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Review Paper



A Review Paper on Adverse Childhood Experiences and Its **Relation with Coping Strategies**

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ABSTRACT

The review paper aims to understand how adverse childhood experiences (ACEs) affects all facets of life, not excluding the way people handle their stressors in general. Although unhealthy coping consisting of maladaptive strategies provide relief for short time, can worsen the problem in the long-run, affecting the mental health in negative manner; healthy coping which involves adaptive strategies improve the wellbeing of individuals. So, it is important to understand how ACEs impact coping strategies (CS), considering the major role CS play in the healing process. However, studies exploring the relation between ACEs and coping strategies (CS) are limited. Review of the existing literature discussed that there is a positive association between ACEs and maladaptive coping, maladaptive coping mediates ACEs to mental health issues, and that the use of voluntary adaptive coping may mitigate the negative effects of ACEs. In conclusion, the development of interventions is emphasized to improve adaptive coping in individuals to lessen the use of maladaptive coping, as well as for buffering the potential negative impact of ACEs. The need for further investigation on the connection between childhood adversity and the development of coping strategies in adulthood is also highlighted at the end.

Keywords: Adverse Childhood Experiences (ACEs), Coping Strategies, Maladaptive Coping, Adaptive Coping

dverse childhood experiences (ACEs) refer to the intense stressful circumstances one may encounter during his/her initial years of life. The experiences can range I from abuse and/or neglect to family dysfunction and/or peer, community, and collective violence. Higher ACEs in individuals can have serious and severe consequences in later life. Increased childhood adversity increases health risk behavior (Felitti et al., 1998). Furthermore, ACEs have the potential to negatively influence all facets of life, impacting one's psychological and overall wellbeing (Mares et al., 2023) (Trivedi et al., 2021).

Coping strategies can be defined as the methods or techniques individuals employ to deal with the stressful situations and manage their overwhelming emotions originated in response to stressors. Coping can be broadly categorized into healthy and unhealthy ones. While

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healthy coping strategies are effective in dealing with stress, unhealthy are not much adequate in doing so. Healthy coping comprised of adaptive strategies which help reduce stress and improve overall wellbeing. They include seeking help, using social support, positive affirmations, and so on. On the other hand, unhealthy coping involves maladaptive strategies that may provide short-term relief but can potentially have long-term negative consequences on health. Examples are social withdrawal, avoiding problem, substance use, self-harm, etc. Effective coping predicts positive emotions and ineffective coping predicts negative emotions (Sanjuan et al., 2016).

REVIEW OF LITERATURE

Abusive and neglectful childhood adversity can restrict learning experiences in children and influence the development of coping strategies through the life course. Maltreatment in childhood may affect the biological systems like inflammation, neuroendocrine, neurobiological, and neurocognitive systems in individuals. This could hinder the adoption of effective coping methods such as problem-solving and support seeking behaviors. So, exposure to maltreatment in childhood might lead to more utilization of basic coping skills and display of involuntary stress responses (Cicchetti & Bendezú, 2023).

Nicosia (2023) in the pilot study of nursing students explored the use of coping strategies among those who have experienced ACEs. A negative correlation was found with problem-focused coping, and a positive one with emotion-focused coping method. The nursing students exposed to ACEs were less likely to use problem-focused coping strategies such as emotional support, instrumental support, or religion; they were more inclined towards using emotion-focused coping such as denial, disengagement, and substance use.

Greater childhood maltreatment was linked to the decreased tendency of employing adaptive coping methods and avoidant attachment style mediated this relationship. As the childhood maltreatment increased, individuals were more likely to exhibit anxious as well as avoidant attachment patterns, subsequently leading to the increased utilization of maladaptive coping strategies in response to stressful situations (Perlman et al., 2016).

A longitudinal study was designed to investigate the relationship between early childhood trauma and drinking behavior in later years. As per the findings, coping expectancy mediated this relationship. Individuals who had experienced parental violence in childhood were more likely to indulge in peak alcohol use during adulthood to cope with the negative affect (Jester et al., 2015).

People with ACEs may use smoking to cope with negative emotional, social, and neurobiological effects, indicating a relationship between childhood adversity and maladaptive coping strategies like smoking. Each category of ACEs increased the risk for smoking behavior. Those with five or more adversities had significantly higher risks of early smoking initiation, ever smoking, current smoking, and heavy smoking when compared to those who had reported zero adverse childhood experiences. Depressed effect increased with the number of childhood adversity and was higher among the smokers than the non-smokers (Anda et al., 1999).

Adverse Childhood Experiences were directly linked to psychiatric and physical health outcomes in later years of life. Coping strategies, particularly avoidant emotion focused coping mediated this relationship (Sheffler et al., 2019).

A study by Eyisoylu & Erdem (2023) found people with ACEs lacked dyadic coping, meaning they were inefficient in handling stress and conflicts in their relationships. This then resulted in lower levels of relationship satisfaction in them.

Results of a structural equation modelling study on young adults aged 18-34 years revealed disengaged coping styles mediated the relation of ACEs and negative outcomes such as smoking, substance use, and adverse mental health, suggesting the role of adaptive coping in developing interventions to improve the health of people who have suffered childhood adversity (Solberg et al., 2023).

Another study on the association of ACEs and use of coping strategies during the vulnerable period of COVID-19 has also highlighted on the need to address adverse childhood experiences and improve coping strategies to be able to effectively handle emotional distress and to deal with challenging times like pandemic. There was a negative relationship between emotional distress and problem-focused coping strategies, and a positive one with ACEs and emotion-focused coping mechanisms (Emily & Dewi, 2023).

ACEs showed disturbances in self-organization such as affective dysregulation, negative self-concept, and disturbances in relationships. This then resulted in somatic symptoms in individuals. Resilient coping was found buffering the negative effect of ACEs on disturbances in self-organization, leading to decreased somatic symptoms in later life (Kuhar & Zager Kocjan, 2022).

Exposure to complex trauma can greatly influence people's coping mechanisms. Individuals who had encountered complex trauma had lower coping self-perception, meaning they perceived their coping abilities as less favorable. They also had a tendency to use maladaptive coping strategies, and were affected with chronic mental health disorders. Maladaptive coping and coping self-perception were found mediating the relationship of complex trauma in childhood/adolescence and psychopathology in late adulthood (Pfluger et al., 2022).

A study on 212 community women victimized by intimate partner violence found those who had a past of intense childhood abuse in the form of physical, emotional, and sexual abuse were more likely to use avoidance coping. Women with greater childhood abuse may exhibit greater HIV/sexual risk behaviors. Avoidant coping moderated the association of severe sexual abuse in childhood and HIV/sexual risk behaviors in adulthood, meaning the association was stronger in women with higher levels of avoidant coping (Weiss et al., 2019).

Interestingly, social work students reported higher ACEs than the general population with an average score of 3.37, which means the majority had encountered with more than two childhood adversities. This study was conducted on 114 participants and of them, 97.4% believed in coping methods. However, only half of them (61.4%) actually utilized any coping methods to deal with their childhood trauma, necessitating interventions to emphasize on healthy coping methods and help the students cope with their past experiences (Parks & Hernandez, 2019).

A study was conducted on a diverse sample of young people who were on probation. The study explored factors like social support, impulse control, and aspirations as adaptive coping resources in moderating negative impact of ACEs on mental health. Childhood

maltreatment was found contributing to mental health problems such as current mental health issues, interference with probation goals, and suicidal ideation; social support showed significant moderation effect, which implies it can be a protective factor against the adverse effect of childhood maltreatment. Aspirations of youth were negatively associated with mental health problems and moderated the relationship of ACEs and mental health issues interfered with probation, highlighting its significance in mitigating the negative impact of ACEs on mental health outcomes among the court-involved individuals (Logan-Greene et al., 2017).

ACEs were associated with shorter life expectancy. Lower self-acceptance and purpose mediated the relationship of ACEs and mortality risks, emphasizing the inclusion of these factors in interventions to reduce the increased mortality risks associated with adverse childhood experiences (O'Súilleabháin et al., 2023).

These studies have described how ACEs may restrict the use of effective coping strategies in individuals or lead to the development of ineffective coping patterns. This then eventually can have damaging effects on individuals' overall wellbeing.

CONCLUSION

It has been found that adverse childhood experiences (ACEs) greatly impact the coping strategies (CS). The comprehensive existing literature conclude childhood adversity might interfere in healthy coping like problem-focused coping, support seeking behaviors, dyadic coping. ACEs may result in maladaptive ways of dealing with stress, manifesting in the form of emotion-focused coping, denial, disengagement, substance use, high alcohol use, increased smoking behavior, avoidant coping, low self-acceptance, disturbances in selforganization, and so on. Furthermore, maladaptive CS mediate ACEs to numerous negative outcomes. The studies have revealed how inability to cope effectively subsequently lead to issues such as depressed affect, psychiatric and physical health outcomes, low relationship satisfaction, adverse mental health, emotional distress, somatic symptoms, psychopathology, increased sexual risk behavior or morality risks. Additionally, the role of adaptive CS was highlighted for the wellbeing of individuals. It was found resilient coping, social support, aspirations, impulse control, self-acceptance, and purpose may help in mitigating the negative impact of ACEs on life's later years. While some studies have emphasized the necessity of developing interventions to improve healthy coping in individuals for, there is still a need for further investigations on the topic for reducing individuals' tendency to use the maladaptive CS and buffering the negative effects of adversities experienced during the early years of life.

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Conflict of Interest

The author(s) declared no conflict of interest.

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