

To explore the relationship between Adverse Childhood Experiences (ACE's) and Quality of Life (QOL) in Women- A Quantitative Analysis

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ABSTRACT

This research sought to examine the connection between Adverse Childhood Experiences (ACEs) and Quality of Life (QOL) in women using a quantitative research method. ACEs, encompassing different types of childhood maltreatment, neglect, and family instability, are broadly acknowledged as indicators of lasting psychological and physical health problems. The research sample included 100 women from the Delhi-NCR area, who filled out the standardized ACE Questionnaire (10 items) and the WHOQOL-BREF scale to evaluate quality of life in terms of physical, psychological, social, and environmental aspects. Descriptive statistics were computed, and Pearson correlation analysis was utilized to investigate the connection between ACEs and QOL. The findings showed a robust negative correlation ($r = -0.961$, $p < .01$), suggesting that elevated ACE scores are notably linked to reduced QOL. These results corroborate current research and theoretical models, emphasizing the lasting effects of childhood trauma on adult health. The research fills a significant gap by concentrating on women in a non-Western setting and highlights the necessity of trauma-informed care, timely screening, and support networks to improve the quality of life for women who have faced childhood difficulties.

Keywords: Adverse Childhood Experiences (ACEs), Quality of Life (QOL), Women, Trauma, Mental Health, WHOQOL-BREF, Quantitative Analysis, Childhood Abuse, Psychological Well-being, Public Health

1.1 Background and Conceptual Framework

Adverse Childhood Experiences (ACEs) and Their Long-Term Effects

Adverse Childhood Experiences (ACEs) denote a variety of possibly traumatic incidents that take place during childhood and teenage years. These experiences encompass physical, emotional, and sexual abuse, neglect, along with different types of household dysfunction including parental separation, substance abuse at home, domestic violence, and living with a mentally ill family member (Felitti et al., 1998). Studies have consistently demonstrated that ACEs lead to enduring and extensive impacts on a person's physical and mental health, conduct, and social interactions. People who encounter several ACEs face a considerably

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elevated likelihood of developing chronic health issues, partaking in risky behaviors, and struggling with personal and work relationships (Anda et al., 2006).

The ways in which ACEs affect long-term well-being are physiological as well as psychological. Early exposure to harmful stress can change brain development, especially in regions that manage emotion regulation, impulse control, and cognitive processes. This may lead to emotional dysregulation, inadequate stress handling, and unhelpful coping strategies like substance misuse, self-injury, or hazardous actions (Shonkoff et al., 2012). Moreover, ACEs can adversely affect self-image and relationships with others, frequently resulting in patterns of low self-worth, suspicion, and challenges in establishing secure connections during adulthood. Considering these results, grasping ACEs is vital for creating interventions designed to reduce their lasting effects and encourage resilience.

Adverse childhood experiences (ACEs) can significantly impact life quality (Corso et al., 2008). Individuals who have been exposed frequently demonstrate worse mental health, which includes a rise in suicidal tendencies, along with higher rates of alcohol and drug abuse (Swedo et al., 2020). Additionally, ACEs can adversely affect physical health and are linked to various medical issues (Cunningham et al., 2014). They can influence functional results like adult education, jobs, and income, and may lead to high school dropout, family poverty, and times of unemployment (Metzler et al., 2017).

Types of Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences (ACEs) include a variety of possibly traumatic incidents that happen prior to turning 18. The foundational CDC-Kaiser Permanente ACE Study by Felitti et al. (1998) classifies these experiences into three general categories: abuse, neglect, and family dysfunction. Each area encompasses various elements of negative childhood surroundings that could result in enduring physical and mental effects.

1. Abuse encompasses emotional, physical, and sexual damage caused by a caregiver or a trusted adult. Emotional abuse includes actions that harm a child's self-esteem or emotional health, like verbal attacks, degradation, or incessant criticism (Glaser, 2002). Physical abuse involves actions that inflict physical injury, such as hitting, shaking, or burning, and is closely linked to chronic pain, aggression, and risk-taking behaviors in adulthood (Gilbert et al., 2009). Sexual abuse, which includes involving a child in sexual activities or exposing them to unsuitable material, is among the most harmful types of trauma, frequently leading to significant emotional and relational challenges, such as post-traumatic stress disorder (Putnam, 2003).
2. Neglect, the second category, refers to not fulfilling a child's essential physical or emotional requirements. Physical neglect is defined by the lack of essential care, including food, shelter, hygiene, or medical assistance. Emotional neglect takes place when caregivers do not offer love, support, or attention, resulting in emotional withdrawal and challenges in forming attachments (Dubowitz et al., 2005) & (Trickett et al., 2009). Both forms of neglect tend to be more understated than abuse yet can be just as damaging, leading to enduring challenges in emotional regulation, academic success, and social interactions.
3. The third domain, household dysfunction, pertains to negative circumstances within the child's home setting. This encompasses parental divorce or separation, the presence of a caregiver with mental health issues, substance abuse concerns, or criminal activity, along with experiencing domestic violence. Such experiences can significantly impact a child's feeling of security and stability, heightening the

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likelihood of anxiety, depression, and behavioral problems (Anda et al., 2006) & (Evans et al., 2008). For example, being raised in a home affected by substance abuse or mental health issues frequently leads to unpredictable caregiving, emotional absence, and irregular discipline, which are associated with poor coping strategies and diminished quality of life in later years (Kessler et al., 2010).

ACEs tend to accumulate, meaning that the more types of ACEs a child encounters, the higher the likelihood of negative results in adulthood, such as diminished Quality of Life (Hughes et al., 2017) & (Merrick et al., 2019). Consequently, grasping these categories and their intersections is crucial for recognizing individuals at risk and creating preventative measures.

Quality of Life (QOL) and Its Importance

Quality of Life (QOL) is a multifaceted idea that includes a person's physical health, mental state, degree of autonomy, social connections, and general contentment with life (World Health Organization, 1997). A high quality of life reflects overall wellness, while a lower quality of life is frequently linked to negative health effects, social isolation, and mental distress. Different elements affect QOL, such as financial stability, healthcare accessibility, education, and interpersonal connections.

For those who have experienced ACEs, quality of life is frequently greatly affected. The enduring impacts of childhood hardship can appear in adulthood as persistent physical health issues, mental health disorders like depression and anxiety, challenges in securing stable jobs, and obstacles in forming satisfying relationships (Merrick et al., 2017). Moreover, ACEs are associated with negative health behaviors like smoking, substance misuse, and poor eating habits, which further lead to a decrease in QOL. QOL is therefore a multifaceted notion that can be categorized into four primary areas: psychological, social, physical, and environmental QoL (The Who QOL Group, 1998).

1. Psychological Domain

This area includes emotional wellness, mental health, self-worth, cognitive abilities, body perception, and spiritual values. Psychological well-being is essential as it influences how people view themselves and manage stress, trauma, and everyday difficulties. People with poor mental health, particularly those who have faced negative experiences during childhood, frequently indicate lower levels of satisfaction in this area (Skevington et al., 2004). Psychological conditions like depression, anxiety, and post-traumatic stress disorder (PTSD) can significantly constrain an individual's mental quality of life (Raphael et al., 1996).

2. Physical Health Domain

The physical realm encompasses elements like energy states, pain and unease, rest and sleep, movement, and the capacity to perform everyday tasks. Persistent pain, exhaustion, or sickness can significantly diminish quality of life. Studies indicate that adults with elevated ACE scores are at greater risk for chronic health issues, including cardiovascular disease, obesity, and autoimmune disorders, which consequently impair their physical abilities and overall quality of life (Felitti et al., 1998) & (Anda et al., 2006).

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3. Social Relationships Domain

This area emphasizes interpersonal connections, social backing, sexual fulfillment, and the existence of social networks. Social bonds and a feeling of belonging are crucial for emotional safety and individual satisfaction. Women who have undergone negative childhood experiences frequently indicate challenges in creating secure attachments, sustaining relationships, and placing trust in others, resulting in decreased satisfaction in this area (Campbell et al., 2008). Insufficient social support is linked to increased stress levels and diminished ability to cope.

4. Environmental Domain

The environmental sector encompasses financial assets, safety and protection, access to quality medical care, housing conditions, chances for gaining new knowledge and skills, and involvement in recreational activities. An insecure or unstable setting, whether during childhood or adulthood, can adversely affect an individual's sense of safety and capacity to lead a satisfying life. For instance, being exposed to poverty, neglect, or dangerous neighborhoods during childhood can result in limited access to healthcare, education, and job opportunities later on—elements closely linked to diminished quality of life (Marmot et al., 2008).

Collectively, these areas show how negative childhood experiences can lead to a ripple effect throughout various facets of a woman's life. A thorough grasp of QOL is thus vital for recognizing the lasting effects of early trauma and for creating all-encompassing intervention approaches.

Studies indicate that the overall impact of ACEs on QOL is influenced by several protective factors, such as social support, availability of mental health services, and individual resilience. Grasping the intricate connection between ACEs and QOL is essential for devising policies and strategies that improve the well-being of those impacted by childhood hardship.

Importance of the Study for Women

Women are disproportionately impacted by adverse childhood experiences, especially abuse, neglect, and household dysfunction, which influence the effects of ACEs (Felitti et al., 1998). Research shows that girls who undergo childhood trauma have a higher likelihood of developing mental health issues like post-traumatic stress disorder (PTSD), anxiety, and depression (Hughes et al., 2017). They also face an increased likelihood of experiencing revictimization in adulthood, such as intimate partner violence and sexual assault, which intensifies their mental health challenges. Societal norms related to gender and biological influences also impact how individuals handle early-life hardships, frequently increasing their susceptibility to enduring emotional and physical repercussions.

Additionally, the well-being of women is crucial for family stability, child growth, and overall societal wellness. Women with a background of ACEs frequently encounter distinct obstacles when pursuing mental health support, obtaining financial resources, and forming healthy relationships. They often grapple with self-worth, financial autonomy, and stability in relationships, which may lead to cycles of trauma that span generations. They might face stigma when dealing with trauma-related issues, making it harder for them to seek help. This study focuses on women to highlight gender-specific challenges and examine possible interventions that could alleviate the adverse impacts of ACEs on their quality of life. Thus,

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offering essential perspectives on interrupting cycles of hardship and promoting resilience in both personal and communal settings.

Societal Implications

1. **Effect on Family and Intergenerational Wellness:** Women who have gone through childhood hardships may encounter obstacles in parenting, such as struggles in establishing secure bonds with their children (Madigan et al., 2019). Without action, this may create a cycle of emotional neglect, resulting in negative consequences for the following generation.
2. **Economic and Social Impacts:** ACEs are linked to reduced educational achievement, job instability, and financial insecurity (Anda et al., 2006). Women facing mental health issues due to ACEs might find it more challenging to obtain and keep jobs, which leads to greater economic reliance and social susceptibility.
3. **Violence and Inequality Based on Gender:** Studies indicate that women who have experienced ACEs are more likely to face intimate partner violence and abusive relationships during adulthood (Campbell et al., 2008). Grasping the connection between early hardship and adult victimization can guide policies aimed at enhancing protection for vulnerable women.

Psychological Implications

1. **Increased Risk of Mental Health Disorders:** Women who experienced ACEs exhibit markedly higher levels of depression, anxiety, PTSD, and personality disorders in contrast to those who did not face childhood adversity. Exploring this subject aids in recognizing psychological weaknesses and delivering improved mental health treatments (Hughes et al., 2017).
2. **Emotional Regulation and Self-Identity:** Childhood trauma may result in ineffective coping strategies like self-injury, addiction, and unhealthy relationship dynamics (Kolk, 2014). Investigating the connection between ACE and QOL can inform treatment strategies focused on enhancing emotional strength and self-esteem in women.
3. **Implications for Therapy and Treatment:** Conventional mental health methods frequently concentrate on current symptoms while neglecting the root childhood trauma. This research may promote a trauma-aware strategy in therapy, resulting in enhanced psychological recovery.

Health-Related Implications

1. **Chronic Illness and Physical Health Outcomes:** ACEs are associated with chronic illnesses like heart disease, diabetes, autoimmune disorders, and obesity as a result of extended exposure to stress hormones. Women, notably, might face greater occurrences of stress-related health issues than men, rendering this a crucial field of research (Shonkoff et al., 2012).
2. **Risks Related to Reproductive and Sexual Health:** Women facing ACEs might encounter early pregnancies, reproductive health challenges, and sexual health difficulties stemming from trauma-related stress and risky behaviors. This research enhances the comprehension of how adversity in early life affects women's reproductive health decisions and results (Hillis et al., 2004).
3. **Healthcare Utilization and Barriers to Access:** Women who experienced childhood trauma might be more inclined to avoid seeking medical care, resulting in postponed diagnoses and unaddressed health issues. By comprehending the link between ACE

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and QOL, healthcare professionals can create trauma-informed strategies to promote improved healthcare involvement (Merrick et al., 2017).

1.2 Historical Context

The investigation into how early-life experiences influence long-term physical, emotional, and psychological results has significantly progressed over the last century. Traditionally, the adverse effects of childhood trauma were acknowledged informally or via psychoanalytic theory, especially in the research of pioneering individuals like Sigmund Freud and John Bowlby. Bowlby's attachment theory (1988) highlighted the essential impact of early relationships on a child's sense of security and future emotional control. Nonetheless, it wasn't until the late 20th century that researchers started to methodically and empirically explore the lasting effects of adverse childhood experiences (ACEs). A significant milestone in this area was the introduction of the groundbreaking Adverse Childhood Experiences (ACEs) Study in the late 1990s by Dr. Vincent Felitti and Dr. Robert Anda, in partnership with the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente. This extensive research (Felitti et al., 1998) showed that ACEs—encompassing different types of abuse, neglect, and family dysfunction—were prevalent and exhibited a graded, dose-response link to numerous adverse health consequences. These comprised physical ailments like heart disease, diabetes, and cancer; mental health disorders such as depression, anxiety, and PTSD; and behavioral problems like substance abuse and risky sexual activities. This research transformed the public health domain by identifying early adversity as a key factor influencing lifelong health and quality of life. The ACEs framework encouraged additional interdisciplinary studies, merging insights from neuroscience, psychology, and medicine. Research in developmental neuroscience (Shonkoff et al., 2012) has shown that toxic stress during early life interferes with neural growth, impacts hormonal balance, and modifies immune responses, raising the risk of chronic diseases and mental health issues.

At the same time, trauma theory and van der Kolk's research demonstrated how excessive stress during childhood hinders memory processing, emotional control, and identity development (Kolk, 2005). These observations highlighted the notion that childhood trauma is not just a psychological problem but also a biological and social concern. As the field progressed, focus turned to comprehending how ACEs influence different populations in diverse ways, especially concerning gender. Studies indicate that women are more severely impacted by specific adverse childhood experiences (ACEs), including sexual abuse and emotional neglect, leading to a higher likelihood of developing internalizing disorders like anxiety and depression (Tolin & Foa, 2006). Women encounter distinct social obstacles, such as gender-based violence, caregiving duties, and systemic inequality, which can intensify the lasting impacts of ACEs on their health and overall well-being. These gender-specific challenges pose a major public health issue and emphasize the necessity for focused research (Friedman et al., 2015).

Simultaneously, the idea of Quality of Life (QoL) surfaced as an important measure for evaluating health and well-being, going beyond just the lack of illness to include wider factors like emotional fulfillment, social assistance, and environmental security. Emerging in the 1960s and 70s, QoL gained traction with the establishment of thorough frameworks by international health bodies such as the World Health Organization (WHO). The WHOQOL-BREF, created in 1995, offered a standardized instrument for assessing four essential domains of quality of life: physical health, psychological well-being, social connections, and

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environmental factors (WHOQOL Group, 1995). Current studies have started to connect the ACEs and QoL bodies of work, investigating how early hardships affect results in both areas. Research conducted by Campbell et al. (2016) and Afifi et al. (2008) indicates that people with several ACEs experience diminished QoL, which encompasses ongoing health issues, compromised social functioning, and reduced satisfaction with life. In women, these impacts are frequently more significant, as early trauma is linked not only to diminished mental health but also to lower safety, financial stability, and social support. Recent developments in trauma research highlight the significance of cumulative and ongoing adversity instead of singular incidents. A research conducted by Turner et al. (2010) presented the idea of "poly-victimization" to emphasize that individuals—particularly women—frequently undergo various types of trauma that interrelate and intensify as time goes on. This awareness necessitates a broader and more gender-aware method in assessing ACEs and their long-term effects. Even with the increasing amount of literature, significant gaps still exist. Numerous research efforts either generalize across genders or concentrate on a narrow range of QoL indicators, neglecting to reflect the intricate, multifaceted essence of women's experiences. Consequently, there is an essential requirement for quantitative studies examining how diverse types and combinations of ACEs distinctly influence the different aspects of QoL in women. This research aims to address that gap by providing a targeted analysis that enhances both scholarly knowledge and practical strategies for trauma-informed care.

1.3 Theoretical Framework

Comprehending the link between Adverse Childhood Experiences (ACEs) and Quality of Life (QOL) in Women necessitates a theoretical basis that clarifies the psychological, social, and health-related processes affecting this relationship. This research utilizes various theories to create a thorough framework for analyzing the effects of ACEs on women's well-being.

1. Trauma Theory (Herman, 1992)

Trauma Theory (Herman, 1992) posits that experiencing traumatic events, especially during childhood, interrupts typical emotional and psychological growth. Such interruptions can result in challenges with emotional regulation, identity development, and relationships with others (van der Kolk, 2005). ACEs, which encompass abuse, neglect, and dysfunctional households, trigger a persistent stress response that changes brain structure and function, leading to emotional turmoil and ineffective coping strategies (Shonkoff et al., 2012).

Relevance to ACEs and QOL: Women with elevated ACE scores might experience mental health challenges including post-traumatic stress disorder (PTSD), depression, and anxiety, which can adversely affect their overall quality of life (Felitti et al., 1998).

2. Stress-Diathesis Model

The Stress-Diathesis Model outlines how genetic vulnerability (diathesis) interacts with environmental pressures, like childhood hardships, to initiate mental and physical health issues (Zuckerman, 1999). This model explains why certain individuals with ACEs experience intense psychological distress, whereas others show resilience.

Relevance to ACEs and QOL: Women who have experienced ACEs might be biologically predisposed to stress-related ailments that diminish their quality of life by raising their risk for chronic conditions, emotional dysregulation, and social isolation (McLaughlin et al., 2010).

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3. Life Course Theory (Elder, 1998)

Life Course Theory (Elder, 1998) highlights the influence of early life experiences on long-term health and well-being. This viewpoint posits that challenges faced during childhood have a lasting impact on a person's life course, affecting educational success, job security, and interpersonal connections (Halfon & Hochstein, 2002).

Relevance to ACEs and QOL: Women encountering ACEs might endure lasting effects on their socioeconomic standing, job prospects, and relationship durability, all of which impact their general quality of life (Merrick et al., 2017).

4. Attachment Theory (Bowlby, 1969) and Ainsworth (1978)

Attachment Theory suggests that initial interactions with caregivers lay the groundwork for emotional and relational stability. When caregivers are abusive or neglectful, children tend to develop disorganized or insecure attachment styles, resulting in challenges with trusting others and establishing stable relationships (Mikulincer & Shaver, 2016).

Relevance to ACEs and QOL: Women who possess insecure attachment styles might face challenges with intimacy, self-esteem, and emotional control, resulting in a lowered quality of life (Riggs, 2010).

5. Resilience Theory (Masten, 2001) & (Rutter, 1987)

Resilience Theory examines how certain people manage to triumph over hardships and achieve success even after experiencing trauma in their early life. Factors that provide protection, including social support, education, and effective coping strategies, can mitigate the adverse impacts of ACEs (Luthar et al., 2000).

Relevance to ACEs and QOL: Although ACEs can adversely affect quality of life, resilience-enhancing strategies may alleviate these effects and enhance mental health (Fritz et al., 2018).

6. Social Determinants of Health (WHO, 2008)

The Social Determinants of Health model suggests that factors like income, education, and access to healthcare affect health outcomes (World Health Organization, 2008). People who face adversity in childhood are more prone to encounter poverty, insufficient education, and restricted access to healthcare, resulting in worse overall well-being.

Relevance to ACEs and QOL: Women facing ACEs may encounter structural disadvantages, leading to health inequalities, financial instability, and decreased life satisfaction (Marmot & Wilkinson, 2006).

7. Maslow's Needs Hierarchy (Maslow, 1943)

Maslow's Hierarchy of Needs indicates that people need to satisfy fundamental physiological and psychological requirements prior to reaching self-actualization. ACEs can undermine essential needs like safety, affection, and self-worth, resulting in enduring psychological suffering (Lester et al., 1983).

Relevance to ACEs and QOL: Women with elevated ACE scores frequently find it difficult to fulfill fundamental security and emotional requirements, hindering their ability to achieve their full potential and diminishing their overall quality of life.

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REVIEW OF LITERATURE

Adverse Childhood Experiences (ACEs) denote potentially traumatic incidents that happen prior to turning 18, which can result in lasting effects on health and wellness (Felitti et al., 1998). The foundational CDC-Kaiser Permanente ACE Study led by Felitti was among the initial extensive studies that demonstrated a significant connection between childhood hardships and adverse health effects in adulthood (Felitti et al., 1998).

As stated by the Centers for Disease Control and Prevention (CDC), ACEs are linked to a higher likelihood of chronic illnesses, mental health issues, and social problems (CDC, 2023). People who underwent several ACEs faced a considerably greater risk of developing chronic diseases and participating in high-risk activities like substance abuse and self-injury (Anda et al., 2006).

An increasing volume of studies indicates that elevated ACE scores are linked to diminished QOL scores in adulthood (Hughes et al., 2017) & (Merrick et al., 2017). People who face adversity in childhood often encounter negative health effects, diminished life satisfaction, and less economic security (Anda et al., 2006). Studies have also shown that women who underwent childhood trauma had a greater likelihood of encountering intimate partner violence, unstable relationships, and increased stress levels in adulthood (Campbell et al., 2008). In a similar vein, Bellis et al. (2014) pointed out that people with four or more ACEs had double the likelihood of developing chronic diseases when compared to those without any ACEs. Although numerous studies have investigated the overall effects of ACEs on QOL, there are notable deficiencies in research that specifically addresses women (Merrick et al., 2017).

Differences in coping strategies, resilience, and societal pressures based on gender need more investigation (Bellis et al., 2014). Moreover, research has mainly occurred in Western populations, resulting in a lack of studies on cultural variations in ACE exposure and resilience (Hughes et al., 2017).

While current studies demonstrate a link between ACEs and QOL, further quantitative investigations are required to examine causation (Anda et al., 2006). Extensive research examining particular demographic factors (like gender and socioeconomic status) would yield greater understanding of how ACEs specifically affect women's health (Merrick et al., 2017).

Further studies have corroborated these results. Shonkoff et al. (2012) highlighted that stress in early life can interfere with neurodevelopment, resulting in cognitive deficits and a heightened vulnerability to illness. McEwen (1998) proposed the idea of allostatic load, explaining how ongoing stress from ACEs can result in physiological deterioration, impacting various body systems. Certain ACEs, especially sexual and emotional abuse, disproportionately impact women. Tolin and Foa (2006) discovered that women are more prone than men to encounter interpersonal trauma and to develop post-traumatic stress disorder (PTSD). This increased susceptibility has been associated with several negative health effects. For example, Thurston et al. (2014) found that women who experienced childhood sexual abuse were at greater risk for developing cardiovascular diseases. Likewise, research from the Mayo Clinic revealed that women with four or more ACEs had notably higher chances of facing sexual dysfunction in midlife (Mayo Clinic, 2023).

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Quality of Life (QOL) is a complex concept that includes physical well-being, mental condition, social connections, and environmental surroundings (WHOQOL Group, 1995). ACEs have been demonstrated to adversely affect all these areas. Afifi et al. (2008) showed that those with elevated ACE scores indicated diminished emotional well-being and social functioning. Campbell et al. (2016) discovered that ACEs correlated with low self-assessed health and diminished life satisfaction. For women, these effects are frequently amplified by societal influences, including gender-based violence and economic inequalities (Friedman et al., 2015).

The connection between ACEs and mental health results in women has been thoroughly examined. In rural Pakistan, Rahman et al. (2008) discovered that women who experienced ACEs had elevated levels of depression. In a similar vein, research conducted in Johannesburg indicated that women who had several ACEs were more prone to experiencing anxiety and depression (BMC Psychiatry, 2023). Aside from mental health, ACEs have also been associated with several physical health problems. A report featured in Time noted that women with a history of childhood abuse faced an increased risk of dying young (Time, 2016). A different study revealed that experiences of sexual abuse during childhood were linked to a higher likelihood of heart disease later in life (Time, 2014).

ACEs can also negatively affect social interactions and the quality of relationships. A research article released in PubMed discovered that women who experienced emotional and sexual abuse reported decreased happiness and partnership quality, as well as an increased number of conflict zones in their relationships (PubMed, 2020). In spite of the negative impacts of ACEs, certain people show resilience. Research published in eLife revealed that women with elevated educational backgrounds and income demonstrated improved coping skills and mental resilience, even when faced with ACEs (eLife, 2021).

Negative Childhood Experiences (NCEs) have been demonstrated to affect women's reproductive well-being. Swift et al. (2024) performed a comprehensive review showing that ACEs may lead to reproductive issues like infertility, pregnancy loss, and irregular menstrual cycles. The researchers linked these results to the combined physiological stress or “allostatic load” caused by early trauma, which interferes with the hormonal and immune systems essential for reproductive health. The research highlighted the significance of regular ACE screening in gynaecological and prenatal care to more effectively assist women who face higher risks due to past trauma.

The connection between ACEs and psychological resilience has garnered considerable focus in recent years. A population-based study published in eLife (2021) found that women who faced ACEs showed diminished perceived coping skills and psychiatric resilience. The effects were dependent on the dosage, indicating that women who indicated a higher number of ACEs faced a more significant reduction in resilience. Socioeconomic elements like elevated education and income levels were identified to lessen these negative effects, indicating that social support and empowerment serve as protective factors (Frissa et al., 2021). A research by Fernández et al. (2021) explored the impact of ACEs on the mental health of women in psychotherapy. They discovered that ACEs were directly linked to psychological distress, especially manifested as depression and anxiety. The research uncovered particular mechanisms, including fear of rejection, inadequate emotional regulation, and a deeply ingrained feeling of helplessness, that influenced this relationship.

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These results emphasize the importance of trauma-informed therapeutic approaches for women who have experienced ACEs.

ACEs impact not just psychological functioning but also have enduring effects on adult romantic relationships. Research by Kullik and Petermann (2020) revealed that women who endured emotional and sexual abuse in their childhood reported notably lower satisfaction in relationships, reduced happiness, and heightened interpersonal conflict. These interruptions in relational dynamics are important because supportive relationships are crucial for psychological and emotional health. Women from sexual minorities (SMW) encounter an even heavier load regarding the impact of ACEs. In a scoping review, Hughes et al. (2023) found that SMW are more prone than heterosexual women to indicate elevated ACE scores and experience chronic health issues, substance use, and mental health disorders as a consequence. The research highlighted the importance of creating culturally aware and inclusive strategies that take into account both ACE exposure and the extra stressors associated with being part of a sexual minority.

Sleep issues significantly impact quality of life, especially among women. A study by Peltier et al. (2023) found that for midlife women, every extra ACE reported correlated with greater sleep disturbances and shorter sleep duration. These effects were notably influenced by depression, anxiety, and physical health issues in midlife, demonstrating the enduring biopsychosocial effects of childhood hardships on sleep quality.

Sexual health is an essential area of overall well-being for women. A study by Kling et al. (2023) indicated that middle-aged women who experienced four or more ACEs were considerably more likely to encounter sexual dysfunction and inactivity. These results stayed stable even after controlling for confounding factors like hormonal shifts and mental health issues, highlighting the enduring effects of early trauma on sexual health. In research carried out by Chaudhary et al. (2024) in Delhi-NCR, India, an exploratory study revealed a significant link between ACEs and negative mental health results in young adults. Individuals with several ACEs showed higher chances of facing anxiety, depression, and heightened stress levels, while their overall well-being scores significantly declined. Emotional mistreatment and harassment had a significant effect on these results.

In research performed in Saudi Arabia, Alzahrani et al. (2025) found that ACEs notably forecasted reduced emotional intelligence (EI) among university students. As EI affects social interaction, school achievement, and psychological health, this research demonstrates how early trauma can profoundly impact life contentment and social skills. Khan et al. (2024) noted that university students in Lahore with a history of ACEs faced challenges in social interaction, managing emotions, and trusting others in relationships. The qualitative results emphasized that previous abuse and neglect adversely influenced their ability to manage social and professional connections, thereby affecting their perceived quality of life. Singh et al. (2023) examined data from the UDAYA survey and discovered that Indian adolescents who experienced ACEs were considerably more inclined to partake in risky activities like substance use and unprotected sex. These behaviors were more common among those with several ACEs, indicating that accumulated trauma directly undermines long-term health and safety results.

A study by Carroll et al. (2024) from UCLA highlighted that ACEs are both psychosocial and biological stress factors. Their research showed that childhood trauma could change

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how the immune system works and raise the risk of chronic illnesses in later life, particularly for women. These results bolster the case for incorporating ACE screening into public health systems.

2.1 Research Gap

Although there is increasing acknowledgment of the influence of Adverse Childhood Experiences (ACEs) on health outcomes in adulthood, a substantial research gap remains in comprehending how these experiences particularly impact the Quality of Life (QOL) in women, especially from a quantitative perspective. Although much of the current research centers on the psychological and behavioral impacts of ACEs within general populations, there is a deficiency of extensive data examining the multidimensional effects—encompassing physical, psychological, social, and environmental areas—on women's long-term health.

Additionally, many earlier studies are largely focused on Western perspectives, creating a significant void in research from non-Western, developing nations such as India, where socio-cultural factors, stigma, and availability of mental health services vary greatly. This restricts the worldwide relevance of existing results. Moreover, limited research has examined gender-specific trends in the manifestation of ACEs later in life or explored the protective factors that could mitigate their impact. This research seeks to fill these gaps by offering contextualized, empirical data on the impact of ACEs on women's QOL, thus guiding the development of more inclusive, effective, and culturally relevant interventions and policy frameworks.

2.2 Rationale of Study

Grasping the connection between Adverse Childhood Experiences (ACEs) and Quality of Life (QOL) in women is an essential field of research with extensive ramifications across various areas, such as psychology, public health, and social policy. Childhood hardships have been extensively associated with adverse long-term health, emotional, and socioeconomic effects; however, their particular influence on women is still insufficiently examined.

The justification for this research is found in the necessity to connect two important but frequently examined in isolation areas—childhood trauma and adult well-being. Although many studies have recorded the personal effects of ACEs or examined QOL separately, fewer have quantitatively investigated the direct link between ACEs and QOL in women. Through this research, we seek to enhance the understanding of how accumulated childhood adversity manifests as various effects in adulthood. This understanding can aid in creating interventions that are gender-sensitive and trauma-informed, addressing the unique health and psychosocial requirements of women.

Additionally, this research carries important consequences for mental health practitioners, policymakers, and social service agencies. It emphasizes the importance of timely recognition and preventive measures, and it supports integrated care approaches that consider the prolonged, gender-specific impacts of childhood hardships. Grasping these connections will not only improve service provision but also aid in public health strategies, educational initiatives, and therapeutic approaches aimed at enhancing women's overall wellness.

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METHODOLOGY

Aim- The aim of this study is to explore the relationship between Adverse Childhood Experiences (ACEs) and Quality of Life (QOL) in women using a quantitative research approach. It seeks to examine how these factors interact and contribute to long-term outcomes in women's physical, psychological, social, and environmental well-being.

Objective- To determine the impact of Adverse childhood experiences on Quality of life of women.

Hypothesis- Higher Adverse childhood experiences scores are associated with lower Quality of life.

Sample and Selection Process

The research included a sample of 100 individuals. Data from all 100 participants were incorporated into the final analysis. The questionnaires utilized in this research were the Adverse Childhood Experiences (ACEs) Questionnaire and the World Health Organization Quality-of-Life Questionnaire (WHOQoL-BREF). The privacy of all replies was guaranteed.

Locale of the Study

The sample was drawn from individuals residing in the Delhi National Capital Region (NCR).

Variables

- Independent Variables: Adverse Childhood Experiences (ACEs)
- Dependent Variables: Quality of Life (QOL)

Description Of Tools Used

• **Adverse Childhood Experiences (ACE) Questionnaire:** The ACE Questionnaire is a commonly utilized instrument created by the Centers for Disease Control and Prevention (CDC) in partnership with Kaiser Permanente. It aims to evaluate exposure to possibly traumatic experiences throughout the initial 18 years of life. The instrument comprises 10 items that address three areas: abuse (emotional, physical, and sexual), neglect (emotional and physical), and household dysfunction (such as parental separation, substance abuse, domestic violence, mental illness, and incarceration) (Felitti et al., 1998). Every question is replied to with either a “Yes” or “No,” and the overall ACE score is determined by adding the total of “Yes” answers, which can vary from 0 to 10. Increased scores suggest a higher level of exposure to negative childhood experiences. The ACE questionnaire has shown strong reliability and validity, with internal consistency estimates (Cronbach’s alpha) between 0.76 and 0.88 (Dube et al., 2003).

• **WHO Quality of Life – BREF (WHOQOL-BREF):** The WHOQOL-BREF is a condensed form of the WHOQOL-100, created by the World Health Organization to evaluate a person's quality of life in diverse cultural settings. It comprises 26 items that assess four areas: physical health, mental health, social connections, and environment (WHO, 1996). Every item is assessed using a 5-point Likert scale, indicating intensity, capacity, frequency, or evaluation based on the specific item. Domain scores are computed and converted to a 0–100 scale, with higher scores reflecting a better perceived quality of life. The WHOQOL-BREF demonstrates strong psychometric characteristics, with internal

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consistency (Cronbach's alpha between 0.70 and 0.90) and test-retest reliability (ICC = 0.66 to 0.87) (Skevington et al., 2004 & Harper & Power, 1998).

Tools Used

Tool	No. of items	Reliability	Validity
Adverse Childhood Experiences Questionnaire	10	Internal Consistency (Cronbach's Alpha): 0.76 to 0.88 Test-Retest Reliability: 0.66	Strong construct, content and criterion validity
WHO-QoL BREF Questionnaire	26	Internal Consistency (Cronbach's Alpha): 0.70 to 0.90 Test-Retest Reliability: 0.66 to 0.87 Spit Half Reliability: 0.74 to 0.87	Strong construct, discriminant, and content validity

Procedure

Participants received a structured questionnaire that included two standardized instruments and were allowed ample time to carefully answer. Prior to starting, every participant received a short summary of the study's aim and was assured that their identity and responses would remain confidential and anonymous. All participants provided informed consent before the data collection process. They filled out the questionnaires in a private setting to enable them to share their opinions openly. Once the responses were gathered, the information was arranged into tables, making sure that all statements were documented.

For the analysis of data, the scores of each participant were computed, and the average (mean) values for the two variables were established. Subsequently, individual scores underwent additional analysis, and correlation was calculated to investigate the connection between ACEs and various aspects of Quality of Life in women.

ANALYSIS OF RESULT

The current research aimed to investigate the connection between Adverse Childhood Experiences (ACEs) and Quality of Life (QOL) in women utilizing a quantitative research method. It aims to analyze how these elements interact and impact long-term results in women's physical, mental, social, and environmental health. The range of ages for women is between 18 and 26 years. To achieve this, a group of 100 women was invited to take part, and all 100 underwent screening.

4.1 Descriptive Statistics

To grasp the central tendencies and variability of the data gathered from the sample, descriptive statistics were calculated for both the Adverse Childhood Experiences (ACE)

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scores and the Quality of Life (QOL) scores. The evaluation relied on feedback from 100 individuals.

Table-1 Summary of Descriptive Statistics

Tool	N	Minimum	Maximum	Mean	Std. Deviation
ACE	100	4.00	8.00	5.40	1.15
QOL	100	2.00	8.00	5.52	1.95

Adverse Childhood Experiences (ACE) Scores

The ACE Questionnaire assessed the participants' experiences of different types of childhood adversity, yielding total scores that varied from a low of 4.00 to a high of 8.00. The average ACEs score was 5.40, accompanied by a standard deviation (SD) of 1.15, signifying a moderate variation around the mean. This indicates that the majority of participants faced at least moderate adversity during childhood, showing relatively low variation in ACE scores among the sample.

Quality of Life (QOL) Scores

The WHOQOL-BREF instrument evaluated participants' views on their quality of life in physical, psychological, social, and environmental areas. The complete QOL scores varied from 2.00 to 8.00, with an average score of 5.52 and a standard deviation of 1.95. The elevated standard deviation in relation to the ACE scores signifies increased variability in participants' assessments of their quality of life, implying a range of life experiences and well-being levels among the sample.

4.2 Correlation Between Variables

Table 2: Correlation between Adverse Childhood Experiences and Quality of Life

PEARSON CORRELATION	ACE	QOL
ACE	1	-.961**
QOL	-.961**	1
Sig. (2-tailed)	—	.000
N	99	99

Hypothesis: "Higher Adverse Childhood Experiences (ACE) scores are associated with lower Quality of Life (QOL) scores in women."

To evaluate this hypothesis, a Pearson Product-Moment Correlation Coefficient was calculated between participants' results on the ACE Questionnaire and the WHOQOL-BREF. This statistical assessment is suitable for evaluating the strength and direction of the linear connection between two continuous variables. The analysis produced a Pearson correlation coefficient (r) of -0.961, signifying a highly significant negative correlation between ACE scores and QOL scores. This indicates that as the count of adverse childhood experiences rises, the general quality of life declines notably; thus, participants with elevated ACE scores (i.e., greater exposure to childhood trauma and difficulties) generally reported lower QOL scores in areas like physical health, mental well-being, social connections, and environmental contentment.

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The relationship is statistically significant at the 0.01 threshold ($p < .01$), as shown by the two asterisks (**). The p-value = .000 indicates that the probability of this result arising by chance is below 1%, further strengthening the validity of the findings.

DISCUSSION AND CONCLUSION

5.1 DISCUSSION

This research sought to investigate the connection between Adverse Childhood Experiences (ACEs) and Quality of Life (QOL) in women through a quantitative method. The main hypothesis suggested that increased ACE scores would be notably linked to diminished QOL scores. The results provided substantial support for this hypothesis, indicating a very strong negative correlation ($r = -0.961$, $p < .01$) between ACEs and QOL. This suggests that with a rise in the severity and count of childhood adversities, a woman's perceived quality of life—spanning physical, psychological, social, and environmental areas—often diminishes (Felitti et al., 1998) & (Hughes et al., 2017).

This finding suggests that childhood trauma is not merely a singular occurrence with brief emotional reactions; instead, it serves as a developmental interrupter with lasting impacts that evolve over a lifetime (Shonkoff et al., 2012). The lower quality of life seen in participants with elevated ACE scores highlights persistent and widespread difficulties—such as inadequate physical health, troubled social connections, weakened coping abilities, diminished self-esteem, and restricted access to helpful surroundings (Anda et al., 2006). These results strengthen the idea of ACEs as a social determinant of health, equally impactful as poverty, educational attainment, and employment situation (Larkin et al., 2014) & (Bellis et al., 2019).

Significantly, the intensity of the correlation indicates that ACEs do not function alone but may also engage with other ongoing stressors or weaknesses that women encounter over their lifetime—such as gender discrimination, caregiving duties, financial reliance, and limited healthcare access (Crenshaw, 1991) & (Sethi et al., 2013). These accumulating challenges could heighten the effects of ACEs, leading to a cycle of increasing disadvantage. This interaction highlights the necessity of utilizing an intersectional perspective in upcoming research, which takes into account how trauma is perceived variably based on gender, class, caste, sexuality, and other social identities (Collins, 2000).

Moreover, the current results highlight the unseen burden of trauma that numerous women carry into adulthood without having the chance or assistance to address it (Herman, 1992). The ACE framework, although beneficial for measuring early adversity, fails to encapsulate the qualitative and profoundly personal impacts of trauma—like the deterioration of trust, ongoing self-doubt, or feelings of shame (Kolk, 2014). These unseen wounds might not always show up as identifiable conditions, yet they greatly influence how people perceive their lives, their bodies, and their connections. Therefore, therapeutic interventions should extend beyond mere symptoms and embrace a trauma-informed, person-centered methodology that acknowledges lived experiences and fosters healing (Samsha, 2014).

Another topic for discussion is the importance of utilizing Quality of Life (QOL) as a measure of outcomes instead of more specifically defined indicators like depression or anxiety metrics. QOL includes wider dimensions of life, such as satisfaction with the environment, financial stability, safety, and healthcare availability (The WHOQOL Group, 1998). This research shows that the impact of trauma goes well beyond internal feelings of

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anguish—it influences how women engage in daily activities, employment, and relationships with others. Employing QOL as a framework enables researchers and practitioners to evaluate functional wellness, rather than solely focusing on pathology (Raphael et al., 1996).

It is worth mentioning that the average QOL score was only moderately elevated ($M = 5.52$, $SD = 1.95$), and there was a significant variation in scores (2.00 to 8.00), indicating considerable differences in how women perceive their quality of life despite facing comparable levels of ACEs. This creates opportunities for additional investigation into protective and moderating elements like resilience, education, emotional support, spiritual coping, and a sense of community (Masten, 2001; Werner & Smith, 1992). Investigating these elements might clarify why certain women with elevated ACE scores continue to have relatively good QOL, thus aiding to recovery and empowerment models that focus on strengths.

These findings align with previous studies in this area. Pioneering research by Felitti et al. (1998) and Anda et al. (2006) demonstrated that ACEs are closely associated with negative physical and mental health consequences. Recent studies, including those by Hughes et al. (2017), have highlighted the cumulative aspect of these experiences and their dose-response impact on long-term well-being. Our research adds to these findings and provides new evidence particular to Indian women—frequently an overlooked group in trauma studies (Jain & Singh, 2018). It supports the importance of theoretical frameworks like Trauma Theory (Herman, 1992) and the Stress-Diathesis Model (Zuckerman, 1999), which suggest that long-term stress from early hardships impacts neurobiological growth, self-regulation, and stress management skills in adulthood. Moreover, Attachment Theory (Bowlby, 1988) and Life Course Theory (Elder, 1998) offer understanding of how broken early relationships and settings can result in enduring interpersonal and emotional difficulties, lowering life satisfaction and functioning.

This research tackles multiple gaps in existing studies. The majority of current studies have occurred in Western settings, resulting in a considerable gap in culturally relevant insights from non-Western areas such as India (Patel et al., 2007). The study specifically highlights women from the Delhi-NCR area, drawing attention to a demographic severely impacted by gendered trauma, including emotional neglect, sexual abuse, and domestic violence (Kacker et al., 2007). Furthermore, although numerous studies evaluate mental health in isolation, this research viewed Quality of Life as a multi-faceted concept—incorporating not just physical and emotional wellness, but also social support and environmental influences. This comprehensive perspective is essential for grasping the wider effects of childhood trauma (Molnar et al., 2001).

From an academic perspective, the research provides a basis for more in-depth exploration of gender-specific effects of ACEs within the Indian setting. Educational institutions and training programs can leverage these findings to enhance the skills of social workers, psychologists, and educators in recognizing and addressing early adversity in women. From a policy standpoint, the significant connection between ACEs and QOL highlights the need for reforms that focus on child safety, foster secure family settings, and guarantee access to trauma-informed mental health services (WHO, 2020).

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Moving forward, future studies ought to enhance this research by increasing the sample size and incorporating various populations from both rural and urban regions. Utilizing longitudinal designs would allow researchers to gain deeper insights into the developmental path from childhood hardships to adult wellness. Incorporating protective elements like resilience, social support, and educational success would enable a deeper comprehension of what mitigates the impacts of ACEs (Fergus & Zimmerman, 2005). Moreover, qualitative or mixed-methods research can document the lived experiences and personal stories underlying the quantitative data, providing a richer understanding of the emotional and relational aspects of trauma.

Finally, the results urge health systems, educators, and policymakers to take action. A rising worldwide agreement indicates that public health initiatives should go beyond merely preventing diseases and incorporate approaches that recognize and tackle the lasting effects of trauma (Anda et al., 2010). Incorporating ACE screening in medical facilities, educating teachers on trauma-informed practices, and providing social programs that create safe environments for women can help break the enduring silence about childhood adversity (Burke, 2018).

5.1.1 Limitations of Study

Even with its contributions, the research has its limitations. The sample size was small (N = 100), and participants were drawn from a specific geographic region, limiting the broader applicability of the results. Data gathering depended on self-report methods, which are susceptible to recall bias and social desirability effects, especially considering the sensitive topics surrounding childhood abuse and family dysfunction. Additionally, the cross-sectional design allows for correlation but not causation. Longitudinal studies would be necessary to determine the causal relationships between ACEs and long-term quality of life outcomes. Moreover, the research failed to account for other possible influencing factors, including present mental health conditions, socioeconomic level, and access to social support, which could also affect differences in QOL.

5.1.2 Future Implications

However, the consequences of this research are extensive. For mental health practitioners, the results highlight the importance of trauma-informed methods when engaging with women, especially those experiencing long-term health or psychosocial issues. Evaluating ACEs in clinical assessments can assist in creating more customized and effective treatment strategies. In public health, this research advocates for the inclusion of ACE awareness and prevention methods in maternal and child health care initiatives. The government and non-profit organizations ought to think about introducing early intervention programs and sustainable support systems, especially in under-resourced communities, to tackle the ongoing cycle of trauma across generations.

5.2 CONCLUSION

This research aimed to examine the connection between Adverse Childhood Experiences (ACEs) and Quality of Life (QOL) in females, employing a quantitative method to assess how early life challenges affect adult health. The results indicated a robust negative correlation between ACE scores and QOL scores, supporting the hypothesis that increased exposure to childhood trauma is significantly linked to a decreased perceived quality of life in women. These findings align with and expand on earlier research, emphasizing that ACEs

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have enduring and multifaceted impacts on physical, mental, social, and environmental health.

By analyzing QOL as an all-encompassing and integrated concept, the research has transcended individual health results to illustrate how childhood trauma influences a woman's overall life experience. It emphasizes the significance of tackling not only the clinical symptoms of trauma but also the wider context in which women exist, operate, and interact with others. The research additionally helps address significant research gaps by concentrating specifically on women in a non-Western, urban Indian setting—an area with scarce empirical data regarding ACEs and QOL.

Although there are some limitations, such as the size of the sample and geographic restrictions, the study offers important insights that can guide clinical practices, public health strategies, and policy formulation. The consequences emphasize the necessity for trauma-informed care, early identification of ACEs, and the development of secure, nurturing atmospheres that foster healing and resilience. Future studies should focus on examining these connections in more varied populations, incorporate longitudinal approaches to evaluate causality, and analyze the influence of protective factors that could mitigate the adverse impacts of ACEs on QOL.

In summary, the research highlights that childhood hardship is not simply a remote recollection but a significant factor shaping how women lead and perceive their adult lives. By acknowledging and tackling the unseen weights borne by survivors of early trauma, we make a crucial move toward fostering healthier individuals, more resilient families, and kinder societies.

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Conflict of Interest

The author(s) declared no conflict of interest.

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