

Research Paper

Unearthing the Shadows of the Past: A Comparative Exploration of Adverse Childhood Experiences and Their Psychological Sequelae on Depression and Resilience Across Demographic Factors in the Delhi-NCR

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ABSTRACT

This study delves into how the hidden scars of adverse childhood experiences shape the emotional landscape of depression and the protective force of resilience. Adverse childhood experiences, the experiences children encounter often leaves a lasting impression not only on their memory, but have a significant effect on their mental wellbeing and the physical wellbeing. The childhood experiences or those unsettling, often hidden chapters of life that can reverberate well into the adulthood. Depression has a major influence on everyday functioning and quality of life and is characterized by persistent feeling of sadness, despair, hopelessness and disinterest in the activities that were enjoyed earlier. Resilience is the process of effectively overcoming obstacles and failures in one's own life experiences, especially via the growth of behavioral, emotional, and mental flexibility and adaptation to both internal and external stimuli. The tools implemented in the study are the Adverse childhood experiences adult questionnaire (1998), Patient health questionnaire (2001), and Brief Resilience scale (2008). The data was collected online through Printed questionnaire using the snowball sampling method. The present study collected the total data of 120 individuals with 59 male and 61 females. The study also focuses on the demographic factors such as comparing the age groups, gender, the employee or a college student. The results of the study show that ACEs have a detrimental effect on resilience and a substantial positive link between depression and ACEs. In other terms means, that there is a strong association between higher ACE levels and depression, and that lower resilience is linked to higher ACE levels. The study concludes with finding the influence of ACEs on depression and resilience and its own limitations to the study.

Keywords: *Resilience, Depression, Adverse Childhood Experiences (ACEs), and Demographic variables*

The lasting influence of childhood difficulties on mental health reveals a complex part which has the ability to lead it to depression where resilience can be a potential turning point towards the recovery and strength.

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In a world where early life experiences cast a long-lasting shadow on the mental health such as depression on individuals, understanding how resilience can impact childhood adversity offers a path of hope and recovery.

Adverse Childhood Experiences

Ever wondered how early life experiences can possibly shape who we become, sometimes in a way that we hardly realise it? From family dynamics to the unforeseen traumas, the experiences that the children encounter often leave a lasting impression not only on their memory, but also on their mental health and physical well-being. The childhood experiences or those unsettling, often the hidden chapters of life that can reverberate well into adulthood. Adverse childhood experiences, or ACEs, are an unpleasant reality that occurs for a lot of individuals. These can significantly affect a person's health and well-being (Damodaran et al, 2018).

Traumatic incidents that occur before the age of eighteen are often referred to as adverse childhood experiences, as they can have a significant and long-lasting effect on a person's psychological and emotional health of an adult (Gilgoff, 2020). Adverse Childhood Experiences, or "ACEs," are an acronym that was first used in a groundbreaking 1995 study. ACEs include things like violence, neglect, physical or emotional abuse, dysfunctional homes, or death of any family member due to suicide, and growing up in a home where there are mental health or drug use complications (Wisner, 2024). It can significantly impact a person's well-being on all levels for the rest of their lives. As in an adult, it increases the likelihood of certain unwanted behaviours and health problems (Leonard, 2020).

Every child in their life faces one or more difficult experiences in their childhood but usually they recover and learn from their experiences to become stronger. If the child feels difficult to overcome a particular experience it can leave an everlasting scar on the mental and physical well-being of the kid which affects the future adulthood of the individual (Wisner, 2024). The experiences of childhood adversity have been associated with risky health behaviours in adolescence and adulthood by the involvement of any form of drug usage or any kind of substance usage, tobacco product use, and exhibiting the risky sexual behaviours. The behaviours may emerge as a way of coping with negative environments, the negative stressors or consequences of lack of adapting to these risky healthy behaviours. (Alcalá, 2018)

According to a study conducted in India, one in two young individuals has experienced family adverse childhood experiences and child abuse. The study discovered that, in comparison to women, men are more likely to report substance abuse and most forms of individual childhood adversity, with the exception of sexual abuse. (Fernandes et.al, 2021)

Maltreatment of children is one of the most prevalent types of ACEs. It is where there is neglect, emotional abuse, sexual abuse, and physical abuse—these are the four prevalent and severe forms of child maltreatment in the ACEs. (WHO,2022). Child maltreatment is referred to as the first breakage in the development of the individual's well-being, which starts with an unwanted reaction that can permanently change ones physical and mental well-being.

Adverse childhood experience has physical health implications state as it is associated with

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individuals getting obesity, diabetes, inflammatory bowel disease. It also has the mental health implication such as depression, using of risky substances, behavioural change etc. “Adverse childhood experiences have the ability to cast a long-lasting shadow over the lives of children and young people which is why it’s crucial to receive early help and support” (Hussain, 2022).

Depression

Millions of people worldwide suffer from depression, a common, complicated and multifaceted mental health disorder. Depression has a major influence on everyday functioning and quality of life which is characterized by the persistent feelings of sadness, despair, hopelessness and disinterest in the activities that were enjoyed earlier.

According to ICD-10 depression is coded as F32 where the code corresponds to a single episode of major depressive disorder, The F32 is further classified as mild, moderate, and severe, and the person typically experiences low energy, a depressed mood, and a loss of interest and enjoyment, which makes them more irritable and reduces their activities. ICD-10 states that frequent symptoms include feelings of guilt and unworthiness, diminished focus and attention, and impaired self-confidence and self-esteem, a distorted and pessimistic outlook on the future, thoughts of suicide or self-harm, sleep disturbances, and decreased appetite.

One of the reports of World Health Organisation states (WHO 2023), that depression is a common mental health disorders. An estimated 5% of people globally suffer from depression. Over 280 million individuals worldwide suffer from depression. While the prevalence of depression is more than 50% higher in women than in that of males. As the Depression results from different complex interactions of social, psychological, and biological factors.

The report of The National Mental Health Survey (NHMS) (2015), claims that it was discovered that 5.3% of Indians, or one in every 20 people, was found to have depressive disorders at some point in their lives there are significant high chances of the values of individuals to get depression increase. There are some of the surveys that were conducted by reputed organisations such as Deloitte's survey of 3,995 employees in 2021-2022, where 59% of employees reported the symptoms of depression. About 14% of Indians aged 15 to 24 who participated in the UNICEF survey in 2021 said they frequently felt depressed or uninterested.

Resilience

Have you ever wondered why some people bounce back stronger after the setbacks while others struggle to recover from it? Did you know that resilience is not something one is born with? It’s a skill that you can grow and strengthen. Resilience is the process and outcome of successfully overcoming the difficulties and setbacks of one's own life experiences, especially by developing mental, emotional, and behavioural flexibility and adaptability to both internal and external factors, according to the American Psychological Association (APA).

The notion of Resilience is currently evolving into a multisystemic, with research into a variety of domains, such as vigorous communication systems, being galvanised by the

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studies of how individuals respond positively to the stressors (Mahdiani et al, 2021). Resilience has psychological and neurobiological roots. It involves the brain's capacity to control our thoughts, emotions, and form wholesome habits. According to some academics, resilience requires the following three elements Recovery- Returning to the stage of performance that occurred prior to the stressor. Resistance- After the stressor, little or no indications of interruption. Reorganization-regaining a different level of balance and establishing fresh stability in light of the evolving situation. (Boniwell et al, 2019).

People with high resilience usually have the tendency to bounce back, use their fortes and systems of support to overcome the troubles, to understand the situation and solve the problems, having a strong mind-set, overall awareness, being realistic etc. (IOM,2018). Resilience usually comes from supportive relationships from parents, peers, and others as well as the cultural beliefs. Usually, the trauma researchers emphasize the resilience on the human psyche. The stress-coping method of the emotion and emotional-regulation approaches have been the two main sources of psychological research on the working mechanisms behind resilience in the recent years. (troy et al, 2023)

Resilience, depression, and negative childhood experiences (ACEs) are intricately linked concepts that affect mental health outcomes. Early-life ACEs, which include abuse, neglect, and dysfunctional households, are known to dramatically raise the risk of depression. Such early experiences frequently lead to depression, which is marked by emotional dysregulation, loss of interest, and persistent unhappiness. But in this relationship, resilience the capability to adjust and get better from stress or disturbances from past plays a vital protective role. Resilient people are better able to handle the detrimental effects of ACEs, which lowers their risk of developing depression and enhances their psychological health. Designing therapies that address early adversity, improve resilience, and slow the onset of depression requires an understanding of this trinity. Even In the absence of negative childhood experiences, resilience is thought to be a comparatively stable quality that exists and can be measured. (troy et al, 2023).

REVIEW OF LITERATURE

Howell et.al, (2019) The study investigated the relationship between prenatal depression and negative childhood experiences, as well as the indirect effects of contextual, relational, and individual resilience. A sample size of 101 pregnant women was collected. According to the findings, negative childhood experiences directly affected depression and logical resilience, but not contextual or personal resilience. As a mediator, resilience influences those adverse childhood experiences that lead to depression, which was no longer deemed significant.

Elmore et al. (2020) study investigates the connection between depression and Adverse Childhood Experiences (ACEs), resilience of children aged 8 to 17. A Total of 40,302 children and adolescents participated in the study, which was based on a nationally representative survey conducted between 2016 and 2017The results showed that three PCEs and ACE exposure had significant interactions, as well as a connection between depression and low resilience. Multivariate logistic regressions and chi-square analysis were used to evaluate the relationships between depression and nine ACE and six PCE exposures. Resilience was lacking in children who had experienced more than four ACEs.

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Kelifa et al, (2020) The study looked into how negative childhood experiences affected depression and how they might be mediated by factors like college students' current stressful events (CSEs) and psychological resilience. Data collection was done using a cross-sectional approach from 507 college undergraduates in Eritrea, which is a national representative sample. According to the study's findings, ACEs have an impact on depression both directly and indirectly. CSEs had a positive mediating effect on the indirect effect, while psychological resilience had a negative one.

Chen et al, (2021) Using a mediation model, the study investigates the connections between Chinese adolescents' depressive symptoms, psychological resilience, and negative childhood experience patterns. 1687 junior high school students participated in the study, and the data came from a Huaibei City middle school. The study found that psychological resilience alone did not reduce the association between those patterns of childhood experiences and depressive symptoms; rather, depressive symptoms must be reduced in students who experienced adversity in their early years by increasing their self-esteem through mediating channels.

Freeny et al, (2021) The study looked into how common adverse-childhood events were and their association with depression risk in African American adolescents. The research found that half of the sample had experienced four or more adverse experiences, which negatively affected or allied with depression. Resilience and spirituality were also shown to be related to a decreased incidence of depression.

Wang et al, (2021) In a study, the effects of Adverse Childhood Experiences (ACEs) were compared to those of positive experiences in the community, school, and home. The results demonstrated that ACEs are important risk factors for the emergence of anxiety and depression in adolescence. Data was gathered at birth and then again at years 1, 3, 5, 9, and 15 for 3,426 adolescents from socioeconomically disadvantaged households. Notably, the study found that the strongest protective variables for young people exposed to ACEs are good childhood experiences, especially those that occur in the home, followed by those that occur in school and the larger community.

Okwari, (2022) using the data gathered from the 2018 National Survey of Children's Health, the study examines the relationship between resilience's impact on mental health outcomes and the worst childhood experiences, which included 26,572 children in its sample. Negative childhood experiences were examined in relation to resilience and the effects on mental health using logistic regression and interaction analysis. Side found a significant interaction between exposure of adverse shadow experiences and the resilience of the family and the significant connection between community resilience and exposure to adverse-childhood experiences. Of resilience and having old residents decreased the odds of ADST behavioural disorder the insight and creation of the existence of community resilience and reduced the likelihood of depression in those who had gone through four or more negative childhood experiences.

Qu et al, (2022) Research on how teenage anxiety and depression are affected by positive childhood experiences (PCEs) and adverse childhood experiences (ACEs) is still lacking. Chinese primary and secondary school students participated in a cross-sectional study that focused on ACEs, PCEs, anxiety, depression, and demographic factors in order to close this

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gap. A sample of 6,363 people participated in the study. Additionally, there was a strong and positive correlation between ACEs and higher levels of despair and anxiety. On the other hand, PCEs showed a negative correlation with these mental health outcomes, suggesting that a lower risk of anxiety and depression was associated with increased exposure to pleasant childhood experiences.

Salehain et al, (2022) The study looks at how depression in Iranian amateur athletes is impacted by negative childhood experiences. Descriptive analytical techniques and data from The Kessler Psychological Distress Scale, and the Connor & Davidson Resilience Scale, the Pornaghash a Mini-Adverse Childhood Experiences Inventory, and Beck's Depression Inventory were employed in the study, which involved 384 individuals. The findings indicated that while resilience reduced the inclination toward depression, negative childhood experiences exacerbated it. Higher degrees of depression were also influenced by psychological strain. According to the study's findings, having a bad upbringing makes depression worse.

Elrefaay et al, (2023) Among people who had experienced childhood events, the study looked at how resilience and emotional control controlled the association between depressive symptoms and childhood trauma. The sample size of 200 women aged between 17-77 years adults was gathered using self-reported questionnaires from psychiatric outpatients. According to the study's findings, depression and the subscale measuring negative childhood experiences were positively correlated.

METHODOLOGY

Aim

To investigate the influence of Adverse-Childhood Experiences on the Depression and Resilience amongst the individuals in Delhi, NCR.

Objective

- The objective of this study is to assess how bad childhood experiences affect people's resilience and depression in Delhi NCR.
- To compare the levels ACEs, depression and resilience across different demographic factors.

Research problem

- H_0 = There will be a negative significant correlation amongst Adverse Childhood Experiences and depression.
- H_1 = A substantial positive correlation is anticipated between Adverse Childhood Experiences and resilience.
- H_2 = There is a substantial impression of age group, gender, employee or college student status on the influence of ACEs on the depression and resilience.

Research design

The study adopts a quantitative research design, utilizing inferential statistics and regression analysis to examine the relationships among key variables.

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Sample size

The sample size for the study was collected through snowball sampling method. The present study collected the total data of 120 individuals with 59 male and 61 females. The study also focuses on the working population and the college students, with a sample size of 62 college students and 58 working individuals. With two age groups of the younger age group, 18–25, with an average sample size of 62 people, and the older age group, 25–44, with an average sample size of 58 people—the study also focuses on the age component. The printed questionnaires were utilized to gather the data through snowball sampling method. The data was collected in 15 days after the circulation of the google forms. Three tools were used with a total of 25 questions.

Inclusion and Exclusion criteria

Inclusion

- College student and employees in an organization
- Individuals from ages 18-25 and 25-44.
- Both male and female.
- Individual from both rural and urban.

Exclusion

- Individuals above 44 years age.
- Non-working or non-student adults.
- Individuals with any form of disability.
- Individuals who are not the resident of the study area.

Tools used

The study used the following three tools to investigate how negative childhood experiences affected resilience and depression.:

1. **Adverse Childhood Experiences Questionnaire for Adults (1998):** In 1998, Dr. Vincent Felitti and associates created the Adverse-Childhood Experiences (ACE) questionnaire as a component of the CDC-Kaiser Permanente ACE Study. The scale consists of 10 questions concerning unfavourable things that happen to people before they become eighteen. Examining the relationship between childhood trauma (such as abuse, neglect, and dysfunctional homes) and subsequent health repercussions was its main goal. Cronbach's alpha ratings for the ACE questionnaire vary from 0.80 to 0.90, indicating high internal consistency.
2. **Patient-Health Questionnaire (PHQ- 9) (2001):** The scale is used to evaluate individual's depression, was developed in the 2001 by Dr. Robert L. Spitzer among others. The total of 9 question related to tell the intensity of depression. The PHQ-9's Cronbach's alpha, a measure of internal consistency, normally ranges from 0.80 and 0.90, indicating strong reliability. It was developed as a tool to assist doctors in rapidly screening for and evaluating the severity of depression.
3. **Brief Resilience Scale (BRS) (2008):** In 2008, Dr. Dennis Charney and Kathy Southwick developed the Brief Resilience Scale (BRS). The scale has total of 6 questions. The overall the responses provided by the participants are added up on a 5-point scale for each item to determine the resilience score. The scale has reversed scoring of Q2, Q4, Q6 to be reversed of the six questions in total. Higher resilience is indicated by a higher score. Strong internal consistency is indicated by a reliability

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coefficient (Cronbach's alpha) that normally falls between 0.80 and 0.90. the scoring is by a Likert scale of-5-points.

Procedure

With the help of the snowball sampling method, the researcher advanced the participants that were eligible to participate in the study through the Printed Questionnaire, which were utilized by gathering data Offline. The participants were briefed about the study, and the requests were addressed as per their fulfilment. They were also requested to fill out the demographic details so that it can help in the research purposes and to avoid the research biasness. Participants were assured that the information gathered would be kept confidential and utilized exclusively for research purposes only.

Statistical analysis

The acquired data was analysed using a computer software application Jamovi 2.3.28 version for windows. The analysis was carried out in three different phases:

- **Descriptive statistics:** The influence of Adverse Childhood Experiences (ACE) on the Depression and Resilience was investigated using regression analysis.
- **Inferential statistics:** The inferential statistics used the ANOVA test of regression.

RESULT

The study explores the substantial impact of “adverse childhood experiences on depression and the resilience” which aims to understand how the three constructs interact with each other leading into the individual’s psychological framework. The present study collected the total data of 120 individuals with 59 male and 61 females. The Study focuses on the demographic factor such as age, gender, employee or college student. The study focuses on how negative childhood experiences affect resilience and how they affect depression.

Adverse Childhood Experiences' Effect on Depression

Table 1: Model Summary

Model	R	R²	Adjusted R²
1	0.740	0.548	0.544

Table 1; Shows the regression analysis of the Adverse-Childhood-Experiences and the depression, the value of R (correlation-coefficient) of 0.740 demonstrating a robust positive association between depression and ACE. This implies that depression levels tend to rise in tandem with an increase in ACE. The closer the R value is to 1, indicates a stronger the association amongst the two variables. The R² value of 0.548 units means that 54.8% of the variation in depression can be explained by ACEs. About 54.8% means that the depression is one factor that is causes by ACE but there are other factors outside ACE that has to be accounted.

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Table 2: ANOVA analysis of ACEs and depression

	Sum of Squares	df	Mean Square	F	p
adverse childhood experiences	2120	1	2119.8	143	< .001
Residuals	1747	118	14.8		

Table 2; Omnibus ANOVA test inspects the consequence of ACE’s and the depression. The value of 2120 (sum of squares) interprets that the total amount of variations in depression can be explained by the different ACE’S. The large F-value (143) indicates that ACE is a significant in predicting the depression, and p-value (< .001) suggests that adverse-childhood experiences have a highly substantial and strong impression on depression. Individuals with higher levels of childhood adversity are likely to suffer from depression. ACE is a significant factor in understanding depression outcomes, exhibited by the extremely significant p-value and big F-value.

Table 3: Model coefficients- Depression

Predictor	Estimate	SE	t	p	Stand. Estimate
Intercept	2.25	0.724	3.11	0.002	
adverse childhood experiences	1.89	0.158	11.97	<.001	0.740

Table 3; show that that there is substantial positive correlation between ACE and depression, so the Depression levels rise in accordance with the number of negative childhood experiences. ACE significantly predicts the depression. For ACE, the SE is 0.158 which indicates the estimate value to be fairly accurate. The t- value of 11.97 indicates a stronger effect of ACE on depression. The p-value of<0.001 shows that there is a substantial positive impact of ACE on depression. For every one unit increase in ACE score the depression is expected to increase by 1.89 units.

Influence of Adverse-Childhood Experiences on Resilience

Table 4: Model summary

Model	R	R ²	Adjusted R ²
1	0.456	0.208	0.201

Table 4: The number illustrates the strength and direction of the linear correlation between ACE's and resilience. The R (correlation coefficient) which is 0.456 value indicates a strong positive correlation, which means that there is moderate relationship between ACES and

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resilience, ACE leads to leading to decrease in resilience. ACE explains about 20.8% of the variance in resilience, which is meaningful, but it also indicates that other factors outside of ACE play a substantial role in determining resilience levels.

Table 5: ANOVA analysis of ACEs and resilience

	Sum of squares	df	Mean Square	F	p
Adverse childhood experiences	463	1	463.2	31.0	<.001
Residuals	1765	118	15.0		

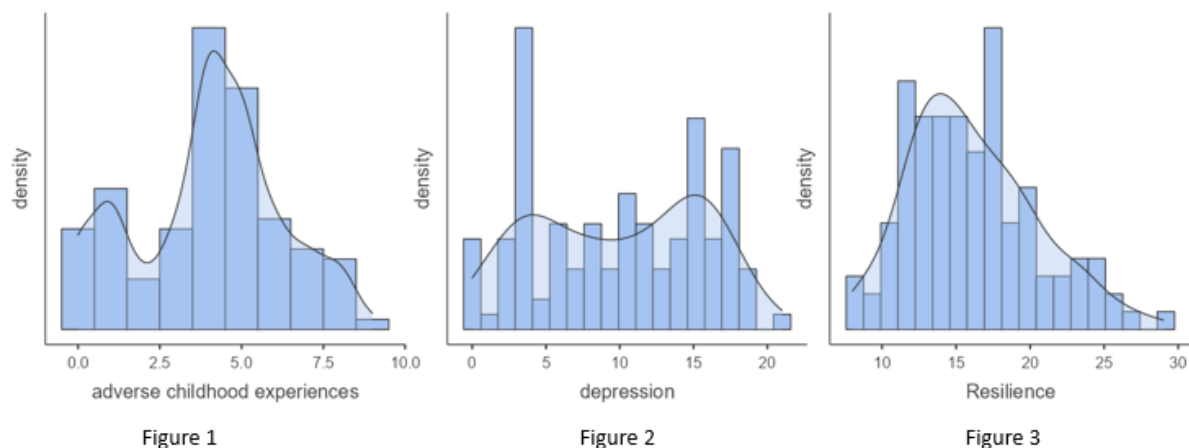
Table 5; A large F-value (31.0) suggests that the effect of ACE on resilience has a quite strong impact, ACE is a major factor in determining resilience levels. It is concluded that ACE has a statistically significant effect on resilience since the p-value is less than 0.001, rejecting the null hypothesis. The sum of squares of 463 indicates that variability in resilience can be explained by differences in adverse childhood experiences. In practical terms, this means the result highly confident that the relationship between ACE and resilience has an impact. Adverse-childhood experiences have a significant negative-impact on resilience, as demonstrated by the ANOVA test. The effect is strong and statistically significant, as indicated by the large F-value and small p-value.

Table 6: Model coefficients; resilience

Predictor	Estimate	SE	t	p	Stand. Estimate	95% Confidence Interval	
						Lower	Upper
Intercept	19.659	0.728	27.01	<.001			
adverse childhood experiences	-0.884	0.159	-5.56	<.001	-0.456	-0.618	-0.294

Table 6; Shows that the adverse childhood experiences have a substantial adverse effect on people's resilience. The value of the estimate = -0.884 indicates that This indicates that resilience declines by an average of 0.884 points for every additional negative childhood experience. This demonstrates a negative linear relationship between ACE and resilience, which means that a person's capacity to recover or cope with stress (resilience) declines as they encounter with more adversity as a child.

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- **Figure 1;** Show that a larger group experiences the low childhood adversity while a smaller group reports more substantial adversity.
- **Figure 2;** Depicts that some of the participants reported with a low level of depression, while other showed the moderate or high levels for depression.
- **Figure 3;** Depicts that many of the participant showed moderate to high level resilience, but there is a small portion of individuals with high resilience scores

Group Descriptives on the Basis of Gender

	Group	N	Mean	Median	SD	SE
Adverse childhood experiences	Male	59	4.20	4.00	2.16	0.281
	Female	61	3.82	4.00	2.31	0.295
depression	Male	59	10.85	12.00	5.73	0.745
	Female	61	8.85	9.00	5.55	0.710
Resilience	Male	59	15.10	14.00	3.99	0.519
	Female	61	17.10	16.00	4.45	0.570

According to this table; With a median of (12.00) for men and (9.00) for women, men have higher mean depression scores (10.85) than women (8.85), suggesting that depressive symptoms are typically more severe in the male group. Compared to men (Mean = 15.10, Median = 14.00), women reported higher resilience scores (Mean = 17.10, Median = 16.00). It suggests that, on average, women in this sample exhibit higher levels of resilience than men. On average the men and women both reported around 4 negative childhood experiences, with men having a slightly higher average than that of woman. on the depression level the men on average, reported feeling more depressed than that of woman, woman on average showed higher level of resilience (they have the better ability to cope up with difficulties) compare to the men.

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Group Descriptives on the Basis of College Student or an Employee

	Group	N	Mean	Median	SD	SE
adverse childhood experiences	college student	62	4.76	5.00	2.25	0.286
	employee in an organization	58	3.21	3.50	1.93	0.253
depression	college student	62	11.56	12.50	5.43	0.689
	employee in an organization	58	7.98	6.00	5.44	0.714
Resilience	college student	62	15.66	15.00	4.08	0.519
	employee in an organization	58	16.60	16.00	4.56	0.598

According to the table by comparing the college student and employee and organization, College students report a slightly higher median of 5.00 versus 3.50 for adverse childhood experiences, and a higher mean of 4.76 compared to mean of 3.21 for employees. The depression scores are significantly higher for college students (mean = 11.56, median = 12.50) compared to employees (mean = 7.98, median = 6.00). It demonstrates that students have experienced more difficulties as kids than employees on average. In terms of resilience, employees report higher mean and median scores (mean = 16.60, median = 16.00) compared to college students (mean = 15.66, median = 15.00). it was found out that the college students reported a high number of adverse childhood experiences then that of employees. College students exhibited higher average of depression scores than that of employees. Whereas the employees reported with a high average resilience compared to the college students suggesting that employees have a greater ability to cope with the challenges.

Group Descriptives on the Basis of Age

	Group	N	Mean	Median	SD	SE
Adverse childhood experiences	18-25	62	4.76	5.00	2.25	0.286
	25-44	58	3.21	3.50	1.93	0.253
Depression	18-25	62	11.56	12.50	5.43	0.689
	25-44	58	7.98	6.00	5.44	0.714
Resilience	18-25	62	15.66	15.00	4.08	0.519
	25-44	58	16.60	16.00	4.56	0.598

According to this table it shows. Compared to those aged 25–44 (mean = 3.21), those aged 18–25 report more negative childhood experiences (mean = 4.76). Resilience is higher among those aged 25–44 (mean = 16.60) than among those aged 18–25 (mean = 15.66).

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Additionally, based on the median scores (16.00 vs. 15.00), the older group seems to be slightly more resilient. In simpler terms it means that people in the age group of 18 to 25 reported with more difficult childhood experiences than those in 25 to 44 age group. Younger Group (18-25) also reported feeling more depressed than that of older group (25-44), whereas the resilience the older group showed a higher level of resilience meaning they were better to cope with challenges than that of the younger group.

CONCLUSION

The study examined the impact of Adverse Childhood Experiences on Their Psychological Sequelae of depression and resilience while taking into consideration demographic variables including age, gender, whether the participant was a college student or an employee of a company. Using the regression analysis the result was found out that there is a substantial positive association between depression and adverse-childhood experiences. This means that the higher the levels of ACE's are significantly associated with the higher the levels of depression. It is found that the idea of experiencing more adverse childhood experiences is linked with higher depression levels later in adulthood. The long-lasting psychological effects of early-life stress and trauma are highlighted by this positive relationship. The accumulation of these negative experiences may interfere with healthy emotional growth, make people more susceptible to stress, and eventually lead to the emergence of depressive disorders. For the implication of adverse-childhood experiences and resilience it was found out that, ACE's have a significant negative impact on the resilience, so if there are high levels of ACE's then there is lower level of the resilience, this means that individual who have experienced more adversity during the childhood tends to have lower resilience level, making it harder for them to recover from difficulties in their adulthood. People with greater resilience may be more capable to deal with life's obstacles, bounce back from bad experiences faster, and keep a more optimistic attitude, among other benefits which can lower the menace of emerging any depressive symptoms. The significance of resilience in reducing the impact of past and present stressors—especially those resulting from childhood adversity—is highlighted by this relationship.

The study also focused on the demographic factors such as age, gender, college student and or an employee in an organization. According to the data collected for the gender the result found out that Men reported slightly more negative childhood experiences than women, with both sexes reporting about four on average. In terms of depression, men generally reported feeling more depressed than women, while women generally displayed the greater resilience (the capacity to handle adversity better than men). According to the age factor, it was found out Individuals between the ages of 18-25 reported more difficult childhood experiences than those between the ages of 25 and 44. While the older group (25–44) demonstrated a higher level of resilience, meaning they were better able to handle challenges than the younger group, the younger group (ages 18–25) also reported feeling more depressed than the older group. For the employee in an organisation and the college student, it was found out that By comparing college students with employees and the organization, it was discovered that college students reported more negative childhood experiences than employees did. The average depression scores of college students were higher than those of employees. On the other hand, employees reported higher average resilience than college students, indicating that they are better equipped to handle the difficulties.

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Limitation

- **A cross-sectional study design:** As this is cross-sectional research the data was collected during a stipulated period of time this limits the ability to establish the interconnection impact of ACEs on depression and resilience, it can help identify the relationships more accurately while longitudinal study by tracking the participants over a period of time.
- **Self-reported data:** As The individuals self-reported their resilience, depression, and ACE experiences, which could lead to bias because of social desirability or inadequate response to sensitive information. They might also have difficulties recalling their emotional states or childhood experiences.
- **Limitation over a sample size and representation:** This is because only 120 people were included in the sample, which restricts the findings' applicability, Because of the study's location and socioeconomic background, the sample is not representative of the general population.
- **Cultural and the contextual biasness:** While resilience may have different meanings or coping mechanisms in different cultures, the study's inadequate accounting of cultural differences in adverse childhood experiences may limit the results' applicability to different ethnic and cultural groups.
- **Limited focus on resilience:** Since Focus of resilience on the study is very limited because it excludes elements like personality traits, the social support and the coping strategies, which restricts the capacity to understand the coping mechanisms.

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Conflict of Interest

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