

The Long-Term Perceived Effect of Childhood Trauma on Youth's Mental Health and Wellbeing

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ABSTRACT

This study examined the long-term perceived effect of childhood trauma on youth's mental health and wellbeing. A total of 259 participants were selected from Bamidele Olumilua University of Education, Science and Technology (BOUESTI) Ikere Ekiti and data for the study were collected using a well-structured questionnaire. The study was an Ex-post facto research design of survey type. The hypotheses were tested using independent samples' t-test, Regression analysis and One-way ANOVA. The study showed that childhood trauma does not statistically significantly affect mental health of the participants ($t(257) = -.031, P > .05$). This study also found out that childhood trauma affects the psychological domain of wellbeing ($\beta = -.22, t = -.3.67, p < .01$), but does not significantly predict physical well ($\beta = -.02, t = -.26, p > .05$) and overall wellbeing ($\beta = -.039, p > .05$). It was also found out that there is a significant sex difference in the wellbeing of participants with females scoring higher in wellbeing ($M = 76.04$) than males ($M = 70.35$), but no significant sex difference was reported in mental health ($t(357) = -.15, p > .05$). This study also showed that there is no significant age difference in mental health ($F(3, 255) = 1.504, p > .05$) and wellbeing ($F(3, 255) = 1.711, p > .05$). Findings were discussed in line with existing literature and the need to properly differentiate between various types of trauma while examining the effect of childhood trauma on mental health was recommended, so as to explore their specific impact on mental health.

Keywords: Childhood trauma, Mental health and well-being.

MENTAL HEALTH

Mental health encompasses a state of overall well-being where an individual recognizes their own capabilities, can effectively manage the usual life pressures, can engage in productive work, and can contribute positively to their community (WHO, 2001). It encompasses our emotional, psychological and social welfare, influencing our thoughts, emotions, behaviours, stress management, relationships, and decision-making. Mental health is crucial throughout every stage of life, from childhood to adulthood. It is a foundational aspect of our collective and personal capacity as human beings to think, feel, interact, work, and enjoy life. (WHO, 2004). Despite the common focus on physical health, both mental and physical well-being holds equal importance in the overall concept of health. Abraham Maslow (1943, 1954), known for his hierarchy of needs, define mental health as the realization of one's full potential and self-actualization. This definition explains how individuals who are self-actualized are more likely to experience good mental health.

The World Health Organization (WHO, 2014) defined mental health as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community." (WHO, 2014).

Sigmund Freud (1926), the founder of psychoanalysis, defines mental health as the ability to effectively balance the demands of the id, ego, and superego. He suggests that a well-adjusted individual can navigate these inner conflicts without excessive anxiety or repression. Sigmund Freud's view of mental health is rooted in his psychoanalytic theory, which revolves around several core ideas. He believed that the human mind is divided into the id, ego, and superego, each serving different roles. Mental health, according to Freud, hinges on an individual's ability to manage and find a balance between the conflicting demands of these inner components. Maintaining mental health also involves using defence mechanisms, such as repression and denial, to cope with internal struggles effectively. Additionally, he emphasized the significance of addressing unconscious thoughts and desires that can affect our behaviour. Freud's concept of psycho-sexual development and the role it plays in mental health is another key aspect of his theory. Successfully navigating through various developmental stages is essential for one's psychological well-being (Freud, 1926).

Well-Being

Well-being is a sense of health and vitality that arises from our thoughts, emotions, actions, and experiences. When we have well-being, we feel happy, healthy, socially connected and purposeful most of the time. It is used synonymously with a wide range of concepts including self-esteem, self-efficacy, self-determination, resilience, quality of life, mood enhancement, positive mental health, life satisfaction, and worthwhileness (Huppert, 2017). Well-being is variously linked to positive and negative affect, satisfaction with life, quality of life, happiness, personal growth and flourishing, capability, self-acceptance, positive relationships and autonomy (Dodge, Daly, Huyton, & Sanders, 2012). There are also different aspects of Well-being which ranges from physical, emotional, social and psychological Well-being. These aspects are explained in details below;

Physical Well-being

Physical Well-being consists of the ability to perform physical activities and carry out social roles that are not hindered by physical limitations and experiences of bodily pain, and biological health indicators (Cole, P. 2006). It is the ability to maintain a healthy quality of life that allows us to get the most out of our daily activities without undue fatigue or physical stress. It includes taking care of our bodies and recognizing that our daily habits and behaviours have a significant impact on our overall health, well-being and quality of life. (Guyatt, Feeny, & Patrick, 1993).

Emotional Well-Being

Emotional well-being is the ability to successfully handle life's stresses and adapt to change and difficult times. It is a component of positive mental health and it includes a positive balance of pleasant to unpleasant affect and a cognitive appraisal of satisfaction with life in general (Keyes 2003). Emotional well-being and mental health are therefore issues of everyday life. It is an important responsibility for different arenas such as schools (Hanley, 2020) and different groups such as children, adolescents, and women (Ross, 2020). Emotional well-being is an important dimension in mental health. However, research indicate that Emotional well-being also is correlated to physical health as findings clearly show that there are physiological correlates of mental well-being in terms of positive affect and positive emotions that are central to physical health (Lindfors 2014; Fredrickson 2004). Emotional well-being may be seen as a component of positive mental health.

Social Well-Being

Social well-being can be defined as the sharing, developing, and sustaining of meaningful relationships with others. This allows you to feel authentic and valued, and provides a sense of connectedness and belonging. It is the social interactions (relationships with our communities and social structures) that constitute a key and distinct domain of well-being. This is mainly assessed through subjective and individual measures, where people assess the quality of those interactions according to their own perceptions (Cicognani, Martinengo, Albanesi, Piccoli, & Rollero, 2014). For example, when we work on a team over a period of months, or years, even remotely, we have an opportunity to get to know more about our colleagues than just their skills with a spread sheet. Some become good acquaintances. We share glimpses of our personal lives and develop routines or inside jokes. They ask us about our family. They notice if we're not there. Some become friends.

We have deeper conversations, about how we got to where we are, or about our hopes and aspirations for the future. We likely see them on bad days when we can lend a hand and on great days when they return the favour. Both of these types of relationships contribute to social well-being by bringing enjoyment and allowing one to be seen, appreciated, and valued for oneself.

Psychological well-being

Psychological well-being can be defined as the presence of positive feelings (e.g., good self-esteem) or the absence of negative feelings (e.g., symptoms of depression or anxiety). (Ruvalcaba, 2017), Psychological well-being can be separated into Positive and Negative. People are more likely to enjoy positive psychological well-being when they have their basic needs met. Living in a safe area, having enough food, and having adequate shelter are all important factors for emotional health and overall improve self-esteem. While self-esteem is known to have multiple domains (e.g., scholastic competence, physical appearance; Harter, 2012) global self-esteem is a general evaluation of one's self-concept. Poor global self-esteem has been associated with various problems, including depression, physical illness, substance abuse, and aggressive behaviour (Kort-Butler and Hagewen, 2011; Trzesniewski, 2006). Conversely, positive global self-esteem can act as protective factor by reducing the risk for these negative outcomes (Trzesniewski, 2006). In adolescence, global self-esteem tends to increase linearly as youth age and stabilizes over time regardless of activity involvement (Kort-Butler and Hagewen, 2011). However, research has found that increased ECA intensity and breadth has a positive association with youths' global self-esteem, controlling for gender, parent education, family income, age, and family structure (Mahoney, J. L., Harris, A. L., & Eccles, J. S. 2006; Rose-Krasnor, 2006).

Childhood Trauma

Childhood trauma is a life-threatening and violent event in a child's life. It has a profound influence on an individual's behavioural and emotional well-being, shaping their ability to establish trust and connections in later life (Toof, R., Skeer, M. R., Nargiso, J., & Tompson, M. C. 2020). Human beings are born to be naturally intimate creatures. Nevertheless, the extent of trust within their relationships, families, and social interactions is primarily shaped by their early childhood experiences (Toof et al., 2020). Childhood trauma is a pervasive issue that has profound and lasting consequences for individuals and society as a whole. It encompasses a range of adverse experiences, including physical, emotional, or sexual abuse, neglect, family violence, and other traumatic events that occur during a person's formative years. Experiencing trauma can shape a person's life significantly. However, we might not be aware of the long-term effects of childhood trauma and how they may alter one's way of living forever. For some people, the adverse effects of childhood trauma are more severe than others. Understanding the long-term effects of this type of trauma is key to recovery and being able to live life the way you want them, without trauma looming over them. Numerous reports and studies have demonstrated the alarming prevalence of childhood trauma. According to the Centre for Disease Control and Prevention (CDC), adverse childhood experiences (ACEs) are shockingly common, with a substantial portion of the population reporting exposure to one or more traumatic events during their early years. Such experiences can significantly impact a child's psychological development, often leading to various mental health challenges that persist into adolescence and adulthood.

The consequences of childhood trauma extend far beyond the initial traumatic experience. Individuals who have experienced childhood trauma may likely be at a heightened risk of developing mental health disorders, including depression, anxiety, post-traumatic stress disorder (PTSD), and substance abuse. Moreover, these individuals may also face difficulties in forming and maintaining healthy relationships, achieving academic and career success, and overall life satisfaction. Although, the consequences of childhood trauma may not be experienced by every single individual who encounters negative experiences. Depending on the circumstance, some people may be able to cope with a traumatic experience more effectively than others. It is important to remember that what is traumatic for one person may not be to another; it may differ per individual. Even though, despite the growing awareness of the impact of childhood trauma on mental health, there is still a pressing need to explore the long-term, perceived effects of such trauma on the well-being of affected individuals, especially within the context of youth. According to the Adverse Childhood Experiences (ACEs) questionnaire there remain gaps in the understanding of how childhood trauma shapes an individual's self-perception and overall well-being over the years.

This research aims to explore the complex and often nuanced relationship between childhood trauma, youth mental health, and overall well-being. By examining the long-term, perceived effects of childhood trauma, this study seeks to provide a deeper understanding of the challenges faced by those who have endured such experiences and, in turn, contribute to the development of more effective interventions and support systems for youth dealing with the aftermath of childhood trauma.

Considering the far-reaching effects of childhood trauma and the possibility for persistent harm, it is essential to investigate this issue more thoroughly. This research will contribute to the formulation of policies, clinical approaches, and public education efforts intended to lessen its consequences. This research endeavors to make a meaningful contribution to the field of psychology and mental health by shedding light on the often-hidden struggles of youth who have faced childhood trauma and by offering insights that can foster resilience and healing.

Hypothesis

1. There will be a significant effect of childhood trauma on youth's mental health.
2. There will be a significant effect of childhood trauma on dimension of wellbeing.
3. There will be a significant sex difference in youth's mental health and wellbeing.
4. Age will significantly affect youth's mental health and wellbeing.

METHOD

Participants

Participants for this study included 259 students of the Bamidele Olumilua University, Ikere- Ekiti.

Research Design

The Ex-post facto research design was adopted in this study, where questionnaires were administered to research participants so as to measure their responses.

Measures

The Youth and Childhood Adversity Scale (YCAS)

The Youth and Childhood Adversity Scale is a newly developed scale designed to assess adversities experienced during childhood and youth to capture a broad range of adverse experiences, such as parental separation, sexual abuse, parental substance abuse, and family mental illness. The scale was developed in 2021 by a team of researchers including Schlechter, P., Fritz, J., Cassels, M., Neufeld, S. A. S., & Wilkinson, P. O. It is a 13-item measure that assesses both the presence and severity of adverse events experienced during childhood and youth. This scale has a yes/no rating.

The Multidimensional Well-being in Youth Scale (MWYS)

The Multidimensional Wellbeing in Youth Scale (MWYS) is a scale developed to measure youth wellbeing. The scale consists of five preliminary components: 1) having impact, purpose and meaning; 2) dealing with stress and worry; 3) family relationship; 4) self-confidence; and 5) feeling respected appreciated and loved. All five components were found to be related to mental health and wellbeing measures through Principal Components Analyses. The MWYS was developed by Green, K. H., van de Groep, S., van der Crujisen, R., Polak, M. G., & Crone, E. A. (2023).

Perceived Well-being scale

The PWS developed by Reker, G. T., & Wong, P. T. in 1984, is a 14 item measure of psychological, physical and general well-being. The authors generated a pool of 72 items at the initial stage of constructing the PWB scale. The item, judged to measure psychological well-being and physical well-being, was later screened and the screening resulted to a 32 item scale.

The 32 item scale which was created through factor analysis, was further administered to 80 individuals aged 61-93. A 14-item scale emerged from this analysis capturing both psychological and physical well-being. The psychological well-being is assessed using six item, while the physical well-being is assessed using eight items. The combine score from all 14 item reflects an individual's general well-being.

Procedure

Purposive sampling technique was used for this research. Copies of the questionnaire were distributed to 259 students across faculties in BOUESTI. The researcher approached the potential respondents and introduced herself to them, explaining the purpose of the research and assuring them of confidentiality of the information provided by their response. After their consent had been gotten, the researcher then administered the questionnaire to the participants and copies of the questionnaire was personally retrieved by the researcher.

Statistical Analysis

The first and third hypothesis were tested using Independent t-test, the second hypothesis was tested using regression analysis, the fourth hypothesis was tested using the One-way ANOVA.

RESULTS

Table 1: Descriptive Statistics

	N	Mean	Std. Deviation
CHILDHOOD_TRAUMA	259	3.7722	2.92249
PSYCHOLOGICAL_WELLBEING	259	23.7259	5.26858
PHYSICAL_WELLBEING	259	27.1931	6.20463
MENTAL_HEALTH	259	243.0425	47.80332
Valid N (listwise)	259		

Table 1 shows the summary statistics for the variables: childhood trauma has 3.7722 as average score in the sample, with a standard deviation of 2.92249. The average score for psychological wellbeing is 23.7259, with a standard deviation of 5.26858. Physical wellbeing has the average score of 27.1931, with a standard deviation of 6.20463. The average score of Mental health is 243.0425, with a standard deviation of 47.80332

Table 2 Independent sample t-test summary table showing the effect of childhood trauma on mental health of BOUESTI students

Childhood Trauma	N	Mean	SD	df	T	P
Mental Health High	156	242.97	47.31	257	-.031	>.05
Low	103	243.16	48.77			

Table 2 shows that there is no significant effect of childhood trauma on mental health among undergraduate students $t(257) = -.031, p > .05$. This implies that there is no significant difference in the mental health of students who experienced high and low trauma during childhood. Hence, hypothesis one is not supported.

Table 3: Regression analysis summary table showing predictive influence of childhood trauma on dimensions of wellbeing

Variable	Psychological Wellbeing		Physical wellbeing		Wellbeing (full scale)
β t	β t				B
Childhood Trauma	-.22	-3.67*	-.02	-.26	-.039

** $p < .01$

Table 3 showed that childhood trauma significantly predicted psychological wellbeing ($\beta = -.22, t = -3.67, p < .01$). This means that an increase in experience of trauma during childhood predicts a decrease in psychological wellbeing later in life. Contrarily, childhood trauma did not significantly predict physical wellbeing ($\beta = -.02, t = -.26, p > .05$). Similarly, childhood trauma did not significantly predict overall wellbeing ($\beta = -.039, p > .05$). Therefore, hypothesis one is supported.

Table 4: Independent sample t-test showing sex difference in wellbeing and mental health

Sex						
	Male (n = 147)		Female (n= 112)			
	M	SD	M	SD	t ₍₁₉₈₎	
Mental Health	242.63	48.05	243.58	47.68	-.16	
Wellbeing	70.35	14.82	76.04	16.19	-2.94**	

** $p < .05$

Independent t-test summary table on table 4 above shows that there is significant sex difference in wellbeing among undergraduate students $t(357) = -2.94, p < .01$. This means that female students ($M = 76.04$) scored significant higher than their male counterparts ($M = 70.35$) on over wellbeing. However, no significant sex difference was reported in mental health $t(357) = -.15, p > .05$.

Table 5: One-Way ANOVA summary table showing the influence of age on mental health and wellbeing

		Sum of Squares	Df	Mean Square	F	P
MENTAL HEALTH	Between Groups	10252.769	3	3417.590	1.504	>.05
	Within Groups	579317.764	255	2271.834		
	Total	589570.533	258			
WELLBEING	Between Groups	1248.106	3	416.035	1.711	>.05
	Within Groups	62000.241	255	243.138		
	Total	63248.347	258			

Table 5 showed that there is no significant age difference in mental health $F(3, 255) = 1.504, p > .05$ and wellbeing $F(3, 255) = 1.711, p > .05$. Therefore, hypothesis four is not supported.

DISCUSSION

This study is about the perceived influence of childhood trauma on youth's mental health and wellbeing, and four hypotheses were tested. The first hypothesis stated that there will be a significant effect of childhood trauma on youth's mental health, and the result shows that there is no statistically significant effect of childhood trauma on the mental health of the participants of this study. This means that there is no notable difference in mental health of BOUESTI students who experienced high level of childhood trauma and those who experienced low level of childhood trauma. This is contrary to the existing studies which supports a significant impact of childhood trauma on mental health. For example, Carlson, E. A., Hostinar, C. E., Mliner, S. B., & Gunnar, M. R. (2021) discovered a strong association between high level of childhood trauma and increased risk of developing worse mental health outcomes, including depression, anxiety disorder, PTSD, and substance abuse. Anda, R. F., Felitti, V. J., Bremner, J. D., Walker, J. D., Whitfield, C., Perry, B. D., Dube, S. R., & Giles, W. H. (2006) found that childhood abuse, neglect, and household dysfunction are linked to an increased risk of mood disorder, anxiety disorder, and several other mental health issues. Nemeroff (2004) also discovered through his study that early-life stress can lead to long-term changes in the brain structure and function, which may predispose individuals to mental health issues such as depression and anxiety. However, the non-significant findings of this current study do not necessarily deny the truth of how childhood trauma impact mental health as discovered by other studies, instead it challenges the very common understanding of the relationship between childhood trauma and mental health by exploring reasons behind the significant impact discovered by existing studies and the non-significant result of this current study. The characteristics of the sample might be one of the reasons behind the level of significance of the result of a study. Characteristics which include the sample size, clinical or non-clinical population, and demographics. The types of trauma and resilience might also influence the relationship between childhood trauma and mental health. The participants of this study consists of university students who are without any significant clinical mental health issues. If participants of some of the existing studies consist of individuals with clinically significant mental health issues, the mental health score might vary from participants who are without any significant clinical mental health issues.

The second hypothesis stated that there will be a significant effect of childhood trauma on the dimensions of wellbeing. The result however shows that childhood trauma did significantly predicts a dimension of wellbeing among BOUESTI students, which is the psychological wellbeing. This implies that a high level of childhood trauma can result to low levels of psychological wellbeing. Nelson, C. A., Scott, R. D., Bhutta, Z. A., Harris, N. B., Danese, A., & Samara, M. (2020) found that individuals exposed to multiple traumatic childhood experience were at a significantly higher risk for developing mood disorders, substance use disorder, and suicidal behaviours. Merrick, M. T., Ford, D. C., Ports, K. A., & Guinn, A. S. (2017) revealed that childhood trauma is strongly linked to emotional dysregulation, lower self-esteem, and difficulty forming healthy relationships. Anda et al., (2006) found that individuals who experienced multiple forms of childhood trauma had higher risks of developing issues such as depression and anxiety in adulthood. In similar finding, Hussey (2006) also discovered that there is a significant health consequences associated with child maltreatment. This shows the impact of early traumatic experience on a dimension of wellbeing, particularly during adolescence, which we also refer to as youth, a critical period of development. Additionally, Kessler (2010) explored the relationship between childhood trauma and adult psychopathology. The study revealed that individuals who reported experiencing childhood trauma were more likely to suffer a range of mental health issues, such as depression, anxiety disorders and substance abuse. In this study, childhood trauma does not appear to significantly influence physical wellbeing and overall wellbeing. This suggests that physical wellbeing is either maintained independently of childhood trauma, or the effect of trauma on physical health might manifest later in life and not during youth (Zarse et al. (2019)). This current study however, contradicts the findings of Brindle, R. C., Zhang, W., Gazarian, D., & Klomek, A. B. (2020). The study indicated early biological changes due to trauma, such as chronic inflammatory and metabolic alterations, leading to issues like cardiovascular problems in adolescents. Felitti (1998) and his team, they found out that adverse childhood experience often times leads to negative health outcomes in adulthood and in this case, the youth era represents the early stage of adulthood, leading to causes of death such as heart disease, cancer and others due to neglect, physical abuse, and maltreatment. Hussey made

us realize that adolescents who had experienced maltreatment as a child, were found to be at increased risk for a range of negative health outcomes, including physical health problems, mental health disorders, substance abuse and other risky behaviours.

The third hypothesis stated that there will be a significant sex difference in youth's mental health and wellbeing, and the result shows that there is a significant sex difference in the wellbeing of BOUESTI students, with female students scoring higher than male students in overall wellbeing. This finding is consistent with the study of Ryf, C. D., Krueger, R. F., Painter, L. L., & Nagle, B. J. (2020) found that women generally report higher levels of wellbeing, which was attributed to their greater emphasis on personal relationships and community involvement. Huppert (2009), in his study on psychological wellbeing, reported that women tend to experience higher level of life satisfaction and wellbeing than men. According to Huppert, this could be due to a strong social connection and greater emotional regulation, which could enhance overall quality of life. Diener and Seligman (2002) also found that the higher level of wellbeing reported in women can be attributed to better social relationships and a greater tendency to seek and receive social support.

On the contrary, in this current study, no significant sex difference was reported in mental health of BOUESTI students. This means that while some specific disorders might show sex differences, when we are looking at overall mental health, women can for instance show higher rate of depression while men shows higher rate of substance use, these differences tend to always balance out, (Seedat, S., Stein, M. B., & Forde, D. R. 2009). Keyes, C. L. M., Dhingra, S. S., & Simoes, E. J. (2020) emphasized that both males and females experience similar levels of mental health when considering a broad spectrum of mental health issues. Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2003) also established through their study that although women are more likely to experience anxiety and mood disorders, men are also prone to impulsive –control and substance-use disorders. When all these are averaged together, the overall mental health effect appears to be similar between men and women.

The fourth hypothesis stated that age will significantly affect youth's mental health and wellbeing. The result however shows that age does not have a statistically significant impact on the mental health and wellbeing of the participants. This finding is in line with the study of Ploubidis, G. B., Silverwood, R. J., DeStavola, B., & Grundy, E. (2020) who found no significant differences in overall mental health across age groups. The researchers concluded that mental health is influenced more by socio-economic and environmental factors than by age. Lara, E., Martín-María, N., De la Torre-Luque, A., Koyanagi, A., Vancampfort, D., & Haro, J. M. (2019), found no significant difference in the overall mental health across various age groups in their longitudinal study as well. Lara and colleagues suggested that while specific disorders may peak at different ages, the general mental health status remains relatively constant across age groups.

Luhmann, M., Lucas, R. E., Eid, M., & Diener, E. (2021) in their research, indicated that subjective wellbeing remains relatively stable across different age groups. The study emphasized factors such as social relationship and employment status have more significant impact on wellbeing than age. This contradicts the findings of Easterlin (2006), which show that an individual's wellbeing can vary significantly with age due to life events and circumstances, which can include career progression, family dynamics and health. The study of McLaughlin (2011), also found that younger adults, particularly those transitioning from adolescence to adulthood, are at higher risk for mental health issues.

CONCLUSION

This study concludes that childhood trauma has a significant influence on psychological wellbeing. Other dimensions of wellbeing however, may be influenced by factors other than trauma, and that women have higher level of wellbeing compared to men, which could be linked to the level of social support that women often get. Age has no influence on mental health and wellbeing, according to this study. Lastly, this study discovered the need to consider various factors while determining the impact of childhood trauma on mental health, as childhood trauma does not necessarily affect the mental health of all individuals who have experienced trauma, especially those without any clinically significant mental health issues.

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