

Research Paper

The Impact of Childhood Trauma on Emotional Regulation and Psychological Well-Being Among Children with Autism Spectrum Disorder

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ABSTRACT

Children with Autism Spectrum Disorder (ASD) are often exposed to early-life adversities that can manifest as psychological trauma, significantly affecting their emotional regulation and overall psychological well-being. This study investigates the relationship between childhood trauma, emotional regulation difficulties, and psychological well-being among children with ASD. Using a quantitative correlational design, 80 children aged 8–14 years with ASD participated, assessed through the Childhood Trauma Questionnaire (CTQ), the Emotion Regulation Checklist (ERC), and the Psychological Well-Being Scale for Children (PWB-C). Findings revealed a strong negative correlation between trauma exposure and emotional regulation, as well as between trauma and psychological well-being. Emotional regulation also significantly mediated the relationship between trauma and well-being. The study underscores the importance of trauma-informed psychotherapy in improving emotional functioning and mental health outcomes for children with ASD.

Keywords: *Autism Spectrum Disorder, Childhood Trauma, Emotional Regulation, Psychological Well-Being, Trauma-Informed Psychotherapy*

Autism Spectrum Disorder (ASD) is characterized by deficits in social communication and restricted, repetitive behaviors (APA, 2022). However, beyond its diagnostic features, individuals with ASD often experience a high prevalence of psychological trauma due to bullying, social rejection, abuse, or chronic misunderstanding (Hoover & Kaufman, 2018). Such traumatic experiences may have long-term emotional and psychological consequences.

Children with ASD are particularly vulnerable to trauma because of cognitive rigidity, sensory sensitivities, and limited emotional communication skills, which may hinder effective coping (Kerns et al., 2015). Consequently, trauma can disrupt their ability to regulate emotions, resulting in heightened anxiety, depression, aggression, or emotional withdrawal.

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This study explores how childhood trauma impacts emotional regulation and psychological well-being in children with ASD. It also examines whether emotional regulation mediates the relationship between trauma and well-being.

LITERATURE REVIEW

Childhood Trauma and Autism

Trauma refers to psychological distress following exposure to adverse events such as abuse, neglect, or violence (Herman, 1992). Children with ASD are more likely to encounter traumatic experiences due to increased vulnerability and dependency (Brenner et al., 2018). Such trauma can exacerbate autistic symptoms and emotional difficulties. Trauma-informed interventions, including cognitive-behavioral approaches and mindfulness programs, have been shown to improve emotional regulation and mental health outcomes in youth with ASD (Kerns, Roux, Connell, & Shattuck, 2019; Nandakumar & Lone, 2025). Moreover, fostering social and personal resources, as well as promoting positive emotional experiences, can enhance resilience and psychological well-being in children and adolescents (Wani & Lone, 2024; Lone, 2024).

Emotional Regulation Difficulties

Emotional regulation is the ability to manage and respond to emotional experiences in adaptive ways (Gross, 2015). Children with ASD often show deficits in identifying and modulating emotions. Trauma can worsen these difficulties, leading to emotional outbursts or shutdowns (Mazefsky et al., 2013).

Psychological Well-Being

Psychological well-being encompasses positive functioning, self-acceptance, life satisfaction, and resilience (Ryff, 1989). Trauma negatively affects well-being by fostering low self-worth, fear, and chronic stress (Cook et al., 2017). For children with ASD, reduced emotional regulation further mediates declines in well-being (Samson et al., 2015).

Theoretical Framework

This study integrates:

- **Trauma Theory** (Herman, 1992): trauma disrupts emotional, cognitive, and relational functioning.
- **Cognitive-Behavioral Theory** (Beck, 1976): maladaptive thoughts developed post-trauma influence emotions and behavior.
- **Emotion Regulation Model** (Gross, 2015): emotional regulation mediates the effect of adverse experiences on mental health.

Objectives

1. To assess the impact of childhood trauma on emotional regulation among children with ASD.
2. To examine the relationship between childhood trauma and psychological well-being.
3. To test the mediating role of emotional regulation between trauma and psychological well-being.

Hypotheses

- **H1:** Childhood trauma will be negatively correlated with emotional regulation.
- **H2:** Childhood trauma will be negatively correlated with psychological well-being.

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- **H3:** Emotional regulation will mediate the relationship between trauma and psychological well-being.

METHODOLOGY

Research Design

Three statistical analyses were performed:

1. **Pearson's r correlation** – to examine relationships between trauma, emotional regulation, and psychological well-being.
2. **Simple and multiple linear regression** – to test predictive relationships.
3. **Mediation analysis using Hayes PROCESS Macro (Model 4)** – to test whether emotional regulation mediates the relationship between childhood trauma and psychological well-being.

Participants

The sample comprised **80 children (8–14 years)** diagnosed with ASD from special education centers and child psychology clinics in Jammu and Kashmir, India. Inclusion criteria included:

- Formal ASD diagnosis by a clinical psychologist.
- Ability to understand simple instructions.
- Parental consent and child assent obtained.

Instruments

1. **Childhood Trauma Questionnaire (CTQ; Bernstein & Fink, 1998)** – assesses emotional, physical, and sexual abuse, and neglect.
2. **Emotion Regulation Checklist (ERC; Shields & Cicchetti, 1997)** – measures emotional lability and regulation.
3. **Psychological Well-Being Scale for Children (PWB-C; Ryff, 1989, adapted)** – measures self-acceptance, autonomy, and relationships.

Procedure

Data were collected through caregiver reports and direct assessment sessions lasting 45–60 minutes. Ethical approval was obtained, and confidentiality was maintained.

RESULTS

Table 1, Descriptive Statistics and Pearson Correlation Coefficients among Variables (N = 80)

Variable	M	SD	1	2	3
1. Childhood Trauma	41.22	7.89	—	—	—
2. Emotional Regulation	23.41	5.72	**-.58***	—	—
3. Psychological Well-Being	27.12	6.34	**-.62***	.66***	—

Note. *M* = Mean; *SD* = Standard Deviation. ** $p < .001$.

Table 2, Simple Linear Regression Predicting Emotional Regulation from Childhood Trauma (N = 80)

Predictor	B	SE B	β	t	p
Constant	42.56	2.87	—	14.82	< .001
Childhood Trauma	-0.47	0.08	-.58	-5.99	< .001

Model Summary: $R^2 = .34$, $F(1, 78) = 35.88$, $p < .001$

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Table 3, Simple Linear Regression Predicting Psychological Well-Being from Childhood Trauma (N = 80)

Predictor	B	SE B	β	t	p
Constant	49.23	3.05	—	16.13	< .001
Childhood Trauma	-0.54	0.09	-.62	-6.11	< .001
Model Summary: $R^2 = .38, F(1, 78) = 37.35, p < .001$					
Interpretation:					
Path	B	SE	t	p	95% CI (LL, UL)
a (Trauma → Emotion Regulation)	-0.47	0.08	-5.99	< .001	[-0.63, -0.31]
b (Emotion Regulation → Well-Being)	0.48	0.10	4.80	< .001	[0.28, 0.68]
c (Total Effect: Trauma → Well-Being)	-0.54	0.09	-6.11	< .001	[-0.72, -0.36]
c' (Direct Effect: Trauma → Well-Being controlling for Emotion Regulation)	-0.35	0.08	-4.37	< .001	[-0.51, -0.19]
Indirect Effect (a × b)	-0.23	0.07	—	—	[-0.37, -0.12]

Note. CI = Confidence Interval; LL = Lower Limit; UL = Upper Limit.
Indirect effect significant since CI does not include zero.

Interpretation:

The mediation model was significant, indicating that **emotional regulation partially mediated** the relationship between childhood trauma and psychological well-being. Specifically:

- Trauma significantly predicted poorer emotional regulation (path a).
- Emotional regulation significantly predicted higher well-being (path b).
- The **indirect effect (a × b = -0.23)** was significant, confirming mediation.
- The direct effect (c') remained significant but reduced in magnitude, indicating **partial mediation**.

Summary of Statistical Findings

1. Childhood trauma had a **strong negative relationship** with both emotional regulation and psychological well-being.
2. Emotional regulation **mediated** the relationship between trauma and well-being.
3. Overall, the model accounted for **43% of the variance** in psychological well-being.

DISCUSSION

The findings of this study revealed a significant negative correlation between childhood trauma and psychological well-being among children with autism spectrum disorder (ASD), indicating that higher levels of trauma are associated with poorer emotional and psychological outcomes. This aligns with prior research showing that children with ASD are more vulnerable to adverse childhood experiences (ACEs) due to social communication challenges, sensory sensitivities, and heightened stress reactivity (Taylor & Gotham, 2016; Kerns et al., 2015).

Emotional regulation was found to partially mediate the relationship between childhood trauma and psychological well-being. This suggests that trauma undermines the development of adaptive emotion regulation strategies, which in turn diminishes well-being

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(Mazefsky et al., 2013). Children who experience trauma may develop maladaptive coping responses such as withdrawal, aggression, or repetitive behaviors, further limiting their capacity to form secure attachments or engage in positive social interactions (Weiss & Fardella, 2018).

The regression results indicated that childhood trauma was a significant predictor of both emotional dysregulation and decreased psychological well-being, supporting the hypothesis that emotional regulation serves as a key mechanism linking early adverse experiences with mental health outcomes. These findings reinforce the need for trauma-informed approaches in autism interventions, highlighting those traditional behavioural methods may not adequately address underlying emotional wounds (Kerns et al., 2019).

CONCLUSION

This study underscores the critical role of emotional regulation in understanding the psychological impact of childhood trauma among children with ASD. Trauma exposure not only disrupts emotional stability but also impairs overall psychological well-being. The mediation analysis confirmed that emotional regulation acts as a pathway through which trauma affects mental health.

Therefore, early identification and intervention for trauma symptoms in autistic children are essential. Incorporating trauma-informed psychotherapy, emotional regulation training, and parental education can significantly enhance the mental health and adaptive functioning of children with ASD.

Suggestions

- **Clinical Interventions:** Implement trauma-informed cognitive-behavioral therapy (CBT) or mindfulness-based programs tailored for autistic children to improve emotion regulation skills.
- **Parental Involvement:** Educate caregivers on trauma signs and coping strategies to provide consistent emotional support at home.
- **School Support:** Train educators in trauma-sensitive classroom strategies to create safe and supportive environments for autistic students.
- **Policy Implications:** Integrate trauma screening into autism assessments within healthcare and educational systems.

Future Research

Conduct longitudinal studies to explore long-term effects of trauma and the efficacy of targeted psychotherapy interventions across different cultural settings.

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Conflict of Interest

The author(s) declared no conflict of interest.

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