

Impact of Adverse Childhood Experiences on Overall Life Satisfaction in Young Adults

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ABSTRACT

This study explores the intricate relationship between Adverse Childhood Experiences (ACEs) and life satisfaction among young adults, while also examining the moderating role of gender and education level on this association. Utilizing the ACE Scale and the Satisfaction with Life Scale, data were collected from a sample of 149 young adults (18-25). Analysis revealed a significant negative correlation between ACE scores and life satisfaction, $r(149) = .548, p < .001$, indicating that higher exposure to adverse childhood events is associated with lower life satisfaction. Further, gender-based analysis showed significant differences in ACEs scores between males and females ($p = .008$), with females reporting higher ACE scores. However, no significant gender differences were found in life satisfaction scores ($p = .672$). The study did not find significant differences in ACE scores, or life satisfaction based on education level. These findings suggest that while adverse childhood experiences negatively impact life satisfaction, the effects do not significantly differ by gender or education level in terms of life satisfaction outcomes.

Keywords: *Adverse Childhood Experiences, Life Satisfaction, Gender, Young Adults*

Childhood is a crucial developmental stage encompassing the formative years from birth through adolescence, characterized by rapid cognitive, emotional, physical, and social growth and changes. It serves as a foundational period during which an individual acquires essential skills, beliefs, and behaviors that shape their identity and future trajectories. Childhood experiences profoundly influence an individual's perspective, personal relationships as well as their psychological well-being. These early years form the basis of an individual's understanding of the world and self. They lay the foundation for their future challenges and successes. From the nurturing care of caregivers to the exploration of the environment, childhood represents a dynamic journey of growth and discovery for each individual.

Childrens' brains are often compared to a sponge as they absorb knowledge from their surroundings at all times, through their own experiences and the experiences of those around them. Negative experiences can have lasting detrimental effects as children's sponge-like brains not only absorb positive knowledge but also harmful information, impacting their

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Impact of Adverse Childhood Experiences on Overall Life Satisfaction in Young Adults

development and well-being. For instance, if a child encounters a negative experience like falling off a bicycle while learning to ride, they may either become more cautious or altogether avoid similar activities in the future, altering their behavior and decision-making process. More often, the negative situation is out of a child's control, and they don't have enough resources to protect themselves from the mental, emotional, and physical harm that the situation brings along. Physical, verbal, and sexual abuse, loss of a loved one, natural disasters, are some of the adverse childhood experiences.

Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) encompass a wide range of extremely stressful and potentially traumatic situations or events that an individual may encounter during their childhood or adolescence. These experiences can constitute a single event or an extended threat to a child's safety, trust, security, and bodily integrity. Adverse childhood experiences are not limited to actively harmful situations, but also, aspects of a child's ecosystem that can threaten their sense of safety, bonding with others (especially, caregivers) as well as stability in their life. Hence, ACEs can range from simply experiencing an unstable household due to parental separation in childhood to being severely abused.

ACEs are increasingly recognized as significant risk factors for a multitude of negative outcomes across the lifespan, including physical and mental health problems, social difficulties, and impaired functioning in various domains of life. Research has shown that exposure to ACEs can have profound and long-lasting effects on children's physical and psychological development. Chronic, prolonged stress during childhood disrupts the normal development of the brain as well as the stress-response systems, leading to alterations in neurobiological functioning and heightened susceptibility to stress-related disorders in the future. Adversities experienced during childhood may not only lead to certain mental health conditions, like depression, substance abuse, anxiety disorders, but also chronic physical health conditions, such as cardiovascular diseases, cancer, and diabetes. The impact of ACEs extends beyond individual health outcomes to include broader societal implications such as academic challenges, difficulties in forming as well as maintaining relationships, and engaging in health-risk behaviors like substance abuse and delinquency. Furthermore, the intergenerational transmission of trauma means that the effects of ACEs can persist across generations, perpetuating cycles of adversity and inequality.

Types of ACEs

Adverse experiences comprise of a spectrum of situations that a child may encounter directly or indirectly, including exposure through various forms of media, such as the internet or television. Media can serve as a catalyst, potentially triggering memories of adverse events from childhood. These experiences can extend from various forms of abuse – sexual, verbal, physical or emotional – to instances of bullying, natural disasters, financial instability, and inadequate access to healthcare. Likewise, the loss of a parent due to divorce, abandonment or death, as well as exposure to or involvement in domestic violence, major accidents, racism, segregation, or discrimination, can all contribute to traumatic encounters during childhood. Additionally, living with a family member who struggles with a severe mental health condition or substance addiction can significantly impact a child's well-being and sense of security.

These diverse forms of adversity highlight the intricate landscape of childhood trauma and its profound implications for development and mental health outcomes. Adversities can strike a child once or more times during their childhood, however every child's experience and

Impact of Adverse Childhood Experiences on Overall Life Satisfaction in Young Adults

response to the same event varies with regards to his or her rearing. For example, if two children witness the same traumatic situation, one may develop long-term anxiety and the other may not experience any long-term impacts to their health and well-being. Although adversities can affect any child, certain demographic groups are more susceptible to experiencing them. These include minority racial and ethnic groups, children identified as female at birth, those from socioeconomically disadvantaged backgrounds, and children with parents or caregivers facing significant chronic distress. Additionally, children of individuals struggling with substance abuse disorders or other mental health conditions are also at heightened risk.

Gender-Based Adversities

Gender-based adversities encompass a spectrum of experiences that disproportionately affect children on the basis of their gender identity. These adversities can present in various forms, like differential treatment, discrimination, stereotyping, and violence. Children may face societal expectations and norms that dictate how they should behave, pursue their interests, and express themselves, which often reinforces traditional gender roles.

Girls may face challenges related to limited access to education, early marriage, and domestic responsibilities, which can often restrict their opportunities for personal growth and autonomy. While boys may encounter pressure to conform to the notions of masculinity, that involve suppressing their emotions, taking on dominant roles, and demonstrating aggressive behaviors. Such gender-based adversities not only shape childhood experiences but also lead to long-term implications for individuals' life satisfaction and psychological well-being in adulthood. Understanding the multifaceted impacts of these adversities on individuals based on their gender identity is critical for addressing inequalities and promoting holistic development across the lifespan.

Impact of ACEs

Experiencing adversities in childhood can leave enduring side effects on a person's life – their physical, mental, and social health, as well as life opportunities, such as education and job potential in adulthood. Studies suggest that ACEs can decrease an individual's overall life expectancy by almost 20 years, in comparison to an individual who hasn't experienced similar adversities. Such experiences can significantly enhance the possibility of injuries, chronic diseases, sexually transmitted infections, and leading causes of death like cardiovascular diseases, cancer, and suicide. This happens as prolonged and extended stress takes a toll on an individual's body, impacting the cell division and replication, which is responsible for cancer, and impacting the functioning of the heart by increasing the blood pressure, leading to various cardiovascular diseases.

Children growing up in unsafe, segregated, and under-resourced neighborhoods may experience toxic, prolonged stress. These children, as adults, may struggle with forming healthy and secure relationships with others. Additionally, they may experience instability in their work life, such as financial struggles, job instability, and low motivation. The longer and more adverse experiences an individual experiences, the bigger impact it will have on their overall development and health. The substantial impacts of ACEs encompass various aspects affecting individuals' physical, social and emotional well-being. Firstly, the prolonged exposure to toxic stress can intricately target the brain, impacting its growth as well as its functionality. This can manifest as irregular brain development and a dysregulated sympathetic nervous system, worsening the effects of stress on the body. Specifically, toxic stress adversely impacts key brain regions, including the hippocampus, prefrontal cortex, and

Impact of Adverse Childhood Experiences on Overall Life Satisfaction in Young Adults

amygdala, impairing functions such as memory, logical reasoning, and emotional processing, respectively. Over time, prolonged stress weakens these brain areas, shaping an individual's responses to future challenges as they transition into adulthood.

Additionally, ACEs can lead to a diminished capacity for making healthy decisions, disorientation in attention span, and reduced effectiveness in learning. The overproduction of stress hormones, particularly cortisol and adrenaline, as a result of ACEs, induces physiological changes such as increased heart rate, alterations in vision and breathing patterns, and compromised immune function. These alterations often elevate the risk of developing various health issues in adulthood, including cardiovascular diseases, cancer, and diabetes.

Moreover, ACEs heighten the susceptibility to multiple mental health problems, such as depression, phobias, insomnia, eating disorders, post-traumatic stress disorder, and anxiety. Individuals exposed to ACEs may also face challenges in forming and maintaining secure platonic and romantic relationships. Difficulties in managing emotions in a balanced and healthy fashion may contribute to an increased risk of engaging in substance abuse, violence, or becoming victims of violence. Furthermore, ACEs lead to an increase in risk-taking behaviors, including the use of tobacco products, experimentation with illegal drugs, misuse of prescription drugs, self-harm, and participation in high-risk sexual activities. These complex impacts highlight the profound and enduring consequences of ACEs on individuals' lives.

Prevalence of ACEs

Adverse Childhood Experiences (ACEs) are defined as traumatic events that occur during childhood and have the potential to disrupt a child's well-being and interfere with their sense of safety and stability. These experiences encompass various forms of abuse, household dysfunction and neglect. The prevalence of ACEs is a major public health concern, with studies reflecting that a considerable portion of the population has experienced one or more ACEs. According to a systematic review done by Hughes et al. (2017), the overall prevalence of Adverse Childhood Experiences ranged from approximately 35% to 63% across different studies, with variations observed based on factors like sample size, study population and assessment measures. The study also found that exposure to multiple adversities during childhood was common, with a considerable population experiencing 2 or more adversities in their childhood.

While the original framework for ACEs was developed in the United States, new research suggests a concerning prevalence of these experiences in India as well. Although a nationwide study on ACE prevalence is lacking (Fernandes et al., 2021), regional investigations paint a worrying picture. According to a study conducted in Kerala, for instance, a staggering 91% of youth reported at least one ACE, with over half experiencing three or more (Damodaran & Varghese, 2019). Similarly, research in Kashmir found a high prevalence, with 88.2% of young adults reporting ACE exposure (Regional Government of National Institute of Youth Development, 2021).

According to Trivedi et al. (2021), a significant proportion of the population reported exposure to childhood adverse experiences, with emotional abuse being the most commonly reported one. Their study highlights the need for further interventions to address the impacts of ACEs on long-term health outcomes. Similarly, the research conducted by Sivagurunathan

Impact of Adverse Childhood Experiences on Overall Life Satisfaction in Young Adults

et al. (2017) underscored the importance of addressing ACEs in early adolescence to prevent adverse health outcomes in the future.

Life Satisfaction

Life Satisfaction is an overall assessment of feelings and attitudes about one's life at particular time ranging from negative to positive (Buetell, 2006). It is a multifaceted construct that reflects a person's overall evaluation of their own life in relation to their expectations, goals, and subjective experiences. It includes various domains, including physical and psychological well-being, personal fulfilment, and social relationships. High levels of life satisfaction represent a sense of fulfilment, contentment, and happiness, whereas low levels may indicate unfulfilled needs causing dissatisfaction and distress.

Life satisfaction is intricately linked to theories of subjective well-being, which emphasize the importance of subjective evaluations and perceptions in determining individual's overall life satisfaction, including social support, coping strategies, personality traits, and socioeconomic status. Emerging evidence suggests that childhood experiences play a delicate role in shaping an individual's life satisfaction trajectories, with adversities exerting detrimental effects on well-being outcomes in the future. The term is often used interchangeably with happiness. However, although they are related, they are not the same thing. Happiness is an in-the-moment experience, which is fleeting. A good life incorporates many moments of happiness, but happiness alone cannot make for a fulfilling and satisfying life. Happiness is a more transitory construct and can easily be manifested by various activities, thoughts, or events. Life satisfaction is more stable and long-lasting in comparison to happiness. It is a broad feeling about life and many factors like relationships, work, health, and wellness contribute to it. Life satisfaction is based on one's own cognitive judgements of the factors that one considers to be valuable in life.

Research suggests that life satisfaction is impacted by an amalgamation of internal and external factors. Internally, factors such as personality traits, resilience, and coping strategies play an important role in shaping an individual's subjective well-being. For example, individuals with strong problem-solving skills and an optimistic outlook may be better equipped to handle life's challenges and maintain higher levels of life satisfaction. Externally, social support, environmental factors and economic stability also contribute to life satisfaction. Access to resources, living in a safe and supportive environment and strong social connections are related to higher levels of life satisfaction.

The pursuit of life satisfaction is a fundamental human endeavor, driving individuals to seek meaningful experiences, pursue personal goals, and cultivate fulfilling relationships. Life satisfaction is not a static state but rather a vigorous process that can fluctuate over time in response to changing circumstances and life events. Individuals may experience periods of greater satisfaction during times of success, achievement, or positive life events, as well as periods of lower satisfaction during times of adversity, loss or transition. By recognizing the dynamic nature of life satisfaction, individuals can cultivate resilience and adaptive coping strategies to navigate life's ups and downs while striving for overall well-being and fulfilment.

REVIEW OF LITERATURE

Crawford (2013) aimed to examine the association between the experience of trauma during early childhood (birth to 12 years) and life satisfaction in middle adulthood (30-45 years). This qualitative study involved surveying the participants about their childhood traumatic

Impact of Adverse Childhood Experiences on Overall Life Satisfaction in Young Adults

experiences, and describing their present life circumstances and how they believe the traumatic experiences have impacted their life. The data was analyzed using thematic coding, and the results revealed that all the participants believed that their early life trauma significantly impacted their current life satisfaction in adulthood.

S. M. Lehto, et al. (2013) aimed to study the factors influencing well-being in emerging adults (20-29) by examining four major factors: self-esteem, gender, body-esteem and career aspirations. The study employed a cross-sectional design, surveying 300 university students. The research findings indicated that well-being was positively correlated with both body esteem as well as self-esteem. Regression analysis indicated that for both males and females, body esteem and self-esteem predicted well-being. It was also found that while body esteem solely predicted well-being for women, career aspirations predicted well-being only for men.

Booth, Standage & Fox (2015) aimed to explore how adults with high sensory processing sensitivity (SPS) are impacted by childhood experiences. They investigated if SPS interacts with both positive as well as negative childhood experiences to influence life satisfaction in adults. 185 adults were asked to report on their sensory processing sensitivity, negative and positive childhood experiences and current life satisfaction. The research findings indicated that SPS moderated the link between life satisfaction and childhood experiences, but only in case of negative events. Adults with SPS who experienced negative events in childhood reported lower levels of life satisfaction, in comparison to those with low SPS. It was also found that sensory processing sensitivity had no major impact on life satisfaction in the case of those with positive childhood experiences.

Botha & Berg (2016) aimed to inspect factors influencing life satisfaction among Black adolescents exposed to trauma. The researchers surveyed the participants (n=366) in regard to their experiences with trauma, coping skills, school functioning, family involvement and personal strengths. The structural equation modeling technique was utilized to analyze the data and the research findings disclosed that numerous factors contributed to life satisfaction: personal strengths, interpersonal strengths, supportive families, positive school experiences and coping skills. These factors fostered resilience, which further predicted higher life satisfaction in the students.

Karen Hughes, et al. (2016) aimed to investigate the association between adverse childhood experiences and mental well-being in a large sample of English adults (n=3885). The research utilized a national survey to assess the current mental well-being and life satisfaction, along with reports of nine types of childhood adversities. The research found that nearly half of the participants had undergone at least one ACE and 8.3% had undergone four or more ACEs. It was found that the more ACEs individuals reported, the lower their life satisfaction and mental well-being scores were. Interestingly, this association was found to be the strongest for those who felt disconnected from others.

Khrapatina & Berman (2017) aimed to assess how past experiences and current behaviors impact the health of university students. The researchers measured ACE scores, protective factors like resilience, health-risk behaviors, and both subjective and objective measures of health. The research findings revealed that initially, ACEs and risky behaviors were linked to poorer health, but upon the consideration of protective factors, only life satisfaction and gender predicted objective health concerns. Life satisfaction seemed to act as an intermediary factor, implying that ACEs might affect health through lower life satisfaction.

Impact of Adverse Childhood Experiences on Overall Life Satisfaction in Young Adults

Johnson, et al. (2019) aimed to investigate the link between adverse childhood experiences and well-being in adulthood. Data was collected (n=6323) from three waves (1995-1996, 2004-2006 and 2011-14) of the Midlife Development in the US, using repeated measures models. The research findings revealed that adults with any adverse childhood experiences reported significantly lower levels of life satisfaction in comparison to those without. A dose-response effect was recognized, with greater ACE counts linked with steeper declines in life satisfaction. Interestingly, abuse and household dysfunction were found to be the most impactful ACE categories. Additionally, the study found that ACEs were often linked to lower social well-being.

Veronese, et al. (2019) aimed to examine the influence of sense of agency and life satisfaction on the well-being of children living in a stressful environment. The study utilized surveys to measure the agency, positive and negative emotions, life satisfaction and trauma symptoms of the participants (n=286) to understand their associations. The research findings revealed that feeling more in control would lead to greater life satisfaction and in turn, less trauma symptoms and negative emotions. This suggests that feeling in control might act as a protective factor, helping the children cope with the stressful and negative impacts of their environment.

De Vasconcelos, et al. (2020) aimed to investigate how childhood maltreatment relates to depressive symptoms in adolescents, while considering life satisfaction as a potential intermediary factor. The participants (n=342) were made to complete surveys to assess depressive symptoms, life satisfaction and childhood maltreatment experiences. The research findings denoted a significant negative correlation between life satisfaction and depressive symptoms, as well as between childhood maltreatment and life satisfaction. It was also found that there was a positive correlation between depressive symptoms and childhood maltreatment.

Peter J. Dell, et al. (2021) aimed to examine the impact of childhood violence exposure on life satisfaction in adults across racial and ethnic groups. Data from 2010 Behavioral Risk Factor Surveillance System was analyzed, by considering exposure to physical abuse, life satisfaction, family violence, gender, emotional support, income and race or ethnicity. The research findings indicate that adults who experienced physical abuse as children had lower odds of life satisfaction. Those who were exposed to both interpersonal violence and physical abuse had the lowest level of life satisfaction. Additionally, emotional support, higher income and marriage were also found to be related to greater satisfaction with life for both those with and without childhood violence exposure.

Mefford, Phillips & Chung (2021) aimed to examine the long-term effects of ACEs on adult well-being. The research employed a cross-sectional design, analyzing data from four surveys. The research findings stated that there was a negative relationship between ACEs and adult SWB. It was found that individuals who experienced a higher number of ACEs reported lower levels of well-being across different measures, such as happiness, life satisfaction and self-assessed health. The relationship was found to be consistent for both negative and positive emotions, and general life satisfaction and satisfaction with one's surroundings.

Ozturk & Mohler (2021) aimed to examine how childhood physical neglect and abuse affect adult life satisfaction, considering the potential moderating role of perceived resilience. Researchers analyzed data from a nationally representative sample of 4397 young adults.

Impact of Adverse Childhood Experiences on Overall Life Satisfaction in Young Adults

They assessed perceived resilience using a validated scale and employed ordinal logistic regression to analyze the data. The research findings revealed that both childhood physical neglect and abuse directly decreased life satisfaction in adults. It was also found that perceived resilience was linked with higher life satisfaction. The study failed to find evidence that stated that resilience moderated negative effects of childhood adversity on life satisfaction.

Xiang, Yuan & Zhao (2021) aimed to investigate how childhood maltreatment impacts life satisfaction in adulthood, centering on emotional intelligence, and emotional states as potential mediators. The study employed surveys on childhood trauma, positive & negative emotions, emotional quotient and life satisfaction. The study found that positive and negative affect and emotional intelligence played a role in the association among childhood maltreatment and life satisfaction. The results also revealed that childhood maltreatment appears to impact life satisfaction indirectly through its effects on emotional intelligence, which further affects positive and negative emotions.

Alhassan (2022) aimed to analyze the effect of adverse childhood experiences on life satisfaction, meaning in life-search and meaning in life-presence, to examine the effect of racial background on the variables. The participants (n=778) attempted questionnaires and Pearson's correlations, and bivariate analysis tests were utilized to analyze the correlation among the variables. The research findings revealed that there was a significant relationship between ACEs, life satisfaction and meaning in life-presence. Higher ACEs scores were associated with lower life satisfaction and meaning in life-presence.

Pineda (2022) aimed to understand the impact of adverse childhood experiences on parenting skills, coping mechanisms and life satisfaction in Hispanic parents living in Southern California. The research utilized an online survey to collect data centering potential relationships among ACEs, life satisfaction, parenting skills, use of healthy coping strategies as well as life satisfaction. A statistical analysis was conducted to reveal that there weren't any significant associations among ACEs and the investigated factors, namely, life satisfaction, resilient coping skills and parenting skills.

Howard, et al. (2023) aimed to investigate how childhood experiences in alternative care settings influence adult well-being. The research centered around attachment styles as a potential factor explaining this link. The participants (n=529), who lived in alternative care as children, reported on their ACEs physical and mental health, attachment styles and life satisfaction. The research findings revealed that both attachment anxiety and avoidance partially explained the connection between ACEs and negative outcomes. For the three measures of well-being, higher ACE scores were linked with more negative outcomes, and this effect was partly mediated by attachment styles.

Yin, et al. (2023) aimed to investigate the effect of childhood adversities on health in middle-aged and older adults. They also aimed to examine the moderating role of sleep duration and life satisfaction. The study included 14,693 participants from the China Health and Retirement Longitudinal Study. The structural equation model was utilized to analyze the relationships among childhood adversity, life satisfaction, and sleep duration. The research findings indicate that childhood adversities were associated with poorer health outcomes, including symptoms of depression, chronic diseases and difficulties with routine activities. Childhood adversity was found to negatively impact life satisfaction and sleep, which in turn could contribute more to poorer health.

Impact of Adverse Childhood Experiences on Overall Life Satisfaction in Young Adults

Tudorel (2023) aimed to examine the connection between adverse childhood experiences, technology use and life satisfaction in a Romanian population (n=357). The researcher examined whether life satisfaction plays a facilitating role in the relationship between ACEs and technology addiction using a statistical technique. The findings revealed an indirect effect of life satisfaction on excessive internet and mobile phone use, which suggests that individuals with high ACE scores reported lower life satisfaction, which in turn, was linked to problematic technology use.

Kobrinsky & Siedlecki (2023) aimed to understand how negative childhood experiences impact mental health in adulthood, considering factors that might buffer these effects. The study employed an online survey to collect data from the participants (n=296) about ACEs, symptoms of depression, anxiety and suicidal thoughts, as well as perceived social support, overall well-being and resilience. The findings suggest a positive correlation between ACEs and symptoms of depression, anxiety and suicidal thoughts. Furthermore, they found that social support, high life satisfaction and lower negative affect mediated the relationship between ACEs and these mental health concerns.

Blanchflower & Bryson (2023) aimed to understand the long-term effects of ACEs on adult well-being. The study utilized a cross-sectional design to analyze data collected at one specific point in time, encompassing four large datasets from both the US and European populations. The results showed a negative correlation between ACEs and SWB in adults. Experiences such as parental divorce, death, financial crises, and childhood abuse were linked to lower well-being in adults. Additionally, the study found an association between ACEs and negative emotions. The link between ACEs and lower SWB held true across 50 different measures assessing emotions, perceptions of surrounding environment and life satisfaction.

METHODOLOGY

Rationale

Adverse childhood experiences (ACEs) have been shown to have profound and long-lasting impacts on individuals' well-being, yet little is known about the specific mechanisms through which ACEs affect life satisfaction in young adults. This study seeks to address this research gap by exploring the association between ACEs and life satisfaction and investigating potential gender differences. Understanding this association is critical for developing interventions and support systems aimed at mitigating the negative impact of early life stressors on individuals' well-being. By examining the interplay between childhood experiences and life satisfaction, researchers can elucidate the mechanisms underlying the enduring effects of ACEs and inform targeted interventions to promote resilience and improve life satisfaction outcomes in affected individuals.

The rationale for selecting this research topic stems from the widely held belief that adversities experienced in the early stages of life, such as neglect, witnessing violence or living in a household with substance abuse, can result in unfavorable impacts on an individual's life trajectory, including their overall mental, physical, and social well-being. Additionally, investigating the association between ACEs and life satisfaction will contribute to a deeper understanding of this association. It is essential to note that this research is constrained by the extent of the knowledge currently available to me. Nevertheless, this study is undertaken with the goal of enriching, refining, and expanding the knowledge base and research expertise.

Impact of Adverse Childhood Experiences on Overall Life Satisfaction in Young Adults

Objectives

The objectives of the present study are:

- I. To explore the association between Adverse Childhood Experiences (ACEs) and life satisfaction among young adults.
- II. To examine potential gender differences in the effects of ACEs on life satisfaction among young adults.
- III. To examine potential differences between students and employees in the effects of ACEs on life satisfaction among young adults.

Hypothesis

- H₀: There is no correlation between ACEs and life satisfaction.
- H₁: There will be gender differences in the association between ACEs and life satisfaction.

Participants

The study incorporated the non-probability purposive sampling method to obtain a sample consisting of 149 participants, consisting of 78 females and 71 males, all aged between 18-25 years. This age group was deliberately chosen to represent individuals likely to be undergoing higher education or starting their careers, ensuring a degree of homogeneity in the sample that is crucial for the researchers' objectives. The sample's gender distribution aimed to investigate potential differences or similarities in outcomes across genders within this young adult demographic, making the study's findings relevant and applicable to a broad audience.

The inclusion criteria for participants were set to ensure all individuals were within the targeted age range, willing to provide informed consent, and available for the duration of the study. Conversely, the exclusion criteria ensured the removal of individuals outside the age range, those unable to provide informed consent, individuals with cognitive impairments that might affect their understanding of the study, and those facing language barriers. These criteria were carefully defined to maintain the integrity of the research outcomes, focusing on a demographic profile poised to yield the most insightful and relevant data for the research's objectives.

Research Design

This study employs a correlational research design with independent groups based on gender to examine the association between adverse childhood experiences (ACEs) and overall Life satisfaction of young adults. For this study, participants aged 18 to 25 years were targeted, as they represent the specific demographic group of interest for the study. The sample was stratified by gender in order to allow for the investigation of potential gender differences in the correlation.

A correlational study is a method of research that investigates the connection among two or more variables, elucidating their interactions without presuming causation. By computing correlation coefficients, researchers can ascertain the magnitude and orientation of these connections, whether positive, negative or zero. This approach to research is crucial for scrutinizing data relationships and uncovering potential correlations deserving of deeper exploration. It is crucial to understand that correlational studies do not establish causation, instead, they reveal patterns of correlation among variables, laying the groundwork for subsequent experimental investigations.

Impact of Adverse Childhood Experiences on Overall Life Satisfaction in Young Adults

Description of Tools

To conduct this study, two instruments have been used – the Adverse Childhood Experiences (ACE) Scale (David Finkelhor, 2015) and The Satisfaction with Life Scale (Ed Diener, 1985).

- 1. Adverse Childhood Experiences Scale:** The Adverse Childhood Experiences Scale (revised version) is a 14-item questionnaire designed to assess the occurrence of adversities experienced during an individual's childhood. Employing a binary scale, respondents indicate whether they have experienced each adversity by selecting either "yes" or "no". This scale provides a concise and structured way to capture information about various types of childhood adversities, facilitating the identification and measurement of adverse experiences that may impact an individual's well-being. The score for each respondent on this scale can vary from 0 to 14. A score of 0 suggests the absence of adverse experiences during childhood, while a score of 14 suggests a high prevalence of such experiences.
- 2. Satisfaction with Life Scale:** The Satisfaction with Life Scale (SWLS) is a brief and reliable 5-item questionnaire designed to assess a person's overarching cognitive assessments of life satisfaction. Utilizing a 7-point Likert scale, respondents express their agreement or disagreement with each of the five statements, ranging from 1 (strongly disagree) to 7 (strongly agree). This scale serves as a valuable tool for quantifying a person's subjective perception of their life satisfaction, encompassing various aspects of well-being. Scores on the SWLS range from 5 to 35, offering a comprehensive spectrum of satisfaction levels. A score of 5 indicates an extreme level of dissatisfaction with life, while a score of 35 reflects a state of extreme satisfaction. By capturing the nuances of individual's subjective evaluations, the scale provides researchers and practitioners with a nuanced understanding of life satisfaction, enabling tailored interventions and strategies to enhance overall well-being.

RESULTS

Table 1: Correlation between Adverse Childhood Experiences and Life Satisfaction

	ACE_T	S_T
ACE_T	1	-.548**
S_T	-.548**	1

***. Correlation is significant at the 0.01 level (2-tailed).*

The correlation analysis sought to investigate the association between Adverse Childhood Experiences (ACE_T) and Life Satisfaction (S_T) in young adults. The sample consisted of 149 people. The results revealed a significant negative correlation between ACE scores and Life Satisfaction scores, $r(149) = .548$, $p < .001$. This indicates that higher scores on the adverse childhood experiences measure were associated with lower life satisfaction scores.

Table 2: Difference in Mean and Standard Deviation of Adverse Childhood Experiences and Life Satisfaction based on Gender

	Gender	N	Mean	Std. Deviation	t-value	Sig. (2-tailed)
ACE_T	Male	71	1.54	2.359	-2.695	.008
	Female	78	2.64	2.648		
S_T	Male	71	23.25	7.762	.425	.672
	Female	78	22.74	6.798		

Impact of Adverse Childhood Experiences on Overall Life Satisfaction in Young Adults

This table displays the results of independent samples t-tests used to compare Adverse Childhood Experiences scores (ACE_T) and Life Satisfaction scores (S_T) in the two gender groups. The analysis includes 71 males and 78 females.

In the analysis of the ACE_T variable, it was found that on average, male participants scored 1.54 while female participants scored significantly higher with an average of 2.64. This disparity suggests that females, on average, had higher ACE_T scores compared to their male counterparts. The difference in scores between the two groups was further examined using the t-statistic, which yielded a value of -2.695. The negative value of the t-statistic highlights that the average score of males is lower than that of females. Moreover, the significance (sig.) value associated with this comparison was .008, falling below the commonly accepted threshold of .05. This result confirms that the difference in ACE_T scores between males and females is statistically significant, with females consistently scoring higher than males.

Conversely, when considering the S_T variable, the average scores between males and females were much closer, with males averaging at 23.25 and females at 22.74. This proximity in scores suggests a negligible difference in average scores between genders for the S_T variable. The t-statistic for this comparison was .425, indicating a minimal difference between the average scores of males and females on the S_T variable, as this value is closer to zero. Furthermore, the significance value for the S_T variable stood at .672, which is substantially higher than the .05 threshold. This indicates that the observed difference in S_T scores between males and females is not statistically significant, implying no meaningful disparity in scores across genders for this variable.

In conclusion, adverse childhood experiences scores differ indicating that both genders experience them differently. However, life satisfaction scores do not differ significantly and hence, both genders experience them similarly.

Table 3: Difference in Mean and Standard Deviation of Adverse Childhood Experiences and Life Satisfaction based on Education

	Education	N	Mean	Std. Deviation	t-value	Sig. (2-tailed)
ACE_T	Student	131	2.11	2.588	-.007	.995
	Employee	18	2.11	2.349		
S_T	Student	131	23.24	7.102	1.465	.145
	Employee	18	20.56	8.658		

This table shows the results of independent samples t-tests used to compare Adverse Childhood Experiences scores (ACE_T) and Life Satisfaction scores (S_T) in Students and Employees. The analysis includes 131 students and 18 employees.

In the examination of the ACE_T variable, the analysis revealed that both students and employees achieved an identical average score of 2.11. This result points to a lack of variation in the central tendency between the two groups, indicating no discernable difference in their average scores. The t-statistic for this comparison was calculated at -.007, a value that is virtually zero, highlighting the extremely small difference between the groups in terms of the ACE_T variable. Furthermore, the significance (sig.) value was found to be .995, significantly exceeding the conventional significance threshold of .05. This high significance value confirms the absence of a statistically significant difference between students and employees regarding their scores on the ACE_T variable.

Impact of Adverse Childhood Experiences on Overall Life Satisfaction in Young Adults

When shifting focus to the S_T variable, a different pattern emerged. The average score for students was 23.25, compared to 20.56 for employees, suggesting that students may possess higher S_T scores on average. The t-statistic for this variable stood at 1.465, which indicates a slight, albeit not statistically significant difference, favoring students over employees in terms of average scores. The significance value associated with the S_T variable was .145, which, although higher than the .05 threshold, suggests that the observed difference in scores between students and employees does not reach statistical significance. Despite a noticeable trend where students appear to score higher on average, the difference in S_T scores between the two groups is not considered meaningful.

In conclusion, adverse childhood experiences scores do not differ indicating that both the groups experience them similarly. While life satisfaction scores do not differ significantly, there is a trend where students have higher S_T scores than employees. The higher mean score and t-value suggests a direction, but the lack of statistical significance means we cannot confidently say the difference is not due to chance.

DISCUSSION

The aim of this study was to investigate the association between Adverse Childhood Experiences (ACEs) and Life Satisfaction among young adults, along with examining the potential moderating effects of gender and education level.

In this study, we examined the association between Adverse Childhood Experiences (ACEs) – traumatic events that occur before the age of 18 years, including abuse, neglect and household dysfunction – and life satisfaction, defined as an individual's cognitive and affective evaluations of their own life as a whole. Our analysis revealed significant findings regarding the impact of ACEs on life satisfaction, challenging our initial hypothesis.

The current study's findings revealed a significant negative correlation between Adverse Childhood Experiences and Life Satisfaction ($r(149) = -.548, p < .001$), indicating that higher exposure to adverse experiences during childhood is associated with lower levels of life satisfaction in young adulthood. This finding aligns with previous research, indicating that early adversities have enduring effects on individuals' well-being and quality of life (Hughes, et al., 2017). The finding leads us to reject our null hypothesis (H0), which posited no correlation between ACEs and life satisfaction. It highlights the importance of early interventions and support for individuals with high ACE scores to lessen the negative impacts on their life satisfaction.

Further analysis based on gender differences revealed that females reported higher average scores on the ACE_T variable compared to males, with a statistically significant difference ($p = .008$). This implies that females in our sample experienced adverse childhood experiences more intensely or more frequently than males. However, when examining Life Satisfaction scores (S_T), no significant gender differences were found ($p = .672$). This could indicate that despite the higher prevalence or intensity of ACEs among females, both genders report similar levels of life satisfaction. The findings may reflect the complex interplay between resilience factors and the subjective nature of life satisfaction assessments. This aligns with the recent research conducted by Liu, et al. (2020), suggesting that females tend to use more emotion-focused coping strategies, which might be associated with higher reported life satisfaction despite similar levels of stressors. This result signifies that, despite the gender disparity in ACE scores, the impact of these experiences on life satisfaction does not significantly differ between males and females. Therefore, we must reject H1, as our data did

Impact of Adverse Childhood Experiences on Overall Life Satisfaction in Young Adults

not demonstrate the anticipated gender differences in the association among ACEs and Life Satisfaction.

The research findings revealed that Adverse Childhood Experiences (ACE_T) and Life Satisfaction (S_T) scores did not exhibit any statistically significant differences in ACE scores ($p = .995$) or Life Satisfaction scores ($p = .145$), between students and employees. Both students and employees reported similar levels of adverse childhood experiences and life satisfaction. While there was a trend indicating slightly higher life satisfaction among students, it did not reach statistical significance. This might suggest that current educational or employment status does not significantly influence the long-term impacts of ACEs on life satisfaction. However, it could also reflect the homogeneity of the sample in terms of coping mechanisms and resilience factors.

This study contributes to the growing understanding of the profound and lasting effects of adverse childhood experiences on life satisfaction. By shedding light on the complexities and nuances of this relationship, this study paves the way for more targeted and efficient interventions to enhance the well-being of individuals affected by early trauma.

CONCLUSION

In conclusion, this study highlights the significant negative impact of adverse childhood experiences on life satisfaction in young adults. It also provides insight into how these experiences vary across genders, but no significant difference in life satisfaction persists between them. Additionally, no significant differences were found based on educational level. These findings highlight the significance of considering ACEs when studying factors that influence life satisfaction in young adults. Further, it emphasizes the need for targeted interventions and support systems for individuals with high ACE scores, regardless of their demographic characteristics.

Future research with larger samples and longitudinal designs is crucial to further explore the underlying mechanisms and resilience factors that can mitigate the negative impacts of ACEs on life satisfaction, considering the nuanced differences across various demographic groups.

The present study has provided insights into the complex association among Adverse Childhood Experiences (ACEs) and Life Satisfaction, revealing detailed correlations that enhance our understanding of these intricate psychological constructs. However, the study's methodology and sample characteristics present several limitations that must be acknowledged and have been discussed below.

Limitations

- The sample size of the study ($n=149$) may limit the statistical power necessary to warrant the validity and reliability of the results. Given the challenge of achieving full representativeness, particularly in non-probability purposive sampling, the generalizability of findings to the broader population may be restricted. Increasing the sample size would enhance the precision of estimates, increase the reliability of the outcomes and improve the overall generalizability of the findings to the target population.
- The data collected in this study may be susceptible to self-report bias, where participants tend to respond in a socially desirable manner rather than providing candid responses. This potential bias, along with the recall bias, could compromise the reliability of the results.

Impact of Adverse Childhood Experiences on Overall Life Satisfaction in Young Adults

- The data collection was exclusively confined to participants residing in the Indian subcontinent. Due to influence of cultural factors, the findings may lack generalizability to populations of other nationalities or cultural backgrounds.
- The questionnaires employed in the study offer a restricted number of questions, potentially limiting their capacity to fully capture the multifaceted nature of the concepts under investigation.
- The significant disparity in group sizes (131 students & 18 employees) may impact the generalizability of the research findings, particularly concerning the differences in ACEs and life satisfaction between these two populations. The smaller sample of employees limits the statistical power of the analyses, potentially obscuring meaningful differences or trends that might emerge with a more balanced sample distribution.
- The study employs a correlational design, which is known to reveal associations between variables. It cannot establish causation, and therefore, it is not conclusive to assert that ACEs directly cause lower life satisfaction. Other confounding variables may concurrently influence both constructs, warranting caution in drawing causal inferences.

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Impact of Adverse Childhood Experiences on Overall Life Satisfaction in Young Adults

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Conflict of Interest

The author(s) declared no conflict of interest.

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