

## Relationship between Childhood Trauma and Quality of Life in Adulthood

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### ABSTRACT

Childhood Trauma often referred to as an experience of an event by a child that is emotionally painful or distressful, which often results in lasting mental and physical effects and have been continuously linked with its adverse effects on quality of life of an individual in his/her adulthood. The study sought to 1) identify the relationship between Childhood Trauma and Quality of Life in Adulthood and 2) examine the impact of Childhood Trauma on Quality of Life in Adulthood. The sample consisted of 100 participants, 66 female and 34 male (18-30 years). The tools used were Childhood Trauma Questionnaire – Short Form; CTQ-SF by David P. Bernstein in 1995 and The World Health Organization Quality of Life, Short Form by WHO in 1996. The results were drawn using Mean, SD, and Pearson's Correlation for the statistical analysis of all the variables. After analyzing the data, it was found that there is a significant relationship between both the variables as there was a negative (inverse) relationship between variables which means both the variables move in the opposite direction as if one variable increases the other variable decreases with the same magnitude. Similar studies on this topic have been done but not on all the domains of quality of life that are affected due to childhood trauma and according to the results of this study there was a significant relationship between the variables which can be a major reason for the scope of this topic to be studied in more detail and to figure out a plan of action to deal with this issue by helping children to get all the help that they need so that they don't have to face the effects of childhood trauma in their later life.

**Keywords:** *Childhood Trauma, Emotional Abuse, Physical Abuse, Sexual Abuse, Quality Of Life, Adulthood*

A study was published in 2015 in Psychiatric Times which revealed that a person who had experienced more adverse childhood events or traumas, there is a higher risk of health and wellness problems in his/her later life. The word 'Trauma' refers to an occurrence of an event that threatens the life or integrity of an individual, events like physical abuse, death of a loved one, experiencing domestic violence. It has a strong capability to shape a child's physical, emotional, and intellectual development, usually when the trauma has been experienced in childhood. The National Institute of Mental Health (USA) defines childhood trauma as: "The experience of an event by a child that is

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emotionally painful or distressful, which often results in lasting mental and physical effects.”

Childhood trauma occurs when a child experiences overwhelming negative experiences in their childhood, experiences that can affect a child are abuse, neglect, violence and this is also called as interpersonal trauma. Interpersonal trauma can be understood by taking into consideration the three main important points that are included under this:

1. One type of trauma occurs when something has been done to a child-like sexual, physical, or emotional abuse; experiencing violence at home; or in community.
2. Second type of trauma occurs when a child is not properly nurtured and has witnessed physical and emotional neglect from parents.
3. And the third type of trauma that occurs when a child's parent or caregiver is not able to nurture his or her child because they are also suffering from their own trauma and are not able to meet their child's emotional needs, like for example due to parental ill-health, substances misuse by parents, separation or divorce of parents also affects the well-being of the child.

Childhood Trauma is an event witnessed by a child which can be alarming or dangerous and can cause threat to a child's life and integrity of the body. There are certain traumatic events that can make children vulnerable for their whole life like: Children who had experienced physical, sexual, psychological abuse; natural disasters like tsunami; Family or community violence; Losing a loved one suddenly; Experiences of war like situations; Life-threatening illness or serious accidents; Military family-related stressors like experiences of deployment and parental loss; Substance misuse within the household; Mental Illness within the household; Parental Separation or divorce; Physical and Emotional Neglect. (Harvard Health, 2019) These traumatic events can lead to development of strong emotions and physical reactions which can continue long after the event as well. Children may show emotions like feelings of terror, helplessness, and fear as well as physiological responses like palpitations, vomiting, loss of bowel or bladder control. When children are exposed to such events or situations, it can make them vulnerable in the development of Traumatic Stress. Traumatic stress develops when a child had experienced one or more traumas over the course of their lives and in response these events, they develop reactions that continue and impact their daily lives even after the events have ended. The Traumatic reactions that are developed by children consists of variety of responses like intense emotional reaction by being upset, self-regulation difficulties, facing difficulties in relating to others and forming attachments, loss of acquired skills, attention, and academic problems, having nightmares, loss of appetite, and usage of substances like drugs, behaving in harmful ways as by engaging in unhealthy sexual practices are seen in older children.

People who had experienced trauma at a young age without any intervention or treatment after that, the long-term effect on their health and well-being can be damaging. For determining the impact of childhood trauma into adulthood, Dr. Vincent Felitti, Anda and their team established Adverse Childhood Experiences study and they found a total of ten types of ACEs which were placed into three broad categories like Abuse, Neglect, and Household Dysfunction. After doing this study, they found three important revelations:

1. Onset of chronic diseases were found in those adults who had experienced childhood trauma and with a range of other behavioural shortcomings like mental illness and incarceration.
2. ACE was not uncommon in the sample as 87% of people had witnessed two or more ACEs in their childhood.

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3. Those who scored high in this study i.e., on ACE score, they will most probably suffer from health problems as an adult. (Dr. Vincent Felitti, 1995-1997)

According to WHO, quality of life is an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns. Under quality of life three major life events have been identified i.e., Being, Belonging, and Becoming Domain (Quality of Life, Research Unit).

- Being Domain consists of the basic aspects like physical, psychological, and spiritual being. Physical being includes physical health, personal hygiene, nutrition, grooming and physical appearance; Psychological being consists of an individual's psychological health and his or adjustments to various situations, thoughts, feelings, and self-control; and Spiritual being consists of personal values, standards of conduct, and beliefs related to one's religion.
- Belonging Domain includes an individual's belongingness to his or her environment or surroundings. It also consists of three aspects like physical, social, and community belonging. Physical belonging refers to the attachment a person has with his or her physical environment like home, workplace, school etc. Social belonging refers to the links a person has with his or her social environments and consists of a sense of acceptance from that social environment(s) like from family, friends, colleagues. And Community belonging reflects the accessibility of the resources, which are usually available to community members like an adequate amount of income, health and social services, employment etc.
- Becoming Domain refers to the activities or work that a person does for achieving personal goals, hopes and wishes. It also includes three aspects, that are practical, leisure, and growth becoming. Practical becoming consists of activities that people do every day like domestic activities. Leisure becoming includes activities that people do that gives them relaxation and usually works as stress busters like playing games, walking with friends, family visits. And Growth becoming consists of activities that people do to improve or maintain their knowledge and skills (Quality of Life, Research Unit).

Quality of life domain focuses on everything like physical health, family, education, employment, wealth, safety, security to freedom, and environment. Quality of Life is usually the result that is got because of the interplay among social, health, economic, and environmental conditions and which affects human and social development. The well-being of a person depends on many things like the psychological and physical well-being, relationships with other people, personal development, and fulfilment of dreams, and also being able to enjoy in certain situations.

International studies described the fact that almost 3 in 4 children regularly experiences physical and/or psychological abuse, and 1 in 5 women and 1 in 13 men had been sexually abused as a child. These adverse experiences cause extreme amount of stress and also has been found to hamper the development of the nervous and immune system, the brain development is badly affected by any kind of abuse i.e., physical, sexual, and emotional abuse as trauma affects the important parts of the brain that helps us deal with stress (amygdala, hippocampus, and prefrontal cortex). This has been proved by conducting studies on animals and they had revealed that trauma damages neurons, which affects the brain development in childhood as childhood is considered as the crucial period of development. (Morin, 2020)

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Children who had been maltreated or experienced adverse traumatic events are at a higher risk for developing behavioural, physical, and mental health problems such as depression; addictive behaviours like smoking, alcohol, drugs; risk of obesity and sexual behaviours. This has been concluded after reviewing literatures by various authors:

Corso et al. (2011) conducted a study for assessing the difference in the health-related quality of life among adults who had experienced maltreatment during their childhood and those who had not experienced. The data for this study was gathered from one group of adults who reported that they had experienced childhood maltreatment (n=2812) and from the second group who reported that they had not experienced any maltreatment in their childhood (n=3356). Medical Outcomes Study 36-Item Short Form Health Survey was used for getting the data and for calculating the scores, Short Form-6D preference-based scoring algorithm was used. After calculating the results, it was found out that people who had experienced maltreatment during their childhood had a significant loss in their health-related quality of life in their adulthood as exposure to such incidents can cause people lifelong physical and psychological problems because the results of the survey reflected that there is a utility reduction of 0.028 % per year in people who had faced such incidents in their childhood.

Skarupski et al. (2015) conducted a study to investigate the relationship of experiencing death, trauma, and abuse during childhood with depressive symptoms and quality of life at midlife among men who are detained. The study was conducted on 192 male inmates, and they were asked to complete the measures of adverse childhood experiences which were related to death, trauma, and abuse, and depressive symptoms and quality of life. After collecting the data, it was analysed using multiple mediation modelling. After analysing the data, it was found out that more depressive symptoms and low quality of life was reported by men who have experienced adverse childhood experiences as compared to those who haven't faced anything like that.

Shields et al. (2016) conducted a study to explore the relationship between childhood maltreatment (Childhood Physical Abuse, Childhood Sexual Abuse, and Childhood Exposure to Intimate Partner Violence) and the likelihood of having diabetes (type 2) in adulthood. The study was conducted on 21,878 men and women from the 2012 Canadian Community Health Survey- Mental Health. This association was examined through multiple logistic regression models by controlling the effects of socio-demographic characteristics. After analysing the collected data, it was found that diabetes in adulthood was significantly related with reports of extreme and frequent childhood physical abuse and childhood sexual abuse (OR=1.8, OR= 2.2 respectively). Thus, both these are risk factors for type 2 diabetes.

Devi et al. (2019) conducted a study on outpatients with mental disorders and on a community sample by comparing the prevalence and type of traumas experienced by them. The sample for this study consisted of 354 outpatients (aged 14-35 years old) who were having some type of mental disorder, and 100 healthy controls were included by snowballing technique. For measuring the childhood trauma and the severity (like Physical, Emotional, Sexual Abuse, Physical and Emotional Neglect), Childhood Trauma Questionnaire-Short Form (CTQ-SF) was conducted on the participants. After calculating and analysing the results of both the samples, it was found out that the outpatient sample had experienced a higher or increased rate of traumatic events in their childhood as compared to the other group of samples.

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Sonu, Post, Feinglass (2019) conducted a study to assess the relationship of adverse childhood experiences with early-onset of chronic diseases in young adulthood. The data for this study was collected from the 2011-2012 Behavioural Risk Factor Surveillance System (BRFSS), which comprised of 86,968 respondents constituting a nine-state adult population of 32 million. After analysing the collected data, it was found out that among youngest participants (19%) the occurrence of  $\geq 4$  ACEs was highest, and they are at two to four times at the risk for getting each chronic condition and in general poor health status as compared to the respondents with no experience of ACEs.

Angelakis, Gillespie, Panagioti (2019) conducted a study to explore the relationship between different types of childhood maltreatment and likelihood of adult suicidality. The data of this study was collected from 68 studies and 261,660 adults were chosen. After analysing the data from these studies, it was found that there is a two to three times increase in the risk for suicide attempts who had experienced sexual, physical, and emotional abuse in their childhood as complex childhood abuse was related with a high risk for suicide attempts in adults (OR 5.18, 95% CI 2.52-10.63). Thus, from all those studies the main analysis was same i.e., childhood maltreatment is clearly associated with increased odds for suicidality in adults.

These findings reflect the relationship between the childhood trauma and the effect on quality of life in adulthood and reflect the need to study this topic as people with childhood traumas are developing physical and psychological problems and in turn is stopping them to grow and develop properly.

### **METHODOLOGY**

#### *Aim*

To study the relationship between Childhood Trauma and Quality of Life in Adulthood.

#### *Objectives*

- To study the relationship between Childhood Trauma and Quality of Life in Adulthood.
- To study the impact of Childhood Trauma on Quality of Life in Adulthood.

#### *Sample*

The sample for the current study was gathered from Delhi NCR. The study had a total of 100 participants. The study includes 66 female and 34 male respondents (18-30 years old). The study comprised of school and college going students, people who had just started working, and those who are working for years. All the 100 participants were asked to fill the self-report measure questionnaire as honestly as they can, and their details will be kept confidential.

#### *Research Design*

This research adopts a correlational research design and studies two variables.

#### *Variables:*

In the study, two variables are there on which correlation will be done for finding out the relationship between these variables. The first variable is the impact of childhood trauma on the quality of life in adulthood, which is the second variable.

*Tools:* There were two tools used for the purpose of this study. The tools used were

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Childhood Trauma Questionnaire – Short Form; CTQ-SF (David P. Bernstein, 1995) and The World Health Organization Quality of Life, Short Form; (WHO, 1996).

### *Childhood Trauma Questionnaire – Short Form (CTQ-SF)*

This scale is a shortened version of Childhood Trauma Questionnaire published in 1993 which was initially of 77 items. This shortened version (CTQ-SF) was devised by Bernstein, Ahluvalia, and Pogge (1995). This scale is a 28-item retrospective self-report questionnaire assessing traumatic experiences when growing up, designed to measure childhood adversity and severity of childhood abuse and neglect suffered. The CTQ-SF consists of five subscales: Physical Abuse (PA), Emotional Abuse (EA), Sexual Abuse (SA), Physical Neglect (PN), and Emotional Neglect (EN), in which 25 items are divided into these subscales and the remaining three items compose the Minimization/Denial scale which is designed to detect socially desirable response style (false negatives). Items are scored on a 5-point Likert scale (1 = never true, 2 = rarely true, 3 = sometimes true, 4 = often true, 5 = very often true).

**Reliability:** The questionnaire has demonstrated high [98] to acceptable [99] internal consistency.

**Validity:** Good convergent and discriminant validity [98] and good criterion-related validity [97].

### *The World Health Organization Quality of Life, Short Form (WHOQOL-BREF)*

This scale is a shortened version of WHOQOL-100 published in 1995 which was initially of 100 items. This shortened version was devised by WHO, Geneva. The WHOQOL-BREF Field Trial Version has therefore been developed to provide a short form quality of life assessment that looks at Domain level profiles, using data from the pilot WHOQOL assessment and all available data from Field Trial Version of the WHOQOL-100. The WHOQOL-BREF contains a total of 26 questions which assesses the individual's perceptions of their health and well-being over the past two weeks. The WHOQOL-BREF is based on four domains, such as Physical health, Psychological, Social Relationships, and Environment. In addition, two items from the Overall quality of life and General health facet have been included from the WHOQOL-100. This version was developed for providing a short form quality of life assessment which looks at Domain level profiles. In WHOQOL-BREF, each individual item is scored from 1-5 on a response scale where 1 denotes "disagree" or "not at all" and 5 represents "completely agree" or "extremely". Domain scores are scaled in a positive direction i.e., higher scores denote higher quality of life.

**Reliability:** Good internal consistency (Cronbach's  $\alpha=0.87$ ;  $p$ -value $<0.01$ ). The test-retest reliabilities for domains were  $0\pm66$  for physical health,  $0\pm72$  for psychological,  $0\pm76$  for social relationships and  $0\pm87$  for environment.

**Validity:** Good content, construct and predictive validity ( $p$ values $<0.05$ ).

### *Procedure*

Childhood Trauma Questionnaire (CTQ) and World Health Organization Quality of Life (WHOQOL) was administered on a sample of 100 participants aged between 18-30 years. Prior to the survey, the participants were provided with the consent information and consent to participate in the study. They were asked to verify that they aged between 18 to 30 years. Once the consent was given, the participants were given a set of close-ended questionnaire. They were allowed to not participate if they found questions too personal. It took around 20 minutes to complete the questionnaire. Participants were then thanked for participating in the study.

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### *Rationale*

Quality of life is an integral part of our lives as it covers our overall well being and it is unfortunately badly affected when a child had experienced childhood trauma. Many research has been done on this topic, but little has been done on all the aspects of quality of life that are affected due to childhood trauma. The reason for choosing this topic for the research was that because of the mental health issues are on the rise due to COVID-19 pandemic as recent reports revealed that there has been a 28% spike in calls to the phone counselling service kids' helpline between March and July 2020 as compared to last year. As COVID-19 has led to higher amounts of traumatic experiences and adversity in households, as this issue also suggests the need for schools to be active in providing or offering counselling services to children and to be "trauma-informed" (which means all school staff must understand how those experiences affects the children and teachers must be sensitive towards them for reducing the possibility of re-traumatization).

### **RESULT TABLE**

To study the variables of this study, the results have been analysed by the use of mean, standard deviation, frequency and Pearson's Correlation.

The findings are discussed further:

*Table 4.1: Shows mean and standard deviation of all the variables*

| <b>Variables</b>  | <b>N</b> | <b>Mean</b> | <b>Std.</b> |
|-------------------|----------|-------------|-------------|
| Emotional Abuse   | 100      | 9.39        | 4.792       |
| Physical Abuse    | 100      | 7.02        | 3.263       |
| Sexual Abuse      | 100      | 6.82        | 3.778       |
| Emotional Neglect | 100      | 9.43        | 4.427       |
| Physical Neglect  | 100      | 6.65        | 2.418       |
| Minimization      | 100      | 7.95        | 3.010       |
| Domain I          | 100      | 26.14       | 4.332       |
| Domain II         | 100      | 20.15       | 4.604       |
| Domain III        | 100      | 10.86       | 2.089       |
| Domain IV         | 100      | 31.35       | 5.116       |

*Table 4.2: Pearson's Correlation between Variables*

| <b>Variables</b>         | <b>Domain I</b> |                        |          | <b>Domain II</b> |                        |          | <b>Domain III</b> |                        |          | <b>Domain IV</b> |                        |          |
|--------------------------|-----------------|------------------------|----------|------------------|------------------------|----------|-------------------|------------------------|----------|------------------|------------------------|----------|
|                          | <i>R</i>        | <i>Sig. (2-tailed)</i> | <i>N</i> | <i>R</i>         | <i>Sig. (2-tailed)</i> | <i>N</i> | <i>R</i>          | <i>Sig. (2-tailed)</i> | <i>N</i> | <i>R</i>         | <i>Sig. (2-tailed)</i> | <i>N</i> |
| <b>Emotional Abuse</b>   | -.526**         | 0.000                  | 100      | -.525**          | 0.000                  | 100      | -.322**           | 0.001                  | 100      | -.577**          | 0.000                  | 100      |
| <b>Physical Abuse</b>    | -.380**         | 0.000                  | 100      | -.240*           | 0.016                  | 100      | -0.170            | 0.091                  | 100      | -.460**          | 0.000                  | 100      |
| <b>Sexual Abuse</b>      | -.245*          | 0.014                  | 100      | -0.111           | 0.274                  | 100      | 0.086             | 0.393                  | 100      | -.268**          | 0.007                  | 100      |
| <b>Emotional Neglect</b> | -.453**         | 0.000                  | 100      | -.353**          | 0.000                  | 100      | -.367**           | 0.000                  | 100      | -.568**          | 0.000                  | 100      |
| <b>Physical Neglect</b>  | -.379**         | 0.000                  | 100      | -.267**          | 0.007                  | 100      | -0.188            | 0.061                  | 100      | -.621**          | 0.000                  | 100      |
| <b>Minimization</b>      | -.370**         | 0.000                  | 100      | -.327**          | 0.001                  | 100      | -.343**           | 0.000                  | 100      | -.402**          | 0.000                  | 100      |

### DISCUSSION

The aim of this study was to examine the relationship between Childhood Trauma and Quality of Life in Adulthood. A study was published in 2015 in *Psychiatric Times* revealed that a person who had experienced more adverse childhood events or traumas, there is a higher risk of health and wellness problems in his/her later life.

The word 'Trauma' refers to an occurrence of an event that threatens the life or integrity of an individual, events like physical abuse, death of a loved one, experiencing domestic violence. It has a strong capability to shape a child's physical, emotional, and intellectual development, usually when the trauma has been experienced in childhood. The National Institute of Mental Health (USA) defines childhood trauma as: "The experience of an event by a child that is emotionally painful or distressful, which often results in lasting mental and physical effects." Childhood Trauma is an event witnessed by a child which can be alarming or dangerous and can cause threat to a child's life and integrity of the body.

According to WHO, quality of life is an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. Under quality of life three major life events have been identified i.e., Being, Belonging, and Becoming Domain (Quality of Life, Research Unit). Quality of Life is described as a subjective well-being because it shows the difference between hopes and expectations of a person and their present situations (Crispin Jenkinson, 2019).

International studies described the fact that almost 3 in 4 children regularly experiences physical and/or psychological abuse, and 1 in 5 women and 1 in 13 men had been sexually abused as a child. These adverse experiences cause extreme amount of stress and also has been found to hamper the development of the nervous and immune system, the brain development is badly affected by any kind of abuse i.e., physical, sexual, and emotional abuse as trauma affects the important parts of the brain that helps us deal with stress (amygdala, hippocampus, and prefrontal cortex). This has been proved by conducting studies on animals and they had revealed that trauma damages neurons, which affects the brain development in childhood as childhood is considered as the crucial period of development. (Morin, 2020)

Children who had been maltreated or experienced adverse traumatic events are at a higher risk for developing behavioural, physical and mental health problems such as depression; addictive behaviours like smoking, alcohol, drugs; risk of obesity and sexual behaviours.

There is a study that was conducted years ago, Adverse Childhood Experiences study and it was the first and largest studies to determine the association between childhood trauma and the health outcomes that are seen in later life. After conducting this study, it was found out that more than half of the population witnesses childhood trauma and these types of experiences causes long-term consequences. The findings of this study revealed that adverse childhood experiences are not only just common, but it has also been found that people experience more than two ACEs, and also it was found out that people who had experienced multiple traumas of abuse, neglect or household dysfunction are at a higher risk for developing health problems and facing early death as compared to others who had not experienced any trauma or adverse experience in their life. These findings reflect the relationship between the childhood trauma and the effect on quality of life in adulthood, and also reflect the need to study this topic as people with childhood traumas are developing

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physical and psychological problems and in turn is stopping them to grow and develop properly.

The purpose of this study was to understand the relationship between the variables and also to know the impact of childhood trauma on a person's life afterwards. The population of this study consisted of 100 participants in which 66 were female and 34 were male, all falling in the age group of 18-30.

The tools used for the purpose of this research were Childhood Trauma Questionnaire-Short Form (CTQ-SF) devised by Bernstein, Ahluvalia, and Pogge (1995). This scale is a 28-item retrospective self-report questionnaire assessing traumatic experiences when growing up, designed to measure childhood adversity and severity of childhood abuse and neglect suffered. The CTQ-SF consists of five subscales: Physical Abuse, Emotional Abuse, Sexual Abuse, Physical Neglect, and Emotional Neglect, in which 25 items are divided into these subscales and the remaining three items compose the Minimization/Denial scale which is designed to detect socially desirable response style (false negatives). And the World Health Organization Quality of Life (WHOQOL-BREF) developed to provide a short form quality of life assessment that looks at Domain level profiles such as Physical health, Psychological, Social Relationships, and Environment.

After collecting and analysing the data, following results were seen between the variables. Correlation between the variables was calculated by using the Pearson's Correlation and it was found that there was negative or inverse relationship between variables which occurs when the correlation coefficient is less than 0 and both the variables move in the opposite direction as if one variable increases the other variable decreases with the same magnitude (and vice versa). The correlation between Emotional Abuse and variables of quality of life i.e., Domain I, II, and IV (Physical Health, Psychological, and Environment) was -.53, -.52, and -.58 which means that there is a moderate negative correlation between variables which signifies that as emotional abuse increases, there will be a decrease in the quality-of-life domains (and vice versa), and the correlation between Emotional abuse and Domain III was -.32 which means that there is negative correlation close to moderate.

A weak negative correlation -.17 was seen between Physical Abuse and Domain III. The correlation between Physical Abuse and Domain II (Psychological) was -.24 which means that there is a negative correlation close to moderate. A moderate negative correlation of -.38 & -.46 was seen between Physical Abuse and Domain I and Domain IV.

The correlation between Sexual Abuse and Domain I & IV of quality of life was -.25 & -.27 which means that there is a negative correlation close to moderate. A weak negative correlation of -.1 was seen between Sexual Abuse and Domain II. A weak positive correlation of .08 was seen between Sexual Abuse and Domain III (Social Relationships).

A moderate negative correlation of -.46 & -.57 was seen between Emotional Neglect and Domain I & IV of quality of life. The correlation between Emotional Neglect and Domain II & III of quality of life was -.36 & -.37 which means that there is a negative correlation close to moderate.

A weak negative correlation of -.18 & -.27 was seen between Physical Neglect and Domain III & Domain II. The correlation between Physical Neglect and Domain I of quality of life was -.38 which means that there is a negative correlation close to moderate. The correlation

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between Physical Neglect and Domain IV was  $-.62$  which means that there is a negative correlation more than moderate.

The correlation between Minimization and Domain I & IV was  $-.38$  &  $-.4$  which means that there is a moderate negative correlation. The correlation between Minimization and Domain II & Domain III was  $-.33$  &  $-.34$  which means that there is a negative correlation close to moderate.

The results of this study can also be supported through following studies for knowing the impact of Childhood Trauma on different aspects of Quality of Life.

Corso et al. (2011) conducted a study for assessing the difference in the health-related quality of life among adults who had experienced maltreatment during their childhood and those who had not experienced. The results revealed that people who had experienced maltreatment during their childhood had a significant loss in their health-related quality of life in their adulthood as exposure to such incidents can cause people lifelong physical and psychological problems because the results of the survey reflected that there is a utility reduction of  $0.028\%$  per year in people who had faced such incidents in their childhood.

Devi et al. (2019) conducted a study on outpatients with mental disorders and on a community sample by comparing the prevalence and type of traumas experienced by them. The sample for this study consisted of 354 outpatients (aged 14-35 years old) who were having some type of mental disorder, and 100 healthy controls were included by snowballing technique. For measuring the childhood trauma and the severity (like Physical, Emotional, Sexual Abuse, Physical and Emotional Neglect), Childhood Trauma Questionnaire-Short Form (CTQ-SF) was conducted on the participants. After calculating and analysing the results of both the samples, it was found out that the outpatient sample had experienced a higher or increased rate of traumatic events in their childhood as compared to the other group of samples.

Wear et al. (2020) conducted a study for exploring the relationship between different types of maltreatment in childhood and prevalence of depressive symptoms in adulthood. The data was collected from 192 samples by using the Childhood Trauma Questionnaire and also conducting a meta-analysis for identifying the prevalence of depressive symptoms. After calculating results, it was found out that people who scored high on child maltreatment were related to a diagnosis of depression and scored high on depressive symptoms' scores as well. Thus, it can be concluded that there is a link between child maltreatment and depression.

Thus, it can be concluded that there is a negative (inverse) relationship between variables which means both the variables move in the opposite direction as if one variable increases the other variable decreases with the same magnitude (and vice versa). Like, if emotional abuse increases, there will be a decrease in the quality-of-life domains (and vice versa).

Many research has been done on this topic, but little has been done on all the aspects of quality of life that are affected due to childhood trauma. This research has a scope to be further studied in more detail and figure out a plan of action for children or young adults who had faced this or are currently facing this by schools being more trauma-informed (which means all school staff must understand how those experiences affects the children and teachers must be sensitive towards them for reducing the possibility of re-traumatization).

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### *Limitations*

- One of the major limitations that was faced while doing this study was collection of the data was difficult because this is a very sensitive topic, and it took a lot of time to collect the data as few people were participating in the study.
- Another limitation was that the handling and calculation of the data was difficult as there were many aspects or domains to these variables (Childhood Trauma and Quality of life). As for childhood trauma, there are six aspects under it like emotional abuse, physical abuse, sexual abuse, emotional neglect, physical neglect, and minimization. And for quality of life, there are four domains under it like physical health, psychological, social relationships, and environment.

### *Implications*

Through many studies it has been found out that almost 3 in 4 children regularly experiences physical and/or psychological abuse, and 1 in 5 women and 1 in 13 men had been sexually abused as a child, and the reports of Australia revealed that there are concerning number of children who are experiencing trauma through abuse or neglect as approximately 8.9% of children experience physical abuse, 8.6% sexual abuse, 8.7% emotional abuse, and 2.4% neglect. These adverse experiences cause extreme amount of stress and has been found to hamper the development of the nervous and immune system, like a strong body of evidence has suggested that trauma can affect brain structures which are linked to learning, control of emotions, and behaviour. Thus, it was important to study this topic in detail especially during the time of pandemic because mental health issues are on the rise among children.

Similar studies on this topic has been done but not all the domains of quality of life, and according to the results of this study there was a significant relationship between the variables which can be a major reason for the scope of this topic to be studied in more detail and to figure out a plan of action to deal with this issue by helping children to get all the help that they need so that they don't have to face the effects of childhood trauma in their later life.

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### **Conflict of Interest**

The author(s) declared no conflict of interest.

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