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Exploring the influence of Childhood Trauma on Resilience and Mental Health Outcomes Among Emerging Adults

Abhinav Singh[1] & Sonali Mukherjee[2]
[1]*Student, Department of Psychology, Christ (Deemed to be) University, New Delhi, India*
[2]*Assistant Professor, Department of Psychology, Christ (Deemed to be) University, New Delhi, India*
Corresponding Author: Abhinav Singh

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ABSTRACT: The study investigates the influence of childhood trauma on resilience development and mental health outcomes among emerging adults. A sample of emerging (N=213) participated in the study, providing data on childhood trauma, encompassing experiences like physical abuse and emotional neglect, can have enduring effects on individuals as they transition into emerging adulthood. The study adopts a deductive approach to explore the relationships between childhood trauma, resilience, and severity of anxiety using assessments. Findings from the correlational analysis has shed light on how childhood trauma impacts resilience development and influences the severity of anxiety in emerging adults. Through convenience sampling, self-report questionnaires including the Childhood Trau-ma Questionnaire, Brief Resilience Scale, and generalized anxiety disorder assessment were used, and the data was analyzed using correlational and regression analyses. Hypotheses has been tested to ascertain the relationships between the variables. Through this study, implications for mental health interventions and support systems for emerging adults who have experienced childhood trauma will be explored. The dissertation contributes to theoretical understanding and practical applications by elucidating the role of resilience in mitigating the impact of childhood trauma on mental health outcomes.

KEYWORDS: Childhood trauma, Resilience, Mental-health outcomes, Emerging adults, Correlational analysis, Deductive approach.

I. INTRODUCTION

Childhood represents a crucial period in an individual's life, laying the groundwork for future well-being and development. However, for many, childhood may be marred by adverse experiences, including physical abuse, emotional neglect, or exposure to violence. These traumatic events can have lasting effects, extending into emerging adulthood, a transitional phase spanning ages 18 to 25.

This research aims to investigate the intricate interplay between childhood trauma, resilience, and the severity of anxiety among individuals transitioning into emerging adulthood. Resilience, defined as the capacity to adapt and thrive despite adversity, emerges as a potential buffer against the psychological toll of childhood trauma. It encompasses dynamic cognitive, emotional, and behavioral processes that facilitate adaptation to challenges and promote positive outcomes.

Emerging adulthood is characterized by significant changes in identity, relationships, and life roles. It also presents unique vulnerabilities to the enduring effects of childhood trauma, potentially influencing the trajectory of anxiety severity. Understanding how childhood trauma shapes the emotional landscape of emerging adults is crucial for the development of tailored interventions and support mechanisms.

Through assessments, this research seeks to elucidate the long-term effects of childhood trauma on resilience and mental health outcomes among emerging adults. The findings hold significant implications for mental health interventions aimed at supporting this vulnerable population during a critical developmental phase.

Fergusson et al. (2008) emphasized on the exposure to childhood sexual abuse (CSA) and physical punishment/abuse (CPA) is associated with increased risks of mental health issues in early adulthood. Control for social, family, and individual factors reduces the associations between CPA and mental health outcomes, suggesting that the general family context plays a role in the association between CPA and later mental health. However, CSA remains consistently associated with increased

risks of later mental health problems, even after adjustment for confounding factors. Exposure to CSA, including attempted or completed sexual penetration, is associated with rates of mental disorder that are 2.4 times higher than those not exposed to CSA. Exposure to harsh or abusive physical punishment is associated with rates of disorder that are 1.5 times higher than those exposed to no or occasional physical punishment. These findings suggest that much of the association between CPA and later mental health reflects the general family context, whereas this is less the case for CSA.

II. REVIEW OF LITERATURE

Childhood trauma is defined as any event or series of events that are experienced by a child as physically or emotionally harmful or threatening and that have lasting negative effects on the child's development. Common types of childhood trauma include physical abuse, sexual abuse, neglect, witnessing violence, and natural disasters.

Resilience is the ability to adapt to stress and adversity and to bounce back from difficult experiences. Resilient children can cope with trauma and adversity in a healthy way, and they are less likely to develop mental health problems because of their experiences. There is a growing body of research that suggests that childhood trauma can have a negative impact on resilience. For example, one study found that children who had experienced childhood trauma were more likely to have low self-esteem, difficulty trusting others, and problems with emotion regulation. These factors can make it difficult for children to cope with stress and adversity, and they can increase the risk of developing mental health problems.

However, it is important to note that not all children who experience trauma develop mental health problems. Some children can build resilience in the face of adversity. There are several factors that can contribute to resilience, including - having a supportive family and community, having strong coping skills, having a positive outlook on life, having a sense of purpose, childhood trauma and severity of anxiety in emerging adults.

Halfon et al. (2018) Emerging adults are those who are between the ages of 18 and 25. This is a time of significant transition and change, as young people are leaving home, going to college, and entering the workforce.

Childhood trauma can have a lasting impact on the mental health of emerging adults. Studies have shown that emerging adults who have experienced childhood trauma are more likely to have depression, anxiety, post-traumatic stress disorder (PTSD), and substance abuse problems. They are also more likely to engage in risky behaviours, such as unprotected sex and violence.

The impact of childhood trauma on severity of anxiety can be compounded by other factors, such as poverty, discrimination, and lack of access to care. Emerging adults who have experienced trauma are more likely to live in poverty and to have less access to mental health care. This can make it difficult for them to get the help they need to cope with their trauma and to improve their mental health.

Selected literature for the study identified three clusters of the association between childhood trauma and resilience in undergraduate nursing students and indicated that each cluster was associated with a different level of anxiety and depression. The unique characteristics of the three clusters may help identify and develop appropriate interventions to promote the mental health of undergraduate nursing students.

Gaps in this literature was that the study was conducted only among undergraduate nursing students in a single medical university in East China, which limits the generalizability of the findings to other populations or settings. The study design was cross-sectional, which means that causality cannot be determined. It is not possible to establish whether childhood trauma leads to lower resilience and mental health issues or if individuals with lower resilience are more likely to experience childhood trauma. The study relied on self-report measures, which may be subject to recall bias or social desirability bias. Participants may have underreported or overreported their experiences of childhood trauma or their levels of resilience, anxiety, and depression. The study did not explore other potential factors that may influence severity of anxiety, such as social support, coping strategies, or personality traits.

Another study found that exposure to childhood trauma was associated with an increased risk for a range of mental health problems in emerging adulthood, including depression, anxiety, and post-traumatic stress disorder (PTSD). The study also found that the effects of childhood trauma were cumulative, such that individuals who experienced more trauma were at greater risk for mental health problems. Childhood trauma has been associated with adult psychosocial outcomes linked to social exclusion. CT is a risk factor for depressive and anxiety symptomatology across all dimensions and enduring over multiple years. Childhood trauma can manifest into mood disorders in adulthood.

Psychic trauma received in childhood disrupts the development of regulatory systems, leading to the occurrence of mental disorders and other diseases. Exposure to diverse adverse childhood experiences (ACEs) increases the risk of recidivism in offenders with mental disorders.

Additionally, a study explained that Childhood trauma has been associated with adult psychosocial outcomes linked to social exclusion. The UK Biobank provides rich phenotypic characterization of the adult population, allowing for the exploration of childhood determinants of adult psychopathology with greater statistical power.

The study aims to explore the associations between childhood trauma and social exclusion in adulthood, as well as the role of self-reported loneliness and symptoms of distress in these associations.

Gaps in literature showed that the study relies on self-reported measures of child-hood trauma, social exclusion, loneliness, and symptoms of distress, which may be subject to recall bias and subjective interpretation. The study is based on data from the UK Biobank, which may not be representative of the general population as it includes only individuals who volunteered to participate. The cross-sectional design of the study limits the ability to establish causal relationships between childhood trauma, social exclusion, loneliness, and symptoms of distress. The study does not consider other potential confounding factors that may influence the associations between childhood trauma, social exclusion, loneliness, and symptoms of distress, such as socioeconomic status or other adverse life events. The study focuses on the UK population, and the findings may not be generalizable to other countries or cultural contexts.

A research piece also explored that Childhood trauma has been associated with increased depression. Resilience has been found to reduce the association between childhood trauma and depression. The paper focuses on examining the associations between childhood trauma, resilience, and depression through a multivariate meta-analysis.

Childhood trauma is positively associated with depression, indicating that individuals who have experienced trauma during childhood are more likely to develop de-pression. Resilience has a moderating effect on the association between childhood trauma and depression, reducing the impact of trauma on depressive symptoms.

The meta-analysis found that higher levels of resilience were associated with lower levels of depression, suggesting that resilience acts as a protective factor against the negative effects of childhood trauma on mental health.

The results highlight the importance of resilience in mitigating the impact of child-hood trauma on depression and emphasize the need for interventions that promote resilience in individuals who have experienced trauma.

Gaps in literature emphasized that the meta-analysis is based on existing studies, which may vary in terms of methodology, sample size, and measurement tools, potentially introducing heterogeneity and bias in the results. The paper focuses on the associations between childhood trauma, resilience, and depression, but it does not explore other potential factors that may influence these relationships, such as genetic predispositions or social support. The analysis is limited to the available literature and may not capture all relevant studies on the topic, potentially leading to a biased representation of the associations between childhood trauma, resilience, and depression. The study primarily relies on self-report measures, which may be subject to recall bias and social desirability bias, affecting the accuracy of the reported associations. The paper does not provide a detailed exploration of the specific types or severity of childhood trauma, which may have different effects on resilience and depression outcomes.

One study describes a participatory community change process in response to ad-verse childhood experiences (ACEs) that aims to build a resilient, trauma-informed community in Pottstown, PA. The research focuses on the initial implementation phase of the change process, starting with the education sector and social and behavioral health services sector, and expanding to 14 community sectors over two years.

The study utilizes a variety of data sources and methods to track individual and organizational processes, as well as service system network processes.

Data is used to generate hypotheses and guide understanding and decision-making during implementation. The results indicate that the community is well-positioned to establish stronger inter-agency and system support for trauma-informed practice in the service system and the broader community.

The paper discusses the implications of the results for building resilient, trauma-informed communities.

Gaps in literature were explained and the paper acknowledges that there is currently little empirical evidence to support the use of specific approaches to mitigate ad-verse childhood

experiences (ACEs) and build trauma-informed communities. The study focuses on the initial implementation phase of the community change process in Pottstown, PA, and does not provide long-term follow-up or evaluation of the out-comes. The research primarily examines the education sector and social and behavioral health services sector, and while it eventually expands to 14 community sectors, it may not capture the full range of sectors and perspectives within the community. The use of data to generate hypotheses rather than test them may limit the ability to draw definitive conclusions about the effectiveness of the interventions and strategies implemented. The paper does not discuss potential challenges or barriers encountered during the implementation phase, which could provide valuable insights into the feasibility and sustainability of the community change process.

Another study (2019) aims to assess the association between childhood trauma and clinical outcomes in a community sample of young adults with bipolar disorder. The study found that young adults with bipolar disorder and childhood trauma had higher severity of depressive symptoms, higher prevalence of current suicide risk, and higher global functioning impairment compared to those without childhood trauma.

Childhood trauma experiences appear to be an environmental risk factor for worse clinical outcomes and higher functional impairment in bipolar disorder. The study highlights the importance of considering childhood trauma in the assessment and treatment of bipolar disorder in young adults.

The study acknowledges the limitations of obtaining data about traumatic experiences retrospectively through self-report measures. The study also collected socio-demographic and economic variables to assess factors such as gender, age, education, and economic classification.

Gaps in literature showed that the data about traumatic experiences during childhood were obtained retrospectively through self-report measures, which may be subject to recall bias. The study acknowledges that retrospective self-report measures are commonly used in studies evaluating childhood trauma in adults, but it is important to consider the limitations of this approach. The study sample consisted of young adults with bipolar disorder from a community sample, which may limit the generalizability of the findings to other populations or age groups. The study did not include a control group without bipolar disorder, which makes it difficult to determine if the observed associations between childhood trauma and clinical outcomes are specific to bipolar disorder or more generalizable. The study did not assess the specific types or severity of childhood trauma experienced by the participants, which may limit the understanding of the specific impact of different types of trauma on clinical outcomes. The study did not explore potential confounding factors or mediators that may influence the relationship between childhood trauma and clinical outcomes in bipolar disorder.

Another piece of study (2014) explained that Childhood maltreatment is a known risk factor for various psychological problems in emerging adulthood.

The current study aimed to investigate the associations between childhood mal-treatment, cortisol reactivity, and mental health symptoms in emerging adulthood.

The study included 88 participants aged 18-22 who completed measures of child-hood maltreatment and current internalizing and externalizing symptoms. Participants also participated in a 10-minute conflict role-play task, during which salivary cortisol was sampled to measure reactivity.

The results of robust regression analyses showed that cortisol reactivity moderated the association between childhood maltreatment and mental health symptoms.

Specifically, participants with higher cortisol reactivity and a history of childhood maltreatment had greater internalizing problems, while those with lower cortisol reactivity and a history of maltreatment had greater externalizing problems. These findings suggest that patterns of cortisol reactivity in emerging adulthood may help ex-plain the mental health outcomes associated with childhood maltreatment.

Gaps in literature showed that sample size of the study was relatively small, with only 88 participants, which may limit the generalizability of the findings. The study relied on self-report measures for assessing childhood maltreatment and current mental health symptoms, which may be subject to recall bias and social desirability bias. The study focused on emerging adults aged 18-22, which may not capture the full range of developmental stages in emerging adulthood and limit the generalizability of the findings to other age groups. The study only examined the association between cortisol reactivity, childhood maltreatment, and mental health symptoms at one point in time, which limits the ability to establish causality or determine the long-term effects of these factors. The study did

not consider other potential confounding variables, such as genetic factors or other environmental influences, which may also contribute to mental health outcomes in individuals exposed to childhood maltreatment.

III. METHODOLOGY

Research Design

The study sets out to explore the intricate interplay between childhood trauma, resilience, and the severity of anxiety within the context of young adults in In-dia. This endeavor is underpinned by a Correlational Research Design, chosen for its suitability in observing relationships between variables without intervening or manipulating factors. Unlike experimental designs where variables are controlled, correlational studies allow for the examination of naturally occurring associations, providing valuable insights into complex human behaviors and interactions. With-in this framework, a deductive approach guides the research process. Deduction involves starting with a set of hypotheses and conducting empirical research to confirm or refute them.

Research hypothesis

In this study, two hypotheses are posited: firstly, that significant relationships exist between childhood trauma, resilience, and the severity of anxiety; and secondly, that the relationship can be predicted at a significant level. These hypotheses serve as guiding principles, shaping the trajectory of the investigation. Conversely, null hypotheses are formulated to assert the absence of significant relationships or prediction of relationships. These null hypotheses provide a counter-point against which the validity of the proposed hypotheses can be evaluated, ensuring a comprehensive examination of the research questions.

Sample

The sampling technique employed is Convenience Sampling, chosen for its practicality and accessibility. Convenience Sampling involves selecting participants based on their ready availability, rather than through random or systematic means. In this study, 211 participants meeting specific inclusion criteria were recruited. These criteria include being aged between 18 to 25 years and possessing proficiency in the English language. By delineating clear criteria for participant selection, the study aims to ensure the homogeneity and relevance of the sample to the research objectives. Instrumentation plays a crucial role in data collection and analysis.

Procedure

Data collection occurs over a specified timeframe, facilitated through online plat-forms such as WhatsApp, Facebook, and LinkedIn. A Google Form is distributed to eligible participants, who complete the questionnaire anonymously after providing informed consent. This approach ensures participant anonymity and confidentiality, fostering candid responses and enhancing the integrity of the data collected. Analysis of the collected data employs correlational techniques, utilizing statistical software such as SPSS to explore relationships between variables. Variables significantly associated with childhood trauma are identified as predictors and included in a stepwise regression procedure. Stepwise regression, a variable selection method, allows for the identification of relevant predictors without imposing priori assumptions regarding their retention. This approach facilitates an exploratory analysis of the data, enabling the identification of nuanced relationships and interactions among variables.

Tools used

Psychometric tools are utilized to operationalize and measure the constructs under investigation. The Childhood Trauma Questionnaire (CTQ; Bernstein et al., 1994).It is a self-report assessment tool designed to measure various types of childhood trauma, including emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect. Both reliability and validity are important aspects of the CTQ's measurement quality. The CTQ demonstrated a Cronbach's alpha of .95 for the total scale. The CTQ also demonstrated good test-retest reliability for a subgroup (N = 40) over a 2- to 8-month period.

Another one is The Brief Resilience Scale (BRS) which is a self-report measure of resilience. It was developed by Smith, Dalen, Wiggins, Tooley, Christopher, and Ber-nard in 2008 and is designed to assess the ability to bounce back from adversity. The scale consists of 6 items, each of which is rated on a 5-point scale from "Strongly Disagree" to "Strongly Agree." Some of have reverse scoring to ensure credibility of results. The total score ranges from 6 to 30, with higher scores indicating higher levels of resilience. The scale has high test-retest reliability (0.72), internal consistency reliability (0.80) and high construct, content and criterion validity.

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Generalized anxiety disorder (GAD) is one of the most prevalent psychiatric presentations; however, GAD has the lowest diagnostic reliability of the anxiety dis-orders and is poorly recognized in clinical practice. A more reliable assessment of GAD could lead to earlier detection and treatment of the disorder, which has an otherwise debilitating course and significant associated impairment. The 7-item GAD Scale (GAD-7) has shown promise as a measure with good clinical utility and strong psychometric properties in primary care and community settings but has yet to be assessed in acute psychiatric populations. This study examined the validity of the GAD-7 in a sample of 232 patients enrolled in a partial hospital programme. Patients completed a diagnostic interview and a battery of self-report measures before and after treatment. Findings suggest that the GAD-7 has good internal consistency and good convergent validity with worry, anxiety, depression and stress, and the measure was sensitive to change over the course of a short intensive cognitive-behavioral therapy partial hospital programme. However, the confirmatory analysis failed to support the hypothesized unidimensional factor structure; and although the GAD-7 demonstrated good sensitivity (.83), specificity was poor (.46) in identifying patients with GAD. Overall, the GAD-7 appears to be a valid measure of generalized anxiety symptoms in this sample, on the basis of good internal consistency, convergent validity and sensitivity to change, but does not perform well as a screener for GAD.

IV. RESULTS

The demographic information for the participants is summarized in Table 1. A total of 211 participants contributed to this study. The age of the participants ranged from 18 to 25 years old.

Table 1: Correlational analysis and descriptive

Variable	n	M	SD	1	2	3	Cronbach Alpha
BRS	211	19.62	4.333648	-	-	-	.850
CTQ	211	58.95	15.339403	-206	-	-	.907
GAD	211	11.09	5.762814	-.357	-	-	.668
Skewness				-0.097642	0.797156	-.140	
Kurtosis				.134	-.305	-.775	

The correlation analysis reveals significant associations between three key variables: childhood trauma (CTQ), resilience (BRS), and generalized anxiety disorder (GAD). Examining the Pearson correlation coefficients, it's evident that childhood trauma, as measured by the Childhood Trauma Questionnaire (CTQ), exhibits a negative correlation with resilience, as measured by the Brief Resilience Scale (BRS), at r = -.206, p = .003. This indicates that individuals who report higher levels of childhood trauma tend to have lower levels of resilience in adulthood, suggesting a potential long-term impact of early adverse experiences on coping abilities. Furthermore, the correlation between childhood trauma and generalized anxiety disorder (GAD), measured by the Generalized Anxiety Disorder questionnaire (GAD), is positive with r = .329, p = .000, highlighting a link between early trauma and heightened anxiety symptoms later in life. Conversely, resilience demonstrates a negative correlation with generalized anxiety disorder at r = -.357, p = .000, suggesting that individuals with greater resilience are less likely to experience symptoms of anxiety. These findings underscore the complex interplay between early-life experiences, resilience, and mental health outcomes, emphasizing the importance of resilience-building interventions in mitigating the adverse effects of childhood trauma on psychological well-being.

Table 2: Regression Analysis

Coefficients[a]						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	57.352	5.985	-	9.582	.000
	T_GAD	.779	.186	.293	4.194	.000
	T_BRS	-.359	.247	.101	-1.455	.147

a: Dependent Variable: T_CTQ

This regression model examines the relationship between childhood trauma (T_CTQ) as the dependent variable and two independent variables: generalized anxiety disorder (T_GAD) and resilience (T_BRS). The results indicate that generalized anxiety disorder (T_GAD) has a significant positive effect on childhood trauma, with a coefficient of .779 (t = 4.194, p = .000), suggesting that higher levels of anxiety are

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associated with increased levels of childhood trauma. However, resilience (T_BRS) does not have a statistically significant effect on childhood trauma, as indicated by its non-significant coefficient of -.359 (t = -1.455, p = .147). This implies that while anxiety symptoms are predictive of childhood trauma, resilience levels alone may not significantly impact the experience of childhood trauma in this model. Overall, the findings highlight the importance of addressing anxiety symptoms in the prevention and management of childhood trauma.

Table 3: Regression Analysis

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	20.412	1.726	-	11.828	.000
	T_BRS	-.475	.086	-.357	-5.529	.000

a: Dependent Variable: T_GAD

This regression model aims to predict levels of generalized anxiety disorder (T_GAD) resilience (T_BRS) as the independent variable. The results indicate that resilience has a significant negative effect on generalised anxiety disorder, with a coefficient of -0.475 (t = -5.529, p = .000). This suggests that individuals with higher levels of resilience tend to have lower levels of generalised anxiety disorder. The negative beta value (-0.357) indicates that for every one-unit increase in resilience, there is a corresponding decrease of approximately 0.357 units in generalised anxiety disorder. Overall, these findings suggest that fostering resilience may serve as a protective factor against the development or exacerbation of symptoms associated with generalised anxiety disorder.

V. DISCUSSION

The discussion of these findings can be contextualized within the broader literature on the relationship between childhood trauma, resilience, and mental health out-comes, particularly anxiety disorders. The Impact of Childhood Trauma on Resilience and Anxiety explained that numerous studies have consistently demonstrated the adverse effects of childhood trauma on both resilience and the development of anxiety disorders in adulthood. The negative correlation between childhood trauma and resilience aligns with research suggesting that early adverse experiences can undermine individuals' ability to cope effectively with stressors later in life (Afifi et al., 2012). This is supported by neurobiological models proposing that early-life stress can disrupt the development of brain regions involved in emotion regulation and resilience, such as the prefrontal cortex and hippocampus (Teicher et al., 2016). Addition-ally, the positive correlation between childhood trauma and generalised anxiety dis-order corroborates extensive literature linking adverse childhood experiences to in-creased vulnerability to various psychiatric disorders, including anxiety disorders (McLaughlin et al., 2010). The Protective Role of Resilience emphasized that the negative correlation between resilience and generalised anxiety disorder underscores the protective role of resilience in buffering against the development or exacerbation of anxiety symptoms. This finding aligns with theories emphasizing the adaptive function of resilience in promoting psychological well-being and mitigating the impact of stressors on mental health outcomes (Connor & Davidson, 2003). Moreover, empirical evidence suggests that interventions aimed at enhancing resilience, such as cognitive-behavioral therapy and mindfulness-based approaches, can effectively reduce symptoms of anxiety and improve overall mental health (Hoge et al., 2017).

Complex Interplay and Implications for Interventions explains that the regression analyses further elucidate the intricate interplay between childhood trauma, resilience, and anxiety symptoms. While childhood trauma emerges as a significant predictor of anxiety, resilience alone may not exert a direct effect on the experience of childhood trauma in certain models. However, the significant negative effect of resilience on anxiety highlights the potential utility of resilience-focused interventions in mitigating the adverse effects of childhood trauma on mental health outcomes.

It is essential to acknowledge several limitations of the present study, such as the reliance on self-report measures, cross-sectional design, and potential confounding variables not accounted for in the analyses. Future research could employ longitudinal designs to examine the long-term trajectories of resilience and anxiety following childhood trauma, as well as explore potential mediators or moderators of these relationships, such as social support or genetic factors.

In conclusion, the findings contribute to our understanding of the complex inter-play between childhood trauma, resilience, and anxiety,

highlighting the importance of resilience-building interventions in promoting psychological well-being and ad-dressing the sequelae of early adverse experiences.

VI. CONCLUSION

Through the analysis of childhood trauma, resilience, and anxiety among emerging adults yields valuable insights into the intricate interplay between early adverse experiences and mental health outcomes. This study contributes to existing literature by examining these constructs within the context of young adults in India, utilizing correlational research methods to uncover associations and predictors of interest.

The findings underscore the enduring impact of childhood trauma on individuals' resilience and susceptibility to anxiety disorders in adulthood. Consistent with previous research, childhood trauma exhibits a negative correlation with resilience, suggesting that individuals who have experienced early adversity may struggle to devel-op adaptive coping mechanisms and psychological resources to navigate stressors effectively. This aligns with neurobiological models proposing that early-life stress can disrupt the development of brain regions crucial for emotion regulation and resilience, perpetuating vulnerability to mental health difficulties later in life.

Moreover, the positive correlation between childhood trauma and generalized anxiety disorder reaffirms the link between adverse childhood experiences and heightened vulnerability to psychiatric disorders. Emerging adults who have experienced trauma are more likely to manifest symptoms of anxiety, reflecting the enduring psychological impact of early adversity. This highlights the need for targeted interventions aimed at addressing anxiety symptoms in individuals with a history of childhood trauma, thereby mitigating the long-term consequences of early adverse experiences on mental health.

Conversely, resilience emerges as a protective factor against the development or exacerbation of anxiety symptoms, underscoring its adaptive function in promoting psychological well-being. Individuals with higher levels of resilience demonstrate low-er levels of anxiety, indicating the potential for resilience-focused interventions to mitigate the adverse effects of childhood trauma on mental health outcomes. Cognitive-behavioral therapy and mindfulness-based approaches represent promising avenues for enhancing resilience and alleviating symptoms of anxiety, offering practical strategies to support individuals in coping with stressors and adversity.

The regression analyses further elucidate the complex relationship between child-hood trauma, resilience, and anxiety symptoms. While childhood trauma predicts anxiety, resilience alone may not exert a direct effect on the experience of childhood trauma in certain models. However, the significant negative effect of resilience on anxiety underscores the importance of resilience-building interventions in promoting psychological well-being and addressing the sequelae of early adverse experiences.

It is essential to acknowledge the limitations of the present study, including the reliance on self-report measures, cross-sectional design, and potential confounding variables not accounted for in the analyses. Future research could adopt longitudinal designs to examine the long-term trajectories of resilience and anxiety following childhood trauma, as well as explore potential mediators or moderators of these relationships, such as social support or genetic factors.

In conclusion, the findings of this study contribute to our understanding of the complex interplay between childhood trauma, resilience, and anxiety among emerging adults. By identifying factors that influence mental health outcomes in this population, interventions can be tailored to address the unique needs of individuals with a history of childhood trauma, promoting resilience and fostering psychological well-being in the face of adversity.

Like any scientific undertaking, this study has limits, though. The online data col-lection method using Google Forms may have created biases or limits, even if the methodology allowed us to glimpse the complex interplay between these dimensions.

REFERENCES

[1]. Childhood adversities and adult psychopathology in the National Comorbidity Survey Replication (NCS-R) II: Associations with persistence of DSM-IV disorders. (2009, April 11). Childhood adversities and adult psychopathology in the National Comorbidity Survey Replication (NCS-R) II: Associations with persistence of DSM-IV disorders. Archives of General Psychiatry. https://doi.org/10.1001/archgenpsychiatry.2009.187

[2]. The effects of childhood maltreatment on brain structure, function and connectivity. (2016, April 11). The effects of childhood maltreatment on brain structure, function and connectivity. Nature Reviews Neuroscience. https://www.nature.com/articles/nrn.2016.111

[3]. Childhood Maltreatment and Substance Use Disorders among Men and Women in a Nationally Representative Sample. (2012, January 1). Childhood Maltreatment and Substance Use Disorders among Men and Women in a Nationally Representative Sample. The Canadian Journal of Psychiatry. http://journals.sagepub.com/doi/10.1177/070674371205701105

[4]. Development of a new resilience scale: The Connor- Davidson Resilience Scale (CD-RISC). (n.d.). Development of a new resilience scale: The Connor- Davidson Resilience Scale (CD- RISC). Depression and Anxiety. https://onlinelibrary.wiley.com/doi/10.1002/da.10113

[5]. Effects of mindfulness meditation on occupational functioning and health care utilization in individuals with anxiety. (2017, January 1). Effects of mindfulness meditation on occupational functioning and health care utilization in individuals with anxiety. Journal of Psychosomatic Research. https://www.sciencedirect.com/science/article/pii/S0022399917300661

[6]. Fergusson, D. M., Boden, J. M., & Horwood, L. J. (2008). Exposure to childhood sexual and physical abuse and adjustment in early adulthood. Child Abuse & Neglect, 32(6), 607–619. https://doi.org/10.1016/j.chiabu.2006.12.018

[7]. Dong, C., Jiang, H., Chen, X., Tao, J., Xu, Q., & Zhang, Y. (2023). Mental health associated with the cluster of childhood trauma and resilience among nursing students: A cross-sectional study. Psychological Trauma: Theory, Research, Practice, and Policy. https://doi.org/10.1037/tra0001527

[8]. McLaughlin, K. A., Koenen, K. C., Chen, H., & Gratz, K. L. (2011). Childhood trauma and risk for mental disorders in emerging adulthood: A nationally representative study. Journal of the American Academy of Child & Adolescent Psychiatry, 50(6), 559-567

[9]. Watters, E. R., Aloe, A. M., & Wojciak, A. S. (2021). Examining the associations between childhood trauma, resilience, and depression: A Multivariate Meta-Analysis. Trauma, Violence, & Abuse, 24(1), 231–244. https://doi.org/10.1177/1524838021102939.

[10]. Matlin, S. L., Champine, R. B., Strambler, M. J., O'Brien, C., Hoffman, E. E., Whitson, M. L., Kolka, L., & Tebes, J. K. (2019). A community's response to adverse childhood experiences: Building a resilient, Trauma-Informed community. American Journal of Community Psychology, 64(3–4), 451–466. https://doi.org/10.1002/ajcp.12386

[11]. De Azambuja Farias, C., De Azevedo Cardoso, T., Mondin, T. C., De Mattos Souza, L. D., Da Silva, R. A., Kapczinski, F., Da Silva Magalhães, P. V., & Jansen, K. (2019). Clinical outcomes and childhood trauma in bipolar disorder: A community sample of young adults. Psychiatry Research-neuroimaging, 275, 228–232. https://doi.org/10.1016/j.psychres.2018.12.114

[12]. Hagan, M. J., Roubinov, D. S., Mistler, A. K., & Luecken, L. J. (2014). Mental health outcomes in emerging adults exposed to childhood maltreatment. Child Maltreatment, 19(3–4), 156–167. https://doi.org/10.1177/1077559514539753

[13]. Kertz, S. J., Bigda-Peyton, J. S., & Björgvinsson, T. (2012). Validity of the generalized anxiety disorder- 7 scale in an acute psychiatric sample. Clinical Psychology & Psychotherapy, 20(5), 456–464. https://doi.org/10.1002/cpp.1802

[14]. Rodríguez-Rey, R., Alonso- Tapia, J., & Hernansaiz Garrido, H. (2016). Reliability and validity of the Brief Resilience Scale (BRS) Spanish Version. Psychological Assessment, 28(5), e101–e110. https://doi.org/10.1037/pas0000191