

## Childhood Trauma and Mental Well Being among Young Adults

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### ABSTRACT

This study investigated the impact of childhood trauma on the mental well being of young adults through t test and Pearson correlation analysis. The results revealed a statistically significant effect of childhood trauma on young adults' mental health, indicating that individuals with higher levels of childhood trauma tended to have poorer mental health outcomes. This suggests that early-life adversity can have enduring effects on psychological well-being, affecting young individuals as they transition into adulthood. The Pearson correlation analysis further supported these findings, revealing a strong negative correlation between childhood trauma and mental health. As levels of childhood trauma increased, mental health tended to decline, underscoring the importance of identifying and addressing childhood trauma in understanding and addressing mental health issues in young people. These findings highlight the complex interplay between early experiences and young adult mental health. They underscore the importance of targeted interventions and support systems to mitigate the detrimental effects of early trauma on mental health. Healthcare professionals, policymakers, and support groups can play a crucial role in enhancing the resilience and overall well-being of young people by recognizing and addressing childhood trauma.

**Keywords:** *Childhood Trauma, Mental Well Being, Young adults*

An important issue in public health, childhood trauma has long-lasting effects on people's mental health. Navigating the psychological, intellectual, and social realms may be very challenging for young people as they journey from youth to adulthood. Nevertheless, for those that have endured traumatic events throughout childhood, these difficulties may be exacerbated by the enduring impact of such trauma. Through an examination of the many aspects of trauma and its effects on psychological functioning, this dissertation seeks to dive into the complex link between traumatic experiences in childhood and the mental health of young people. Early life hardship has far-reaching effects on health outcomes in adulthood, as first shown in the groundbreaking study by Felitti et al. (1998) on adverse childhood experiences (ACEs). Adverse childhood experiences (ACEs) may take many forms, including but not limited to physical, emotional, or sexual abuse; neglect; dysfunction in the home; and parental drug misuse or mentally illness. Studies have shown that adverse childhood experiences (ACEs) can have long-lasting effects on mental health. For example, Green et al. (2010), Kessler (2010), and Norman (2012) found that ACEs are

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associated with an increased risk of depression, anxiety disorders, PTSD, substance abuse, and suicidality.

Considering developmental trajectories and the interaction between bad experiences and individual resilience variables is crucial to understanding the influence of childhood trauma on the mental well-being of young people. The psychological toll may be long-lasting for some, while others show incredible strength in the face of hardship. When it comes to reducing the impact of childhood trauma, protective variables including having caring connections with caregivers, having access to mental health facilities, and having coping mechanisms in place are crucial (Werner and Smith, 2001). When these safeguards are lacking, however, mental health issues may become much more common.

More than just isolated mental health issues, traumatic experiences in childhood may have a significant impact on a person's overall psychosocial functioning and quality of life.

Traumatized youth may struggle in many areas, including developing and sustaining relationships, succeeding in school or the workplace, and taking care of their physical health (Danese & McEwen, 2012; Larkin et al., 2014). Multiple mental health illnesses and psychosocial stresses may coexist in people who have experienced childhood trauma, adding to the complexity of their comorbidity patterns.

Crucially, racial/ethnic identity, social position, and availability to healthcare are among the overlapping socio-cultural elements that influence the effect of early trauma on psychological health. According to Hillis et al. (2016) and Merrick et al. (2018), there has to be a shift towards culturally sensitive methods of assessing, intervening with, and preventing childhood trauma due to disparities in its frequency and effects. Furthermore, there is a need for holistic, multi-level treatments since socioeconomic determinants of health and structural inequities both play a role in the continuation of trauma and adversity cycles that span generations.

This dissertation aims to address many important research concerns about the complex and multi-faceted nature of childhood trauma and its effects on the mental health of young people. Its primary objective is to provide light on the nature and extent to which young people experience trauma from their childhood, taking into account cultural and demographic differences. Secondly, it aims to investigate the biological, psychological, and social components that contribute to the link between traumatic experiences in childhood and various mental health consequences. Lastly, it seeks to assess the efficacy of programs designed to help young people recover from childhood trauma and lessen its negative impacts.

Ultimately, the impact of childhood trauma on the mental health of young people cannot be overstated. It has long-lasting consequences for their ability to function psychologically, their relationships with others, and their general happiness. In order to support the mental health and wellbeing of young adults who have faced early-life hardship, this dissertation seeks to enhance our knowledge of the intricate relationship between exposure to trauma, personal factors that promote resilience, and socio-cultural settings. The ultimate goal is to inform policies and interventions that are specifically designed to address these issues.

### REVIEW OF LITERATURE

Fahrenthold, K. (2023) conducted a study to find out how attachment style, well-being, and adverse childhood experiences (ACEs) all play a role in the lives of young people who are making a transition. The purpose of this research was to answer two questions: first, can a person's attachment style affect their health and ability to adapt to maturity after experiencing maltreatment. We used multinomial regression models and bivariate correlations to look for connections between attachment style, well-being, and ACE scores (both conventional and extended) in our sample of 99 people. Both a scared attachment style (in = 43, 43.4% of the sample) and poor mental health (n = 44 years old, 44.4% of the sample) were rather common. Poor mental health throughout adolescence was strongly associated with ACE scores (both classic and extended). There was no statistically significant relationship between mental health and attachment type or cohabitation. There were significant relationships between gender or foster care status and adverse childhood experiences (ACEs) scores and mental health. The interviews consistently revealed three themes: relational instability, poor self-image, and finding the silver lining. To effectively estimate the influence on well-being in connection to unfavorable childhood events, more study is required on determining attachment type in transition-age adolescents.

Chi, P. (2023) conducted a study to know the association between childhood abuse and subjective well-being during emerging adulthood is lacking. The current study investigated the protective functions for self-related resources (self-esteem or self-compassion) within this association, taking into account different forms of maltreatment (sexual abuse, emotional abuse, physical neglect, and physical abuse), using the stress process model integrated with a life-course perspective as a framework. A Brief Survey of Childhood Trauma, Rosenberg an online survey was administered to 358 Chinese college students, including 226 females and an average age of 19.18. The important variables were measured using the Self-esteem Scale, the Self-compassion Scale, and the Satisfaction with Life Scale. When we controlled for age, gender, and each of the four forms of maltreatment, we looked at the direct impact of one kind of abuse on life satisfaction as well as the three secondary impacts via (a) self-esteem, (b) self-compassion, and (c) self-esteem plus self-compassion sequentially. The findings demonstrated a negative correlation between psychological maltreatment and life satisfaction via self-esteem and the self-compassion route.

There was no statistically significant indirect effect from the other three forms of abuse. It seems that self-processes are particularly susceptible to psychological abuse compared to other forms of abuse. When studying how childhood maltreatment affects an individual's developmental results, it's important to take into account the kind of maltreatment that person endured. Our research adds to what is known about the stress process model's processes when seen through a life-course lens. The link between early stresses of psychological abuse in childhood or subjective well-being throughout emerging adulthood seems to be heavily influenced by self-related resources. When treating individuals who have survived traumatic events in childhood, it may be helpful for practitioners to emphasize the importance of developing self-related resources, such as self-compassion and self-esteem.

Arya, B. (2022) Neglect, abuse, being abandoned, witnessing abuse, parental drug misuse, and mental illness are all forms of childhood trauma. Attachment insecurity is more common among trauma survivors. Consequently, the purpose of this research was to look at the proximal mechanisms that link traumatic experiences in infancy to difficulties in developing secure attachments as an adult in India.

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The researchers in this study employed a cross-sectional survey methodology to gather data, and their research strategy was based on correlations. An online poll was used to gather the data in India's top cities. After data cleaning, 104 respondents were chosen from 397 that were acquired via purposive sampling. Methods used in the study comprised the following measures: Rosenberg's self-esteem scale, trust in close relationships, experience in close relationships, and the childhood trauma questionnaire-short form. We used SPSS 25 for both descriptive and inferential statistics. The data was analyzed using regression, mediation, and Pearson correlation coefficient. Findings: At the 0.05 level of significance, the findings showed that the individuals had experienced a significant degree of trauma, which led to insecure romantic attachment patterns and low levels of trust. Negatively correlated with romantic attachment ( $a=-0.225$ ,  $p=0.001$ ) was self-esteem, which did not mitigate the association between romantic attachment and traumatic experiences in childhood. Furthermore, trust was shown to have a strong negative association with romantic attachment ( $a=-0.312$ ,  $p=0.001$ ) and to buffer the connection between romantic attachment and childhood trauma ( $\beta=0.102$ ,  $p=0.041$ ).

Affecting romantic connection, self-esteem, and trust, this research concludes that early trauma is a factor. This research suggests that in order to best assist trauma survivors, therapists should employ an interdisciplinary approach that draws from attachment theory, trauma-focused therapy, and evidence-based practices to address these interrelated characteristics. The discovery that trust mediates the connection between traumatic experiences in childhood and romantic attachment offers therapists new information: they should concentrate their therapies on helping their clients develop trust.

Hernandez, K. R. (2021) While several studies have shown the devastating effects of childhood trauma on adults, the exact nature of the connections between trauma and other factors, such as addiction, attachment, and self-esteem, remains largely unknown. So, along with the aforementioned factors, the present research seeks to understand how traumatic experiences in childhood affect mental health. I hypothesised that traumatic experiences in childhood would be associated with poor health outcomes, drug abuse, attachment style, and self-esteem, and that self-esteem would play a mediating role in the connection between traumatic experiences in childhood and overall happiness. A mixed-methods survey was filled out by fifty-eighty (58) people, including clients and employees of the mental health or substance abuse treatment center OneEighty. The survey included quantitative scales for the aforementioned variables as well as five qualitative questions that asked participants to elaborate on the effects of their experiences. While first quantitative findings did not lend credence to the theories, further examinations revealed that attachment, drug use, and self-esteem all had substantial direct impacts on well-being. Additionally, attachment was shown to have substantial indirect effects on well-being by self-esteem. Two themes emerged from the qualitative responses of the participants: (1) the importance of social assistance for one's mental well-being and personal satisfaction, and (2) the likelihood of individuals either repeating abusive or codependent relationship patterns or trying to break free from them. In addition to encouraging prospective trauma researchers to probe subjective experiences and viewpoints further, these results provide unique implications to childhood trauma and reveal essential roles for elements like self-esteem for adults' well-being.

Crummy, A. (2020) conducted a study on , childhood trauma may have long-lasting effects on a person's mental health and conduct as an adult. By looking at the ways in which victims of childhood trauma dealt with hardship, the book shows how physical, sexual, and emotional abuse may ruin a person's life. Determine if survivors of childhood trauma are

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more likely to engage in coping techniques such as denial, self-isolation, substance misuse, and excessive drinking. Similarly, this study seeks to answer the question of whether or not traumatic experiences in childhood are associated with symptoms such as anxiety, depression, disturbed sleep, and poor self-esteem. The last goal is to look for links between socioeconomic status and resilience capabilities. By making this choice, the authors recognize that victims' experiences with abuse and subsequent post-traumatic symptoms might differ due to a multitude of reasons. We used snowball sampling and convenience selection to find participants. They were involved in many forms of social assistance, psychotherapy, counseling, psychology, and support work. Nine people, including seven women and two men, took part in the recorded semi-structured interviews. Three of the interviews took place in person, while six took place over the phone.

People who took part in the study spoke about their encounters with clients. To ensure the confidentiality of the participants, a pseudonym was issued to them. Rather than isolating themselves, survivors of childhood trauma exhibit symptoms of alcohol and drug abuse, ignore the detrimental effects of their hardships on their health (particularly if they were inflicted on them by their parents), and establish an inaccurate self-image. Feelings of inadequacy and poor self-esteem may manifest as sadness and anxiety in those who experience trauma at a young age. The results of this research did not indicate that traumatic experiences in childhood may lead to sleep disturbances. No significant relationship was found between social class and the types of traumatic events that people from diverse backgrounds encountered. The availability of support services was, however, significantly affected by financial conditions. Improving resilience, halting the development of harmful behavior and mental health issues became apparent as requiring interventions, treatment programs, and social support.

Individuals who have endured trauma in childhood often struggle with poor self-esteem, anxious thoughts, and despair. In an effort to shield themselves from the effects of their traumatic experiences, some people choose to ignore or downplay their history of trauma. Others, meanwhile, construct an unrealistic self-image and experiment with substance abuse. In addition to adequate and individualised therapy, early interventions may alleviate trauma symptoms.

Feagwazi, C. M. (2022) A large body of research has demonstrated that attachment security is important for psychological well-being (PWB) in various populations. However, few studies have examined the effects of attachment in PWB in African populations, and none have examined adult attachment and PWB within the framework of medical education. This research aimed to analyze the connections between adult attachment with post-work-life balance (PWB) in a group of medical students from sub-Saharan Africa. It also sought to determine whether self-efficacy mediated these associations. The study included 438 undergraduates from a medical school in southeastern Nigeria; the majority (62.3%) were female; and the participants' ages ranged from 18 to 30 ( $M_{age} = 20.99$ ,  $SD = 2.54$ ). In addition to the Generalized Self-Efficacy Scale, they filled out the 18-item Ryff's Scales on Psychological Well-Being and the Revised Adult Attachment Scale. The Hayes PROCESS macro during SPSS was used for data analysis. We discovered that self-efficacy, which is inversely related to attachment avoidance, acted as a mediator between the two variables, suggesting that lower levels of attachment avoidance are linked to PWB via self-efficacy. There was a favorable correlation between self-efficacy and PWB. There was a direct association between attachment anxiety and PWB, but no indirect relationship via self-

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efficacy. When designing interventions to enhance well-being within the medical education environment, it is crucial to consider two potential targets: relational security and self.

A, H N (2019) many studies have demonstrated the importance for attachment security to mental health in various populations, few have examined the effects of attachment on mental health in African populations. Moreover, no studies have examined the relationship between adult attachment and mental health in the setting of medical education. Using a sample of medical students from sub-Saharan Africa, this research sought to understand the connections between adult attachment including PWB and, more specifically, whether or not self-efficacy mediated these links. Four hundred thirty-three fourth-year medical students at a school in southeastern Nigeria took part (62.3% female, 18–30 years old, Mage = 20.99, SD = 2.54). They filled out the Generalized Self-Efficacy Scale, the Revised Adult Bonding Scale, and Ryff's Scales of Psychological Well-Being, all of which include 18 items. Using SPSS's Hayes PROCESS macro, the data were analyzed. Our findings suggest that lower levels of attachment avoidance are linked to PWB via self-efficacy, since self-efficacy is inversely correlated with attachment avoidance. PWB was favorably correlated with self-efficacy. Only a direct association, not a self-efficacy-mediated one, was found between attachment anxiety and PWB. Interventions aimed at improving well-being in medical education may focus on fostering security in relations and promoting self-efficacy beliefs.

Dukett, J. D. (2015) research team wanted to find out how CSA affects attachment, self-esteem, and identity formation in kids. One hundred and eighty-two female undergraduates from Michigan State University participated.

As an incentive for taking part, students might earn bonus points and be entered to win a random reward. In order to get a better picture of the participants, we used a variety of surveys, including those that measure demographics, self-esteem (using the Rosenberg Scale), experiences in close relationships, dimensions of identity development, and CSA history (using the Hot Topics Questionnaire). There were 145 people in the non-abuse group plus 63 people in the abuse group out of the total number of participants. When compared to those in the non-abuse group, those who had experienced CSA were more likely to suffer from poor self-esteem, attachment avoidance, and anxiety. Concerning degrees of commitment making, affiliation with commitments, and ruminative inquiry, there was no discernible difference between the non-abuse and abuse groups. In conclusion, ruminative exploration, low self-esteem, and insecure attachment were associated with less commitment making and identification with commitments.

## **METHODOLOGY**

### *Aim of the Study*

To study the relationship between Childhood trauma and Mental well-being among young Adults.

### *Objectives*

- To find out the relationship between Childhood Trauma and Mental well-being among Young Adults.
- To measure the difference on the level of Childhood Trauma among Male and Female young Adults.

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- To study the difference on the level of Mental well-being among Male and Female Young Adults.

### *Hypotheses*

- There will be Significant Relationship between Childhood Trauma and Mental well-being among Young Adults.
- There will be Significant Difference on the level of Childhood trauma among Male and Female Young Adults.
- There will be Significant Gender Difference on the level of Mental well-being among Male and Female young Adults.

### *Sample*

In the present study a sample of 120 young Adults were taken with the Age range of -18 to 25 years. In the sample there were 60 males and 60 females. For sample Random and Purposive sampling was used.

### *Tools Used*

The "Warwick-Edinburgh Mental Well-being Scale, and Childhood Trauma Questionnaire," in addition to a demographic questionnaire, were used to collect the data for this study. The CTQ has several dimensions in which each sub scale consists of five items. The Mental well being scale is a 14 item questionnaire each answered on a 1 to 5 likert scale.

### *Data Collection Procedure*

Two questionnaires were utilized to gather the data: the "Childhood Trauma Questionnaire and Warwick-Edinburgh Mental Well-being Scale". After the study's objectives were described, participants received a package of questionnaires with information about the study, privacy concerns, the researcher's contact details, and other measurements. After then, participants were invited to take part in the research. It took 10 minutes to describe the instruments

## **ANALYSIS OF RESULTS**

Adverse childhood experiences, including but not limited to maltreatment, abandonment, and dysfunctional families, can have long-lasting and significant impacts on people's mental health as they get older. Unfavorable events in a person's early life might influence how they view themselves, how they interact with others, and how resilient they are emotionally overall. Addressing the long-term effects and fostering healing and resilience need an understanding of how childhood trauma affects young adults' mental health.

The purpose of this study is to investigate the connection between young adults' mental health and childhood trauma. Through an analysis of the frequency of various forms of childhood trauma, including emotional and physical abuse, as well as dysfunctional families, and their correlations with mental health consequences, this study aims to clarify the intricate relationship among early life experiences as well as psychological functioning when adults.

With the use of an extensive research technique that includes questionnaires and psychological evaluations, this study will explore the experiences of young people who have suffered trauma throughout childhood and how it has affected their mental health.

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**Table 1: Descriptive statistics of all variables**

	Childhood Trauma	Mental Well being
<b>Mean</b>	64.98333	49.025
<b>Standard Deviation</b>	14.21798	10.98009
<b>N</b>	120	120

The table with descriptive statistics provides important data on two variables that were examined among a sample of 120 people: mental well-being and childhood trauma. The Childhood Trauma mean score has a standard deviation of 14.22 and a mean of 64.98. This implies that, on average, individuals disclosed a modest degree of childhood trauma; nevertheless, the large standard deviation reveals that experiences among the sample varied widely. On the other hand, the standard deviation of the mean score for mental well-being is 10.98, and it is 49.03. When compared to Childhood Trauma, this shows a smaller range of scores and a poorer average level of mental health among the individuals. The narrower distribution and comparatively lower mean point to more consistent assessments of mental health status throughout the sample. It's crucial to remember that these statistics just offer a snapshot of the data & do not indicate causality or correlations between the variables in the absence of more context or inferential research.

**Table 2: correlation Between Childhood trauma and mental well being among**

	N	r	p
<b>Childhood Trauma</b>	120	-0.22	<b>Sig*</b>
<b>Mental Wellbeing</b>	120		

Table 2 presents the correlation between childhood trauma and mental well being among young adults. The correlation (-0.22) was found to be significant at 0.05 level, thus indicating a negative significant correlation between the two variables.

**Table 3: Mean, S.D, t value for childhood trauma among male and female young**

Groups	N	M	S. D	t	p
<b>Males</b>	60	32.98	14.22	<b>2.01</b>	<b>Sig*</b>
<b>Females</b>	60	30.47	15.47		

table 3 shows the t value (2.01) for childhood trauma among male and female young adults. The t value was found to be significant at 0.05 level. This suggests a significant difference in regard to childhood trauma among male and female young adult.

**Table 4: Mean, SD and t value for mental well being among male and female young adults**

Groups	N	M	S. D	t	p
<b>Males</b>	60	31.75	14.22	<b>2.85</b>	<b>Sig***</b>
<b>Females</b>	60	32.87	15.47		

From the table 4 t value (2.85) was found to be significant at both the levels. This indicates that there is significant gender difference on the level of mental well being among male and female young adults.



### DISCUSSION

The title of the research is childhood trauma and mental well being among young adults. In the present study a sample of 120 young Adults were taken with the Age range of 18 to 25 years. In the sample there were 60 males and 60 females. For sample Random and Purposive sampling was used. For statistical analysis Mean, SD, Correlation and t test was used.

The findings of the present study indicates that there is a significant Negative correlation between childhood trauma and mental well being among young adults. When t value was calculated it was found that there is significant difference in regard to childhood trauma among male and female young adults. Similarly, Gender difference was found on the level of mental well being among male and female young adults.

Table 2 suggests a significant negative correlation (-0.22) between traumatic childhood experiences and mental well being among young adults. According to the findings it is indicated that if childhood trauma increases, mental well being decreases and vice versa. These results are in line with those of a prior study by Barros (2022) that looked at how traumatic events in childhood affected the mental well being of college students, the most detrimental effects were caused by emotional neglect and abuse.

In table 3, t value was calculated and t value was found to be 2.01, which is significant at 0.05 level. While seeing the mean value, mean for males was 32.98 and for females was 30.47. Thus, it indicated that there is a significant difference on the level of childhood trauma among male and female young adults. Males were found to be higher on the level of childhood trauma in comparison to female young adults. These results are in line with the study conducted by Elizabeth H X Thomas (2020) indicating that despite similar levels of traumatic childhood experiences, men had more instances of depression, anxiety and stress.

In table 4, t was calculated and t value was found to be 2.85 which is significant at both 0.05 and 0.01 levels. while seeing the mean, mean for males was 31.75 and for females was 32.87. Thus, this indicated significant gender difference on the level of mental well being among male and female young adults. Males were found to be higher on the level of mental well being than females. The results are in line with the

study by Dukket (2019) which indicated a significant gender difference with regard to mental well being among male and female young adults.

#### Hypothesis Testing

H1 – There will be significant relationship between childhood trauma and mental well being among young adults. This was accepted as there was significant relationship between the two variables. H2 – There will be significant difference on the level of childhood trauma among male and female young. This was accepted as there was significant difference on the level of childhood trauma among male and female young adults. H3 – There will be significant gender difference on the level of mental well being among male and female young adults. This was also accepted as there was significant difference on the level of mental well being among male and female young adults.

## SUMMARY AND CONCLUSION

The title of the research is childhood trauma and mental well being among young adults. The aim was to study the relationship between childhood trauma and mental well being among young adults.

In the present study a sample of 120 young Adults were taken with the Age range of 18 to 25 years. In the sample there were 60 males and females. For sample Random and Purposive sampling was used. For statistical analysis Mean, SD, Correlation and t test was used.

### *Objectives*

1. To find out the relationship between Childhood Trauma and Mental well-being among Young Adults.
2. To measure the difference on the level of Childhood Trauma among Male and Female young Adults.
3. To study the difference on the level of Mental well-being among Male and Female Young Adults.

### *Hypotheses*

- There will be Significant Relationship between Childhood Trauma and Mental well-being among Young Adults.
- There will be Significant Difference on the level of Child hood trauma among Male and Female Young Adults.
- There will be Significant Gender Difference on the level of Mental well-being among Male and Female young Adults.

### *Findings*

1. There is a significant negative correlation between childhood trauma and mental well being among young adults.
2. When t value was calculated it was found that there is significant difference in regard to childhood trauma among male and female young adults
3. Similarly gender difference was found on the level of mental well being among male and female young adults.

### *Recommendations*

**Deploy Trauma-Informed Care:** When dealing with young adults, healthcare providers and support groups should incorporate trauma-informed care strategies into their work. This entails acknowledging the frequency and influence of childhood trauma upon mental health and using tactics that provide safety, reliability, autonomy, choice, and cooperation top priority in therapeutic environments. **Create Early Intervention Programs:** To detect and address childhood trauma, policymakers and healthcare professionals should fund early intervention programs. By reducing the long-term psychological impacts of trauma, early diagnosis and intervention can improve young people' mental health outcomes. **Enhance Mental Health Support Services:** More and better mental health support services that are suited to the needs of young adults—especially those who have suffered trauma as children—are required. Increasing access to tools like counseling, therapy, support groups, as well as programs meant to deal with trauma-related problems and foster resilience may be one way to do this.

### *Limitations of the Study*

**Sample Size and Generalizability:** The study's small sample size may restrict how far the results may be applied. More extensive and varied studies are required to validate the strength of the found connections between childhood trauma as well as mental health.

**Cross-Sectional Design:** The cross-sectional form of the study makes it more difficult to determine the exact causes of the links between childhood trauma as well as mental health. To get a deeper understanding of the chronological sequence as well as directionality of these connections, longitudinal studies that track people over time are necessary.

**Self-Report Bias:** Response biases like social desirability bias and recall bias may be introduced when self-report measures are used to evaluate childhood trauma as well as mental health.

To improve the accuracy of the results, future research might include a variety of data gathering techniques, such as objective evaluations and clinical interviews.

**Possible Confounding Variables:** The study could not have taken into consideration all possible confounding factors, such as socioeconomic position, family dynamics, and other life stresses, that could affect the association between childhood trauma as well as mental health. Future studies might get a more complex picture of the link by accounting for these characteristics.

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### **Conflict of Interest**

The author(s) declared no conflict of interest.

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