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LONG-TERM EFFECTS OF CHILDHOOD TRAUMA ON ADULT MENTAL HEALTH OUTCOMES

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ABSTRACT

Childhood trauma is a critical public health concern with long-lasting effects on psychological well-being. This study examined the impact of adverse childhood experiences on mental health outcomes in adulthood, including depression, anxiety, PTSD, substance abuse, borderline personality disorder, and dissociative disorders. Using a quantitative cross-sectional design, data were collected from 131 adult participants via validated questionnaires. The results revealed a strong positive correlation between childhood trauma and adverse mental health outcomes, accounting for 38% of the variance. No significant gender differences were found in trauma exposure or mental health scores. These findings emphasize the necessity for trauma-informed care and early interventions to mitigate the enduring effects of childhood trauma.

KEYWORDS : *Childhood Trauma, Mental Health, Depression, Anxiety, PTSD, Substance Abuse, Trauma-Informed Care*

INTRODUCTION

Childhood is often viewed as a time of growth, innocence, and development a foundation for emotional, cognitive, and social well-being. Ideally, it is a phase marked by nurturing relationships, emotional security, and positive developmental experiences. However, for many individuals, this period is disrupted by traumatic experiences that can have enduring consequences. Childhood trauma, defined as exposure to adverse events such as abuse, neglect, and household dysfunction before the age of 18, has been identified as a major public health concern with far-reaching psychological and physiological implications (Anda et al., 2006).

Traumatic childhood experiences—ranging from emotional, physical, and sexual abuse to neglect and domestic violence—can disrupt normal brain development and impair emotional regulation, stress response, and interpersonal functioning (McLaughlin & Sheridan, 2016; Teicher & Samson, 2013). Research has demonstrated that such adverse childhood experiences (ACEs) are significantly associated with poor mental health outcomes in adulthood, including depression, anxiety disorders, PTSD, substance abuse, and suicidal behaviours (Chapman et al., 2004; Brown & Anda, 2009; Norman & Byambaa, 2012).

Multiple studies have shown a strong dose-response relationship between the number and severity of ACEs and adult psychological distress. Anda et al. (2006) conducted a seminal study that highlighted how exposure to abuse and household dysfunction can lead to long-term health risks by altering neurobiological stress systems. Turner (2010) further emphasized that childhood victimization such as physical and sexual abuse was not only linked to mental health problems but also to increased risk of engaging in violent crime in adulthood.

Research by Spataro (2004) found that individuals who had experienced child sexual abuse exhibited higher rates of depression, anxiety, and PTSD. These findings were echoed in the work of Widom & DuMont (2007), who conducted a prospective longitudinal study revealing that abused and neglected children had significantly elevated risks of major depressive disorder and other psychiatric comorbidities later in life. Bhatt & Raval (2013) focused on psychiatric patients in India and found that childhood trauma was significantly associated with symptom severity and impaired functioning in adulthood.

Neuroscientific research has provided further insight into the mechanisms behind these findings. McLaughlin & Sheridan (2016) examined how childhood maltreatment affects emotion regulation systems in the brain, noting structural changes in the amygdala and prefrontal cortex. These neurological alterations are believed to underlie many of the emotional and behavioural symptoms seen in adults who have experienced early trauma.

Moreover, childhood trauma has been implicated in physical health outcomes through chronic stress and inflammation. Danese & Moffitt (2009) found that individuals with ACEs exhibited higher levels of inflammation and metabolic syndrome in adulthood, linking trauma exposure to age-related disease. Anda & Butchart (2010) emphasized the global relevance of ACEs, proposing a framework for international surveillance of trauma-related public health issues.

In addition to mental illness and physiological conditions, researchers have examined trauma's association with suicide risk. Nischal & Tripathi (2015) reported a significant link between childhood trauma and suicidal behaviour among individuals with severe mental illness in India. Similarly, Klonsky & Muehlenkamp (2007) and Hawton et al. (2012) have documented that trauma is a major contributor to self-harm and suicide in both clinical and community populations.

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Cultural and contextual factors also influence how trauma is experienced and expressed. Studies such as those by Nambi & Prasad (2017) and Krishnamoorthy & Nagarajan (2019) emphasized the impact of childhood adversities in Indian populations, highlighting both universal and culturally specific consequences of trauma. While trauma's psychological outcomes are consistent across many populations, certain sociocultural variables like stigma, gender norms, and access to care—may shape the presentation and treatment of these outcomes (Nelson & Heath, 2002).

Gender as a moderating factor remains debated. Some researchers, such as Tolin & Foa (2006), have reported that women tend to experience higher levels of internalizing symptoms such as depression and anxiety, while others find no statistically significant gender differences (Nolen-Hoeksema, 2001). The current study addresses this ambiguity by analysing gender-specific outcomes in relation to trauma exposure.

Lastly,a substantial body of literature confirms the profound and lasting influence of childhood trauma on adult mental health outcomes. While existing studies have made strides in establishing the link between ACEs and adult psychopathology, further research is needed to explore trauma's nuanced effects, identify moderating variables, and develop culturally relevant, trauma-informed interventions. The present study builds upon prior findings by quantitatively investigating the relationship between childhood trauma and mental health among Indian adults, while also evaluating gender differences in trauma exposure and psychological impact.

METHOD

Research Design

This study employed a quantitative, cross-sectional research design to examine the relationship between childhood trauma and adult mental health outcomes. A cross-sectional approach was selected to allow the collection of data at a single point in time from a non-clinical adult sample. This design was appropriate for identifying associations between variables and assessing the prevalence of different forms of trauma and psychological symptoms without manipulating any conditions.

The design included statistical comparisons between groups (e.g., gender), correlation analysis, and regression modelling to determine the strength and nature of the relationship between childhood trauma and mental health outcomes. The data were collected using validated self-report instruments and analysed using SPSS to test hypotheses and interpret patterns.

Sample

The study included a total of 131 adult participants, of whom 81 were male and 50 were female, all aged 18 years or older. Participants were recruited through purposive sampling from various community settings and online platforms. Efforts were made to ensure diversity in age, socioeconomic status, and educational background to enhance the generalizability of findings.

Inclusion Criteria

Were aged 18 years or above.
Gave informed consent to participate voluntarily.
Were able to read and understand English, the language of the instruments.
Were not undergoing acute psychiatric crisis at the time of participation.

Exclusion Criteria

Were below 18 years of age.
Had severe cognitive impairments or conditions that could hinder their ability to complete the questionnaires.
Were currently hospitalized for psychiatric reasons or experiencing acute psychotic symptoms.
Declined or withdrew informed consent.

MEASURES

Childhood Trauma Questionnaire – Short Form (CTQ-SF)

The CTQ-SF is a 28-item self-report inventory designed to assess five types of childhood maltreatment: Emotional abuse, Physical abuse, Sexual abuse, Emotional neglect and Physical neglect. Participants rated each item on a 5-point Likert scale ranging from 1 (Never True) to 5 (Very Often True). The total score reflects the overall severity of childhood trauma, with subscale scores representing specific trauma domains. The CTQ-SF has been widely validated for use in diverse populations and demonstrates high internal consistency and reliability (Bernstein et al., 2003).

Mental Health Outcomes Questionnaire

A 23-item self-developed questionnaire was used to assess adult mental health outcomes. The items were designed to measure symptoms across several domains, including: Depressive symptoms (e.g., hopelessness, low mood), Anxiety symptoms (e.g., excessive worry, restlessness), PTSD indicators (e.g., flashbacks, avoidance), Self-harm and suicidal ideation, Dissociative symptoms (e.g., emotional detachment) and Substance use as a coping mechanism. Participants responded using a 5-point Likert scale (1 = Never, 5 = Very Often) to indicate the frequency of each symptom in their daily lives. Higher scores indicated greater mental health distress. This tool provided a composite measure of mental health burden to be analysed in relation to trauma history.

PROCEDURE

After obtaining ethical clearance from the institutional review board at GITAM University, the study was conducted using an online survey format. Participants were recruited through social media platforms through google docs form, and community outreach networks. A study link directed them to an informed consent form followed by the survey.

The survey included the Childhood Trauma Questionnaire–Short Form (CTQ-SF) and a self-developed Mental Health Outcomes Inventory. The survey took approximately 10–15 minutes to complete. Participation was entirely voluntary and anonymous. Respondents were informed that they could withdraw at any time without consequence. To ensure data quality, attention-check questions were embedded, and incomplete responses were excluded from the final analysis.

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DATA ANALYSIS

Descriptive statistics, correlation, t-tests, and regression analysis were conducted using SPSS.

RESULTS

Table 1

Descriptive Statistics for Study Variables (N = 131)

Variable	M	SD	Min	Max
Childhood Trauma Subscales				
Emotional Abuse	3.14	0.88	1.00	5.00
Physical Abuse	2.85	0.91	1.00	5.00
Sexual Abuse	2.30	1.10	1.00	5.00
Emotional Neglect	3.36	0.81	1.00	5.00
Physical Neglect	2.78	0.97	1.00	5.00
Mental Health Symptoms				
Depression	3.45	0.85	1.20	5.00
Anxiety	3.58	0.79	1.00	5.00
PTSD	3.11	0.92	1.00	5.00
Dissociation	2.94	0.87	1.00	5.00
Substance Use	2.51	1.05	1.00	5.00

Note. M = Mean; SD = Standard Deviation.

The final sample included 131 participants (81 males and 50 females), all aged 18 years and older. Participants completed standardized measures assessing experiences of childhood trauma and current mental health symptoms. Descriptive analyses indicated a wide range of trauma experiences and varying degrees of mental health symptoms across participants.

Table 2

Correlations of childhood trauma and mental health outcomes

Variables	Childhood Trauma	Mental Health
Childhood Trauma	1	.622**
Mental Health	.622**	1

Note. p>0.01**

A strong, positive, and statistically significant correlation was found between childhood trauma and adult mental health outcomes ($r = .622$, $p < .01$). This suggests that participants who reported higher levels of childhood trauma also reported more severe mental health symptoms.

Table 3

Regression of childhood trauma and mental health outcomes

Predictor value	Standard β	Multiple R	R2	R2 change	F	p
Childhood Trauma			(Model Y1 = a +β1X1)			
X1	.622	.622	.38	.38	81.44	<.001
Constant			3.37			

A simple linear regression was conducted to test whether childhood trauma significantly predicts adult mental health outcomes. The model was statistically significant $F(1, 129) = 81.44$, $p < .001$), indicating that trauma scores significantly predicted mental health symptoms. The standardized beta coefficient was $\beta = .622$, suggesting a strong positive predictive relationship. The model accounted for approximately 38.7% of the variance in mental health outcomes ($R^2 = .387$), meaning that trauma explained over one-third of the variability in mental health distress among participants.

DISCUSSION

The present study examined the long-term effects of childhood trauma on adult mental health outcomes and explored potential gender differences in these variables. The results demonstrated a significant and strong positive relationship between childhood trauma and mental health symptoms in adulthood. This finding

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aligns with a substantial body of literature indicating that adverse childhood experiences (ACEs) have enduring psychological consequences across the lifespan (Anda et al., 2006; Chapman et al., 2004; Teicher & Samson, 2013).

Relationship Between Childhood Trauma and Mental Health

The correlation and regression analyses in this study found that individuals who experienced higher levels of trauma in childhood were significantly more likely to report poor mental health outcomes as adults. Specifically, the regression analysis showed that childhood trauma explained approximately 38.7% of the variance in mental health symptoms. This supports previous studies that have identified trauma as a central predictor of a wide range of psychiatric disorders.

Anda et al. (2006) provided one of the foundational studies linking ACEs to depression, anxiety, PTSD, substance abuse, and suicidality. The present findings reinforce that early trauma affects brain development and emotional regulation, contributing to vulnerability in adulthood (McLaughlin & Sheridan, 2016). Danese and Moffitt (2009) further argued that the biological embedding of early adversity leads to long-term dysregulation of stress-response systems, inflammation, and compromised immune functioning—all of which are associated with both mental and physical illness. Studies such as those by Spataro et al. (2004) and Norman and Byambaa (2012) found that exposure to sexual and physical abuse in childhood significantly increased the risk of depressive and anxiety disorders, consistent with the high symptom levels reported by participants in the current study. Similarly, Dube et al. (2002) and Najavits and Hien (2013) documented strong associations between trauma and substance use disorders, which were among the symptoms assessed in this study's mental health questionnaire.

The findings also support the ecophenotypic model proposed by Teicher and Samson (2013), which posits that specific forms of childhood maltreatment may result in distinct psychological and neurobiological outcomes. For example, emotional neglect may contribute more to dissociative disorders, while physical and sexual abuse may increase the risk of PTSD and self-harming behaviours (Maniglio, 2009; Cloitre et al., 2008).

Cultural Context and Relevance

A growing body of Indian research has also echoed the link between childhood trauma and adult psychopathology. Bhatt and Raval (2013) found that psychiatric patients in India who reported childhood trauma showed more severe clinical symptoms and functional impairments. Nambi and Prasad (2017) similarly found that Indian adults with major depressive disorder were more likely to report histories of emotional neglect and family dysfunction. Krishnamoorthy and Nagarajan (2019) observed that childhood adversities were significantly more common in Indian patients with schizophrenia compared to controls, suggesting trauma may also contribute to psychotic disorders. These regional findings support the universality of trauma's psychological toll, though they also emphasize the need for culturally informed intervention frameworks.

Theoretical and Clinical Implications

The results of this study can be interpreted through the lens of attachment theory and developmental psychopathology. According to Bowlby's (1982) attachment theory, early trauma—especially in the form of abuse or neglect can impair the formation of secure attachments, leading to emotional dysregulation and interpersonal difficulties. This theory is supported by the elevated rates of anxiety, depression, and dissociation observed in individuals who experienced childhood maltreatment. The findings also underscore the importance of trauma-informed care. Interventions should not only address present symptoms but also consider the developmental origins of distress. Mental health professionals should be trained to recognize the signs of trauma history and provide care that is empathetic, empowering, and tailored to trauma survivors (Courtois & Ford, 2012).

Early screening and prevention strategies are crucial. As Anda and Butchart (2010) suggested, global monitoring of ACEs can inform public health policies that prioritize early intervention, parental education, and community-based support systems. Integrating trauma assessments in primary healthcare, schools, and social work settings could reduce the long-term impact on adult mental health.

Implications

The findings of this study have several important theoretical, clinical, and policy-level implications. The significant association between childhood trauma and adult mental health outcomes emphasizes the importance of adopting a trauma-informed approach in psychological assessment and treatment. Clinicians should routinely assess trauma histories in clients presenting with mood, anxiety, or substance use disorders and tailor interventions that address not only present symptoms but also underlying traumatic experiences. These results highlight the need for improved training for mental health professionals in recognizing trauma symptoms, understanding trauma responses, and applying evidence-based trauma therapies such as EMDR, CBT for PTSD, or mentalization-based therapy. On a broader scale, this study supports early intervention and prevention strategies, including parent education, trauma screenings in schools and paediatric care, and increased access to mental health services. Public health programs should integrate ACE-awareness campaigns and prioritize mental health funding, especially in communities where trauma prevalence is high. The lack of significant gender differences in trauma or mental health outcomes suggests that trauma-informed care must be inclusive and universally applicable, regardless of demographic distinctions. Cultural sensitivity remains essential, but these findings suggest shared vulnerabilities across gender lines in trauma-affected populations.

LIMITATIONS

The use of a cross-sectional research design limits the ability to establish causality. Although significant correlations and predictive relationships were observed, it is not possible to determine whether childhood trauma caused the adult mental health outcomes or whether other unmeasured variables played a role. Data were collected exclusively through self-report

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questionnaires, which are susceptible to biases such as recall bias, social desirability, and underreporting especially concerning sensitive issues like abuse or mental illness. This may affect the accuracy and validity of the findings.

CONCLUSION

The present study explored the long-term psychological consequences of childhood trauma on adult mental health outcomes and examined whether gender plays a moderating role in this relationship. The findings confirmed that childhood trauma is significantly and positively associated with a range of adverse mental health outcomes, including depression, anxiety, PTSD, substance abuse, and dissociative symptoms. The statistical analysis demonstrated that childhood trauma impact in adult mental health outcomes, underscoring its critical role as a predictor of psychological distress.

These results are consistent with a growing body of empirical evidence that identifies adverse childhood experiences (ACEs) as powerful determinants of long-term mental health They also reinforce neurodevelopmental theories suggesting that trauma in early life can alter brain function, affect emotional regulation, and impair stress response systems. Overall, this research contributes to the understanding of how early adversity continues to shape psychological well-being into adulthood.

Supplementary Information

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Authors' contributions
All authors contributed to the study conception and design.AW supervised the research and provided critical feedback. All authors contributed to the data collection, analysis, and manuscript writing. All authors read and approved the final manuscript.

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Availability of data and materials
The anonymized data can be requested from the first author upon reasonable request.

Declarations

Ethics approval and consent to participate

Ethics Approval and Participation
Ethical approval for this study was obtained from the Institutional Department of Psychology Review Board, headed by the GITAM University, Hyderabad. All methods were carried out in accordance with relevant guidelines and regulations. Participation in the study was voluntary, and all participants were informed about the purpose and procedures of the study prior to their involvement.

Informed Consent
All procedures involving human participants were conducted in accordance with the ethical standards of the institutional research committee. Informed assent was obtained from all participants.

Clinical trial number Not applicable.

Competing interests
The authors declare that they have no competing interests.

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