

Childhood Trauma and its Long Lasting Impacts in Adulthood

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Abstract:

Early childhood trauma has a major impact on children's long and short-term results.

This dissertation examines the concept and causes of different forms of trauma, as well as the effects they have on the body, brain, and actions of those who have experienced them via research and education and looks at how it can affect the individual in their adulthood. I aim to determine if childhood trauma is related to a person's poor mental and physical health in adulthood.

The following research is organised into five chapters. Introduction, literature review, research methodology, data analysis (finding), and conclusion are the categories for these chapters. The study's first chapter outlines the study's context, research goals, priorities, and concerns, as well as the problem statement, while the literature review provides a brief summary of previous studies in this domain conducted by various researchers. The third chapter delves into the methods and techniques used in data collection and analysis, the fourth chapter outlines the study's results, which were derived from the data collected in the previous chapter, and the final chapter provides a summary of the entire study, including conclusions, recommendations, and possible implications.

Acknowledgement:

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CHAPTER 01: INTRODUCTION

1.1 Background of the Study

In the light of study conducted by Kascakova (2020) examined that childhood trauma is caused by risk factors to develop anxiety and chronic pain, and it also proved by various studies that childhood trauma develops anxiety and chronic pain in adulthood. While in health sectors chronic pain is the main problem that negatively influences an individual activates to overcome these issue patient spent a lot of money (Henschke, 2015). Mental illnesses include anxiety. It's characterized as unhappiness, sorrow, or frustration that interferes with an individual's daily routines. Nemeroff (2016), stated that although anxiety and depression problems are distinct, depressed individuals frequently exhibit symptoms are similar to those of mental illnesses, including such restlessness, irritation, and concentration and cognitive difficulties. However, every condition has its unique set of reasons as well as mental and behavioural manifestations. Early childhood trauma, such as emotional assault, physical abuse, sexual abuse, and cognitive and physical neglect, may create triggers for subsequent psychopathology and pain disorders through altered neuro-humoral control of the hypothalamic-pituitary-adrenal axis and impact on the autoimmune system (McEwen, 2015). Physical and sexual assault is the most prevalent type of childhood abuse studied in conjunction with pain in previous researches. Physical and emotional violence is a painful experience for children, resulting in phobia reactions and depression disorders such post-traumatic stress exposure. Furthermore, Goddard and Pooley (2019) explored that a connection between childhood abuse and a lifelong history of depression, anxiety, and other mental illnesses. Childhood abuse is a significant indicator of negative mental health consequences in adulthood for incarcerated men.

Trauma experienced in childhood and adulthood has been attributed to negative drug misuse and mental health effects in incarcerated persons, but there are still substantial discrepancies in the literature. Finally, the paucity of research on trauma exposure and mental well-being necessitates empirical investigation into their interrelationships. The purpose of this research study is to evaluate the influence of childhood trauma on long lasting physical and mental disorders. The main objective of the proposed research study is to investigate how childhood trauma affected mental and physical health. This chapter had highlighted some major

aspects of the study such as aims and objectives, background to the concepts, research questions and the rationale of the study.

1.2 Research Aim

The aim of this study is to develop the understanding about the causes of childhood trauma and the impact of childhood trauma on physical and mental health.

- To ascertain whether childhood trauma is linked to the austere mental and physical well-being of an individual in adulthood.

1.3 Research Objectives

Following are the set of objectives which are designed to investigate the impact of childhood trauma and its long lasting impact on adulthood:

- To identify if childhood trauma has long-lasting impacts on people in adulthood.
- To address the gap of knowledge by probing the available experimental literature concerning the impacts of ‘childhood trauma’ on physical and mental health
- To evaluate and recognize the features that nurture resilience and risk in the course of life and developed childhood trauma.

1.4 Research Questions

This research is determined to address the following research questions:

- Does childhood trauma have long-lasting effect on adulthood?
- Does the Childhood trauma have impact on physical and mental health?
- What is the effect of childhood trauma on individual’s performance?

1.5 Problem Statement **+44-789-562-8894**

On the basis of the study conducted by Zhang et al, (2020) in adults, childhood abuse has been linked to major depressive disorder (MDD) and bipolar disorder (BD). There is clear evidence of a connection between childhood trauma and mental illness later in life because various studies have been proved that the connection of childhood trauma and physical disorder in adults. This connection is especially strong when it comes to bullying, sexual violence, maltreatment, and parental loss. The research shows that puberty and adolescence are a critical

age for determining the likelihood of later mental illness and for focusing prevention strategies (McKay et al, 2021). However, no meta-analysis has been conducted related to the various forms of childhood abuse that effect on physical and mental disorder. The purposed research study fulfils this research gap and answers the research questions related to physical and mental

According to Silveira et al. (2020) it was identified Childhood abuse has been linked to a variety of negative life consequences. Its effects on teenage growth, however, are poorly known. Even after optimizing for sociodemographic and lifestyle causes, CT predicts the development of adult physical disabilities. This relationship effects on mental health (Noteboom, 2021). The following research study had helped to answer research questions and is beneficial for the researchers who want to conduct study in the same domain. In addition, researcher also intends to evaluate whether there was a connection between childhood stress, adaptive brain connectivity, executive dysfunction (ED) with the emergence of high-risk in adolescence.

1.6 Study Structure

The study structure of following research included five chapters the categorisation of these chapters is introduction, literature review, research methodology, data analysis (finding) and conclusion. The first chapter of the study explains the background, research aims, objectives and questions and problem statement, whereas literature review presents a detailed overview about the studies which are previously conducted in this domain by different researchers. The third chapter elaborates the tools and techniques of data collection and analysis method, the fourth chapter describes the findings of study which are obtained from the data collection in prior chapter ad the last chapter gives an overview of the whole study including conclusion, suggestion and future implications.

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1.7 Chapter Summary

The following chapter briefly explained the causes of childhood trauma and its long-lasting impact on physical and mental disorders in adulthood which is proved in the light of different studies that have been conducted by different researchers. To fulfill the research gap

and evaluate the factors of childhood trauma a list of research questions and objectives are given in this chapter. While the rationale of the topic and study structure explains the reasons to conduct this study on the other hand in the study structure an overview of the research plan is a given which researcher will adopt in the proposed study to meet the research objectives and answer the research questions.

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Chapter 02: Literature Review

2.1 Introduction

In this chapter of the research, the review of literature is provided that is based on the topic of research. All the background information that is available regarding the long-term impact of childhood trauma that continues in the adulthood is provided in this chapter. The view of other scholars is also provided in this regard. Furthermore, to comprise it can be said that the literature review provides the basis of the topic in the light of relevant research articles.

2.2 Childhood Trauma

Before delving into the literature based on impact of childhood trauma, it is important to understand the meaning of this term. According to Mandelli et al., (2015), childhood trauma is type of trauma that is experienced by a child in their young years which could be from birth till adolescence. In other words, childhood trauma is the experience that scars the person for life. According to Marusak et al., (2015), there are various types of childhood trauma that are experienced by children which cause physical as well as psychological health issues. Children that are part of natural disasters or road traffic accidents or war are the ones that suffer from both physical and mental types of injuries extensively. Other forms of childhood trauma include living in a dangerous environment which could potentially harm the child. Living in fear of potential harm for extensive amount of time can be detrimental for the child and can affect the mental wellbeing which could result in long term consequences (Dye, 2018).

The types of childhood trauma that are sometimes more traumatic for the mental health of a person are usually sexual and physical assaults that occur during the early years. According to the world health organisation, the child sexual abuse is characterised by the engagement of sexual activity on a child which is a common phenomenon that occurs at high rate. It is estimated that the perpetrators are 93% of the times associated with the victims in a familial relationship (Bhullar and Kaur, 2015). Along with the sexual trauma, there is often trauma associated with it. The beating done by parents or by teachers in the schools can be considered in this regard. The physical trauma can cause the child to have severe health effects (Carliner et al., 2016).

2.3 Physical Health effects of Childhood trauma

As per Weltz et al., (2016), the physical consequences of childhood trauma begin from the incident and continue throughout their life. The health effects can be divided into two major sections that are physical and mental. In terms of physical consequences on health, the traumatic

experiences associated with sexual context can cause genital injuries, infections of genitalia, pain in urination. Whereas other traumatic experiences can cause physical injuries like bruises, wound and abrasions (Pierce et al., 2017). Health consequences also include headaches and migraines. Furthermore, some accidents or experiences from natural disasters can also lead to loss of limbs, organ damage and disabilities. This health damage often hinders with their daily life and causes them to live in a restricted manner. Due to the disabilities caused by the incident, the individuals often suffer a great deal in continuing their lives in a normal way which also leads them to have psychological issues (Hibberd et al., 2017).

In addition to this, it is found in the study by Llabre et al., (2017) that the health effects of childhood trauma include development of obesity and eating disorders. Food is often taken by the people as a source of nutrition but it is indicated that it is associated with being a coping mechanism for some people as it provides a sense of happiness and satisfaction upon eating. Hence, many victims indulge in eating activities to cope with their trauma. Other studies have indicated that the health consequences of these experiences also include the development of chronic illness like heart diseases, stroke and cancer. In some cases, the trauma also causes early death. It is also found that these experiences by other conditions like asthma, bipolar disorder and diabetes (Aas et al., 2016).

2.4 Mental health effects of childhood trauma

As per Cross et al., (2017), it is indicated that the development of the nervous system occurs during the early childhood as well as adolescence. Damage in terms of physical or mental during those years of development can have life-long consequences. In some cases, the development stops and the person become mentally challenges which make them unable to comprehend the situation and suffer mental trauma. In other case, the person tries to cope with the traumatic situation and develop habits that are not deemed healthy.

According to the research by Copeland et al., (2018), the mental health consequences of the traumatic childhood experiences are far worse which can persist in the adulthood despite the fact that physical health effects resolve and heal. One of the major psychological effects of childhood trauma is depression. The symptoms of depression commonly include lack of self-esteem, feeling of sadness, lonely, fatigue, loss of interest, restlessness, loss of appetite, crankiness etc. Depression is the found to persist in the people which are commonly associated

with childhood trauma. It is estimated that about 75.6% of the individuals that have chronic depression present that they have a history of childhood traumatic experiences (Negele et al., 2015).

In the study by Thordardottir et al., (2016), it is indicated that sleep disturbances are also found to be associated with past childhood trauma. These can include having nightmares about the incident or having insomnia which means that they are unable to sleep at night. Furthermore, the sleep disturbances also include bedwetting. Furthermore, the stress caused by the events lead the person to have abnormal physiological activity like rapid breathing, panic attacks and pounding heart. In accordance with the study by Lopez-Patton et al., (2019), it is considered that the substance abusers are often the individuals that have experienced childhood trauma in one way or another. They indulge in such activities to forget the pain caused by the events or to find ease that the substance provides. Since it is evident that drugs and substances relax the mind of individuals that is the main reason for which they are used by them.

2.5 Impact of Childhood trauma consequences in Adulthood

Since it is evident that the impact of childhood trauma continues in the adulthood, it can be said that it causes disruption in the normal functioning of life of people. For instance, the mental pressure of the trauma causes the individuals to show regressive behaviours without any particular reasons (Jewkes et al., 2016). It is commonly observed that such individuals grow up to be the abusers themselves. According to the views of Liotti (2019), the people that have experienced some form of physical trauma or neglect, they often become the abuser later in their adulthood. The victims of sexual trauma are found to inflict inappropriate sexualised behaviours. It is also observed that these individuals have sex unprotected which is an indication of problematic behaviours.

In addition to this, it is also indicated in the study by Ekinci and Kandemir (2015) that the individuals that have a history of past childhood trauma have social problems and poor self-esteem. It is observed that the habits that the individuals develop also reflect their past experiences. For instance, in the research by Warne et al., (2017), it is indicated that these people are more likely to develop the habit of smoking, alcoholism or substance abuse. The bad habits are developed as a result of their past experiences and this is indicated by several studies. It is also found that these victims develop trust issues and find it difficult to have intimate sexual

relationships with their partners. They find it difficult to have attachments since the abusers were often their own family members or caregivers who were supposed to be safe. Dissociation is also indicated to be a mental health consequence of these traumatic experiences. Dissociation refers to the feeling of detachment from the surrounding where they separate themselves from the world. In addition to these feelings, the person develops antisocial behaviour since there is mistrust of others and no interest in social activities (Bruce and Laporte, 2015).

According to the research by Dye (2018), PTSD is one of the common psychological issues developed as a result of childhood trauma. PTSD refers to the post-traumatic stress disorder which is often associated with the other symptoms like anxiety, depression, difficulty in trusting, feeling of isolation, anger and self-destructive behaviours. As per the investigation by Bahk et al., (2017), the maltreatment in childhood causes the individuals to develop suicidal behaviours. It is believed that the survivors of childhood trauma succeed in committing suicide or if they survive then there are most chances that they try to do it again (Zatti et al., 2017).

Among other consequences of childhood trauma, the individuals also have some habits which they do not realise is the impact of those events. For instance, bedwetting is one of the most prominent characteristics of the victims of childhood trauma. The reasons associated with them are mostly due to the nightmares and no control over the release of urine or urinating out of fear (Nobakhtand Dale, 2019). According to the study by Altintas and Bilici (2018), it is found that the adults that exhibit problematic behaviours like being involved in gangs and other dangerous activities like assaults have experience of childhood trauma. Criminals and prisoners are found to have experienced some sort of childhood trauma. This shows that such events can lead to have lifelong consequences for the victims.

2.7 Chapter summary

From the review of literature, it is indicated that the term childhood trauma refers to the emotional or physical abuse that is experienced by children. It is found that the different forms of childhood trauma include road traffic accidents, assault, natural disasters, physical and sexual abuse. It is estimated that the perpetrators of sexual and physical trauma of children are 93% of the times associated with the victims in a familial relationship. These experiences have detrimental health consequences in terms of both physical as well as mental health. The physical consequences of these events include disabilities, genital injuries, infections of genitalia, pain in

urination, bruises, wound, abrasions, loss of limbs, headaches, organ damage, obesity and eating disorders. Whereas the mental health consequences of these experiences include lack of self-esteem, feeling of sadness, lonely, fatigue, loss of interest, restlessness, loss of appetite, crankiness, chronic depression, rapid breathing, panic attacks and pounding heart. It is also indicated that the impact of childhood trauma continues to persist in the adulthood in the form of problematic behaviours and other issues like social problems, substance abuse, criminal activities, Bedwetting, nightmares, and in many cases become the abuser themselves.

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Chapter 03: Research Methodology

3.1 Chapter Introduction

This chapter of the secondary qualitative research dissertation is designed with the purpose of providing a detailed elaboration and information to the peer reviewers regarding the techniques and methods used by the researcher in planning, scheduling and formulating the research study. The chapter consist of the systematic description of the core elements of the methodology that were implied in the formation of this study. The chapter includes the comprehensive account of the research philosophy, research approach. Research design, search strategy including the inclusion and exclusion criteria, data collection method, data analysis technique and the ethical considerations used and promoted by the researcher for the execution of this relative research study.

3.2 Research Philosophy

The analysis of the study proposed by Mukumbang et al. (2020), expressed that the elaboration and clarification of the views, perceptions and consideration of the researcher with respect to the factual knowledge is considerably important in enhancing the appropriate choice of the methodology. Serving the purpose, the initial and core element that essentially serves in predicting and adopting effective approaches and methodological techniques for the organisation and execution of the research study, is the research philosophy (Saunders et al., 2015). The studies have expressed that there are three major types of research philosophies including positivism, interpretivism and pragmatism. The positivism is referred as the type of research philosophy which rely on the factual knowledge, or the information which is attained after the terms of keen observations, experimentations and measurements (Bunnissand Kelly, 2010).

The interpretivism deals with subjective learning and provides the medium for the researchers to indulge in the aspects of observing and collecting adequately relevant amount of information related to the context of study (Ryan, 2018)). On the other hand, the pragmatism is a practical approach, which deals with enhancing the experiences and learning behaviours of the researchers (Alharahsheh and Pius, 2020). For this secondary qualitative research study, the interpretivism is adopted as the research philosophy and the framework to proceed with the flow of the study. The interpretivism was selected because the research is based on the collection of

the data from prevailing primary research studies, related to the child trauma and its management.

2.3 Research Approach

The research approach is defined as the flow or manner considered by the researcher to perform certain type of the study. Two distinct type of research approaches are identified from the evaluation of the studies including the inductive reasoning and deductive reasoning (Soiferman, 2010). The inductive approach involves the development of theories, after adequate pondering and observation of the prevailing ideas or information related to the context (Armat et al., 2018). While the deductive approach precisely deal with the generation and promotion of the hypothesis based on the prevailing theories related to the context of focus, explained in the previous research studies (Soiferman, 2010). This research study is systematically aligned using the principle manner of the inductive reasoning approach because this approach is commonly preferred for the secondary research studies. Additionally, the analysis of this study is based on the observation of the prevailing information for the development of theories, using the supporting evidences.

2.4 Research Design

The term research design refers to the progressive framework, which helps the researcher to adopt appropriate techniques for the planning of the study, to the collection and analysis of the data (Pham, 2018). The research designs are classified in two types including qualitative research design and quantitative research design. The qualitative research design is further segmented in two types involving the primary qualitative research and the secondary qualitative research (Brannen, 2017). The primary qualitative research studies are based on the collection of non-numerical data from the study participants using the source of survey questionnaires and interviews and supporting their responses using the evidences gained from the research studies (Arghode, 2012). While the secondary qualitative research studies are maintained after the collection of considerate and relevant amount of data or information from the prevailing research studies, for the purpose of ensuring in depth analysis (Östlund et al., 2011). On the other hand, the quantitative research studies are based on the collection and analysis of the numerical data. The quantitative data is measured and analyse using the appropriate statistical analysis tools. This respective study is formulated on the prospects of secondary qualitative research design, as

the analysis is performed using the source of collecting the data from relevant research articles and literature sources.

2.5 Search strategy

The literature and evidences for this research study were collected from various electronic databases including the EBSCO, MEDLINE, socINDEX, Academic search complete and psychARTICLES. To assess and extract the relevant research studies, various key terms were induced in the combination on the search panel of each database. The key terms that were used for the collection of the relevant articles involve older adults, cumulative trauma, physical health, child trauma and mental health. Some of the alternative key search terms that were used to extract the information included the repetitive stress injury, overuse strain, occupational overuse syndrome, aged, aging, long-lived, non-aged, minority, emotional and psychological well-being, physical stability and shape, as well as the fitness.

Key terms	Alternatives
Cumulative Trauma	Repetitive stress injury, overuse strain, occupational overuse syndrome.
Childhood	non-aged, minority
Old Adults	Aged, aging, long-lived.
Physical health	Emotional and psychological well-being
Mental health	Physical stability and shape, as well as the fitness.

2.5.1 Inclusion criteria

The articles for this secondary research were extracted within the year range of 1999 to 2019. The primary research articles including both qualitative and quantitative design were included. The study designs including cross-sectional, randomized controlled trials, cohort studies and other clinical trials were considerably included, after the evaluation of their findings and association of their research objectives with the context of this study. The studies published in English language were included. The studies based on the involvement of individuals within the age range of 50 years or above were included. Only the articles that were peer reviewed and published in an authentic science or social science journal were included.

2.5.2 Exclusion Criteria

The studies that were found irrelevant based on their study design, the methodological approaches, the research objectives, abstracts and relevancy of the study title were excluded. All grey literature sources were excluded. The articles that were not peer-reviewed or published in an authentic journal source were excluded. On the other hand, the studies that were organised using the participants below the required age group were excluded from the study.

Inclusion Criteria	Exclusion Criteria
<ol style="list-style-type: none"> 1. Articles published in the year range of 1999 to 2019. 2. The primary research articles including both qualitative and quantitative designs. 3. The study designs including cross-sectional, randomized controlled trials, cohort studies and other clinical trials. 4. The studies published in English language. 5. The studies based on the involvement of individuals within the age range of 50 years. 6. Only the articles that were peer reviewed and published in an authentic science or social science journals. 	<ol style="list-style-type: none"> 1. The studies that were found irrelevant based on their study design, the methodological approaches, the research objectives, abstracts and relevancy of the study title. 2. All grey literature sources. 3. The articles those were not peer-reviewed or published in an authentic journal source. 4. The studies that were organised using the participants below the required age group.

2.6 Data collection

The collection of the data from the relevant research studies was based on the application of the probability sampling technique. The term of probability sampling potentially helps in assessing the viability and authenticity of the information delivered in the analysis and literature of each type of primary research study. This technique ensures that the collected data lacks the risk of biases and sustainable for the formation of the results of this study. Moreover, the probability sampling was considered because most of the studies selected for the inclusion this research were quantitative researches based on the cross-sectional and randomized control trial

designs. Following the principles of probability sampling, 10 research articles were extracted for the review and formation of the analysis for this systematic study.

2.7 Data Analysis

The data analysis is the core segment of the research study, as this section provides an insight of the authenticity and productive sustainability or implicative contribution of the study in the respective field (Sgier, 2012). Thus, for maintaining the findings of the studies in accordance with the research objective, the thematic analysis technique was utilised by the researcher. The thematic analysis helps in collection and observation of the findings of each selected study and then extracts relevant codes from the core elements presented in their results. All the similar codes are summarized and grouped together to form relevant themes for the analysis (Braun, V. and Clarke, 2012).

2.8 Ethical considerations

The ethical issues that were focused and considered by the researcher for this qualitative study mainly included the values and fundamental principles of performing a secondary qualitative research study. The main consideration was the collection of relevant data with informed consent of the authors of selected studies. The terms of plagiarism were highly avoided. The researcher paid high attention towards the prospect of avoiding uncertainty and copyright issues during the citation and organisation of the study. The concerns and values of the authors and researchers of the selected studies were highly respected. Furthermore, the reference and acknowledgments were provided to the authors of the selected studies.

2.9 Chapter summary

The above stated chapter is the descriptive elaboration and account of knowledge provided to the peer reviewers regarding the research methodology and its relative aspects that were used in this research study. The chapter potentially provides an in-depth briefing regarding the research philosophy, research approach, research design, the searching strategy consumed, the inclusion and exclusion criteria, data collection and the data analysis technique that were used by the researcher to conduct this qualitative analysis.

Chapter 4: Data Analysis

4.1. Introduction

This chapter will provide detailed information about the findings of the research studies (n=10) carried out on the topic related to “Childhood trauma and its impacts in adulthood”. The chapter will also include the study findings and the discussion related to the comparison of the obtained findings with the previous studies. There were 10 research studies selected for the present systematic review that provided the information about answering the research questions in the form of themes.

3.2. Thematic Analysis

3.2.1. Childhood trauma and its long-lasting effect on adulthood

The selected studies provided evidence-based information on the assessment of childhood trauma and its long-lasting impacts in adulthood ages (Table 1). Additionally, the studies provided information about the risk of childhood experience and its impacts on the physical and mental health of the adults along with the impacts of childhood trauma on the performance of the individuals. The study of Petkus et al (2017) explored the impacts of childhood traumatic experience on the cognitive performance of adults at older ages. The findings demonstrated that childhood traumatic experiences were significantly associated with adverse psychological outcomes in the older ages by affecting speed, executive functioning and attention. The cortisol levels were not significantly associated with cognitive functioning. The older aged people who had the experience of childhood trauma faced serious challenges in adult life due to the poor psychological outcomes. These results were in agreement with the previous studies which

demonstrated that childhood trauma, neglect and abuse were observed to show the negative impacts in the later stages of adults (Burri et al., 2013; Brindle et al., 2018).

Additionally, the reason was due to the psychological impacts in the different developmental stages that affect the people in the later stages of their life. The adverse experiences were retained in the mind of the people which influenced them afterward (De Bellis and Zisk, 2014). The study of Krammer et al (2016) aimed to find out the traumatic experiences of childhood with the symptoms of posttraumatic stress disorder among the older age adults with the age ranged between 59 to 98 years. The findings of the study indicated that childhood traumatic experiences were significantly associated with the ten types of post-traumatic stress disorders that include anxiety arousal, dissociation, sexual concerns, anger and irritability.

It was suggested there were long-term impacts of childhood adverse experiences on the psychological and mental health of older age adults. These were in agreement with the previous stages that showed the experience of trauma increased the chances of depression (O'Hare et al., 2017). Older adults with the 'childhood trauma' survivors when linked with older adults without any encounter of trauma were more probable to undergo symptoms of 'posttraumatic stress (Rowland et al., 2021). The study showed that child neglect and abuse did not only affect the mental health of the people but also the physical health gets severely affected in the later stages of life (Rossiter et al., 2015).

3.2.2. Childhood trauma and impacts on physical and mental health of adults

The findings of the present study further demonstrated that there was an enhanced risk of chronic physical diseases and mental health due to childhood trauma and abuse (Noteboom et al., 2021). It was noticed that adults with traumatic experiences in the childhood ages had problems of the digestive system, respiratory disorders, musculoskeletal disorders and migraine issues. Adverse psychological health was observed such as anxiety, depression, mood variations, anger and substance use disorders among the adults. The lifestyle factors and sociodemographic variables were controlled in the study that did not change the study outcomes. The study findings were in line with the previous researches that demonstrated the effects of child abuse on the occurrence of physical disease in the long run (Anand et al., 2015). This was attributed to the reason that higher stress in childhood age affects the immune system and it became weakened

with time. The violence can also result in injuries that can be the reason for slow performance, physical and mental health (Etain et al., 2013).

Furthermore, the study of Kascakova et al (2020) that was aimed to assess the impacts of childhood trauma and its effects on the anxiety and incidence of long-term pain among adults. It was observed that that emotional abuse and physical neglect in childhood were associated with psychological and other health issues in adult life. There was a positive association between childhood trauma and the pain and anxiety amongst the people in the adult ages. It can be due to the inclusion of the subjects with the past traumatic experience in the study (O'Donovan et al., 2011). There can be the possibility of other social and demographic factors that increased the risk of psychological and mental health illness with the increase of age. The study of Wingo et al (2010) carried out a study to check the effects of resilience on depression among people with the experience of trauma.

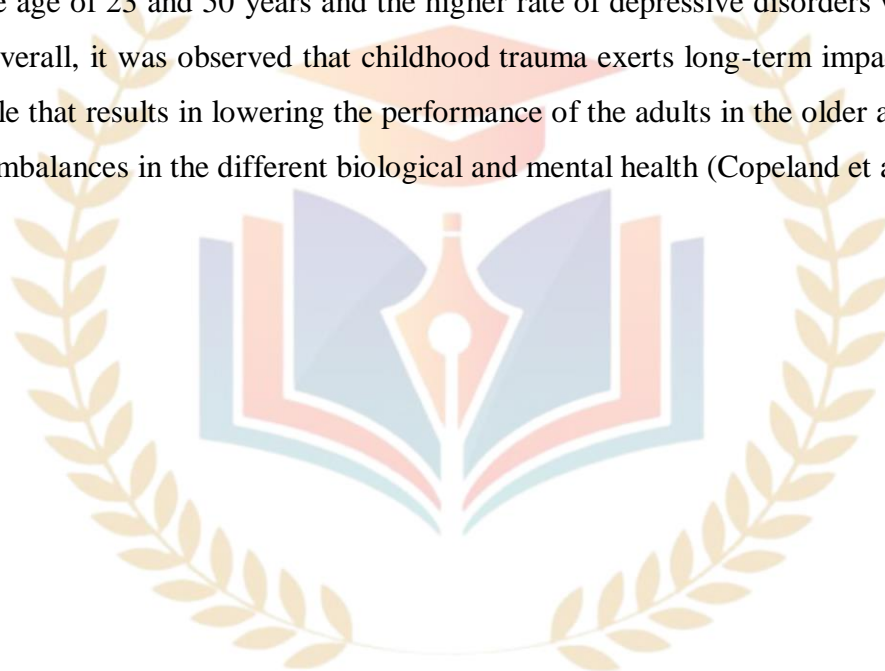
The study showed that childhood abuse and trauma increased depressive symptoms due to the abrupted cortisol levels among adults (Wielaard et al., 2018). The moderation of resilience was found in the depressive symptoms among the individuals exposed to childhood abuse. In another study, it was noticed that the trauma can affect the adult age due to the higher experience feelings of shame and guilt which makes the people feeling disconnected and they were unable to control their emotions (Radford et al., 2019). These were the possible reasons also mentioned in the other study that attributed to the occurrences of anxiety, depression and anger issued among the adults (Altintas and Bilici,2018).

3.2.3. Effect of childhood trauma on individual's performance

It was noticed that traumatic experiences in the childhood stages affect the performance of the individuals in the later stages of life. The performance was found to be decreased due to the effect on the cognitive functioning of the adults. Kim et al (2021) indicated that child abuse and substance use of parents affected the children and will be more likely to develop depressive symptoms. These findings were in agreement with the previous studies that showed that depression weakened the physical and mental health of the people that is why their performance was decreased (Larson et al., 2017). Childhood abuse had impacted for a long time the mental health of adults at older ages. The study of Ding et al (2014) showed that 50 percent of the participants experienced psychosis in the adult ages due to parental divorce and child abuse. This

can be the reason for the lower performance of the individuals as their intellectual abilities are lessened due to poor cognitive functioning. Due to the violence, the confidence and learning skills were also found to be decreased among the childhood that persists for longer time periods. These results were in line with the previous studies (Jimenez et al., 2017; Martin et al., 2019).

Ding et al (2014) indicated that childhood adversities increased the use of methamphetamine in adults. Jardim et al (2018) associated child abuse with suicide risks in adult age. Dunn et al (2017) indicated that participants with trauma experience at any age showed the risks of anxiety and depression disorders in the later stages of their life. The study showed that the anxiety and depressive symptoms reduce the performance of the adults due to the disruption of the cognitive functions and imbalances of the hormones (Martin et al., 2019). Takizawa et al (2014) presented the association of the risks of psychological distress among the patients between the age of 23 and 50 years and the higher rate of depressive disorders who experienced bullying. Overall, it was observed that childhood trauma exerts long-term impacts on the health of the people that results in lowering the performance of the adults in the older ages. This can be due to the imbalances in the different biological and mental health (Copeland et al., 2018).



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Table 1: Summary of the findings of the previous research studies carried out on the childhood trauma and its long-term impacts on adulthood.

Research Study	Aim of the study	Research methodology/study design	Study findings	Conclusion
	To study the impacts of childhood traumatic experiences on the positive performance disorders and older age adults.	The study employed the cross-sectional design recruited based on the experiences of the inclusion childhood. The participants filled the childhood trauma questionnaire and depressive disorders in the older ages.	The findings of the study indicated that significantly associated with ten types of post-traumatic stress disorders that included anxiety in the older ages. The social, executive functioning and attention were severely affected in the older ages as a result of the traumatic experience in the childhood stage. There was no association of cognitive functioning with the levels of cortisol.	The findings of the study concluded that childhood traumatic experiences disorders among people in the older ages. The study suggested the childhood adverse experience affect people for the longest time and impacted adversely the psychological and mental health.

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Noteboom et al (2021)	The study aimed to explore the effects of childhood trauma in a long time on the occurrence of chronic physical diseases or either it affects mental health.	The study included the data of 13,489 participants with the age ranged between 18 to 64 years. The participants filled the questionnaire related to childhood trauma and examined the emotional, physical, sexual and psychological health prior to the age of 16 years old. The psychological health issues were assessed by conducting the interviews. The physical disorders were checked with the help of medical doctors.	The findings indicated that childhood traumatic experiences affected the adults with problems of the digestive system, respiratory disorders, musculoskeletal disorders and migraine issues. Additionally, psychological health issues were also detected amongst the adults such as anxiety, depression, mood variations, anger and	It was concluded that child traumatic experiences impacted the occurrence of physical disorders among the people, in the adult ages. Even the controlling of lifestyle factors and sociodemographic variables did not control the situations.
Petkus et al (2017)				
Krammer et al (2016)	The study aimed to find out the traumatic experiences of	The older age participants (n=116) with the age ranged between 59 to 98 years were included in the study. The	The findings of the study indicated that traumatic experiences in childhood	The study concluded that childhood trauma was significantly associated with

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			substance use disorders.	
Kascakova et al (2020)	The study aimed to explore childhood traumatic experiences and their effects on anxiety and incidence of long-term pain among adults.	The study was based on the cross-sectional design and included the data of 1800 participants clinically diagnosed with psychological disorders. The participants were asked to report the information in the questionnaire related to long-term pain, anxiety and traumatic experiences.	The findings showed that emotional abuse and physical neglect in childhood were linked with psychological and other health issues in adult life.	The study findings further concluded that there was a positive association between childhood traumatic experiences and the occurrence of pain and anxiety amongst the people in the adult ages.
Wingo et al (2010)	The study aimed to find out the impacts of resilience on depression among individuals with the experience of trauma.	The study included a cross-sectional design with the data of 792 adults. The measurement of resilience was done by using different quantitative scales. The childhood traumatic experiences were determined by the use of a questionnaire related to the traumatic experience.	The findings of the study showed that childhood traumatic experience enhanced the occurrence of depressive symptoms among adults.	The findings of the study concluded that moderation of resilience was achieved in the depressive symptoms among the individuals exposed to childhood abuse.
Kim et al (2021)	The study aimed to explore the adverse experience of childhood and its association with	The data was collected from the “National Epidemiologic survey” by recruiting 11,386 adults with the age 55 years or older.	The study findings indicated that child abuse and substance use of parents affected the children and	It was concluded that childhood abuse had impacted for the long term the mental health of the adults at older

	depressive disorders along with substance use disorders among adults in the older ages.		they will be more likely to develop depressive symptoms.	ages.
Ding et al (2014)	The study was carried out to assess the traumatic experiences in childhood and their association with the use of methamphetamine along with the risk of psychosis.	The study employed the cross-sectional design and recruited the participants with the users of methamphetamine. The interviews were conducted with the participants to assess the psychosis due to the use of methamphetamine.	The findings indicated that 50 percent of the participants experienced psychosis in the adult ages due to parental divorce, child abuse and other related issues. The use of methamphetamine was also significantly associated with the occurrence of psychosis.	The study concluded that the adversities in childhood enhanced the use of methamphetamine among the adults that proceeded with the risk of psychosis.
Jardim et al (2018)	The study aimed to examine the impacts of childhood abuse on long-term suicidal impacts.	The study employed the cross-sectional design by recruiting 449 individuals with the age 60 years or older.	The findings indicated that childhood abuse was linked with the risk of suicides in the later ages.	The study concluded that there was a positive association between child abuse and experiences with suicidal rates amongst adults.
Dunn et al (2017)	The study was carried out to examine the impacts of the age of	The interviews were done with the study participants to collect the information and the regression model	The findings showed that the participants experience the trauma experienced at	The study concluded that trauma experienced at the different childhood ages

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	trauma experience and the risk of psychological disorders in adulthood.	has applied to check the association between the age at which the individual was exposed to the trauma and the types of psychological issues in adulthood.	any age had developed anxiety and depression disorders later on in their life. The depressive scores were twice among the adults with the childhood traumatic experience.	resulted in the occurrence of depressive disorders among adults.
Takizawa et al (2014)	The study aimed to find out the impact of bullying in childhood on people in the adult ages.	The study was longitudinally based and collected the data from 7771 participants who mentioned the experience of bullying in the age of 7 and 11 years.	The findings showed that there was an enhanced risk of psychological distress among the patients at the age of 23 and 50 years. A higher rate of depressive disorder was observed among the patients who experienced bullying.	The study concluded that the frequent bullying experience of childhood had an impact on social, health and economic outcomes for the patients.

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Chapter 5: Conclusion

The research study conducted concluded that the childhood trauma does have long-lasting negative impact on adulthood. The childhood trauma impacts both the physical and mental health of the person in later stages of life. The outcome of trauma in childhood is a global concern as it possesses adverse consequences on the people's life. The negative impact of trauma is considered to be persistent in all stages of life and deteriorate the health of such individuals. The negative impact of such trauma not only harm the individual but also affect the community and families as these people are difficult to handle and might become aggressive that lead to hurting someone physically. Children who experience trauma or abuse develops a condition referred as "heightened stress response" this condition affect their ability to regulate and control their emotions, affect their sleep even in adulthood, lower immune function that results in chronic conditions in the older age (Griesbach et al., 2011). The children with past of trauma or abuse tend to involve in negative behavior and companies. They involve in smoking, drug use, alcohol use, diet that leads to obesity.

The people in adulthood tend to experience more emotional instability and have a high rate of anxiety, panic attacks if encounter such situation again even after years of it (Gershoff et al., 2016). Such adults have anger issues and face hopelessness along with guilt and gave up on things easily. The childhood trauma has a long-lasting affect on adulthood in form of having difficulty with relationships, try to commit suicide or simply harm themselves or others. The decrease in physical health help is majorly due to the fact the stress conditions during childhood causes impairment in the development of brain and cognitive functions. However, these long-term complications can be avoided if the child is provided with the help of professional to deal with their trauma that will restrict its impact on adulthood. The individuals with history of trauma are at risk of developing asthma, diabetes, heart conditions, neurological conditions, psychological conditions such as depression and stroke in adulthood. According to publish reports the suicide rate is higher in people with having past with trauma verbal abuse, sexual abuse, violence or parental violence.

Further as they face difficulty with relationships a research study was conducted that reported the individuals with childhood trauma have increase chances of failed marriages. This is due to the fact that they have trust issues along with other psychological conditions resulting in a stressful relationship (Draper et al., 2018). The research study concludes that more researches

needs to be conducted in order to focus on development and creating more preventative measures that can take to lessen the negative impact of childhood trauma on adulthood. These measures will ensure that individuals get the need social and emotional support to fight against the long-lasting impact of childhood trauma incidences. This research study also provides a in-depth insight regarding the childhood trauma impact on older age people and guide them towards area that further requires attention.

It has been observed that childhood trauma can be the result of physical, sexual, or emotional abuse. Many people who grew up in abusive homes now suffer from post-traumatic stress disorder and depression. In most cases, the survivors of childhood trauma are so frightened by the events they experienced that they do not know how to deal with their emotions. It is not surprising, then, that post-traumatic stress disorder or PTSD is often linked with adult anger issues and behavior. It is hard to imagine a world where physical, sexual, and emotional abuse does not occur. However, the reality is that many children have grown up believing that certain acts are appropriate and others are not. As a result, they end up carrying these patterns with them into adulthood. Because childhood trauma and PTSD often affect adults profoundly, both children and adults need to work toward healing. However, it can be hard to determine where to begin. Unfortunately, many professionals cannot figure out where to draw the line for childhood trauma and how it affects adulthood.

5.1 Recommendations

The first thing to be considered is whether or not they suffered any trauma as a child. If they did, they are likely continued to experience some trauma in adulthood. However, just because children suffered some trauma at a young age does not mean that they should automatically assume that they will continue to experience trauma in adulthood.

It is important to remember that childhood trauma is different from adult trauma. While some people go into adulthood traumatized, most do not. Instead, a trauma in childhood can be defined as any stress, frustration, or anxiety related to abuse, neglect, or violence. In order to have a healthy mind and a healthy lifestyle, children must learn how to work through all of the feelings and work to learn how to manage the stress.

While people are exploring the question of childhood trauma and how it affects adulthood, it is also essential to understand how this stress can affect children later in life. If someone suffered childhood trauma, the chances are good that they may have difficulty sleeping or maintaining a healthy state of mind as an adult. Children may not always recognize when stress is mounting and may not be able to control it. This can lead to serious health problems such as heart disease, depression, or anxiety. They may not be able to work outside of the home due to fear of leaving their house and going off to work. In the worst cases, this can result in suicide.

Apparently, children have options for dealing with childhood trauma and how it affects adulthood. First, they should seek professional help if they need it. Many therapists are trained in childhood trauma and have experience working with adults. Children may want to start with a visit to a family counselor who specializes in these issues. They will help explore their emotions and find support with others who are going through similar experiences.

They may want to try a support group for adults who have suffered childhood trauma. The support group may help people to discover new things about themselves and their relationships. These groups can also provide with the strength and support they need to get past the trauma and learn how to deal with it moving forward.

Also, children must learn as much as possible about what childhood trauma is and how it affects adulthood. Being prepared will help people deal with their fears and anxieties. Also, having some information about this type of trauma can make them more aware of the warning signs. This can help people take precautions before they happen not to have to face them as an adult.

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References

- Aas, M., Henry, C., Andreassen, O.A., Bellivier, F., Melle, I. and Etain, B., 2016. The role of childhood trauma in bipolar disorders. *International journal of bipolar disorders*, 4(1), pp.1-10.
- Alharahsheh, H. and Pius, A., 2020. A review of key paradigms: Positivism VS interpretivism. *Global Academic Journal of Humanities and Social Sciences*, 2(3), pp.39-43.
- Altintas, M. and Bilici, M., 2018. Evaluation of childhood trauma with respect to criminal behavior, dissociative experiences, adverse family experiences and psychiatric backgrounds among prison inmates. *Comprehensive psychiatry*, 82, pp.100-107.
- Altintas, M. and Bilici, M., 2018. Evaluation of childhood trauma with respect to criminal behavior, dissociative experiences, adverse family experiences and psychiatric backgrounds among prison inmates. *Comprehensive psychiatry*, 82, pp.100-107.
- Anand, A., Koller, D.L., Lawson, W.B., Gershon, E.S., Nurnberger, J.I. and Collaborative, B., 2015. Genetic and childhood trauma interaction effect on age of onset in bipolar disorder: an exploratory analysis. *Journal of affective disorders*, 179, pp.1-5.
- Arghode, V., 2012. Qualitative and Quantitative Research: Paradigmatic Differences. *Global Education Journal*, 2012(4).
- Armat, M.R., Assarroudi, A., Rad, M., Sharifi, H. and Heydari, A., 2018. Inductive and deductive: Ambiguous labels in qualitative content analysis. *The Qualitative Report*, 23(1), pp.219-221.
- Bahk, Y.C., Jang, S.K., Choi, K.H. and Lee, S.H., 2017. The relationship between childhood trauma and suicidal ideation: role of maltreatment and potential mediators. *Psychiatry investigation*, 14(1), p.37.
- Bhullar, D.S. and Kaur, M., 2015. MEDICO-LEGAL CARE FOR FEMALE VICTIMS OF SEXUAL VIOLENCE. *Journal of Punjab Academy of Forensic Medicine & Toxicology*, 15(2).
- Brannen, J., 2017. Combining qualitative and quantitative approaches: an overview. *Mixing methods: Qualitative and quantitative research*, pp.3-37.
- Braun, V. and Clarke, V., 2012. Thematic analysis.

- Brindle, R.C., Cribbet, M.R., Samuelsson, L.B., Gao, C., Frank, E., Krafty, R.T., Thayer, J.F., Buysse, D.J. and Hall, M.H., 2018. The relationship between childhood trauma and poor sleep health in adulthood. *Psychosomatic medicine*, 80(2), p.200.
- Bruce, M. and Laporte, D., 2015. Childhood trauma, antisocial personality typologies and recent violent acts among inpatient males with severe mental illness: Exploring an explanatory pathway. *Schizophrenia Research*, 162(1-3), pp.285-290.
- Bunniss, S. and Kelly, D.R., 2010. Research paradigms in medical education research. *Medical education*, 44(4), pp.358-366.
- Burri, A., Maercker, A., Krammer, S. and Simmen-Janevska, K., 2013. Childhood trauma and PTSD symptoms increase the risk of cognitive impairment in a sample of former indentured child laborers in old age. *PloS one*, 8(2), p.e57826.
- Carliner, H., Keyes, K.M., McLaughlin, K.A., Meyers, J.L., Dunn, E.C. and Martins, S.S., 2016. Childhood trauma and illicit drug use in adolescence: A population-based national comorbidity survey replication–adolescent supplement study. *Journal of the American Academy of Child & Adolescent Psychiatry*, 55(8), pp.701-708.
- Copeland, W.E., Shanahan, L., Hinesley, J., Chan, R.F., Aberg, K.A., Fairbank, J.A., van den Oord, E.J. and Costello, E.J., 2018. Association of childhood trauma exposure with adult psychiatric disorders and functional outcomes. *JAMA network open*, 1(7), pp.e184493-e184493.
- Copeland, W.E., Shanahan, L., Hinesley, J., Chan, R.F., Aberg, K.A., Fairbank, J.A., van den Oord, E.J. and Costello, E.J., 2018. Association of childhood trauma exposure with adult psychiatric disorders and functional outcomes. *JAMA network open*, 1(7), pp.e184493-e184493.
- Cross, D., Fani, N., Powers, A. and Bradley, B., 2017. Neurobiological development in the context of childhood trauma. *Clinical psychology: science and practice*, 24(2), pp.111-124.
- De Bellis, M.D. and Zisk, A., 2014. The biological effects of childhood trauma. *Child and Adolescent Psychiatric Clinics*, 23(2), pp.185-222.
- Ding, Y., Lin, H., Zhou, L., Yan, H. and He, N., 2014. Adverse childhood experiences and interaction with methamphetamine use frequency in the risk of methamphetamine-associated psychosis. *Drug and alcohol dependence*, 142, pp.295-300.

- Draper, B., Pfaff, J.J., Pirkis, J., Snowden, J., Lautenschlager, N.T., Wilson, I., Almeida, O.P. and Depression and Early Prevention of Suicide in General Practice Study Group, 2008. Long-term effects of childhood abuse on the quality of life and health of older people: Results from the Depression and Early Prevention of Suicide in General Practice Project. *Journal of the American Geriatrics Society*, 56(2), pp.262-271.
- Dunn, E.C., Nishimi, K., Powers, A. and Bradley, B., 2017. Is developmental timing of trauma exposure associated with depressive and post-traumatic stress disorder symptoms in adulthood?. *Journal of psychiatric research*, 84, pp.119-127.
- Dye, H., 2018. The impact and long-term effects of childhood trauma. *Journal of Human Behavior in the Social Environment*, 28(3), pp.381-392.
- Ekinci, S. and Kandemir, H., 2015. Childhood trauma in the lives of substance-dependent patients: The relationship between depression, anxiety and self-esteem. *Nordic Journal of Psychiatry*, 69(4), pp.249-253.
- Etain, B., Aas, M., Andreassen, O.A., Lorentzen, S., Dieset, I., Gard, S., Kahn, J.P., Bellivier, F., Leboyer, M. and Melle, I., 2013. Childhood trauma is associated with severe clinical characteristics of bipolar disorders. *The Journal of clinical psychiatry*, 74(10), pp.991-998.
- Gershoff, E.T., 2016. Should parents' physical punishment of children be considered a source of toxic stress that affects brain development?. *Family Relations*, 65(1), pp.151-162.
- Goddard, T., & Pooley, J. A. (2019). The impact of childhood abuse on adult male prisoners: A systematic review. *Journal of Police and Criminal Psychology*, 34(2), 215-230.
- Griesbach, G.S., Hovda, D.A., Tio, D.L. and Taylor, A.N., 2011. Heightening of the stress response during the first weeks after a mild traumatic brain injury. *Neuroscience*, 178, pp.147-158.
- Haynes, S.E. and Han, M.H., 2021. A Novel Role for Hypothalamic AgRP Neurons in Mediating Depressive Behavior. *Trends in Neurosciences*.
- Hibberd, O., Nuttall, D., Watson, R.E., Watkins, W.J., Kemp, A.M. and Maguire, S., 2017. Childhood bruising distribution observed from eight mechanisms of unintentional injury. *Archives of disease in childhood*, 102(12), pp.1103-1109.

- Jardim, G.B.G., Novelo, M., Spanemberg, L., von Gunten, A., Engroff, P., Nogueira, E.L. and Neto, A.C., 2018. Influence of childhood abuse and neglect subtypes on late-life suicide risk beyond depression. *Child abuse & neglect*, 80, pp.249-256.
- Jewkes, R., Nduna, M., Jama-Shai, N., Chirwa, E. and Dunkle, K., 2016. Understanding the relationships between gender inequitable behaviours, childhood trauma and socio-economic status in single and multiple perpetrator rape in rural South Africa: structural equation modelling. *PLoS one*, 11(5), p.e0154903.
- Jiménez, E., Solé, B., Arias, B., Mitjans, M., Varo, C., Reinares, M., Bonnín, C.D.M., Ruíz, V., Saiz, P.A., García-Portilla, M.P. and Burón, P., 2017. Impact of childhood trauma on cognitive profile in bipolar disorder. *Bipolar disorders*, 19(5), pp.363-374.
- Kamiński, M., Łoniewski, I. and Marlicz, W., 2020. “Dr. Google, I am in Pain”—Global Internet Searches Associated with Pain: A Retrospective Analysis of Google Trends Data. *International journal of environmental research and public health*, 17(3), p.954.
- Kascakova, N., Furstova, J., Hasto, J., MadarasovaGeckova, A. and Tavel, P., 2020. The unholy trinity: childhood trauma, adulthood anxiety, and long-term pain. *International journal of environmental research and public health*, 17(2), p.414.
- Kascakova, N., Furstova, J., Hasto, J., MadarasovaGeckova, A. and Tavel, P., 2020. The unholy trinity: childhood trauma, adulthood anxiety, and long-term pain. *International journal of environmental research and public health*, 17(2), p.414.
- Kim, Y., Kim, K., Chartier, K.G., Wike, T.L. and McDonald, S.E., 2021. Adverse childhood experience patterns, major depressive disorder, and substance use disorder in older adults. *Aging & Mental Health*, 25(3), pp.484-491.
- Krammer, S., Kleim, B., Simmen-Janevska, K. and Maercker, A., 2016. Childhood trauma and complex posttraumatic stress disorder symptoms in older adults: a study of direct effects and social-interpersonal factors as potential mediators. *Journal of Trauma & Dissociation*, 17(5), pp.593-607.
- Larson, S., Chapman, S., Spetz, J. and Brindis, C.D., 2017. Chronic childhood trauma, mental health, academic achievement, and school-based health center mental health services. *Journal of school health*, 87(9), pp.675-686.

- Liotti, G., 2019. Conflicts between motivational systems related to attachment trauma: Key to understanding the intra-family relationship between abused children and their abusers. In *The Abused and the Abuser* (pp. 62-76). Routledge.
- Lippard, E.T. and Nemeroff, C.B., 2020. The devastating clinical consequences of child abuse 2017. Childhood trauma and adult risk factors and disease in Hispanics/Latinos in the US: Results from the Hispanic Community Health Study/Study of Latinos (HCHS/SOL) Sociocultural Ancillary Study. *Psychosomatic medicine*, 79(2), p.172.
- Lopez-Patton, M., Kumar, M., Jones, D., Fonseca, M., Kumar, A.M. and Nemeroff, C.B., 2016. Childhood trauma and METH abuse among men who have sex with men: Implications for intervention. *Journal of psychiatric research*, 72, pp.1-5.
- Mandelli, L., Petrelli, C. and Serretti, A., 2015. The role of specific early trauma in adult depression: a meta-analysis of published literature. Childhood trauma and adult depression. *European psychiatry*, 30(6), pp.665-680.
- Martin, L., Kidd, M. and Seedat, S., 2019. The effects of childhood maltreatment and anxiety proneness on neuropsychological test performance in non-clinical older adolescents. *Journal of affective disorders*, 243, pp.133-144.
- Marusak, H.A., Martin, K.R., Etkin, A. and Thomason, M.E., 2015. Childhood trauma exposure disrupts the automatic regulation of emotional processing. *Neuropsychopharmacology*, 40(5), pp.1250-1258.
- McKay, M.T., Cannon, M., Chambers, D., Conroy, R.M., Coughlan, H., Dodd, P., Healy, C., O'Donnell, L. and Clarke, M.C., 2021. Childhood trauma and adult mental disorder: A systematic review and meta-analysis of longitudinal cohort studies. *Acta Psychiatrica Scandinavica*, 143(3), pp.189-205.
- Moorea, J., Rennb, T., Veehc, C. and Pettus-Davisb, C., Associations of Childhood and Adult Trauma on Substance Misuse and Mental Health Among Incarcerated Men.
- Mukumbang, F.C., Marchal, B., Van Belle, S. and van Wyk, B., 2020. Using the realist interview approach to maintain theoretical awareness in realist studies. *Qualitative Research*, 20(4), pp.485-515.

- Negele, A., Kaufhold, J., Kallenbach, L. and Leuzinger-Bohleber, M., 2015. Childhood trauma and its relation to chronic depression in adulthood. *Depression research and treatment*.
- Nemeroff, C.B., 2020. The state of our understanding of the pathophysiology and optimal treatment of depression: Glass half full or half empty? *American Journal of Psychiatry*, 177(8), pp.671-685.
- Nobakht, H.N. and Dale, K.Y., 2019. The mediational roles of sleep disorders and nightmares in the relationship between trauma and dissociation. *Dreaming*, 29(1), p.79.
- Noteboom, A., Ten Have, M., de Graaf, R., Beekman, A.T., Penninx, B.W. and Lamers, F., 2021. The long-lasting impact of childhood trauma on adult chronic physical disorders. *Journal of psychiatric research*, 136, pp.87-94.
- Noteboom, A., Ten Have, M., de Graaf, R., Beekman, A.T., Penninx, B.W. and Lamers, F., 2021. The long-lasting impact of childhood trauma on adult chronic physical disorders. *Journal of psychiatric research*, 136, pp.87-94.
- O'Donovan, A., Epel, E., Lin, J., Wolkowitz, O., Cohen, B., Maguen, S., Metzler, T., Lenoci, M., Blackburn, E. and Neylan, T.C., 2011. Childhood trauma associated with short leukocyte telomere length in posttraumatic stress disorder. *Biological psychiatry*, 70(5), pp.465-471.
- O'Hare, C., McCrory, C., O'Leary, N., O'Brien, H. and Kenny, R.A., 2017. Childhood trauma and lifetime syncope burden among older adults. *Journal of psychosomatic research*, 97, pp.63-69.
- Östlund, U., Kidd, L., Wengström, Y. and Rowa-Dewar, N., 2011. Combining qualitative and quantitative research within mixed method research designs: a methodological review. *International journal of nursing studies*, 48(3), pp.369-383.
- Petkus, A.J., Lenze, E.J., Butters, M.A., Twamley, E.W. and Wetherell, J.L., 2017. Childhood trauma is associated with poorer cognitive performance in older adults. *The Journal of clinical psychiatry*, 79(1), pp.0-0.
- Pham, L.T.M., 2018. Qualitative approach to research a review of advantages and disadvantages of three paradigms: Positivism, interpretivism and critical inquiry. *University of Adelaide*.
- Pierce, M.C., Kaczor, K., Acker, D., Webb, T., Brenzel, A., Lorenz, D.J., Young, A. and Thompson, R., 2017. History, injury, and psychosocial risk factor commonalities among cases of fatal and near-fatal physical child abuse. *Child abuse & neglect*, 69, pp.263-277.

- Radford, K., Lavrencic, L.M., Delbaere, K., Draper, B., Cumming, R., Daylight, G., Mack, H.A., Chalkley, S., Bennett, H., Garvey, G. and Hill, T.Y., 2019. Factors associated with the high prevalence of dementia in older Aboriginal Australians. *Journal of Alzheimer's Disease*, 70(s1), pp.S75-S85.
- Rain, 2021. Children and Teens: Statistics. Available at:<https://www.rainn.org/statistics/children-and-teens#:~:text=Child%20Sexual%20Abuse%20Is%20a%20Widespread%20Problem&text=One%20in%209%20girls%20and,the%20hands%20of%20an%20adult>.
- Rossiter, A., Byrne, F., Wota, A.P., Nisar, Z., Ofuafor, T., Murray, I., Byrne, C. and Hallahan, B., 2015. Childhood trauma levels in individuals attending adult mental health services: An evaluation of clinical records and structured measurement of childhood trauma. *Child abuse & neglect*, 44, pp.36-45.
- Rowland, G., Hindman, E., Hassmén, P., Radford, K., Draper, B., Cumming, R., Daylight, G., Garvey, G., Delbaere, K. and Broe, T., 2021. Depression, childhood trauma, and physical activity in older Indigenous Australians. *International Psychogeriatrics*, pp.1-11.
- Ryan, G., 2018. Introduction to positivism, interpretivism and critical theory. *Nurse researcher*, 25(4), pp.41-49.
- Saunders, M.N., Lewis, P., Thornhill, A. and Bristow, A., 2015. Understanding research philosophy and approaches to theory development.
- Sgier, L., 2012. Qualitative data analysis. *An Initiat. Gebert Ruf Stift*, 19, pp.19-21.
- Silveira, S., Shah, R., Nooner, K.B., Nagel, B.J., Tapert, S.F., De Bellis, M.D. and Mishra, J., 2020. Impact of childhood trauma on executive function in adolescence—mediating functional brain networks and prediction of high-risk drinking. *Biological psychiatry: cognitive neuroscience and neuroimaging*, 5(5), pp.499-509.
- Soiferman, L.K., 2010. Compare and Contrast Inductive and Deductive Research Approaches. *Online Submission*.
- Takizawa, R., Maughan, B. and Arseneault, L., 2014. Adult health outcomes of childhood bullying victimization: evidence from a five-decade longitudinal British birth cohort. *American journal of psychiatry*, 171(7), pp.777-784.

- Thordardottir, E.B., Hansdottir, I., Valdimarsdottir, U.A., Shipherd, J.C., Resnick, H. and Gudmundsdottir, B., 2016. The manifestations of sleep disturbances 16 years post-trauma. *Sleep*, 39(8), pp.1551-1554.
- Warne, D., Dulacki, K., Spurlock, M., Meath, T., Davis, M.M., Wright, B. and McConnell, K.J., 2017. Adverse childhood experiences (ACE) among American Indians in South Dakota and associations with mental health conditions, alcohol use, and smoking. *Journal of health care for the poor and underserved*, 28(4), pp.1559-1577.
- Weltz, S.M., Armeli, S., Ford, J.D. and Tennen, H., 2016. A daily process examination of the relationship between childhood trauma and stress-reactivity. *Child Abuse & Neglect*, 60, pp.1-9.
- Wielgaard, I., Schaakxs, R., Comijs, H.C., Stek, M.L. and Rhebergen, D., 2018. The influence of childhood abuse on cortisol levels and the cortisol awakening response in depressed and nondepressed older adults. *The World Journal of Biological Psychiatry*, 19(6), pp.440-449.
- Wingo, A.P., Wrenn, G., Pelletier, T., Gutman, A.R., Bradley, B. and Ressler, K.J., 2010. Moderating effects of resilience on depression in individuals with a history of childhood abuse or trauma exposure. *Journal of affective disorders*, 126(3), pp.411-414.
- Zatti, C., Rosa, V., Barros, A., Valdivia, L., Calegari, V.C., Freitas, L.H., Ceresér, K.M.M., da Rocha, N.S., Bastos, A.G. and Schuch, F.B., 2017. Childhood trauma and suicide attempt: A meta-analysis of longitudinal studies from the last decade. *Psychiatry research*, 256, pp.353-358.
- Zhang, S., Lin, X., Yang, T., Zhang, S., Pan, Y., Lu, J. and Liu, J., 2020. Prevalence of childhood trauma among adults with affective disorder using the Childhood Trauma Questionnaire: A meta-analysis. *Journal of Affective Disorders*, 276, pp.546-554.

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