

## Adulthood and Childhood Trauma

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### ABSTRACT

This study worked on mitigating the effects of childhood trauma and enhances the physical and mental health of adults, as a child will have negative effects as an adult; yet, some people may develop resilience and discover coping mechanisms that help them overcome the challenges they faced. The phrase "childhood trauma" refers to emotionally and/or mentally distressing or disturbing events that occur throughout childhood and may have a long-term effect on a person's physical and mental health. Adults who suffered trauma as children may struggle to build and sustain healthy connections with others. The aim of the study was to study the impact of childhood trauma on adulthood. For this purpose, a sample of 100 people aged between 18-50 were taken. Standardised tests for childhood trauma and post trauma effects were used for the participants. Results showed that childhood trauma may have long-term impacts on people even as adults. Implications said additional research and analysis may be necessary to provide a more complete understanding of the relationship between childhood trauma and adult results.

**Keywords:** *Childhood Trauma, Adulthood, Mental Health*

Childhood trauma is the term for emotionally or psychologically painful or upsetting incidents that happen throughout childhood and can have a long-term impact on a person's physical and mental health. These experiences can include neglect, domestic violence, parental substance misuse or mental illness, physical, sexual, or emotional abuse, parental divorce or separation, and more. A person's capacity to establish healthy relationships, control their emotions, and handle stress are just a few of the ways that childhood trauma can affect them. If you or someone you know has gone through a traumatic upbringing, it's critical to get support and assistance.

A person's adulthood can be significantly impacted by childhood trauma. Childhood trauma can have long-term effects on a person's physical, emotional, and psychological health.

Childhood trauma can have a variety of repercussions on adults, some of which include:

1. **Mental health problems:** Childhood trauma can raise the likelihood that an individual would experience mental health disorders such anxiety, depression, post-traumatic stress disorder (PTSD), and borderline personality disorder.
2. **Physical health issues:** Childhood trauma can also result in physical health issues like autoimmune illnesses, chronic pain, and cardiovascular disease.

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3. Relationship problems: Adults who suffered trauma as children may find it difficult to establish and sustain wholesome connections with others.
4. Substance abuse: As a means of coping with the emotional suffering, childhood trauma might raise the chance of developing substance misuse difficulties.
5. Emotional dysregulation: Childhood trauma can affect a person's capacity to control their emotions, which can make it difficult to control stress and deal with obstacles.

It's crucial to remember that not everyone who encounters childhood trauma will experience these impacts, and that both the degree of the trauma and a person's resiliency might be factors. But getting professional assistance can be helpful if you or someone you love is still dealing with the impacts of a traumatic childhood experience in adulthood.

### *Need of the study*

As different types of trauma can have varying effects on individuals, the repercussions of childhood trauma on adulthood can be complex and varied. Abuse on a physical, emotional, or sexual level, neglect, and exposure to violent or other traumatic events are some of the most typical types of childhood trauma.

According to research, childhood trauma can have a variety of detrimental repercussions on an adult's mental and physical health, interpersonal connections, and general well-being. People who have experienced trauma as children, for instance, may be more prone to mental health conditions like anxiety, depression, and post-traumatic stress disorder (PTSD). A higher risk of substance abuse, self-harm, and suicide may also exist for them.

Adults who experienced childhood trauma may find it challenging to establish and maintain good relationships with others. Childhood trauma can also have an impact on social and interpersonal interactions. It can also affect how the brain develops, which can cause problems with memory, concentration, and learning.

Researchers may employ a range of techniques to study the effects of childhood trauma on adulthood, including longitudinal studies that follow people over time, retrospective studies that rely on self-report of past experiences, and clinical studies that look at the effects of particular types of trauma on mental health outcomes. Researchers can examine the effects of childhood trauma on social, emotional, and cognitive functioning using a variety of measures.

It's important to remember that not everyone who experiences trauma as a child will suffer detrimental repercussions as adults; instead, some people may grow resilient and learn coping skills that enable them to get over the difficulties they encountered. To overcome the impact of childhood trauma and improve their mental and physical health in adulthood, those who do endure unfavourable consequences may benefit greatly from early intervention and support.

## **REVIEW OF LITERATURE**

Childhood trauma has been linked to a variety of adverse adult consequences, such as issues with physical and mental health, trouble in relationships, and poor social functioning. According to a review of the literature on childhood trauma and maturity, the impacts of trauma can be substantial and long-lasting.

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*Suzuki et.al(2014)* conducted a research on long-term consequences of traumatic experiences in childhood on cortisol stress reactivity in adults and links to depression. In the study, there were 21 depressed patients with a history of childhood trauma and 18 without, as well as 17 healthy volunteers with and 24 without a history of childhood trauma. Salivary cortisol levels were monitored before, during, and after participants were exposed to images that were loaded with affect, such as scenarios that conformed to the International Affective Picture System and images that suggested child abuse. Cortisol stress responses were generally low in those who had suffered childhood trauma, and they were similar in both depressed and non-depressed individuals (mean stress reactivity variable: depressed: 0.8 nmol/l; non-depressed: 0.72 nmol/l). Contrarily, in individuals without a history of childhood trauma, cortisol stress reactivity was higher in depressed individuals compared to those who were not depressed (mean stress reactivity variable: depressed: 3.75 nmol/l; non-depressed: 0.1 nmol/l).

*Yumbul, Cavusoglu & Geyimci(2010)* conducted a study on Childhood trauma's impact on adult attachment patterns, likelihood of adultery, romantic jealousy, and self-esteem. The study involved 150 people (91 females and 59 men), including married people, those in dating relationships, and single people. The studies showed a substantial difference in adult attachment styles between childhood trauma scores and a strong positive connection between childhood trauma scores and infidelity. The study found no connection between romantic jealousy, early trauma, or self-esteem.

*Wang et.all (2018)* conducted a study on childhood trauma's effects on psychosocial characteristics in a chinese sample of young adults. A survey involving the Childhood Trauma Questionnaire (CTQ), the Self-rating Depression Scale (SDS), the Self-rating Anxiety Scale (SAS), the Dysfunctional Attitudes Questionnaire (DAS), the Eysenck Personality Questionnaire (EPQ), and the Social Support Rating Scale (SSRS) was conducted on a group of 555 university students. The prevalence of childhood trauma was determined using the moderate-severe CTQ cut-off scores, and then psychosocial characteristics of people with and without childhood trauma were compared. 18.6% of college students self-reported having experienced childhood trauma. Higher scores on the SDS, SAS, DAS, psychoticism, and neuroticism dimensions of the EPQ were reported by subjects who had experienced childhood trauma ( $t=4.311-5.551$ ,  $p<0.001$ ), whereas lower scores on the SSRS and extraversion dimension of the EPQ ( $t=-4.061- -3.039$ ,  $p<0.01$ ) were recorded. Additionally, regression analysis showed that whereas SSRS scores were negatively (Adjusted  $B=-0.273- -0.240$ ,  $p<0.05$ ) linked with particular CTQ scores, SAS and DAS scores were positively (Adjusted  $B=0.211-0.230$ ,  $p<0.05$ ) associated with same values. Childhood trauma continues to be a widespread social and psychological issue.

*Quide et.all(2022)* researched on understanding the effects of childhood trauma on the development of bipolar disorder and ensuring further advancement. Bipolar disorder (BD) in adults has consistently been related to childhood trauma (CT) and its earlier onset and greater severity. However, the majority of this knowledge comes from cross-sectional and retrospective investigations of people with BD. By concentrating on research in children, the primary goal of this limited review is to describe the short-term effects of CT on the development of BD. The second goal is to define CT's long-term effects by taking research with adult participants into account. The most popular theories connecting CT exposure and the start of BD are initially presented in this review. A discussion of original studies that looked into the role of CT in young people with early-onset BD, youths at increased risk of developing BD, or young people with BD with a focus on subclinical and clinical outcome

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measures follows a summary of the psychological and biological risk factors implicated in the development of BD. The review concludes by discussing how the incorporation of CT data can enhance ongoing early detection of BD and lessen severe clinical manifestation in later adulthood.

*Voorhees et.all(2012)* conducted a research on veterans of the Iraq and Afghanistan wars who experienced childhood trauma. A subsample of these individuals (n = 482) completed an inventory of current functional social support. individuals were 1,301 veterans and active-duty soldiers who had served in the military since September 11, 2001. Analyses included nonparametric bootstrapping techniques and linear regression. After adjusting for combat exposure, it was discovered that childhood trauma exposure was linked to PTSD symptoms in adults. Furthermore, the association between childhood trauma and adult functional social support was interfered with by PTSD symptoms, specifically the avoidance/numbing cluster symptoms. Even after taking into consideration exposure to battle, research results support the link between childhood trauma (both abuse-related and other, non-abuse related trauma) and PTSD symptoms in military personnel and veterans. A person's ability to later obtain meaningful social support as an adult may also be compromised by the avoidance and numbing symptom cluster of childhood trauma-based PTSD.

Overall, the research indicates that childhood trauma can have serious and protracted repercussions on people, affecting their relationships, social functioning, physical and mental health. People who have endured childhood trauma should seek the right kind of support and care to lessen the damaging impact of the trauma.

### **METHODOLOGY**

**Aim:** The current study intends to investigate how childhood trauma affects adults.

#### **Objectives:**

- The research aims to study the impact of childhood trauma on adults.
- The research aims to study the relationship of childhood trauma and post traumatic symptoms in adults.

#### **Hypothesis:**

The study hypothesised that there is a significant impact of childhood trauma in adults.

#### **Sample and its Collection:**

- The sample of the study was adult population.
- Adults (n= 100) were recruited through online postings (i.e., Instagram, WhatsApp and e-mail)

#### **Inclusive study**

- 18 -50
- All over India

#### **Description of Tools Employed**

The following standardized tests were used for the study.

1. **Childhood Trauma Questionnaire:** For persons who have been referred for a range of mental symptoms and disorders, the Childhood Trauma Questionnaire, a 28-item self-report measure, is useful. The five scales used to score the CTQ are physical

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abuse, sexual abuse, emotional abuse, physical neglect, and emotional neglect. Among the 28 subjects treated are post-traumatic stress disorder, depression, eating disorders, addictions, suicidal ideation, personality disorders, and sexual problems.

- The PCL-5 PTSD Checklist:** The 20 PTSD symptoms mentioned in the DSM-5 are evaluated using the PCL-5, a 20-item self-report questionnaire. The PCL-5 is used for a variety of purposes, including tracking symptom change before and after therapy and provisional PTSD diagnosis.

All the tests were standardized and had established reliability and validity. The scales administered were available in English. A semi structured schedule interview was conducted with respondents before filling the questionnaire and their informed consent was taken to use their responses for the research purpose only.

### *Procedure*

Participants filled out the questionnaires for this report, which looked at childhood trauma and its effects in young and old adults. Data are collected electronically through Google Forms. Before the participants were invited to participate in the study, they had to give their consent. In addition, participants had to provide demographic data such their name, age, and gender. Participants were also told that their comments would be kept private and used only for the purpose of study. There were no correct or incorrect answers, according to the participants.

### *Statistical Analysis*

Microsoft EXCEL was used to tally responses after the data was collected. The statistical analysis for the study was done using mean, standard deviation, graphs and pie charts to describe the distribution of the higher and lower score of males and females for each item in both the scales respectively. Each item was scored on the basis of young adults and older adults as contributing 50% each respectively to the test.

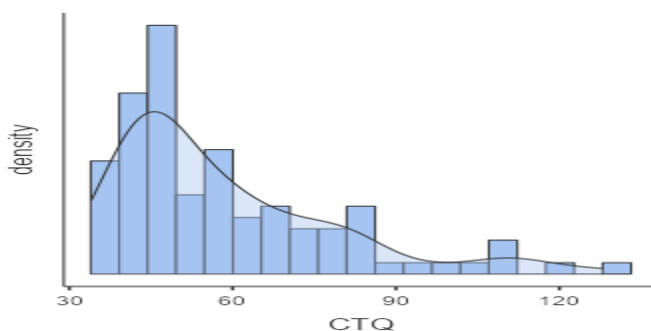
The scores of individual item were derived and were displayed through the bar graphs.

## RESULTS & DISCUSSION

Table 1.1

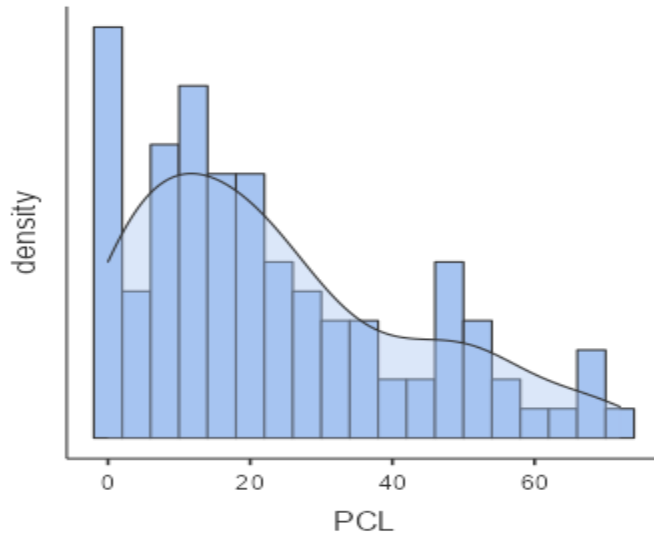
### *Descriptives*

	CTQ	PCL
N	100	100
Mean	58.5	23.5
Standard deviation	20.5	19.3



Plot 1.1

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**Plot 1.2**

The CTQ evaluates a variety of childhood traumas, such as emotional, physical, and sexual abuse as well as neglect on both an emotional and physical level. The subjects may have suffered a moderate level of trauma overall based on their mean score, which was 58.5.

The CTQ has a 20.5 standard deviation. The standard deviation calculates how widely the scores deviate from the mean. A higher standard deviation denotes a greater divergence from the mean in the scores. A standard deviation of 20.5 in this instance indicates that the participants' reported levels of childhood trauma are highly variable. Some people may have been traumatized to far greater degrees than others, depending on their personal circumstances.

A specific traumatic event or events are identified as the focus of the PCL-5, a measure of posttraumatic stress symptoms. The study participants reported a moderate level of posttraumatic stress symptoms on average, according to the mean score of 23.5. It is possible that the participants' traumatic experiences had a major impact on them, resulting in symptoms including intrusive thoughts, avoidance behaviors, and hyperarousal.

The PCL-5's standard deviation is 19.3. A higher standard deviation on the PCL-5, like the CTQ, denotes more variation in the reported posttraumatic stress symptoms. This means that some people might have had more severe symptoms, whereas others might have had lesser symptoms or even none at all.

We can infer a number of implications from these results, including:

1. Individual Variations: The variation in results for both tests emphasizes how crucial it is to take into account that each person experiences and processes childhood trauma differently. Posttraumatic stress symptoms don't always appear in victims of trauma, and when they do, their intensity might vary substantially.
2. Potential Long-Term impacts: Although these findings point to the existence of childhood trauma and symptoms of posttraumatic stress disorder, they do not establish a causal link or offer specifics regarding the long-term impacts on adults. Understanding the precise effects of childhood trauma and posttraumatic stress

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symptoms on people's well-being and functioning as adults will require more investigation and study.

Overall, the study participants indicated moderate degrees of childhood trauma and posttraumatic stress symptoms, according to the presented mean scores and standard deviations. The significant standard deviations, however, point to a wide range in people's experiences with and reactions to trauma. The diverse consequences of childhood trauma on adulthood are being addressed by more research, and tailored interventions are also needed, according to these findings.

**Table 2.1**  
**Correlation Matrix**

		CTQ	PCL
CTQ	Pearson's r	—	
	p-value	—	
PCL	Pearson's r	0.720	—
	p-value	< .001	—

The intensity and direction of the relationship between the two variables are indicated by the correlation coefficient, in this case 0.720. A correlation with a value of 0.720 is considered to be moderately strong. This implies that the scores on PCL-5, which indicate a higher risk of suffering symptoms of posttraumatic stress disorder, likely to increase when the scores on CTQ, which indicate higher levels of childhood trauma, increase.

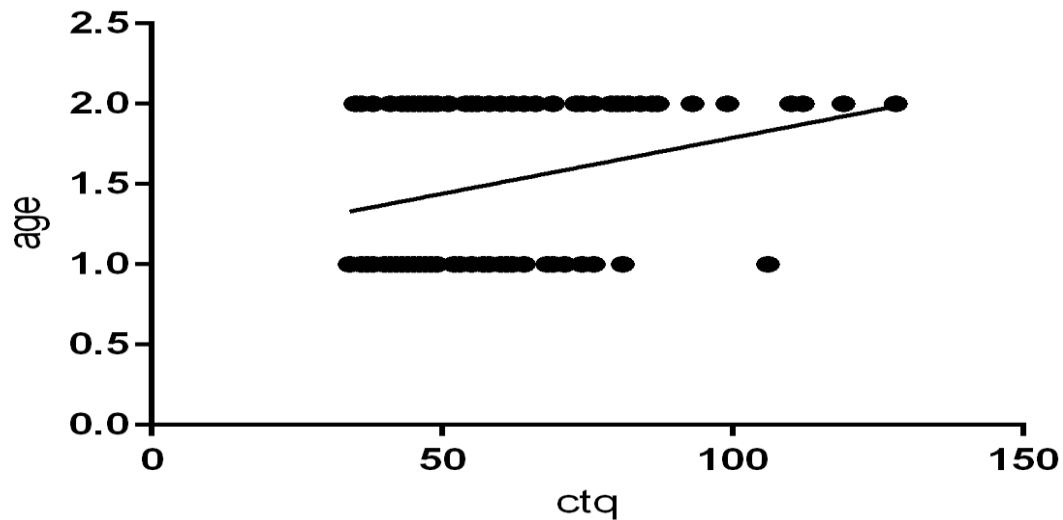
A metric for statistical significance is the p-value, which is 0.001. The probability that the observed correlation coefficient (0.720) is the result of chance is shown by this statistic. The association between CTQ and PCL-5 appears to be extremely statistically significant with a p-value of 0.001. Or, to put it another way, it is extremely unlikely that the observed association is the product of data fluctuation that happened at random.

These findings imply a strong link between childhood trauma and the development of posttraumatic stress disorder symptoms in adults. A correlation coefficient of 0.720 shows that CTQ scores can explain a significant amount of the variation in PCL-5 scores. According to the positive correlation, there is a higher chance of developing posttraumatic stress disorder symptoms as childhood trauma increases.

Noting that correlation does not indicate causation is crucial. The findings do not prove causation, even if there is a significant correlation between childhood trauma and posttraumatic stress disorder symptoms. Posttraumatic stress disorder may also be influenced by additional elements like genetic predispositions, social support, and coping methods. Thus, more investigation is required to fully comprehend the intricate interactions between childhood trauma and its long-term impacts on mental health.

In conclusion, there is a moderately positive link between childhood trauma (CTQ) and posttraumatic stress disorder symptoms (PCL-5) in adults, as shown by the correlation coefficient of 0.720 and the highly significant p-value. These findings highlight how crucial it is to treat childhood trauma and offer the right kind of support and intervention in order to reduce the likelihood that a person may later experience posttraumatic stress disorder.

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**Plot 3.1**

**Note:** Age category 18-30 is considered as 0-1 and 31-50 as 1-2 in the above plot.

#### Goodness of Fit

R square - 0.08132

Sy.x - 0.4841

#### Is slope significantly non-zero?

F - 8.675

DFn,DFd - 1,98

P Value - 0.0040

Deviation from horizontal? - Significant

The linear regression model's predictor variable, childhood trauma, accounts for a certain percentage of the variance in the outcome variable (perhaps connected to adulthood), as indicated by the R-squared value. Childhood trauma can be attributed to about 8.132% of the variance in the outcome variable in this instance, according to the R-squared value of 0.08132.

The association between childhood trauma and the outcome variable is somewhat weak, as shown by the R-squared value of 0.08132, which is significant. The majority of the variation in the outcome variable is probably caused by other variables that are not taken into account in the model.

The average deviation of the actual values from the projected values in the regression model is represented by Sy.x, commonly known as the standard error of the estimate. A lower Sy.x value implies that the model fits the data more accurately. The Sy.x value in this instance is 0.4841, indicating a substantial amount of error in the regression model's predictions.

The F statistic is used to evaluate the linear regression model's overall significance. The regression sum of squares is compared to the residual sum of squares, which measures the variability that is not explained by the regression model. An increased F value denotes a stronger correlation between the predictor and outcome variables. The F value in this



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instance is 8.675, which indicates that there is statistically significant correlation between the outcome variable and childhood trauma.

The degrees of freedom for the numerator and denominator, respectively, in the F statistic calculation are represented by DFn and DFd. In this instance, DFn is 1, suggesting that the predictor variable (childhood trauma) has one degree of freedom. The residuals, or unexplained variability, have 98 degrees of freedom, as indicated by the value of DFd, which is 98.

The p-value indicates the likelihood that, in the absence of a real association between childhood trauma and the outcome variable, the observed F statistic (or a more extreme one) would not have been obtained. A p-value below a predetermined significance threshold (typically 0.05) denotes a statistically significant association. The p-value in this instance is 0.0040, which is below 0.05. In light of this, we can say that there is a statistically significant connection between childhood trauma and the outcome variable in adulthood.

According to the data, the linear regression analysis concludes that there is a weak but statistically significant link between childhood trauma and an outcome variable that may be associated to adulthood. Despite only accounting for a little portion (8.132%) of the outcome variable's variability, the significance test shows that this link is not most likely the result of chance. However, because the outcome variable's volatility is mostly unaccounted for, it is crucial to take other factors into account that could affect it. To acquire a more thorough knowledge of the connection between childhood trauma and adult outcomes, additional study and analysis may be required.

## CONCLUSION

To conclude, the findings indicate that posttraumatic symptoms in adults (as measured by PCL-5) and childhood trauma (as measured by CTQ) are significantly correlated. A tiny but considerable amount of the variance is accounted for by childhood trauma, according to the linear regression analysis, which also shows that it has a statistically significant impact on adulthood outcomes. These results suggest that childhood trauma may have long-term impacts on people even as adults.

Therefore, the hypothesised statements were accepted, under the moderate significant effect of childhood trauma on adulthood and correlation of childhood trauma with post traumatic characteristics in adulthood.

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### ***Conflict of Interest***

The author(s) declared no conflict of interest.

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