical abuse) that was witnessed. Scores on all five subscales can be summed to produce a total score. Reliability coefficients for each sub scales for the adapted version were: psychological maltreatment .797, physical abuse .795, witnessing family violence .892, neglect .847, and sexual abuse .837. Cronbach's alpha for the total CCMS for Adults was .844. The alpha coefficients for the adapted version were well enough significant as they were ranged from .795 to .892 (George & Mallery, 2003). On the other hand, correlations between scores on the two administrations for each of the sub-scales were: psychological maltreatment .938, physical abuse .962, witnessing family violence .844, neglect .873, and sexual abuse .927, and the test-retest reliability correlation for the total CCMS was .958 which indicates that the adapted Bangla version of the CCMS for Adults is highly reliable to use. Validation of the instrument was assured by content and convergent validity and satisfactory level of validity was found for the adapted Bangla version. Content validation of the adapted version of the scale indicates that the translated items, instructions, response formats and scoring are relevant to the insight of the original scale. Significant positive correlations among the each subscales provided the evidence for convergent validity.

Inclusion of Community in Self Scale (ICS). It is a single-item pictorial measure of perceptible social connectedness which was developed by Mashek, Cannaday, and Tangney (2007). It is consisting of six pairs of overlapping circles, with each pair of same-sized circles overlapping slightly more than the preceding pair. Scoring of ICS scale is ranging from 1 to 6 where the minimum score is 1 and the maximum score is 6. The test-retest reliability of the ICS over a two-week period was $r = .74$. The scale proffers a simple, yet consequential, measure of social connectedness.

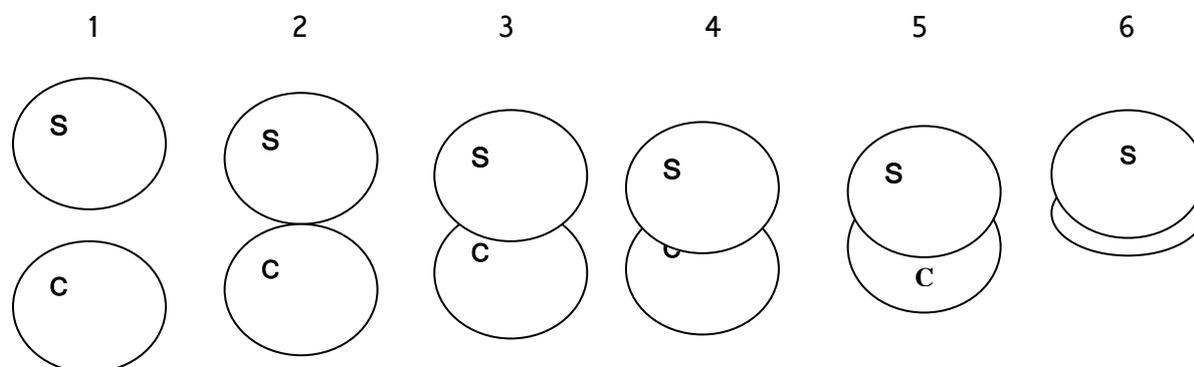


Figure 2. *Inclusion of Community in Self (Mashek, Cannaday, & Tangney, 2007), where ‘S’ = self and ‘C’ = community*

In addition, a personal information form was used developed by the researchers to collect the demographic information like age, sex, education, relationship status, socioeconomic status, etc of the respondents.

Procedure

The data were collected through the questionnaires mentioned above from the respondents who were spontaneous and showed positive attitudes towards the research. For taking consent, at the beginning, each respondent was explained about the general intention of the study. The respondents were also assured that all information given by them would remain confidential and would be used only for research purpose. Both written and verbal instructions were provided to them for clarifying what to do and how to fill up all questionnaires. As the participants might become emotional while filling the questionnaire, they were verbally informed about the sources from which they could receive mental health services if needed. The information about the sources was also attached with the questionnaire. After completion, all the respondents were thanked for their participation.

In order to see whether the variables were correlated, Pearson product moment correlation was applied on the obtained scores. The result is presented in table 1.

Table 1. Correlations among the constructs

Variables	PSC	PM	PA	WFV	Neglect	SA	TM
PSC	-						
PM	-.526**	-					
PA	-.434**	.430**	-				
WFV	-.322**	.434**	.434**	-			
Neglect	-.347**	.394**	.464**	.449**	-		
SA	-.656**	.281**	.275**	.195**	.276**	-	
TM	-.731**	.765**	.662**	.562**	.639**	.736**	-

Note: ** $p < .01$

Adverse childhood experiences and social connectedness among the Bangladeshi young adults

Here, *Perceived Social Connectedness (PSC)*, *Psychological Maltreatment (PM)*, *Physical Abuse (PA)*, *Witnessing Family Violence (WFV)*, *Neglect*, *Sexual Abuse (SA)* and *Total Maltreatment (TM)*

Table 1 reveals that all forms of childhood maltreatment- psychological maltreatment ($r = -.526, p < .01$), physical abuse ($r = -.434, p < .01$), witnessing family violence ($r = -.322, p < .01$), neglect ($r = -.347, p < .01$), and sexual abuse ($r = -.656, p < .01$) were significantly negatively correlated with perceived social connectedness. Correlation for total maltreatment score and PSC was also significant ($r = -.731, p < .01$). Findings also reveal that each of the five subscales *i.e.* psychological maltreatment ($r = .765, p < .01$), physical abuse ($r = .662, p < .01$), witnessing family violence ($r = .562, p < .01$), neglect ($r = .639, p < .01$), and sexual abuse ($r = .736, p < .01$) were significantly positively correlated with total maltreatment score. Moreover, there were significant positive inter-correlations among the five subscales of CCMS.

Multiple regression was used to assess the ability of five measures (*i.e.* psychological maltreatment, physical abuse, witnessing family violence, neglect, and sexual abuse) to predict perceived social connectedness. The findings are presented through table 2 to table 6.

Table 2. Standardized beta (β) and *t*-value for psychological maltreatment, physical abuse, witnessing family violence, neglect, and sexual abuse

Independent Variables	β	<i>t</i>	Sig.
Psychological Maltreatment	-.304	-5.468	.000
Physical Abuse	-.147	-2.577	.011
Witnessing Family Violence	-.021	-.381	.703
Neglect	-.004	-.073	.942
Sexual Abuse	-.525	-10.524	.000

Dependent Variable: Perceived Social Connectedness

The standardized betas (β s) indicate that among the five independent variables in the model, only three variables *i.e.* psychological maltreatment, physical abuse, and sexual abuse were predictors of perceived social connectedness. Beta values entail that sexual abuse ($\beta = .525, p < .001$) was the strongest predictor, psychological maltreatment ($\beta = .304, p < .001$) was the second strongest predictor and physical abuse was the third one ($\beta = .147, p < .01$).

Table 3. Selected statistic from regression of perceived social connectedness on Three Predictors Psychological Maltreatment (PM), Physical Abuse (PA), and Sexual Abuse (SA)

Variables	<i>R</i>	<i>R</i> ²	<i>R</i> ² Change	Sig.
SA	.656	.431	.431	.000
SA and PM	.747	.558	.127	.000
SA, PM, and PA	.759	.577	.019	.003

Dependent Variable: Perceived Social Connectedness (PSC)

Note. *R* = Multiple correlation coefficient, *R*² = Variability

Table 3 indicates that the strongest predictor of perceived social connectedness among young adults was sexual abuse which alone explained 43.1% of variance. Result further indicates that psychological maltreatment was another important predictor which explained

Adverse childhood experiences and social connectedness among the Bangladeshi young adults

12.7% of variance and physical abuse explained 1.9% of variance. R^2 value indicated that in combination, these three variables explained 57.7% of variance in PSC among young adults.

The mean and standard deviation of the scores are presented in Table 4.

Table 4. Means and standard deviations for psychological maltreatment, physical abuse, witnessing family violence, neglect, sexual abuse, and perceived social connectedness

Variables	N	Mean	Standard Deviation
Psychological Maltreatment	200	10.25	5.948
Physical Abuse	200	4.22	3.071
Witnessing Family Violence	200	2.36	1.537
Neglect	200	2.02	2.804
Sexual Abuse	200	5.41	6.987
Perceived Social Connectedness	200	3.60	1.367

Table 4 indicates that the mean scores for or psychological maltreatment, physical abuse, witnessing family violence, neglect, sexual abuse, and perceived social connectedness were 10.25, 4.22, 2.36, 2.02, 5.41, and 3.60 respectively.

Table 5. Results of overall F-test for regression considering the significant three predictors (sexual abuse, psychological maltreatment and physical abuse)

Source of variance	SS	df	MS	F	Sig.
Regression	214.373	3	71.458		
Residual	157.422	196	.803	88.969	.001
Total	371.795	199			

Predictors: Sexual abuse, psychological maltreatment and physical abuse

Dependent Variable: Perceived social connectedness

Note. SS= Sum of Square, df = Degree of Freedom, MS= Mean Square

The significant F [$F(3, 196) = 88.969, p < .001$] of Table 5 indicates that the variation in PSC was accounted for by combined linear influences of three childhood maltreatment-sexual, psychological and physical abuse.

DISCUSSION

The present study was premeditated to assess whether experiencing psychological maltreatment, physical abuse, witnessing family violence, neglect and sexual abuse in childhood had any significant relation with perceived social connectedness among Bangladeshi young adults. Additionally the study intends to verify the individual and combined effect of these five forms of maltreatment on social connectedness. Data were collected from 200 university students of above 18 years following purposive sampling techniques. Adapted Bangla version of the “Comprehensive Child Maltreatment Scale (CCMS) for Adults” and “Inclusion of Community in Self Scale (ICS)” were used to assess childhood adversity and apparent social connectedness among the young adults respectively.

Results of the present study reveals that adverse childhood experiences had significant negative correlation with young adults’ sense of social connectedness ($r = -.731, p < .01$). All forms of maltreatment- psychological abuse ($r = -.526, p < .01$), physical abuse ($r = -.434, p < .01$), witnessing family violence ($r = -.322, p < .01$), neglect ($r = -.347, p < .01$),

Adverse childhood experiences and social connectedness among the Bangladeshi young adults

and sexual abuse ($r = -.656, p < .01$) were significantly negatively correlated with perceived social connectedness. It means that participants who were physically, emotionally or sexually abused in their childhood by their parents, caregivers or any other individuals, reported poor social connectedness. Each of the five sub-dimensions of 'CCMS for Adults' were significantly positively correlated with total maltreatment score. Moreover, there were significant positive inter-correlations among the five sub-dimensions.

Any kind of childhood adversity leaves long lasting scars in the child mind and children carry its effect throughout the whole life. Early years adversity destroys individuals' understanding about self and others, and the ability of thinking, feeling and doing something efficiently. Young adults may undergo with current and future relationships difficulties. When one cannot believe his parents, siblings or relatives, it becomes very tough for him to learn to trust people. It directs him toward unhealthy relationships as the victim remains unknown to a healthy relationship. The person isolates himself and develops a sense of lack of social connectedness and cannot surmount the feeling of being 'worthless'.

Although any kind of maltreatment in childhood is an extensive problem as they affect victims' happiness, physical and psychological welfare, activities, relationships, values etc. for the lifetime, the present study found sexual abuse as the strong predictor for perceived social connectedness. The standardized beta values entail that among the five independent variables of the study, only three variables- psychological maltreatment, physical abuse, and sexual abuse were predictors of perceived social connectedness. Beta values entail that sexual abuse ($\beta = .525, p < .001$) was the strongest predictor, psychological maltreatment ($\beta = .304, p < .001$) was the second strongest predictor and physical abuse was the third one ($\beta = .147, p < .01$). Table 3 indicates that the strongest predictor of perceived social connectedness among young adults was sexual abuse which alone explained 43.1% of variance. Result further indicates that psychological maltreatment was another important predictor which explained 12.7% of variance and physical abuse explained 1.9% of variance. R^2 value indicated that in combination, these three variables explained 57.7% of variance in PSC among young adults.

The present study suffers from few limitations. The study was carried out with small sample and participants were selected only from Dhaka city. Childhood adversity is a sensitive issue and there were many participants who were in the actual needs of psychosocial support, due to lack of resources the research team was only able to provide the information on where they can get psychological services. However, it is the fact that adverse childhood experiences have remarkable negative impact on an individual's ability to achieve and maintain community connectedness, and the relationship of childhood experiences with perceived social connectedness among the young adults in perspective of Bangladesh has established. The present findings will serve as a base and will open the door of further research on childhood experience and social connectedness in Bangladesh. Future researchers may carry out a new study with considering a large sample of all over Bangladesh and demographic variables. Moreover, studies can be planned with LGBT (Lesbian, Gay, Bisexual, and Transgender) sample too.

REFERENCES

Ashida, S., & Heaney, C. A. (2008). Differential associations of social support and social connectedness with structural features of social networks and the health status of older adults. *Journal of Aging Health, 20*(7), 872-893.

Adverse childhood experiences and social connectedness among the Bangladeshi young adults

- Bellis, M. A., Hughes, K., Leckenby, N., Hardcastle, K. A., Perkins, C., & Lowey, H. (2015). Measuring mortality and the burden of adult disease associated with adverse childhood experiences in England: a national survey. *Journal of Public Health, 37*(3), 445–454.
- Berkman, L. F., Kawachi, I., & Glymour, M. M. (2014). *Social Capital, Social Cohesion, and Health*. *Social Epidemiology*. Oxford University Press.
- Boullier, M. & Blair, M. (2018). Adverse childhood experiences. *Paediatrics and Child Health, 28*(3), 132-137.
- Bowlby, J. (1982). *Attachment and Loss* (2nd ed.). London: Hogarth Press.
- Brown, B. (2010). *The gifts of imperfection: let go of who you think you're supposed to be and embrace who you are*. Hazeldon.
- Brown, D. W., Anda, R. F., Tiemeier, H., Felitti, V. J., Edwards, V. J., Croft, J. B., & Giles, W. H. (2009). Adverse childhood experiences and the risk of premature mortality. *American Journal of Preventive Medicine, 37*(5), 389–396.
- Chartier, M. J., Walker, J. R., & Naimark, B. (2010). Separate and cumulative effects of adverse childhood experiences in predicting adult health and health care utilization. *Child Abuse & Neglect, 34* (6), 454-464.
- Cornwell, B., Laumann, E. O., & Schumm, L. P., (2008). The social connectedness of older adults: a national profile. *American Sociological Review, 73*(2), 185-203.
- Darwish, D., Esquivel, G.B., Houtz, J. C., & Alfonso, V. C. (2001). Play and social skills in maltreated and non-maltreated preschoolers during peer interactions. *Child Abuse & Neglect, 25* (1), 13-31.
- Deci, E. L., & Ryan, R. M. (2000). The "What" and "Why" of goal pursuits: human needs and the self-determination of behavior. *Psychological Inquiry, 11*(4), 227-268.
- Dube, S. R., Felitti V. J., Dong, M., Giles, W. H., & Anda, R. F. (2003). The impact of adverse childhood experiences on health problems: evidence from four birth cohorts dating back to 1900. *Preventive Medicine, 37* (3), 268-277.
- Eisenberger, N. I., & Cole, S. W. (2012). Social neuroscience and health: neurophysiological mechanisms linking social ties with physical health. *Nature Neuroscience, 15*(5), 669–674.
- Felitti, V. J., Anda, R. F., Nordenberg, D., William, D. F., Spitz, A. M., Edwards, V., Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine, 14*(4), 245–258.
- Ferdous, J., Roy, K., & Islam, A. (2020). *Adaptation of Comprehensive Child Maltreatment Scale (CCMS) for Adults in Bangladeshi Context*. Unpublished manuscript.
- Guerra, N. G., & Bradshaw, C. P. (2008). Linking the prevention of problem behaviors and positive youth development: Core competencies for positive youth development and risk prevention. In N. G. Guerra & C. P. Bradshaw (Eds.), *Core competencies to prevent problem behaviors and promote positive youth development*. *New Directions for Child and Adolescent Development, 122*, 1–17.
- Higgins, D. J., & McCabe, M. P. (2001). The development of the comprehensive child maltreatment scale. *Journal of Family Studies, 7*(1), 7-28.
- Hogg, M. A. (2003). Social Identity. In: M. R. Leary, J. P. Tangney, (Eds.) *Handbook of Self and Identity*. 462-479, New York: Guilford.
- Hughes, K., Bellis, M. A., Hardcastle, K. A., Sethi, D., Butchart, A., Mikton, C., Dunne, M. P. (2017). The effect of multiple adverse childhood experiences on health: A systematic review and meta-analysis. *The Lancet Public Health, 2*(8), e356–e366.
- Hughes, K., Bellis, M. A., Sethi, D., Andrewl, R., Yon, Y., Wood, S, Zakhosha, V. (2019). Adverse childhood experiences, childhood relationships and associated substance use

Adverse childhood experiences and social connectedness among the Bangladeshi young adults

- and mental health in young Europeans. *The European Journal of Public Health*, 29(4), 741–747.
- Hughes, K., Lowey, H., Quigg, Z., & Bellis, M. A. (2016). Relationships between adverse childhood experiences and adult mental well-being: results from an English national household survey. *BMC Public Health*, 16, 222.
- Kemoli, A. M., & Mavindu, M. (2014). Child abuse: A classic case report with literature review. *Contemporary Clinical Dentistry*, 5(2), 256-259.
- Kwong, T. (2014). Adverse Childhood Experiences (aces) and their influence on social connectedness. *Public Health Theses*, 1157.
<http://elischolar.library.yale.edu/ysphtdl/1157>
- Mashek, D., Cannaday, L. W., & Tangney, J. P. (2007). Inclusion of community in self scale: A single-item pictorial measure of community connectedness. *Journal of Community Psychology*, 35(2), 257–275.
- Norman, G. J., Hawkley, L., Ball, A., Berntson, G. G., & Cacioppo, J. T. (2013). Perceived social isolation moderates the relationship between early childhood trauma and pulse pressure in older adults. *International Journal of Psychophysiology: Official Journal of the International Organization of Psychophysiology*, 88 (3), 334-338.
- Rees, C. (2008). The influence of emotional neglect on development. *Pediatrics and Child Health*, 18, 527-534.
- Tajfel, H. (1981). *Human groups and social categories*. Cambridge, England: Cambridge University Press.
- Turner, J. C., & Oakes, P. J. (1989). Self-categorization theory and social influence. In: P. B. Paulus, (Eds). *Psychology of group influence* (2nd ed.). Erlbaum; Mahwah, NJ: 1989. pp. 233–275.
- UNICEF (2005). *Childhood under threat. The state of the world's children 2005*. Retrieved from <https://www.unicef.org/sowc05/english/childhooddefined.html>

Acknowledgements

The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author declared no conflict of interest.

How to cite this article: J Ferdous, F T Zohra B Zaman & Md Yeasin (2020). Adverse childhood experiences and perceived social connectedness among the Bangladeshi young adults. *International Journal of Indian Psychology*, 8(2), 1447-1456. DIP:18.01.165/20200802, DOI:10.25215/0802.165