

Research Paper

## Adverse Childhood Experiences Among Patients with Post Traumatic Stress Disorder: A Special Focus on Kashmir Valley

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### ABSTRACT

The stress that results from traumatic events triggers a wide spectrum of psycho-emotional and physiological outcomes. PTSD is a psychological condition that results from the experience or witnessing of traumatic events. Adverse childhood experiences (ACEs) increase the risk factor and vulnerability to developing PTSD symptoms, as found in a vast literature. The present study aims to investigate the pattern of ACEs among patients with PTSD. A cross-sectional study, and a sample of 60 patients (male=42; female=18) diagnosed with PTSD by using a purposive sampling method. The World Health Organization (WHO) Adverse Childhood Experiences International Questionnaire (ACEs- IQ) was used to assess ACEs among patients diagnosed with PTSD and PCL-5 for PTSD symptoms. Result findings indicated that 90.4% reported having experienced childhood experience (ACEs); the commonest ACEs reported was community violence experienced by 88.7% of patients, followed by collective violence by 81.7%. A significant positive relationship was found between emotional neglect and PTSD symptoms.

**Keywords:** *Post Traumatic Stress Disorder, Adverse Childhood Experiences, World Health Organization*

According to centers for disease control and prevention (CDC) defined adverse childhood experiences (ACEs) as experience or witnessing of abuse, violence, neglect, parental separation, and household dysfunction is occurring during the first 18 years of life. Studies done in the past has demonstrated that youth encounters adverse childhood experiences (ACEs) are exceptionally predominant in both developed and developing nations (Felitti et al., 1998 and Ramiro et al., 2010). As shown by numerous researchers that individuals encounters adverse childhood experiences (ACEs) including family dysfunction, physical abuse, and mental abuse can present with wide-going results over the life expectancy (Felitti et al., 1998, Kalmakis and Chandler, 2015, Lupien, McEwen, Gunnar, and Heim, 2009 Miller, Chen, and Parker, 2011). It ought to be noticed that exploration on the dangers related with adverse childhood experiences ACEs has energized the development of adverse childhood experiences (ACEs) with counter action activities (Hall, Porter, Longhi, Becker-Green, and Dreyfus, 2012; Kagi and Regala, 2012), yet just less efforts till now have been centered around creating projects to help grown-ups

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with a past history of adverse childhood experiences (ACEs) and its continuous effect on psychosocial and wellbeing. A considerable number of explorations on adverse childhood experiences (ACEs) has demonstrated proof to expanded danger of negative wellbeing and hazardous behaviors, which incorporates chronic diseases, depression, liquor and illegal drug misuse, intravenous drug use, and suicidality (Anda et al., 2002, Dube et al., 2002, 2003, 2006; Felitti et al., 1998, Ramiro et al., 2010). A numerous studies had shown the impact created by adversities in childhood on developing a post-traumatic stress disorder

### REVIEW OF LITERATURE

**Huffmaster et al (2022)** a total of 174 patients were examined, consisting of 115 men [66.1%] and 59 women (33.9%). ASD was suggested by a PCL-5 score of 33 or higher in 93 patients (53.4%). Finding indicates that PTSD symptoms were linked to total ACE scores.

**Tabb et al (2022)** examine the relationship between exposure to adverse childhood experiences (ACEs) and symptoms of posttraumatic stress disorder (PTSD) in victims of violence. 147 participants in this cross-sectional study completed the ACE questionnaire and the PTSD Checklist for DSM-5 (PCL-5)  $\leq 3$  months after presenting with a violent injury to an emergency department in Philadelphia, PA between 2014 and 2019. The outcome of this study was the severity of PTSD symptoms, and ACEs—single and cumulative—were treated as exposures. Three-quarters of the participants (39%) and the majority (63.3%) reported having at least one ACE, while 90% reported having at least one ACE every six months. Particular ACEs were linked to higher PCL-5 scores and a higher chance of developing provisional PTSD. Furthermore, a positive provisional PTSD screen was predicted by incremental ACE score increases, and participants' PCL-5 scores declined as their cumulative ACE scores rose ( $b = 0.16$ ;  $p < 0.05$ ). The findings offer more proof that ACEs worsen PTSD symptoms in young people who have experienced violence. Future studies should examine focused PTSD treatments for victims of interpersonal violence.

**McRae et al. (2021)** found that type of ACE—more especially, child maltreatment ACEs, or CM-ACEs—was found to be most strongly correlated with all outcome variables. Consequently, a path analysis involving PTSS, proactive aggression (PA) and reactive aggression included CM-ACEs. The relationship between CM-ACEs and RA was found to have a significant indirect effect of PTSS, but not PA. The results have a number of ramifications for clinical practice and future studies, particularly for kids with a long history of CM-ACEs.

**Karatzias, et al (2020)** conducted a study on 275 individuals attending a specialist trauma care centre in the UK and found that Experiences that are both traumatic and benevolent appear to have distinct associations with symptoms of PTSD and CPTSD. To maximize recovery from traumatic stress, more research is required to examine how benevolent experiences can be incorporated into currently available psychological interventions.

**Chang, Jiang, Mkandarwire, & Shen (2019)** a cross-sectional study was performed on 1501 participants in china found that 5.93% of participants reported four or more ACEs, while 66.2% of participants reported at least one ACE. Elevated Adverse Childhood Experiences (ACE) scores were linked to higher chances of drinking (adjusted odds ratio, chronic illness, depression, and PTSD. The individual ACE components had varying effects

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on risk behavior and health after controlling for confounding variables, especially when it came to poor adult mental health outcomes.

**Bećirović et al (2017)** in a across-sectional study including data on physical punishment experienced as a child, 205 veterans of war were tested using the Harvard Trauma Questionnaire and the Socio-biographic Questionnaire. Findings indicate veterans of war with and without PTSD reported significantly different experiences of physical punishment as children. Physical punishment received as a child has been linked to PTSD in veteran.

**Brockie et al (2015)** studied the connection between six adverse childhood experiences (ACEs): emotional, physical, and sexual abuse; physical and emotional neglect; witnessing intimate partner violence; and, for those under the age of 18, the symptoms of past loss and perceived discrimination; and four risk behavior/mental health outcomes: symptoms of post-traumatic stress disorder (PTSD); depression; polydrug use; and suicide attempt. Of the sample, 38% reported having experienced at least two ACEs, and 78% reported having experienced at least one. The four outcomes showed a significant ( $p < .001$ ) cumulative effect of the ACEs, with an increased likelihood of poly-drug use (51%), PTSD symptoms (55%), depression symptoms (57%), and suicide attempt (37%) with each additional ACE.

**LeardMann, Smith, & Ryan (2010)** conducted study on 8,391 male responders of the Recruit Assessment Program survey at Marine Corps. Findings indicate that Marines may be more susceptible to post-deployment PTSD if they had several adverse childhood experiences. It is plausible, nevertheless, that these findings suggest that men who are open to disclosing negative childhood experiences are also more inclined to seek PTSD treatment.

### **METHODOLOGY**

#### *Aim*

To explore Adverse childhood experiences among patients with Post-traumatic stress disorder.

#### *Study design*

The current study was a cross-sectional study.

#### *Design and sample size of the study*

It was a cross-sectional study and purposive sampling method was used for data collection. Sample was collected from different mental health clinics. A total sample of 60 patients diagnosed with post-traumatic stress disorder were selected for the study.

#### *Inclusion Criteria:*

- Those who gave consent for the study.
- Patients diagnosed with post-traumatic stress disorder.
- Patients with the educational level of at least 8th standard
- Age 18-40 years
- Both the gender will be included

#### *Exclusion Criteria*

- Patients having history of epilepsy or gross neurological deficits.
- Patients having severe medical condition.

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- Patients with severe comorbid psychiatric conditions except depression and anxiety symptoms.
- Patients with the history of intellectual disability.

### *Tools used for data collection*

- 1. Self-structured socio-demographic datasheet:** A self-made, semi-structured socio-demographic data sheet was developed to collecting formation from the participants. It included socio-demographic details as name, age, sex, family type, domicile, marital status, socio-economic status, occupation, education, and the income of the patient and family.
- 2. PTSD Checklist for DSM-5 (PCL-5)** is a 20-item self-report tool evaluates the existence and intensity of PTSD symptoms connected to their most upsetting and distressing present event or stressor (Weathers et al., 2013). The PCL-5's items match the DSM-5's criteria for PTSD. The PCL-5 can be used to screen people for PTSD, measure and track symptoms over time, and help with a provisional or interim diagnosis of PTSD. On a 5-point Likert scale from 0 to 4, respondents are asked to rank how bothered they have been by each item over the past month. The sum of the items yields the final score. 0 = not at all 1 = a little bit 2 = moderately 3 = quite a bit 4 = extremely. The total score can be obtained by adding the scores of all the items together to determine the severity. It spans from 0 to 80 and for a preliminary diagnosis of PTSD, a PCL-5 cut-point of 33 seems to be a reasonable value to use. Since the PCL-5 was only introduced in 2013, limited validation has been made available thus far. Research on validation indicates that the PCL-5 has clinical utility. High internal consistency is shown by all four of the criterion scales (Cohen et al., 2015). Additionally, there was a strong correlation found in the prevalence of PTSD in a student sample (n = 2490) between the diagnostic classification scoring methods (1.3% meeting PTSD criteria) and the severity of the symptoms (1.4% meeting PTSD criteria) (Cohen et al., 2015). similar to its predecessor, the data that is currently available indicates that the PCL-5 is psychometrically sound, with good test-retest reliability ( $r = .82$ ) and high internal consistency ( $\alpha = .94$ ). It shows adequate discriminant validity and strong convergent validity with other measures of PTSD ( $r_s = .85$ ). It correlates moderately with depression ( $r = .60$ ) and least strongly with unrelated constructs like mania ( $r = .31$ ). Furthermore, translations of the PCL test have been made for use with Chinese, Spanish, and French populations (Ashbaugh et al., 2016, Blevins et al., 2015 and Weathers et al., 2013)
- 3. Adverse childhood experiences international questionnaire, (ACE- IQ):** ACE – International Questionnaire acquire information on the socio-demographic characteristics which incorporate age, sex, education, ethnic gathering, marital status and work. This was planned by world health organization (WHO) and CDC and is expected to gauge Adverse childhood experiences (ACEs) in all countries and relationship among them and hazard behaviors. It is intended for regulating to individuals matured 18 years or more (world health organization). The inquiries have been masterminded and put to thirteen classifications, the ACEs screened incorporate physical abuse, emotional mistreatment, sexual maltreatment, physical neglect, emotional neglect, household member treated violently, household member who was a substance abuser, household member with mental illness or suicidal, incarcerated household member, peer violence (bullying), community violence and collective violence. Two strategies for examination of ACE-IQ have been recommended that evaluate adverse childhood experiences binary and frequency technique. For our

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examination the binary form of investigation was utilized. It included scoring a one if the member addressed "yes" for the inquiries of adverse childhood experiences. A person's ACE score is communicated as the absolute number of detailed ACEs estimated in a binary fashion, yes/no style.

### RESULTS

**Table 1: Description of Socio-Demographic variables among Patients with Post Traumatic Stress Disorder.**

Variable	Frequency (N=60)	Percentage (%)
<b>Gender</b>		
Male	42	70
Female	18	30
<b>Marital Status</b>		
Unmarried	45	75
Married	15	25
<b>Area of Residence</b>		
Rural	25	41.6
Urban	35	58.3

Table 1 describes the socio-demographic characteristics of patients with PTSD with respect to Gender, Marital status and Residence. The number of male patients was higher than the number of females in the study. Total of 42(70%) of patients were males and 18 (30%) were females. With respect to marital status, 45 out of 60 patients (75%) were unmarried whereas 15 out of 60 patients (25%) were married which means most of the participants in our sample were unmarried. With respect to area of residence, 25 out of 60 patients (41.6%) belonged to the rural area, whereas only 35 out of 60 patients (58.3%) belonged to the urban areas.

**Table 2: Description of PTSD**

Variable	MEAN±SD (N=60)	Minimum	Maximum
PCL-5	57±10	38	79

Table 2 indicates that the mean score of PTSD symptoms measured by PCL-5 was found to be 57 with the standard deviation of 10. The minimum score was found to 38 whereas maximum score 79 among patients.

**Table 3: Description of Adverse Childhood Experiences (ACEs) among Patients with Post Traumatic Stress Disorder.**

Variables	Frequency	Percentage (%)
<b>ACE</b>		
<b>Physical abuse</b>		
No	22	36
Yes	38	63
<b>Emotional abuse</b>		
No	27	45
Yes	33	55
<b>Sexual Abuse</b>		
No	42	70
Yes	18	30

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<b>Variables</b>	<b>Frequency</b>	<b>Percentage (%)</b>
<b>Alcohol and drug abuse in house hold</b>		
No	54	90
Yes	6	10
<b>Incarcerated house hold Member</b>		
No	54	90
Yes	6	10
<b>Mentally ill or suicidal</b>		
No	44	73
Yes	16	26
<b>Household member treated Violently</b>		
No	38	63
Yes	22	36
<b>Parental separation or divorce</b>		
No	50	83
Yes	10	16
<b>Emotional neglect</b>		
No	24	40
Yes	36	60
<b>Physical neglect</b>		
No	46	76
Yes	14	23
<b>Bullying</b>		
No	40	66
Yes	20	33
<b>Collective Violence</b>		
No	11	18.3
Yes	49	81.7
<b>Community violence</b>		
No	7	11.3
Yes	53	88.7
<b>Ace Total</b>		
NO	4	6.6
Yes	54	90.4

**ACE = Adverse childhood Experience (ACEs)**

**Table 3** shows description of adverse childhood Experiences (ACEs) among patients with post-traumatic stress disorder. The majority of the patients i.e., 54 (90.4%) reported having experienced at least one **adverse childhood experiences (ACEs)**. Total of 53 (88.7%) of patients reported having experienced community violence and 49 (81.7%) of patients with collective violence. Around 20(33.3%) patients out of 60 experienced bullying, 33(55%) out of 60 patients experienced emotional abuse, (63%) physical abuse and 16 (26%) out of 60 patients were having some family member with chronic depression as measured by ACEs under the subdomain of mental illness or suicidal. Results further indicate that 36 (60%) out of 60 patients experienced emotional neglect whereas 14(23%) reported to experience physical neglect. 22 of 60 reported to have witness household

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member treated violently. 6 (10%) out of 60 patients had alcohol and drug abuser in home, where as 10 (16%) patients experienced parental separation, and 6 (10%) patients experienced incarcerated household member.

**Table 4: Association between Adverse childhood Experiences (ACEs) and Posttraumatic Stress Disorder.**

Variable	PCL-5
ACE	Correlation Coefficient (r)
Physical abuse	.20
Emotional abuse	.16
sexual abuse	.189
Alcohol and drug abuse in house hold	.087
Incarcerated house hold Member	-.011
Mentally ill, Institutionalized or suicidal	-.006
Household member treated Violently	-.09
Parental separation or divorce	.09
Emotional neglect	<b>0.66**</b>
Physical neglect	-.039
Bullying	-.05
Community violence	.17
Collective violence	.08
ACE TOTAL	.09

\* Correlation is significant at the 0.05 level (2-tailed).

**PCL-5= PTSD Checklist for DSM-5**

**ACE TOTAL = Adverse childhood Experience total score**

**Table 3** shows the association between Adverse Childhood Experiences (ACEs) and Post-traumatic Stress Disorder. Pearson correlation analysis was done to establish the association between Adverse Childhood Experiences (ACEs) and Posttraumatic Stress. Emotional neglect, domain measured by ACEs, was the only one variable that correlated significantly ( $r= 0.66, p<0.05$ ) with PCL-5, indicating the more the emotional neglect experienced by participants higher the symptoms of PTSD.

## **DISCUSSION**

The present study consists of 60 participants, 42 males and 18 females with Post-traumatic stress disorder. It is a cross-sectional study, and sampling was done by using purposive sampling method. After getting informed consent from all the patients they were screened based on inclusion and exclusion criteria. The findings of study revealed that number of male patients was higher than the number of females in the study. Total of 42(70%) of patients were males and 18 (30%) were females. With respect to marital status, 45 out of 60 patients (75%) were unmarried whereas 15 out of 60 patients (25%) were married which means most of the participants in our sample were unmarried. With respect to area of residence, 25 out of 60 patients (41.6%) belonged to the rural area, whereas only 35 out of 60 patients (58.3%) belonged to the urban areas. The mean of PTSD symptoms measured by PCL-5 was found to be 57 with standard deviation of 10 and the minimum score was found to 38 whereas maximum score 79 among patients. Findings in our present study shows that 54 (90.4%) reported having experienced at least one **adverse childhood experiences** (ACEs). In a similar line of study conducted by Felitti et al. (1998), it was found that 67% of

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the participants had gone through one or more ACEs. Kessler et al. (2010) has shown that only 38.8% reported having ACEs. It should be taken into consideration that there may be differences because the current study is hospital-based and involves patients with PTSD, whereas the study by Kessler et al. (2010) was conducted on the general population. Total of 53 (88.7%) of patients reported having experienced community violence and 49 (81.7%) of patients with collective violence. Around 20(33.3%) patients out of 60 experienced bullying, 33(55%) out of 60 patients experienced emotional abuse, (63%) physical abuse and 16 (26%) out of 60 patients were having some family member with chronic depression as measured by ACEs under the subdomain of mental illness or suicidal. Results further indicate that 36 (60%) out of 60 patients experienced emotional neglect whereas 14(23%) reported to experience physical neglect. 22 of 60 reported to have witness household member treated violently. 6 (10%) out of 60 patients had alcohol and drug abuser in home, while as 10 (16%) patients experienced parental separation, and 6 (10%) patients experienced incarcerated household member. Comparing this to a study by Felitti et al. (1998), the most common ACE reported was sexual abuse (reported by 21%), followed by substance abuse by a household member (reported by 28%) and physical abuse. The study also examined other types of Adverse Childhood Experiences (ACEs), including emotional abuse (reported by 11%), physical neglect (10%), emotional neglect (15%), household dysfunction (reported by 11%), violent treatment of a mother (reported by 13%), mental illness (19%), and parental divorce (23%). It should be noted that Adverse childhood experiences (ACEs) connected to violence (collective/community violence) were more frequently reported in our study. One of the major reasons can be due to pro long conflict and political turmoil in the valley. The results revealed that Emotional neglect, domain measured by ACEs, was the only one variable that correlated significantly ( $r= 0.66, p<0.05$ ) with PCL-5, indicating the more the emotional neglect experienced by participants higher the symptoms of PTSD. Our finding is supported by Spertus et al (2003) where they found that history of emotional abuse and neglect had relationship with increased anxiety, depression, posttraumatic stress and physical symptoms. Individuals more likely to experience emotional abuse and neglect also reported symptoms of Post-Traumatic Stress Disorder (PTSD) more frequently and experienced a significant increase in dissociative experiences (Semiz et al, 2017). Despite limitation our study implies strong implication for example; traumatized individuals should be routinely screened for a history of Adverse childhood experiences to maximize recovery from traumatic stress and incorporated into various psychological intervention for post-traumatic stress disorder. Further educating and prevention raising programs including parents, teachers, and communities about adverse childhood experiences and their impact can decrease developing of not only PTSD but various other mental health conditions associated adverse childhood experiences.

## REFERENCES

- Anda, R. F., Brown, D. W., Felitti, V. J., Dube, S. R., & Giles, W. H. (2008). Adverse childhood experiences and prescription drug use in a cohort study of adult HMO patients. *BMC Public Health*, 8(1), 198.
- Anda, R. F., Brown, D. W., Felitti, V. J., Dube, S. R., & Giles, W. H. (2008). Adverse childhood experiences and prescription drug use in a cohort study of adult HMO patients. *BMC Public Health*, 8(1), 198.
- Anda, R. F., Felitti, V. J., Bremner, J. D., Walker, J. D., Whitfield, C. H., Perry, B. D., ... & Giles, W. H. (2006). The enduring effects of abuse and related adverse experiences in childhood. *European Archives of Psychiatry and Clinical Neuroscience*, 256(3), 174-186.



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- Ashbaugh, Andrea R., Stephanie Houle-Johnson, Christophe Herbert, Wissam El-Hage, and Alain Brunet. "Psychometric validation of the English and French versions of the posttraumatic stress disorder checklist for DSM-5 (PCL-5)." *PloS one* 11, no. 10 (2016): e0161645.
- Bećirović, E., Avdibegović, E., Softić, R., Hajdukov, M. M., & Bećirović, A. (2017). Adverse childhood experiences as risk factor for combat-related PTSD. *Acta Medica Saliniana*, 46(1), 9.
- Blevins, C. A., Weathers, F. W., Davis, M. T., Witte, T. K., & Domino, J. L. (2015). The posttraumatic stress disorder checklist for DSM-5 (PCL-5): Development and initial psychometric evaluation. *Journal of traumatic stress*, 28(6), 489-498.
- Brockie, T. N., Dana-Sacco, G., Wallen, G. R., Wilcox, H. C., & Campbell, J. C. (2015). The relationship of adverse childhood experiences to PTSD, depression, poly-drug use and suicide attempt in reservation-based Native American adolescents and young adults. *American journal of community psychology*, 55, 411-421.
- Chang, Xuening, Xueyan Jiang, Tamara Mkandarwire, and Min Shen. "Associations between adverse childhood experiences and health outcomes in adults aged 18–59 years." *PloS one* 14, no. 2 (2019): e0211850.
- Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edward, V., Koss, M.P., Mark, J.J. (1998). The relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventive Medicine*, 14 (4), 245-258.
- Hall, J., Porter, L., Longhi, D., Becker-Green, J., & Dreyfus, S. (2012). Reducing adverse childhood experiences (ACE) by building community capacity: A summary of Washington Family Policy Council research findings. *Journal of Prevention & Intervention in the Community*, 40(4), 325-334.
- Huffmaster, C. E., Williams, A. Y., Yann-leei, L. L., Butts, C. C., Polite, N. M., Mehari, K. R., & Simmons, J. D. (2022). Association between adverse childhood experiences and posttraumatic stress disorder symptoms in adults with injury. *JAMA surgery*, 157(12), 1158-1159.
- Kagi, R., & Regala, D. (2012). Translating the Adverse Childhood Experiences (ACE) study into public policy: progress and possibility in Washington State. *Journal of Prevention & Intervention in the Community*, 40(4), 271-277.
- Kalmakis, K. A., & Chandler, G. E. (2015). Health consequences of adverse childhood experiences: a systematic review. *Journal of the American Association of Nurse Practitioners*, 27(8), 457-465
- Karatzias, Thanos, Philip Murphy, Marylene Cloitre, Jonathan Bisson, Neil Roberts, Mark Shevlin, Philip Hyland et al. "Psychological interventions for ICD-11 complex PTSD symptoms: Systematic review and meta-analysis." *Psychological medicine* 49, no. 11 (2019): 1761-1775.
- Kessler RC, Davis CG, Kendler KS. Childhood adversity and adult psychiatric disorder in the US National Comorbidity Survey. *Psychological Medicine* 1997; 27:1101–1119
- LeardMann, C. A., Smith, B., & Ryan, M. A. (2010). Do adverse childhood experiences increase the risk of postdeployment posttraumatic stress disorder in US Marines?. *BMC Public Health*, 10(1), 1-8.
- McRae, E. M., Stoppelbein, L., O’Kelley, S. E., Fite, P., & Smith, S. B. (2021). An examination of post-traumatic stress symptoms and aggression among children with a history of adverse childhood experiences. *Journal of Psychopathology and Behavioral Assessment*, 43, 657-670.

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- Ramiro, L. S., Madrid, B. J., & Brown, D. W. (2010). Adverse childhood experiences (ACE) and health-risk behaviors among adults in a developing country setting. *Child Abuse & Neglect*, 34(11), 842-855.
- Semiz, Ümit Başar, Özgür Öner, Fatma Fariha Cengiz, and Mustafa Bilici. "Childhood abuse and neglect in adult attention-deficit/hyperactivity disorder." *Psychiatry and Clinical Psychopharmacology* 27, no. 4 (2017): 344-348.
- Spertus, I. L., Yehuda, R., Wong, C. M., Halligan, S., & Seremetis, S. V. (2003). Childhood emotional abuse and neglect as predictors of psychological and physical symptoms in women presenting to a primary care practice. *Child abuse & neglect*, 27(11), 1247-1258
- Tabb, Loni Philip, John A. Rich, Daria Waite, Cinthya Alberto, Erica Harris, James Gardner, Nina Gentile, and Theodore J. Corbin. "Examining associations between adverse childhood experiences and posttraumatic stress disorder symptoms among young survivors of urban violence." *Journal of urban health* 99, no. 4 (2022): 669-679.
- Weathers, Frank W., Brian P. Marx, Matthew J. Friedman, and Paula P. Schnurr. "Posttraumatic stress disorder in DSM-5: New criteria, new measures, and implications for assessment." *Psychological Injury and Law* 7 (2014): 93-107.
- World health organization (2011). Violence and injury prevention; adverse childhood experiences international questionnaire (ACE-IQ).

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

The author(s) declared no conflict of interest.

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