

# The Effects of Childhood Trauma on Emotional Regulation and Psychological Well Being in Young Adults

Anushka Sehgal\* Dr. Rita Kumar \*\*

\* Student of Ba+ Ma, clinical psychology, Amity university Noida

\*\* Professor at Amity Institute of psychological studies, Amity University Noida

## Abstract

This study investigates the enduring influence of childhood trauma on emotional regulation and psychological well-being in a model of 150 participants aged 18 to 35. The study utilizes three established questionnaires: the Childhood Trauma Questionnaire (CTQ), the Difficulties in Emotional Regulation Scale (DERS), and the Psychological Well-being Scale (PWB). Findings reveal significant correlations between emotional regulation and various types of childhood trauma across different life stages, with distinct traumas surfacing notably in the late 20s or early 30s. Negative correlations persistently link demonstrative abuse, emotional abandonment, corporeal abuse, and voluptuous abuse with emotional regulation sub-scales, highlighting the nuanced relationships at different ages. Furthermore, individuals with a history of childhood trauma exhibit lower and less adaptive psychological well-being, with specific sub-scales displaying negative correlations. The study upholds three hypotheses, affirming that childhood trauma significantly influences an individual's self-concept, emotional regulation skills, and psychological well-being.

**Keywords:** childhood trauma, psychological well-being, emotional regulation, young adults, abuse

## Chapter I

### Introduction

#### Overview

The present study is a comprehensive exploration of the intricate connections among childhood trauma, emotional regulation, and psychological well-being in the context of young adulthood. Youthful trauma, encompassing experiences like abuse and neglect, is well-established as a potent factor influencing various facets of an individual's life. This study endeavours to deepen our understanding by examining how childhood trauma shapes emotional regulation strategies in young adults and, consequently, impacts their psychological well-being.

One key focus is on the mediating role of emotional regulation—an essential aspect of mental health that involves the management and modulation of emotions. The study aims to unravel how young adults who have gone through youthful disturbances navigate and regulate their emotions, considering the potential implications for their overall psychological well-being. This approach recognizes that emotional regulation acts as a crucial connection between primary contrary involvements and later mental health consequences.

By synthesizing findings from existing studies, the research seeks to contribute a nuanced perspective to our understanding of the long-term impact of childhood trauma on young adults' emotional and psychological development.

Overall, the study's comprehensive approach, incorporating a literature review, exploration of emotional regulation processes, and consideration of psychological well-being, aims to provide valuable insights for clinicians, researchers, and policymakers. The goal is to inform interventions and support mechanisms tailored to the unique needs of youths with a past of childhood trauma, ultimately contributing to the broader discourse on mental health and well-being.

## (A) Concepts

**Childhood trauma***Definition*

The child's primary caregiver or parent needs to receive, price, and treasure every part of the kid. Child abuse and neglect are defined as the destruction of or failure to charge slightly of these elements of a kid's psychological development (Barnett, Manly, & Cicchetti, 1993).

Anyone under the age of 18 is considered a child, conferring to the United Nations Convention on the Rights of the Child (UNCRC). This is a commonly accepted definition of a child that originates from an international legal body that is recognized by the majority of nations worldwide. However, there has always been a dispute over how to determine a person's age in India. All individuals under the age of 14 are regarded as children by the Indian Census and the majority of government programs.

***Types Of Child Abuse***

Although there are several methods to abuse a child, there are four main categories into which it may be divided globally. These categories are described below.

## 1. Physical abuse

Physical abuse ranks as the second most frequently reported type of child abuse, constituting 25% of all documented cases. It stands out as the most easily observable form of child abuse, encompassing any physical harm resulting from actions such as hitting, punching, biting, throwing, burning, or any other form of injury inflicted upon a child. Whether intentional or not, physical injuries that cause severe fractures or the death of a child fall within the realm of physical abuse. The repercussions of such abuse include lasting physical injuries like broken bones, abdominal injuries, trauma, and skin damage. Additionally, physical abuse may contribute to mental health issues such as depression or anxiety, substance abuse, and even suicide attempts. Research underscores that child physical abuse significantly predicts the emergence of depressive symptoms. It is imperative to remove a child from such traumatic conditions as it is essential for their overall development.

## 2. Emotional abuse

Emotional abuse or psychological abuse stems from any mistreatment that affects a child emotionally. This includes actions like threatening, blackmailing, bullying, manipulating, or isolating the child, as well as a lack of respect for the child's emotional feelings by parents or caregivers. Unlike other forms of abuse, emotional abuse is not easily discernible, and a child may not feel comfortable sharing such experiences until they reach a crisis point. Emotional abuse often becomes apparent when other forms of abuse are identified. Its impact on a child's mental health can be severe, potentially leading to suicidal thoughts and hindering emotional or psychological development. Notably, from 1986 to 1993, emotional abuse saw a greater increase compared to physical or sexual abuse. The hidden nature of emotional abuse poses a significant challenge to the existing Child Protection System, as it is often challenging to provide concrete evidence in cases of Child Emotional Abuse.

## 3. Sexual abuse

Sexual misuse happens when a grownup coerces a kid into engaging in sexual activities that the child is unaware of. Even when there is no physical violence or coercion, the activity is still considered sexual abuse. Examples of sexual abuse include sexual intercourse (including vaginal, oral and anal), self-indulgence, forced or coerced masturbation, sexual trafficking, the production or distribution of pornographic images or video of the child, etc. There are two main types of sexual abuse: contact type, which involves kissing or holding the child sexually, touching the genital area, and sexual exploitation, which involves the use of violence or violence to coerce or coerce the child into sexual activity. Additionally, non-contact types of abuse, such as sexual commentary, virtual sex, or the display of pornography, are also included. The effects of sexual abuse on a child can range from gestation and STDs to physical injuries in the genital area and suicidal thoughts. Furthermore, these situations can have long-term consequences, such as depression syndromes and drug and alcohol addiction.

## 4. Neglect

Neglect, a form of abuse, arises when parents or caretakers fail to see the physical as well as the psychological requirements of a child, encompassing insufficient provisions of food, shelter, clothing, education, and healthcare. Acts like locking a child in a room, leaving them alone, or abandonment are recognized as neglect and abuse. The catastrophe of guarding a kid from injury and a lack of attention to their overall well-being can result in

consequences such as loneliness, suicidal thoughts, depression, anxiety, and an increased susceptibility to drug and alcohol addiction. Neglect is commonly categorized into four types: physical neglect, which involves basic needs like nutritious food and proper hygiene; emotional neglect, including isolation and neglect of mental health; educational neglect, indicating a failure to provide adequate education; and medical neglect, where the child's health is overlooked, and medical problems are ignored.

### Emotional regulation

The capacity to apply dominance over one's own expressive state is known as emotion regulation. It might involve actions like rethinking a demanding condition to decrease anger or anxiety, casing up obvious signs of fear or sadness, or being fixated on things that make you feel happy or calm.

Emotional regulation, a pivotal component of mental health, involves the skill to identify, understand, and accomplish one's feelings. It encompasses processes that enable individuals to adaptively respond to and navigate their emotional experiences. Childhood trauma can disrupt the development of these regulatory mechanisms, leading to difficulties in expressing, understanding, and controlling emotions.

The work of Berzenski (2018) highpoints the specificity of emotion regulation difficulties associated with different forms of childhood trauma. Emotional dysregulation may manifest as heightened reactivity, impulsivity, or emotional numbing. Understanding these nuances is essential for tailoring interventions that address the unique challenges faced by individuals with a history of childhood trauma.

**Fig 2. Examples of Common Emotion Regulation Strategies**

| HEALTHY                       | UNHEALTHY  |
|-------------------------------|--|
| Connecting socially           | Substance abuse or alcohol abuse                   |
| Physical activity             | Self-injury  |
| Journaling                    | Withdrawing or avoiding difficult situations       |
| Meditation                    | Aggression (physical or verbal)                    |
| Getting adequate sleep        | Excessive social media usage                       |
| Recognising negative thoughts | Avoiding or excluding other daily responsibilities |

### Types of Emotional Regulation

The three main techniques for controlling emotions all aim to alter the strength, character, and/or duration of an emotion.

- **Attentional control** is the ability to direct one's focus away from stimuli that elicit emotions. Research on attentional control has mainly centred on reactions to agony, revealing that many means of unstable consideration or disruption, such as being prompted to "think of something else," can reduce the unpleasantness of discomfort (Tracey et al., 2002).
- **Cognitive reappraisal** includes reassessing a tricky situation or reconsidering it from another perspective. This concept has been examined in various ways, including instructing members to envision a setting in which an emotional event or experience becomes neutral (Ochsner et al., 2002). Other approaches involve imagining the event receding into the reserve (Davis et al., 2011) or adopting the role of an objective, scientific observer, devoid of emotional involvement (Goldin et al., 2008).
- **Response modulation** entails the modification of emotion-expressive behaviour. An illustrative example is the effort to withhold tears when feeling sad, aiming to prevent further escalation of sadness. While response modulation might prove effective in the short term, research indicates that frequent employment of expressive suppression may be dysfunctional. This practice can lead to reduced emotional control, impaired interpersonal functioning, compromised memory, diminished overall well-being, and an increased likelihood of experiencing depressive symptoms (Gross and John, 2003).
- **Psychological Well-Being**
- Psychological well-being denotes the overall superiority of a person's mental health and the presence of positive psychological functioning. It involves a holistic assessment of one's life satisfaction, positive emotions,

engagement in activities, a sense of purpose, positive relationships, and personal growth. Psychological well-being goes beyond the absence of mental illness, emphasizing the positive aspects of mental health and the individual's ability to flourish and thrive in different aspects of life.

- Two key aspects of psychological well-being are present. The first of these concerns how much happiness and positive feelings are felt by individuals. The term "subjective well-being" is occasionally used to describe this component of psychological health (Diener, 2000).

## Reviews

Dharani MK (2023) conducted research on the possessions of harassment and abuse on Psychological Well-Being among Women in India. Abuse and harassment are serious issues that are now plaguing both India and the rest of the world. An unethical or harmful response to a circumstance or style of acting toward a person is defined as psychological harassment, it is described as unpleasant or hostile conduct by one or more people directed against a third party either directly or indirectly, whereas Abuse is the wrong handling or use of something, frequently done to unfairly or wrongfully benefit from it. This article analyses the Effects of Harassment and Abuse on an Individual and also examines its correlation with depression, anxiety, negative mental health and its overall effect on psychological well-being in both India and the rest of the world and the social problems it is creating.

Tamara L. Taillieu, Douglas A. Brownridge et al (2016) investigating childhood emotional maltreatment and its correlation with mental disorders among 34,653 participants, emotional neglect emerged as the most prevalent form at 6.2%. This was shadowed by emotive abuse alone at 4.8%, and a combination of emotional abuse and neglect at 3.1% equally. All categories of emotional maltreatment displayed robust associations with other forms of child maltreatment, presenting odds ratios, as well as a history of family dysfunction, with odds ratios ranging from 2.2 to 8.3. Even after altering for socio-demographic factors, whole forms of emotive mistreatment were linked to amplified chances of various cerebral disorders, with attuned chance relations vacillating from 1.2 to 7.4. Notably, countless of these associations endured being significantly autonomous of feeling other systems of child exploitation and a personal past of dysfunction, with ratios ranging from 1.2 to 3.0. The study highlighted that the effect of emotional maltreatment particularly emotionally abusive actions, was more pronounced for active forms like emotional abuse compared to inactive forms like emotional neglect. Importantly, emotional maltreatment was related with heightened chances of receiving generation analyses for numerous psychological illnesses.

Gale (2019) reported verbal abuse, sexual harassment, and sexual assault are widespread issues experienced by chalet squad members, with 63%, 26%, and 2% of defendants, respectively, disclosing instances of annoyance in the past year alone. The study revealed a concerning association between workplace abuse and various health issues such as depression, slumber turbulences, and musculoskeletal injuries, affecting both male and female crew members. The odds ratios (ORs) demonstrated a trend towards increased health risks with a higher frequency of abusive events. This research is groundbreaking in its comprehensive exploration of workplace abuse and harassment, particularly in a predominantly female customer-facing workforce. The significant correlations observed between workplace mistreatment and adverse health outcomes underscore the need to reevaluate workplace policies to address these prevalent issues. Clinicians, armed with this understanding, should also consider the impact of high emotional labour demands in certain jobs on individuals' health, educate patients about psychological and bodily replies, provide managing policies, and be vigilant for signs of suffering among those working in similar occupations, directing them towards appropriate treatments and therapies. According to the study's findings, road pestering is a solemn delinquency that has terrible emotional, physical, and psychological repercussions. It also suggests that policy interventions be made to stop this horrible crime against women.

De (2021) stated that Youthful sensual exploitation has been linked to a diversity of harmful physical, mental, behavioural, depressive, and social impacts. Furthermore, it's probable that people are unaware of the potential psychological tools that can help mitigate the detrimental effects of childhood emotional abuse. Therefore, it has been suggested in this research that deep knowledge assisted impact of mental abuse and despair in broods be used to manage major health issues for their children and coordinate that part with necessities of everyday living.

The relationship between parent' mental maltreatment of their children and teenage psychological strength issues was researched by DL-IPAD. In a strategy for measuring mood and depression, the suggested method finds converging evidence of a living spirit that lessens the impact of childhood mental misuse and abandonment on subsequent depressive symptoms. Emotional dysregulations and the subsequent behavioural problems relating to depressed symptoms are mediators of emotional maltreatment in childhood. This paper aims to demonstrate how Child Protective Services can be cautious in identifying and stopping infant emotive exploitation. Finally, techniques for emotional regulation and emotional health might lessen depression.

Amit Agrawal, Shweta Sharma, and Janice Jacon Mandumpala (2022) wrote an article on Childhood abuse and late-life depression. Abuse of children is a serious civic well-being matter because it can stunt children's growth. Children who experience psychological, physical, or sexual abuse may experience long-lasting effects and have different mental health outcomes. All forms of maltreatment carry risks for depression in adulthood, and they frequently co-occur. Research method gaps make it difficult to extrapolate a broad conclusion that could affect how this likely connection is understood. There aren't many mechanisms that relate biopsychosocial dimensions. The recent research connecting childhood abuse and clinical depression is summarized in this review. Last but not least, depression may be prevented with the help of validated screening tools and targeted interventions. This review emphasizes how crucial it is to address traumatic event and its effects on depression development.

Ameeta Kalokhe, et al (2017) conducted a study on the systematic review of quantitative studies on domestic violence against women in India underscores the pervasive nature of this issue and its severe impact on both mental and physical health. The analysis of 137 studies conducted in the past decade reveals alarming statistics, with a median of 41% of women reporting experiencing domestic violence during their lifetime, and 30% within the past year when considering at least two forms of abuse. The association between domestic violence and various deleterious health behaviours is striking. This includes links to baccy usage, lack of antifertility and safety usage, reduced utilization of healthcare services, and a higher frequency of depression, post-traumatic stress disorder, attempted suicide, asthma, anaemia, and also chronic fatigue. These findings highlight the urgent need for comprehensive interventions and policies to address domestic violence in India. Not only is it a grave violation of human rights, but it also has profound implications for the well-being of women. Efforts should not only focus on preventing and addressing domestic violence but also on providing support and resources for the mental and physical health challenges that arise from such experiences. The review serves as a valuable resource for identifying gaps in the literature, emphasizing the need for continued research to better understand the nuances of domestic violence and its consequences in the Indian context.

Donald Warne, Kristen Dulacki, Margaret Spurlock, et al (2017) conducted a study on Adverse Youthful Involvements amongst American Indians in South Dakota and Connotations with Mental Health Situations, Alcohol Use, as well as Smouldering. The occurrence of Adversative Youthful Involvements and their connotation with behavioural well-being in American Indian as well as the non-American Indian inhabitants in South Dakota. The study comprised of the authenticated ACE survey in a statewide strength review of 16,001 families. The occurrence of Adverse Childhood Experiences and behavioural strength circumstances in American Indians as well as non-American Indians as well as the connection between Childhood experiences and behavioural health was examined. The results claimed that in comparison with non-American Indians, American Indians displayed advanced occurrence of Adverse Childhood Experiences including exploitation, negligence, and domestic dysfunction and had a larger count of Childhood Experiences. Also, for American Indians and non-American Indians, consuming more than 6 ACEs amplified the risk of depression, anxiety, PTSD, alcohol waste, and smoking as equated to people with no ACEs. The study concluded that Ais experiencing more ACEs had poor behavioural health.

Hanan E. Badr, Jumana Naser, et al (2018) investigated that Childhood maltreatment: A predictor of mental health problems among adolescents and young adults." This study, which included 1270 Kuwait College students, sought to determine the connection between childhood abuse, sociodemographic influences, and university students' mental health and self-esteem. The study's results showed a high incidence of mental health glitches among the participants, including high rates of stress (43.8%), anxiety (63.0%), and depression (49.6%). In addition, a sizeable percentage of students (22.5%) and 18.6%) reported having been the fatalities of physical and/or

emotional abuse as children. Furthermore, the study showed that, even after controlling for covariates, emotional abuse during childhood was a significant predictor of low self-esteem. The results highlight the need for additional study, focusing on examining cultural factors related to child abuse. In conclusion, the study offers insightful information about the commonness of mental health problems and childhood abuse among university students, highlighting the significance of addressing these problems for the welfare of young adults.

Zoe Haslam and Emily P. Taylor (2022) Despite being a frequent form of abuse, research has historically paid less attention to child neglect. But more recently, it has come to light that it has a significant impact on long-term physical and mental health outcomes, as well as cognitive, behavioral, and socio-emotional development. The authors conducted a systematic review to synthesise specifically in peer relationships, in order to recognize the crucial role of interpersonal functioning during adolescence and its implications for future life outcomes. The review included 21 articles focusing on five markers of adolescent interpersonal functioning and data from 7 databases and 3 grey literature websites. The findings showed that peer relationships are negatively impacted by neglect, especially emotional neglect. Additionally, there is strong evidence that gang membership and deviant peer affiliation among teenagers are directly correlated with neglect. The results emphasize the need for additional research in the frequently understudied area of adolescent romantic relationships and the significance of using a trauma-informed approach when working with adolescents.

### Chapter III

#### Methodology

##### Aim:

The aim of this study is to investigate the impact of childhood trauma on emotional regulation and psychological well-being in young adults.

##### Objectives:

The objectives of the present study are as follows:

1. To Examine significant correlation Between Childhood Trauma and Emotional Regulation
2. To Investigate correlation between Youthful Trauma on Psychological Well-being in Young Adults
3. To study Relationship Between Childhood Trauma, Psychological Well-Being and Emotional Regulation

##### Hypotheses:

The hypotheses formed for the present study are as follows:

1. Childhood trauma will significantly impact young adults' emotional regulation as well as psychological well-being.
2. Young adults with a past of youthful disturbance will demonstrate lower levels of psychological well-being.
3. Young adults who have experienced childhood trauma will exhibit variations in emotional regulation strategies.

##### Sample:

Snowball and convenience

##### Tools to be used:

- Consent form
- Socio-demographic form
- **Difficulties in Emotion Regulation Scale (DERS):** It is a comprehensive self-report instrument designed to assess various facets of emotion regulation difficulties in individuals. Comprising six subscales, including Impulse Control Difficulties and Lack of Emotional Awareness, the DERS provides a nuanced understanding of an individual's struggles in managing and responding to emotions effectively. This instrument is widely used in clinical and research settings to identify specific domains of emotion dysregulation, aiding in the development of targeted interventions and therapeutic strategies.



- The Difficulties in Emotional Regulation Scale has a reported Cronbachs alpha of .93 as reported by the developer. The DERS has good test-retest reliability and acceptable construct and predictive validity
- **The Childhood Trauma Questionnaire (CTQ):** It is a validated and widely employed self-report instrument aimed at assessing experiences of childhood trauma, including emotional, physical, and sexual abuse, as well as emotional and physical neglect. The CTQ's multi-dimensional approach allows for a nuanced exploration of different types of traumas, providing valuable insights into an individual's early life experiences. Its utility spans clinical and research contexts, contributing to a comprehensive understanding of the impact of childhood trauma on various aspects of mental health and well-being. The Cronbach's  $\alpha$  of the original CTQ-SF was 0.852, and the Cronbach's  $\alpha$  for the five subscales from high to low was 0.857 (Emotional neglect), 0.755 (Sexual abuse), 0.713 (Physical abuse), 0.666 (Emotional abuse), and 0.491 (Physical neglect), respectively.
- **The Psychological Well-Being Questionnaire:** It is a validated assessment tool designed to evaluate an individual's overall psychological well-being across multiple dimensions. Developed by Carol Ryff, this instrument measures six key dimensions of psychological well-being, including Autonomy, Environmental Mastery, and Purpose in Life. By encompassing both hedonic and eudemonic aspects of well-being, this questionnaire offers a holistic perspective on an individual's mental health. Widely used in positive psychology research and clinical assessments, the questionnaire provides valuable information about an individual's subjective experience of well-being and fulfilment in life. The subscales of Self-acceptance, Positive Relation with Others, Autonomy, Environmental Mastery, Purpose in Life, and Personal Growth were found to be 0.71, 0.77, 0.78, 0.77, 0.70, and 0.78 respectively

## Result

Statistical analyses including correlation and regression representations were used to inspect the relations between youthful trauma, emotional regulation, and psychological well-being. The research team will ensure the confidentiality and security of participant data. Identifiable information will be stored separately from research data, and access will be restricted to authorized personnel. After every participant had completed the survey, it was scored and recorded without mentioning anyone's name.

**Table 1 (a): Correlation between Emotional Regulation and Childhood Trauma**

| Emotional Regulation | Emotional Abuse (r) | Physical Abuse (r) | Sexual Abuse (r) | Emotional Neglect (r) | Physical Neglect (r) | Sig. |
|----------------------|---------------------|--------------------|------------------|-----------------------|----------------------|------|
| Awareness            | Not                 | Not                | Not              | 0.17                  | Not                  | 0.05 |
| Regulation           | Significant         | Significant        | Significant      | Significant           | Significant          | -    |
| Clarity              | Not                 | Not                | Not              | Not                   | Not                  | -    |
| Regulation           | Significant         | Significant        | Significant      | Significant           | Significant          | -    |
| Goals                | Not                 | Not                | -0.22            | Not                   | Not                  | 0.01 |
| Regulation           | Significant         | Significant        | Significant      | Significant           | Significant          | 0.05 |
| Impulse              | 0.18                | Not                | Not              | Not                   | Not                  | 0.05 |
| Regulation           | Significant         | Significant        | Significant      | Significant           | Significant          | 0.05 |
| Non-Acceptance       | -0.16               | Not                | Not              | Not                   | Not                  | 0.05 |
| Regulation           | Significant         | Significant        | Significant      | Significant           | Significant          | -    |
| Strategies           | Not                 | Not                | Not              | Not                   | Not                  | -    |
| Regulation           | Significant         | Significant        | Significant      | Significant           | Significant          | -    |
| Overall              | Not                 | Not                | Not              | Not                   | Not                  | -    |
| Emotional Regulation | Significant         | Significant        | Significant      | Significant           | Significant          | -    |

Table 1 (b): Correlation between Emotional Regulation and Psychological Well-being

| Emotional Regulation         | Autonomy        | Environmental Mastery | Personal Growth | Positive Relations with Others | Purpose in Life | Self-Acceptance | Overall PWB     | Sig. |
|------------------------------|-----------------|-----------------------|-----------------|--------------------------------|-----------------|-----------------|-----------------|------|
| Awareness                    | Not Significant | 0.21                  | Not Significant | Not Significant                | Not Significant | -0.18           | Not Significant | 0.01 |
| Clarity                      | Not Significant | Not Significant       | Not Significant | Not Significant                | Not Significant | Not Significant | Not Significant | -    |
| Goals                        | Not Significant | Not Significant       | Not Significant | Not Significant                | Not Significant | Not Significant | Not Significant | -    |
| Impulse                      | Not Significant | Not Significant       | Not Significant | Not Significant                | Not Significant | Not Significant | Not Significant | -    |
| Non-Acceptance               | Not Significant | Not Significant       | Not Significant | Not Significant                | Not Significant | Not Significant | -0.17           | -    |
| Strategies                   | Not Significant | Not Significant       | Not Significant | Not Significant                | Not Significant | Not Significant | Not Significant | -    |
| Overall Emotional Regulation | Not Significant | Not Significant       | Not Significant | Not Significant                | Not Significant | Not Significant | Not Significant | -    |

Table 1(c): Correlation between Childhood Trauma and Psychological Well-Being

| Childhood Trauma  | Autonomy (r)    | Environmental Mastery (r) | Personal Growth (r) | Positive Relations with Others (r) | Purpose in Life (r) | Self-Acceptance (r) | Overall PWB (r) | Sig. |
|-------------------|-----------------|---------------------------|---------------------|------------------------------------|---------------------|---------------------|-----------------|------|
| Emotional Abuse   | -0.19           | Not Significant           | 0.19                | Not Significant                    | Not Significant     | Not Significant     | Not Significant | 0.05 |
| Physical Abuse    | Not Significant | Not Significant           | Not Significant     | Not Significant                    | Not Significant     | Not Significant     | Not Significant | -    |
| Sexual Abuse      | Not Significant | Not Significant           | -0.16               | Not Significant                    | Not Significant     | Not Significant     | Not Significant | 0.05 |
| Emotional Neglect | Not Significant | Not Significant           | Not Significant     | Not Significant                    | Not Significant     | Not Significant     | Not Significant | -    |



|                  |                 |                 |                 |                 |                 |                 |                 |   |
|------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|---|
| Physical Neglect | Not Significant | Not Significant | Not Significant | Not Significant | Not Significant | Not Significant | Not Significant | - |
|------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|---|

Table 2: Correlation Test of Analysis between DERS and PWB

| Emotional Index | Regulation | Psychological Being | Well- | r-value | Sig. |
|-----------------|------------|---------------------|-------|---------|------|
|                 |            |                     |       | -0.08   | 0.30 |

## ANOVA a

| Model |            | Sum of Squares | Df  | Mean Square | F    | Sig.  |
|-------|------------|----------------|-----|-------------|------|-------|
| 1     | Regression | 235.326        | 5   | 47.06       | 1.34 | 0.25b |
|       | Residual   | 5048.434       | 144 | 35.05       |      |       |
|       | Total      | 5283.760       | 149 |             |      |       |

a. Dependent Variable: Total Emotional Regulation

b. Predictors: (Constant), participant's physical neglect, sexual abuse, physical abuse, emotional abuse, emotional neglect

## Discussion

The study commenced with obtaining ethical approval. Information about the study's purpose, procedures, and potential benefits and risks were clearly communicated as well. Prior to participation, participants were provided with a detailed informed consent form outlining the study's objectives, confidentiality measures, and their right to withdraw at any stage. They were also encouraged to ask questions before being involved in the study. Only the participants who consented to be a part of the research were provided with a basic demographic detail sheet, a comprehensive trauma assessment using the Childhood Trauma Questionnaire (CTQ), an assessment of emotional regulation using the Difficulties in Emotional Regulation Scale (DERS), and lastly, Psychological Well-Being Questionnaire providing insights into various dimensions of their psychological well-being.

There were a significant number of correlations found between the emotional regulation sub-scale & types of childhood trauma among different age groups. It was noticed that during the late 20s or early 30s, the trauma was visible. There was a negative correlation found between emotional abuse and awareness regulation at the age of 35. The data was significant at 0.05 level. Awareness regulation refers to recognizing and acknowledging one's emotional experiences. If someone is emotionally abused, they may not know how to acknowledge or accept their own as well as other's emotional experiences. There was also a high negative correlation between emotional neglect and clarity regulation.

In the results of the psychological well-being scale along with youthful disturbance, there were some significant correlations found as well. Any form of abuse individuals may have experienced during their childhood becomes visible during adulthood. They can be visible in the form of decision-making, having autonomy, trusting other people, recognizing and acknowledging emotions, accepting that better things can happen to oneself, being hopeful, maintaining relationships with individuals, finding a determination in lifespan and also self-acceptance. Autonomy was found to have negatively correlated with emotional abuse at several age groups including at the age of 19, 26 and 27. On the other hand, having gone through childhood emotional trauma, there are signs of a positive correlation when it comes to environmental mastery. This suggests that a person definitely becomes more alert and observant of their surroundings knowing that it is difficult to trust everyone. Personal growth was also negatively correlated with sexual abuse in the age group of 25 and 31.

## Conclusion

In the conducted study, a diverse cohort of 150 participants was carefully chosen, with a noticeable gender bias towards male representation. Early observations from descriptive statistics hinted at the inclusion of students, adding a layer of diversity to the sample. Rigorous ethical standards were maintained through the use of a standardized informed consent form, ensuring that all participants were well-informed and willing contributors. Given the sensitivity of the research topic, participants, falling within the age range of 18 to 35 years, were assured of extreme confidentiality throughout the study. Further findings indicated that individuals with a history of childhood trauma exhibited lower and less adaptive psychological well-being. Several sub-scales of psychological well-being displayed negative correlations with different types of childhood trauma. Consistent with prior research, it was observed that individuals who endured sexual and physical abuse faced an increased risk of depression or anxiety in adulthood. Roller et al. (2009) highlighted that childhood sexual abuse could prematurely activate sexual arousal, significantly impacting an adult's autonomy over their body and sexual identity.

The study formulated three hypotheses, all of which were upheld, leading to the conclusion that childhood trauma significantly influences an individual's self-concept, emotional regulation skills, and psychological well-being. These results highlight the pervasive and enduring impression of infantile trauma on various facets of an individual's mental health and functioning.

## References

- [1] Ackerson LK, Subramanian SV. Domestic violence and chronic malnutrition among women and children in India. *American Journal of Epidemiology*. 2008;167(10):1188–1196.
- [2] Ackerson LK, Kawachi I, Barbeau EM, Subramanian SV. Exposure to domestic violence associated with adult smoking in India: A population-based study. *Tobacco Control*. 2007;16(6):378–383.
- [3] Agrawal A, Sharma S, Mandumpala JJ. Childhood abuse and late-life depression – Recent updates. *Indian J Child Health*. 2022; 9(6):87-91.
- [4] Barros, P., Assar, R., Botto, A., Leighton, C., Quevedo, Y., & Jiménez, J. P. (2022). The Effect of Child Trauma on the Relation between Psychological Well-Being and Depressive Symptoms in Chilean University Students. *Healthcare (Basel, Switzerland)*, 10(12), 2463. <https://doi.org/10.3390/healthcare10122463>
- [5] Chandra PS, Satyanarayana VA, Carey MP. Women reporting intimate partner violence in India: Associations with PTSD and depressive symptoms. *Archives of Women's Mental Health*. 2009;12(4):203–209
- [6] Chowdhury AN, Brahma A, Banerjee S, Biswas MK. Pattern of domestic violence amongst non-fatal deliberate self-harm attempters: A study from primary care of West Bengal. *Indian Journal of Psychiatry*. 2009;51(2):96–100
- [7] De, J. I. N. G., & Xueling, J. I. A. (2021). Impact of psychological abuse and depression in children from a physical well-being perspective. *Aggression and Violent Behaviour*, 101681.
- [8] Gale, S., Mordukhovich, I., Newlan, S., & McNeely, E. (2019). The impact of workplace harassment on health in a working cohort. *Frontiers in Psychology*, 1181.
- [9] Gladstone, G. L., Parker, G. B., Mitchell, P. B., Malhi, G. S., Wilhelm, K., & Austin, M. P. (2004). Implications of childhood trauma for depressed women: an analysis of pathways from childhood sexual abuse to deliberate self-harm and re-victimization. *American Journal of Psychiatry*, 161, 1417–1425.
- [10] Gupta RN, Wyatt GE, Swaminathan S, Rewari BB, Locke TF, Ranganath V, ... Liu H. Correlates of relationship, psychological, and sexual behavioural factors for HIV risk among Indian women. *Cultural Diversity & Ethnic Minority Psychology*. 2008;14(3):256–265.
- [11] Khoshaba, D. M., & Maddi, S. R. (1999). Early experiences in hardiness development. *Consulting Psychology Journal*, 51, 106–116.
- [12] Maselko J, Patel V. Why women attempt suicide: The role of mental illness and social disadvantage in a community cohort study in India. *Journal of Epidemiology & Community Health*. 2008;62(9):817–822
- [13] Patel V, Kirkwood BR, Weiss H, Pednekar S, Fernandes J, Pereira B, ... Mabey D. Chronic fatigue in developing countries: Population-based survey of women in India. *British Medical Journal*. 2005;330(7501):1190

- [14] Roller C., Martsof D.S., Draucker C.B., Ross R. (2009). The Sexuality of Childhood Sexual Abuse Survivors. *International Journal of Sexual Health* .21(1), p. 46-60.
- [15] Ryff, C., & Keyes, C. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology*, 69, 719–727.
- [16] Shahmanesh M, Wayal S, Cowan F, Mabey D, Copas A, Patel V. Suicidal behaviour among female sex workers in Goa, India: The silent epidemic. *American Journal of Public Health*. 2009;99(7):1239–1246
- [17] Verma RK, Pulerwitz J, Mahendra V, Khandekar S, Barker G, Fulpagare P, Singh SK. Challenging and changing gender attitudes among young men in Mumbai, India. *Reproductive Health Matters*. 2006;14(28):135–143. Doi: 10.1016/S0968-8080(06)28261-2.
- [18] Zoe Haslam, Emily P. Taylor, The relationship between child neglect and adolescent interpersonal functioning: A systematic review, *Child Abuse & Neglect*, Volume 125, 2022, 105510, ISSN 0145-2134, <https://doi.org/10.1016/j.chiabu.2022.105510>.