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Exploring the Effects of Childhood Trauma on Mental Health Outcomes among Young Adults: An Empirical Study

Dr. Rakesh Ashok More
Associate Professor
MES Abasaheb Garware College, Pune, India
rampsyc@gmail.com

Abstract: *This empirical study explores the effects of childhood trauma on mental health outcomes among 90 young adults aged 18–30. Using validated instruments such as the Childhood Trauma Questionnaire (CTQ), Beck Depression Inventory (BDI-II), PTSD Checklist for DSM-5 (PCL-5), and Multidimensional Scale of Perceived Social Support (MSPSS), the study investigates how early adverse experiences are linked to symptoms of depression and PTSD. The findings reveal significant positive associations between trauma exposure and mental health symptoms. Additionally, perceived social support is identified as a moderating factor that mitigates the psychological effects of trauma. The study's results highlight the importance of trauma-informed care and social support systems in promoting mental health among vulnerable populations.*

Keywords: childhood trauma, depression, PTSD, social support, resilience, young adults, mental health.

I. INTRODUCTION

Childhood trauma is a major factor influencing the psychological well-being of individuals in adulthood. Traumatic experiences during formative years—such as physical abuse, emotional neglect, or exposure to domestic violence—can have long-lasting effects on mental health. Studies have shown that individuals exposed to trauma in early life are more prone to develop depression, anxiety disorders, and post-traumatic stress disorder (PTSD) (Felitti et al., 1998; Brewin et al., 2000). Additionally, biological mechanisms such as altered cortisol levels and reduced hippocampal volume have been linked with trauma exposure (Teicher et al., 2012; Heim et al., 2008). At the same time, factors like perceived social support and resilience have been shown to buffer against these effects (Luthar et al., 2000; Zimet et al., 1988). This study aims to examine the association between childhood trauma and mental health symptoms and to explore the moderating effect of social support among young adults in India.

II. REVIEW OF LITERATURE

A broad range of studies has explored the link between childhood trauma and mental health. Felitti et al. (1998) demonstrated that adverse childhood experiences were strongly associated with depression and suicide attempts in later life. Chapman et al. (2004) reported similar findings in longitudinal studies, emphasizing trauma's impact independent of socioeconomic factors.

Neuroimaging studies by Teicher et al. (2012) revealed structural changes in brain regions such as the hippocampus in trauma-exposed individuals. Heim et al. (2008) found that trauma disrupts cortisol regulation, affecting stress responses. Brewin et al. (2000) in a meta-analysis confirmed that trauma exposure is a leading predictor of PTSD.

Further, perceived social support was found to mitigate psychological distress. Zimet et al. (1988) validated the MSPSS as a reliable tool to measure support, while Luthar et al. (2000) highlighted resilience-building strategies as effective interventions.

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III. OBJECTIVES

1. To investigate the relationship between childhood trauma and symptoms of depression and PTSD in young adults.
2. To assess the moderating role of perceived social support in reducing psychological distress associated with trauma.

IV. HYPOTHESES

H1: Childhood trauma is positively correlated with depressive symptoms and PTSD.
H2: Higher perceived social support moderates and reduces the negative impact of trauma on mental health.

V. METHODOLOGY

5.1 Participants

The sample consisted of 90 young adults (45 male, 45 female) aged 18–30 years. Participants were recruited from universities and community networks in Pune, India. All participants provided informed consent. The study adhered to ethical standards and was approved by the Institutional Review Board.

5.2 Tools

1. Childhood Trauma Questionnaire (CTQ) – Measures trauma experiences in childhood.
2. Beck Depression Inventory-II (BDI-II) – Assesses the severity of depressive symptoms.
3. PTSD Checklist for DSM-5 (PCL-5) – Evaluates PTSD symptoms.
4. Multidimensional Scale of Perceived Social Support (MSPSS) – Assesses perceived support from family, friends, and others.

5.3 Procedure

Data were collected through online and paper-based questionnaires. Participants completed the forms anonymously. The collected data were analyzed using statistical tools including descriptive statistics, correlation analysis, regression, and moderation analysis.

5.4 Statistical Analysis

- Descriptive statistics (mean, SD, range)
- Pearson correlation analysis
- Multiple regression to examine the effect of trauma
- Moderation analysis using interaction terms between trauma and social support

VI. RESULTS

6.1 Descriptive Statistics

Variable	Mean	SD	Min	Max
Childhood Trauma (CTQ)	47.3	11.5	25	72
Depression (BDI-II)	20.5	8.2	5	38
PTSD Symptoms (PCL-5)	34.7	12.1	10	60
Social Support (MSPSS)	58.6	9.4	35	72

6.2 Correlation Analysis

Variables	CTQ	BDI-II	PCL-5	MSPSS
CTQ	1	0.55*	0.50*	-0.22
BDI-II	0.55*	1	0.60*	-0.42*
PCL-5	0.50*	0.60*	1	-0.36*
MSPSS	-0.22	-0.42*	-0.36*	1

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6.3 Regression Findings

Childhood trauma significantly predicted depressive symptoms ($\beta = 0.52$, $p < 0.001$) and PTSD symptoms ($\beta = 0.48$, $p < 0.001$). Social support moderated these relationships, with higher support reducing symptom severity.

VII. DISCUSSION

The findings support the hypotheses that childhood trauma predicts higher levels of depression and PTSD. The correlations and regression results are consistent with earlier studies such as Felitti et al. (1998) and Brewin et al. (2000), reinforcing the role of trauma in adult mental health.

The moderation effect of social support highlights its buffering role, aligning with the work of Luthar et al. (2000) and Zimet et al. (1988). Social support appears to be a crucial intervention tool that can mitigate the effects of trauma.

However, the study's cross-sectional design limits causal interpretations, and self-reported data may introduce bias. Future research should incorporate longitudinal designs and biological measures.

VIII. CONCLUSION

Childhood trauma is a strong predictor of depression and PTSD symptoms among young adults. Social support significantly moderates this relationship, suggesting that enhancing support networks can reduce psychological distress. The findings encourage mental health professionals to incorporate trauma-informed practices and resilience-building interventions.

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